

**2025 Joint Erie County
Community Health
Assessment**

COMMUNITY SERVICE PLAN
2025-2027

A. Table of Contents

Letter from Don Boyd, President & CEO, Kaleida Health & Joyce Markiewicz, President & CEO, Catholic Health.....	4
--	---

Mission, Vision, and Values of Catholic Health & Kaleida Health.....	5
--	---

Introduction	6
--------------------	---

- Covered counties
- Participating Local Health Department and Contact Information
- Participating Hospitals and Contact Information
- Erie County CHNA and CSP/CHIP Steering Committee Members

B. Executive Summary	7
-----------------------------------	----------

Introduction of Community Health Assessment and Process

CHA Key Findings

2025-2027 Prevention Agenda Priorities

 Catholic Health and Kaleida Health CSP/CHIP Overview

Data Sources Used to Identify and Confirm Priorities

Partners and Roles

 CHA-CHIP Work Group, Community Partners, and Participants

Interventions and Strategies

Progress and Evaluation

C. Community Health Assessment	12
---	-----------

1. Community Description	12
---------------------------------------	-----------

a. Geographic location.....	12
-----------------------------	----

b. Population Demographics	12
----------------------------------	----

 Race and Ethnicity

 Immigration and Languages

 Age and Sex

 Gender Identity and Sexual Orientation

 Disability

c. Erie County Hospital Systems – Patient Demographics/Service Area.....	22
--	----

2. Social Determinants of Health	29
---	-----------

 Education

 Employment

 Income

 Housing

 Transportation

 Communication and Information Access

 Crime and Safety

 Food Access and Diet

 Community Services and Resources

 Access to Healthcare

3. Health Status Description.....	58
Life Expectancy	
Leading Causes of Death Under Age 75	
Infant and Maternal Health	
Mental Health	
Substance Use Disorders	
Dental Health	
Cardiovascular and Heart Health	
Diabetes	
Obesity and Weight Management	
Cancer	
Alzheimer’s Dementia	
Communicable Diseases	
Injury	
Climate and Environment	
a. Data Sources Used to Identify and Confirm Priorities.....	101
b. Partners and Roles.....	101
4. Community Assets and Resources.....	102
D. Community Health Improvement Plan/ Community Service Plan (CHIP/CSP)	103
a. Partner and Community Engagement.....	103
b. Process and Criteria to Identify Major Community Factors and Health Conditions.....	104
c. Prioritization Methods.....	104
d. Development of Objectives, Interventions, and Action Plans	107
e. Distribution Plan: Sharing Findings with the Community.....	108
E. Catholic Health and Kaleida Health 2025-2027 Prevention Agenda Priorities, Objectives, and Interventions.....	109
F. References	119
G. Appendices.....	124

December 2025

Dear Community Resident:

In recent years, Erie County residents have endured two unprecedented tragedies: the May 14th mass shooting at Tops Friendly Markets and the Blizzard of 2022. Either event alone would have tested our resolve, but experiencing both within seven months posed extraordinary challenges to a community still reeling in the wake of the COVID-19 Pandemic.

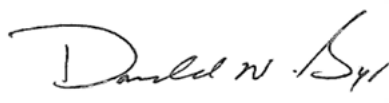
In the face of these hardships, our neighbors came together. From organizing community food drives and digging out cars buried under feet of snow to offering each other comfort in moments of grief, the City of Good Neighbors lived up to its name. Healthcare workers across the region also heroically rose to the occasion—standing on the frontlines of recovery to keep hospitals open and deliver lifesaving emergency care during the blizzard. Together, we demonstrated the strength of our resilience and solidarity.

In that same spirit, Kaleida Health and Catholic Health are proud to come together to present the 2025-2027 Community Health Needs Assessment. For the first time, our health systems are publishing a joint report, underscoring our shared commitment to collaborate in addressing the most pressing healthcare needs of our community.

While these tragedies highlighted the power of community, they too laid bare significant healthcare disparities in Erie County. Issues including food insecurity, limited access to care, shortages in behavioral health services, and the urgent need for a trained and robust healthcare workforce came into sharper focus. These and other needs were echoed in the feedback received directly from residents while conducting this Community Health Needs Assessment. To guide the process, a joint taskforce of Kaleida Health, Catholic Health, and Erie County Department of Health representatives engaged the community through surveys, interviews, and focus groups to ensure that the priorities identified in this report reflect the lived experiences of those we serve.

This joint Community Health Assessment and Community Service Plan not only captures what we heard from residents but also provides a clear roadmap for collective action. Together, we will work to advance health equity, expand access to care, and improve outcomes for all who call Erie County home. Just as our community has united in times of crisis, we believe that by aligning the efforts of our health systems, we can better respond to the critical needs of our community and build a healthier, more resilient future.

Sincerely,



Don Boyd, President & CEO,
Kaleida Health



Joyce Markiewicz, President & CEO,
Catholic Health



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.

Kaleida Health Mission, Vision, and Values

Our Mission

Our mission is to advance the health of our community.

Our Vision

Our vision is 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.

Our Values

Leading with CARE

- Remain **Centered** around the patient and family.
- Be **accountable** to patients and each other.
- Show **respect** and integrity.
- Provide **excellence** in all we do.

Catholic Health System and Kaleida Health

Community Health Assessment (CHA)
Community Health Improvement Plan (CHIP)
Community Service Plan (CSP)
New York State 2025 - 2027

COUNTY COVERED:
Erie County

PARTICIPATING LOCAL HEALTH DEPARTMENT:
Erie County Department of Health

95 Franklin Street, Buffalo, NY 14202
(716) 858-7690
www.erie.gov

PARTICIPATING HOSPITALS:

CATHOLIC HEALTH SYSTEM

Kenmore Mercy Hospital

2950 Elmwood Avenue
Buffalo, NY 14217
(716) 447-6100

Sisters of Charity Hospital

2157 Main Street
Buffalo, NY 14217
(716) 862-1000

Sisters of Charity Hospital, St. Joseph Campus

2605 Harlem Road
Cheektowaga, NY 14225
(716) 891-2400

Mercy Hospital

565 Abbott Road
Buffalo, NY 14220
(716) 826-7000
www.chsbuffalo.org

KALEIDA HEALTH

Buffalo General Medical Center

100 High Street
Buffalo, NY 14203
(716) 859-5600

Gates Vascular Institute

875 Ellicott Street
Buffalo, NY 14203
(716) 748-2000

Millard Fillmore Suburban Hospital

1540 Maple Road
Williamsville, NY 14221
(716) 568-3600

Golisano Children's Hospital of Buffalo

818 Ellicott Street
Buffalo, NY 14203
(716) 323-2000
www.kaleidahealth.org

COALITION/ENTITY COMPLETING ASSESSMENT AND PLAN:

Catholic Health System and Kaleida Health have completed their assessment and plans in partnership with the Erie County Department of Health and local hospital and community partner organizations. This is a joint plan presented on behalf of Catholic Health System and Kaleida Health and reflects shared Community Service Plan priorities to strengthen local collaboration.

ERIE COUNTY CHA/CHIP STEERING COMMITTEE

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B. 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). This process assesses the current health of Erie County residents, identifies disparities and unmet needs across communities, and informs the development of a six-year Community Health Improvement Plan (CHIP) to address them. The New York State Department of Health (NYSDOH) requires local hospital systems to conduct a Community Health Needs Assessment (CHNA) and develop a Community Service Plan (CSP) every three years. For this cycle, Erie County, Catholic Health, Kaleida Health, Erie County Medical Center (ECMC), and Bertrand-Chaffee Hospital (BCH) collaborated on the contents of this assessment.

This CHA includes four sections: Community Description, Social Determinants of Health (SDOH), Health Status Description and Community Assets and Resources. While each subtopic within the SDOH and Health Status Description sections focuses on a distinct issue, such as transportation or cancer, there is considerable overlap of interrelated and codependent factors connecting topics. Given the broad scope of this assessment, the depth of information collected for individual areas is limited and may not capture all related nuances. Readers interested in a particular topic are encouraged to consult additional resources. References cited in this document may serve as a starting point for further research.

Key Findings

Summaries of the SDOH factors and Health Status topics include temporal trends, descriptions of influencing factors, and statistics that have been disaggregated by demographic.

Analyzing statistics tied to demographic characteristics, such as race and ZIP code, is essential for understanding the diverse experiences and health outcomes of various communities across Erie County. For example, analysis of data in the SDOH section reveals that, on average, Black residents in Erie County experience unfavorable living conditions at a higher rate due to systemic racism. These conditions correspond with statistics showing poorer health outcomes within the Black community compared to those of other racial groups. Efforts to reduce disparities among specific demographic communities must account for the root causes related to SDOH factors.

Due to racial segregation, many SDOH factors and outcomes linked to race also intersect with geography. Figure 1 in the Community Description section presents a map illustrating racial distribution by census tract. Additional maps throughout this CHA display rates of risk factors and health outcomes, which often reflect similar racial prevalence patterns. For instance, census tracts primarily composed of racially minoritized communities exhibit higher rates of poverty and diabetes compared to predominately White tracts. Similarly, residents from rural census tracts often have higher rates of SDOH risk factors and poorer health outcomes compared to those in suburban areas. Some anomalies appear in the maps included in this report. For example, census tracts containing the Wende correctional facility, University at Buffalo student residences, nursing homes or senior living facilities may not accurately reflect surrounding community conditions.

The COVID-19 pandemic impacted many aspects of health and daily life. Trend data in this Community Health Assessment reveal notable shifts in risk factor rates and outcomes during 2020 and 2021, driven

by public health policies, pandemic-era control measures, and the direct effects of the virus. For example, unemployment rates rose sharply as places of employment closed during the 2020 shutdown, while homelessness declined due to a moratorium on evictions as part of the NYS response to the pandemic. Cancer incidence also appeared to drop in 2020, likely due to a pause in screenings and primary care visits. Additionally, tracking and reporting risk factors and outcomes may have been challenging during the pandemic, leading to underreported rates for certain conditions.

2025-2027 Prevention Agenda Priorities

In collaboration with the Erie County Department of Health and other community partners, Catholic Health and Kaleida Health developed a coordinated Community Health Improvement Plan (CHIP) and Community Service Plan (CSP) for 2025–2027. These plans align with the New York State Prevention Agenda, which mandate selection of at least three priority areas and adoption of SMART and SMARTIE objectives that measure population-level improvements and targeted disparity reduction.

Priority areas were informed by the Erie County Community Health Assessment (CHA) and selected based on measurable need, system capacity, and alignment with established health improvement frameworks, including the NYS Prevention Agenda domains, Erie County Department of Health priorities, and Live Well Erie goals and objectives. The following priorities, objectives, and interventions were selected for the Catholic Health and Kaleida Health Community Health Improvement Service Plans:

DOMAIN 1: ECONOMIC STABILITY

Priority: Unemployment

SMART Objective (Shared): Reduce unemployment among individuals aged 16 and older from 6.2% (2022) to 5.5% (2030).

Catholic Health is addressing unemployment among residents with limited earning potential and layered socioeconomic barriers, including low educational attainment, transportation instability, childcare gaps, and limited social support. The primary intervention is the THRIVE workforce development program, which builds structured pathways into entry-level clinical employment and supports long-term advancement through training and skill development.

Kaleida Health is targeting unemployment gaps among minority residents, where labor force access and certification are historically uneven. Kaleida's Long-Term Care Nurse Aide Training Program provides paid, full-time CNA preparation, covers NYS exam costs, and leads directly to employment. Additional workforce development infrastructure includes school-based engagement, internships, and job fairs connecting high-school and adult learners to system jobs.

Priority: Nutrition Security

SMART Objective (Shared): Increase consistent household food security from 71.1% (2023) to 75.9% (2030).

Kaleida Health is reducing nutrition insecurity in communities experiencing high levels of food insecurity, particularly on Buffalo's East and West sides. Two operational programs anchor this commitment:

- Healthy Start provides produce, prescriptions, and nutrition education for ALICE-eligible Kaleida employees.
- Pediatric Food as Medicine programs at Kaleida's Niagara Street Pediatrics and Broadway Pediatrics clinics screen families at every visit and provide fresh produce and pantry staples to help bridge access barriers until long-term pantry connections are established.

SMARTIE Objective (Catholic Health): Increase food security in households with an annual income of less than \$25,000 from 42.0% (2023) to 51.1% (2030).

Catholic Health is expanding screening, referral navigation, and nutrition education to strengthen food access for high-risk residents. Efforts focus on improving awareness of resource networks and supporting skill-building for healthy food selection and preparation, particularly in communities with limited grocery access.

DOMAIN 2: SOCIAL AND COMMUNITY CONTEXT

Priority: Anxiety and Stress

SMART Objective (Shared): Decrease the percentage of adults who experience frequent mental distress from 13.4% (2021) to 12.0% (2030).

Kaleida Health will work to strengthen behavioral health resilience among patients and its workforce. Key interventions include the Johns Hopkins RISE peer-support model for clinical staff; universal suicide-risk screening for adult patients using C-SSRS; and the PACE Employee Resource Group, which supports caregivers and working parents through community, advocacy, and burnout-reduction strategies.

SMARTIE Objective (Catholic Health): Decrease the percentage of adults in households with an annual income of less than \$25,000 who experience frequent mental distress from 21.0% (2021) to 18.9% (2030).

Catholic Health will respond to income-linked mental distress through increased screening and referral in clinical settings, resilience-building supports for individuals managing chronic stress, and greater access to harm-reduction and mental-health first aid resources including naloxone, drug deactivation kits, and trauma-responsive literacy tools.

Priority: Suicide Prevention

SMARTIE Objective (Kaleida Health): Reduce adolescent suicide attempts from 9.4% to 8.5% for New York State outside New York City.

Kaleida Health conducts suicide risk screening for all pediatric patients at Golisano Children's Hospital using the C-SSRS, with clinical follow-up guided by the patient's level of risk. A newly integrated patient dashboard will support improved tracking of screening completion and follow-up care. In addition, Kaleida is strengthening connections with community partners to improve pathways to behavioral health support for youth who face socioeconomic barriers and limited access to timely care.

Priority: Primary Prevention, Substance Misuse, and Overdose Prevention

SMARTIE Objective (Catholic Health): Reduce the rate of overdose deaths for Black, non-Hispanic residents per 100,000 people from 59.2 to 35.5.

Catholic Health will scale standardized social-needs screening; expand referral access to Clearview and Pathways; strengthen chronic-illness resilience supports; and widen community availability of naloxone, mindfulness resources, and trauma-sensitive recovery tools.

DOMAIN 4: HEALTHCARE ACCESS AND QUALITY

Priority: Preventative Services for Chronic Disease Prevention and Control

SMARTIE Objective (Kaleida Health): Increase the percentage of adults aged 45 to 75 years who are up to date on their colorectal cancer screening based on the most recent guidelines from 71.6% to 80.0%.

Kaleida Health is advancing screening completion through the Hertel-Elmwood Clinic using patient navigation, shared decision-making, expanded screening options, and multiple reminder touchpoints. The target population includes African American, Hispanic, immigrant, and low-income residents with historically lower preventive screening access.

Data Sources Used to Identify and Confirm Priorities

The data discussed in this CHA and shared with the CSP/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 BRFSS surveys were used to explore and assess health outcomes and indicators.

Discussions of many topics include sources that are more specific to respective SDOH factors 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 each respective entity conducts data collection and categorizes each variable. For instance, while the Erie County Office of Health Equity 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 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 are ultimately responsible for selecting which priorities are included in their respective CHIP and CSPs. While ECOHE is developing a CHIP separate from Kaleida Health and Catholic Health's joint CSPs, the priorities identified in both plans were chosen to complement one another and align with the service lines and patient demographics unique to each hospital system. This work group will meet quarterly throughout the 2025–2027 CHA-CHIP cycle to evaluate progress and revise project goals and plans as needed. Following communication and sharing throughout internal strategic planning and executive group, each hospital formally presented an overview of the 2025 Joint Community Health Assessment and 2025–2027 Erie County Community Service Plan for Catholic Health and Kaleida Health. Presentation and approval took place by the Catholic Health Ministry Service Board Meeting on September 18, 2025 and by the Kaleida Health Board of Directors on December 15, 2025.

COMMUNITY PARTNERS:

Representatives from local Community Based Organizations (CBOs), various Erie County departments, and legislators met virtually several times to share input and expertise related 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 tied to the selected priorities were chosen based on community input regarding gaps in existing efforts and infrastructure, as well as the capacity to implement them. All 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.

Community focus groups and partner meetings held for this CHA-CHIP highlighted that, while resources exist for mental health, unemployment, nutrition security, and housing stability, many remain underutilized. To address this, ECOHE will work to improve access to these resources through a three-phase approach:

1. Creating inventories and mapping available assets for each of the four priority areas;
2. Surveying residents most impacted by these issues to assess awareness and identify barriers to access; and
3. Raising awareness through targeted publications, social media outreach, and tabling at community events. Projects led by Kaleida Health and Catholic Health to address these priorities will also be promoted as part of this campaign.

The ECOHE will partner with other Erie County departments and community-based organizations throughout these processes to reach those most affected by these issues.

To promote mental health resilience, ECOHE will continue offering Mental Health First Aid and Mindfulness trainings and will publish guides for the reproduction of successful pilot projects that support mental health.

Recognizing the link between wellness and housing stability, ECOHE will also partner with CBOs to pilot the 'Health to Your Home' program. This initiative will provide individuals living in ZIP codes with the highest health disparities with resources and training to support disease management and help them safely remain in their homes.

Progress and Evaluation:

Progress toward the goals identified in the 2025–2027 CSP will be reviewed and measured using a variety of resources. Catholic Health will leverage access to data from their systemwide Epic electronic medical record systems when possible. Ongoing input from the community, CHA/CHIP/CSP partners, as well as associates will also be used to validate interventions and progress. Tracking will be accomplished via internal tools at each entity with data to be included in a jointly established, centralized dashboard for all partners to collect progress reports towards goals and objectives. Updates will be documented and available for communication to internal and external partners on a routine basis.

Specific project objectives for measuring progress are outlined in the CSP/CHIP section of this document. These include metrics such as the number of surveys distributed, publications shared, and partnerships established with CBOs. State-level outcome objectives are also listed in the Community Health Improvement Plan and will be monitored for Erie County through data from Behavioral Risk Factor Surveillance System (BRFSS) surveys.

C. Community Health Assessment

1. Community Description

Geographic Location

Erie County is located along the western border of New York State adjacent to Lake Erie. The largely metropolitan county covers 1,058 square miles and includes three cities and 25 towns. Buffalo, the county seat, is the second most populous city in New York State ⁴.

ERIE COUNTY AS PART OF THE GREATER WNY REGION

Erie County serves as the economic and service hub of the greater Western New York region. Residents from the surrounding Niagara, Orleans, Genesee, Wyoming, Cattaraugus, and Chautauqua counties rely on Erie County for health care, higher education, employment, and other essential services. Erie County's proximity to Canada also contributes to cross-border tourism, commerce, and utilization of local healthcare systems.

This assessment focuses on Erie County residents; however, the Community Health Improvement Plan (CHIP) and Community Service Plans (CSPs) informed by this assessment may impact residents across the broader region⁵.

Population and Demographics

The 2020 Decennial Census recorded Erie County's population at 954,236, an increase from 919,040 in 2010 ⁶. The 2023 American Community Survey (ACS) 1-year estimate reports a slightly lower population of 946,147 ⁷.

RACE AND ETHNICITY

According to the 2023 ACS 1-year data, approximately:

- 73.3% of residents identify as White (down from 77.2% in 2019)
- 12.6% identify as Black (down from 13.7 percent in 2019)
- 6.2% identify as two or more races (up from 2.3% in 2019)
- 5.1% identify as Asian (up from 3.8% in 2019)
- 6.4% identify as Hispanic or Latino (up from 5.8% in 2019)

Among Asian residents, common countries of origin include Bangladesh, India, China, and Burma⁸. The proportion of residents who are Hispanic or Latino also increased slightly from 5.8% in 2019 to 6.4% in 2023⁷. The most common places of origin among Hispanic-Latino residents include Puerto Rico, Mexico, and the Dominican Republic ⁷.

Racial segregation remains a concern within Erie County. The map shown in *Figure 1* below displays racial predominance per census tract ⁹. A large proportion of racial and ethnic minorities in Erie County reside in historically disinvested areas. Notable differences in health outcome rates across communities, particularly within the City of Buffalo, are a clear symptom of ongoing racial inequities. Examples of how these racial inequities are reflected through geographic disparities in health outcomes including poverty and diabetes prevalence are displayed below ¹⁰.

FIGURE 1: PREVALENT RACE AND ETHNICITY, ERIE COUNTY

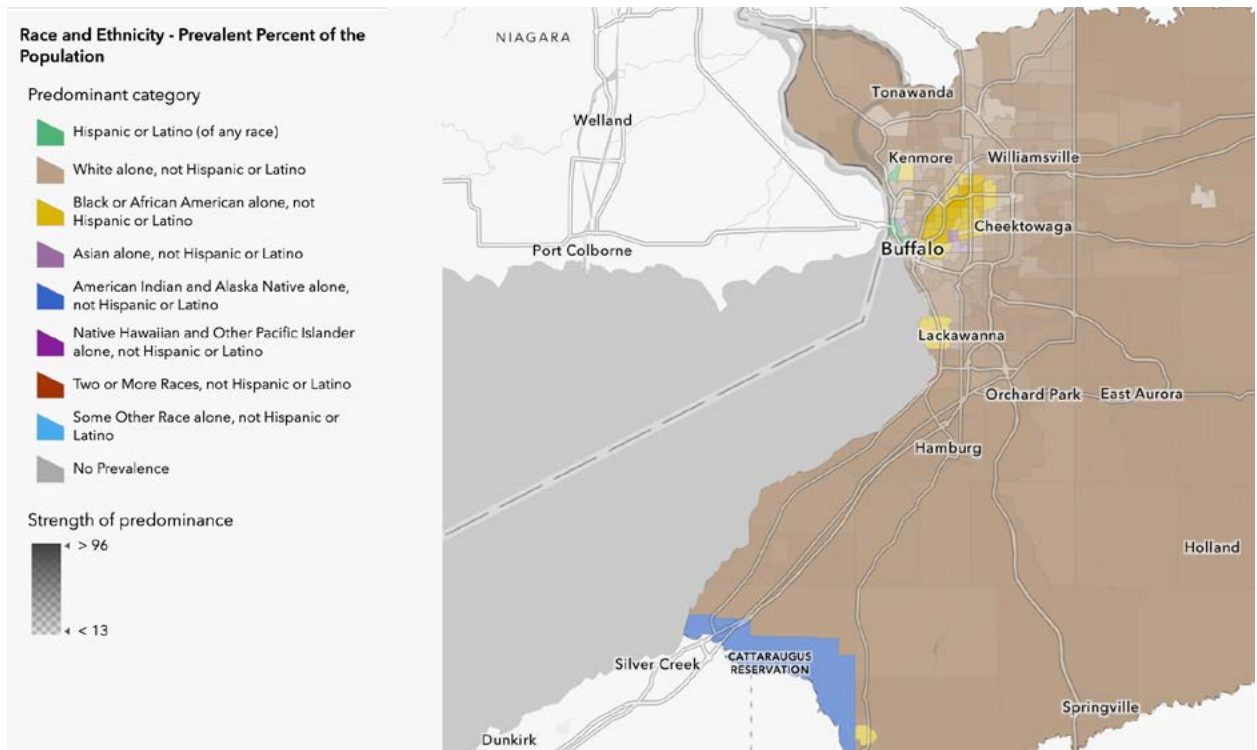


FIGURE 2: PERCENTAGE OF THE POPULATION WITH INCOME BELOW POVERTY IN 2018-2022 BY CENSUS TRACT

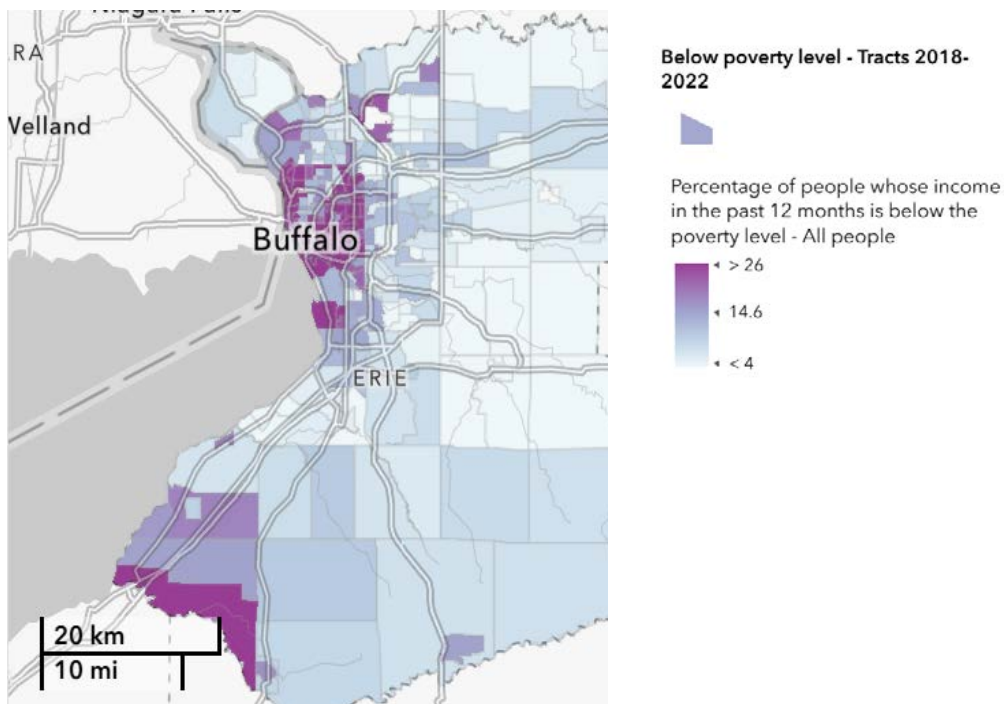
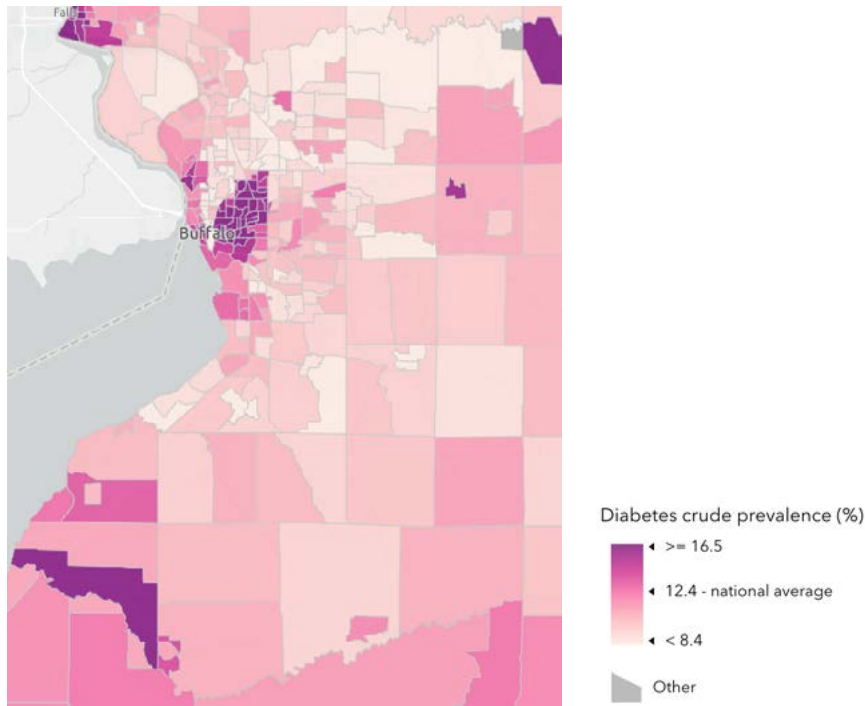


FIGURE 3: CRUDE PREVALENCE OF DIABETES IN 2022 BY CENSUS TRACT



As of 2023, Erie County was home to an estimated 70,327 foreign-born residents. Of those residents, about 60% were naturalized United States citizens⁷. Over the decades, the predominant regions of origin for immigrants have shifted, with the proportion of foreign-born residents from Asia steadily increasing while those from Europe have declined considerably⁷.

FIGURE 4: PERCENTAGE OF ERIE COUNTY FOREIGN-BORN RESIDENTS BY WORLD REGION AND YEARS OF ENTRY

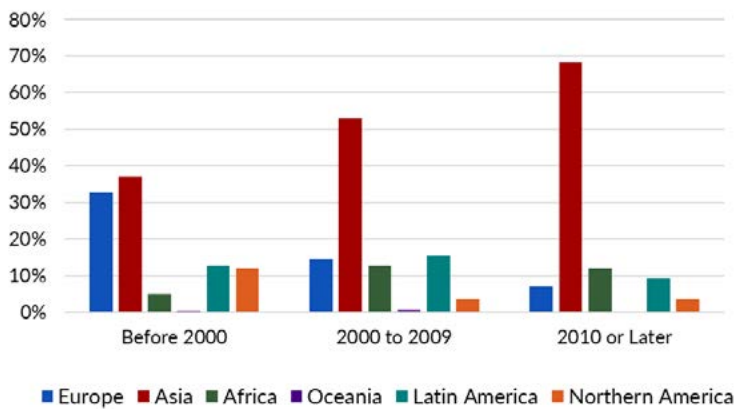


FIGURE 5: TOP TEN COUNTRIES OF ORIGIN OF FOREIGN-BORN ERIE COUNTY RESIDENTS, 2019-2023

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

Approximately 90% of the population in Erie County speaks English only and about 2.2% of households in Erie County have limited English proficiency. *Figure 6* below shows 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 AND SEX

The 2023 ACS 1-yr data estimates the median age in Erie County as 40.7 years, which is slightly higher than 40.3 years reported in 2019 ⁷. Median age varies considerably across racial and ethnic groups, and because the risk of many health conditions increases with age, it serves as 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, during the COVID-19 pandemic, age distribution revealed important disparities. Although the raw percentage of COVID-19 deaths by race and ethnicity between 2019-2022 did not appear disproportionate by race alone, when disaggregated by race and ethnicity, the average age of death was substantially younger among racial and ethnic minority residents ¹¹. Age-adjusted COVID-19 death rates provide a more accurate picture of how each racial community was affected, given that minority communities tend to 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 indicating a growing proportion of older adults relative to working-age residents. While Erie County has a lower child dependency ratio compared to the overall United States ratio, 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

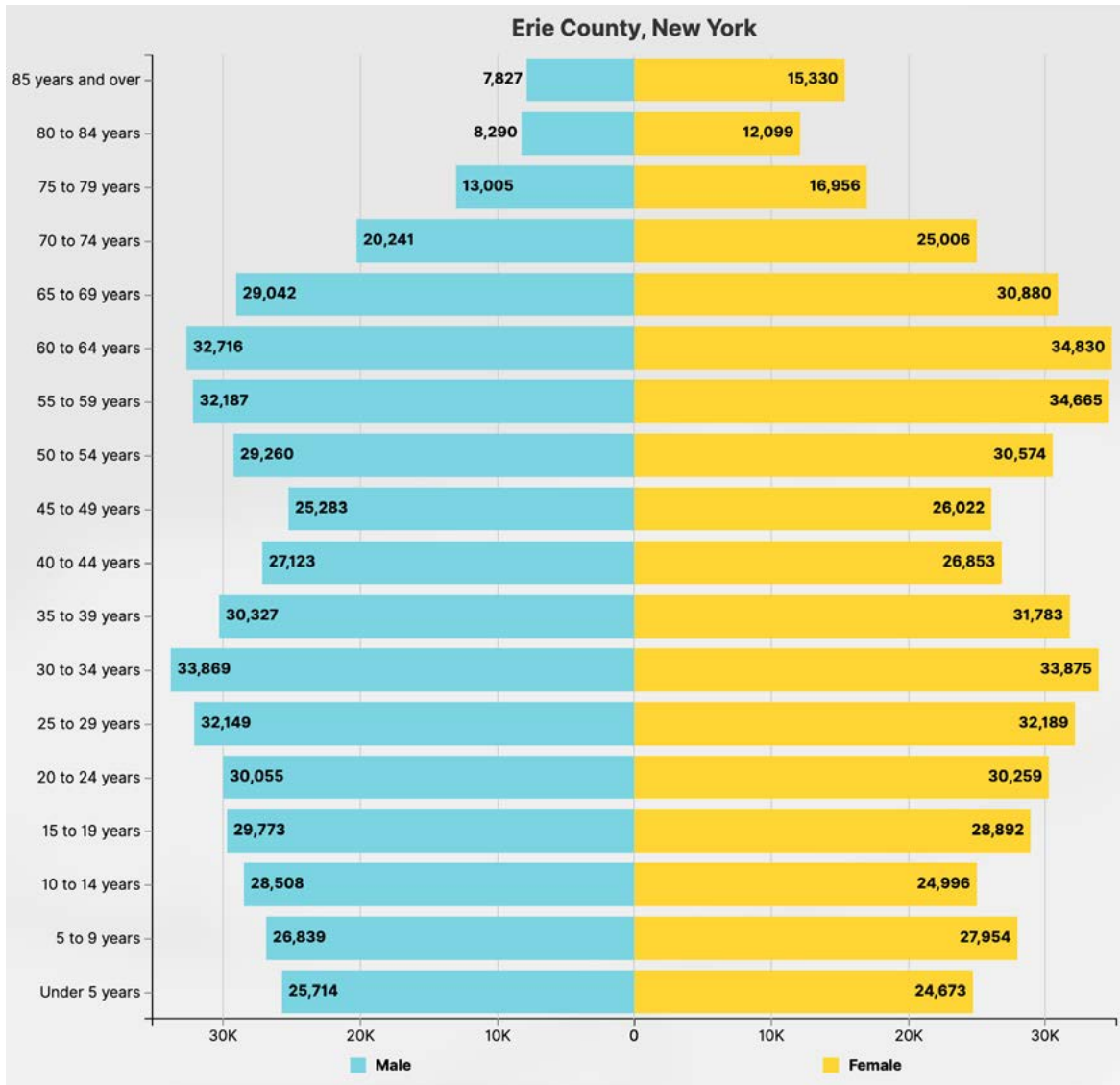
*Child dependency ratio = $(Population\ under\ 18 / Population\ 18-64) \times 100$

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

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

According to 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 populations¹².

FIGURE 10: POPULATION PYRAMID: POPULATION BY AGE AND SEX, ERIE COUNTY, 2023



GENDER IDENTITY AND SEXUAL ORIENTATION

Data on gender identities beyond male and female, as well as data on sexual orientation, remain limited. Yet, collecting this information, like any other demographic data, is essential for understanding the unique health experiences, needs, and outcomes of LGBTQ+ individuals. Without it, gaps in care and inequities may persist, making inclusive data collection a critical step toward improving health equity.

Surveys conducted by the Erie County Office of Health Equity (ECOHE) have included gender identity and sexual orientation questions in recent community surveys (13, 14, 15). Due to the targeted nature of sampling for these surveys, respondents within minority gender and sexual orientation groups may be over-represented. ECOHE’s efforts to collect this information highlighted the complexity of gender identity and the nuanced language required to express 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%

In the 2022 Health and Wellness Survey, responses showed variation in how individuals self-identify. Analysis of gender identity results in conjunction with the question “What was your sex assigned at birth?” revealed not all respondents whose gender did 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%
More than one gender selected	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 orientation¹⁴. Many respondents were uncomfortable sharing their sexual orientation, despite the anonymity of responses, or felt it unnecessary 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 to support accurate response selection. 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 from the New York State Behavioral Risk Factor Surveillance System (BRFSS) for 2019–2022 show lower proportions of respondents identifying as lesbian, gay, bisexual, another sexual orientation, or transgender compared to findings from the 2022 ECOHE Health and Wellness Survey and the 2025 CHA Survey¹⁶. These findings are consistent with the intentional oversampling of LGBTQ+ (lesbian, gay, bisexual, trans, queer, and other minority sexual orientations) individuals in Erie County surveys to support health equity analyses of health challenges and assets data within these smaller demographic groups.

FIGURE 16: PERCENT OF ADULTS WHO SELF-IDENTIFY AS LESBIAN GAY, BISEXUAL, OTHER SEXUAL ORIENTATION, OR TRANSGENDER IN NYS BY DEMOGRAPHIC INDICATORS, BRFS 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 BRFS 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 disability⁷. Disability status rates vary by age and race, as seen in *Figure 17*.

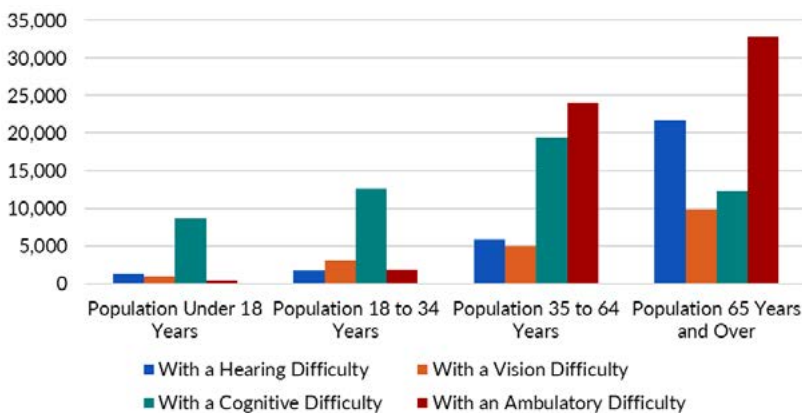
Among children under 18 years of age, disabilities appear slightly more common among White youth, which may reflect differences in access to early screening and diagnosis. While the likelihood of having a disability, particularly ambulatory difficulties, increases with age, as seen in *Figure 18*, higher disability rates observed in the Black population may relate to the social drivers of health including unequal access to care or exposure to environmental and structural stressors.

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 – Patient Demographics/Service Area

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. This data provides valuable insight into patient demographics, hospital service areas, emerging healthcare utilization trends, and discharge diagnoses. Hospital-based data helps to illustrate who is being served by local hospitals and the most common reasons for hospitalization.

CATHOLIC HEALTH (CH)

In Erie County, Catholic Health (CH) operates the following hospitals: Kenmore Mercy, Sisters of Charity, St. Joseph Campus of Sisters of Charity, 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, the most common reasons for visits across CH locations were chest pain, falls, and shortness of breath. Other leading causes included injuries, dental pain, abdominal conditions, influenza, and COPD exacerbations.

FIGURE 20: RANK OF THE TOP TWENTY DIAGNOSES AT CATHOLIC HEALTH LOCATIONS, 2024

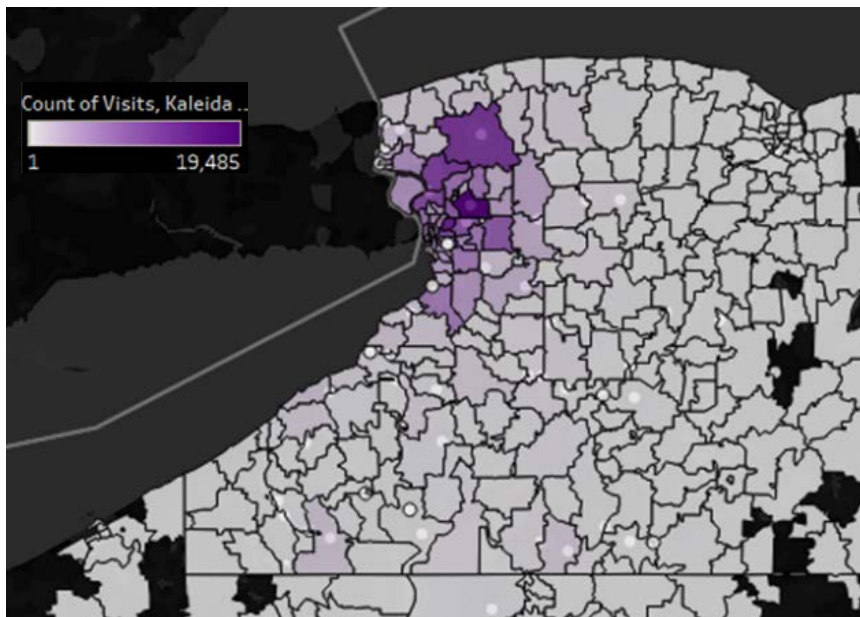
DIAGNOSIS	SOC	KMH	ST. JOSEPH	SBM+MACC
Chest pain, unspecified type	1	2	1	1
Fall, initial encounter	2	1	3	2
Shortness of breath	3	4	18	3
Exam following MVC (motor vehicle collision), no apparent injury	4		7	
Nausea and vomiting, unspecified vomiting type	5	18	9	13
Pain, dental	6	11	2	14
Dizziness	7	9	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 major facilities in Erie County: Buffalo General Medical Center/Gates Vascular Institute, Millard Fillmore Suburban Hospital, and Golisano Children’s Hospital of Buffalo. To meet the needs of the community, KH has established a weight management clinic at BGMC for adults and an Eating Disorder Intensive Outpatient Program for children. Kaleida also offers youth suicide prevention services, connecting youth to mental health providers. Additionally, Kaleida operates a blood disorder clinic in collaboration with Roswell Park 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 Golisano Children’s Hospital of Buffalo 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). 71.5% of patients seen at Kaleida Health facilities in 2024 were white, 15.8% were Black, 2.9% were Asian, 1.3% were other and 8.5% declined to identify. These percentages mirror the overall demographic breakdown of Erie County residents (see Figure 24 for further demographic breakdown).

FIGURE 21: ZIP CODES OF RESIDENCE FOR PATIENT VISITS TO KALEIDA HEALTH ERIE COUNTY HOSPITALS, 2024



Over the past three years, KH has noted a decline in COVID-related primary diagnoses. Screenings for colorectal cancer and births remain among the most frequent primary diagnoses. See *Figure 22 and 23* for tables of primary and total diagnoses recorded over the past three 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
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

FIGURE 24: 2024 KALEIDA HEALTH PATIENT ENCOUNTERS BY RACE AND VISIT TYPE

RACE	VISIT TYPE					GRAND TOTAL
	EMERGENCY	INPATIENT	OUTPATIENT	RECURRING PATIENT	SEEN IN CLINIC	
Unknown/Refused	11.8%	6.6%	5.0%	10.8%	6.0%	8.5%
All Other Races	1.7%	1.1%	1.0%	1.1%	1.0%	1.3%
Asian	4.4%	2.3%	1.3%	2.6%	1.5%	2.9%
Black/African American	21.6%	12.9%	9.4%	10.1%	11.7%	15.8%
White/Caucasian	60.5%	77.1%	83.4%	75.3%	79.8%	71.5%

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 demand 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, serves the most racially diverse patient population of any hospital system 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 25* for patient visits by race and *Figure 26* for a list of all languages, other than English, utilized for patient visits.

FIGURE 25: 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 26: 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 towns in Erie County. As shown in *Figure 27*, a large number of BCH patients are from Southern Erie County or Cattaraugus County. The highest number of visits in 2024 came from ZIP code 14141, followed by 14070.

Top diagnoses at BCH in 2024 included pneumonia, COPD, and heart attacks (*see Figure 28*).

FIGURE 27: ZIP CODES OF RESIDENCE FOR PATIENT VISITS TO BERTRAND CHAFFEE HOSPITAL, 2024

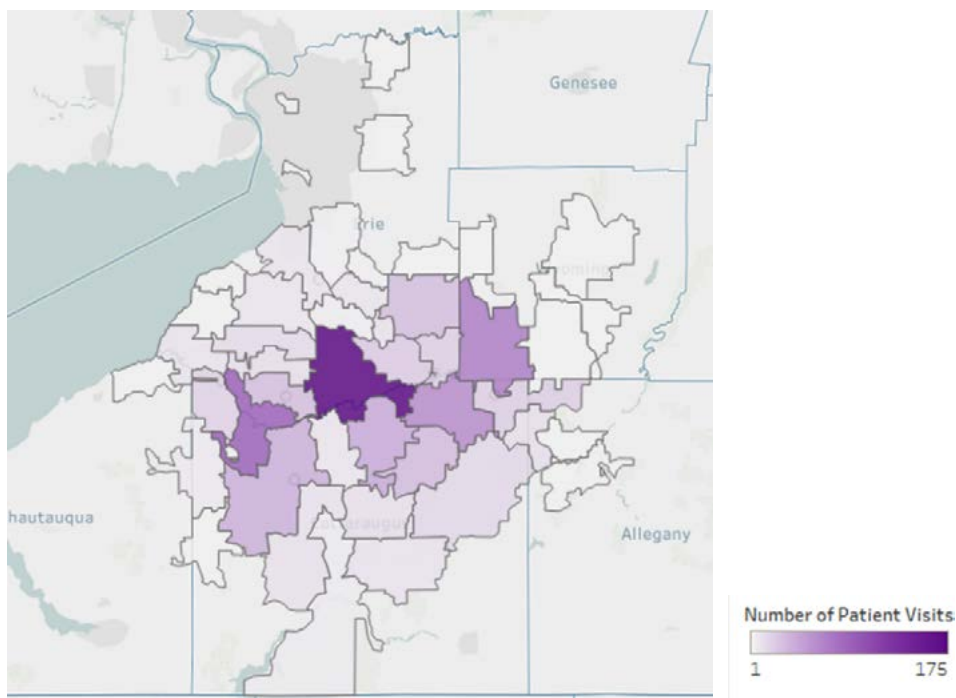


FIGURE 28: TOP DIAGNOSES, BCH, 2024

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 Buffalo VA Medical Center provides comprehensive medical, surgical, primary, and mental health services to eligible United States veterans throughout Western New York. A U.S. Department of Veterans Affairs hospital located in Buffalo, New York, it partners with local healthcare providers and academic institutions, including the University at Buffalo, to support clinical care, research, and professional training.

ROSWELL PARK COMPREHENSIVE CANCER CENTER

Roswell Park, located in Buffalo, is the only facility in upstate NY 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.

2. 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 focus on individual behaviors toward external influences on health including broader social and environmental conditions that shape health.

While there are varying models, the SDOH framework for public health has been adopted by private and government entities both locally and worldwide. The New York State Prevention Agenda, the state's health improvement plan, outlines 24 priority areas that are grouped into five SDOH domains based on the Healthy People 2030 model¹⁸. The Erie County Office of Health Equity 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 SDOH factors in Erie County.

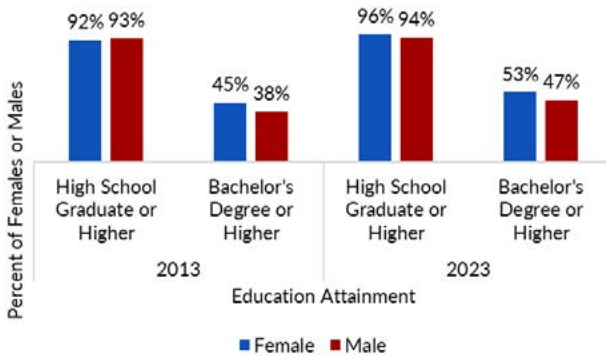


EDUCATION

Educational Attainment

Educational attainment in Erie County increased between 2013 and 2023. During this period, the overall high school graduation rate rose by about 3%, while the percentage of residents earning a bachelor's degree or higher grew by approximately 8%⁷. By 2023, females were more likely than males to graduate from high school and to attain a bachelor's degree or higher, reflecting a continuing trend in gender differences in educational achievement⁷.

FIGURE 29: TREND IN EDUCATIONAL ATTAINMENT FOR FEMALES AND MALES AGES 25-34, 2013-2023, ERIE COUNTY



Educational attainment varies by race and ethnicity for both males and females. For example, 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 education⁷. These patterns underscore the diversity of lived experiences within Asian communities in Erie County.

In the 2022 ECOHE Health and Wellness Survey, Asian respondents were asked to further identify their ethnicities. Among Burmese respondents, 69% reported not finishing high school, while 100% of Chinese respondents reported having a Bachelor's degree or higher¹⁴.

FIGURE 30: EDUCATIONAL ATTAINMENT BY RACE FOR FEMALES AGE 25+ IN ERIE COUNTY, 2023

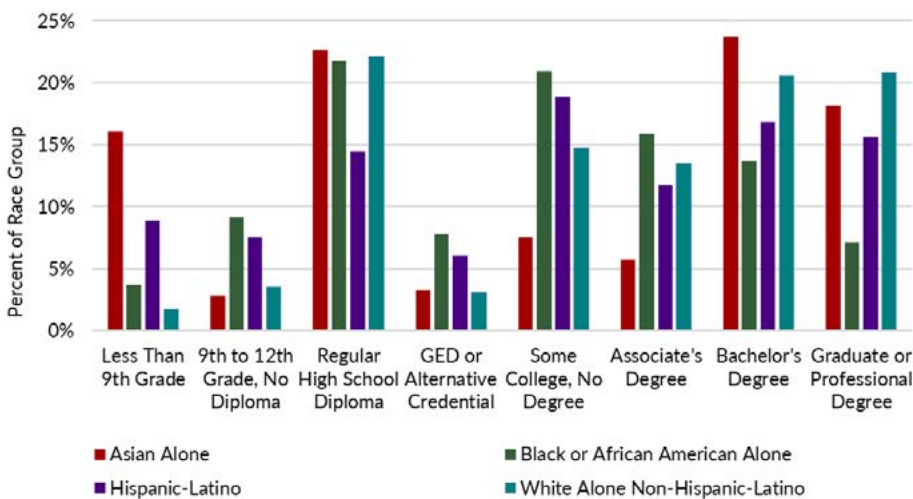
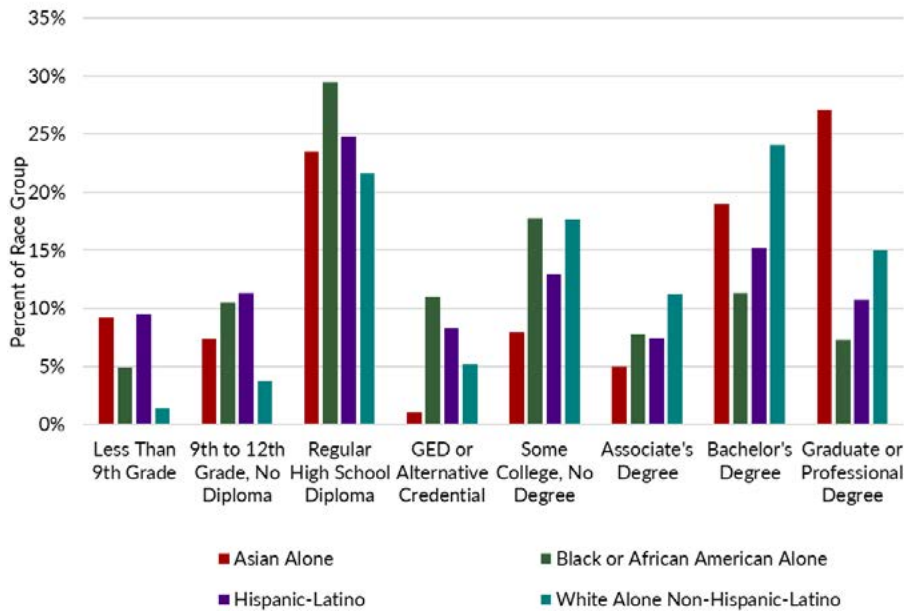


FIGURE 31: EDUCATIONAL ATTAINMENT BY RACE FOR MALES AGE 25+ IN ERIE COUNTY, 2023



K-12 PERFORMANCE

Student performance is shaped by both internal and external factors. Student performance is influenced by factors within schools, such as teaching practices, availability of resources, and overall school climate, while external factors encompass access to nutritious food, support and resources at home, and environmental conditions such as noise, exposure to toxins like lead, and neighborhood safety.

The NYS Department of Education (NYSED) provides data on English Language Arts and math proficiency, attendance, suspensions, graduation rates, and per-pupil expenditures at the state, district, and school levels. *Figure 32* details selected indicators for a sample of Erie County public school districts. Statistics are available at the state, district, and school levels. Data on other districts can be explored on the [NYSED Data Site](#)¹⁹.

FIGURE 32: 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.

Taking these indicators into account alongside contextual factors such as income and neighborhood conditions is essential for accurately evaluating the quality of education children receive in Erie County. The Western New York Education Alliance’s *WNY Reading Report Card* analyzes reading and writing proficiency while accounting for household income differences across districts. This report shows that while income levels account for much of the variation in reading and writing proficiency scores across school districts, some districts perform significantly above or below expectations. Akron Central School District was named in the report as the top performing school district based on its assessment results and received the Gold Medal ELA Award for 2022–23²⁰.

Discussions From CHA Community Research

Education, particularly K-12 education, emerged as a key theme in CHA interviews and focus groups. Participants identified both content areas and supports they would like to see in schools.

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 expressed a desire for more services and resources in schools, including:

- Access to dental care
- Improved mental health support and resources
- Healthier meal options
- Enhanced accommodations for students with special health needs.

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

- Additional supports to help parents pursue GED or continuing education programs, such as access to childcare and flexible options like overnight classes.

Adult Literacy and Numeracy

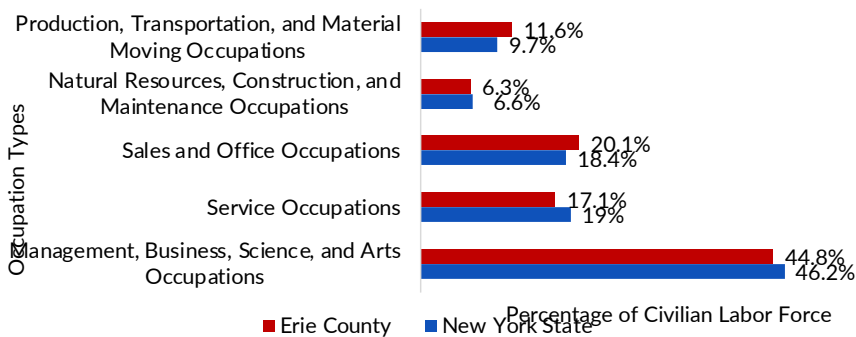
Using survey data from 2012-2017, the Program for the International Assessment of Adult Competencies determined that in 18% of Erie County residents between the ages of 16 and 74 were considered at risk for difficulties using or comprehending print material due to low literacy skills. Data from the same 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 average²¹.

EMPLOYMENT

Main Industries

Erie County has a diverse mix of governmental, industrial, and commercial employers. Some of the major employers include Erie County; New York State; the U.S. federal government; Kaleida Health; SUNY Buffalo; Catholic Health Systems; Employer Services Corporation; Tops Markets LLC; and M&T Bank.⁴ Figure 33 describes the percentage of the civilian labor force that works in specific types of occupations.

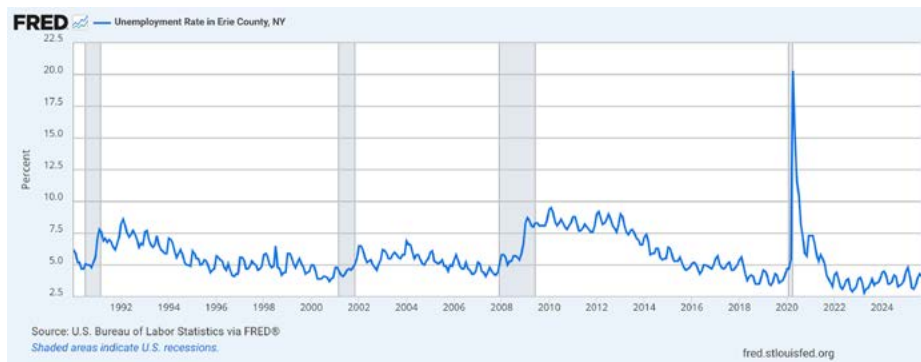
FIGURE 33: OCCUPATIONS OF CIVILIAN EMPLOYED POPULATION AGES 16+, 2023



Unemployment and Labor Force Participation

According to the ACS 2023 1-yr estimates, 60.3% of non-institutionalized civilians ages 16 to 64 in Erie County were employed⁷. The ACS 2023 1-yr report estimates the unemployment rate as 3.4%, slightly higher than the NYS rate of 3.1%⁷. Individuals are categorized as unemployed if they are not currently working but are actively seeking employment. This rate was roughly the same in 2019 at 3.5% and higher in 2013 at 4.7% in Erie County⁷. Figure 34 below shows unemployment rates from March 2015-March 2025 as collected by Federal Reserve Economic Data (FRED), an online economic database²².

FIGURE 34: 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 35: UNEMPLOYMENT RATES BY AGE IN ERIE COUNTY, 2023

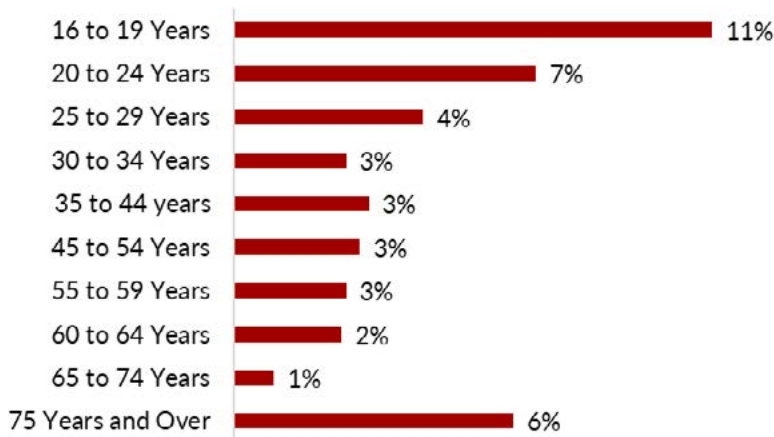
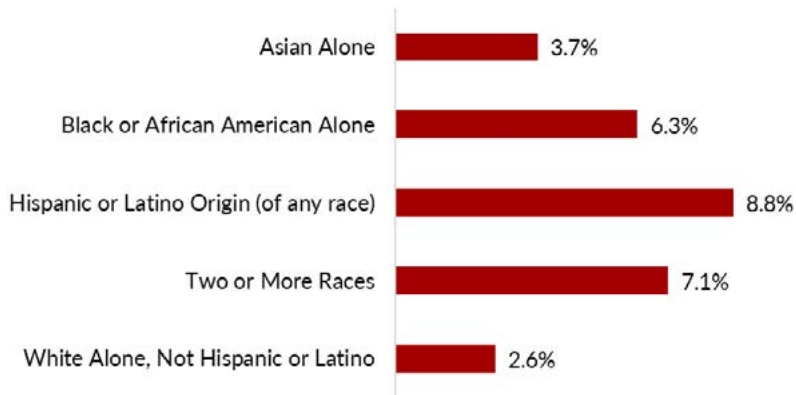


FIGURE 36: UNEMPLOYMENT RATES BY RACE IN ERIE COUNTY, 2023



Discussions From CHA Community Research

Barriers to employment were frequently discussed in the 2023 ECOHE research and the 2025 CHA community research. Themes included:

- One participant expressed that she is open to work, but options are limited due to her disability and lack of experience.
- Multiple participants expressed fear of losing benefits if they work, while still not earning enough to cover basic living expenses.

INCOME

The 2023 ACS 1-year estimates report a median household income of 70,492 dollars in Erie County compared to 82,095 dollars in New York State ⁷.

Poverty

The 2023 ACS 1-yr estimates also reported that 9.7% of families in Erie County had incomes below the federal poverty level in the last 12 months, compared to 10.3% of families statewide. Erie County's family poverty rate was similar in 2019 at 9.6% and higher in 2013 at 10.9% ⁷.

The Census Bureau updates poverty thresholds annually but does not adjust them for geographic cost-of-living differences. For more information on how the Census Bureau measures poverty, visit: [How the Census Bureau Measures Poverty](#) ²³.

Poverty rates of Erie County residents vary widely across geographic areas (see *Figure 38*). Higher rates are observed in the southwest corner of the county as well as urban areas where the predominant race of residents is a race other than White ⁹.

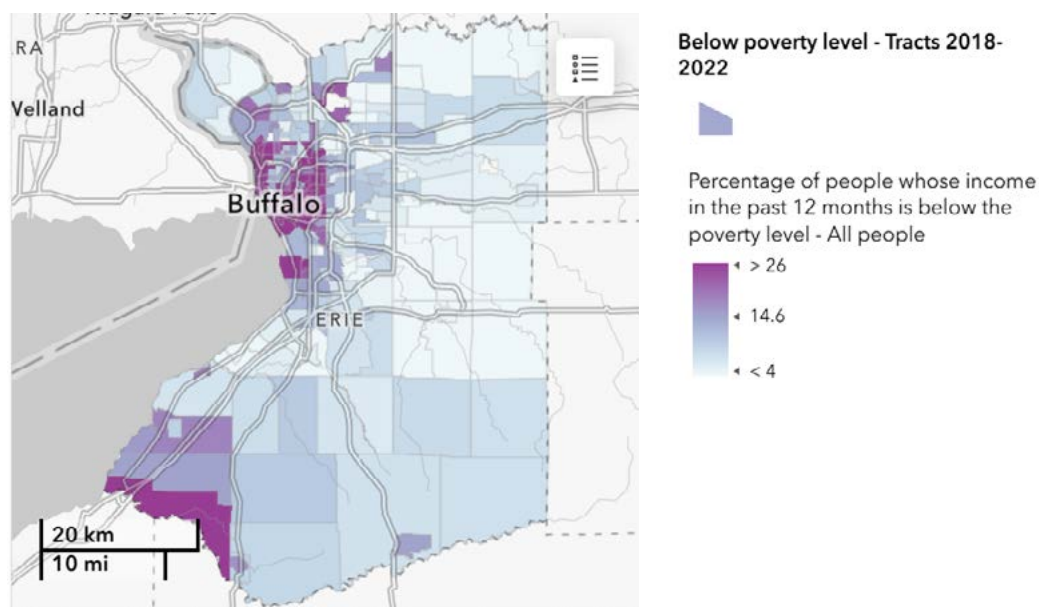
Rates of childhood poverty also differ sharply by race.

The County Health Rankings data from 2019 to 2023, based on American Community Survey estimates, show the following of children living in poverty in Erie County ²⁴:

FIGURE 37: 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 38: INCOME BELOW POVERTY LEVEL BY CENSUS TRACT, 2018-2022



Living Wage

The Living Wage Institute at Massachusetts Institute of Technology (MIT) developed a [Living Wage Calculator](#) that estimates the minimum income a full-time worker needs to cover basic living expenses, based on household composition and geographic location ²⁵.

Figure 39 displays estimated 2025 living wages, poverty wages, and minimum wages for different household types in Erie County. These estimates demonstrate that minimum wage earnings often fall short of the income needed to meet basic living expenses, particularly for households with children.

FIGURE 39: 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

Many interview and focus group participants explained that earning a true livable wage would ease several SDOH challenges, including securing stable housing, purchasing a vehicle, and affording nutritious food. Participants also noted that the lack of reliable transportation, especially when not owning a vehicle, makes it difficult to maintain employment.

Figure 40 highlights that having one or more working adults in a household does not always ensure economic security. A significant portion of families receiving Supplemental Nutrition Assistance Program (SNAP) benefits include individuals who are employed.

FIGURE 40: PERCENTAGE OF ERIE COUNTY FAMILIES RECEIVING SNAP BENEFITS THAT INCLUDE PEOPLE WHO WORK, 2023



HOUSING

Inequitable access to safe, stable, and affordable housing contributes to disparities in health outcomes. Key aspects of housing that influence health include:

- **Cost:** When households spend a large share of income on housing, they may have fewer resources for other necessities such as healthy food, transportation, and medical care.
- **Conditions:** Exposure to environmental hazards in the home, such as lead paint or mold, can cause serious and long-term health problems.
- **Consistency:** Evictions, involuntary moves, and frequent relocations increase stress and disrupt routines that support health, such as medical follow-up and school attendance.
- **Context:** Location of housing affects access to assets such as grocery stores, parks, health care, and quality schools.

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

Housing Cost

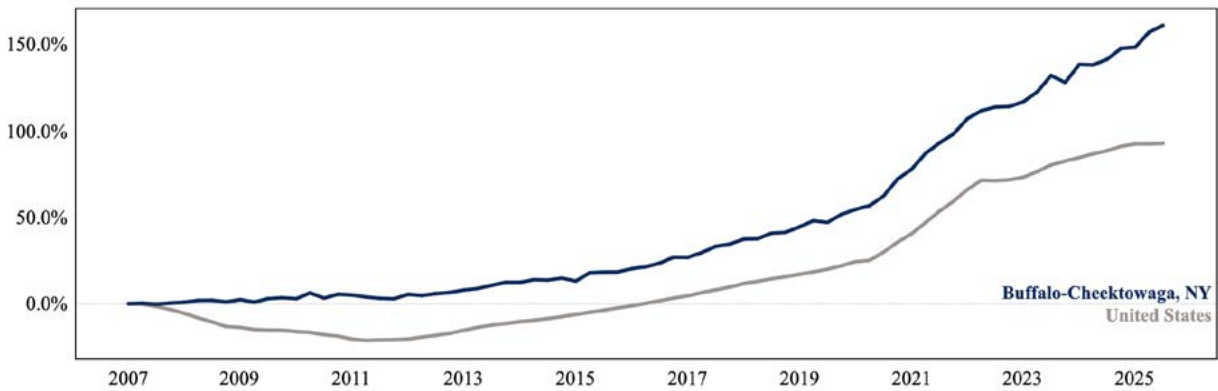
In Erie County, housing costs account for an estimated 24% of residents' income on average. This pattern is similar to housing costs in Monroe and Onondaga Counties which are also home to mid-sized cities in Upstate NY ²⁷. See *Figure 41* for more details.

FIGURE 41: 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 42*, housing prices in Erie County began to rise more rapidly during the COVID-19 pandemic, mirroring national trends ²⁸.

FIGURE 42: 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 compared to other parts of the country, they are still unaffordable for many residents here because local wages have not kept pace with rising costs. Other participants reported that low-cost housing is often in poor condition or located in less safe areas.

Housing Conditions

The median year of home construction in Erie County is 1957, compared to 1959 for NYS and 1981 for the United States as a whole ⁷. Many homes built before the 1980s contain lead-based paint and other materials that can pose a risk to health, especially for young children. While these materials have been phased out of sale from retailers, residents who live in older homes with limited financial resources may not be able to remediate such hazards in their home ²⁹.

Eleven ZIP codes on the West Side and East Side of Buffalo have been designated as Communities of Concern due to a combination of older housing stock and economic hardship. These ZIP codes include 14207, 14213, 14201, 14214, 14215, 14208, 14211, 14212, 14204, 14206, and 14210 ³⁰. They are predominantly home to racially and ethnically minoritized residents and have experienced long-term disinvestment. A map highlighting these communities appears in Appendix G.

To address the issue of lead exposure, the Erie County Office of Environmental Health runs the Lead Poisoning Primary Prevention Program and the Lead Poisoning Primary Prevention Initiative. These programs provide families, homeowners, and property owners with information and tools to help prevent children from being exposed to lead hazards. To learn more, visit [Lead Poisoning Primary Prevention & Primary Initiative Programs - Environmental Health](#) ³¹.

Consistency: Home Ownership

Home ownership is typically associated with greater housing stability. *Figure 43* below demonstrates disparities in homeownership in Erie County. Relative to the percentage of housing units (both rented and owned) occupied by each age group, younger adults are significantly less likely to own their homes than older adults. This trend may reflect rising costs and the challenging housing market that individuals coming of age in the past decade have faced.

FIGURE 43: 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%
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, in *Figure 43*, shows that householders of any race other than White are under-represented in the owner-occupied category. The table also shows that 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. Data from the 2022 ECOHE Health and Wellness Survey, however, indicate that even when education is taken into account, People of Color are less likely to own their homes¹⁴.

FIGURE 44: HOME OWNERSHIP BY RACE AND EDUCATIONAL ATTAINMENT

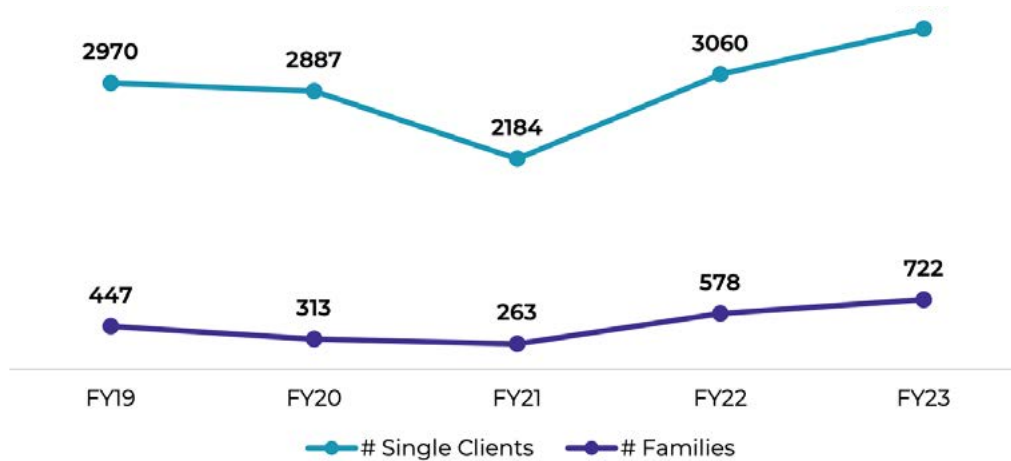
The table below displays the percentage of respondents who own their homes within each race and education category. For example, 60% of Asian respondents with a Bachelor’s degree responded I own my home.

	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 New York increased between 2019 and 2023 (see Figure 45), with a temporary decrease during the [NYS Eviction Moratorium](#) from March 2020 through January 2022³².

FIGURE 45: 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 46 shows that in 2023, Black, American Indian or Alaska Native, Native Hawaiian or Pacific Islander, and Hispanic or Latino residents were over-represented among people experiencing homelessness compared to their share of the overall Erie County population. People living with disabilities were also over-represented³³.

FIGURE 46: COMPARISON OF DEMOGRAPHIC DISTRIBUTIONS OF PEOPLE WHO EXPERIENCED HOMELESSNESS IN 2023 TO DEMOGRAPHIC DISTRIBUTIONS OF THE GENERAL POPULATION OF ERIE COUNTY

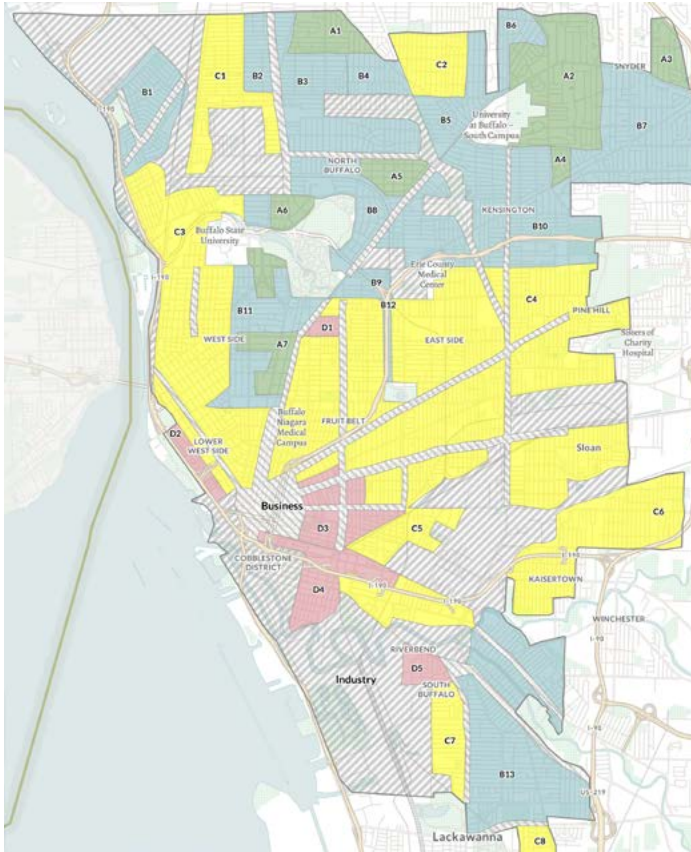
RACE	% OF PEOPLE EXPERIENCING HOMELESSNESS	% OF ALL ERIE COUNTY RESIDENTS
Asian or Asian American	1.9%	4.3%
Black, African American, or African	53.5%	12.9%
American Indian, Alaska Native, or Indigenous	1.3%	0.4%
Native Hawaiian or Pacific Islander	0.5%	0.0%
White	38.2%	75.4%
Other Races	N/A	2.3%
Multiple 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%

Context: Segregation and Disinvestment

Historical and ongoing housing discrimination contributes to racial disparities in homeownership as well as disinvestment practices in neighborhoods where the residents are predominantly People of Color. Redlining, a policy used in the 1930s by the Home Owners' Loan Corporation (HOLC), categorized neighborhoods with predominantly Black and immigrant residents as higher risk for mortgage lending.

Figure 47 features a map developed by the University of Richmond representing redlining boundaries established 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 47: 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 enforced restrictive covenants, legal provisions that dictated who could own or occupy a property, which 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

Housing discrimination as such along with the 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 affect health in multiple ways, including:
- Providing opportunities for safe, physically active transportation options such as walking and biking
- Ensuring the safety of vehicles and transportation infrastructure
- Shaping access to essential goods and services
- Influencing air quality and contributing to climate change

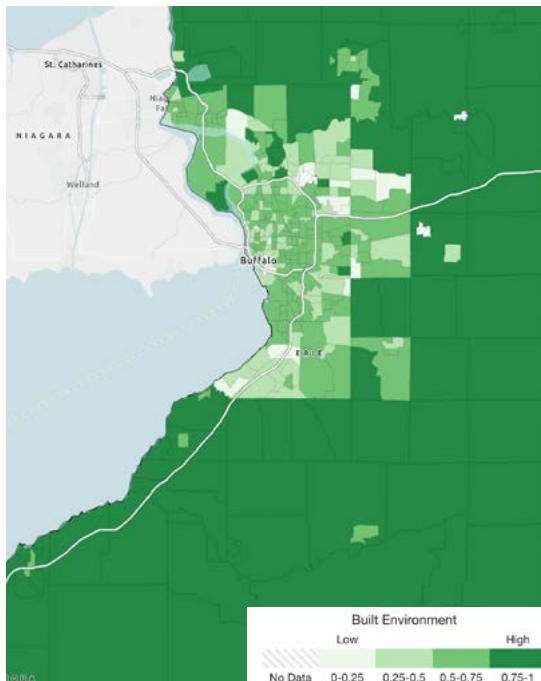
To learn more, visit the CDC webpage: [Improving Health Through Transportation Policy](#) ³⁹.

Walkability

Walkability refers to how easily and safely residents can choose walking as a mode of transportation within their community. The CDC Environmental Justice Index (EJI) is an interactive tool that reports transportation and mobility indicators by census tract, including lack of walkability.

The CDC defines walkability as “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, more rural areas are the least walkable in the county.

FIGURE 48: LACK OF WALKABILITY IN ERIE COUNTY



Safety of Vehicles and Infrastructure

Transportation-related crashes are a common and preventable cause of injury and premature death. Between 2020 and 2023, Erie County recorded 210 fatal motor vehicle crashes and 46 pedestrian deaths. From January through June 2025, 118 pedestrians, cyclists, or skaters were involved in crashes.

In July 2025, Erie County launched StreetSmart Erie County, a safety campaign focused on reducing injuries and deaths on roads, sidewalks, and parking lots⁴¹. The campaign promotes safe behaviors among drivers, pedestrians, bicyclists, and scooter riders and is being implemented through public education, seasonal messaging, and outreach by the Erie County Department of Health (ECDOH) Community Wellness program.

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

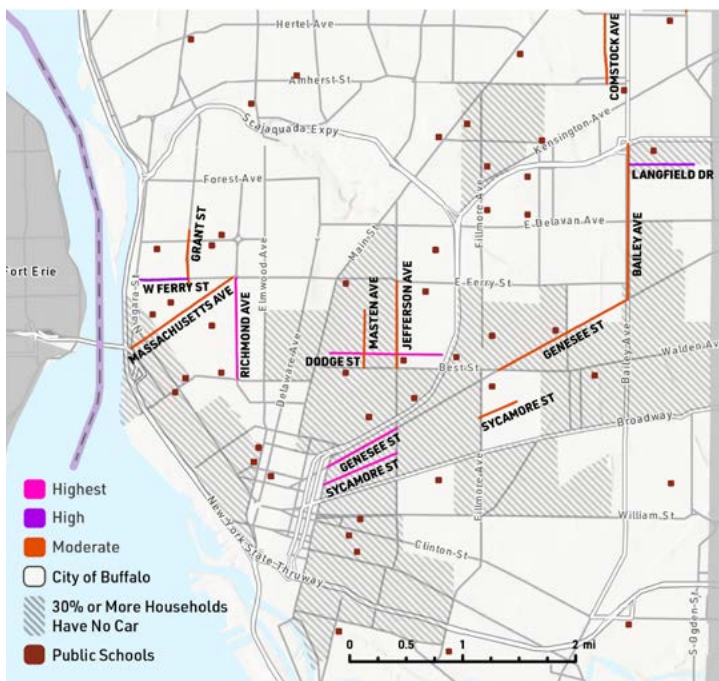
“Road safety is a public health issue and an equity issue. This campaign aims to keep improving the culture around road safety. As individuals, we should be able to walk, jog, roller skate, and bike in public spaces for our own physical fitness and mental health well-being. And we all benefit from better 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.



Figure 49 shows a map developed by GoBike Buffalo that highlights City of Buffalo corridors with high rates of traffic-related injuries. Notably, some of the corridors where 30% or more of households lack a car also have some of the highest injury rates. In its 2022 report, Erie-Niagara High Injury Network, GoBike Buffalo provides additional statistics on traffic crashes and offers recommendations, such as lowering speed limits on city streets ⁴². View the full report here: [Crash-Report-2022.pdf](#).

FIGURE 49: CITY OF BUFFALO HIGH-INJURY CORRIDORS



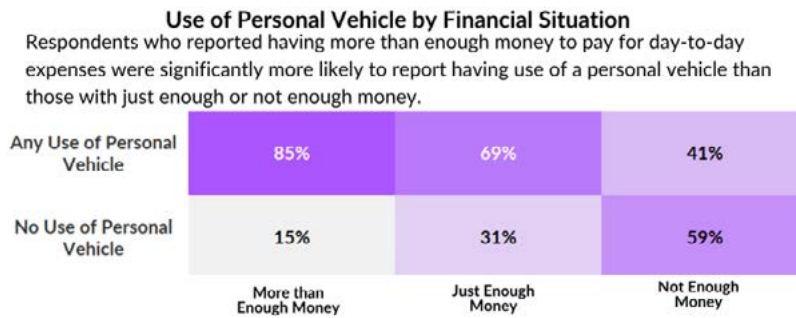
Influencing Access to Needed Goods and Services

Community research conducted by the ECOHE shows that owning or having access to a personal vehicle is a critical asset for obtaining essential goods and services. Findings from the 2022 Health and Wellness Survey revealed that 77% of respondents without access to a personal vehicle reported challenges such as obtaining medical care, accessing recreation, securing food and other necessities, and maintaining employment due to a 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 50: USE OF PERSONAL VEHICLE BY FINANCIAL SITUATION



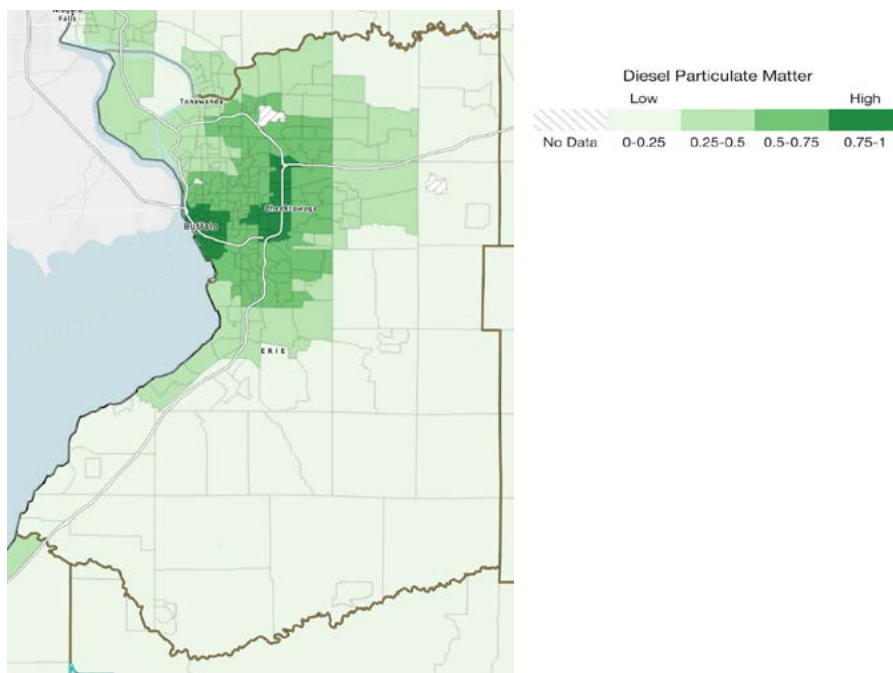
Discussions From CHA Community Research

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.

Air Pollution

Deisel fuel is widely used in transportation and is associated with adverse health outcomes, including respiratory and cardiovascular disease⁴⁰. Shown in *Figure 51*, the highest levels of diesel particulate matter in Erie County are found near major highways, particularly along the I-190, south of the Peace Bridge and the Kensington Expressway.

FIGURE 51: CONCENTRATION OF DIESEL PARTICULATE MATTER



COMMUNICATION AND INFORMATION ACCESS

Information is broadcasted to communities for many purposes. Communication updates about government actions, business changes, weather, and climate events help residents plan and respond to potential risks or opportunities. Public information campaigns also address topics such as healthy eating, avoiding scams, and staying safe during extreme weather or routine activities such as travel.

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 more residents to services that address their SDOH needs. Effective dissemination must consider literacy levels, translation and interpretation needs, and multiple modes of accessibility, including both digital platforms and physical locations.

One existing initiative is the Erie County Office of Health Equity's health publications¹⁵, which provide the public with information on various health conditions and SDOH factors. These publications are intentionally designed to be accessible, using plain language, translations into the five most commonly spoken non-English languages in Erie County, and distribution through both physical sites and digital channels. ECOHE is also working to make digital versions compatible with screen readers for residents who are blind or have low vision.

Literacy

Adult literacy influences economic mobility, health outcomes, healthcare costs, children's academic achievement, and recidivism rates⁴³. Data from 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 based on surveys conducted in 2012, 2014, and 2017. 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 increasing⁴⁴. Local data from the 2023 survey cycle has not yet been released.

While efforts to improve adult literacy are crucial, written publications intended for use by the general public should also 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 approximately 2.2% of households, spoke limited English⁸. Language barriers pose a challenge in many aspects of life, including education, obtaining employment, and receiving quality health care. To help mitigate these barriers, New York State [[New York State Language Access Law](#)] and Erie County [[The Erie County Language Access Act](#)] have enacted policies requiring language access for individuals with limited English proficiency when interacting with state and county agencies (46, 47).

Health care facilities commonly use phone-based interpreter services, such as Language Line, and may also rely on bilingual staff for a limited number of languages. Despite these important resources, many challenges persist for residents with limited English proficiency. Community research conducted by ECOHE and CHA highlighted multiple access points where language barriers disrupt care, including education, employment, emergency alerts, and clinical encounters¹³.

Discussions From CHA Community Research

Additional language-related challenges were noted in the CHA health care provider interviews, including:

- Difficulties for individuals with limited English proficiency at multiple stages of seeking care, such as arranging medical transportation and following up on referral services
- Limited access to reliable interpretation services due to rare languages (e.g., Karenni), technical connection issues, and inaccurate translations
- In-person interpreters, though scarce, are generally more effective than phone-based interpretation services
- Improved interpretation services could help non-English-speaking families prevent chronic diseases and manage other health needs

Digital Information/Broadband Access

The internet is an efficient tool for disseminating information; however, digital-only communication does not reach residents who lack reliable internet access or digital literacy.

As of 2023, in Erie County⁷:

- 91% of households have broadband internet, and of those households, 13% have broadband access only through a cellular data plan.
- 95% of households 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.

Discussions From CHA Community Research

CHA community research focus groups highlighted gaps in digital access:

Rural residents, such as those in the Gowanda focus group, reported challenges with accessing reliable internet service compared those of less rural communities.

A recurring concern noted among older adults was that essential updates are increasingly provided only online, creating significant access barriers. Participants in the ECOHE 2023 Older Adults focus group also described limited technological skills and/or device access.

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 cellphone alerts for emergency communication and information-sharing through trusted community leaders such as faith-based organizations.

Communication and Information Access for People with Vision or Hearing Impairments

According to the 2023 Behavioral Risk Factor Surveillance Survey, approximately 5.4% of adults in New York State have a vision impairment and 4.8% of adults in NYS have a hearing impairment⁴⁸. 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 vision and hearing impairments and provides guidance to county departments and local organizations on ADA compliance and reasonable accommodation. Examples include the use of American Sign Language (ASL) interpreters from Deaf Access Services at county press briefings and public events. Deaf Access Services also provides interpreters for hospitals and courts.

To support accessibility for residents with vision impairments, county offices are working to ensure that digital publications are compatible with screen readers and other 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 result in poor short- and long-term health outcomes, including injury, disability, and mental distress. Fears related to safety may also influence an individual's health behaviors, such as avoiding outdoor physical activity⁵⁰.

Discussions From CHA Community Research

Both health care providers and community members raised concerns about crime and safety during the 2025 CHA community research. Themes included:

- Having to choose between health risk factors due to fear of violence such as deciding whether to exercise despite the risk of violence.
- Fear of seeking services and resources from the government when domestic violence has occurred with children in the home
- Experiencing high levels of stress due to the threat of violence.

Figures 52 and 53 display crime rates in NYS and Erie County from 2019-2024. Over this six-year period, 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 downward⁵¹.

FIGURE 52: CRIME RATES PER 100,000 POPULATION, 2019-2024

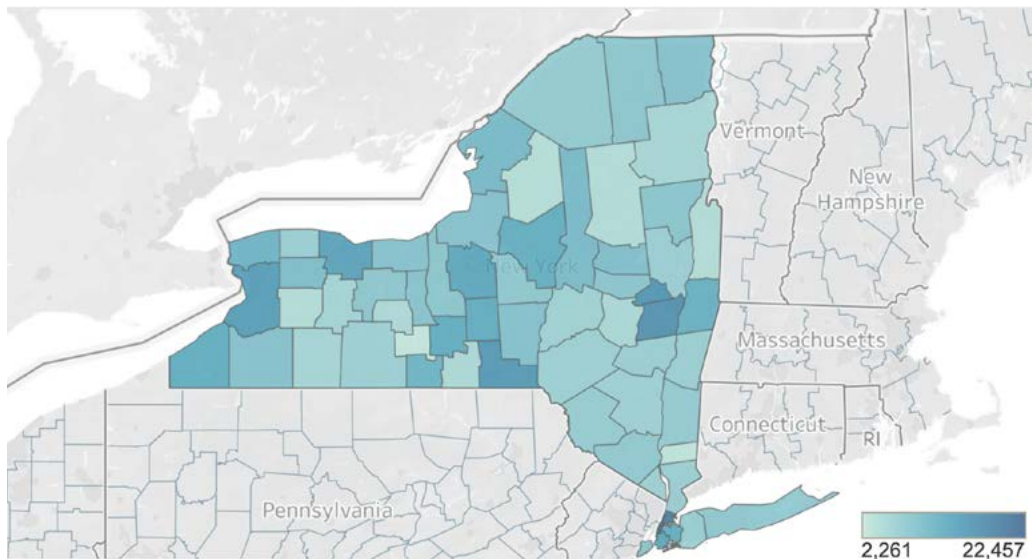
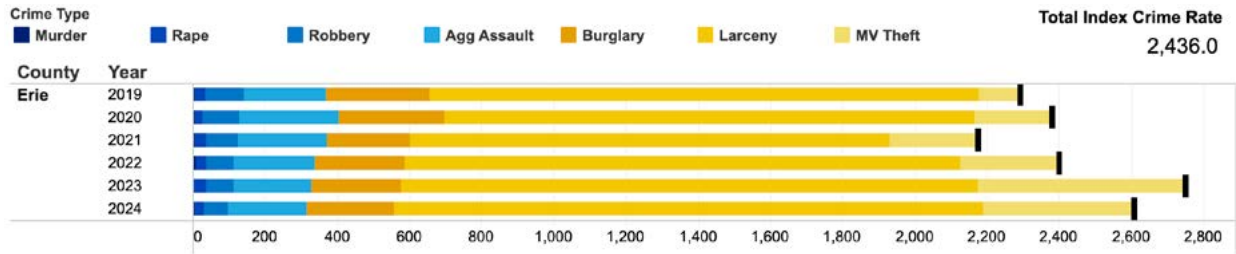


FIGURE 53: RATES OF SELECTED CRIMES PER 100,000 POPULATION IN ERIE COUNTY, BY TYPE AND YEAR



[Agg Assault = Aggravated Assault, MV theft = Motor Vehicle Theft]

Justice Involvement

Incarceration of individuals who have committed crimes can provide protection for people who were victims of those crimes or who may be at future risk. At the same time, incarceration can negatively affect individuals, families, and communities. On average, individuals who have been incarcerated have poorer mental and physical health compared to 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 people are incarcerated, they are physically absent from their communities and unable to participate in civic engagement, such as voting. In some states, incarcerated individuals are counted as residents of the prison location instead of their home communities when local legislative districts are redrawn, a practice known as prison gerrymandering. This practice shifts resources and political representation to districts where prisons are located and away from the home communities of incarcerated people ⁵². In 2010, New York State passed legislation to end prison gerrymandering ⁵³.

Data from the New York State Division of Criminal Justice Services (DCJS) indicates that in Erie County, Black adults convicted of crimes are more likely than White adults to receive prison sentences. For example, in 2023, White people accounted for 37% of all felony adult arrests in Erie County but only 18% of all prison sentences. In contrast, Black people accounted for 52% of adult felony arrests and 71% of prison sentences. This disparity has appeared consistently in data from 2018 through 2023. [Note: Data on the NYS-DCJS website is available for the years 2018-2023 at the time of this report.] Hispanic people are also overrepresented in prison sentencing, although to a lesser extent ⁵⁴.

FIGURE 54: 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-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. Participants described circumstances that contributed to their involvement with the justice system as well as challenges related to being incarcerated¹³.

A broader set of quotes and a detailed summary of these findings are available 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 emphasized food access and healthy eating as major concerns during the 2025 CHA community research. One provider noted that lack of access to affordable food contributes to health issues such as constipation and obesity, which in turn worsen many other conditions. Another provider shared that families often voice a need for healthy foods during their clinical appointments.

Multiple 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 fully describe food access and diet quality using only quantitative measures. To better understand these issues, the ECOHE asked Erie County residents about their experiences with food security through surveys and focus groups. Responses to the ECOHE 2022 Health and Wellness Survey showed differing challenges to healthy eating across demographics¹⁴.

FIGURE 55: FOOD ACCESS IN ERIE COUNTY VARIES BY PLACE OF RESIDENCE

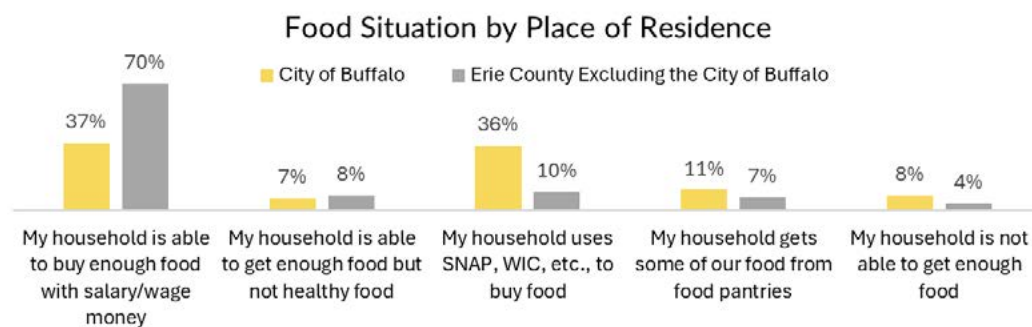
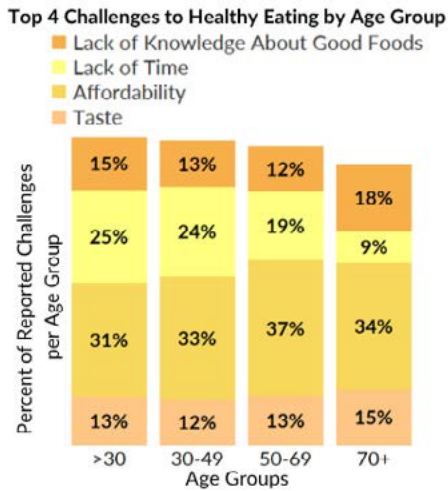


FIGURE 56: CHALLENGES TO HEALTHY EATING VARY ACROSS DEMOGRAPHICS



In the 2023 ECOHE focus groups, participants described both barriers and assets related to eating healthy in Erie County¹³. Challenges included high prices and ineligibility for foods stamps, 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.

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 difficulty obtaining enough food for their families due to high prices while not qualifying for SNAP¹³. Among the 2022 ECOHE Health and Wellness Survey respondents who reported using SNAP or WIC to buy food,

one in five (or 22%) reported that their household is not able to get enough food¹⁴.

Some 2025 CHA focus group participants noted that the senior discount programs at Tops Markets and low-cost food available at certain senior centers were helpful.

The Youth Risk Behavior Surveillance System (YRBSS) survey asks high school students 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 2023⁵⁵.

FIGURE 57: 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%	↑

Neighborhood and Built Environment Challenges to Food Access

Food access is also shaped 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 trauma and loss of life, residents in this predominantly Black community experienced increased challenges to food access during the store's temporary closure.

A 2025 CHA health care provider interview with a resident of this community noted that, for some individuals, food access challenges have persisted because emotional trauma from the incident has created a fear or reluctance to return to that location.

Data from the 2022 ECOHE Health and Wellness Survey revealed spatial and racial disparities in food access. *Figure 58* shows that respondents in the City of Buffalo and several rural areas were more likely than suburban respondents to report challenges to accessing food and other needed goods because of a lack of transportation. *Figure 59* indicates that Black respondents were more than twice as likely as White respondents to report that healthy eating is difficult due to a lack of healthy foods sold in their community¹⁴.

FIGURE 58: PERCENT OF RESPONDENTS WHO REPORTED THAT LACK OF TRANSPORTATION IS A CHALLENGE TO ACCESSING FOOD AND NEEDED GOODS PER ZIP CODE

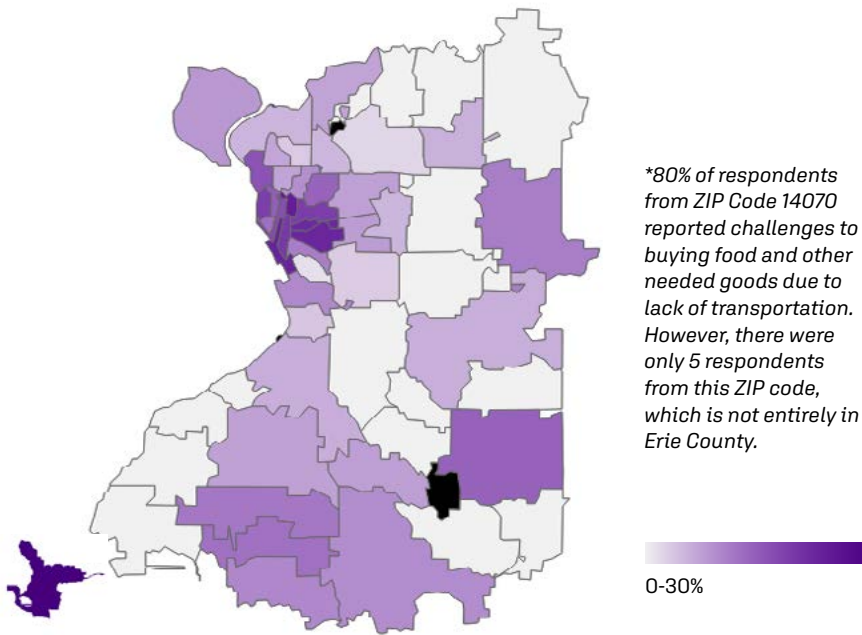
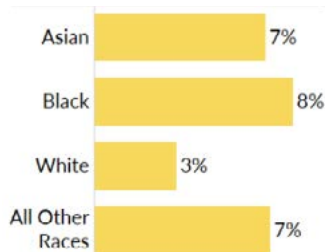


FIGURE 59: PERCENT OF RESPONDENTS WHO REPORTED THAT HEALTHY EATING IS CHALLENGING DUE TO A LACK OF HEALTHY FOODS SOLD IN THEIR COMMUNITY, BY RACE



Discussions From CHA Community Research

Participants in the 2025 CHA community research identified several built-environment-related strategies that support or could support food access:

- Health care providers reported that having food pantries on site at clinics helps patients obtain healthy foods recommended during visits
- 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 it
- Rural Southwest participants expressed appreciation for a produce delivery truck that visits areas without nearby grocery stores
- A CYSHCN family interview participant expressed that more community gardens and accessible fruit trees would be beneficial

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, including diet. Cultural influences on food choices and access were a recurring topic in the 2023 ECOHE focus groups and the 2025 CHA community research.

Key themes included:

- Participants in the 2023 Hispanic-Latino and Bangladeshi focus groups discussed challenges to finding culturally appropriate foods.
- Community members and health care providers discussed broader cultural patterns that contribute to unhealthy diets in Western New York and the United States, such as:
 - Prioritization of convenience over health
 - Heavy marketing of junk food
 - Limited healthy food options in 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 that they would eat healthier if they knew which foods were good for them.

In 2025 CHA health care provider interviews and community focus groups, additional educational barriers were identified:

- Many residents do not know how to read and interpret food labels.
 - Some individuals lack the knowledge or skills to prepare foods distributed at food banks.
 - One provider noted that home-based nutrition counseling in another state had been an effective support and may be a valuable model.
-

COMMUNITY SERVICES AND RESOURCES

A healthy community ensures that residents have provisions and opportunities to develop and maintain good health⁵⁶. However, societal structures including the economy, education systems, health care systems, social norms, and the built environment do not benefit all residents equally. Community services and resources can help mitigate disadvantages and strengthen resilience, particularly among residents who are less privileged, while benefiting the community as a whole.

Erie County has many organizations of varying types across the social determinants of health to help community members in need. These include large nonprofit organizations; community-driven initiatives, such as the Healthy Community Stores Initiative⁵⁷; 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 residents⁵⁸. Residents can find many services and resources to meet their needs by visiting 211 WNY⁵⁹. Parents and guardians can find mental and behavioral health services for children and youth through the EriePath app or desktop platform at <http://eriepath.erie.gov/>⁶⁰.

Additionally, government programs and benefits, such as SNAP, housing assistance, and the Home Energy Assistance Program (HEAP) serve as a safety net for many Erie County residents. Community feedback, however, highlighted challenges related to eligibility criteria, complex enrollment processes, and insufficient benefit levels once enrolled in these services^{13,14}.

Community services and resources were examined in both the 2022 ECOHE Health and Wellness Survey and in the primary data collection for this CHA. In 2023 focus groups, participants expressed trust and appreciation for community-based organizations (CBOs) and emphasized the need for more CBOs and community centers, particularly those serving youth. Attitudes toward government entities and services were generally less positive^{13,14}. Supporting CBOs may be an effective strategy for government and health systems to reach and uplift specific communities

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.

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.

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 up from 93% in 2013⁷. Groups with the highest rates of uninsured residents in Erie County are non-citizens of the United States (9.4%) and residents classified as unemployed (12.4%). Higher uninsured resident rates correlate with lower education attainment. Rates of uninsured residents also vary by census tract⁷.

FIGURE 62: RATES OF UNINSURED ERIE COUNTY RESIDENTS AGES 26+ BY EDUCATION ATTAINMENT, 2023

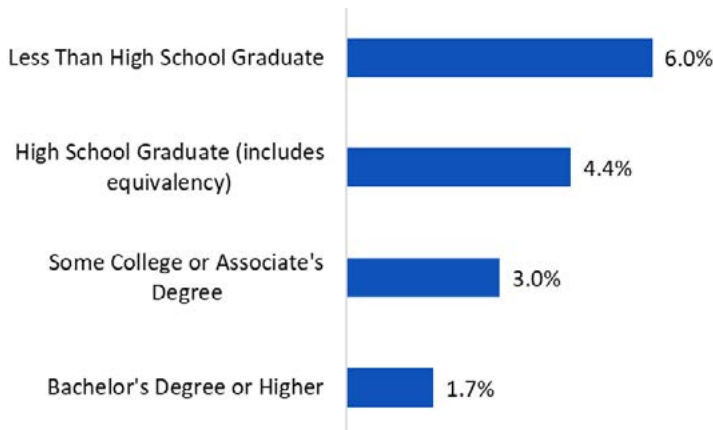
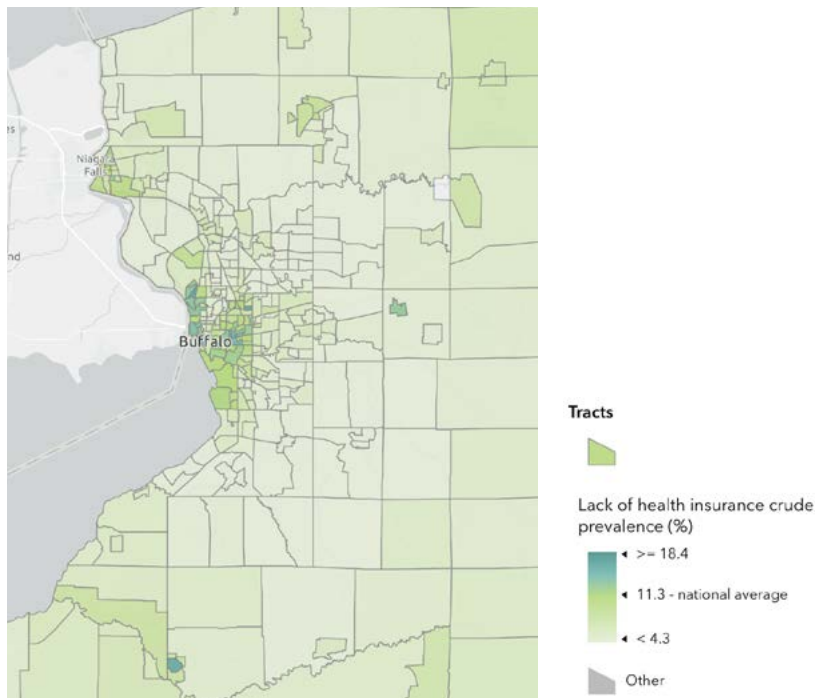


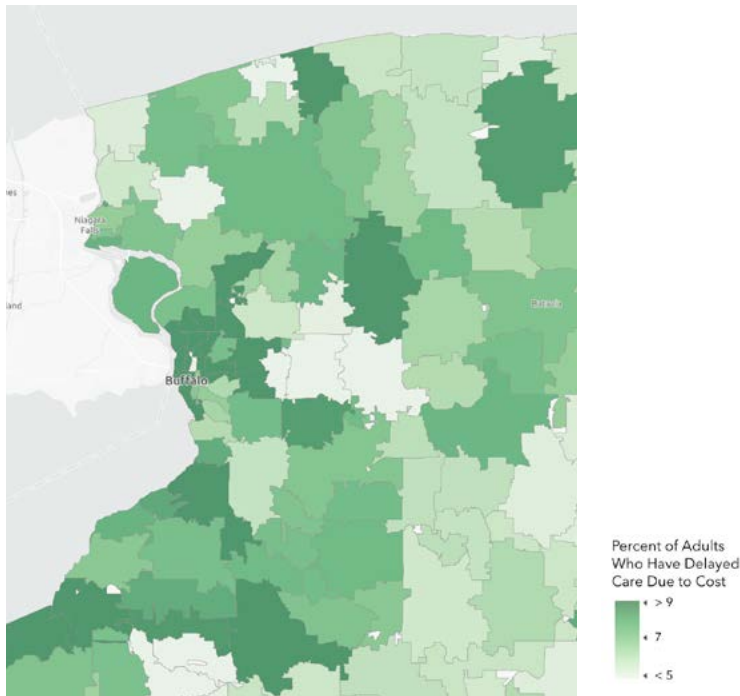
FIGURE 63: PREVALENCE OF LACK OF HEALTH INSURANCE BY CENSUS TRACT, 2022



Having health insurance does not guarantee affordability of care. Co-pays, deductibles, and out-of-pocket costs may still prevent some individuals from seeking needed care.

In the 2022 ECOHE Health and Wellness Survey, 14% of respondents reported that inadequate health insurance was a barrier to accessing care for themselves and/or their family. Similarly, discussions from the 2023 ECOHE focus groups revealed that even individuals with stable employment and health coverage often encounter cost-related barriers to accessing timely care.

FIGURE 64: PERCENT OF ADULTS WHO HAVE DELAYED CARE DUE TO COST PER ZIP CODE



Discussions From CHA Community Research

Challenges related to the cost of health care and access to insurance, as reported 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 services
- High deductibles that make it prohibitive to access care
- Limited awareness of available insurance benefits

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

- Limited incentive for clinics to offer dental services or for dental providers to accept Medicaid, because dental care is costly to provide and Medicaid reimbursement is often inadequate
- Poor Medicaid contributing to a shortage of providers who accept Medicaid
- Some individuals deciding not to seek care because of high out-of-pocket costs

Availability of Care

Access to care also depends on the availability of health care providers. Although Erie County has more favorable resident-to-provider ratios than other Western New York counties, provider shortages still contribute to access challenges for many residents. These challenges may be partly due to more severe shortages in neighboring counties, leading residents from those areas to seek care in Erie County⁶⁹.

FIGURE 65: 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

Participants in the CHA health care provider interviews and community focus groups described shortages in several types of care, including:

- Maternal health, particularly in the rural areas
- Women's health care outside of reproductive services
- Emergency and inpatient mental health care for children and youth
- Dental care, particularly for those covered by Medicaid

3 Health Status Description

LIFE EXPECTANCY

Life expectancy in Erie County varies by demographic category, including census tract and race. Using data from the American Communities Survey (2015 5-yr) and death certificates from 2010-2015, the CDC estimated life expectancy by census tract. *Figure 66* is a map describing life expectancy estimate ranges by census tract in Erie County⁷⁰. From this map's substantial color variation, it is apparent that there are significant disparities in life expectancy according to place of residence in Erie County. There are also significant disparities in premature death by race and ethnicity, as demonstrated in *Figure 67*.

FIGURE 66: LIFE EXPECTANCY BY CENSUS TRACT, 2010-2015

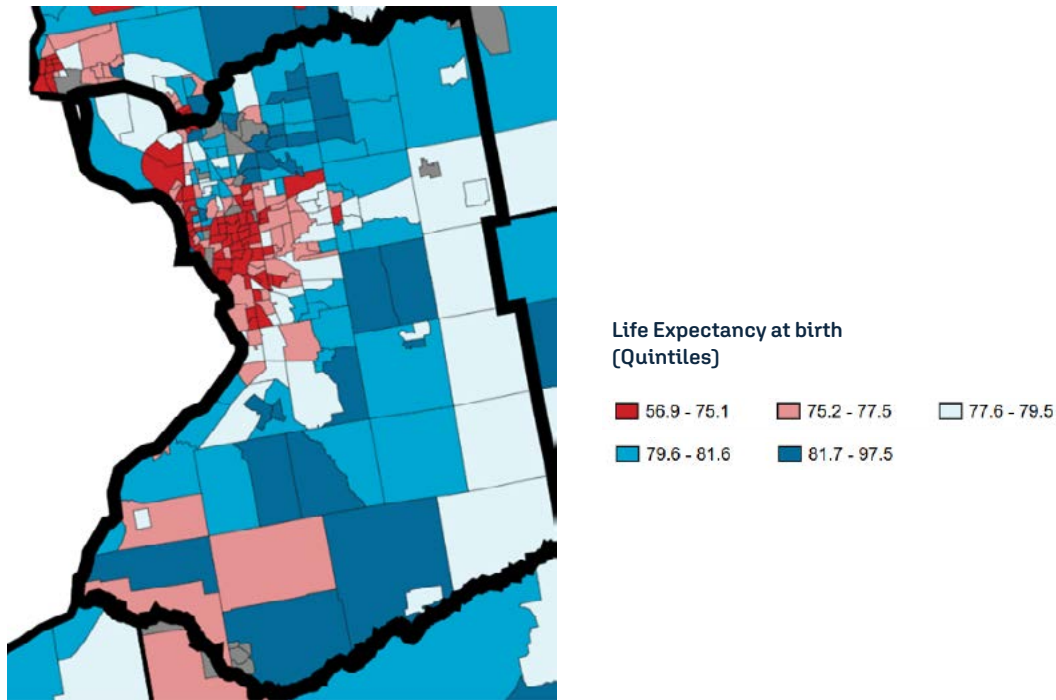
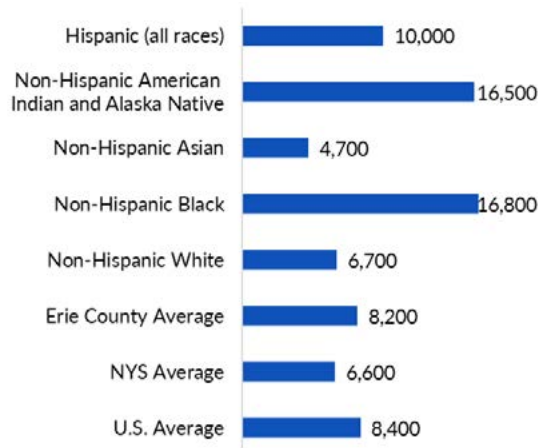


FIGURE 67: YEARS OF LIFE LOST BEFORE AGE 75 PER 100,000 ERIE COUNTY RESIDENTS BY RACE, 2020-2022



LEADING CAUSES OF DEATH

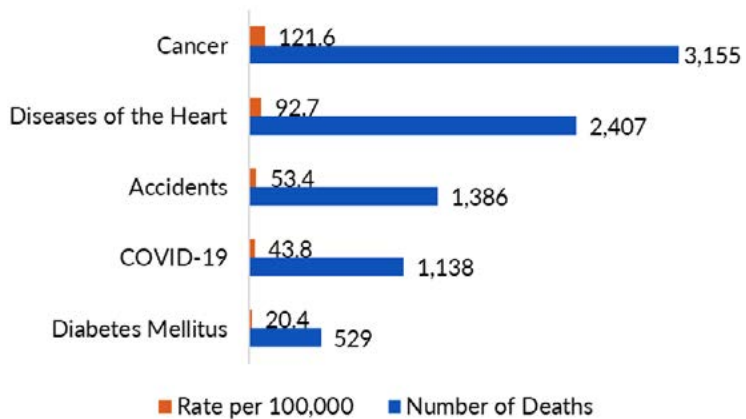
Data in *Figure 68* shows that the top five overall leading causes of death in Erie County have remained fairly consistent over the last decade, though COVID-19 replaced chronic lower respiratory diseases (CLRD) beginning in 2020⁷¹. COVID-19 death rates peaked in 2021.

The leading causes of death for people under age 75 differ somewhat from the overall pattern, as illustrated in *Figure 69*⁶⁹.

FIGURE 68: 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 69: LEADING CAUSE OF DEATH UNDER AGE 75 IN ERIE COUNTY, 2018-2023

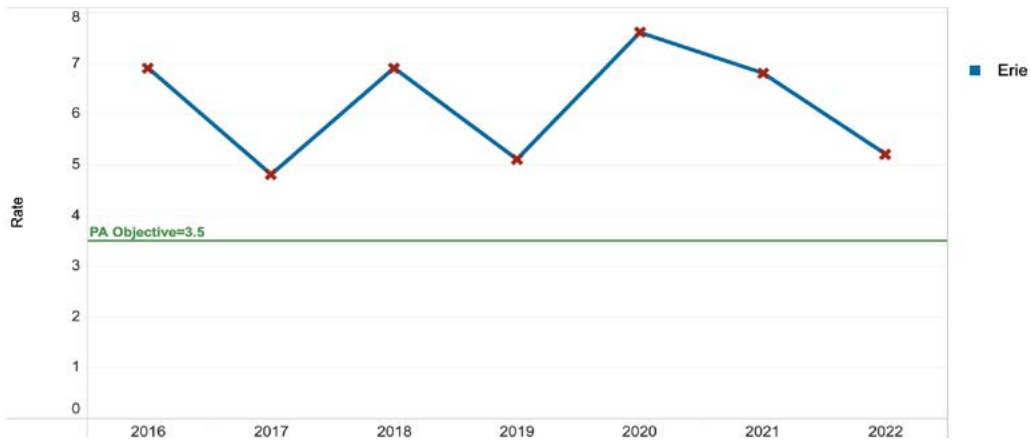


INFANT AND MATERNAL HEALTH

Infant Mortality

The infant mortality rate in Erie County has fluctuated over time but has remained above the New York State Prevention Agenda objective of no more than 4 infant deaths per 1,000 live births. In 2022, the infant mortality rate in Erie County was 5.2 per 1,000 live births, compared to 4.7 per 1,000 in New York State (excluding NYC) ⁷².

FIGURE 70: INFANT MORTALITY RATES PER 1,000 LIVE BIRTHS IN ERIE COUNTY, 2013-2022



Preterm Births

Preterm birth, meaning a live birth before 37 completed weeks gestation, increases the risk of infant illness and death⁷³. In its 2024 Report Card, the March of Dimes gave Erie County a grade of F for preterm births, based on 2023 National Center for Health Statistics natality data. 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 New York State Prevention Agenda goal for preterm birth rate is no more than 8.4%⁷², however, the Erie County rate has increased over the years, as seen in *Figure 71*.

FIGURE 71: PRETERM BIRTH RATE IN ERIE COUNTY, 2016-2023

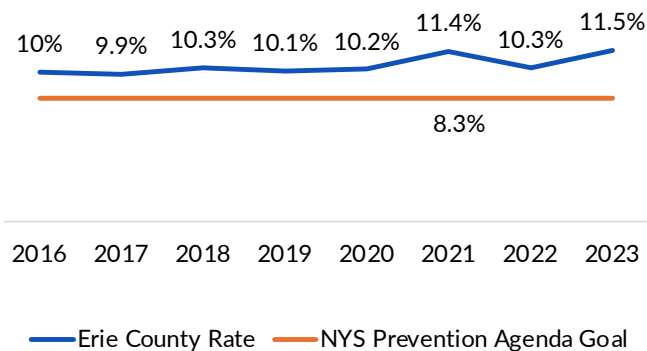
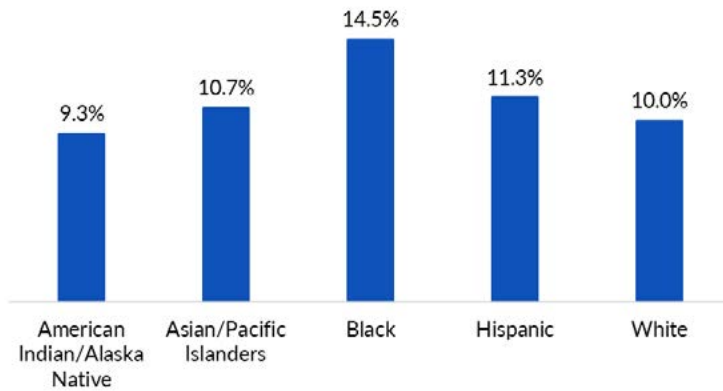


FIGURE 72: RATES OF PRETERM BIRTH BY RACE IN ERIE COUNTY

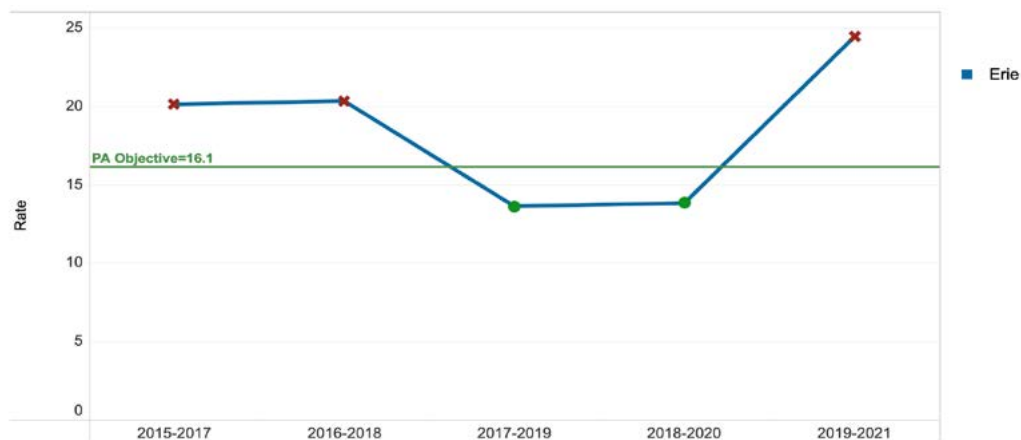


Maternal Mortality

The NYS Prevention Agenda goal for maternal mortality is no more than 16 maternal deaths per 100,000 live births ⁷².

From 2020 to 2022, Erie County's maternal mortality rate was well above 35.7 per 100,000 live births, higher than the New York State rate of 22.6 per 100,000 (excluding New York City) during the same period ⁷².

FIGURE 73: MATERNAL MORTALITY RATES PER 100,000 LIVE BIRTHS IN ERIE COUNTY



Maternal Morbidity

The report Severe Maternal Morbidity in New York State, 2017-2022, published in May 2025, examined trends and statistics related to life-threatening complications experienced by women living in NYS during those years. The report noted an increase in the rate of severe maternal morbidity complications between 2008-2022. In 2008, approximately 1 in 136 birthing people experienced severe maternal morbidity; by 2022, the rate was 1 in 80, with increases observed across all racial groups ⁷⁴.

Data from 2017-2022 show significant racial and ethnic disparities in severe maternal morbidity, as illustrated in *Figure 74*.

DISCUSSIONS FROM CHA COMMUNITY RESEARCH

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

One Participant from the CHA Health Care Provider Interview said:

“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.”

In 2019, the New York State Doula Pilot Program was launched in Erie County. Participants reported very positive experiences, and the vast majority indicated 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. Additional information about this program is available 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 emphasized the need for greater awareness of and access to doula services.

MENTAL HEALTH

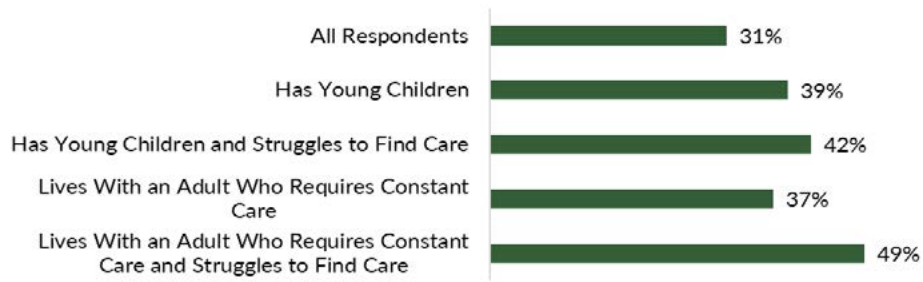
Mental health is an important component of overall well-being and is closely linked to physical health. Mental health can be addressed at the community level, because it is shaped by social determinants of health such as housing, social connections, and access to care ⁷⁷.

From both the 2023 ECOHE focus groups and the 2025 CHA focus groups and interviews, mental health emerged as a top concern. In the 2025 CHA community survey and the health care provider survey, mental health was ranked as the number one health issue to address in the 2025–2030 Community Health Improvement Plan across nearly all demographic groups in the 2025 CHA community survey as well as the health care provider survey.

Mental Health and Social Determinants of Health Factors

The 2022 ECOHE Health and Wellness Survey examined correlations between social determinants of health and health outcomes. One example of such correlations includes the relationship between caregiving responsibilities and mental health. Among survey respondents, those who reported being responsible for young children or living with an adult that requires constant care were more likely to report anxiety or depression than the total pool of respondents. Rates of anxiety or depression in this group were even higher if they also reported struggling to find care for their dependents. Similarly related, respondents who reported having anxiety or depression, on average, also reported less sufficient levels of social support than those who did not report anxiety or depression ¹⁴.

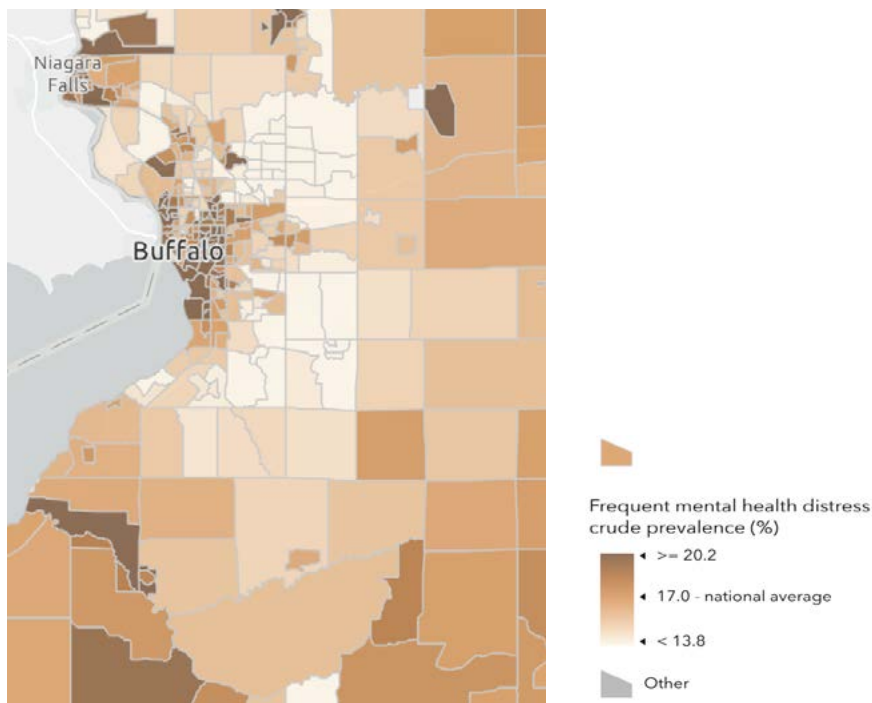
FIGURE 76: PERCENT OF RESPONDENTS WHO REPORTED ANXIETY OR DEPRESSION BY CAREGIVER RESPONSIBILITIES



Geographic patterns emerged: census tracts with high rates of chronic disease and SDOH challenges also tended to have higher rates of poor mental health.

According to 2020 and 2021 BRFSS data in *Figure 77*, frequent mental distress was more commonly reported in the East and West Sides of the City of Buffalo and in the southwest portion of Erie County. To examine how mental health, physical health, and SDOH factors intersect across different geographic areas, view additional indicators at [PLACES: Local Data for Better Health](#)¹⁰.

FIGURE 77: PREVALENCE OF FREQUENT MENTAL DISTRESS BY CENSUS TRACT, 2022



DISCUSSIONS FROM CHA COMMUNITY RESEARCH

Focus groups and interviews highlighted several ways that SDOH factors influence mental health:

- Participants from the Rural Southwest focus group described how loneliness, isolation, and poverty can contribute to poor mental health, which may then lead to substance use disorders
- Multiple healthcare providers reported that living in unsafe neighborhoods contributes to chronic stress and poor mental health among their patients
- Participants in both the health care provider interviews and community focus groups discussed how poor diets negatively 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 compared to 2021. The 2021 survey recorded the most concerning levels of mental health indicators observed since 2011, likely reflecting the impact of the COVID-19 pandemic⁵⁵. Despite 2023 looking better than 2021, there is room for improvement on these mental health indicators.

FIGURE 78: 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%	↓	*	

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 2025 CHA community research discussed a 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 complicated logistics and a lack of competent training in this area.

Figure 79 includes two maps developed by the Buffalo State Center for Health and Social Research which displays availability of mental health treatment programs in Erie County.

These maps reveal significant variation in the availability of general mental health treatment programs across the region, alongside a widespread lack of emergency mental health care in most areas of the county⁷⁸. 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.

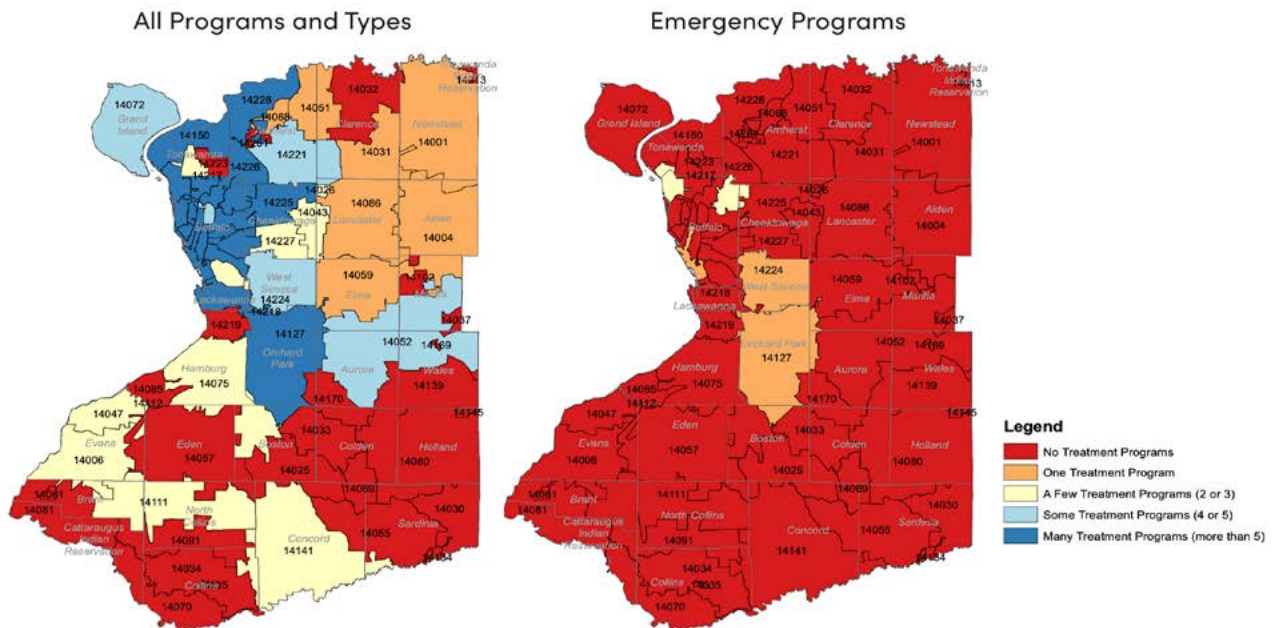
While the ratio of mental health providers to residents appears to be more favorable in Erie County than the rest of NYS and the United States, with respective ratios of 240:1, 260:1, and 300:1, community members have expressed challenges in accessing mental health care⁶⁹.

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.

FIGURE 79: ERIE COUNTY MENTAL HEALTH TREATMENT PROGRAMS PER ZIP CODE, 2023



SUBSTANCE USE DISORDERS

Substance use disorders are often connected to mental health disorders.

Multiple participants in both the CHA community focus groups and health care provider interviews reported that people frequently turn to dangerous substances as a coping mechanism. More specifically, participants in the Rural Southwest focus group discussed how social and economic challenges, along with a lack of recreational opportunities, can increase the risk of substance use. A health care provider interview participant also noted the need for more social workers in hospitals to coordinate treatment and supports for people with substance use disorders.

Substance use disorders affect people of all demographic groups and communities. While substance use disorders are not new, new trends are observed from year to year. These changes include shifts in demographics most affected by substance use disorders, types of substances used, and the composition and potency of these substances. Ongoing monitoring of these trends is essential for informing effective public health responses.

Overdoses

The Erie County Office of Harm Reduction tracks overdose death data, including demographic characteristics and substances detected. A publicly accessible dashboard is available on the Erie County Department of Health website 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, however, overdose deaths have steadily declined from August 2024 through May 2025. As of June 2025, there were approximately 25 overdose deaths per month, down from nearly 37 per month in January 2024.

For several years, a majority of overdose deaths in Erie County have involved fentanyl, cocaine, or both. From

2019 through 2025, fentanyl, a potent opioid, was detected in 87% of opioid-related deaths. Deaths involving cocaine and other substances increased significantly in 2025⁸⁰. The rate of drug overdose death in Erie County is 34 per 100,000 population, which is higher than the New York State rate [29 per 100,000] and the United States rate [31 per 100,000]⁶⁹.

FIGURE 80: ERIE COUNTY MONTHLY OVERDOSE DEATHS, 12 MONTH MOVING AVERAGE

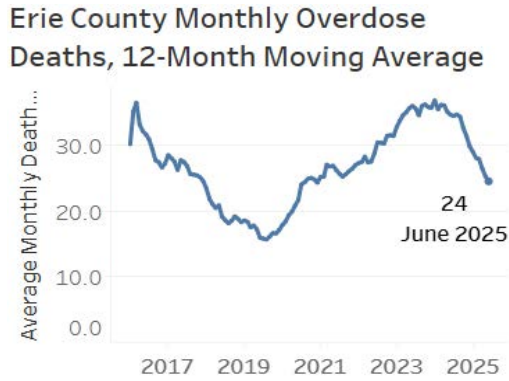
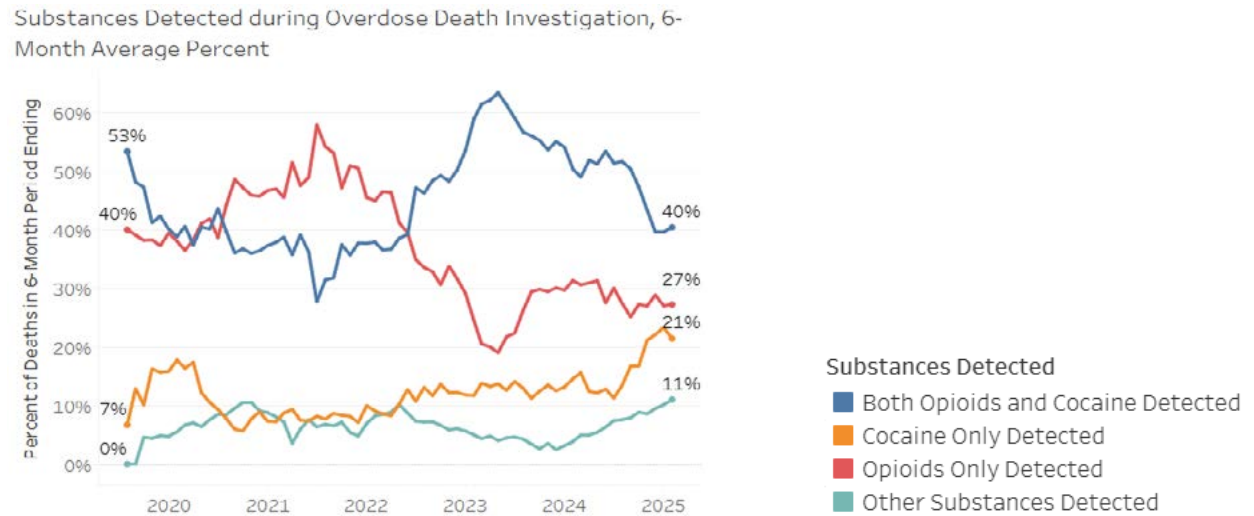


FIGURE 81: SUBSTANCES DETECTED DURING OVERDOSE DEATH INVESTIGATIONS, 6-MONTH AVERAGE PERCENT



Overdoses occur in people of all ages and races; however, data shows that the Black community in Erie County is disproportionately affected. Between June 2024 and June 2025, Black residents experienced 26.1% of overdose deaths, while the 2023 ACS estimates that Black residents make up approximately 12.6% percent of the Erie County population ⁷.

Risk of overdose death increases with age. Beginning in 2023, there was a significant increase in overdoses among people age 50 and older, a trend that continued through 2024. While the highest concentration of overdoses occurs in the City of Buffalo, overdoses also occur in suburban and rural areas.

FIGURE 82: AGE RANGE OF CONFIRMED AND PROBABLE OVERDOSE DEATHS, JUNE 2024-MAY 2025

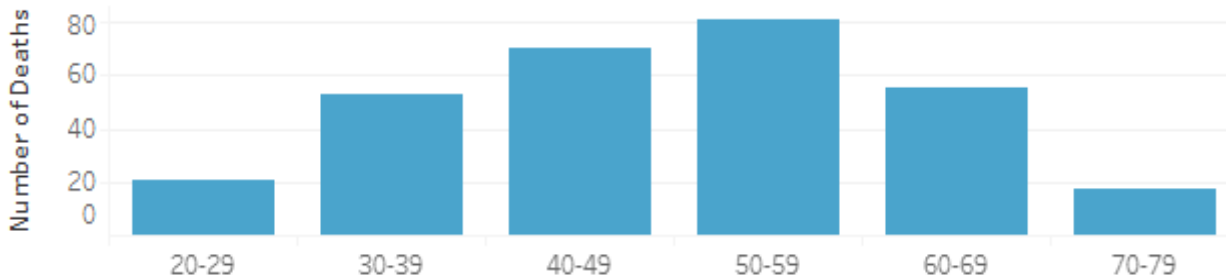
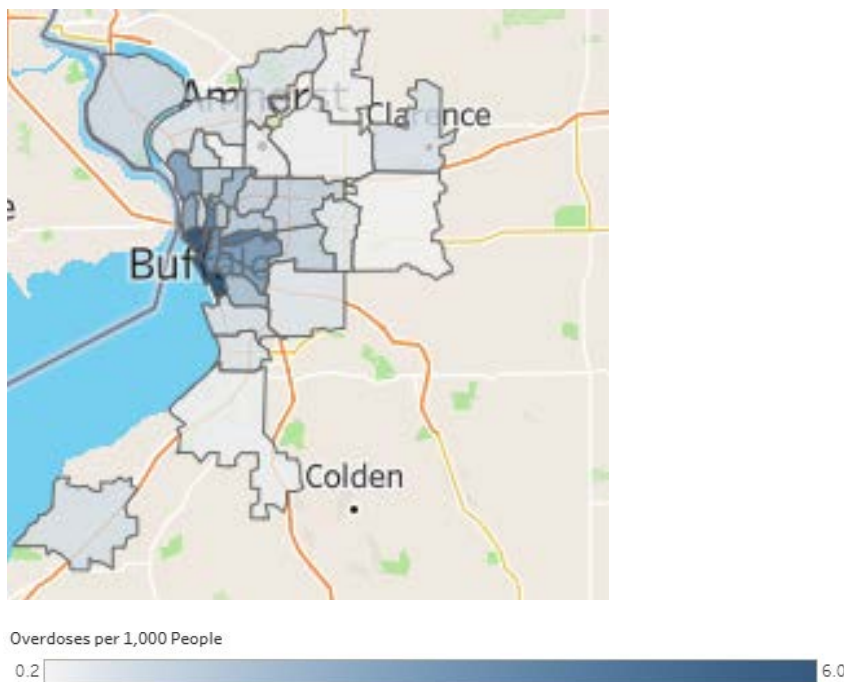


FIGURE 83: REPORTED OVERDOSE RATE PER 1,000 RESIDENTS PER ZIP CODE, AUGUST 2024-JULY 2025



Alcohol Use

Alcohol use contributes to both short-term and long-term health and safety risks. Risks range from short-term issues such as injuries, violence, and alcohol poisoning to long-term concerns including chronic disease, cognitive complications, and social challenges ⁸¹.

As demonstrated in *Figure 84*, results from the 2021–2022 BRFSS show a high prevalence of binge drinking in urban, suburban, and rural areas of Erie County alike. However, certain areas, such as the East Side of Buffalo, reported lower prevalence. Overall, the percentage of adults reporting binge drinking is higher in Erie County than in New York State as a whole and the nation (69, 10).

At the same time, Youth Risk Behavior Survey (YRBS) data show a downward trend in alcohol use among students in Buffalo Public Schools (55, 82).

FIGURE 84: PREVALENCE OF BINGE DRINKING BY CENSUS TRACT, 2022

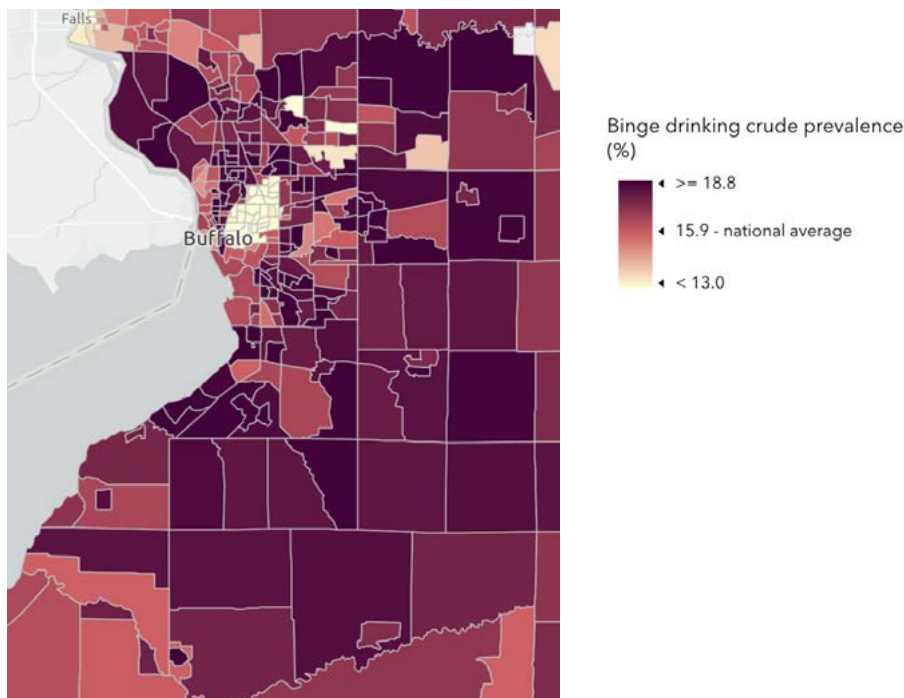


FIGURE 85: ALCOHOL INDICATORS BY COUNTY, STATE, AND NATION, 2022

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 86: 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 widespread misunderstanding of what constitutes moderate alcohol use. This provider observed that this is a significant issue in Erie County and can be difficult to address in brief primary care encounters.

Tobacco Use

Figure 87 shows that adult smoking prevalence is highest on the East Side and West Side of Buffalo and in the southern rural areas of the county¹⁰. On average, adult cigarette smoking rates are higher in Erie County than in New York State and the United States⁶⁹. Among Buffalo Public Schools students, traditional cigarette smoking has declined since 2017. Students, however, report higher use of electronic vapor products than cigarettes, and some indicators suggest increasing use of these products (82, 55).

FIGURE 87: ADULT SMOKING PREVALENCE PER CENSUS TRACT, 2022

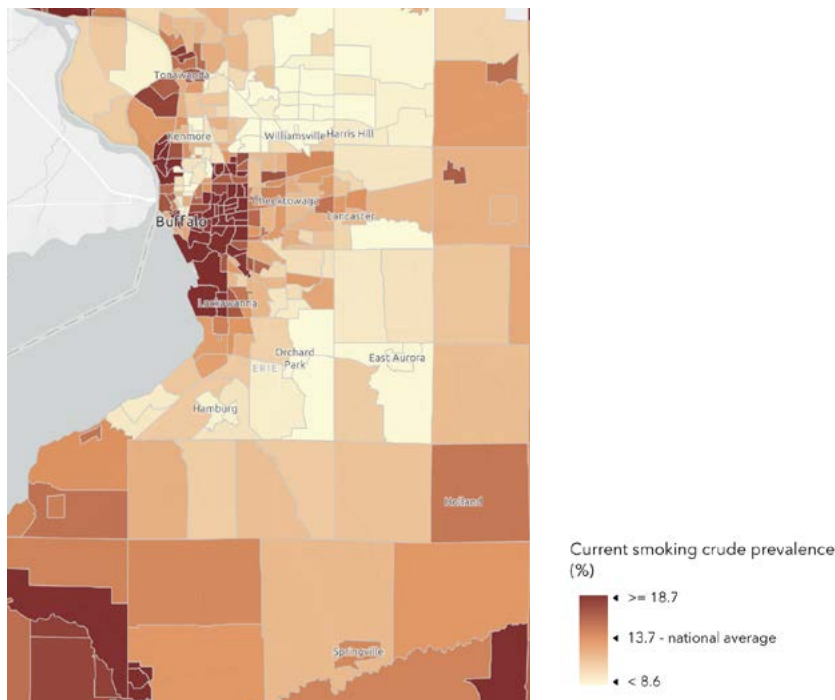


FIGURE 88: ADULT SMOKING RATES BY COUNTY, STATE, AND NATION, 2022

	ERIE COUNTY	NEW YORK STATE	UNITED STATES
Adult Cigarette Smoking	16%	12%	13%

FIGURE 89: 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 described personal struggles with tobacco use, noting that it contributes to many health problems and can be very difficult to quit. One participant observed that some insurance plans do not cover evidence-based cessation resources and felt that a support group for smokers could be helpful.

Cannabis Use

In March 2021, Cannabis Law was signed, legalizing adult use of cannabis (under specific parameters) in New York State⁸³. Although legal for adults, cannabis use carries risks that include lung irritation and decreased mental ability. Driving under the influence of cannabis is illegal because it compromises cognitive and motor coordination. The presence of cannabis, particularly edibles, puts children at risk of poisoning⁸⁴. Despite the legalization for adults, self-reported cannabis use among Buffalo Public Schools students decreased from 2017 to 2023 in YRBS surveys^{55, 82}.

Health care providers interviewed as part of this CHA reported that many young people appear to be using cannabis more than alcohol in recent years. An emergency care physician noted that emergency departments are seeing increasing numbers of young people with cannabis-induced hyperemesis and toddlers with THC poisoning after consuming cannabis gummies.

FIGURE 90: 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

The Erie County Overdose Prevention Task Force is a cross-sector collaboration of organizations that engage with people at risk for, or affected by, substance use disorders and related harms. The task force was created in response to the opioid epidemic and continues to evolve as conditions related to substance use change.



Established in 2016 under the name of the Erie County Opiate Epidemic Task Force, the group reorganized in early 2024 as the **Erie County Overdose Prevention Task Force (OPTF)**.

The Erie County OPTF provides a framework for organizations and individuals to collaborate, develop and implement best practices that build stronger clinical and community supports for people with substance use disorder, people who use drugs, and their families, and advocate for policies and systems changes that will save lives and prevent overdose deaths.

Quarterly meetings and regular workgroup sessions provide forums for data reporting and information sharing, planning and highlighting successful initiatives.

www.erie.gov/health



First Responders

Co-Chairs Valentine Zimniewicz & Kenneth Peterson

Law enforcement, volunteer and professional fire departments and ambulance services



Education, Advocacy & Support

Co-Chairs Barbara Burns & Kenneth Gaston

Community advocates, community groups, consumers and family members that are engaged in promoting initiatives and strategies to reduce overdose



Healthcare Providers

Co-Chairs Dr. Gale Burstein & Dr. Jeffrey Lach

Hospitalists, primary care providers, emergency medicine, OB/GYNs, community healthcare providers and others in the medical community



Harm Reduction

Co-Chairs Jennifer Garrigan & Rebekka Lipp

Professionals, peer navigators and community health workers who educate and advocate for access to harm reduction supplies, messaging and strategies



Treatment Providers

Co-Chairs Julianna Everdyke & Jen Seib

Representatives from treatment agencies who work directly with people with substance use disorder

The Erie County Office of Harm Reduction operates multiple programs with the goal of minimizing substance-related 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 released the *Erie County Chemical Dependency Treatment Gaps and Barriers Analysis*, available here: [CD RIDB Tx Gaps 2023.pdf](#)⁷⁸.

Below is a sample of their findings:

- Many ZIP codes, particularly in the rural eastern and southwestern areas of Erie County, do not have any chemical dependency treatment programs. The City of Buffalo and first ring suburbs, however, have a substantial allocation of programming, with a majority having at least one program.
- Crisis and inpatient programs are primarily located 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 common type of chemical dependency program. Coverage remains limited in the eastern and southwestern portions of the county, and there are gaps in certain city neighborhoods. Within the suburbs, many first-ring communities have better alignment of programs, but some areas, such as Lancaster and Hamburg, have no programs.
- Residential programs are generally concentrated in the City of Buffalo, with additional programs available in West Seneca and Eden.

DENTAL HEALTH

Access to Dental Care

Oral hygiene and preventive dental care are important components of overall health. The American Dental Association does not prescribe a single standard interval for routine dental visits because needs vary by individual. Generally, people with good oral health are advised to see a dentist at least once a year, with more frequent visits recommended based on individual risk factors⁸⁵.

Between 2014 and 2023, on average, an average of fewer than half of Medicaid enrollees ages 2–20 years in Erie County had at least one preventive dental visit in the past year⁷².

A provision in New York State Bill No. A02341 has been proposed to authorize licensed dental hygienists, working in collaboration with a licensed dentist, to provide essential preventive dental treatment in non-traditional settings such as schools and community centers⁸⁶. This policy change could improve access to dental care, especially for children and underserved populations.

DISCUSSIONS FROM CHA COMMUNITY RESEARCH

Access to dental care emerged as a significant concern across multiple focus groups and interviews during the 2025 CHA community research.

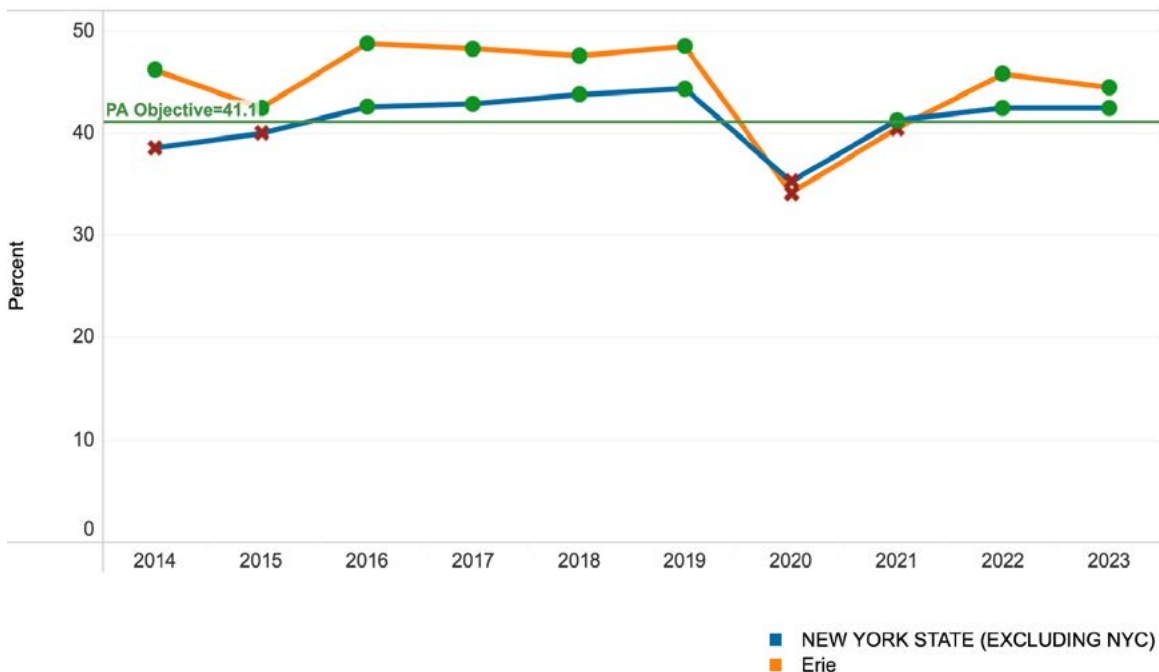
From community members:

- Dental care is difficult to access due to insufficient insurance coverage and barriers such as transportation and scheduling conflicts
- The Rural Southwest focus group reported:
 - A lack of local dental services, including pediatric dental services that have relocated out of the area
 - School-based dental programs that have been successful in the past but face funding threats
 - Children ending up in emergency departments with advanced dental problems due to a lack of preventive care

From health care providers:

- Dentistry is more costly to perform than most other types of care, but Medicaid reimbursement often does not cover the full cost.
 - Between low reimbursement rates and missed appointments, dental practices that accept Medicaid may see minimal or no profit. Thus, there is a shortage of dentists who accept Medicaid.
- Some children with special needs require sedation for dental procedures. There are limited timeslots available for these services, so patients and families may wait up to a year for necessary interventions to serious dental issues.

FIGURE 91: 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 also noted that some rural households use well water and therefore may not be connected to fluoridated public water systems.

In addition, the City of Buffalo discontinued water fluoridation in 2015 and did not resume fluoridation until 2024, following litigation brought by parents of children requiring dental surgery⁸⁸.

Dental Health Outcomes

As shown in *Figure 92*, children aged 3-5 years in Erie County had a significantly higher rate of outpatient visits for dental care from 2016 through 2022 than the rest of NYS (excluding NYC)¹⁸.

FIGURE 92: CARIES OUTPATIENT VISIT RATE PER 10,000- AGED 3-5 YEARS, ERIE COUNTY

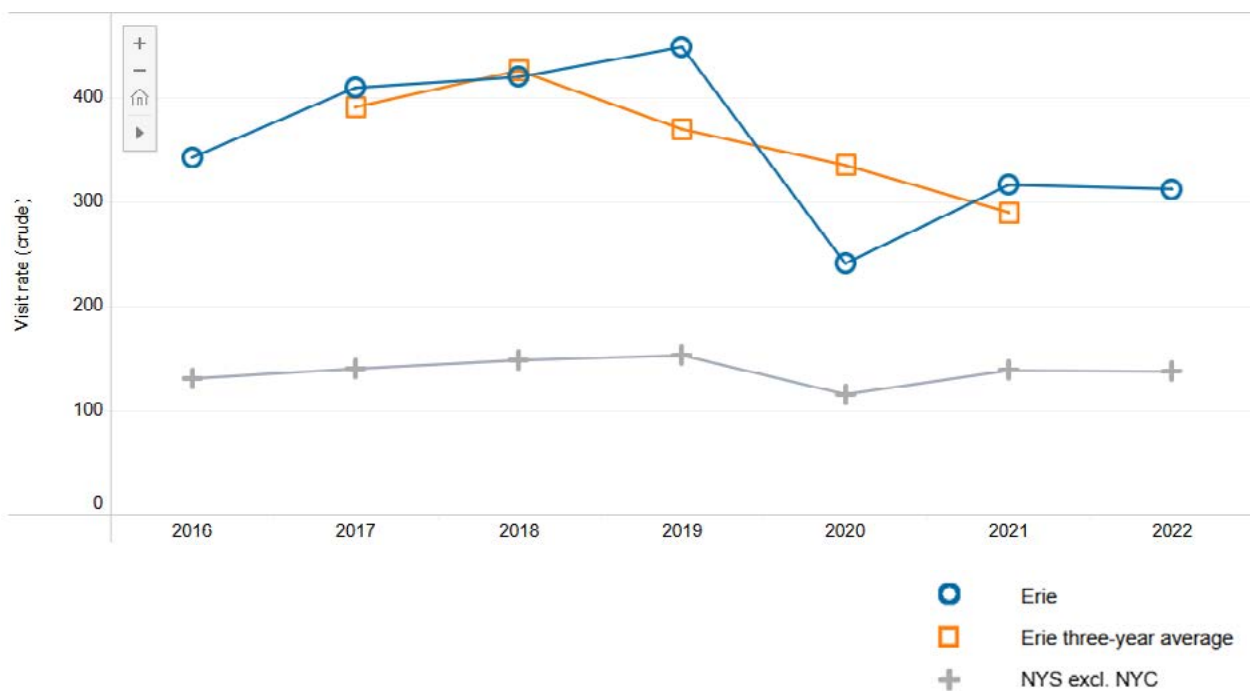
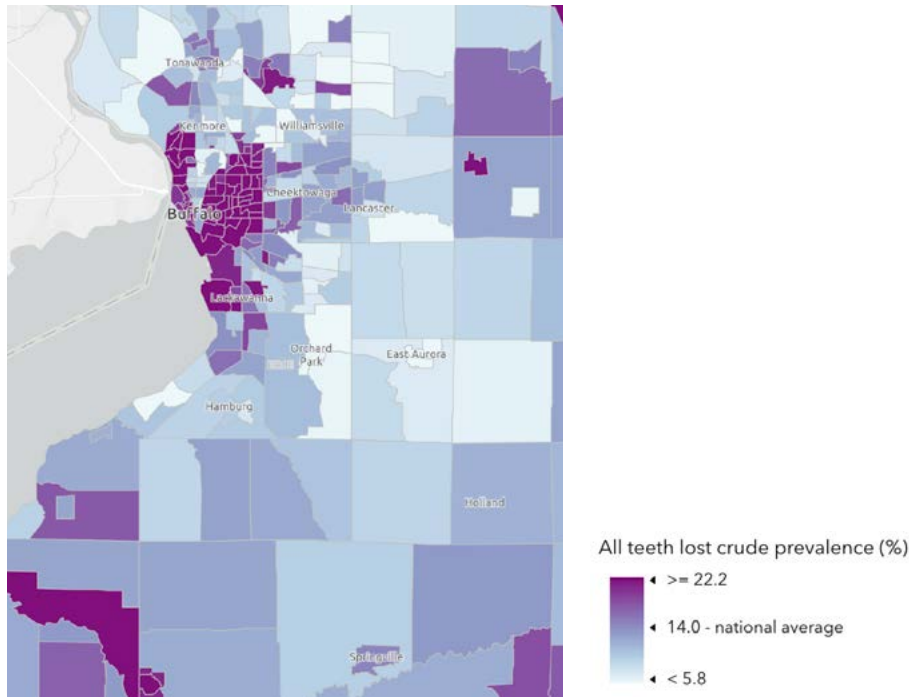


Figure 93 reveals significant disparities in dental health by place of residence. According to the 2022 BRFSS survey, adults lacking all of their natural teeth were most concentrated in the East Side and West Side of Buffalo and in certain areas along the southwest border of the county¹⁰.

FIGURE 93: 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, which is slightly lower than the New York State rate (excluding New York City) of 166.4⁷¹.

Heart and cardiovascular disease outcomes in Erie County vary significantly by race and ethnicity. Black residents experience the highest burden of heart disease, while Asian residents experience the lowest burden⁷². Variation in cardiovascular disease prevalence is also observed by place of residence within the county¹⁰.

FIGURE 94: 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 95: PREVALENCE OF CORONARY HEART DISEASE BY CENSUS TRACT, 2022

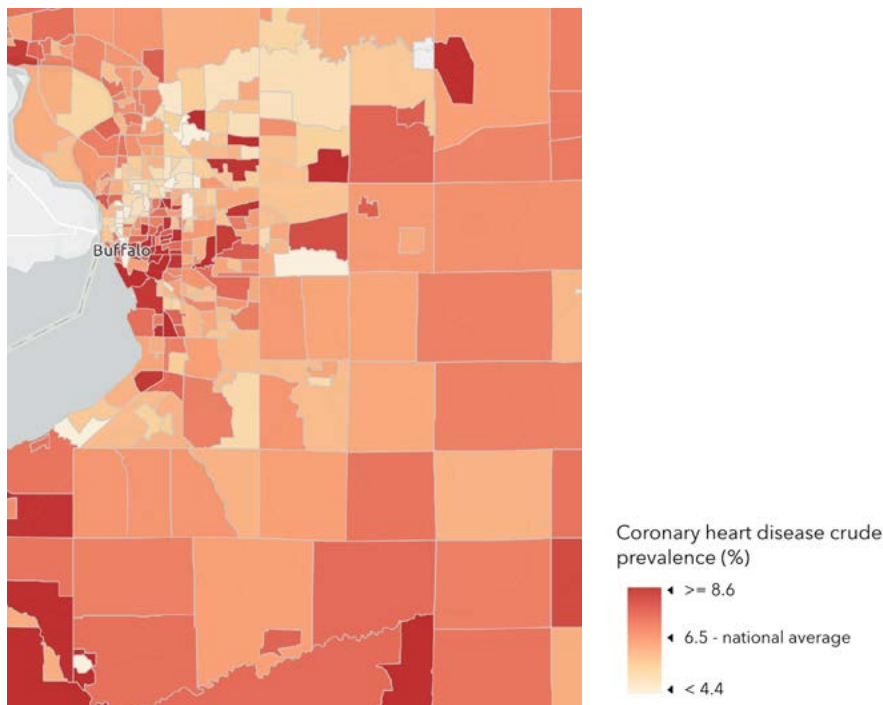


FIGURE 96: PREVALENCE OF HIGH BLOOD PRESSURE BY CENSUS TRACT, 2021

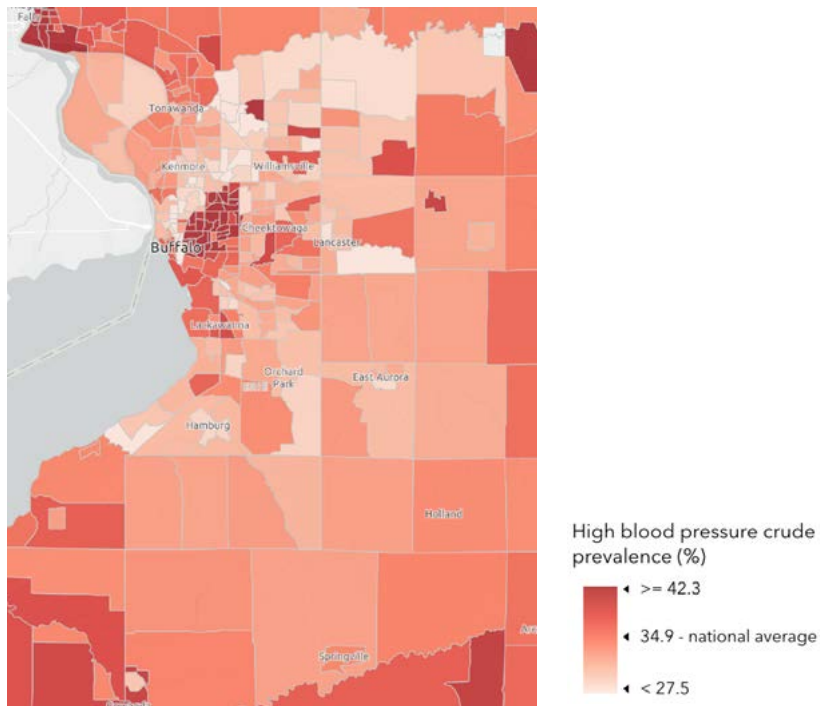
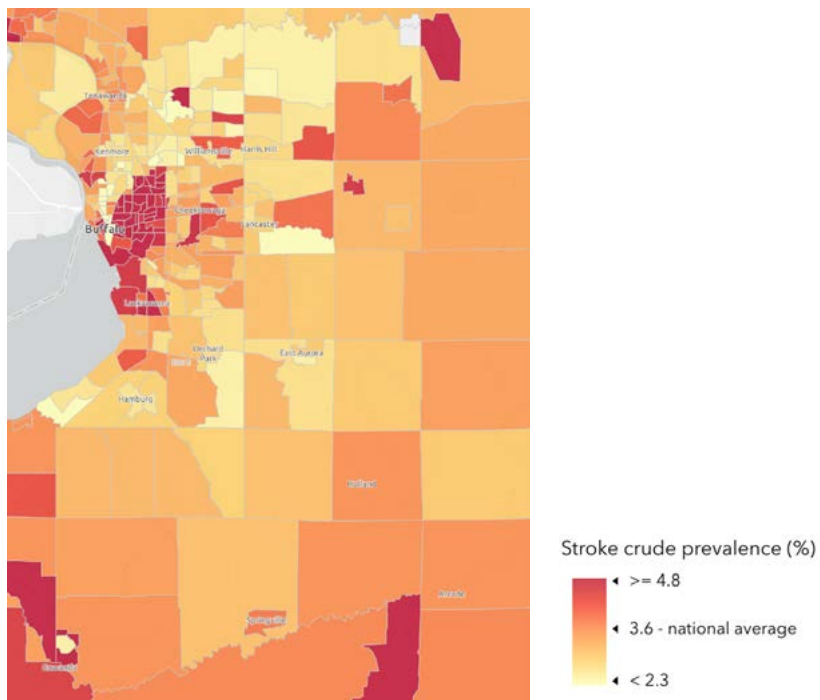


FIGURE 97: PREVALENCE OF STROKE BY CENSUS TRACT, 2022



DISCUSSIONS FROM CHA COMMUNITY RESEARCH

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

- A participant in the CYSHCN family interviews reported 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 heart disease medications can have a lot of challenging side effects
- A participant in the health care provider interviews observed that many people have uncontrolled blood pressure due to a lack of screening and limited knowledge about hypertension
- Multiple participants in the CHA community research stated that it is difficult to prioritize heart health and healthy lifestyles when individuals are struggling to meet their basic day to day needs

DIABETES

As noted by a participant in the 2025 health care provider interviews, diabetes is the second leading cause of heart disease. Complications of diabetes include an increased risk of blindness, kidney failure, stroke, and amputation of toes, feet, or legs. Risk factors for developing diabetes include poor diet, being overweight, physical inactivity, family history of diabetes, and being age 45 or older ⁶⁹.

DISCUSSIONS FROM CHA COMMUNITY RESEARCH

Participants in the 2025 CHA Community research discussed several diabetes risk factors and management challenges.

From health care provider interviews:

- There is a culture of unhealthy eating in Western New York
- The cost of treatment and insulin places a significant financial burden on patients. Insurance coverage varies and should be more consistently regulated
- There is a need for emphasis on preventative care

From CYSHCN family interviews:

- Participants expressed concern about unhealthy ingredients used in many foods and about the quality of meals served to children in schools. One participant said, “Let’s get healthy meals into schools. We’re feeding them crap and training their taste buds.”

Diabetes Outcomes and Indicators

Data found in *Figure 98* shows that diabetes-related mortality and complications are higher in Erie County than in New York State (excluding NYC). There is also significant variation by race and ethnicity and by place of residence ⁶⁹.

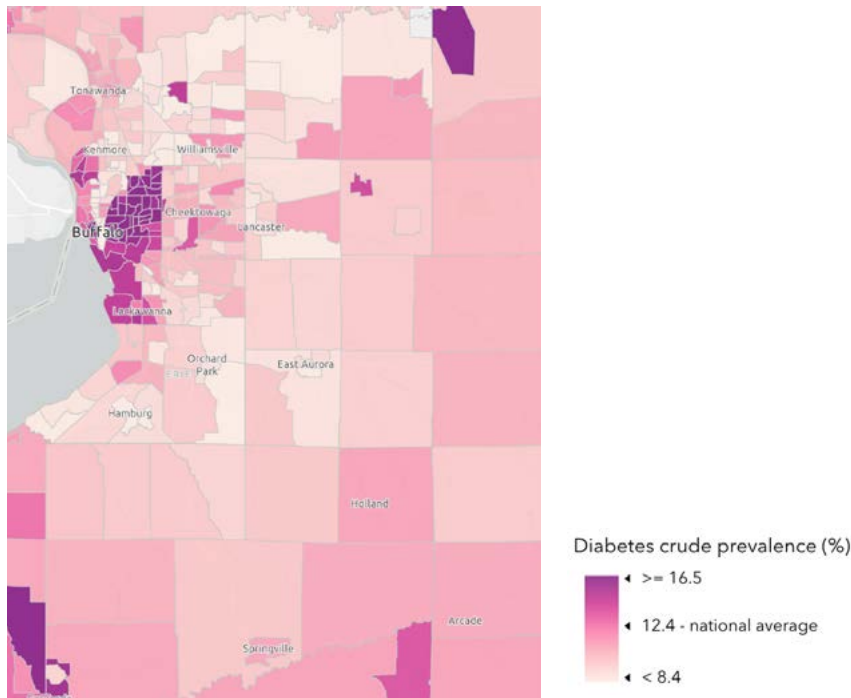
FIGURE 98: ERIE COUNTY DIABETES INDICATORS COMPARED TO NYS (EXCLUDING NYC), 2020-2022

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 99: 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 100: PREVALENCE OF DIABETES BY CENSUS TRACT, 2022



OBESITY AND WEIGHT MANAGEMENT

Obesity increases the risk of numerous health conditions and complications, including diabetes, heart disease, and certain types of cancer. The risk of developing obesity is closely tied to health behaviors such as diet and physical activity, which are themselves influenced by social determinants of health, including access to healthy foods and opportunities for exercise.

DISCUSSIONS FROM CHA COMMUNITY RESEARCH

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

“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 challenges related to obesity, raised in the 2025 CHA community research, included:

- A participant in the CYSHCN family interviews noted that inequities in the community place some residents at a disadvantage in maintaining a healthy weight.
- A participant in the New and Expectant Mothers focus group recommended that addressing obesity should include teaching healthy eating in schools and serving children healthy meals.
- A participant in the Doulas focus group observed that people often turn to unhealthy foods to cope with stress.

Obesity Statistics

Adult obesity rates in Erie County are higher than the rates in New York State (excluding New York City), especially among adults with an annual income of less than \$25,000. The rate of obesity among children and adolescents in Erie County is slightly lower than the New York State (excluding NYC) rate but remains above the New York State Prevention Agenda goal of 16.4%¹⁸. There is notable variation in obesity rates by race and place of residence¹⁰.

FIGURE 101: 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 102: PREVALENCE OF OBESITY BY RACE IN ERIE COUNTY

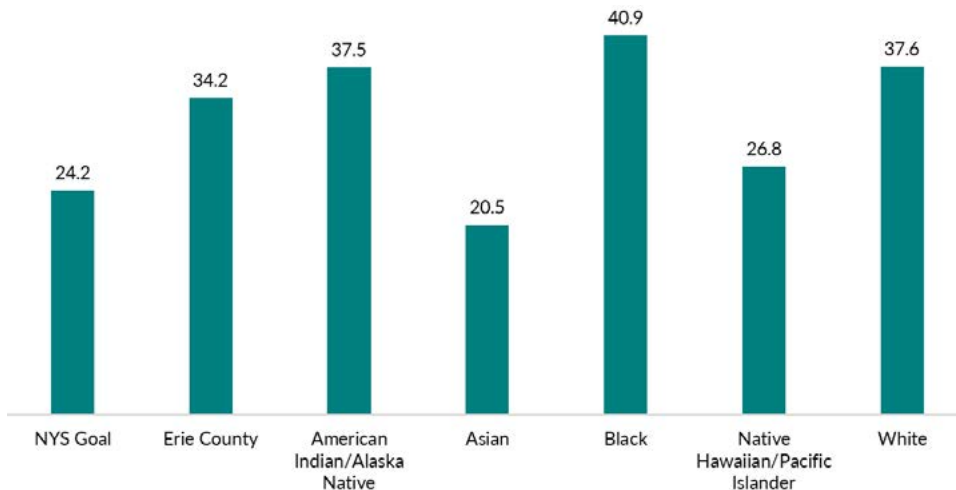
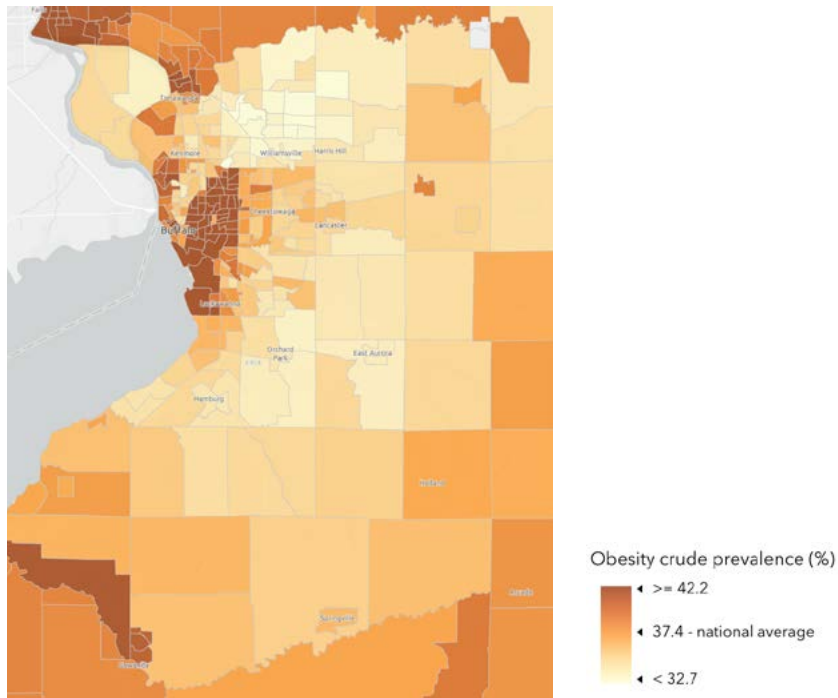


FIGURE 103: PREVALENCE OF OBESITY BY CENSUS TRACT, 2022



CANCER

Cancer Outcomes

Cancer has consistently been the second leading cause of death in Erie County and was the leading cause of death for women in 2019. In 2022, the cancer mortality rate in Erie County was 149.2 deaths per 100,000 residents ⁷¹.

Both the age-adjusted cancer incidence rate and the age-adjusted all cancer mortality rate are higher in Erie County than in NYS excluding New York City. Within Erie County, cancer indicators vary by race and place of residence.

FIGURE 104: ERIE COUNTY CANCER INCIDENCE AND MORTALITY RATES COMPARED TO NYS (EXCLUDING NYC), 2019-2021

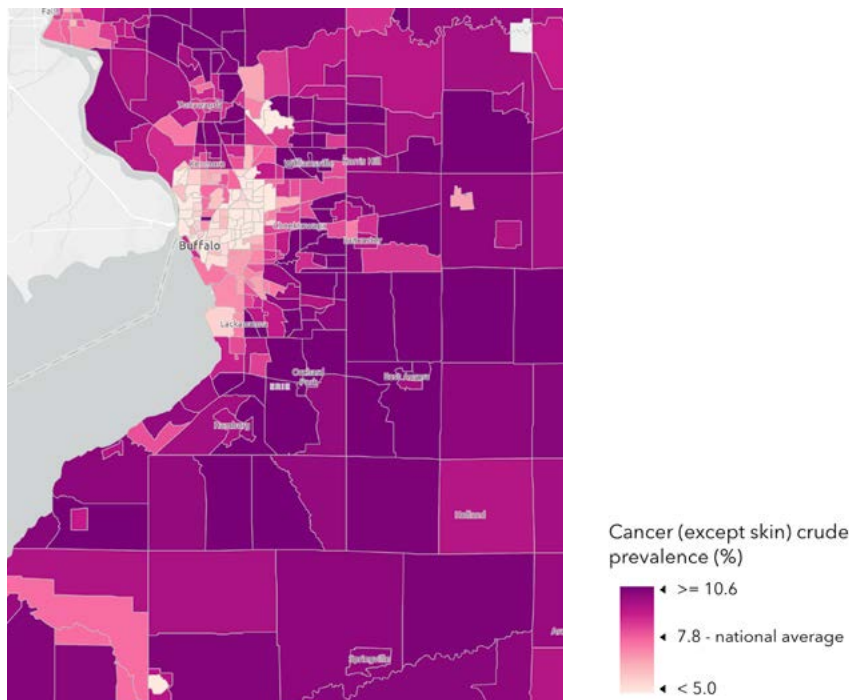
CANCER INDICATOR	NEW YORK STATE	ERIE COUNTY
Age-adjusted all cancer incident rate per 100,000	489.2	509.9
Age-adjusted all cancer mortality rate per 100,000	135.8	150.5

FIGURE 105: 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

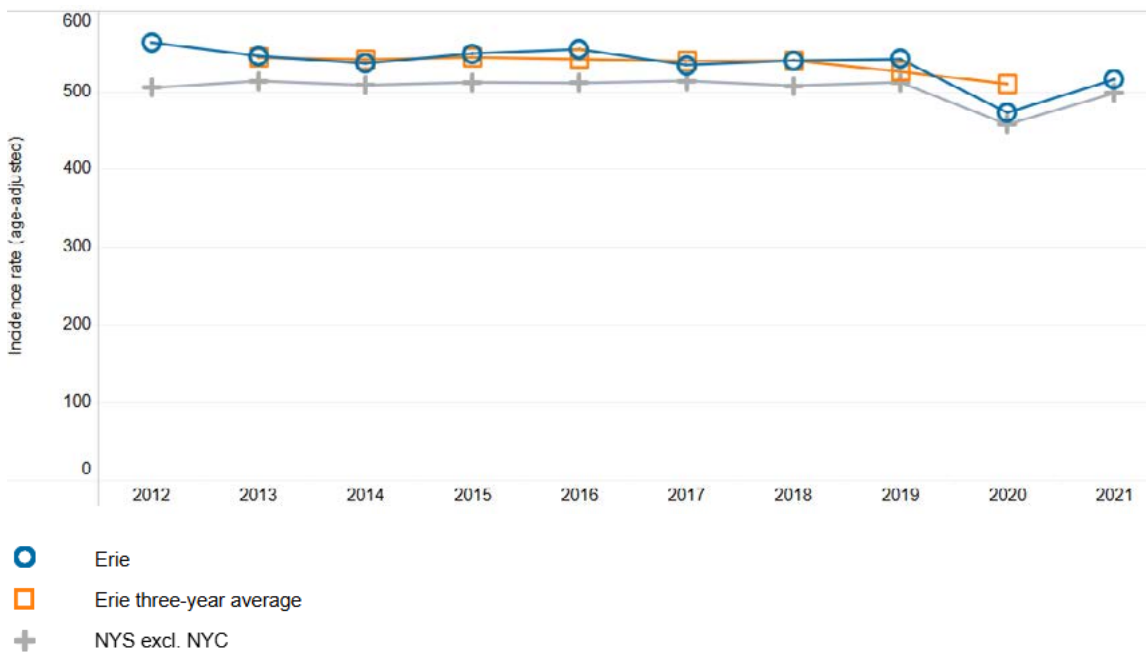
*S - Data are suppressed. The data do not meet the criteria for confidentiality.

FIGURE 106: PREVALENCE OF CANCER (EXCEPT SKIN) BY CENSUS TRACT, 2022



The age-adjusted all cancer incident rate remained fairly consistent from 2012-2019. *Figure 107* shows a sharp decrease in 2020 followed by an increase in 2021. This anomaly reflects delays in diagnosis during the COVID-19 pandemic, rather than a true rapid change in cancer incidence. Trends for most types of cancer follow a similar pattern.

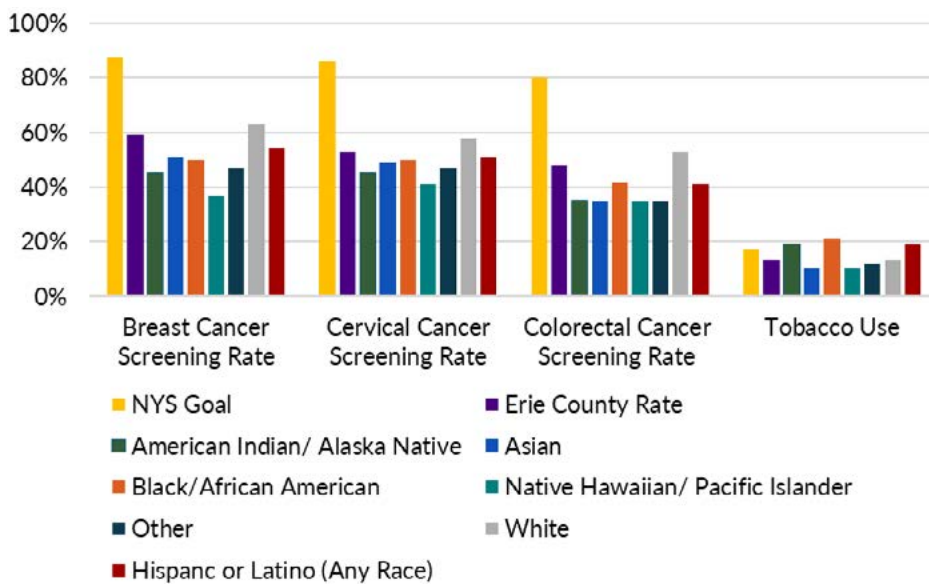
FIGURE 107: AGE-ADJUSTED ALL CANCER INCIDENCE RATE PER 100,000 IN ERIE COUNTY



Cancer Screening and Risk Factors

According to HealthLink data, the adult smoking rate in Erie County is 12.8%, which is lower than both the United States goal of no more than 17.4% and the broader Western New York regional rate of 14.4%. However, there is variability in smoking rates across race groups. Cancer screening rates in Erie County are less favorable compared to New York State goals, as shown in *Figure 108*.

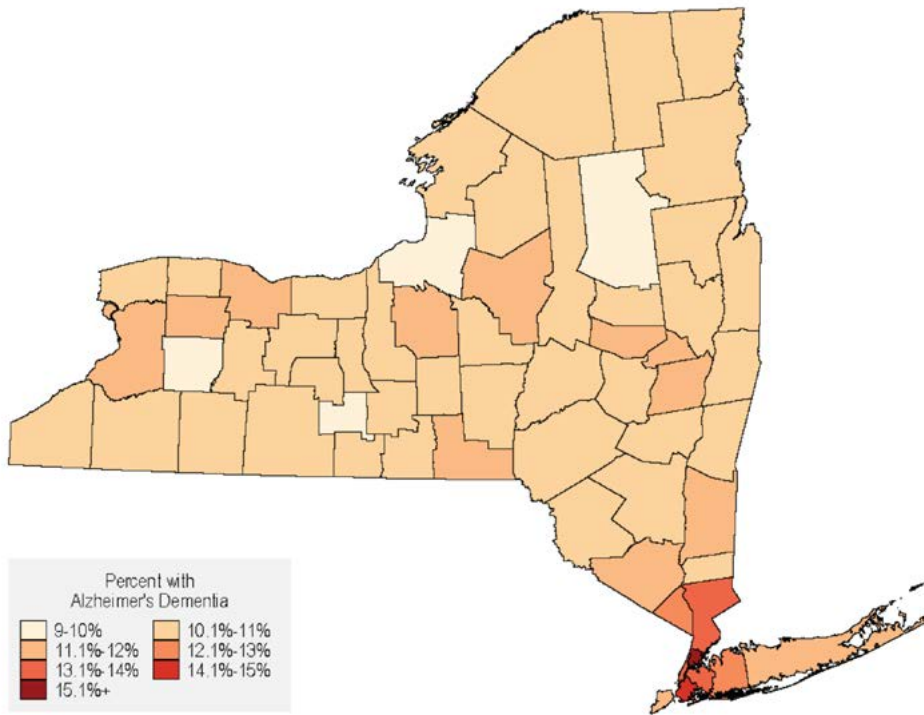
FIGURE 108: CANCER PREVENTION INDICATORS BY RACE



ALZHEIMER'S & 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, an estimated 172,500 Erie County residents were 65 years or older. Of those, approximately 20,200 individuals, or 11.7%, were living with Alzheimer's dementia ⁹⁰.

FIGURE 109: 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 described multiple challenges associated with caring for loved ones with Alzheimer's dementia, including:

- Limited availability of outside help for spouses who require constant supervision and care
- High cost of respite care
- Insufficient capacity to accommodate high needs individuals in day programs
- Strict or difficult eligibility parameters for day habilitation programs
- Feelings of isolation due to the demands of caregiving
- Leaving or interrupting careers to assume caregiving responsibilities
- Income thresholds that leave some caregivers ineligible for Medicaid support while still unable to afford paid care

COMMUNICABLE DISEASES

The New York State Sanitary Code [10 NYCRR 2.10, 2.14] mandates reporting of certain infectious diseases for surveillance and disease control. These “reportable diseases” are monitored to identify trends and guide public health action. More information and the complete list of reportable diseases can be found here in the [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 communicable disease infections and monitor trends. Statistics for selected diseases are updated regularly and posted on the Epidemiology, Reportable Diseases, and Data webpage, viewable 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 is provided in Appendix H.

The following sections describe selected reportable diseases in more detail.

COVID-19

Although COVID-19 is no longer considered a pandemic, it continues to affect Erie County. The number of reported positive COVID-19 tests peaked in late 2021 and early 2022 and has since significantly decreased ⁹¹. Ongoing surveillance provides insight into the current scope and severity of disease.

Interpretation of testing data has important limitations. As pandemic-related restrictions have been lifted, fewer people seek testing when they have mild symptoms, and positive home test results are not reported. The decline in laboratory reported positive tests therefore reflects both fewer true infections and changes in testing and reporting patterns.

FIGURE 110: NUMBER OF POSITIVE COVID-19 TESTS IN ERIE COUNTY, 2019-2025

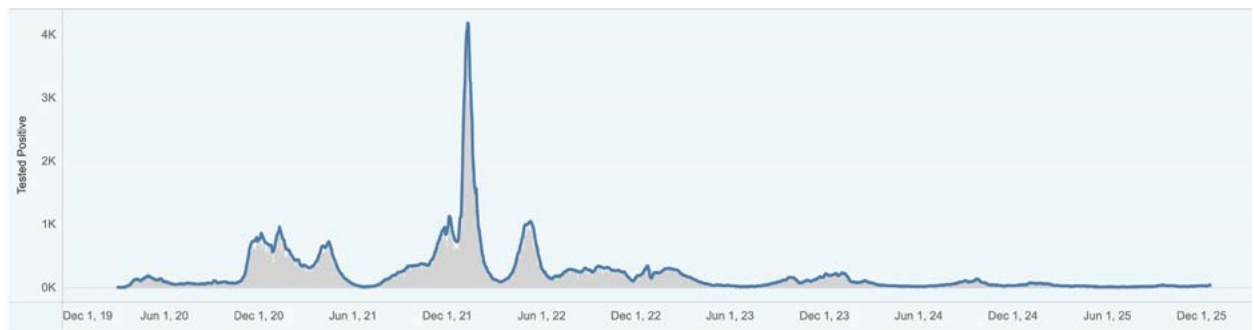
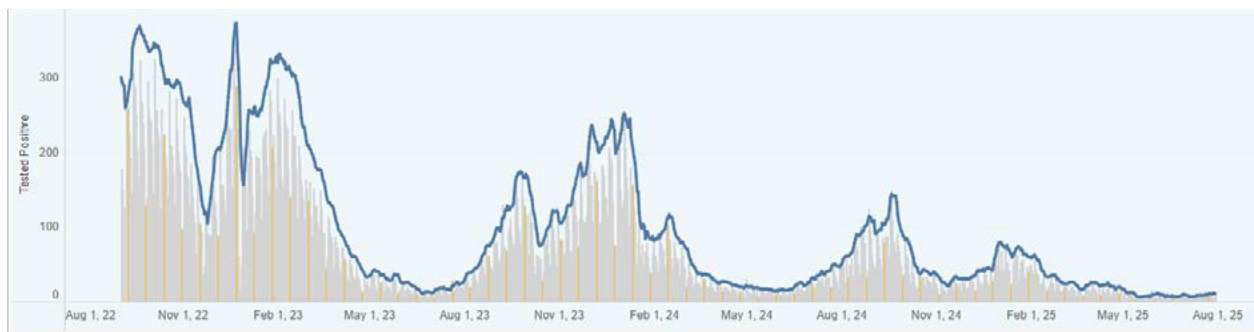


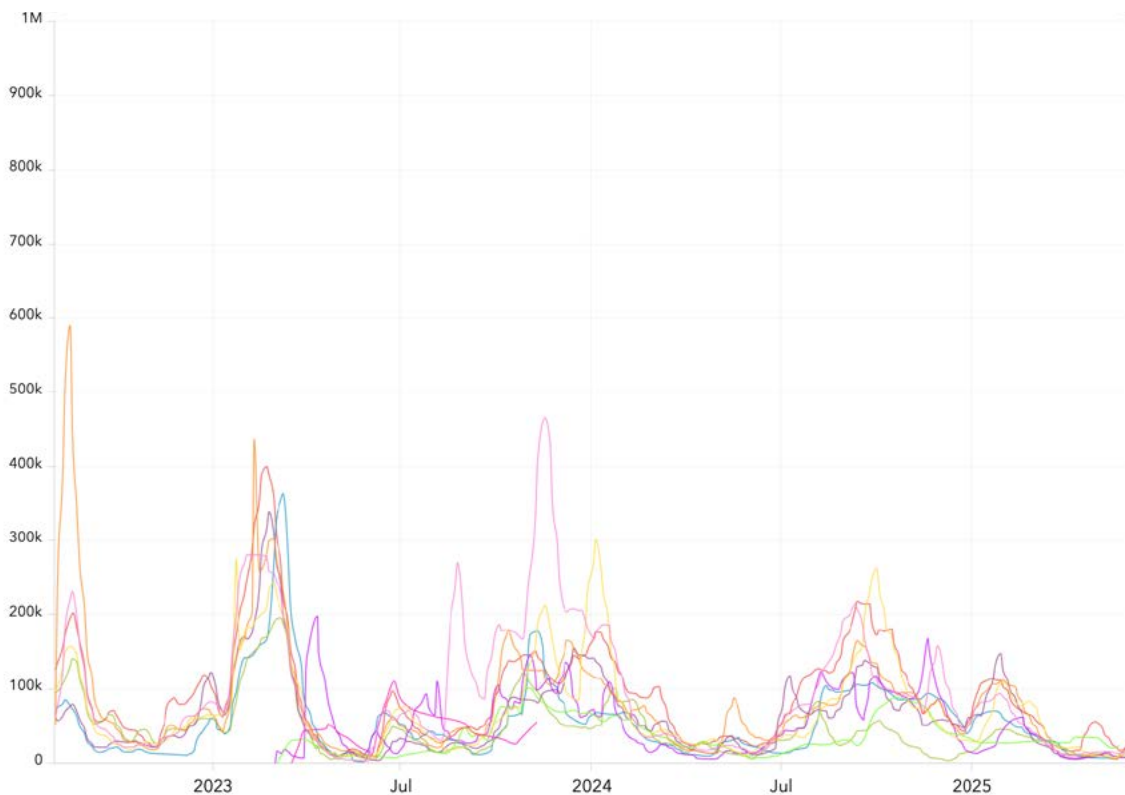
FIGURE 111: NUMBER OF POSITIVE COVID-19 TESTS IN ERIE COUNTY, AUGUST 2022-MAY 2025



Because COVID-19 tracking data is limited to individuals who get professionally tested, monitoring SARS-CoV-2 (the COVID-19 pathogen) concentrations in wastewater offers valuable insight into how widely the virus is circulating in the community, regardless of testing rates or symptoms. Wastewater from 10 collection sites in Erie County is sampled twice weekly and tested in a laboratory managed by the University at Buffalo School of Engineering and Applied Sciences. Testing measures the number of SARS-CoV-2 RNA gene copies per liter of wastewater⁹².

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 present very mild or no symptoms. Additional information on wastewater testing in Erie County is available on the [DSM COVID Testing Dashboard](#).

FIGURE 112: CONCENTRATION OF COVID-19 VIRUS IN WASTEWATER FROM COLLECTION SITES IN ERIE COUNTY



COVID-19 hospitalizations and fatalities are indicators of the clinical burden of the virus on the community. While data on viral detection in wastewater describes prevalence of the virus, hospitalization and death rates reflect how severe the impact of the disease is on the community. COVID-19 hospitalizations and fatalities are still occurring, though no longer at pandemic levels [93, 94].

FIGURE 113: NUMBER OF COVID-19 HOSPITALIZATION IN WNY, MARCH 2020-SEPTEMBER 2025

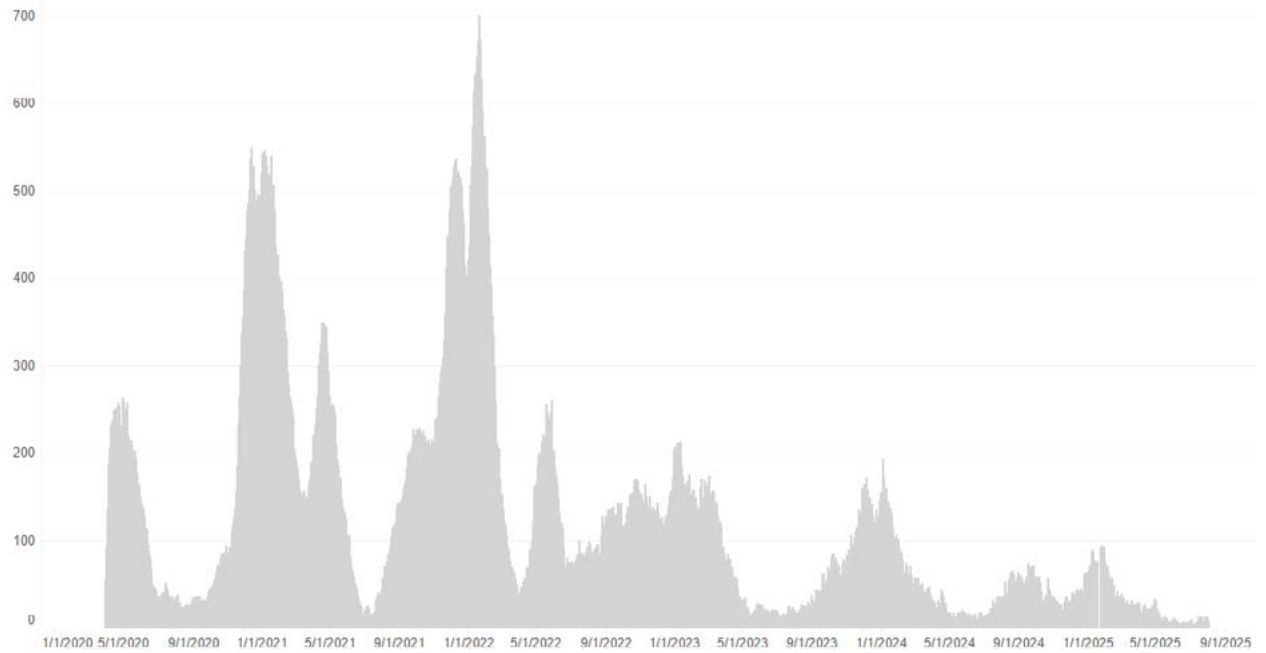
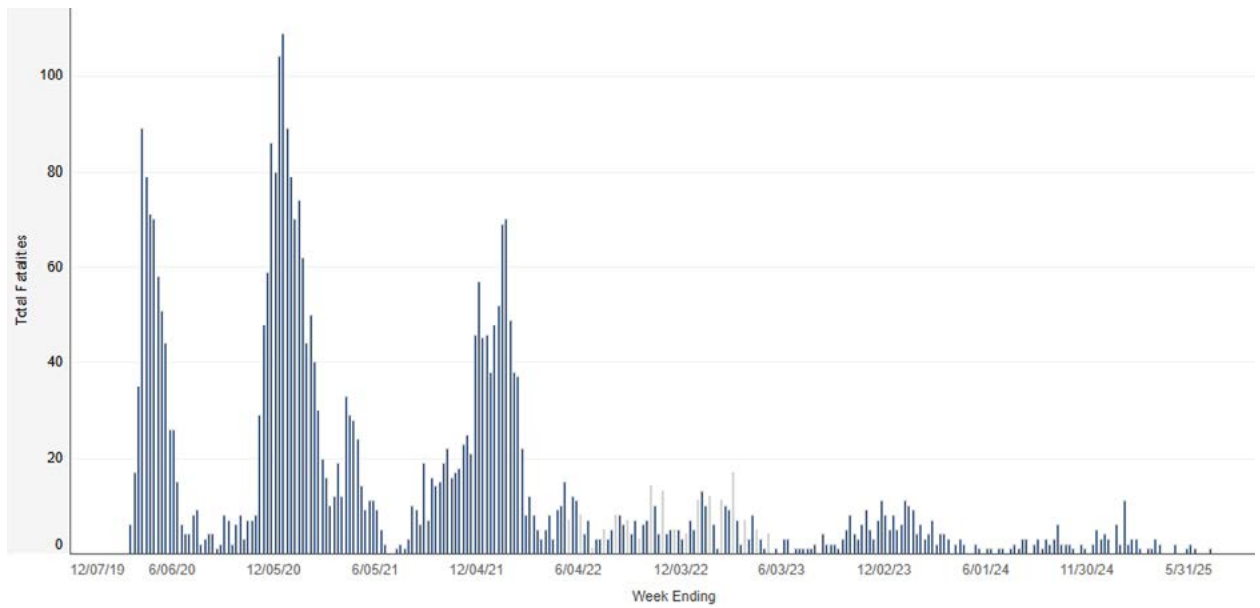


FIGURE 114: COVID-19 FATALITIES IN ERIE COUNTY, 2020-2025



Tuberculosis

The ECDOH Tuberculosis (TB) Control Program receives reports of suspected or confirmed TB cases and conducts investigations to verify diagnoses, support treatment, and prevent transmission. Although the overall number of cases in Erie County is low, robust surveillance and follow-up remain essential. Many TB cases occur among foreign born residents who have emigrated from countries where TB is endemic ⁹⁵.

FIGURE 115: TUBERCULOSIS CASES AND RATES IN ERIE COUNTY, 2012-2024

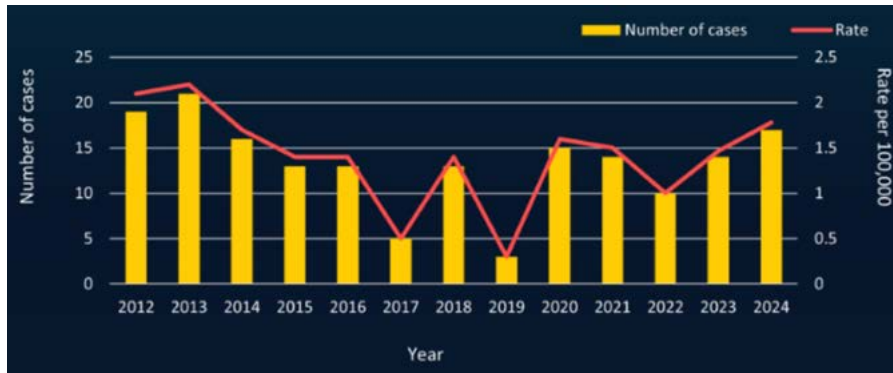
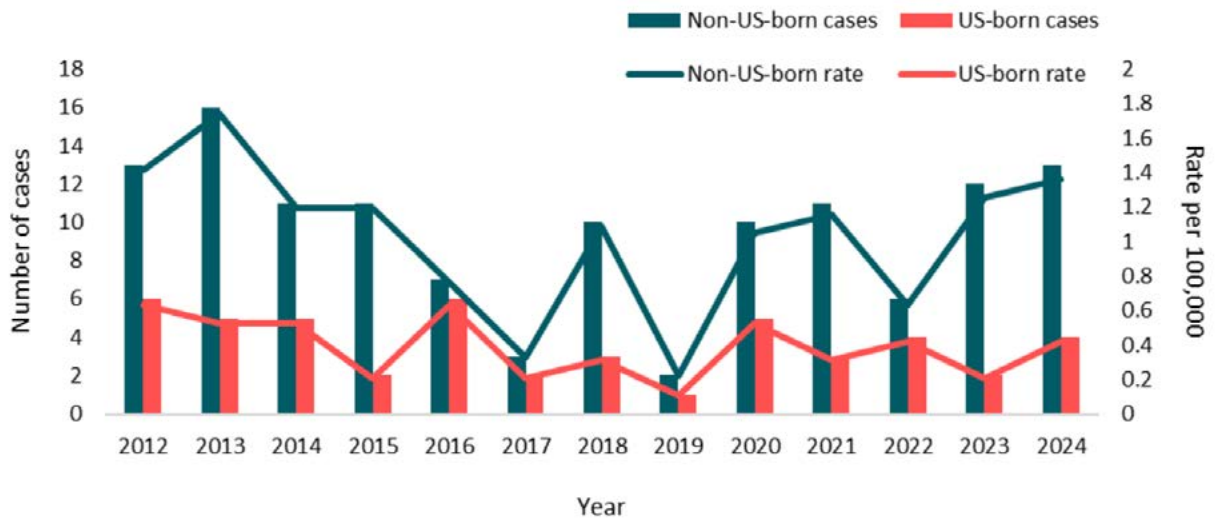


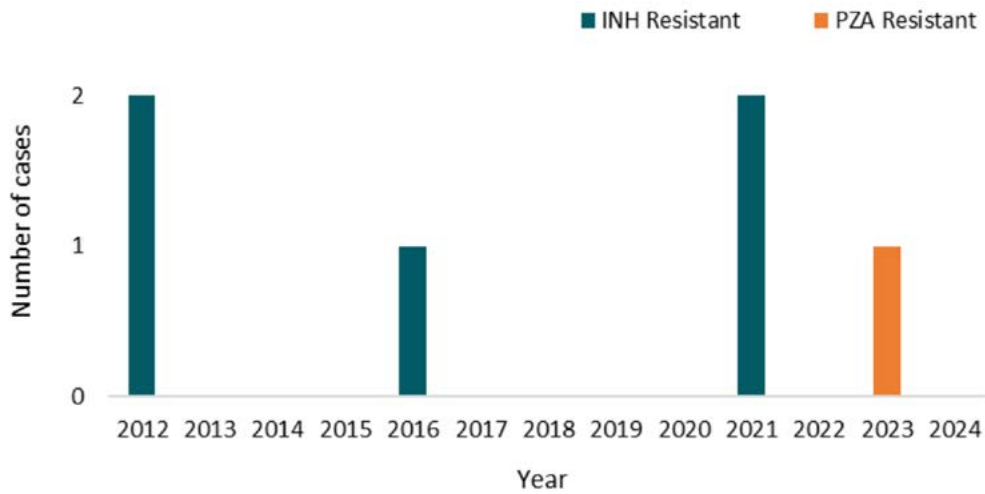
FIGURE 116: TUBERCULOSIS CASES AND RATES BY BIRTH IN THE UNITED STATES AND ERIE COUNTY, 2012-2024



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

Ensuring appropriate and complete treatment is critical to preventing drug resistant TB. Drug resistance can develop when TB medications are misused or not taken as prescribed. Multi drug resistant TB is particularly difficult to treat ⁹⁶. Between 2012 and 2024, there were six TB cases in Erie County that exhibited resistance to one drug and no cases of multi drug resistant TB.

FIGURE 117: DRUG RESISTANCE AMONG TUBERCULOSIS CASES IN ERIE COUNTY, 2012-2024



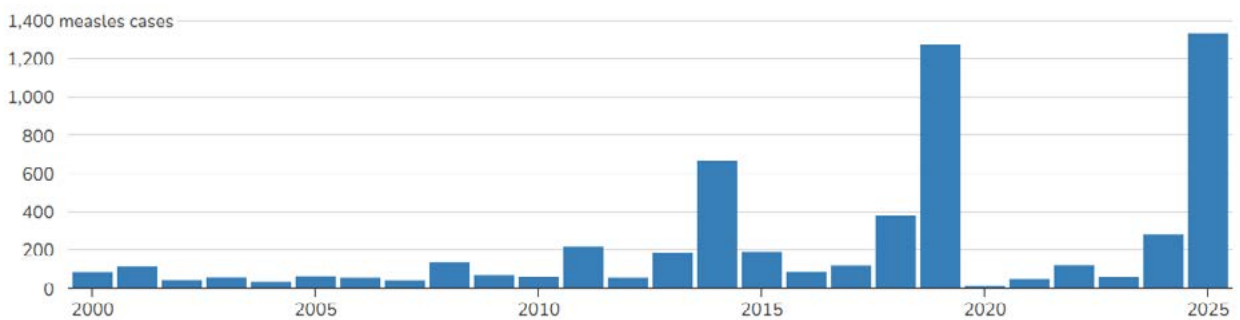
Abbreviations: INH – isoniazid; PZA – pyrazinamide

Measles

In 2000, measles was officially eliminated in the United States, meaning there was no ongoing transmission within the country. Cases identified after elimination were typically among individuals exposed abroad. Elimination was achieved through vaccination and high levels of community immunity (herd immunity). Community immunity protects non-immune individuals when >95% of the population is immune through vaccination or past infection.

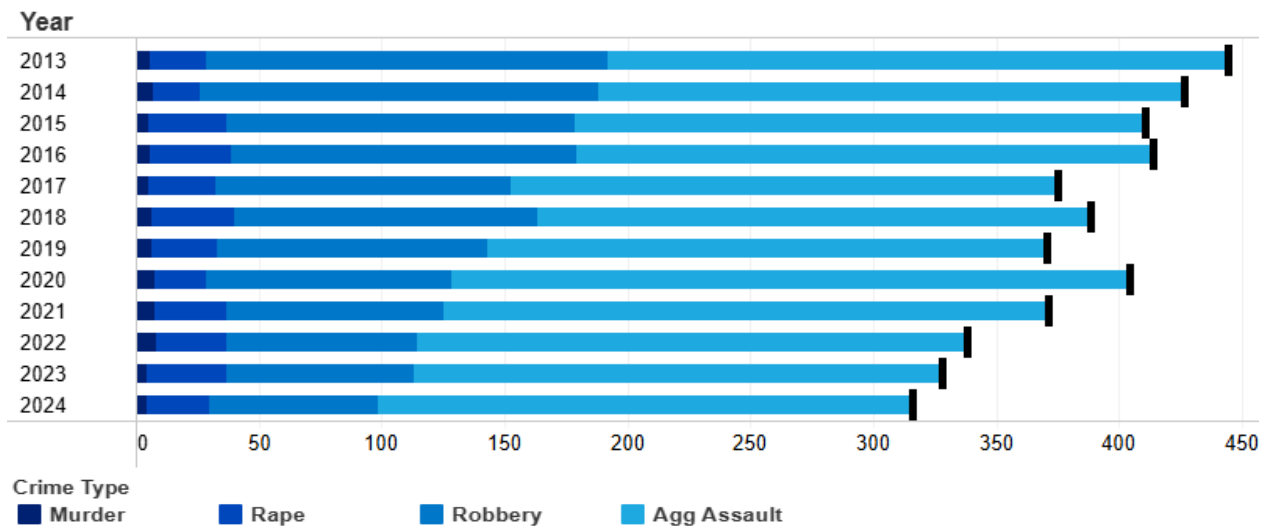
In recent years, measles transmission has re-emerged in the United States in association with declining vaccination rates⁹⁷.

FIGURE 118: NUMBER OF MEASLES CASES IN THE UNITED STATES, 2000-JULY 2025



In February 2025, New York State issued a health advisory noting measles outbreaks in several U.S. and Canadian jurisdictions, including Texas, New Mexico, New Jersey, Quebec, and Ontario. At that time, New York City had reported two unrelated measles cases in 2025, and no cases had been identified in Upstate New York⁹⁸. The last measles case in Erie County occurred in 2018 in an individual who had recently moved to the United States⁹⁹.

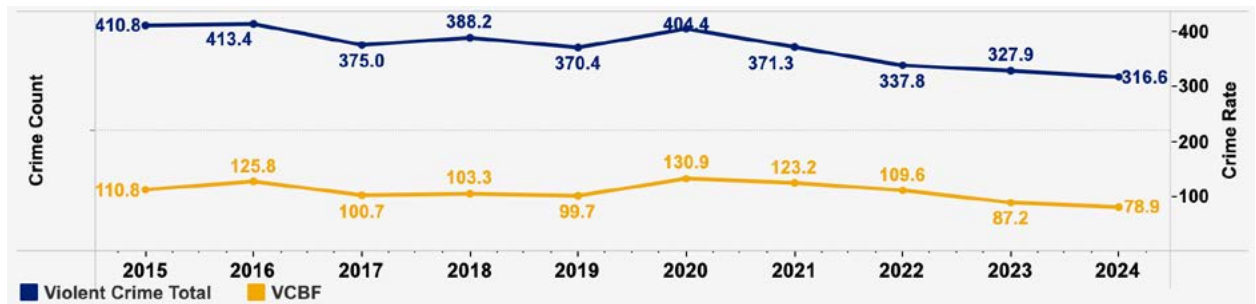
FIGURE 120: TRENDS IN VIOLENT CRIME RATE IN ERIE COUNTY, 2013-2024



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 previous five years. Since 2015, firearm related violent crimes and overall violent crimes both peaked in 2020 and have shown a downward trend since that time ⁵¹.

FIGURE 121: VIOLENT CRIME AND VIOLENT CRIMES BY FIREARM RATES PER YEAR IN ERIE COUNTY, 2015-2024



Buffalo is one of the focus cities in the New York State Division of Criminal Justice Services Gun Involved Violence Elimination (GIVE) initiative. *Figures 122 and 123* present data from the Monthly GIVE Shooting Activity Report, issued July 14, 2025.

FIGURE 122: GUN VIOLENCE IN THE CITY OF BUFFALO 2015-2024

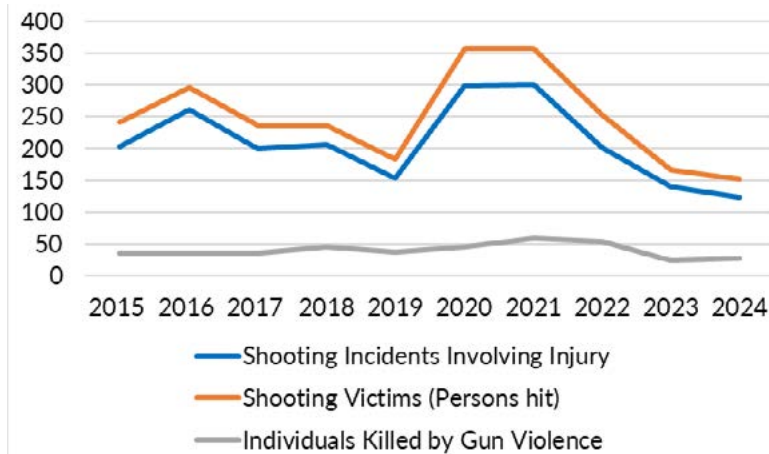
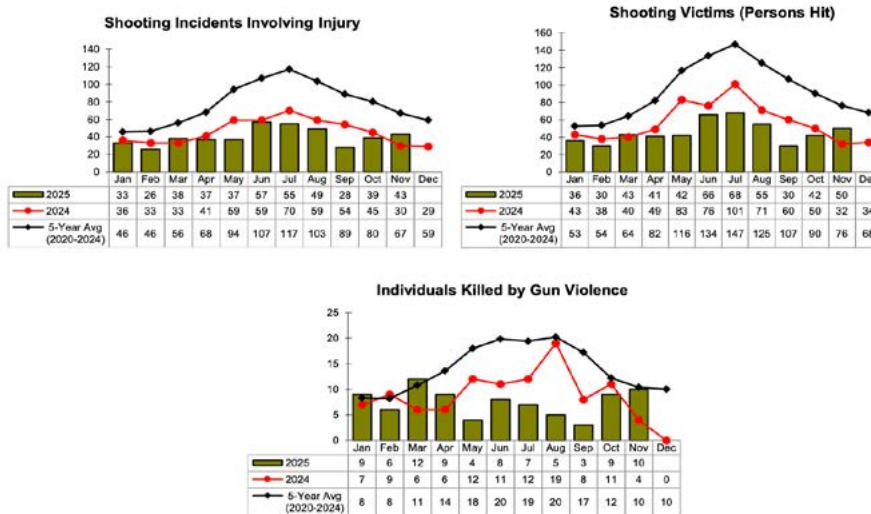


FIGURE 123: STATISTICS ON SHOOTING INCIDENTS JANUARY-JUNE 2024 VS. 2025, AS OF JULY 9, 2025

	5-Year Average YTD (2020-2024)	2024 YTD	2025 YTD	% Change	
				24 vs. 25	5-Yr. Avg vs. 2025
Shooting Incidents Involving Injury	873	519	442	-15%	-49%
Shooting Victims (Persons Hit)	1,047	643	503	-22%	-52%
Individuals Killed By Gun Violence	158	105	82	-22%	-48%



Domestic Violence

The number of reported domestic violence victims in Erie County has fluctuated over time, with an overall increase since 2020. In 2023, most domestic violence victims were female intimate partners, and the most common type of reported domestic violence were simple assaults. This has been consistent throughout the years, though the specific statistics included here only represent 2023. Simple assaults include harassment, stalking, intimidation, coercion, and hazing and do not result in serious injury, while aggravated assault involves unlawful attacks that cause severe or aggravated bodily injury⁵¹.

FIGURE 124: NUMBER OF DOMESTIC VIOLENCE VICTIMS PER YEAR IN ERIE COUNTY

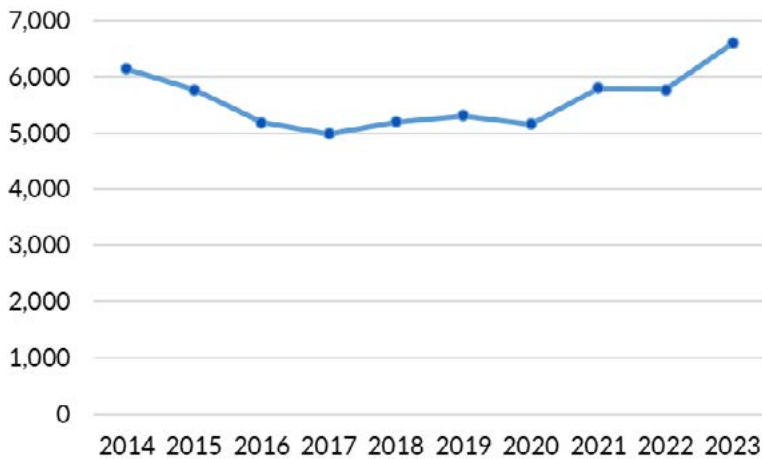
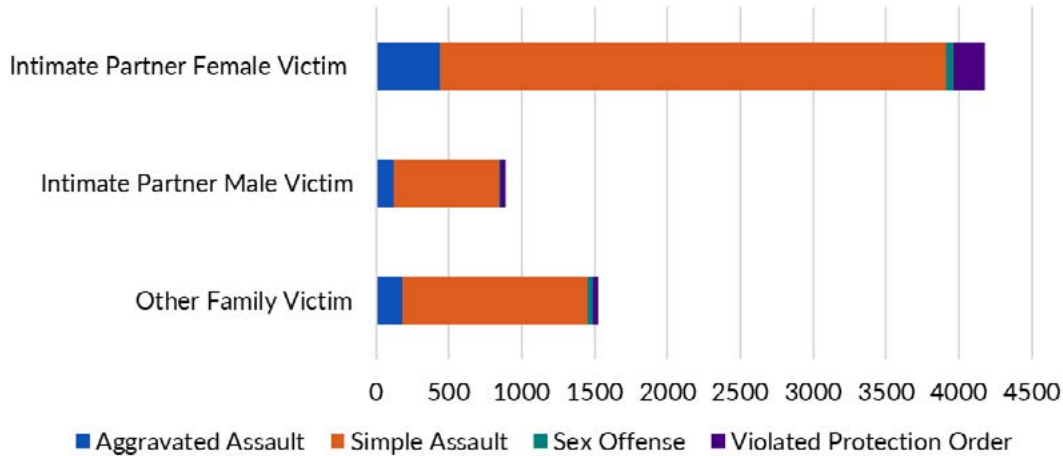


FIGURE 125: DOMESTIC VIOLENCE VICTIMS REPORTED IN 2023 IN ERIE COUNTY



Occupational Injuries

Since January 1, 2015, the Occupational Safety and Health Administration (OSHA) requires employers to report all severe work-related injuries. Severe work-related injuries are defined as amputation, in-patient hospitalization, or loss of an eye. According to data available on the OSHA website, the five leading types of events causing reported severe injuries in Erie County from 2015 to 2024 were:

- Being caught in running equipment or machinery during regular operation
- Falling to a lower level (other fall to lower level, unspecified)
- Being caught in running equipment or machinery during maintenance or cleaning
- Being compressed or pinched by shifting objects or equipment
- Falling on the same level due to slipping

Similar patterns are observed at the state and national levels between 2015 and 2024.

The number of reported workplace injuries in Erie County sharply decreased in 2020, followed by a sharp increase. This likely reflects the shutdown of many worksites during the COVID-19 pandemic. NYS data also shows a decrease in 2020, though without the same magnitude of increase in subsequent years that has been seen in Erie County¹⁰¹.

FIGURE 126: OSHA REPORTS IN ERIE COUNTY, 2015-2023

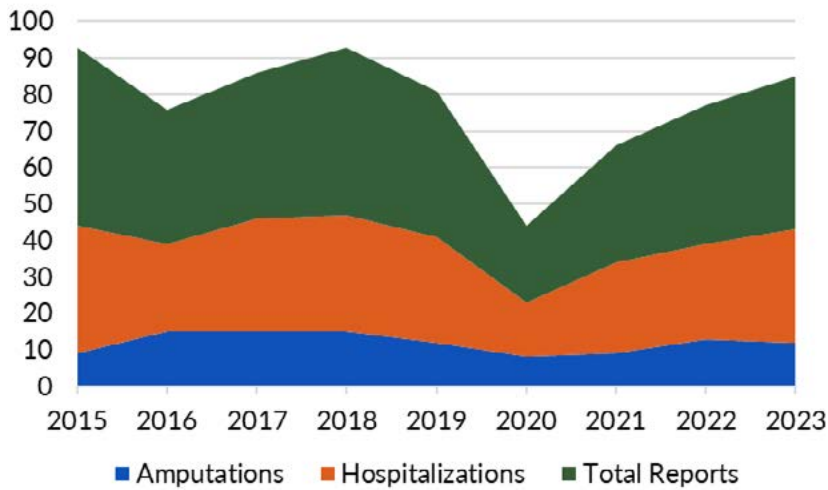
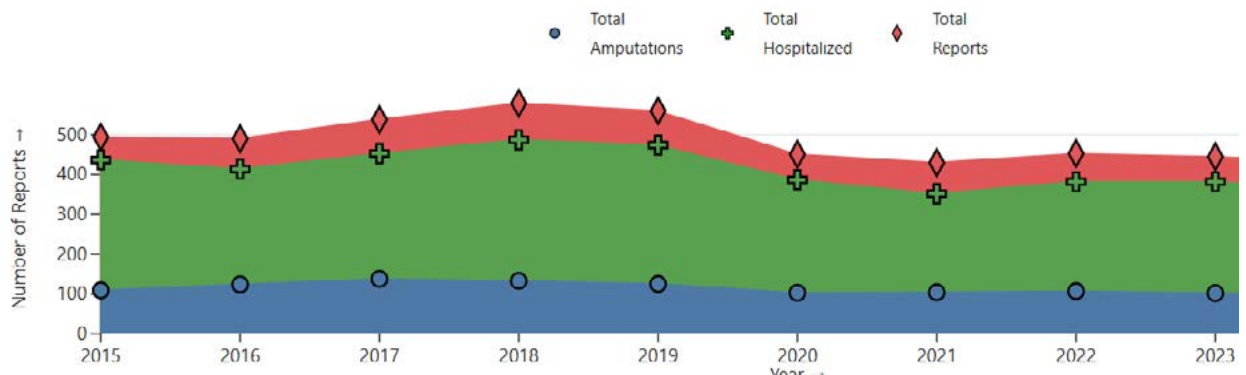


FIGURE 127: SEVERE WORKPLACE INJURY REPORTS IN NYS, 2015-2023



Workplace injuries in Erie County do not affect all groups equally, disparities exist in the impact of workplace injuries in Erie County. Over the past decade, Black laborers in Erie County have experienced significantly higher rates of work-related emergency department visits than White laborers which suggests that Black residents are more likely to work in higher risk occupations. This correlation is consistent with COVID-19 mortality data, which showed that Black residents who died from COVID-19 were more often of working age than White residents¹⁸.

FIGURE 128: 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

CLIMATE AND ENVIRONMENT

Parks and Green Spaces

Green spaces have been linked to elevated mental and physical health as well as climate resiliency⁶¹. 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 parks⁶². These spaces are open to the public, and promoting access may support the health of Erie County residents.

In 2023, an estimated 90.8% of Buffalo residents had access to a park, compared to an average of 59.7% across cities included in NYU Langone Health’s City Health Dashboard⁶³. 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 climate change is expected to affect Erie County’s agricultural sector, wildlife, and infectious disease vectors such as ticks and mosquitoes⁶⁴.

Figure 60 summarizes major climate-related vulnerabilities and potential opportunities for mitigation and adaptation. Additional detail about the predicted effects of climate change in Erie County and the plan to mitigate the potential hazards is available in the [Erie County Community Climate Action Plan](#), released in 2023.

FIGURE 60: ERIE COUNTY COMMUNITY CLIMATE ACTION PLAN: SUMMARY OF MAJOR VULNERABILITIES AND POTENTIAL OPPORTUNITIES ACCORDING TO THREAT TYPE

THREAT	VULNERABILITIES	OPPORTUNITIES
Increase in the frequency and intensity of heat waves	<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
Increase in frequency and severity of flooding	<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
Increase in wind damage	<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
Changing habitat suitability for species/diseases	<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
Accessibility and mobility challenges for vulnerable populations	<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

Mapped in *Figure 61*, we can see that as the climate changes, the region’s entire ecosystem is expected to shift. Species that currently live in Erie County may find the environment less hospitable, while other species, including disease vectors, may expand their range into the area. 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 yet reached Western New York, ongoing surveillance of these species and the pathogens they may transmit is important for public health preparedness⁶⁵.

Mosquitoes

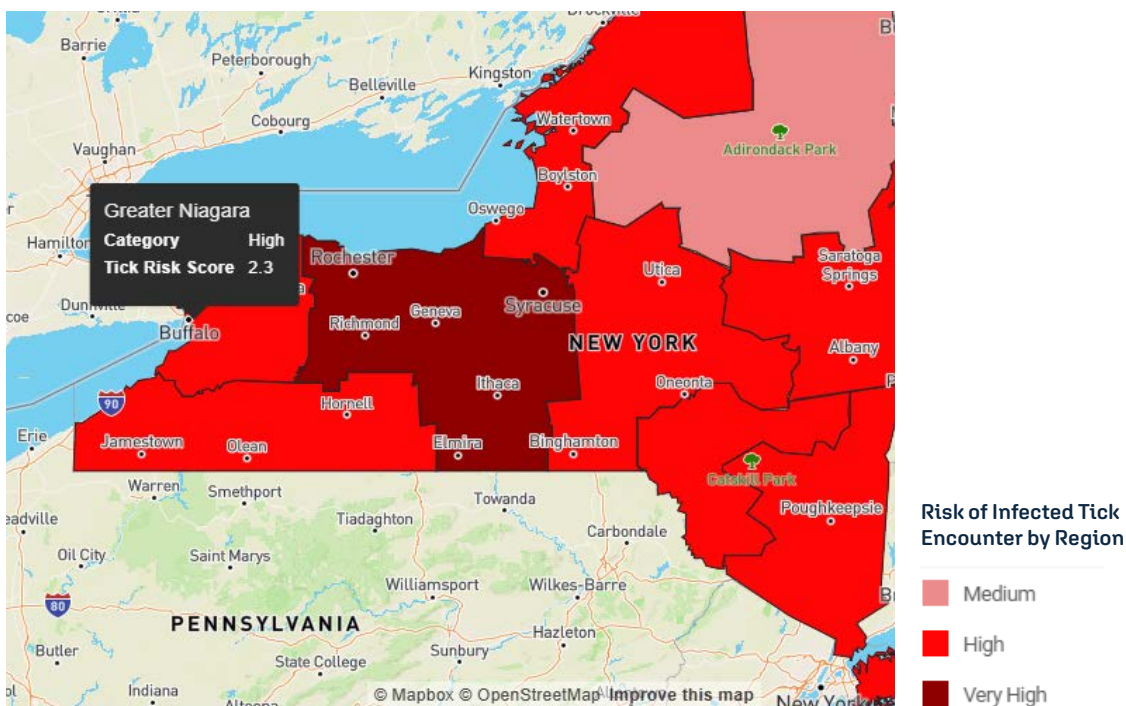
While reports of locally acquired mosquito-borne illnesses in Erie County are rare, samples of mosquitoes are tested for human pathogens. These mosquitoes are tested for the pathogens that cause West Nile virus (WNV) and Eastern equine encephalitis virus (EEEV). According to the NYS Year-End Mosquito-Borne Illness report, WNV has been detected in mosquito pools in Erie County, while EEEV has been tested for since 2021 but not detected ⁶⁶.

Mosquito species are identified by the specific types of diseases they transmit. *Aedes albopictus* and *Aedes aegypti* can transmit tropical illnesses such as chikungunya virus, dengue virus, and Zika virus. As the climate warms, their habitats have expanded northward. To date, no *Aedes aegypti* has been identified anywhere in NYS and *Aedes albopictus* has been detected in five downstate counties ⁶⁶.

Ticks

Each year, deer ticks collected from sites across Erie County are tested for pathogens that cause Lyme disease, anaplasmosis, babesiosis, and *Borrelia miyamotoi* disease. In recent years, approximately half of sampled ticks have tested positive for the Lyme disease pathogen, and 1-5% have tested positive for the anaplasmosis pathogen. Pathogens that cause babesiosis and *Borrelia miyamotoi* disease have been detected intermittently at low levels over the past decade in Erie County ⁶⁷.

FIGURE 61: 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 the saliva of an infected animal. When a wild animal has potentially exposed a person to saliva, or when any animal (wild or domestic) exhibits signs and symptoms consistent with rabies, that animal is tested when possible.

Most animals tested for rabies in Erie County are bats captured in homes. However, a wide range of mammals have tested positive, 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 is available on the Erie County Department of Health Office of Environmental Health website: [Animals That Tested Positive for Rabies in Erie County - Environmental Health](#)⁶⁸.

DATA SOURCES USED TO IDENTIFY & CONFIRM PRIORITIES

The data discussed in this CHA and shared with the CSP/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 BRFSS surveys were used to explore and assess health outcomes and indicators.

Discussions of many topics include sources that are more specific to respective SDOH factors 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 each respective entity conducts data collection and categorizes each variable. For instance, while the Erie County Office of Health Equity 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 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 & 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 are ultimately responsible for selecting which priorities are included in their respective CHIP and CSPs. While ECOHE is developing a CHIP separate from Kaleida Health and Catholic Health's joint CSPs, the priorities identified in both plans were chosen to complement one another and align with the service lines and patient demographics unique to each hospital system. This work group will meet quarterly throughout the 2025-2027 CHA-CHIP cycle to evaluate progress and revise project goals and plans as needed.

Community Partners:

Representatives from local Community Based Organizations (CBOs), various Erie County departments, and legislators met virtually several times to share input and expertise related 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.

4. Community Assets & Resources

ERIE COUNTY HOSPITALS

1. Catholic Health
 - Kenmore Mercy Hospital
 - Mercy Hospital of Buffalo
 - Sisters of Charity Hospital
 - Sisters of Charity Hospital, St. Joseph Campus.
2. Kaleida Health
 - Buffalo General Medical Center
 - Gates Vascular Institute
 - Millard Fillmore Suburban Hospital
 - Golisano Children's Hospital of Buffalo
3. Erie County Medical Center
4. BryLin Hospital – Inpatient Mental Health Care
5. VA Western New York Healthcare System
6. Roswell Park Comprehensive Cancer Center

ERIE COUNTY DEPARTMENTS & AGENCIES

- Buffalo and Erie County Public Library
- Environment and Planning
- Erie County Department of Health
 - Early Intervention
 - Infectious Disease Monitoring and Control
 - Substance Use Harm Reduction
 - Clinics and Health Care Services
 - Community Wellness, Disease Control and Prevention
 - Environmental Health
 - Emergency Medical Services (EMS) & Public Health Preparedness
 - Health Equity
 - Curbside Care
- Senior Services
- Social Services
- Erie County Women, Infants and Children (WIC) Program
- Catholic Charities of WNY
- Buffalo Niagara American Heart Association
- Population Health Collaborative
- Cornell Cooperative Extension (CCE) – Department of Agriculture and Markets
- FeedMore WNY (Western New York)
- 211 of WNY – Get Connected. Get Help.
- United Way of Buffalo & Erie County
- Live Well Erie
- Buffalo Prenatal Perinatal Network

COLLEGES & UNIVERSITIES

- Bryant & Stratton College
- Canisius University
- D'Youville University
- Daemen University
- Erie County Community College
- Niagara University
- SUNY Buffalo State College
- Trocaire College
- University at Buffalo
-

D. Community Health Improvement Plan / Community Service Plan (CHIP/CSP)

PARTNER & COMMUNITY ENGAGEMENT

Partner Engagement:

To continuously monitor the CHA/CHIP, the Workgroup members will hold quarterly meetings through the duration of the CHIP implementation timeframe. 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 act upon 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 CHIP progress as well as offer an opportunity for continued collaboration. It is a goal of the Workgroup to conduct at least one of the community partner meetings in person per year 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
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

Community Engagement:

The priorities, objectives, interventions, and action plans in this CSP/CHIP were developed to align with the New York State Prevention Agenda, reflect community and provider input gathered throughout the CHA/CSP/CHIP process, and respond directly to key findings from the 2025–2030 CHA.

ECOHE advisory board members convened to discuss how to make CSP/CHIP initiatives as impactful as possible. Recommendations included strong collaboration across sectors, and ensuring cultural sensitivity and relevance in program design and implementation.

PROCESS AND CRITERIA TO IDENTIFY MAJOR COMMUNITY FACTORS AND HEALTH CONDITIONS

PRIORITIZATION METHODS

To supplement survey findings, ECOHE and hospital partners conducted interviews and focus groups with specific populations and health care providers, including:

- Five one-on-one interviews with parents in the Children and Youth with Special Health Care Needs [CYSHCN] Program [ECOHE]
- A focus group with Silver Pride [older LGBTQ+ adults in Amherst]
- A focus group with doula serving pregnant and birthing people in Erie County
- A focus group with new and expectant mothers
- A focus group with residents of the Rural Southwest region of the county
- Eight interviews with health care providers

Focus group and interview participants were shown the same list of potential priority areas used in the surveys and were asked to “vote for” and discuss the issues they considered most important.

Information from surveys, focus groups, and interviews with community members and health care providers was reviewed and analyzed by the CHA/CSP/CHIP Workgroup. These primary data were combined with earlier ECOHE primary data and relevant secondary data to help prioritize Community Factors and Health Conditions. Through this process, the original list of 14 Community Factors was narrowed to 6, and 15 Health Conditions was narrowed to 7.

FINAL SELECTED 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

FINAL HEALTH CONDITIONS

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

A “Quick Facts” document was created for each of the 13 priority areas (6 Community Factors and 7 Health Conditions). Each summary included an overview of the issue, key statistics, supporting data, and links to additional resources. This Quick Facts packet was widely shared with community partners as an invitation to participate in a July 23, 2025 meeting to further discuss each priority.

At the July 23, 2025 community meeting, partners reviewed the scope, severity, available resources, and potential impact for each priority area. At the end of the meeting, partners were asked to complete a survey identifying their top 3–5 priorities using these criteria.

For partners unable to attend, an email was sent with a recording of the meeting, all supporting materials, and a link to the survey. The community partner priority survey was open from July 23–31, 2025.

Priority selection occurred through multiple rounds of voting by community members and community partners. The final round took place after the July 23, 2025 Community Partner meeting, using a web-based form.

A modified Hanlon Method was applied, incorporating:

- **Scope:** How widespread the issue is
- **Severity:** The seriousness of the impact on health and quality of life
- **Impact/Feasibility:** Local capacity, willingness to address the issue, and the availability of existing programs, solutions, or resources

Figure 129 provides the ranking scores for each Community Factor and Health Condition. An expanded table and more detailed explanation of the prioritization process are available in Appendix M.

- The **Community Score** reflects the number of selections in the community survey.
- The **Medical Score** reflects the number of selections in the medical provider survey.
- The **Priority Score** reflects the number and relative rank of each issue in the community partner priority survey.
- Average scores for **Scope, Severity, and Impact** were taken from the priority survey responses.

All individual scores were summed to create a Total Points value for each issue, which was then used to produce an overall rank. Based on this methodology, the top issues for Erie County were:

1. Mental Health
2. Access to Affordable, Healthy Food
3. Cost of Health Care Services or Access to Health Insurance
4. Housing Options That Are Affordable and Safe
5. Obesity, Weight Management, and Nutrition

FIGURE 129: 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

The Community Health Assessment process identified a wide range of health issues affecting Erie County residents. Each issue was evaluated using quantitative data, community and provider input, and stakeholder feedback.

While each issue presents unique challenges and deserves attention, limited resources and the need for prioritization require both health systems to focus on a limited number of high-impact health priorities. The following considerations guided decisions to exclude some issues from focused CSP/CHIP interventions at this time:

Limited Ability to Have a Measurable Impact: Some health issues would require large-scale systemic, policy, or financial changes beyond the scope of local public health and current partnerships. These issues were

deprioritized to ensure that selected priorities can be addressed effectively within existing or realistically attainable capacity.

Existing Efforts and Infrastructure: Some issues are already being addressed by specialized agencies, hospitals, and community-based organizations. In these cases, duplicating efforts would not be an efficient use of public health resources. The CHA/CSP/CHIP partners will instead continue to collaborate and support these existing efforts where appropriate.

Community Input and Stakeholder Consensus: Priority-setting was strongly informed by community surveys, provider surveys, focus groups, and stakeholder meetings. Issues that consistently received lower rankings or were not identified as urgent concerns were not selected for focused action, though they remain important.

Alignment With State and Local Frameworks: Priorities were selected to align with the New York State Prevention Agenda, Live Well Erie priorities and objectives, and other established health improvement goals. Issues that fell outside these frameworks are less likely to receive broad partner support or sustained resources.

Resource Limitations: Available time, staffing, and financial resources to support the CHA/CSP/CHIP cycle are finite. The Workgroup chose a limited number of high-impact priority areas to allow for concentrated, measurable efforts rather than spreading resources too thinly across many issues.

While certain health issues were not selected as top priorities for this cycle of the Community Health Improvement Plan, they remain important and will continue to be monitored. Opportunities to address these needs through partnerships, policy development, or future CHA and CSP/CHIP cycles will be considered as resources allow.

DEVELOPMENT OF OBJECTIVES, INTERVENTIONS, & ACTION PLANS

Planning for the 2025-2027 Community Service Plan (CSP), and the 2025–2030 Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) began in spring 2024. Catholic Health (CHS) and Kaleida Health entered the process with the shared goal of producing one unified CHA and CSP/CHIP report representing the hospital systems and Erie County.

The first joint meeting between Erie County, CHS, and Kaleida Health was held on June 24, 2024. At this meeting, the group agreed to pursue a joint CHA and CSP/CHIP. The group also agreed to meet monthly throughout the planning and implementation stages at this meeting. Soon after, Erie County Medical Center (ECMC) joined CHS, Kaleida Health, and Erie County to form the core CHA/CSP/CHIP Workgroup.

Community partners were introduced to the new CHA/CSP/CHIP cycle at the September 2024 Live Well Erie (LWE) partner meeting, where a presentation highlighted upcoming surveys, focus groups, and opportunities for collaboration. Materials and information about this CHA and CSP/CHIP cycle were also emailed to more than 400 community partners via the LWE distribution list.

During summer and fall 2024, the CHA/CSP/CHIP Workgroup developed two surveys: a community survey and a medical provider survey. Both were designed to gather feedback on community factors that influence health, and health conditions that should be prioritized in the CSP/CHIP.

Community members and medical providers received the same list of 14 Community Factors and 15 Health Conditions and were asked to select 5 Community Factors and 5 Health Conditions they believed should be prioritized.

The community survey also included questions about access to different types of health care, current physical and mental health concerns, and a range of demographic characteristics, including age, race, ethnicity, gender, sexual orientation, ZIP code, household income, health insurance status, and more.

The community survey was developed in English and professionally translated into Spanish, Arabic, Burmese, Bengali, and Swahili. Printed versions were available in these six languages, and a large-print English version

was created. A digital version was also available in English, Spanish, Arabic, and Bengali. The medical provider survey was available as an online English-language survey. See Appendix K for copies of the surveys.

The CHA community survey was shared through Live Well Erie contacts, Erie County Office of Health Equity (ECOHE) networks, and hospital system partners. Social media was used to promote participation. Flyers and “tear-off” pads containing a link and QR code to the survey were produced in English, Spanish, Arabic, Burmese, Bengali, and Swahili (see Appendix O). These materials were sent to community partners, hospitals, and medical providers to display in high-traffic areas. The medical provider survey was distributed via provider email lists and hospital partners. Surveys and promotional materials were also brought to multiple ECOHE outreach and engagement events across Erie County.

Both surveys closed at the end of January 2025. In total, 2,510 community surveys were completed, and 143 medical provider surveys were completed. A summary of survey results is provided in Appendix L. Results from both surveys were also published on public Tableau dashboards.

Survey results were presented at a Community Partner meeting on February 5, 2025. Attendees and participants for that meeting are listed in Appendix N.

DISTRIBUTION PLAN: SHARING FINDINGS WITH COMMUNITY

The 2025-2030 CHA and CHIP/CSP 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 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 as well as hard copy available upon request.

Progress toward the goals identified in the 2025-2027 CSP will be reviewed and measured using a variety of resources. Catholic Health and Kaleida Health will leverage access to data from their systemwide Epic electronic medical record systems when possible. Ongoing input from the community, CHA/CHIP partners, as well as associates will also be used to validate interventions and progress. Tracking will be accomplished via internal tools at each entity with data to be included in a jointly established, centralized dashboard for all partners to collect progress reports towards goals and objectives. Updates will be documented and available for communication to internal and external partners on a routine basis.

The Erie County Department of Health will promote the completed report through social media posts, press releases, and email distribution lists. The CHA/CHIP/CSP 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/CSP process and LWE.

E. Catholic Health & Kaleida 2025-2027 Prevention Agenda Priorities (Objectives and Interventions)

Domain 1: Economic Stability

PRIORITY: UNEMPLOYMENT

Objectives:

2.0 Reduce unemployment among individuals aged 16 and older from 6.2% (2022) to 5.5% (2030).

Reporting Entities: Catholic Health System, Kaleida Health, Erie County Department of Health

OBJECTIVE					
2.0 Reduce unemployment among individuals aged 16 and older from 6.2% (2022) to 5.5% (2030).					
DESIRED OUTCOME	INDICATOR	DATA SOURCE	POPULATION	BASELINE	TARGET
Reduce the percentage of people unemployed.	Percentage unemployed.	ACS	Everyone aged 16 or older.	6.2% (2022)	5.5% (2030)

CATHOLIC HEALTH SYSTEM

Disparities Being Addressed

Individuals with limited earning potential, especially those with high school or equivalent education, or less; individuals with coexisting socioeconomic barriers such as unreliable transportation, poor access to childcare, or difficult interpersonal relationships.

Interventions

Intervention 1.2.0.1

Engage multi-sector collaborations that highlight the health burden of unemployment and leverage these collaborations to create local pathways to meaningful employment, to include job training programs and opportunities that align with local labor market demands. Catholic Health workforce development program [THRIVE] for individuals hired in entry-level clinical positions.

Evidence Based Intervention Reference

Intervention based on evidence-based practices outlined in the New York State Prevention Agenda found here: https://www.health.ny.gov/prevention/prevention_agenda/2025-2030/docs/prevention_agenda_plan.pdf.

Family of Measures

- 1.2.0.1.1 Number of THRIVE participants tracked for completion (turnover rate) and care setting.
- 1.2.0.1.2 Completion of professional development plan with SMART goals.
- 1.2.0.1.3 Number of referrals made related to report of interfering barriers.
- 1.2.0.1.4. Percent of participants that attain certification.
- All data tracked and stratified by demographics.

Timeframe

January 1, 2026 – December 31, 2027

Implementation Partner

Hospital

Partner Roles And Resources

Individuals hired as Nurse Aides, Home Health Aides, or Certified Nursing Assistants will be enrolled in a workforce development program providing life skills assessment, education, coaching, and resource intervention throughout the first year of employment. If needs are identified, referrals are made to social service and education partners. Provide individuals with personalized life infrastructure support, guidance, and training to ensure success with sustainable and meaningful employment. As a result, develop career ladder and latticing opportunities that optimize personal and professional development and encourage socioeconomic growth.

KALEIDA HEALTH

Disparities Being Addressed

Unemployment rates are higher in minority populations. Resources will be promoted to these populations.

Interventions

Intervention 1.2.0.1

Long Term Care Nurse Aid Training Program: Kaleida Health offers a paid, full-time eight-week training program for community members to become CNAs (Certified Nursing Assistants). Includes hands-on training, covers the NYS certification exam costs, and leads to employment upon certification.

Intervention 1.2.0.2

Workforce Development: Kaleida Health partners with Western New York community organizations and educational institutions for training, reskilling, and upskilling opportunities, meeting with students in the classrooms, offering internships, and actively hold and participate in job fairs, connecting them with job opportunities throughout the system. Kaleida Health also offers high school students internships to explore healthcare career possibilities.

Evidence Based Intervention Reference

Intervention based on evidence-based practices outlined in the New York State Prevention Agenda found here: https://www.health.ny.gov/prevention/prevention_agenda/2025-2030/docs/prevention_agenda_plan.pdf.

Family of Measures

- 1.2.0.1.1 CNA Training Program will conduct six nurse aid training program cohorts per year.
- 1.2.0.1.2 Fifty new CNAs will be trained annually.
- 1.2.0.2.1 One hundred job fairs/recruitment events will be conducted annually.

Timeframe

January 1, 2026 – December 31, 2027

Implementation Partner

Community Based Organizations

Educational Institutions

Partner Roles And Resources

Host workforce development events.

PRIORITY: NUTRITION SECURITY

Objectives:

3.0 Increase consistent household food security from 71.1% [2023] to 75.9% [2030].

Reporting Entities: Erie County Department of Health, Kaleida Health, Catholic Health System

3.1 Increase food security in households with an annual income of less than \$25,000 from 42.0% 2023 to 51.1% [2030].

Reporting Entity: Catholic Health System

OBJECTIVE					
<p>3.0 Increase consistent household food security from 71.1% [2023] to 75.9% [2030].</p> <p>3.1 Increase food security in households with an annual income of less than \$25,000 from 42.0% [2023] to 51.1% [2030].</p>					
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	Household experiencing food insecurity.	74.0% [2022]	79.0% [2030]
			Subpopulation of Focus	Baseline	Target
			Households with an annual income of less than \$25,000	46.6% [2022]	56.7% [2030]

KALEIDA HEALTH

Disparities Being Addressed

Residents living on the East and West sides of Buffalo are more likely to reside in a food desert and lack access to healthy food options.

Interventions

Intervention 1.3.0.1

Healthy Start Program – The Healthy Start Program is a three-month produce prescription program serving eligible Kaleida Health employees that provides participants with nutrition education and fresh produce. Employees can sign up to be screened to participate in the program and those who are in the ALICE (Asset Limited Income Constrained Employed) population are eligible. Healthy Start is administered by Buffalo Go Green.

Intervention 1.3.0.2

Pediatric Primary Care Food as Medicine Program – This project aims to support patients at Kaleida Health's Niagara Street and Broadway pediatric clinics experiencing food insecurity. Parents or guardians of pediatric primary care patients are screened for food insecurity at every visit. If the screening determines that they are food insecure, they are provided with fresh produce and dry goods to bridge the gap for patients for at least three days until the family can gain access to a food pantry. Refrigeration units and dry pantry are stocked by Buffalo Go Green in each clinic weekly.

Evidence Based Intervention Reference

Intervention based on evidence-based practices outlined in the New York State Prevention Agenda found here: https://www.health.ny.gov/prevention/prevention_agenda/2025-2030/docs/prevention_agenda_plan.pdf.

Family of Measures

- 1.3.0.1.1 Enroll 200 employees in the Healthy Start Program.
- 1.3.0.2.1 One hundred percent of pediatric primary care patients will be screened for food insecurity.
- 1.3.0.2.2 One hundred percent of families who screen “yes” as needing food assistance will be eligible to receive fresh produce and dry goods from clinics.
- 1.3.0.2.3 Seven hundred and fifty patients annually will receive a package including fresh produce, dry goods, and food resource information.

Timeframe

January 1, 2026 – December 31, 2027

Implementation Partner

Community Based Organizations

Partner Roles And Resources

Buffalo Go Green will provide fresh fruits and vegetables to stock pantries.

CATHOLIC HEALTH SYSTEM

Disparities Being Addressed

Expansion of screening assessments and resource awareness in the community, especially among those who live in areas of food deserts. Population at higher-risk for nutrition-related health disparities.

Interventions

Intervention 1.3.1.1

Screen for food security, facilitate and actively support referrals, increase skills and knowledge to support healthy food and lifestyle choices.

Evidence Based Intervention Reference

Intervention based on evidence-based practices outlined in the New York State Prevention Agenda found here: https://www.health.ny.gov/prevention/prevention_agenda/2025-2030/docs/prevention_agenda_plan.pdf.

Family of Measures

- 1.3.1.1.1 Number screened by location
- 1.3.1.1.2 Number of participating community partners
- 1.3.1.1.3 Number of residents served/attended
- 1.3.1.1.4 Produce Prescription program enrollment, retention, voucher spend
- 1.3.1.1.5 Clinical metrics

Timeframe

January 1, 2026 – December 31, 2027

Implementation Partner

Community Based Organizations

Partner Roles And Resources

Partner with community-based organizations to promote awareness and screening for food security, increase awareness of community access points for unmet social/emotional needs, facilitate access to population served by community-based organizations to encourage participation in programs. Collaborate to identify barriers and potential solutions.

Domain 2: Social and Community Context

PRIORITY: ANXIETY AND STRESS

Objectives:

5.0 Decrease the percentage of adults who experience frequent mental distress from 13.4% (2021) to 12.0% (2030).

Reporting Entity: Kaleida Health

5.1 Decrease the percentage of adults in households with an annual income of less than \$25,000 who experience frequent mental distress from 21.0% (2021) to 18.9% (2030).

Reporting Entities: Erie County Department of Health, Catholic Health System

OBJECTIVE					
5.0 Decrease the percentage of adults who experience frequent mental distress from 15.9% to 14.3%.					
5.1 Decrease the percentage of adults in households with an annual income of less than \$25,000 who experience frequent mental distress 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	15.9% (2023)	14.3% (2030)
			Subpopulation of Focus	Baseline	Target
			Adults with household income less than \$25,000	21.0% (2023)	18.9% (2030)

KALEIDA HEALTH

Disparities Being Addressed

Thirty percent of the Kaleida Health workforce identify as a person of color, higher than the overall percentage of Erie County.

Interventions

Intervention 2.5.0.1

Johns Hopkins RISE Program – This peer support program, developed by Johns Hopkins University, helps hospitals provide immediate and confidential behavioral health support to healthcare workers who encounter stressful patient or work-related events. All Kaleida Health clinical employees are eligible for training which equips them to serve as peer responders and fosters a culture of resilience. By offering timely support after adverse events, RISE contributes to reduced anxiety and stress among Kaleida Health’s workforce.

Intervention 2.5.0.2

Screening and referral for adult patients. Adults presenting at a Kaleida Health hospital are screened for suicide risk using the Columbia Suicide Severity Rating Scale [C-SSRS]. Patients are screened into three categories: low, medium, and high risk. This screening ensures that at-risk individuals are identified early and referred to appropriate behavioral health services for timely intervention.

Intervention 2.5.0.3

PACE (Parents and Caregivers Engaging) Employee Resource Group – The PACE ERG fosters connection through shared experiences, resources, and peer support, while advocating for practical solutions that promote work-life balance and mental health support. PACE ERG empowers working parents and caregivers by creating a supportive community that drives engagement, reduces burnout, and contributes to a more flexible and inclusive workplace culture.

Evidence Based Intervention Reference

Intervention based on evidence-based practices outlined in the New York State Prevention Agenda found here: https://www.health.ny.gov/prevention/prevention_agenda/2025-2030/docs/prevention_agenda_plan.pdf.

Family of Measures

- 2.5.0.1.1 One hundred Kaleida Health employees will be trained as peer support leaders.
- 2.5.0.1.2 Fifty percent of Kaleida Health’s clinical workforce attends a RISE session. Peer support through RISE program will be available to all Kaleida Health clinical staff 24/7 on an ongoing basis as needed.
- 2.5.0.2.1 One hundred percent of adult Emergency Department patients will be screened for suicide using the Columbia Suicide Severity Scale (C-SSRS).
- 2.5.0.3.1 PACE ERG will hold semi-annual Mental Health Awareness tabling events in May and November.
- 2.5.0.3.2 PACE ERG will distribute “Take Care of You” toolkit each November. Kaleida Health will track number of toolkits distributed.

Timeframe

January 1, 2026 – December 31, 2027

Implementation Partner

Community Based Organizations

Partner Roles and Resources

Kaleida Health will refer patients for community based behavioral health services as appropriate.

PRIORITY: SUICIDE

Objective:

6.2 Reduce adolescent suicide attempts from 9.4% to 8.5% for New York State outside New York City.

Reporting Entity: Kaleida Health

OBJECTIVE					
6.2 Reduce adolescent suicide attempts from 9.4% to 8.5% for New York State outside New York City.					
DESIRED OUTCOME	INDICATOR	DATA SOURCE	POPULATION	BASELINE	TARGET
Reduce suicide deaths	Percentage of high school students who attempted suicide one or more times during the past year (New York State outside New York City).	YRBSS	High school students (New York State outside New York City)	9.4% (2023)	8.5% (2030)

KALEIDA HEALTH

Disparities Being Addressed

Nearly 70% of families receiving care at Golisano Children’s Hospital of Buffalo qualify for Medicaid, with that number reaching 90% in its pediatric clinics. Forty-three percent of children in the City of Buffalo live below the poverty line, which is one of the highest rates in the nation. This population has limited access to mental health resources.

Interventions

Intervention 2.6.2.1

All patients at Golisano Children’s Hospital Buffalo are screened for suicide risk using the Columbia Suicide Severity Rating Scale (C-SSRS). Patients are screened into three categories: low, medium, and high risk. If a patient’s screening results in the medium or high-risk category, they receive a consult with a psychologist or psychiatrist. If a patient screens for low or no risk, they receive a consult from a psychologist, a licensed master social worker or peer advocate. For patients screening low risk, the consult includes a brief assessment, psychoeducation on suicide prevention, and creation of a wellness plan to improve risk. If no risk is present, patients and their families are given praise for current mental health and education on how risk can change in the future. Consultations link participants to mental health treatment at GCH Buffalo’s Children’s Psychiatry Clinic. In year one, GCH Buffalo – along with Kaleida Health – will implement a new electronic health medical record system. As part of this transition, the Children’s Psychiatry Clinic will launch a Suicide Prevention Dashboard. This dashboard will automatically capture C-SSRS results for every patient screened and screening results, among other metrics. These analytics will allow GCH Buffalo to monitor trends in risk and service utilization, identify opportunities for early intervention, and evaluate the effectiveness of the Suicide Prevention Action Plan. The psychiatry clinic conducts outreach efforts and tabling work to expand GCH Buffalo’s prevention screening services. GCH Buffalo will be collaborating with a variety of community organizations that focus their work within underrepresented groups in Erie County.

Evidence Based Intervention Reference

Intervention based on evidence-based practices outlined in the New York State Prevention Agenda found here: https://www.health.ny.gov/prevention/prevention_agenda/2025-2030/docs/prevention_agenda_plan.pdf.

Family of Measures

- 2.6.2.1.1 One hundred percent of patients at Golisano Children’s Hospital Buffalo Emergency Department will be screened using C-SSRS. New electronic medical records system will track total number of screens/ results, consults, and referrals.
- 2.6.2.1.2 One hundred percent of ED patient consults referred to appropriate services.
- 2.6.2.1.3 Thirty tabling and screening events will be attended or held annually.

Timeframe

January 1, 2026 – December 31, 2027

Implementation Partner

Community Based Organizations

Partner Roles and Resources

Kaleida Health’s Golisano Children’s Hospital Buffalo will collaborate with a variety of community organizations that focus their work within underrepresented groups in Erie County, including the Delevan-Grider Community Center, Jewish Family Services, International Institute of Buffalo, Gay and Lesbian Youth Services of Western New York, and Mental Health Advocates of WNY.

PRIORITY: PRIMARY PREVENTION, SUBSTANCE MISUSE, AND OVERDOSE PREVENTION

Objective:

12.1 Reduce the rate of overdose deaths for Black, non-Hispanic residents per 100,000 people from 59.2 to 35.5.

Reporting Entity: Catholic Health System

OBJECTIVE					
12.1 Reduce the rate of overdose deaths for Black, non-Hispanic residents per 100,000 people from 59.2 to 35.5.					
DESIRED OUTCOME	INDICATOR	DATA SOURCE	POPULATION	BASELINE	TARGET
Reduce fatal drug overdoses	Overdose deaths involving drugs – rate per 100,000 population	NYS Vital Statistics	Black, non-Hispanic residents	59.2 (2023)	35.5 (2030)

CATHOLIC HEALTH

Disparities Being Addressed

Racial disparity continues to be present. The gap for overdose mortality between Black, non-Hispanic and White residents continues to increase.

Interventions

Intervention 2.12.1.1

Promote and implement models to conduct standardized screening for needs and provide referrals to state, local, and federal benefit programs and community-based health related social service providers (Clearview and Pathways).

Intervention 2.12.1.2

Promote resilience-building strategies for people living with chronic illness by enhancing protective factors.

Intervention 2.12.1.3

Promote and increase awareness of evidence-based mindfulness resources to reduce the negative impact of stress and trauma (coordinate and support Mental Health First Aid, naloxone, drug deactivation, and other related programs).

Evidence Based Intervention Reference

Intervention based on evidence-based practices outlined in the New York State Prevention Agenda found here: https://www.health.ny.gov/prevention/prevention_agenda/2025-2030/docs/prevention_agenda_plan.pdf.

Family of Measures

- 2.12.1.1.1 Number screened by location
- 2.12.1.1.2 Number of participating community partners
- 2.12.1.1.3 Number of programs offered
- 2.12.1.1.4 Number of residents served/attended
- 2.12.1.2.1 Amount of naloxone or drug deactivation kits distributed.
- 2.12.1.3.1 Mental Health First Aid enrollment
- 2.12.1.3.2 Total number of hours of de-escalation training provided at six Catholic Health acute hospitals

Timeframe

January 1, 2026 – December 31, 2028

Implementation Partner

Hospital

Partner Roles and Resources

Catholic Health will serve as the lead to organize subject-matter knowledge and expertise across this priority either by delivering information from internal resources or securing external partnerships (e.g. Congregational Health Promoters) to address the request. Provide education on services available (especially in underserved and underrepresented communities) and appropriate use of, increase knowledge about drivers of mental conditions, crisis intervention, and stigma reduction. Strengthen relationship with Erie and Niagara County mental health departments to broaden culturally responsive campaigns.

Domain 4: Healthcare Access & Quality

PRIORITY: PREVENTATIVE SERVICES FOR CHRONIC DISEASE PREVENTION AND CONTROL

Objective:

33.0 Increase the percentage of adults aged 45 to 75 years who are up to date on their colorectal cancer screening based on the most recent guidelines from 71.6% to 80.0%.

Reporting Entity: Kaleida Health

OBJECTIVE					
33.0 Increase the percentage of adults aged 45 to 75 years who are up to date on their colorectal cancer screening based on the most recent guidelines from 71.6% to 80.0%.					
DESIRED OUTCOME	INDICATOR	DATA SOURCE	POPULATION	BASELINE	TARGET
Increase the percentage of adults aged 45-75 who receive a colorectal cancer screening based on the most recent guidelines	Cancer Screening (percentage of adults who receive colorectal cancer screening)	BRFSS	Adults aged 45-75 years	71.6% (2023)	80.0% (2030)

KALEIDA HEALTH

Disparities Being Addressed

The Hertel-Elmwood clinic serves a diverse population that includes under-resourced patients, African Americans, Hispanics, and immigrants.

INTERVENTIONS

Intervention 4.33.0.1

Colorectal Cancer Screening Program at the Hertel Elmwood Primary Care Clinic seeks to increase colorectal cancer screenings through patient navigation, shared decision making, patient choice and screening options, while also employing multiple touchpoints for screening reminders.

Evidence Based Intervention Reference

Intervention based on evidence-based practices outlined in the New York State Prevention Agenda found here: https://www.health.ny.gov/prevention/prevention_agenda/2025-2030/docs/prevention_agenda_plan.pdf.

Family of Measures

- 4.33.0.1.1 Increase percentage of adults aged 45-75 who receive a colorectal cancer screening to 70%.
- 4.33.0.1.2 Increase percentage of patients who receive follow-up colonoscopy after a positive stool test to 60%.

Timeframe

January 1, 2026 – December 31, 2027

Implementation Partner

Community-Based Organizations

Partner Roles and Resources

Kaleida will conduct outreach to community-based organizations regarding screening.

REFERENCES

1. Historical Society of the New York Courts. (2024). *When did slavery end in New York?* <https://history.nycourts.gov/when-did-slavery-end-in-new-york/>
2. Scarsdale Historical Society. (2021). *Slavery in New York and Scarsdale*. <https://www.scarsdalehistoricalsociety.org/slavery-in-new-york-and-scarsdale>
3. Buffaloresearch.com. (n.d.). *Buffalo Underground Railroad sites*. <https://buffaloresearch.com/ugrr/>
4. New York State. (n.d.). *Erie County*. <https://www.ny.gov/counties/erie>
5. Nair, J. & Herne, L. (2020, May 20). *Crossing the border for health care*. The NewsHouse. <https://thenewshouse.com/borderlines/americans-and-canadians-living-near-the-border-can-take-advantage-of-differences-in-the-two-countries-health-care-systems/>
6. U.S. Census Bureau. 2021. (2020) *Census of population and housing*. U.S. Department of Commerce. <https://www.census.gov/programs-surveys/decennial-census/decade/2020.html>
7. U.S. Census Bureau. (2024). *American Community Survey, 2023 1-year estimates*. U.S. Department of Commerce. <https://www.census.gov/programs-surveys/acs>
8. U.S. Census Bureau. (2023). *American Community Survey, 2018–2022 5-year estimates*. U.S. Department of Commerce. <https://www.census.gov/programs-surveys/acs>
9. U.S. Census Bureau. (n.d.). *My community explorer* [Data visualization tool]. U.S. Department of Commerce. <https://experience.arcgis.com/experience/14f148fc755044b5bb0dc81e0063b535>
10. Centers for Disease Control and Prevention. (n.d.). *PLACES: Local data for better health*. [Data visualization tool]. <https://www.cdc.gov/places>
11. Erie County Department of Health. (2023). *COVID-19 fatalities, 2019-2022: Fatalities by race/ethnicity for Erie County* [Unpublished].
12. U.S. Census Bureau. (2023). *Erie County, New York: Profile data*. U.S. Department of Commerce. https://data.census.gov/profile/Erie_County,_New_York?g=050XX00US36029
13. Erie County Department of Health Office of Health Equity. (2025). *Health equity in Erie County: 2023 focus group report*. <https://www3.erie.gov/health/health-equity-focus-group-report>
14. Erie County Department of Health Office of Health Equity. (2024). *Health equity in Erie County: 2023 annual report*. <https://www3.erie.gov/health/health-equity-annual-report>
15. Erie County Department of Health Office of Health Equity. (2025). *Erie County community health assessment survey*.
16. New York State Department of Health. (2022, June 6). *New York State Behavioral Risk Factor Surveillance System: Sexual orientation and gender identity, 2016–2020*. https://www.health.ny.gov/statistics/brfss/reports/docs/2022-16_brfss_sogj.pdf
17. Roswell Park Comprehensive Cancer Center. (n.d.). *CCSG research mission*. <https://www.roswellpark.org/research/ccsg-research-programs>
18. New York State Department of Health. (2025). *Prevention Agenda 2025–2030: New York State's health improvement plan*. https://health.ny.gov/prevention/prevention_agenda/2025-2030/
19. New York State Education Department. (2025). *NY state data*. <https://data.nysed.gov/>
20. WNY Education Alliance. (2024). *The WNY reading report card 2022-23*. <https://www.readtosucceedbuffalo.org/content/Documents/WNYreport.pdf>
21. National Center for Education Statistics. (n.d.). *U.S. skills map: State and county indicators of adult literacy and numeracy* [Data tool]. <https://nces.ed.gov/surveys/piaac/skillsmap/>
22. Federal Reserve Bank of St. Louis. (2025). *Unemployment rate in Erie County, NY* [Data set]. <https://fred.stlouisfed.org/series/NYERIE9URN>
23. U.S. Census Bureau. (n.d.). *Poverty: Guidance on poverty measures*. U.S. Department of Commerce. <https://www.census.gov/topics/income-poverty/poverty/guidance/poverty-measures.html>
24. County Health Rankings & Roadmaps. (2025). *Erie, New York: 2025*. University of Wisconsin Population Health Institute. <https://www.countyhealthrankings.org/health-data/new-york/erie?year=2025>

25. Glasmeier, A. K. (2025). *What is a living wage and how is it estimated?* Massachusetts Institute of Technology. <https://livingwage.mit.edu/pages/methodology>
26. Swope, C. B., & Hernández, D. (2019). Housing as a determinant of health equity: A conceptual model. *Social science & medicine*, 243, 112571. <https://doi.org/10.1016/j.socscimed.2019.112571>
27. Center for Neighborhood Technology. (n.d.). *Housing + transportation fact sheet: Erie County, NY*. <https://htaindex.cnt.org/fact-sheets/?lat=42.88679&lng=-78.87865&focus=county&gid=1477#fs>
28. Federal Housing Finance Agency. (2025). *FHFA HPI top 100 metro area rankings*. <https://www.fhfa.gov/data/dashboard/fhfa-hpi-top-100-metro-area-rankings>
29. Erie County Department of Health. (2025). *Lead poisoning prevention*. <https://www3.erie.gov/envhealth/lead-poisoning-prevention>
30. Erie County Department of Health. (2024). *LEADSAFE Erie County communities of concern 2024 [Map]*. <https://www3.erie.gov/envhealth/sites/www3.erie.gov/envhealth/files/2022-10/leadcocmap.pdf>
31. Erie County Department of Health. (n.d.). *Lead poisoning primary prevention & primary initiative programs*. <https://www3.erie.gov/envhealth/lead-poisoning-primary-prevention-primary-initiative-programs>
32. New York State Governor's Office. (2021, September 2). *Governor Hochul signs new moratorium on COVID-related residential and commercial evictions into law* [Press release]. <https://www.governor.ny.gov/news/governor-hochul-signs-new-moratorium-covid-related-residential-and-commercial-evictions-law>
33. Homeless Alliance of Western New York. (2024). *FY23 homelessness summary brief Erie County*. https://wnyhomeless.org/app/uploads/FY23-Annual-Report-Erie_Final_Protected.pdf
34. Nelson, R. K., Winling, L., et al. (2023). *Mapping inequality: Redlining in new deal America*. Digital Scholarship Lab. <https://dsl.richmond.edu/panorama/redlining>
35. New York State Department of Financial Services. (2021). *Investigation of redlining in Buffalo, NY*. https://www.dfs.ny.gov/system/files/documents/2021/02/report_redlining_buffalo_ny_20210204_1.pdf
36. Muir, K, Fynn, C. & Coughlin, J. (2024, December 8). *The legacy of racial covenants in Buffalo: A call for justice and restoration*. <https://www.law.buffalo.edu/news/24dec08-op-ed.html>
37. Blatto, A. (2022, September 15). *How public policy shaped Buffalo's segregated geography*. African American Intellectual History Society. <https://www.aaahs.org/how-public-policy-shaped-buffalos-segregated-geography/>
38. Taylor Jr., H. L., Jung, J. K., & Dash, E. (2021, September). *The harder we run: The state of Black Buffalo in 1990 and the present* [Report]. University at Buffalo Center for Urban Studies. <https://ubwp.buffalo.edu/aps-cus/wp-content/uploads/sites/16/2021/10/TaylorHL-The-Harder-We-Run.pdf>
39. Centers for Disease Control and Prevention. (2024, August 26). *Improving health through transportation policy*. <https://www.cdc.gov/transportation/php/about/index.html>
40. Agency for Toxic Substances and Disease Registry. (2024, December 3). *EJI indicators: Environmental burden module*. Centers for Disease Control and Prevention. <https://atsdr.cdc.gov/place-health/php/eji/eji-indicators-environmental-burden-module.html#heading-wrol3mjuk>
41. Erie County Department of Health. (2025, July 22). *Erie County launches StreetSmart Erie County campaign to improve road safety and save lives* [Press release]. <https://www3.erie.gov/health/press/erie-county-launches-streetsmart-erie-county-campaign-improve-road-safety-and-save-lives>
42. GoBike Buffalo. (2022, March). *Erie-Niagara high-injury network*. <https://gobikebuffalo.org/wp-content/uploads/2022/03/Crash-Report-2022.pdf>
43. Literacy Buffalo Niagara. (2025, January 23). *Adult literacy rates are falling; New literacy study shows big problems*. <https://literacybuffalo.org/2025/01/23/adult-literacy-rates-are-falling-new-literacy-study-shows-big-problems/>

44. National Center for Education Statistics. (2023). *Highlights of the 2023 U.S. PIAAC results*. U.S. Department of Education, Institute of Education Science. https://nces.ed.gov/surveys/piaac/2023/national_results.asp
45. United States Congress. (2010). *Patient Protection and Affordable Care Act, Public Law 111-148*. U.S. Government Publishing Office. <https://www.govinfo.gov/app/details/PLAW-111publ274>
46. New York State Office of General Services. (n.d.). *New York State Language Access Law*. <https://ogs.ny.gov/new-york-state-language-access-law>
47. Erie County Legislature. (2024). Local Law No. 5-2024: *Establishing the Erie County Office of Language Access*. <https://www4.erie.gov/legislature/sites/www4.erie.gov/legislature/files/2025-01/finalized-ll-no-5-2024.pdf>
48. New York State Department of Health. (2025). *BRFSS brief: Disability status and health indicators among adults in New York State*. https://www.health.ny.gov/statistics/brfss/reports/docs/2025-12_brfss_disability_status.pdf
49. U.S. Department of Justice, Civil Rights Division. (n.d.). *Title II: Nondiscrimination on the basis of disability in state and local government services*. <https://www.ada.gov/topics/title-ii/>
50. Office of Disease Prevention and Health Promotion. (2023). *Crime and violence: Literature summaries*. U.S. Department of Health and Human Services. <https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/crime-and-violence>
51. New York State Division of Criminal Justice Services. (2025). *Index crime data dashboard* [Data visualization tool]. https://www.criminaljustice.ny.gov/crimnet/ojsa/tableau_index_crime.htm
52. Office of Disease Prevention and Health Promotion. (2023). *Social determinants of health literature summaries: Incarceration*. U.S. Department of Health and Human Services. <https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/incarceration>
53. Wagner, P. (2010, August 10). *New York to correct miscount of incarcerated people*. Prison Policy Initiative. https://www.prisonersofthecensus.org/news/2010/08/03/ny_law/
54. New York State Division of Criminal Justice Services. (2024). *Comparison of population, arrests, and prison demographics*. <https://www.criminaljustice.ny.gov/crimnet/ojsa/comparison-population-arrests-prison-demographics.html>
55. Buffalo Public Schools & Market Decisions Research. (2023). *Buffalo Public Schools high school risk behavior survey report, 2023*. https://core-docs.s3.us-east-1.amazonaws.com/documents/asset/uploaded_file/3927/BPS/4470779/2023_BPS_District_High_School_YRBS_-_REPORT.pdf
56. American Planning Association. (2017). *Healthy communities policy guide: Summary*. <https://planning-org-uploaded-media.s3.amazonaws.com/document/Healthy-Communities-Policy-Guide-Summary.pdf>
57. Cornell Cooperative Extension Erie County. (n.d.). *Healthy Community Store Initiative*. <https://erie.cce.cornell.edu/healthy-community-store-initiative>
58. Delavan Grider Community Center. (2025). *Welcome*. <https://delavangridercc.org/>
59. 211 WNY. (2025). *Home*. <https://www.211wny.org/>
60. Erie County Department of Health. (n.d.). *Erie PATH portal*. <http://eriepath.erie.gov/login>
61. Armand, W. (2024, April 19). *How do trees and green spaces enhance our health?* Harvard Health Publishing. <https://www.health.harvard.edu/blog/how-do-trees-and-green-spaces-enhance-our-health-202404193034>
62. Erie County Parks, Recreation and Forestry. (2025). *Parks & areas*. <https://www3.erie.gov/parks/parks-areas>
63. NYU School of Medicine, Department of Population Health. (2022). *City Health Dashboard. Buffalo, NY: Access to exercise opportunities* [Data visualization tool]. <https://www.cityhealthdashboard.com/NY/Buffalo/city-overview?metricId=14&dataPeriod=2022>
64. Erie County Climate Action. (2024). *Erie County community climate action plan 2023*. <https://www3.erie.gov/climateaction/climateaction/sites/www3.erie.gov/climateaction/files/2024-08/ec-community-climate-action-plan-full-document.pdf>

65. Zhang, X., Mei, H., Nie, P., Hu, X., & Feng, J. (2025). Future Climate Predicts Range Shifts and Increased Global Habitat Suitability for 29 *Aedes* Mosquito Species. *Insectes*, 16⁵, 476. <https://doi.org/10.3390/insects16050476>
66. New York State Department of Health. (2025). *Statewide mosquito-borne disease activity reports*. <https://www.health.ny.gov/diseases/mosquitoes/reports/>
67. New York State Department of Health. (n.d.). *Access adult deer tick collection data by county (excluding Powassan virus)* [Data visualization tool]. Health Data NY. <https://health.data.ny.gov/stories/s/fkdr-6a5t>
68. Erie County Department of Health. (2025). *Animals tested positive for rabies in Erie County: 2025 data*. <https://www3.erie.gov/envhealth/animals-tested-positive-rabies-erie-county>
69. County Health Rankings & Roadmaps. (2025). *New York: 2025*. University of Wisconsin Population Health Institute. <https://www.countyhealthrankings.org/health-data/new-york?year=2025>
70. Tejada-Vera, B., Bastian, B., Arias, E., Escobedo, L.A., & Salant, B. (2020). *Life Expectancy Estimates by U.S. Census Tract, 2010-2015* [Dataset]. National Center for Health Statistics, 2020. <https://www.cdc.gov/nchs/data-visualization/life-expectancy/index.html>
71. New York State Department of Health. (2025, February). *New York State leading causes of death*. https://apps.health.ny.gov/public/tabvis/PHIG_Public/lcd/reports/#county
72. New York State Department of Health. (2025). *Prevention Agenda 2025-2030: Prevention Agenda tracking dashboard*. https://apps.health.ny.gov/public/tabvis/PHIG_Public/pa/reports/#county
73. March of Dimes. (2024). *Preterm birth rate: Erie, 2016-2023*. <https://www.marchofdimes.org/peristats/>
74. New York State Department of Health. (2025, May). *Severe maternal morbidity in New York State, 2017-2022*. https://www.health.ny.gov/community/adults/women/maternal_mortality/docs/2017-2022_severe_maternal_morbidity.pdf
75. New York State Department of Health. (2024, September). *New York State doula pilot program*. https://www.health.ny.gov/health_care/medicaid/redesign/doulapilot/
76. New York State Department of Health. (2025). *New York State Medicaid fee-for-service doula directory*. https://www.health.ny.gov/health_care/medicaid/program/doula/directory/directory.htm?county=erie
77. Centers for Disease Control and Prevention. (2025, June 9). *About mental health*. <https://www.cdc.gov/mental-health/about/index.html>
78. Buffalo State University, Center for Health and Social Research. (2023). *Erie County mental health treatment gaps and barriers analysis*. https://www4.buffalostate.edu/centers/chsr/ridb/Documents/Mental%20Health%20Treatment%20Programs/2023/MH_RIDB_Tx_Gaps_2023_Final.pdf
79. Learning, Engagement, and Development Services (2024). *Erie County risk indicator database, version 13.3*. Buffalo State University Center for Health and Social Research. <http://www.erieridb.org>
80. Erie County Department of Health, Office of Harm Reduction. (2025). *ECDOH OHR overdose dashboard*. <https://www3.erie.gov/health/harm-reduction-data>
81. Centers for Disease Control and Prevention. (2025, January 14). *Alcohol use and your health*. <https://www.cdc.gov/alcohol/about-alcohol-use/index.html>
82. Buffalo Public Schools & Market Decisions Research. (2019). *Buffalo Public Schools high school risk behavior survey report, 2019*. https://core-docs.s3.us-east-1.amazonaws.com/documents/asset/uploaded_file/3927/BPS/4433313/PDF_Reports2019_BPS_District_High_School_YRBS_-_FINAL_REPORT_-_REV_06.16.2021.pdf
83. New York State Office of Cannabis Management. (n.d.). *Cannabis law overview*. <https://cannabis.ny.gov/cannabis-law-overview>
84. Erie County Department of Health. (n.d.). *Cannabis*. <https://www3.erie.gov/health/cannabis>
85. American Dental Association. (n.d.). *Home oral care*. <https://www.ada.org/resources/ada-library/oral-health-topics/home-care>

86. New York State Assembly. [n.d.]. A02341 summary. https://www.assembly.ny.gov/leg/?default_fld=&leg_video=&bn=A02341&term=&Summary=Y&Actions=Y
87. Buffalo Public Schools & Market Decisions Research. (2023). *Buffalo Public Schools middle school risk behavior survey report, 2023*. https://core-docs.s3.us-east-1.amazonaws.com/documents/asset/uploaded_file/3927/BPS/4470780/2023_BPS_District_Middle_School_YRBS_-_REPORT_-_REV_06.06.2024.pdf
88. Specht, C. (2024, September 23). *After nine-year absence, fluoride will flow in Buffalo's drinking water this week*. WGRZ News. <https://www.wgrz.com/article/news/investigations/2-investigates/after-nine-year-absence-fluoride-will-flow-in-buffalos-drinking-water-this-week/71-99dbb0ab-a315-41a6-9ac9-9f0a71471f8d>
89. Centers for Disease Control and Prevention. (2024, May 15). *A report card: Diabetes in the United States infographic* <https://www.cdc.gov/diabetes/communication-resources/diabetes-statistics.html>
90. Alzheimer's Association. (2023). *Alzheimer's dementia in New York (age 65+)*. https://www.alz.org/getmedia/1eb3455c-ac6d-46b8-a557-f05eb9ff0454/ny_prevalence-map-and-spreadsheet.pdf
91. New York State Department of Health. (2025). *Positive tests over time, by region and county*. <https://coronavirus.health.ny.gov/positive-tests-over-time-region-and-county>
92. Erie County Department of Health. (2025). *SARS-CoV-2 wastewater monitoring dashboard*. <https://erieny.maps.arcgis.com/apps/dashboards/704e587b389745d5b72f0ff0ef8afc2e>
93. New York State Department of Health. (2025). *Weekly hospitalization summary by region*. <https://coronavirus.health.ny.gov/daily-hospitalization-summary>
94. New York State Department of Health. (2025). *COVID-19 fatalities tracker*. <https://coronavirus.health.ny.gov/fatalities-0>
95. Erie County Department of Health. (2024). *Tuberculosis control program annual report, 2024*. <https://www3.erie.gov/health/sites/www3.erie.gov/health/files/2022-07/tbprofile.pdf>
96. Centers for Disease Control and Prevention. (2023, December 21). *About drug resistant tuberculosis disease*. <https://www.cdc.gov/tb/about/drug-resistant.html>
97. Centers for Disease Control and Prevention. (2025). *Measles cases and outbreaks*. <https://www.cdc.gov/measles/data-research/index.html>
98. New York State Department of Health. (2025, February 26). *Health advisory: Measles activity in the United States and Canada*. https://www.health.ny.gov/diseases/communicable/measles/providers/docs/2025-02-26_health_advisory.pdf
99. Erie County Department of Health. (2018, December 13). *Health advisory #349: measles exposure in Erie County*. <https://www3.erie.gov/health/sites/www3.erie.gov/health/files/2022-03/349.pdf>
100. New York State Division of Criminal Justice Services. (2025, June). *New York State index crime dashboard*. https://www.criminaljustice.ny.gov/crimnet/ojsa/tableau_index_crime.htm
101. Occupational Safety and Health Administration. (2025). *Severe injury dashboard*. <https://www.osha.gov/severe-injury-reports>
102. Desmond, M., & Gershenson, C. (2016). Housing and employment insecurity among the working poor. *Social Problems*, 63¹, 46–67. <https://doi.org/10.1093/socpro/spv025>

Appendices

Appendix A: Overview: Catholic Health, Kaleida Health.....	125
Appendix B: Locations: Catholic Health, Kaleida Health	127
Appendix C: Healthcare Assistance Programs: Catholic Health, Kaleida Health	134
Appendix D: Live Well Erie Community Partners	136
Appendix E: County Health Rankings and Roadmaps Compare Counties Rankings	152
Appendix F: New York State Erie County Health Indicators Report by Race/Ethnicity	156
Appendix G: Map of Lead Communities of Concern	159
Appendix H: Provisional Reportable Communicable Diseases in Erie County.....	160
Appendix I: Health Equity in Erie County 2023 Focus Group Report	165
Appendix J: 2024-2025 Erie County Community Health Assessment Survey	275
Appendix K: 2025-2028 Erie County Community Health Assessment Medical Provider Survey	286
Appendix L: 2025 Erie County Community Needs Assessment Summary	293
Appendix M: Methodology for Scoring Health Priorities.....	314
Appendix N: Erie County Community Conversations Script, Questions, and Meeting Outcomes	319
Appendix O: Community Health Needs Assessment Promotional Materials	335

A. Overview: Catholic Health

**Leading
the region
in quality
and patient
experience.**

4

hospitals on
6 campuses

10,000+
associates
& physicians

**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

3

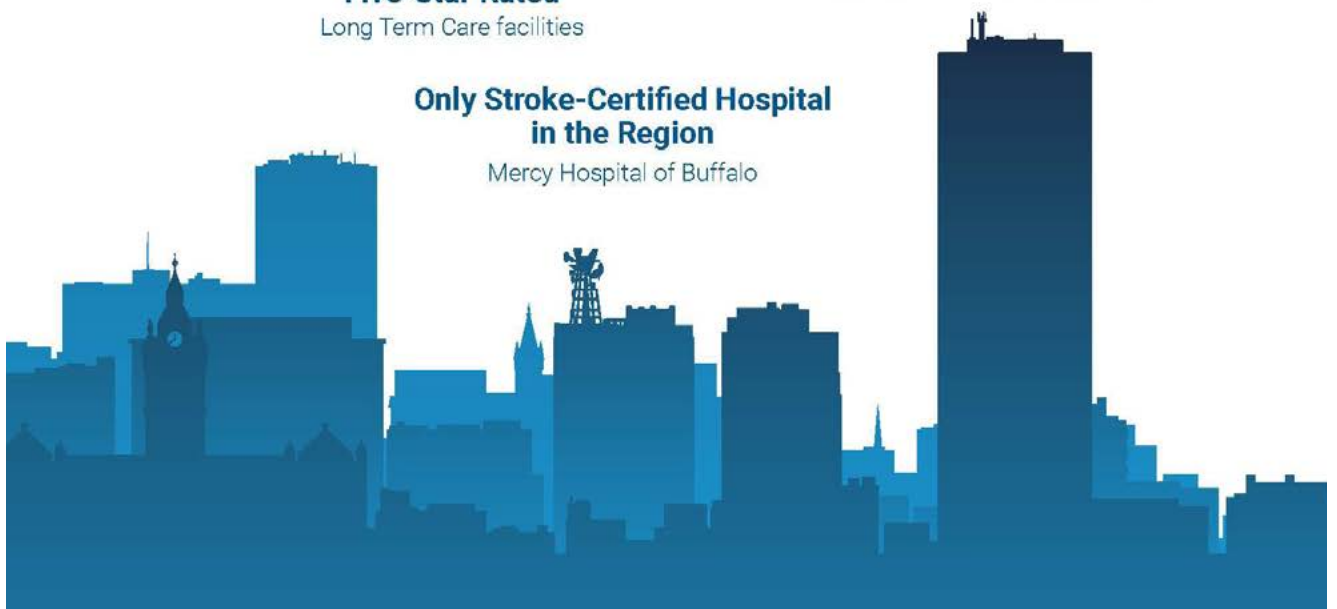
home care
agencies

4

community based
care facilities

Five-Star Rating

McAuley Seton Home Care for
patient experience (*highest in WNY*)



We are Kaleida Health.

For more than 170 years, the hospitals and health care facilities of Kaleida Health have been providing quality care to the communities comprising the eight counties of Western New York. We are the largest healthcare provider and the largest private employer in the area, and a major teaching affiliate of the University at Buffalo. We are affiliated with Great Lakes Health System of WNY, the entity integrating Kaleida Health, ECMC and the University at Buffalo.

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

- 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

Hospitals

- ▲ Bradford Regional Medical Center: 20 beds
- ▲ Buffalo General Medical Center and Gates Vascular Institute: 526 beds
- ▲ John R. Oishei Children's Hospital: 197 beds
- ▲ Millard Fillmore Suburban Hospital: 265 beds
- ▲ Olean General Hospital: 186 beds

Off-Campus Emergency Department

- ▲ DeGraff Medical Park: offering emergency department and outpatient services

Subacute/Long-Term Care Facilities

- ▲ DeGraff Rehabilitation and Skilled Nursing Facility: 80 beds
- ▲ HighPointe on Michigan: 300 beds
- ▲ The Pavilion at Bradford Regional Medical Center: 95 beds

Home Care Agencies

- ▲ Visiting Nursing Association of Western New York, Inc.
- ▲ VNA Home Care Services
- ▲ VNA Northwest PA

- ▲ Total number of employees (including Twin Tier): **11,787**
- ▲ Number of physicians (affiliated): **1,563**
- ▲ Number of volunteers: **553**
- ▲ Inpatient days: **303,098**
- ▲ Inpatient discharges: **53,432**
- ▲ Number of outpatient clinical locations/departments: **80**
- ▲ Emergency department visits: **124,631**
- ▲ Clinic and lab visits: **4,811,739**
- ▲ Ambulatory surgery cases: **45,357**
- ▲ Skilled nursing facility days: **125,573**
- ▲ Visiting Nursing Association (VNA) visits: **407,898**
- ▲ Total operating revenue (2024): **\$2.55 billion**
- ▲ Total community benefit programs (2023): **\$207,363,081**
- ▲ Primary and secondary service area: **Erie and Niagara Counties**



Kaleida Health

100 High Street ▲ 11 South ▲ Buffalo, NY 14203 ▲ kaleidahealth.org



B. Locations: Catholic Health

Catholic Health System Locations

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

B. Locations: Catholic Health, continued

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

B. Locations: Kaleida Health

Kaleida Health Locations

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

Golisano Children's Hospital of Buffalo

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

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 - Golisano Children's Hospital of Buffalo 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

B. Locations: Kaleida Health, continued

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

Golisano Children's Hospital of Buffalo Outpatient Center (Conventus)

1001 Main Street
Buffalo, NY 14203
(716) 323-2000

OUTPATIENT CENTERS

Audiology - Golisano Children's Hospital of Buffalo

818 Ellicott Street
Buffalo, NY 14203
(716) 878-1375

Autism Spectrum Disorder Center - Golisano Children's Hospital of Buffalo

818 Ellicott Street
Buffalo, NY 14203
(716) 878-7600

Craniofacial Center of Western New York - Golisano Children's Hospital of Buffalo Outpatient Center (Conventus)

1001 Main Street
Buffalo, NY 14203
(716) 323-6060

Dental - Golisano Children's Hospital of Buffalo Outpatient Center (Conventus)

1001 Main Street
Buffalo, NY 14203
(716) 323-6040

Neurology - Golisano Children's Hospital of Buffalo Outpatient Center (Conventus)

1001 Main Street
Buffalo, NY 14203
(716) 323-6150

Occupational Therapy - Golisano Children's Hospital of Buffalo

818 Ellicott Street
Buffalo, NY 14203
(716) 878-7470

Golisano Children's Hospital of Buffalo Behavioral Health Center - Buffalo General Medical Center -

1028 Main St Building
1028 Main St
Buffalo, NY 14202
(716) 859-5454

Golisano Children's Hospital of Buffalo Child Advocacy Program - Lee Gross Anthonie Advocacy Center

556 Franklin Street
Buffalo, NY 14202
(716) 878-5437

Ophthalmology - Golisano Children's Hospital of Buffalo Outpatient Center (Conventus)

1001 Main Street
Buffalo, NY 14203
(716) 323-6310

Orthopedics - Golisano Children's Hospital of Buffalo

818 Ellicott Street
Buffalo, NY 14203
(716) 878-7563

Pediatric Ear, Nose & Throat - Golisano Children's Hospital of Buffalo

818 Ellicott Street
Buffalo, NY 14203
(716) 878-7368

Perinatal Center of WNY - Golisano Children's Hospital of Buffalo

818 Ellicott Street
Buffalo, NY 14203
(716) 878-1227

Physical Therapy - Golisano Children's Hospital of Buffalo

818 Ellicott Street
Buffalo, NY 14203
(716) 878-7470

Rheumatology - Golisano Children's Hospital of Buffalo

818 Ellicott Street
Buffalo, NY 14203
(716) 878-1689

Robert Warner Rehabilitation Center - Golisano Children's Hospital of Buffalo

818 Ellicott Street
Buffalo, NY 14203
(716) 878-1260

B. Locations: Kaleida Health, continued

**Speech, Language & Swallowing
- Golisano Children's Hospital of
Buffalo**

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 - Golisano Children's
Hospital of Buffalo 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 - Golisano
Children's Hospital of Buffalo
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
- Golisano Children's Hospital
of Buffalo 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 - Golisano
Children's Hospital of Buffalo
Outpatient Center (Conventus)**

1001 Main Street
Buffalo, NY 14203
(716) 323-6020

**Pediatric Dental - Golisano
Children's Hospital of Buffalo
Outpatient Center (Conventus)**

1001 Main Street
Buffalo, NY 14203
(716) 323-6040

**Pediatric Dermatology - Golisano
Children's Hospital of Buffalo
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) - Golisano Children's
Hospital of Buffalo Outpatient
Center (Conventus)**

1001 Main Street
Buffalo, NY 14203
(716) 323-6030

B. Locations: Kaleida Health, continued

Pediatric General and Thoracic Surgery Center - Golisano Children's Hospital of Buffalo Outpatient Center (Conventus)
1001 Main Street
Buffalo, NY 14203
(716) 323-6110

Pediatric Neurology/EEG - Golisano Children's Hospital of Buffalo Outpatient Center (Conventus)
1001 Main Street
Buffalo, NY 14203
(716) 323-6150 (Neurology), (716) 323-6160 (EEG)

Pediatric Occupational Therapy - Golisano Children's Hospital of Buffalo Outpatient Center (Conventus)
1001 Main Street
Buffalo, NY 14203
(716) 323-6510

Pediatric Ophthalmology - Golisano Children's Hospital of Buffalo Outpatient Center (Conventus)
1001 Main Street
Buffalo, NY 14203
(716) 323-6310

Pediatric Orthopaedics - Golisano Children's Hospital of Buffalo Outpatient Center (Conventus)
1001 Main Street
Buffalo, NY 14203
(716) 323-6280

Pediatric Physical Therapy - Golisano Children's Hospital of Buffalo Outpatient Center (Conventus)
1001 Main Street
Buffalo, NY 14203
(716) 323-6510

Pediatric Rheumatology - Golisano Children's Hospital of Buffalo Outpatient Center (Conventus)
1001 Main Street
Buffalo, NY 14203
(716) 323-6240

Pediatric Vascular Anomalies - Golisano Children's Hospital of Buffalo Outpatient Center (Conventus)
1001 Main Street
Buffalo, NY 14203
(716) 323-6110

Pediatric Wound Care Center - Golisano Children's Hospital of Buffalo Outpatient Center (Conventus)
1001 Main Street
Buffalo, NY 14203
(716) 323-6110

Pediatric X-Ray - Golisano Children's Hospital of Buffalo 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 - Golisano Children's Hospital of Buffalo 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 - Golisano Children's Hospital of Buffalo 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

B. Locations: Kaleida Health, continued

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

C: Healthcare Assistance Programs: Catholic Health

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.

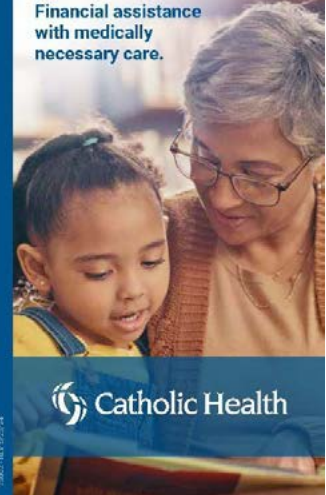
Our Mission
We are called to reveal the healing love of Jesus to all.

Our Values
Respect, Compassion, Integrity, Innovation, Community, Excellence.



Catholic Health Healthcare Assistance Program

Financial assistance with medically necessary care.



Healthcare Assistance Program

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-Ten Family Care

- Kenmore Specialty Care Center
- Kenmore Mercy Medical Office Building

Lockport Memorial Hospital

6001 Shiner 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. Stevens Pfler, MD Center for Women's Health & Wellness
- Pathways/STAR

C. Healthcare Assistance Programs: Kaleida Health



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.

COMP-089 3/21

FINANCIAL COUNSELING – (716) 859-8979

D: Live Well Erie Community Partners

Official Partners of Live Well Erie



Western New York
2-1-1TM
Get Connected. Get Answers.

[211 WNY](#) officially joined Live Well Erie on September 13, 2019



A
STORIED
LIFE

YOUR STORY MATTERS. LET'S HEAR IT.

[A Storied Life](#) officially joined Live Well Erie on May 16, 2025




AFRICAN AMERICAN
CULTURAL CENTER
Buffalo, NY

[African American Cultural Center](#) officially joined Live Well Erie on June 8, 2025



Aging with Purpose
LLC

[Aging with Purpose](#) officially joined Live Well Erie on January 8, 2020



ALZHEIMER'S
ASSOCIATION[®]
Western New York Chapter

[Alzheimer's Association](#) officially joined Live Well Erie on June 5, 2023



American
Diabetes
Association[®]
Connected for Life

[American Diabetes Association](#) officially joined Live Well Erie on September 24, 2019

D: Live Well Erie Community Partners, continued



American Heart Association.

[American Heart Association of WNY](#) officially joined Live Well Erie on September 3, 2019



AZEEM FAMILY FOUNDATION

[Azeem Family Foundation](#) officially joined Live Well Erie on May 14, 2025



The Belle Center
Life in a positive light.

[Belle Center](#) officially joined Live Well Erie on August 28, 2019



BELMONT HOUSING
RESOURCES FOR WNY

[Belmont Housing Resources of WNY, Inc.](#) officially joined Live Well Erie on June 7, 2023



best|self
BEHAVIORAL HEALTH

[BestSelf Behavioral Health, Inc.](#) officially joined Live Well Erie on July 2, 2020



beyond
SUPPORT NETWORK

[Beyond Support Network](#) officially joined Live Well Erie on June 9, 2023



BOYS & GIRLS CLUBS
OF BUFFALO

[Boys and Girls Clubs of Buffalo](#) officially joined Live Well Erie on July 1, 2019



BRAVE
TRAUMA RECOVERY CENTER
at ECMC

[BRAVE](#) officially joined Live Well Erie on May 14, 2025

D: Live Well Erie Community Partners, continued



[Buffalo & Erie County Public Library](#) officially joined Live Well Erie on July 18, 2019



[Buffalo and Erie County Workforce Development Consortium](#) officially joined Live Well Erie on July 24, 2019



[Buffalo Niagara Manufacturers Alliance](#) officially joined Live Well Erie on August 12, 2019



[Buffalo Prenatal-Perinatal Network, Inc.](#) officially joined Live Well Erie on July 16, 2019



[Buffalo String Works](#) officially joined Live Well Erie on October 7, 2019



[Buffalo Urban League](#) officially joined Live Well Erie on July 15, 2019



[Buffalo Wrestling Foundation](#) officially joined Live Well Erie on May 7, 2025



[Cancer Care of Western New York](#) officially joined Live Well Erie on September 10, 2019

D: Live Well Erie Community Partners, continued



[Catholic Charities of Buffalo](#) officially joined Live Well Erie on July 18, 2019



[CCNY, Inc.](#) officially joined Live Well Erie on February 7, 2020



[Center for Elder Law & Justice](#) officially joined Live Well Erie on October 1, 2019



[Center for Inclusive Design and Environmental Access, University at Buffalo](#) officially joined Live Well Erie on July 2, 2019



[Child and Family Services](#) officially joined Live Well Erie on February 7, 2020



[Child Care Resource Network](#) officially joined Live Well Erie on July 8, 2019



[Communications Workers of America District 1- Buffalo Office](#) officially joined Live Well Erie on July 22, 2019



Communications Workers of America Local 1133 Buffalo, NY

[Communications Workers of America Local 1133](#) officially joined Live Well Erie on July 18, 2019

D: Live Well Erie Community Partners, continued



Community Action Organization
of WNY

Community Action Organization of Western New York officially joined Live Well Erie on September 10, 2019



University at Buffalo
School of Law

Community Justice Clinic at the University at Buffalo, School of Law officially joined Live Well Erie on July 22, 2019



compass house
A new direction for a better life.

Compass House officially joined Live Well Erie on July 8, 2019



Compeer
Mental Wellness Starts With Friendship

Compeer officially joined Live Well Erie on September 12, 2019



ECMC

ECMC officially joined Live Well Erie on July 15, 2019



EASTGATE MISSION
A HOME FOR THE ELDERLY
WHERE EVERYONE MATTERS

Empowerment Temple officially joined Live Well Erie on June 7, 2025



ENVISION
Wellness WNY

Envision Wellness WNY officially joined Live Well Erie on June 2, 2023



Erie County Central Police Services

Erie County Central Police Services officially joined Live Well Erie on June 2, 2023

D: Live Well Erie Community Partners, continued



[Erie County Probation](#) officially joined Live Well Erie on June 2, 2023



[Erie County Restorative Justice Coalition](#) officially joined Live Well Erie on May 8, 2025



[Feed 716](#) officially joined Live Well Erie on May 28, 2025



[FeedMore WNY](#) officially joined Live Well Erie on July 21, 2019



[Fidelis Care](#) officially joined Live Well Erie on August 7, 2019



[First Tee](#) officially joined Live Well Erie on June 4, 2025



[Foundry Buffalo](#) officially joined Live Well Erie on September 9, 2019



[Friends of the Night People](#) officially joined Live Well Erie on May 28, 2025

D: Live Well Erie Community Partners, continued



Gateway Longview
protect • enrich • give hope

[Gateway Longview, Inc.](#) officially joined Live Well Erie on October 11, 2019



**GRASSROOTS
GARDENS WNY**

[Grassroots Gardens WNY](#) officially joined Live Well Erie on September 18, 2019



[Greater Buffalo Niagara Regional Transportation Council](#) officially joined Live Well Erie on July 19, 2019

[Harvest House](#) officially joined Live Well Erie on May 28, 2025



[Health Foundation](#) for Western & Central New York
Investing in Better Health for People and Communities
officially joined Live Well Erie on July 29, 2019



[HEALTHeLINK](#) officially joined Live Well Erie on June 2, 2023



[Hearts and Hands: Faith in Action, Inc.](#) officially joined Live Well Erie on July 8, 2020



[Help Me Grow Western New York \(a program of CCNY\)](#) officially joined Live Well Erie on July 8, 2019

D: Live Well Erie Community Partners, continued



HIGHMARK
WESTERN NEW YORK

[Highmark Blue Cross Blue Shield of Western New York](#) officially joined Live Well Erie on July 17, 2019



Homeless Alliance
of Western New York

[Homeless Alliance of Western New York](#) officially joined Live Well Erie on June 2, 2023



HOMESPACE
WORKING TO CHANGE TWO GENERATIONS AT A TIME

[Homespace Corporation](#) officially joined Live Well Erie on September 11, 2019



Horizon
HEALTH SERVICES

[Horizon Health Services](#) officially joined Live Well Erie on February 2, 2024



I
INCLUSIVE THEATRE OF WNY
Diversity Inclusion Respect

[Inclusive Theatre of Western New York](#) officially joined Live Well Erie on July 22, 2019




Independent
Health.

[Independent Health](#) officially joined Live Well Erie on July 25, 2019



**INDEPENDENT
NURSING CARE**
Completing your circle of care

[Independent Nursing Care](#) officially joined Live Well Erie on January 2, 2024



UB
School of
Social Work

[Institute on Trauma and Trauma-Informed Care, University at Buffalo](#) officially joined Live Well Erie on July 5, 2019

D: Live Well Erie Community Partners, continued



[International Institute of Buffalo](#) officially joined Live Well Erie on July 16, 2019



Rising from the ashes...

[ITTIC](#) officially joined Live Well Erie on June 2, 2023



[Jewish Family Service of Buffalo and Erie County](#) officially joined Live Well Erie on August 23, 2019



[Karen Society of Buffalo](#) officially joined Live Well Erie on October 6, 2019



[King Urban Life Center](#) officially joined Live Well Erie on June 8, 2025



Lackawanna Housing Development officially joined Live Well Erie on May 28, 2025



LEARNING DISABILITIES ASSOCIATION
OF WESTERN NEW YORK

[Learning Disabilities Association of WNY](#) officially joined Live Well Erie on October 8, 2019



[Light House Center](#) officially joined Live Well Erie on June 7, 2023

D: Live Well Erie Community Partners, continued



LITERACY
BUFFALO NIAGARA
Change Starts With a Word

[Literacy Buffalo Niagara](#) officially joined Live Well Erie on June 5, 2023



[Literacy New York Buffalo-Niagara, Inc.](#) officially joined Live Well Erie on July 12, 2019



[Local Initiatives Support Coalition](#) officially joined Live Well Erie on July 8, 2019



[Metro Community Development Corporation](#) officially joined Live Well Erie on September 11, 2019



[NAACP Buffalo Branch](#) officially joined Live Well Erie on October 14, 2019



[Near East and West Side Task Force, Inc.](#) officially joined Live Well Erie on October 14, 2019



[Neighborhood Legal Services](#) officially joined Live Well Erie on July 22, 2019



[Niagara Frontier Transportation Authority \(NFTA\)](#) officially joined Live Well Erie on August 8, 2019

D: Live Well Erie Community Partners, continued



NORTHLAND
WORKFORCE TRAINING CENTER

[Northland Workforce Training Center](#) officially joined Live Well Erie on August 14, 2019



Olmsted Center
FOR SIGHT

[Olmsted Center for Sight](#) officially joined Live Well Erie on September 13, 2019



parachute

[Parachute Credit Counseling](#) officially joined Live Well Erie on October 9, 2019



PARENT NETWORK
OF WESTERN NEW YORK

[Parent Network of WNY](#) officially joined Live Well Erie on August 20, 2020



PATH PEOPLE AGAINST
TRAFFICKING HUMANS

[PATH Inc. and Enrichment Center](#) officially joined Live Well Erie on July 9, 2019



Peace
of the CITY

[Peace Of The City](#) officially joined Live Well Erie on October 2, 2019



Peaceful Schools

[Peaceful Schools](#) officially joined Live Well Erie on April 25, 2025



Peaceprints
of WNY

[Peaceprints of WNY](#) officially joined Live Well Erie on December 16, 2020

D: Live Well Erie Community Partners, continued



**Population Health
COLLABORATIVE**

[Population Health Collaborative](#) officially joined Live Well Erie on June 27, 2019



pride
Center of Western New York

[Pride Center of WNY](#) officially joined Live Well Erie on May 29, 2025



**RESOURCE
COUNCIL of wny**

[Resource Council of WNY](#) officially joined Live Well Erie on May 12, 2025



RISE
REFUGEE & IMMIGRANT SELF-EMPOWERMENT

[RISE](#) officially joined Live Well Erie on May 16, 2025

ASSIST • EMPOWER • ELEVATE



ROC
RURAL OUTREACH CENTER

[Rural Outreach Center](#) officially joined Live Well Erie on August 18, 2019



Rural Transit Service

[Rural Transit Service](#) officially joined Live Well Erie on August 20, 2019



Save Our Youth Foundation

[Save Our Youth Foundation](#) officially joined Live Well Erie on May 27, 2025



**SAYYES
BUFFALO**

[Say Yes Buffalo](#) officially joined Live Well Erie on July 8, 2019

D: Live Well Erie Community Partners, continued



[Seneca Street Community Development Center](#) officially joined Live Well Erie on May 14, 2025



South Buffalo
Community Association

[South Buffalo Community Association](#) officially joined Live Well Erie on May 28, 2025

start with sleep

[Start with Sleep](#) officially joined Live Well Erie on September 10, 2019



[STITCH Buffalo](#) officially joined Live Well Erie on June 2, 2025



[Suicide Prevention and Crisis Services, Inc.](#) officially joined Live Well Erie on July 22, 2019



[SUNY Erie, State University of New York](#) officially joined Live Well Erie on July 10, 2019



[Temple Beth Zion](#) officially joined Live Well Erie on September 11, 2019



[The Miss Alternative Foundation - Buffalo](#) officially joined Live Well Erie on May 14, 2025

D: Live Well Erie Community Partners, continued



[The Salvation Army](#) officially joined Live Well Erie on June 15, 2023



SilverSneakers
by Tivity Health

[Tivity Health \(SilverSneakers\)](#) officially joined Live Well Erie on August 1, 2019



[Town of Amherst Center for Senior Services](#) officially joined Live Well Erie on March 9, 2020



[Trading Post](#) officially joined Live Well Erie on October 10, 2019



United Way
of Buffalo & Erie County

[United Way of Buffalo and Erie County](#) officially joined Live Well Erie on July 2, 2019



[Univera Healthcare](#) officially joined Live Well Erie on July 24, 2019



[Valley Community Association](#) officially joined Live Well Erie on May 17, 2025



[Visit Buffalo Niagara](#) officially joined Live Well Erie on November 5, 2020

D: Live Well Erie Community Partners, continued



**WELLNESS INSTITUTE
OF GREATER BUFFALO**

[Wellness Institute of Greater Buffalo](#)
officially joined Live Well Erie on July 1, 2019



West Side Community Services

[West Side Community Services](#) officially
joined Live Well Erie on July 31, 2019



[WHJESP](#) officially joined Live Well Erie on
May 14, 2025



**Western New York
Independent Living, Inc.**
Family of Agencies

[WNY Independent Living, Inc.](#) officially
joined Live Well Erie on July 24, 2019



[WNY Life Coaching Center](#) officially joined
Live Well Erie on July 18, 2020



WNY WOMEN'S FOUNDATION

[WNY Women's Foundation](#) officially joined
Live Well Erie on July 22, 2019



[YMCA Buffalo Niagara](#) officially joined Live
Well Erie on July 22, 2019



Yogis in Service

[Yogis in Service](#) officially joined Live Well Erie
on February 27, 2020

D: Live Well Erie Community Partners, continued



Achieving quality overall health and wellbeing for all of our residents can only be realized through the coordinated efforts of a broad base of community partners. [Click to fill out our Live Well Erie Partnership Pledge to join us!](#)

E: County Health Rankings and Roadmaps Compare Counties Rankings

12/4/25, 5:46 PM

Erie, New York | County Health Rankings & Roadmaps



COUNTY
Erie, NY

2025 ▼

County Demographics

The health of a place results from past and present policies and practices. The land known as Erie County, along with the entirety of the U.S., has been home for many thousands of years to hundreds of Indigenous nations. Native Land Digital "strives to create and foster conversations about the history of colonialism, Indigenous ways of knowing, and settler-Indigenous relations."

Erie County contains neighborhoods recorded as "declining" or "hazardous" investment opportunities through Federal HOLC redlining maps between 1935 and 1940. Local surveyors based assessments on housing, social economic conditions, and residents' racial or ethnic identities. These records of neighborhood conditions and racist sentiments contributed to intentional disinvestment and discriminatory practices that impact current community conditions.

Erie County, New York is Metropolitan and is connected to 5 large cities, including the cities of Buffalo, Amherst, Cheektowaga and Tonawanda. In Erie County, 10.3% of the population lives in a low population density area.

County Snapshot

This county's snapshot covers: Population Health and Well-being, Community Conditions

The skillies diagram, Areas to Explore, and Areas of Strength are based on our annual data update. However, individual measures may reflect more recent data releases to ensure the most accurate and up-to-date statistics available.

Erie County Population Health and Well-being

Population health and well-being is something we create as a society, not something an individual can attain in a clinic or be responsible for alone. Health is more than being free from disease and pain; health is the ability to thrive. Well-being covers both quality of life and the ability of people and communities to contribute to the world. Population health involves optimal physical, mental, spiritual and social well-being.

Erie County is faring about the same as the average county in New York for Population Health and Well-being, and better than the average county in the nation.

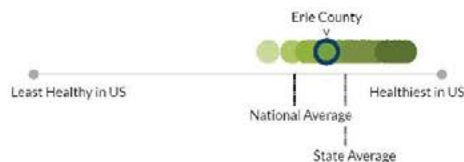


Diagram summarizes data released on 03/19/2025

Trends Available

† Data updated 09/24/2025

‡ Data updated 11/04/2025

Population Health and Well-being				
Length of life	Erie County	New York	United States	
Premature Death	7,900 ‡	6,200 ‡	8,100 ‡	
Additional Length of life (not included in summary)	Erie County	New York	United States	
Life Expectancy	77.6 ‡	80.4 ‡	77.6 ‡	

<https://www.countyhealthrankings.org/health-data/new-york/erie?year=2025>

1/4

E: County Health Rankings and Roadmaps Compare Counties Rankings

12/4/25, 5:46 PM

Erie, New York | County Health Rankings & Roadmaps

Premature Age-Adjusted Mortality		380 ‡	310 ‡	390 ‡
Child Mortality		50 ‡	40 ‡	50 ‡
Infant Mortality		6 ‡	4 ‡	6 ‡
Quality of life		Erie County	New York	United States
Poor Physical Health Days		4.1	3.9	3.9
Low Birth Weight		9%	8%	8%
Poor Mental Health Days		5.6	4.9	5.1
Poor or Fair Health		15%	16%	17%
Additional Quality of life (not included in summary)		Erie County	New York	United States
Frequent Physical Distress		12%	12%	12%
Diabetes Prevalence		9%	10%	10%
HIV Prevalence		291	742	387
Adult Obesity		33%	30%	34%
Frequent Mental Distress		18%	16%	16%
Suicides		9 ‡	8 ‡	14 ‡
Feelings of Loneliness				33%

Note: Blank values reflect unreliable or missing data.

Erie County Community Conditions

Community conditions include the social and economic factors, physical environment and health infrastructure in which people are born, live, learn, work, play, worship and age. Community conditions are also referred to as the social determinants of health.

Erie County is faring about the same as the average county in New York for Community Conditions, and slightly better than the average county in the nation.

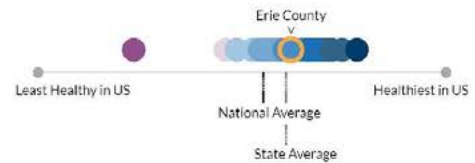


Diagram summarizes data released on 03/19/2025

Show areas to explore Show areas of strength Trends Available

† Data updated 09/24/2025

‡ Data updated 11/04/2025

Community Conditions				
Health infrastructure		Erie County	New York	United States
Flu Vaccinations		45%	51%	48%
Access to Exercise Opportunities		97%	93%	84%
Food Environment Index		8.2	8.7	7.4
Primary Care Physicians		1,350:1 †	1,210:1 †	1,310:1 †
Mental Health Providers		230:1 †	260:1 †	290:1 †
Dentists		1,190:1 †	1,190:1 †	1,340:1 †
Preventable Hospital Stays		2,660	2,595	2,666
Mammography Screening		43%	44%	44%









<https://www.countyhealthrankings.org/health-data/new-york/erie?year=2025>

2/4

E: County Health Rankings and Roadmaps Compare Counties Rankings

12/4/25, 5:46 PM

Erie, New York | County Health Rankings & Roadmaps

Uninsured		4%	6%	10%
Additional Health infrastructure (not included in summary)		Erie County	New York	United States
Limited Access to Healthy Foods		6%	2%	6%
Food Insecurity		12%	13%	14%
Insufficient Sleep		39%	39%	37%
Teen Births		12	10	16
Sexually Transmitted Infections		432.7	526.9	495.0
Excessive Drinking		23%	20%	19%
Alcohol-Impaired Driving Deaths		27% ‡	21% ‡	26% ‡
Drug Overdose Deaths		38 ‡	31 ‡	32 ‡
Adult Smoking		16%	12%	13%
Physical Inactivity		26%	25%	23%
Uninsured Adults		5%	7%	11%
Uninsured Children		2%	3%	5%
Other Primary Care Providers		430:1 †	580:1 †	680:1 †
Physical environment		Erie County	New York	United States
Severe Housing Problems		15%	23%	17%
Driving Alone to Work		74%	50%	70%
Long Commute - Driving Alone		23%	39%	37%
Air Pollution: Particulate Matter		6.8	6.9	7.3
Drinking Water Violations		Yes		
Broadband Access		89%	90%	90%
Library Access		2	3	2
Additional Physical environment (not included in summary)		Erie County	New York	United States
Traffic Volume		184	438	108
Homeownership		65%	54%	65%
Severe Housing Cost Burden		14%	19%	15%
Access to Parks		74%	63%	51%
Adverse Climate Events		1		
Census Participation		69.4%		65.2%
Voter Turnout		67.4%	62.9%	67.9%
Social and economic factors		Erie County	New York	United States
Some College		74%	71%	68%
High School Completion		92%	88%	89%
Unemployment		3.8%	4.2%	3.6%
Income Inequality		5.0	5.8	4.9
Children in Poverty		18%	19%	16%
Injury Deaths		78 ‡	63 ‡	87 ‡
Social Associations		9.7	7.9	9.1
Child Care Cost Burden		43%	38%	28%
Additional Social and economic factors (not included in summary)		Erie County	New York	United States
High School Graduation		89%	87%	87%

<https://www.countyhealthrankings.org/health-data/new-york/erie?year=2025>

3/4

E: County Health Rankings and Roadmaps Compare Counties Rankings

12/4/25, 5:46 PM

Erie, New York | County Health Rankings & Roadmaps

Reading Scores				3.1
Math Scores				3.0
School Segregation		0.27	0.33	0.24
School Funding Adequacy		\$9,418	\$12,745	\$1,411
Children Eligible for Free or Reduced Price Lunch		51%	57%	55%
Gender Pay Gap		0.85	0.88	0.81
Median Household Income		\$70,400	\$82,100	\$77,700
Living Wage		\$52.26	\$61.75	
Child Care Centers		6	6	7
Residential Segregation - Black/White		72	75	63
Homicides		7 ‡	4 ‡	7 ‡
Motor Vehicle Crash Deaths		6 ‡	6 ‡	12 ‡
Firearm Fatalities		8 ‡	5 ‡	14 ‡
Disconnected Youth		6%	7%	7%
Lack of Social and Emotional Support				25%

Note: Blank values reflect unreliable or missing data.

<https://www.countyhealthrankings.org/health-data/new-york/erie?year=2025>

4/4

F: New York State Erie County Health Indicators Report by Race/Ethnicity

12/4/25, 5:45 PM

Erie County Health Indicators by Race and Ethnicity, 2020-2022

Erie County Health Indicators by Race and Ethnicity, 2020-2022

Health Indicator	Non-Hispanic			Hispanic	Total
	White	Black	Asian/Pacific Islander		
Socio-Demographic Indicators					
Population (2023)	691,873	121,155	47,352	60,983	946,147
Percentage of population (2023)	73.1%	12.8%	5.0%	6.4%	100.0%
Percentage of population aged 65 years or older (2023)	23.5%	13.7%	6.7%	7.3%	19.9%
Median annual household income in US dollars (2018-2022) <u>⌵</u>	76,137	40,229	53,058	39,511	68,014
Percentage of families below poverty (2018-2022) <u>⌵</u>	5.3%	22.4%	23.5%	28.0%	9.3%
Percentage of children under age 18 below poverty (2018-2022) <u>⌵</u>	8.6%	38.1%	37.0%	37.6%	19.0%
Percentage unemployed among the civilian labor force (2018-2022) <u>⌵</u>	4.1%	9.1%	4.2%	7.1%	5.0%
Percentage of population with no health insurance (2018-2022) <u>⌵</u>	2.5%	3.9%	3.8%	4.7%	2.9%
Percentage of population aged 25 years or older with a bachelor's degree or higher (2018-2022) <u>⌵</u>	39.1%	19.0%	48.6%	26.0%	36.4%
Percentage of population in single parent families (2018-2022) <u>⌵</u>	11.3%	40.6%	8.6%	40.7%	16.3%
Percentage of population with a disability (2018-2022) <u>⌵</u>	13.5%	16.7%	7.0%	13.9%	13.7%
Percentage of population who speak English less than very well (2018-2022) <u>⌵</u>	1.3%	3.4%	41.1%	17.5%	1.8%
Percentage of high school students who dropped out (2022-2023)	3.9%	9.6%	5.5%	12.7%	6.1%
Arrests per 1,000 population aged 18 years or older (2021-2023)	10.7	61.4	4.4	26.3	17.4
General Health Indicators					
Total mortality per 100,000 population, age-adjusted	811.0	1,271.5	472.6	789.4	862.7
Percentage of deaths that are premature (< 75 years)	37.3%	64.0%	58.4%	69.4%	42.5%
Years of potential life lost per 100,000 population, age-adjusted	6,727.1	16,466.1	3,969.4	9,495.1	8,197.7
Potentially preventable hospitalizations among adults, age-adjusted rate per 10,000	71.2	248.4	49.5	116.1	94.2
Birth-Related Indicators					
Number of births per year (3 year average)	5,679	1,708	720	752	9,349
Percentage of births with early (1st trimester) prenatal care	86.9%	71.9%	71.0%	78.8%	81.5%
Percentage of births with adequate prenatal care (APNCU) <u>△</u>	84.8%	71.0%	73.0%	77.6%	80.2%
Percentage of premature births (< 37 weeks gestation - clinical estimate)	9.9%	13.9%	9.3%	10.7%	10.7%
Percentage of low birthweight births (< 2.5 kg)	7.5%	15.0%	9.4%	9.0%	9.2%
Teen pregnancies per 1,000 females aged under 18 years	1.3	11.0	0.7*	5.4	4.3

https://www.health.ny.gov/community/health_equity/reports/county/erie.htm

1/3

F: New York State Erie County Health Indicators Report by Race/Ethnicity

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Erie County Health Indicators by Race and Ethnicity, 2020-2022

Pregnancies per 1,000 females aged 15-44 years	52.8	95.5	72.7	64.8	69.8
Fertility per 1,000 females aged 15-44 years	45.5	61.6	66.5	52.4	51.4
Infant mortality per 1,000 live births	4.6	12.1	4.6	9.3	6.6
Percentage of low-risk births delivered by cesarean section	31.8%	32.2%	32.8%	28.6%	31.6%
Injury-Related Indicators					
Motor vehicle-related mortality per 100,000 population, age-adjusted	5.5	12.8	2.8*	6.7	6.7
Unintentional injury mortality per 100,000 population, age-adjusted	48.9	104.5	12.7	79.7	57.1
Unintentional injury hospitalizations per 10,000 population, age-adjusted	52.7	79.1	18.9	45.6	58.8
Fall hospitalizations per 10,000 population, aged 65 years or older	175.2	124.3	54.5	124.7	175.7
Poisoning hospitalizations per 10,000 population, age-adjusted	9.0	18.0	2.1	9.0	10.4
Suicide mortality per 100,000 population, age-adjusted	10.0	3.7	10.5	8.2	9.2
Overdose deaths involving opioids, and non-fatal opioid related hospital events per 100,000 population	199.4	267.7	7.3*	237.4	216.2
Respiratory Disease Indicators					
Asthma hospitalizations per 10,000 population, age-adjusted	2.0	12.5	4.3	7.0	4.2
Asthma hospitalizations per 10,000 population, aged 0-17 years	5.0	26.5	8.4	15.6	10.3
Chronic lower respiratory disease mortality per 100,000 population, age-adjusted	32.2	30.2	14.7*	26.3	31.8
Chronic lower respiratory disease hospitalizations per 10,000 population, age-adjusted	8.5	31.0	6.6	16.0	12.3
Percentage of fee-for-service (FFS) Medicare enrollees who had an annual flu vaccination (2022)	47%	31%	42%	31%	45%
Heart Disease and Stroke Indicators					
Diseases of the heart mortality per 100,000 population, age-adjusted	159.5	217.0	87.3	128.0	164.3
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	63.0	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
Diabetes Indicators					
Diabetes mortality per 100,000 population, age-adjusted	21.0	56.5	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

https://www.health.ny.gov/community/health_equity/reports/county/erie.htm

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F: New York State Erie County Health Indicators Report by Race/Ethnicity

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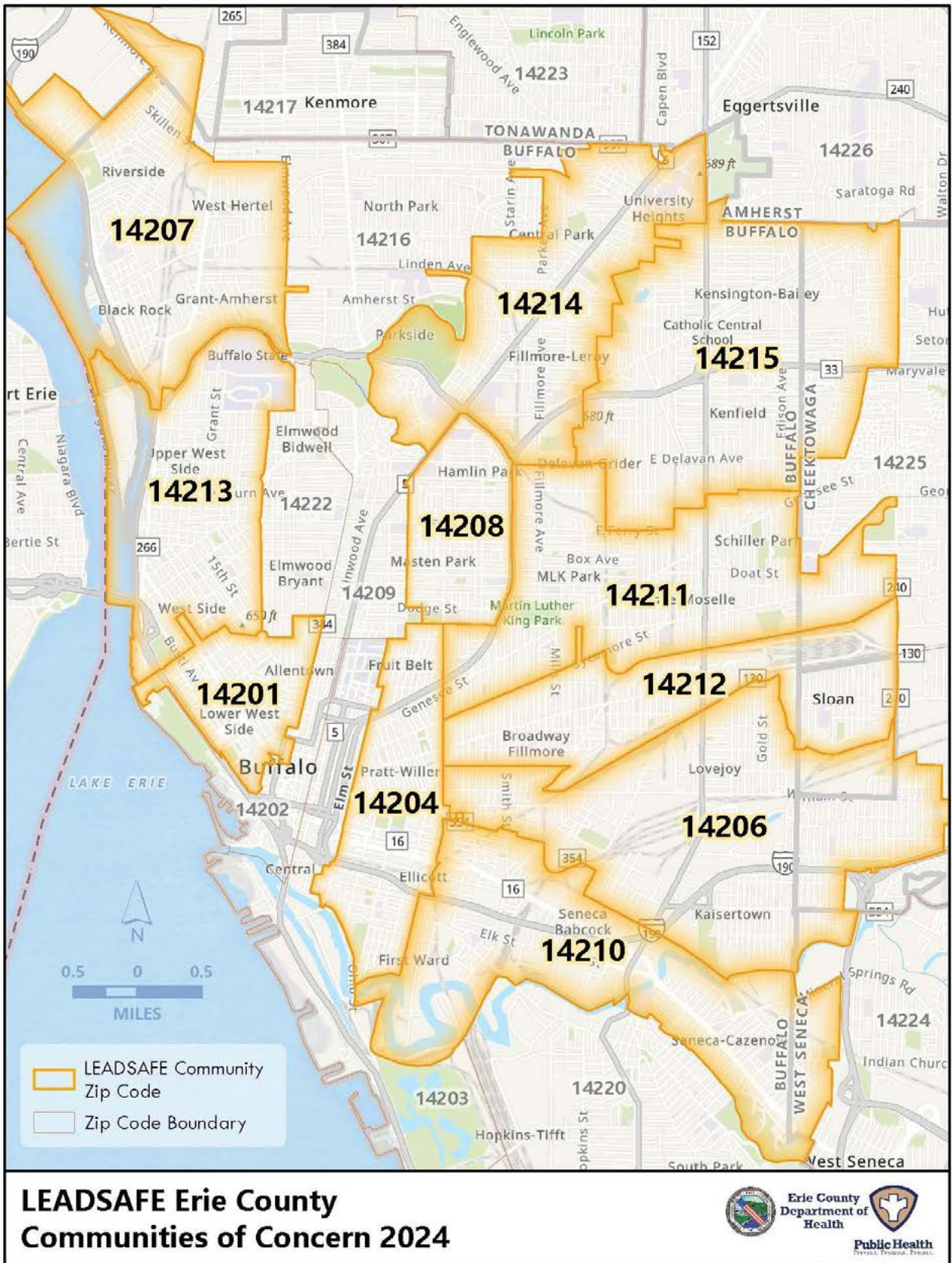
Erie County Health Indicators by Race and Ethnicity, 2020-2022

Diabetes (any diagnosis) hospitalizations per 10,000 population, age-adjusted	123.9	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
Cancer Indicators					
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
Cervix uteri cancer mortality per 100,000 female population, age-adjusted (2019-2021)	2.7	s	s	s	2.5
Cervical cancer incidence per 100,000 female population, age-adjusted (2019-2021)	7.1	s	s	s	7.1
Percentage of female fee-for-service (FFS) Medicare enrollees aged 65-74 years who received an annual mammography screening (2022)~	36%	30%	19%	24%	35%
Symbol	Meaning				
*	The rate or percentage is unstable. See the "About" page				
s	Data are suppressed. The data do not meet the criteria for confidentiality.				
~	White non-Hispanic, Black (including Hispanic), Asian (including Hispanic, excluding Pacific Islanders), and Hispanic (of any race).				
~	White non-Hispanic, Black (including Hispanic), Asian / Pacific Islander (including Hispanic), and Hispanic (of any race).				
NA	Data do not meet the criteria for statistical reliability or data quality, or data not available.				
^	APNCU: Adequacy of Prenatal Care Utilization Index.				
	In 2015, SPARCS transitioned from ICD-9-CM to ICD-10-CM diagnosis codes. These two are not comparable, so ED and hospitalization data for 2016-and-forward should not be compared with earlier data.				
	The 2018 population estimates are also used to calculate rates for 2019 and 2020. Later years are from the most recent Vintage estimates.				

https://www.health.ny.gov/community/health_equity/reports/county/erie.htm

3/3

G. Map of Lead Communities of Concern



H: Provisional Reportable Communicable Diseases in Erie County

Provisional Reportable Communicable Diseases in Erie County as of 11/25/2025

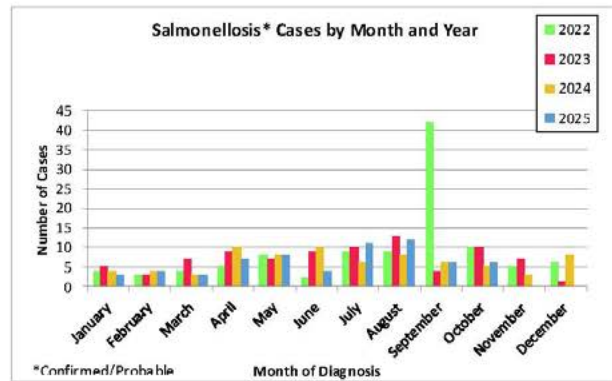
1. Selected Reportable Communicable Diseases in Erie County

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

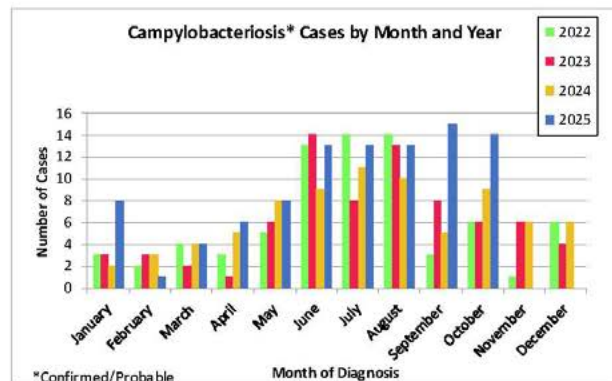
*Confirmed/Probable



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

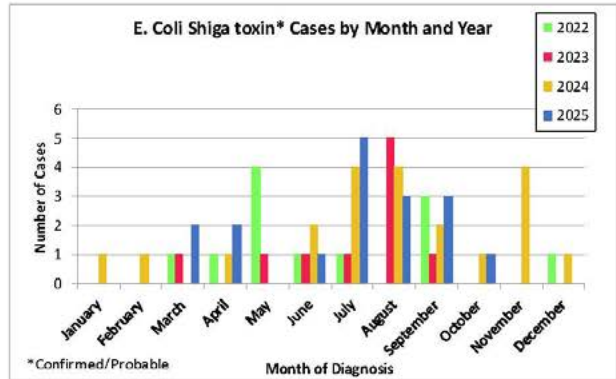


H: Provisional Reportable Communicable Diseases in Erie County

E. Coli Shiga toxin* Cases

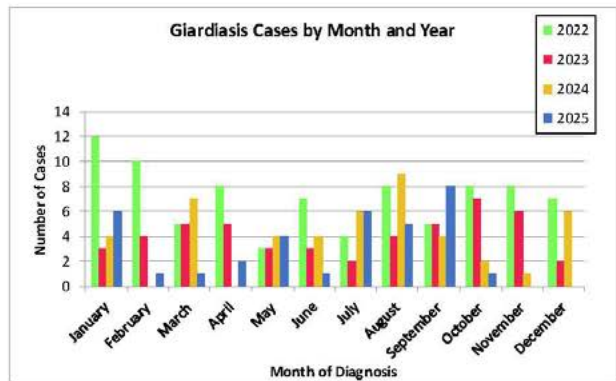
Month	2022	2023	2024	2025
January	0	0	1	0
February	0	0	1	0
March	1	1	0	2
April	1	0	1	2
May	4	1	0	0
June	1	1	2	1
July	1	1	4	5
August	0	5	4	3
September	3	1	2	3
October	0	0	1	1
November	0	0	4	
December	1	0	1	
Total	12	10	21	17

*Confirmed/Probable



Giardiasis Cases

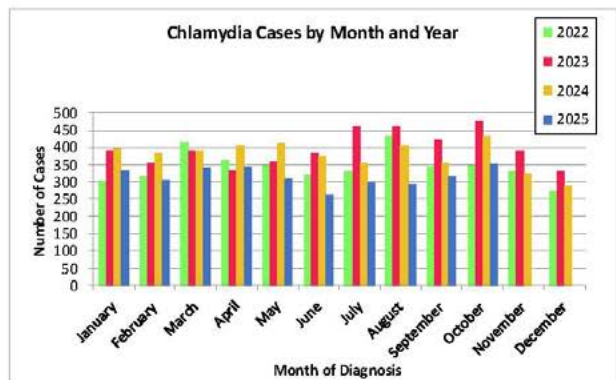
Month	2022	2023	2024	2025
January	12	3	4	6
February	10	4	0	1
March	5	5	7	1
April	8	5	0	2
May	3	3	4	4
June	7	3	4	1
July	4	2	6	6
August	8	4	9	5
September	5	5	4	8
October	8	7	2	1
November	8	6	1	
December	7	2	6	
Total	85	49	47	35



Sexually Transmitted Infections

Chlamydia Cases

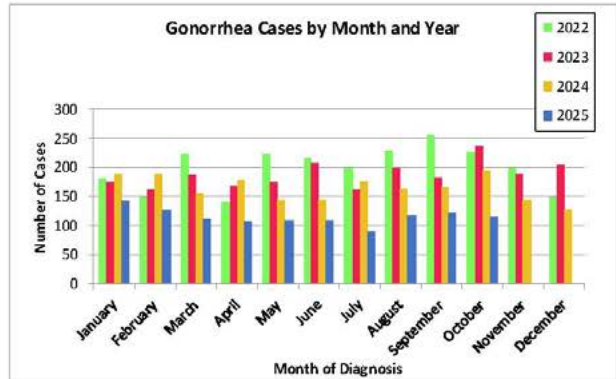
Month	2022	2023	2024	2025
January	303	389	396	334
February	316	356	383	305
March	415	390	391	342
April	361	335	404	345
May	347	360	412	310
June	318	384	373	264
July	329	460	356	299
August	432	462	404	291
September	343	421	354	315
October	347	476	431	350
November	329	390	323	
December	275	331	287	
Total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



H: Provisional Reportable Communicable Diseases in Erie County

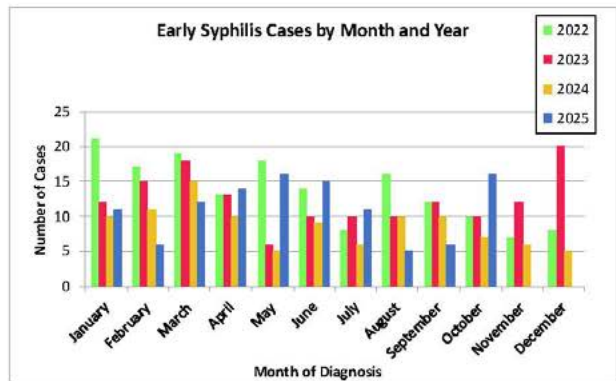
Gonorrhea Cases

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

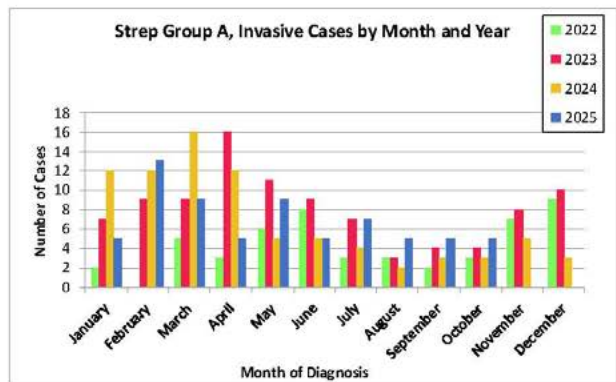
Month	2022	2023	2024	2025
January	21	12	10	11
February	17	15	11	6
March	19	18	15	12
April	13	13	10	14
May	18	6	5	16
June	14	10	9	15
July	8	10	6	11
August	16	10	10	5
September	12	12	10	6
October	10	10	7	16
November	7	12	6	
December	8	20	5	
Total	163	148	104	112



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

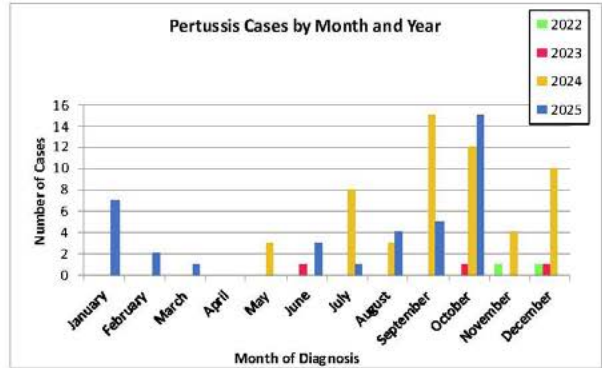


H: Provisional Reportable Communicable Diseases in Erie County

Pertussis* Cases

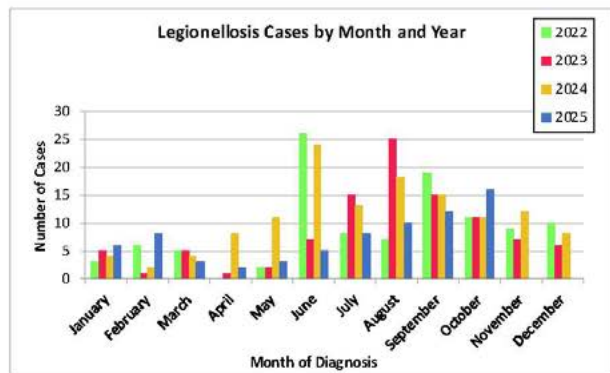
Month	2022	2023	2024	2025
January	0	0	0	7
February	0	0	0	2
March	0	0	0	1
April	0	0	0	0
May	0	0	3	0
June	0	1	0	3
July	0	0	8	1
August	0	0	3	4
September	0	0	15	5
October	0	1	12	15
November	1	0	4	
December	1	1	10	
Total	2	3	55	38

*Confirmed/Probable



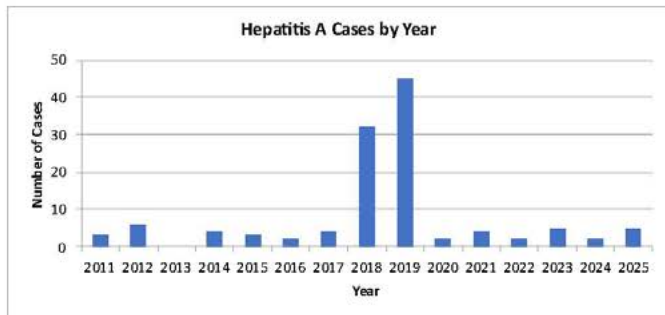
Legionellosis Cases

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

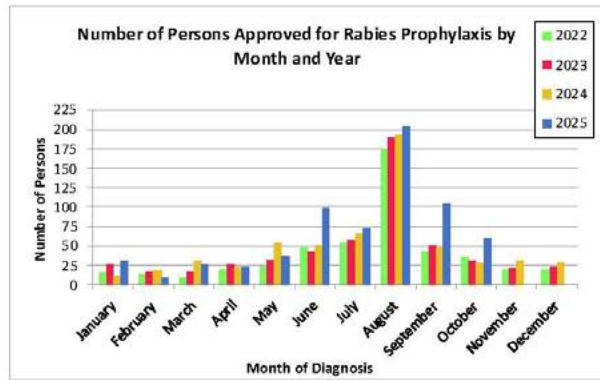
Year	Cases
2011	3
2012	6
2013	0
2014	4
2015	3
2016	2
2017	4
2018	32
2019	45
2020	2
2021	4
2022	2
2023	5
2024	2
2025	5



H: Provisional Reportable Communicable Diseases in Erie County

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/>

Health Equity in Erie County



**2023 Focus Group Report
Office of Health Equity
Erie County Department of Health**

TABLE OF CONTENTS

EXECUTIVE SUMMARY.....	2
ACKNOWLEDGMENTS & AUTHORS	5
INTRODUCTION & BACKGROUND.....	10
PURPOSE & METHODOLOGY.....	11
RESULTS.....	20
A GOOD LIFE.....	20
SOCIAL DETERMINANTS OF HEALTH SUMMARIES.....	21
FOCUS GROUP SUMMARIES.....	50
DISCUSSION, FINDINGS, & CONCLUSIONS.....	69
LIMITATIONS.....	69
BEST PRACTICES & LESSONS LEARNED.....	69
FINDINGS & CONCLUSIONS.....	71
REFERENCES.....	75
APPENDICES.....	76

EXECUTIVE SUMMARY

BACKGROUND

The vision of the Erie County Office of Health Equity (ECOHE) 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. The ECOHE strives to amplify the voices of community members who are often overlooked and underserved. To do so, the ECOHE conducted a community health and wellness survey in 2022 and conducted focus groups to discuss challenges to health and well-being in 2023. Both the survey and the focus groups inquired about Erie County residents' health and well-being in the context of the social determinants of health (SDOH). The ECOHE considers 6 domains under the SDOH model: Economic Stability, Neighborhood and Built Environment, Health Care System, Education, Social and Community Context, and Language Access. This report presents an analysis and quotes from the focus groups' discussions. A sample of results from the 2022 Community Survey is detailed in the ECOHE's annual report, *Health Equity in Erie County: 2023 Annual Report*.

METHOD

Communities that were under-represented in the 2022 ECOHE Community Survey were identified for inclusion based on the ECOHE's capacity to reach the community and convene a sample of qualifying members. Planning the focus groups began with selecting the demographic communities to invite to participate. The objective was to learn about health challenges and assets from the perspectives of these specific demographic communities— for example, Black Fathers and Rural Older Adults. Staff from the ECOHE engaged community leaders as trusted liaisons, extending the invitation to community members to participate in the focus groups. Between July and September 2023, 14 focus groups were successfully conducted. There were 4-10 participants in each focus group. In total, 97 community members participated. Each group was asked the same set of core questions and a few additional questions that were more specific to the group. When all focus groups were completed, Nvivo 14 was used to transcribe recording of the discussions. Data analyses, including categorization of comments and coding of themes from the discussions, were also completed using Nvivo 14. Codes were developed to summarize comments into themes related to the SDOH domains. Comments have been transcribed as accurately as possible to the words of the speaker. It is important to the ECOHE team that participants be represented in their own words rather than altering those words in an attempt to make them palatable to a specific audience.

RESULTS

The first subsection of the results section of this report explores responses to the question "What does a good life look like to you?" The most common responses to this question were related to financial stability, good health, and positive relationships. The next subsection of results summarizes the comments coded to each SDOH domain and sub-domain. Participants described challenges and assets to healthy living as well as neutral observations related to SDOH factors. The last subsection under results summarizes the highlights of the discussions

I: Health Equity in Erie County 2023 Focus Group Report

in each focus group. As the groups varied in demographics, each group discussed certain issues that were unique to them and discussed the SDOH factors that most affect them.

CONCLUSIONS

The conclusions highlight prominent themes and observations categorized by SDOH domain.

Economic Stability

- **Many people are struggling with financial stability.** Many participants described struggling to achieve financial stability because of factors that included low wages, high costs, and the inability to obtain or maintain employment due to challenging circumstances.
- **Many people who do not qualify for services or benefits have unmet needs.** Having just a little too much to qualify for needed benefits such as SNAP and housing assistance was a reoccurring theme in the focus groups.

Neighborhood and Built Environment

- **Many people are struggling to find quality and affordable housing.** Participants discussed challenges regarding housing, including negligent landlords, poor housing conditions, high cost of rent, unattainability of homeownership, ineligibility for housing assistance, and resorting to unsafe living situations due to lack of housing options.
- **Transportation is a challenge for people who do not drive or own a vehicle.** Lack of good transportation options was discussed among participants living in both rural and urban areas and participants with disabilities.
- **Community-based organizations (CBOs) are valuable.** Trust and appreciation for CBOs were expressed in several groups, while attitudes toward government entities were less positive.

Health Care System

- **Community members are struggling to obtain effective mental health care.** While the reasons may vary, the need for mental health care and the lack of access to it is an issue that affects many communities in Erie County.
- **Many in the LGBTQ+ community have had poor experiences with health care.** Poor health care experiences that were shared by LGBTQ+ participants included being stereotyped to the extent of having health issues overlooked, feeling experimented on, and being treated by providers who are uneducated about trans or intersex bodies.

Education

- **There is a need for education on life skills.** Several participants across multiple groups discussed a lack of knowledge and practical life skills, such as money management, financial planning for retirement, and navigating the health care system.

I: Health Equity in Erie County 2023 Focus Group Report

Social and Community Context

- **Social connections are important for emotional well-being and day-to-day living.** Focus group participants highlighted the importance of having people in their lives for various purposes, including comradery, guidance, and practical help.
- **Community reintegration after incarceration is a challenge.** Participants who have experienced incarceration or known people who have experienced incarceration discussed the challenges of functioning as productive members of the community upon release due to stigma, lack of resources, and lack of skills.
- **Discrimination in its many forms is a root cause of many challenges in each SDOH domain.** Many participants discussed challenges to SDOH factors including housing, employment, and health care due to discrimination based on demographics such as their race, ethnicity, gender, sexual orientation, immigration status, disability status, place of residence, or history of incarceration.

Language and Information Access

- **Information needs to be shared through multiple types of media.** Some participants shared that they struggle to access information about what's happening in their communities as well as resources that would be helpful to them due to the information being presented in a way that is not accessible to them.
- **Information needs to be shared in multiple languages.** Some participants highlighted how lack of translation and interpretation negatively affects other SDOH factors, including health care, education, and economic stability.

Other Observations

- **Many of the positive statements compared aspects that are better in WNY than places where participants have previously lived.** Some focus group participants who experienced living in other cities, countries, or U.S. territories articulated acute awareness of some of the positive aspects of Western New York, including certain rights and liberties such as free speech, better access to specialty health care, and clean air and drinking water.
- **Assets varied by gender.** During discussions, men were more likely than women to allude to self-efficacy as a factor in their resilience while women were more likely than men to note appreciations for social and family support. Non-binary participants and participants from the broader LGBTQ+ community most often discussed social support from others within the LGBTQ+ community.

ACKNOWLEDGMENTS & AUTHORS

THIS IS A PUBLICATION OF THE

ERIE COUNTY OFFICE OF HEALTH EQUITY

The Erie County Office of Health Equity's vision is for everyone in Erie County to achieve maximum health and wellness. The Office of Health Equity is located within the Erie County Department of Health.

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We recommend the following citation:

Erie County Department of Health Office of Health Equity. (2025). *Erie County Office of Health Equity Focus Group Report 2023*.

Special thanks to our community partners who helped recruit participants for the focus groups.

Bangladeshi American & Cultural Organization (BASCO) of WNY - Anwar Chowdhury
Buffalo Center for Health Equity - Ebony White
Buffalo Immigrant Leadership Team - Ibrahim Iftin
Buffalo Municipal Housing Authority - Angie Leon
Buffalo Prenatal Perinatal Network - Annmarie Correa, LuAnne Brown
Buffalo Prenatal Perinatal Network: Fatherhood Initiative - Antoine Johnson
El Batey Puerto Rican Cultural Center - Beatriz Flores
Hispanic Women's League - Maria Cruz (ECOHE Advisory Board Vice Chair)
Frederick Douglass Towers - Erica Smith
Maternal Stress-Free Zone - Rev. Diann Holt
PeacePrints WNY- Cindi McEachon, Courtney Santasero, Lindsey Allen
Pride Center of WNY - Antione Holmes, Shateer Douglas
Rural Outreach Center - Amelia Leggett
Say Yes Buffalo - Keira Grant
Town of Concord Senior Services - Eleanor Eschborn
YouthBuild Buffalo - Jemaris Ellis
Parveen Attai, Razia Attai, Salima Panahzada

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Margaret Barbalato (She/Her) - Secretarial Typist
Sylvia Blackwell (She/Her) - Public Health Educator
Suzanne Canfield (She/Her) - Project Coordinator
Caitlyn Critharis (She/Her) - Administrative Assistant
Wafa El Solh (She/Her) - Public Health Educator
Najlah Habeeb (She/Her) - Public Health Fellow
Mel LeMay (They/Them) - Grant Specialist
Lara Nkurunungi (She/Her) - Epidemiologist
Evanna Ramos (She/Her) - Project Coordinator
Danielle Rovillo (She/Her) - Project Coordinator
Betsy Vazquez-Aradio (She/Her) - Public Health Educator
Michael Wiese (He/Him) - Epidemiologist

LAND ACKNOWLEDGEMENT

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

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

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

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

ENSLAVEMENT & LABOR 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 [3]. While not a Southern state, New York had the largest population of enslaved people of any Northern state and was second to last in abolishing the practice [4].

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

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

COMMUNITY RECOGNITION & 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.

INTRODUCTION & BACKGROUND

INTRODUCTION

The vision of the Erie County Office of Health Equity (ECOHE) 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. Effective strategies to achieve this vision cannot be developed without participation and leadership from the communities of focus. Gathering information through the 2022 ECOHE Community Survey and focus groups conducted in 2023 was a starting point to engage these communities to direct ECOHE's work going forward. Results from the 2022 ECOHE Community Survey were displayed in the ECOHE's *Health Equity in Erie County: 2023 Annual Report*, published in May of 2024. While a sample of quotes from the focus groups was presented in that report, a more in-depth analysis of the focus group data is provided here.

BACKGROUND

An individual's health status is the product of many things, including genetics, behaviors, social and economic factors, the healthcare they receive, and their physical environment. Many of these factors are outside of the individual's control. While health behaviors reflect an individual's choices, people can only choose from the options that are available to them. Thus, efforts to improve community health must consider the outside influences known as the social determinants of health (SDOH). The data that the ECOHE has collected from the community focuses on SDOH factors. To develop effective strategies to improve health behaviors and health outcomes, it is necessary to understand the current challenges and assets to healthy living in the communities of focus. While the 2022 ECOHE Community Survey was open to all Erie County residents, the focus groups discussed in this report were facilitated with specific demographic communities within the county.

PURPOSE & METHODOLOGY

PURPOSE

The purpose of the series of focus groups conducted in 2023, in addition to the 2022 ECOHE Community Survey, was to amplify the voices of marginalized, minority, and disenfranchised communities and to gather more in-depth information regarding the social influences on their well-being. Results from this research will guide the ECOHE's future work. Furthermore, results are available to aid community-based organizations and groups serving communities experiencing disparate outcomes in Erie County.

METHODS

Planning and Preparation

Planning the focus groups began with developing a list of about 30 community groups to invite to participate. These initial groups were identified for inclusion based on the following criteria: 1) the group is a demographic minority or disenfranchised community that was under-represented in the 2022 ECOHE Community Survey, and 2) the ECOHE's capacity to reach the community and convene a sample of qualifying members. The ECOHE team connected with community partners to review questions from an outreach form (See Appendix A) to help determine if a focus group could be successfully facilitated with the community group. For those community groups that were determined to meet criteria and have sufficient capacity, the ECOHE designed advertising flyers that were shared with community groups to aid in the recruitment of focus group participants (See Appendix B for an example flyer). During this process, some groups were unresponsive and some indicated a lack of participants. Furthermore, two groups planned with limited English proficiency communities had to be canceled from this round of focus groups due to a delay in budget approval for real-time interpretation services. As a result, 15 focus groups were successfully scheduled, though one did not have sufficient attendance and was excluded from analysis. The final list of focus groups can be found in Appendix C.

The ECOHE created a guided script that built on the survey questions and focused on linking SDOH factors with barriers to health and healthy living. The standard script had 9 questions and was modified slightly to reflect the community within that focus group. Two to 3 additional questions specific to each respective focus group were included in the script and asked if time allowed. See Appendix D for a standardized version of the focus group script and Appendix E to view a table of all the questions each group was asked.

In acknowledgement of SDOH needs, such as Economic Stability, gift cards worth \$20 to Tops Friendly Markets were ordered to compensate each participant for their time. Light meals were also planned for each focus group. The community partners for each group advised ECOHE on appropriate food choices.

I: Health Equity in Erie County 2023 Focus Group Report

Focus Group Procedure

Three to 4 ECOHE staff members attended each focus group. The roles of these staff members included 1 facilitator to lead the discussion, 1 notetaker, 1 person to assist with note-taking or technical issues with the computer or microphone, and in some groups, an additional staff member to assist with setup and welcome focus group participants as they arrived. The room was set up with chairs arranged in a circle around a table with demographic forms, consent forms, an SDOH graphic, and name tents at each seat. A microphone linked to a laptop for recording and a portable back-up recorder were placed near the middle of the table. (Copies of the SDOH graphic, demographic and consent forms are included in Appendices F, G, and H).

Once all the focus group participants arrived at the meeting place, they were instructed to write the name they chose to go by for the discussion on their name tents and then to complete the demographic forms placed in front of them. The name tents also displayed an ID number assigned to each participant to allow for anonymous analysis of their comments during data analysis. Upon completion of the demographic forms, the participation consent form was read aloud by the facilitator and individual forms were signed by each participant. The consent form explained the intent of the focus group, the use of the information collected, that participation was voluntary, that the discussion would be recorded, and that any statements shared in the report would not be linked to any individuals. Participants were invited to leave the focus group prior to the recording starting if they were not comfortable with it. Participants arriving late to the focus group were not permitted once consent forms were completed and collected.

Once all forms were collected, to set the stage for the discussion, the facilitator briefly discussed SDOH factors in reference to the graphic given to each participant. Subsequently, participants were invited to introduce themselves and then the questions began. Each question was opened to the entire group and participants were invited to respond as they wished. Sufficient time was allotted to allow everyone to respond to each question if they desired. The notetakers wrote the ID number of each speaker in chronological order on a data collection sheet to be able match each comment to the speaker's demographics during data analysis. (A sample of a data collection sheet is displayed in Appendix I). Each discussion lasted about 90 minutes with an additional 30 minutes allotted for refreshments. Refreshments were served either before the discussion began or after the discussion completed, depending on the time that the focus groups were held. Two of the focus groups were held at the Erie County Correctional Facility where food was not permitted.

One focus group was conducted in Spanish, with an ECOHE staff member who is fluent in both English and Spanish interpreting the facilitator's English dialogue to Spanish and the participants' Spanish dialogue to English. All focus groups were facilitated between July 2023 and September 2023. A total of 97 community members participated in the focus groups. A summary of the demographics of participants, according to the forms completed by each participant, is displayed below. Percentages are rounded to the nearest whole number and represent the proportion of the pool of focus group participants that belongs to the respective categories.

I: Health Equity in Erie County 2023 Focus Group Report

Figure 1: Focus Group Participant Demographics

Race	# and %* of Participants	Gender	# and %* of Participants
American Indian-Alaska Native	1 (1%)	Man	26 (27%)
Asian	12 (12%)	Man of Trans Experience	0 (0%)
Black	41 (42%)	Non-Binary	4 (4%)
White	23 (24%)	Woman	54 (56%)
More Than One Race	6 (6%)	Woman of Trans Experience	2 (2%)
Another Race	1 (1%)	More Than One Gender	2 (2%)
Do Not Wish to Say	9 (9%)	Another Gender	1 (1%)
Unanswered	4 (4%)	Do Not Wish to Say	0
Hispanic-Latino Ethnicity		Unanswered	8 (8%)
Hispanic-Latino	24 (25%)	Sexual Orientation	
Non Hispanic-Latino	44 (45%)	Asexual	9 (9%)
Do Not Wish to Say	25 (26%)	Bisexual	6 (6)
Unanswered	4 (4%)	Gay	1 (1%)
Country of Birth		Lesbian	3 (3%)
Immigrant	9 (9%)	Pansexual	4 (4%)
Refugee	0 (0%)	Queer	1 (1%)
U.S. or U.S. Territories	78 (81%)	Straight/Heterosexual	57 (59%)
I Don't Know	1 (1%)	Another Sexual Orientation	0
Do Not Wish to Say	4 (4%)	More Than One Sexual Orientation	2 (2%)
Unanswered	5 (5%)	Not Sure/Questioning	0 (0%)
		Do Not Wish to Say	12 (12%)
		Unanswered	2 (2%)

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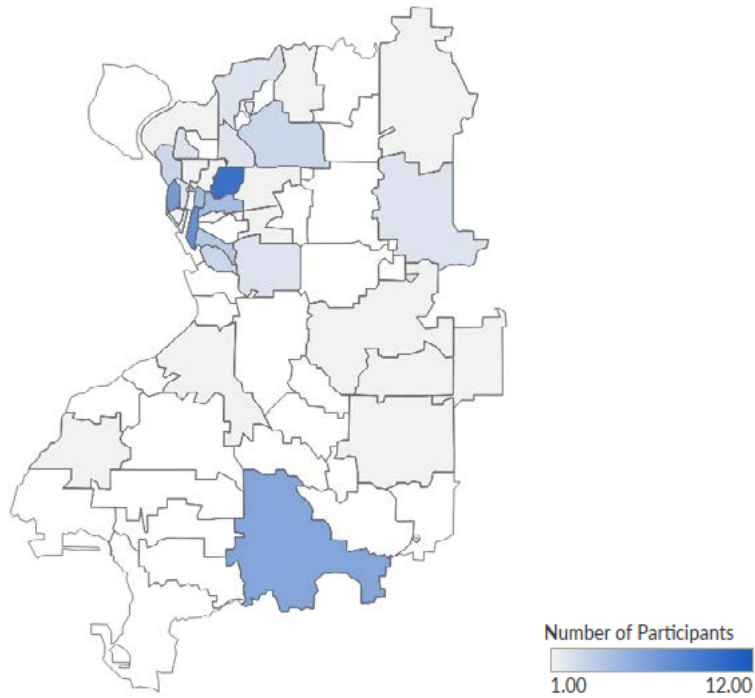
I: Health Equity in Erie County 2023 Focus Group Report

Figure 1: Focus Group Participant Demographics, Continued

Age Group	# and %* of Participants
18-29	27 (28%)
30-39	18 (19%)
40-49	17 (18%)
50-59	12 (11%)
60-69	10 (10%)
70+	13 (13%)
Do Not Wish to Say	0 (0%)
Unanswered	16 (16%)

*Percentages represent the proportion of a demographic factor that the demographic category accounts for. For example, 28% of the total 97 participants were between the ages of 18-29.

Figure 2: Number of Focus Group Participants per ZIP Code



I: Health Equity in Erie County 2023 Focus Group Report

Data Analysis

Data files of the recordings of all focus groups were uploaded into NVivo Transcription (qualitative data analysis software) and transcribed. Transcriptions were reviewed and edited by a member of the ECOHE data team, and a separate team member provided a secondary review of the transcription. This process included correcting transcription errors and ensuring that all comments in the transcription were associated with the correct speaker. Completed transcriptions were then uploaded into NVivo 14 along with the information from the demographic forms, which were linked to each speaker. Each speaker was identified by their ID number, rather than their names, in the transcript. Comments have been transcribed as accurately as possible to the words of the speaker. It is important to the ECOHE team that participants be represented in their own words rather than altering those words in an attempt to make them palatable to a specific audience. Codes were developed to categorize themes discussed in the groups. As the discussions were framed around SDOH factors, the original codes included the SDOH domains, e.g., Economic Stability and Education. Some domains were broken into more specific codes. For example, Neighborhood and Built Environment was broken down into Transportation, Housing, etc. The full list of codes can be viewed in Appendix J.

Each transcription was reviewed by a staff member to assign codes to the pertinent comments. Throughout this review process, more themes were identified, and corresponding codes were created. Some themes were identified that do not fit into one particular SDOH domain, such as Self-Efficacy or Faith and Religion. Negative and positive codes were also assigned to comments to indicate if the subject is being discussed as something that is a challenge (negative) to well-being or an asset (positive). Some codes were created to categorize responses from a specific question, such as “What does a good life look like to you?” Most responses to this question were not coded as positive or negative as they were hypothetical. Each transcript was reviewed by a second staff member to affirm the proper coding of comments.

Interpreting Terminology, Statements, and Graphs

This section provides definitions and context to some words and phrases used in this report as well as explanations of different types of statements and graphs used in the results section.

Codes: The title of a theme that comments were categorized into. For example, the comments “The nature is very beautiful here—lots of parks.” and “Cause let's not forget weather. Living in Buffalo, our weather—it's terrible for us.” were coded to Climate and Natural Environment.

Negative Comments or Coded to Negative: Refers to any statement by a focus group participant regarding a challenge or something that is NOT working well or helping their well-being.

Positive Comment or Coded to Positive: Refers to any statement by a focus group participant regarding an asset or something that IS working well and helping their well-being.

Percent of Positive or Negative Comments: In many of the SDOH domain summaries and focus group summaries, there are statements about certain codes accounting for a percent of positive or negative comments. For example, about 4% of the positive comments across all of the focus groups were coded to Economic Stability. To interpret this, consider that any comments about something that is going well, or is an asset to the participant, was coded as positive anything about income or expenses was coded to Economic Stability. The formula to reach the 4% was:

I: Health Equity in Erie County 2023 Focus Group Report

(# of comments coded to both positive AND Economic Stability from all focus groups/total # of comments coded to positive from all focus groups) X 100

Another example: Of all the focus groups, the Black Older Adults group had the highest proportion (30%) of their negative comments coded to Economic Stability. The formula to get the 30% was:

(# of comments coded to both negative and Economic Stability within the Black Older Adults focus group/total # of comments coded to negative in the Black Older Adults group) X 100

When the same calculation was applied to all the focus groups, 30% from the Black Older Adults was the highest.

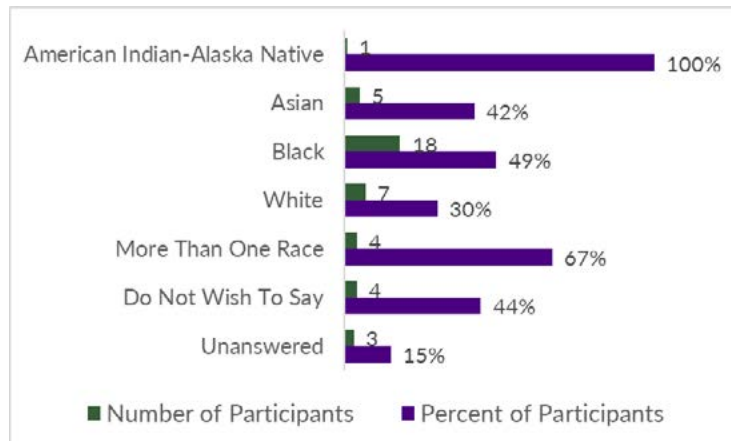
Statistics Specific to Participant Demographics: Some statements examine codes or categories of comments by demographics. For example, across all focus groups, 32% of participants who discussed housing challenges were Hispanic-Latino. The formula that yielded the 32% was:

(# of participants who made one or more comments that were coded to both negative and Housing AND selected Hispanic-Latino on their demographic form/ total # of participants who made one or more comments that were coded to both negative and Housing) X 100

Number and Percent of Participant Graphs: These graphs are used to depict how common an issue was within demographic categories. There is a wide range in the number of participants in each demographic category. For example, 41 participants indicated they were Black on the demographic forms while only 1 participant indicated they were American Indian-Alaska Native (not including participants who selected American Indian-Alaska Native plus another race). Due to this range, showing only the number of participants in one category OR only the percentage of participants in that category who made certain comments, could be misleading. Therefore, both the number AND percentage of participants within each demographic category are displayed. The graph below, shows that 1 American Indian-Alaska Native participant discussed challenges related to Economic Stability. As there was only 1 American Indian-Alaska Native participant among the focus groups, that 1 participant accounted for 100% of participants in that race category. Meanwhile, 18 Black participants discussed challenges related to Economic Stability, which accounted for 49% of the Black participants. Seven participants who discussed Economic Stability either did not answer the Race question or selected *Do Not Wish to Say*. This particular graph includes only negative comments about the issue (Economic Stability) as it states *challenges* in the title.

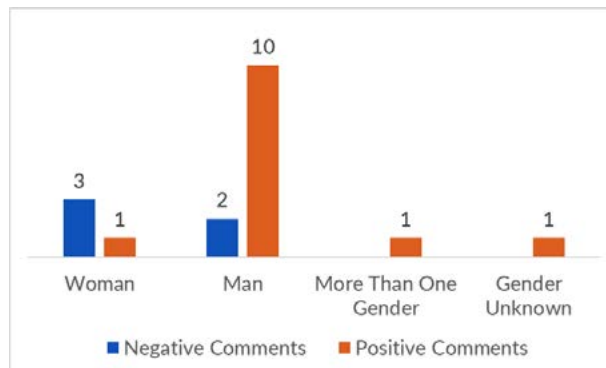
I: Health Equity in Erie County 2023 Focus Group Report

Figure 5: Number and Percent of Participants Who Discussed Economic Stability Challenges by Race (Copy of graph on page 22 in the results section)



Graphs Showing Number of Negative and Positive Comments per Focus Group or Demographic Factor: Discussions of certain SDOH factors consisted of both negative and positive comments about that factor. The graph below shows that there were 3 negative comments and 2 positive comments about perceived self-efficacy from participants who indicated they were a Woman on their demographic forms, 2 negative and 10 positive comments from participants who indicated they were a Man, 1 positive comment from a participant who indicated they were Gender Non-Conforming and 1 comment from a participant who either did not complete the gender question on the demographic form or selected *Do No Wish to Say*.

Figure 26: Number of Negative and Positive Comments Related to Self-Efficacy by Gender (Copy of graph on page 47 in the results section)



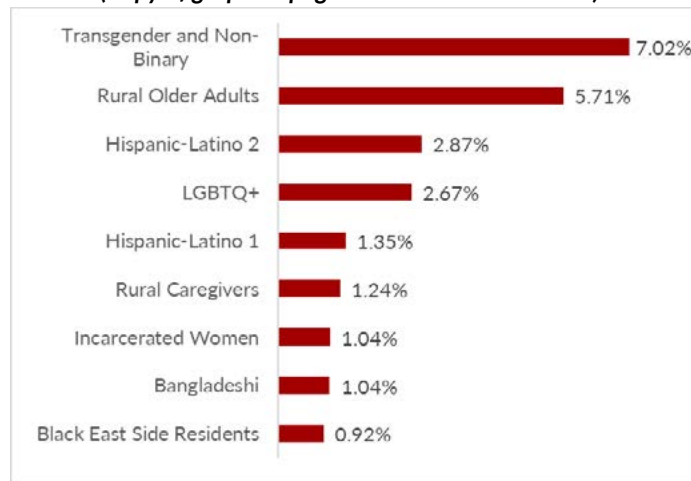
There were no comments coded to Self-Efficacy by any participants who selected their gender as Man of Trans Experience, Woman of Trans Experience, or Non-Binary.

I: Health Equity in Erie County 2023 Focus Group Report

Graphs Showing Percentage of Dialogue Focused on a Certain SDOH Factor per Focus Group: As the focus groups varied in length of time and number of participants, it is helpful to examine the proportion of the discussion that was dedicated to certain issues. This method of displaying of the prevalence of a topic within each focus group discussion captures neutral comments about the topic as well as negative or positive comments about that topic. Only the focus groups that discussed the given topic are included in these graphs. Groups that had no discussion of the topic were excluded from these types of graphs, but the excluded groups are noted below each graph. The graph below displays that the transcripts from the Transgender and Non-Binary group had the high proportion of its dialogue coded to Transportation out of all the focus groups. Nvivo calculated that 7.02% of the transcript for the Transgender and Non-Binary focus group was coded to Transportation. This graph also shows that transportation was discussed in 9 of the 14 focus groups.

Figure 8: Percentage of Dialogue Focused on Transportation per Focus Group

(Copy of graph on page 26 in the results section)



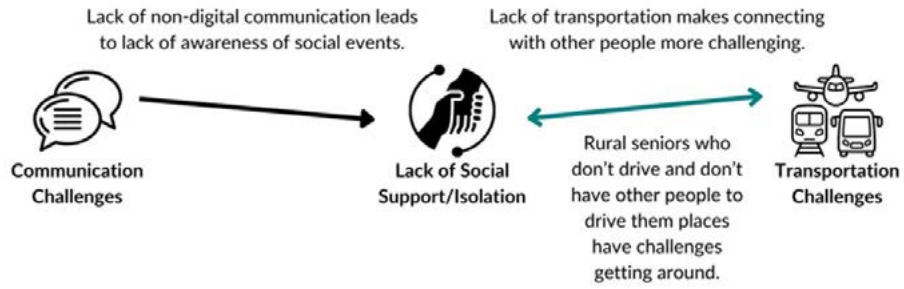
There were no comments coded to Transportation in the Young Adults, Black Older Adults, Incarcerated Men, Black Fathers, and Puerto Rican focus groups.

Relationship Diagrams: Many SDOH challenges influence or are influenced by other SDOH factors. Some of these relationships were highlighted in certain focus groups. The diagram below is from the Rural Older Adults focus group. It shows that communication challenges such as methods of advertisement of community events that are not accessible to this group can lead to social isolation. Note the arrow between Lack of Social Support/Isolation and Transportation Challenges is bi-directional. This is because the two issues exacerbate one another. Lack of transportation makes connecting with other people more challenging while not having connections with people who can help with transportation makes getting around more challenging. Of note, these diagrams only display SDOH relationships that were discussed in the respective focus groups. They are not inclusive of all the SDOH relationships that influence individuals in day-to-day life.

I: Health Equity in Erie County 2023 Focus Group Report

Figure 19: SDOH Relationships Discussed in the Rural Older Adults Focus Group

(Copy of diagram on page 52 in the results section)



RESULTS

The first section—A Good Life—begins with a presentation of responses to the first question to each focus group, which was “What does a good life look like to you?” The following section—Social Determinants of Health Summaries—presents data from all focus groups coded to each of the SDOH domains and subdomains. The third section—Focus Group Summaries—presents highlights and unique findings from each individual group.

A GOOD LIFE

After introductions, the opening question for all the focus groups was, “What does a good life look like to you?” This was an open-ended question. While there were no restrictions on types of responses, as participants were prompted with “the sky is the limit,” elaborate or unrealistic desires such as owning a fancy car or never having to go to work were expressed at a minimal rate. Some participants listed multiple aspects of a good life. Responses to this question consistently portrayed a desire for stability and basic well-being. The graph below shows the most common responses to “What does a good life look like to you?” across all the focus groups and the number of times each one was mentioned in response to this question.

Figure 3: Most Common Responses to “What is a good life?” Across All Groups

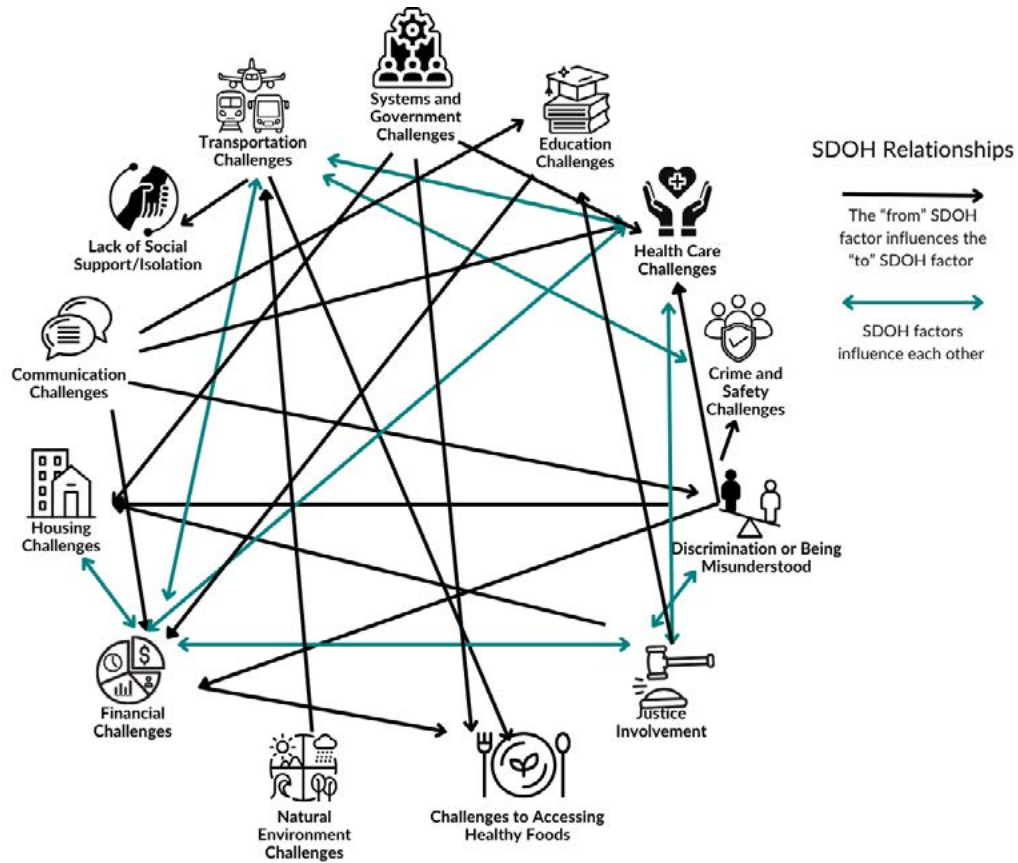


“A good life to me, for myself, is able to have good health insurance or decent health insurance. A roof over my head that is not run-down. Rent or a mortgage that I can afford without over-stretching my pocket. And able to eat healthy foods.” - Black Older Adults Focus Group

SOCIAL DETERMINANTS OF HEALTH SUMMARIES

As the focus group participants were prompted to discuss assets and challenges to well-being and healthy living in the context of SDOH, the codes assigned categorized comments into the SDOH domains: Economic Stability, Neighborhood and Built Environment, Health Care System, Education, Social and Community Context, and Language Access. Subcategories were identified within some of the SDOH domains. This section summarizes the focus group data within each domain. SDOH issues are complex. Challenges within one domain may lead to challenges within another. For example, challenges in Education may lead to a lack of skills or formal credentials which may lead to challenges with Economic Stability. Many comments were coded to multiple SDOH factors. The image below presents relationships between SDOH challenges that were discussed in the focus groups. Of note, this image does not represent the relationships between challenges that do exist but were not discussed during the limited time of the focus groups.

Figure 4: SDOH Relationships Discussed in the Focus Groups



*The SDOH relationships displayed above represent only the relationships that were discussed in the focus groups and are not inclusive of all the relationships between factors that may exist.

I: Health Equity in Erie County 2023 Focus Group Report

Economic Stability

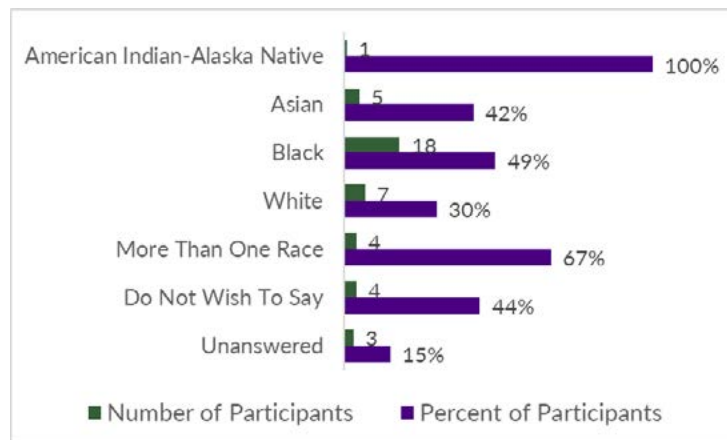
This domain includes comments regarding financial struggles, cost of living, and income from employment or government assistance.

- Economic Stability was discussed as a challenge in all 14 of the focus groups, accounting for about 12% of negative comments across all the focus groups.
- The Black Older Adults group had the highest proportion (29%) of their negative comments coded to Economic Stability of all the groups.
- Participants from multiple focus groups discussed the challenge of not being eligible for government assistance until they are in a very dire situation.
- There were several anecdotes of desperate measures due to desperate financial situations, such as getting involved in crime, staying with an abusive partner, needing to work multiple jobs, and asking friends and family for help.
- Challenges due to inflation were also highlighted in multiple groups.
- About 4% of the positive comments across all the focus groups were coded to Economic Stability. These positive comments pertained to the sufficiency of the individual's salary, pension, or benefits.

48% of participants who responded to the question
“What does a good life look like?” discussed Financial Stability.

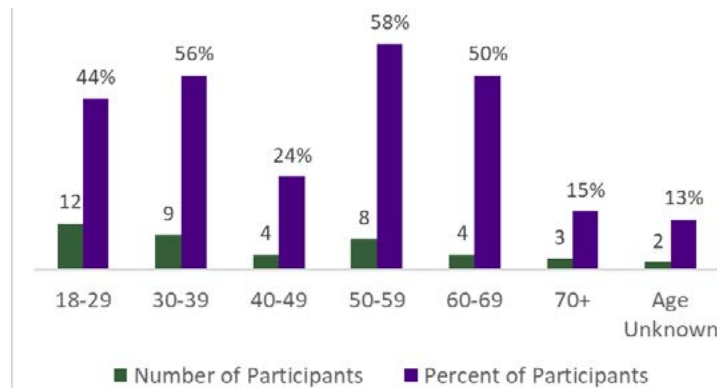


Figure 5: Number and Percent of Participants Who Discussed Economic Stability Challenges by Race



I: Health Equity in Erie County 2023 Focus Group Report

Figure 6: Number and Percent of Participants Who Discussed Economic Stability Challenges by Age Group



“Inflation now, right? I think everything—everyone is struggling. I mean, for I’m struggling and I’m a single parent, you know, and I have a decent job and I’m still struggling, you know?” - *Hispanic-Latino Focus Group 1*

“Financial stability. That is number one, I would say, because obviously growing up, you have a lot of dreams that you want to fulfill. And in order to get to those dreams, [...] you need to go into, like a financial stability where you’ll be able to achieve those dreams.” - *Bangladeshi Focus Group*

“I’m at that age now where I’m retired. I don’t pay nothing. No tax, no medical bill, no nothing. But it still ain’t enough. I can’t do nothing else other than that. I can’t go on vacation, so I’m not getting that much. So I ain’t paying for no doctor bills, nothing. But it’s just not enough.” - *Black Older Adults Focus Group*

“[Being] in debt, [...] having your rent and your bus fare, and your grocery bill money and your doctor bill money and stuff like that—It’s hard. So that’s why people do get on Medicaid and food stamps to get those things in order to [...] make a living because it’s hard and [...] you’re going to have to go back and hustle, and that hustle is gonna bring you right back in [jail].” - *Incarcerated Women Focus Group*

I: Health Equity in Erie County 2023 Focus Group Report

“It's expensive and time consuming being poor.” - Hispanic-Latino Focus Group 2

Neighborhood and Built Environment

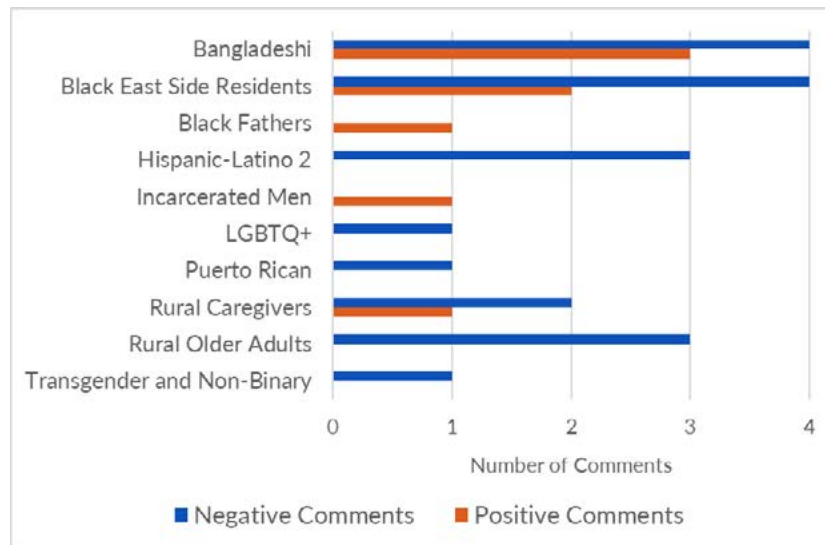
This domain is divided into several subdomains and includes comments about challenges and assets regarding the natural environment, infrastructure, physical resources, and safety.

Access to Healthy Foods

Comments referenced in this section relate to the availability of healthy and culturally appropriate foods in local stores and markets as well as accessibility of these foods given the participants' financial situation and transportation options.

- There were 8 positive and 20 negative comments about Access to Healthy Foods.
- Challenges to accessing healthy food included high prices, ineligibility for SNAP, lack of adequate transportation or grocery stores in close proximity, and lack of available foods that are culturally appropriate.
- Positive references to Access to Healthy Foods included increasing access to culturally appropriate foods by participants of the Bangladeshi focus group and availability of fresh produce from farmers markets by participants from multiple groups.

Figure 7: Number of Negative and Positive Comments Related to Food Access per Focus Group



There were no comments coded to Food Access in the Young Adults, Black Older Adults, Hispanic-Latino 1, or Incarcerated Women focus groups.

I: Health Equity in Erie County 2023 Focus Group Report

“I do not qualify for food stamps. So everyday for me is ‘What am I going to feed my kids? What can I get from the grocery store for under \$50?’ Because nowadays, everything is over-priced. Just for a gallon of milk and juice and cereal is over \$50. So that's a struggle for me and for these families that I see every day. They're buying food and at the end of the month they don't have any food stamps so it's pantry food. Is pantry food healthy food?” - Hispanic-Latino Focus Group 1

“If you are searching, you will find what you need in Buffalo. Like whether you're homeless, whether you're on the line of like ‘I can't—I can't get food stamps, but I'm on that gray line’ [...] you can find food banks, you can find [...] kitchens and stuff like that [...] and I feel like Buffalo is really good about that. And then Buffalo is also really good about [...] produce. Like if you go to certain neighborhoods, like in the West Side, you can't go like five blocks without finding [...] a fresh produce spot.” - Black Fathers Focus Group

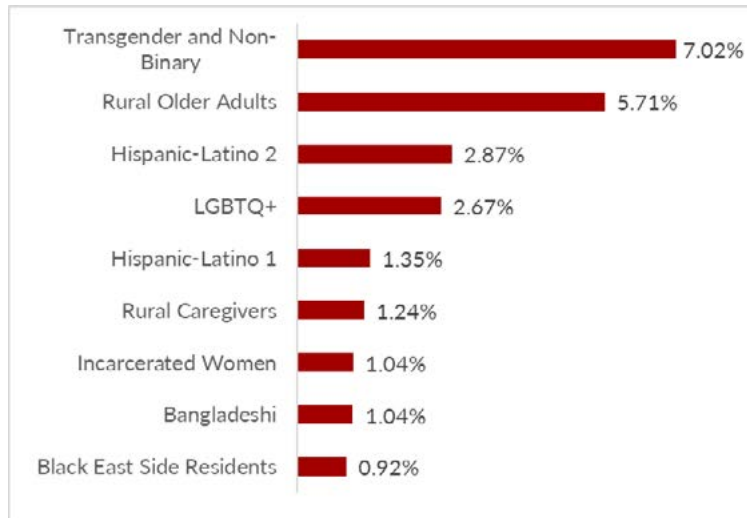
Transportation

Comments referenced in this section include discussions on car ownership, ride-sharing, and public transportation.

- Transportation challenges were discussed in 9 of the 14 groups and accounted for about 6% of the negative comments across all the focus groups.
- The Transgender and Non-Binary group had the highest proportion of its negative comments coded to Transportation of all the groups (20%), followed by Older Rural Adults (14%).
- Challenges discussed regarding Transportation included cost of fuel and car maintenance as well as cost of ridesharing (Uber or Lyft), limited bus routes and schedules, and feeling unsafe on public transportation.

I: Health Equity in Erie County 2023 Focus Group Report

Figure 8: Percent of Dialogue Focused on Transportation per Focus Group



There was no discussion of Transportation in the Young Adults, Black Older Adults, Incarcerated Men, Black Fathers, or Puerto Rican focus groups.

“But, you know, so transportation, just having access to that. I don't have a vehicle, but then I'm spending money on Uber, so by the time I'm spending money on Uber I can't save enough to put away for a vehicle and I'm trying to get a vehicle. So public transportation is not reliable. Sometimes the GPS is wrong with the Uber or the buses only run certain times in my neighborhood. So that's—that's a big challenge for me.” - Hispanic-Latino Focus Group 2

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

Housing

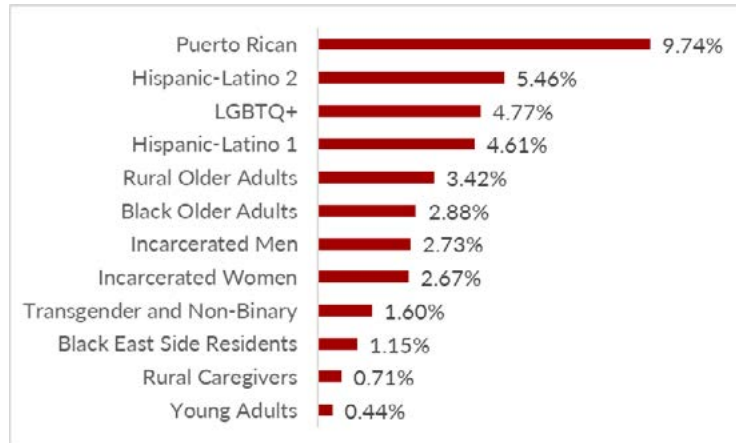
The data presented in this section include comments regarding attainability and quality of housing as well as experiences associated with renting a place to live.

- Housing challenges were discussed in 12 of the 14 focus groups and accounted for about 9% of negative references across all the focus groups.

I: Health Equity in Erie County 2023 Focus Group Report

- Challenges discussed regarding Housing included irresponsible landlords, poor housing conditions, ineligibility for housing assistance, and resorting to unsafe living situations due to lack of housing options.
- Across all groups, 32% of participants who discussed Housing challenges were Hispanic-Latino, who accounted for about 25% of the overall focus group participant pool.
- There was one positive comment regarding Housing, which noted that housing in WNY is cheaper than in larger cities.

Figure 9: Percent of Dialogue Focused on Housing Challenges per Focus Group



There was no discussion of Housing in the Bangladeshi or Black Fathers focus groups.

“So, the landlord and tenant relationship is really bad. We give them money and they don't fix anything. A lot of times we have broken pipes, you know, broken things in the house and they don't fix it. They don't do anything. So, what's the point of them getting our money if they're not going to fix anything?” - Puerto Rican Focus Group

“Housing is really what we need, and they're putting in new places and they're really not Section Eight. So, they're very expensive. And I really don't think it's helping this community.” - Rural Older Adults Focus Group

Crime and Safety

Comments referenced in this section include participants' perceived safety and experiences of being targeted by crime and violence.

- Concerns about Crime and Safety were discussed in 12 of the 14 groups and accounted for about 6% of the negative references across all focus groups.

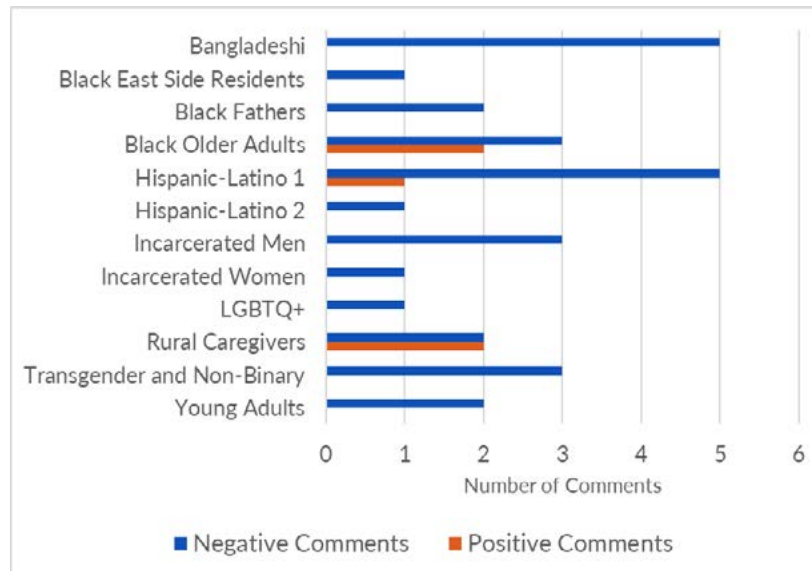
I: Health Equity in Erie County 2023 Focus Group Report

- Negative comments coded to Crime and Safety included concerns and experiences of being targeted due to certain demographic characteristics; domestic violence; trauma from the racially motivated shooting at Tops Supermarket on May 14, 2022; living in high-crime neighborhoods; lack of safe spaces; and inadequate police response or presence. One participant stated that police are not paid enough.
- Three focus group participants noted feeling safe as a positive aspect of living in WNY.

15% of participants who responded to the question “What does a good life look like?” discussed Crime and Safety.



Figure 10: Number of Negative and Positive Comments About Crime and Safety per Focus Group



There were no comments coded to Crime and Safety in the Rural Older Adults or Puerto Rican focus groups.

“I called the police. They looked at them and they let them go, and they looked at the gun and let them go. And I was told, watch over my shoulder.” - Rural Caregivers Focus Group

I: Health Equity in Erie County 2023 Focus Group Report

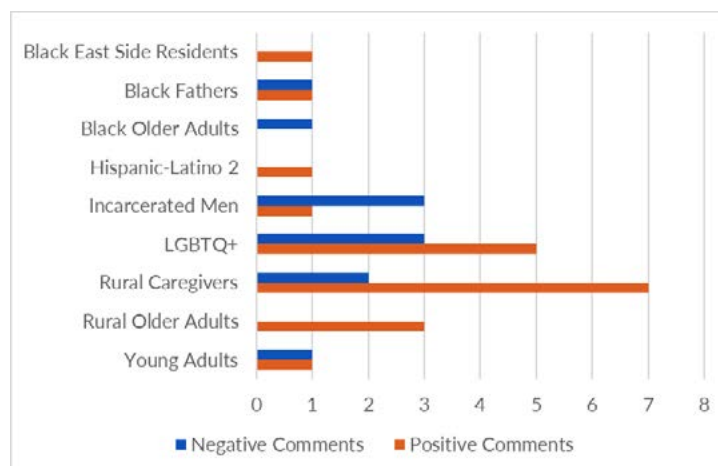
“I mean, everybody got a different story to tell folks. Mine and probably a few others in here, we was in the streets. So, it's like even if we ain't want to, it might not have been what we chose. It was just like what you had to do. Like carrying a gun. Everybody don't want to carry a gun, but if you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

Community Organizations, Events, and Resources

Comments referenced in this section include discussion of community events, community-based organizations, non-government or nonprofit organizations, and other service organizations.

- There were 11 negative comments and 20 positive comments coded to Community Organizations, Events, and Resources.
- Negative comments included grievances about youth programs shutting down, lack of community resources for Black men and rural communities, lack of safe and affordable spaces to exercise or recreate as well as a lack of available and affordable childcare.
- Positive references included appreciations for advocacy, financial or practical assistance, and specialized care from certain organizations.

Figure 11: Number of Negative and Positive Comments About Community Events, Organizations, and Resources per Focus Group



There were no comments coded to Community Events and Organizations in the Incarcerated Women, Puerto Rican, Hispanic-Latino 1, Trans and Non-Binary, and Bangladeshi focus groups.

I: Health Equity in Erie County 2023 Focus Group Report

“Basically, I'm saying like we need more safe spaces like [...] you know, where everybody can just like come together. Growing up, growing up man I used to sit there [...] Every summer they used to sit there and block all off these—and have a whole block party where all kids come outside, and just each family, they had little basketball games, little stuff for the community, you feel me? But they don't do that no more. Like, it's rare you see that.” - *Young Adults Focus Group*

“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*

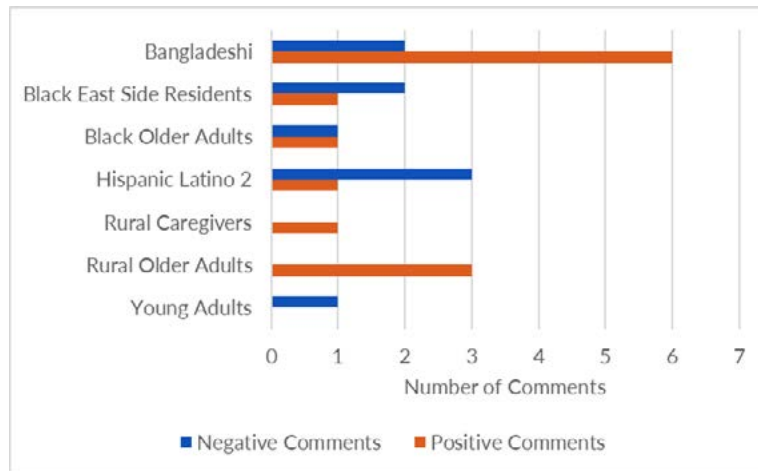
Climate and Natural Environment

Comments referenced in this section pertain to the natural landscape and climate in Erie County. Experiences and relationships with the natural environment varied between groups as the climate and environment varies in different areas of the county.

- Outside of the question about the December 2022 Blizzard, climate and the natural environment were discussed in 7 of the focus groups. Overall, there were 9 negative references coded to Climate and Natural Environment and 13 positive references.
- Most negative Climate and Natural Environment references had to do with the winter weather. One participant expressed concern about the air quality at an industrial site.
- Positive Climate and Natural Environment references included the absence of extreme climate events such as hurricanes and wildfires, clean air and good drinking water, and access to parks. Participants in both rural groups expressed appreciation of the space and beauty in the countryside.

I: Health Equity in Erie County 2023 Focus Group Report

Figure 12: Number of Negative and Positive Comments About Climate and Natural Environment per Focus Group



There were no comments coded to Climate and Natural Environment in the Black Fathers, Incarcerated Women, Incarcerated Men, Puerto Rican, Hispanic-Latino 1, Trans and Non-Binary, or LGBTQ+ focus groups.

“The nature is very beautiful here—lots of parks.” - Bangladeshi Focus Group

“I feel like, like the lack of sunlight [is a challenge]. Because every time I go to the doctor, oh, that lack of vitamin D. [...] Six months of the year is winter here, for real. You know, it's always cold, no sunlight. [...] It's at that point, it's like you gotta take a vitamin to supplement.” - Black East Side Residents Focus Group

Health Care System

This SDOH domain is divided into two sections. The first is Health Care excluding mental health care, and the second is Mental Health Care.

Health Care

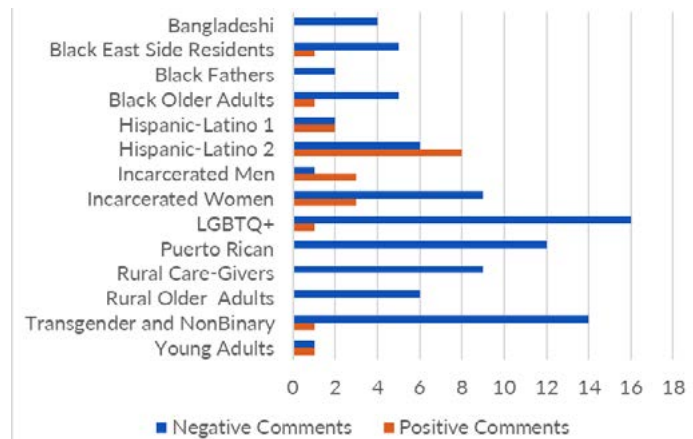
Comments referenced in this sub-section pertain to health care access and quality but do not include comments about mental health care, which were categorized under a separate code.

- Health care was discussed in all 14 of the focus groups. Across all groups there was a total of 18 positive comments assigned to Health Care and 92 negative comments.
- Overall, comments coded to Health Care accounted for about 18% of all negative comments from the focus groups.
- The Puerto Rican group had the highest proportion (38%) of negative references coded to Health Care of all the groups.

I: Health Equity in Erie County 2023 Focus Group Report

- Positive Health Care references included feelings of gratitude for having insurance and access to a particular health care facility or certain types of care that are not as available in other regions.
- Types of health care challenges discussed varied considerably between groups. Examples of negative comments coded to Health Care include inadequate insurance; lack of competence in the medical treatment of the LGBTQ+ community; and lack of available care for certain needs, such as mental health, developmental screenings, and interpreter services.

Figure 13: Number of Negative and Positive Comments Related to Health Care per Focus Group



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

But I will say that at least children's hospital where I had both of my kids here—great service. It was different from what I've watched my family go through in New York City and hospitals there where they're just understaffed and overwhelmed. And so, again, seeing that here and maybe just living in a lesser populated place sometimes gives better access to health care. - *Hispanic-Latino Focus Group 2*

I: Health Equity in Erie County 2023 Focus Group Report

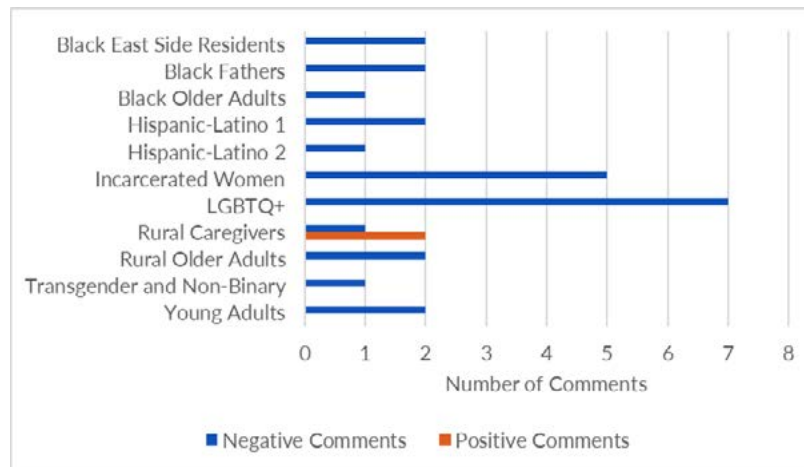
I'm sick. I have a child who's sick. And because of me being self-employed and my son being under his mother's Medicaid, he doesn't get half of the resources he deserves because it's Medicaid [...] instead of [private insurance]. So, I think that's a huge issue that needs to be addressed. - *Incarcerated Men Focus Group*

Mental Health Care

Comments referenced in this section pertain to accessibility and the quality of Mental Health Care. A separate code was developed for Mental Health Care because issues surrounding mental health care were the most discussed type of specific health care within all the focus groups. Of note, the LGBTQ+ group and the Young Adults group were asked questions pertaining to mental health but not specifically about accessing mental health care.

- Mental Health Care was discussed by 11 of the 14 groups. There were 26 negative comments and 2 positive comments coded to Mental Health Care.
- Challenges discussed regarding Mental Health Care mostly pertained to access, such as lack of available providers and inadequate insurance coverage. Lack of representation of certain demographic communities in the mental health workforce and poor quality of care were also discussed.
- The 2 positive comments about accessing Mental Health Care were from the Rural Caregivers group, pertaining to helpful counseling from a community-based organization and from church.

Figure 14: Number of Negative and Positive Comments about Mental Health Care per Focus Group



There were no comments coded to Mental Health Care in the Incarcerated Men, Puerto Rican, or Bangladeshi focus groups.

I: Health Equity in Erie County 2023 Focus Group Report

“Mental health counseling. Our—our ability to have access to mental health counseling with somebody that looks like us. That's a problem. We can't find it with the younger people. We can't find it with the seniors either, because you need someone that has had that same life experience in order to be able to relate to them versus just somebody showing up and just sitting here listening.”
- *Black Older Adults Focus Group*

“Sometimes there's not enough mental health facilities. Like there's a shortage in about everything that surrounds mental health for everybody—like youth, adults, everybody.” - *LGBTQ+ Focus Group*

Education

This SDOH domain is divided into two sections. The first is Formal Education and the second is Community Education.

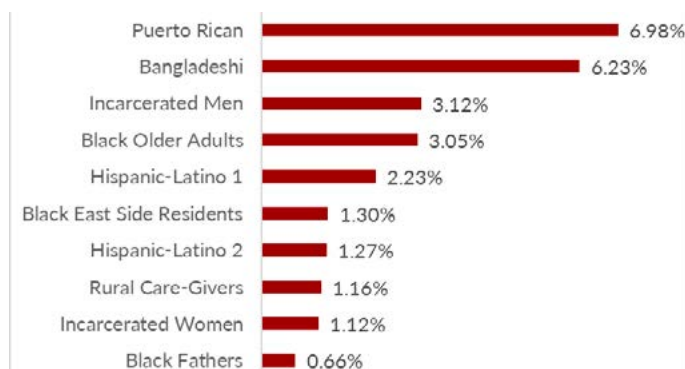
Formal Education

For this report, any private or public education, pre-school through college, not including community education programs or lived experience, is coded as Formal Education.

- Formal Education was discussed in 10 of the 14 focus groups. Overall, about 5% of negative references across all the groups were assigned to Formal Education.
- Types of challenges discussed regarding Formal Education ranged considerably and included academic pressures and meeting family expectations, formal education credentials not transferring from other countries, disparities in quality of education between school districts, lack of needed services within schools, lack of instruction of certain subjects, and schools pushing students through despite poor performance.
- There were two positive comments about formal education expressing appreciation for practical skills learned in school years ago.

I: Health Equity in Erie County 2023 Focus Group Report

Figure 15: Percent of Dialogue Focused on Formal Education per Focus Group



There were no comments coded to Formal Education in the Young Adults, Rural Older Adults, Transgender and Non-Binary, or LGBTQ+ focus groups.

“I went to Amherst. So, when I was going there, the teachers, the counselors, they were very hands-on with college. [...] It's not the case for, say, like Buffalo Public schools, because when I went there, my job was to help these kids prepare for college, [...] but I had kids from every single background, and it was like they didn't know what—how to apply to college. They didn't know what FAFSA was. They didn't know that they had money, that the government had specifically made plans and set out money for them to go to college.” - Bangladeshi Focus Group

“And that's why you see a lot of kids drop out—because, you know, they're being advanced to another challenging grade. You know, when they're in that grade, there's a lot of challenges. There's a lot of things that they don't understand. So, they don't have the right self-esteem, the right support to be able to say, ‘You know what? I can do this.’ Instead, they're just dropping out because of that.” - Puerto Rican Focus Group

“I think the Buffalo public school district is a big challenge. I think there has been a shift that's changed across the districts and has also been across charter schools. Everyone is college-focused, and I think we need to understand that a lot of our kids are not going to college and so they're being limited on opportunities that—which then later affects the entire economy.” - Hispanic-Latino Focus Group 2

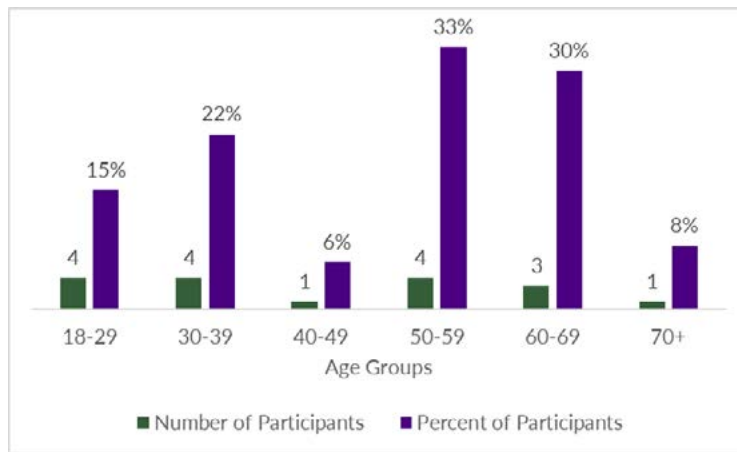
I: Health Equity in Erie County 2023 Focus Group Report

Community Education

For this report, Community Education refers to lived experience as well as community education classes or educational programs that are not a part of the K-12 or college/university experience.

- Comments from 10 of 14 focus groups were coded to Community Education. Overall, about 3% of negative references across all groups were coded to Community Education.
- Concerns discussed regarding Community Education included lack of basic skills and knowledge for everyday life such as financial planning, healthy eating, and navigating government and health care systems.
- There was one positive comment coded to Community Education, which was an expression of appreciation for a nutrition class provided by a local nonprofit organization.

Figure 16: Number and Percent of Participants Who Discussed Challenges Related to Community Education by Age Group



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

“I don't know how to use money.” - Young Adults Focus Group

I: Health Equity in Erie County 2023 Focus Group Report

Social and Community Context

This domain is divided into several subdomains and includes comments about social support, family relationships, discrimination, and incarcerations and criminal involvement.

Social Support and Influences

For this report, positive comments were coded to Social Support and Influences if they referenced help from connections with friends or the community at large. Negative comments coded to Social Support and Influences included expressions of isolation, lack of social support, or negative peer pressure. References to family relationships were categorized under a separate code.

- Social Support and Influences were discussed in 11 of 14 focus groups. Across all groups, there were 18 negative comments coded to Social Support and Influences and 35 positive comments coded to Social Support and Influences.
- About 3% of negative comments across all focus groups were coded to Social Support and Influences. The Older Rural Adults group had the highest proportion (11%) of their negative comments coded to Social Support and Influences of all the groups.
- Negative comments coded to Social Support and Influences varied per group. For example, participants of the Rural Older Adults group expressed loneliness due to geographic isolation without reliable transportation, while in the Black Fathers group several participants expressed a need to distance themselves from certain peers to maintain their well-being.
- Positive Social Support and Influences references accounted for 25% of positive references across all focus groups. The Rural Caregivers group had the highest proportion (56%) of their positive references coded to Social Support and Influences of all the groups.
- Positive comments coded to Social Support and Influences included having people to rely on for practical or emotional support, being able to trust others in the community, and being around people who are relatable.

23% of participants who responded to the question “What does a good life look like?” discussed Social Support and Influences.



I: Health Equity in Erie County 2023 Focus Group Report

Figure 17: Number of Negative and Positive Comments About Social Support and Influences by Age Group

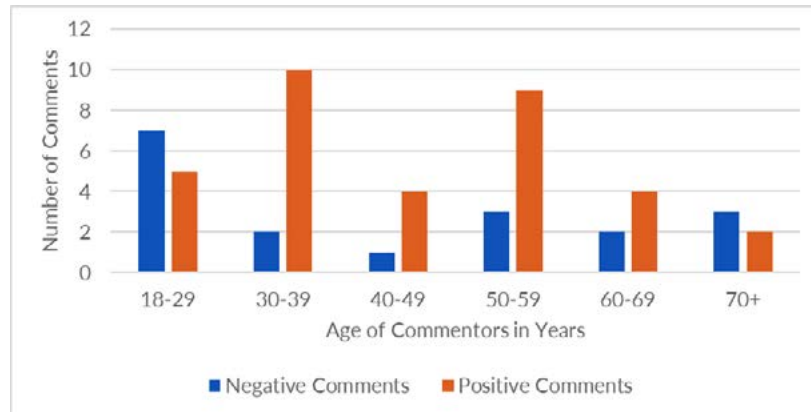
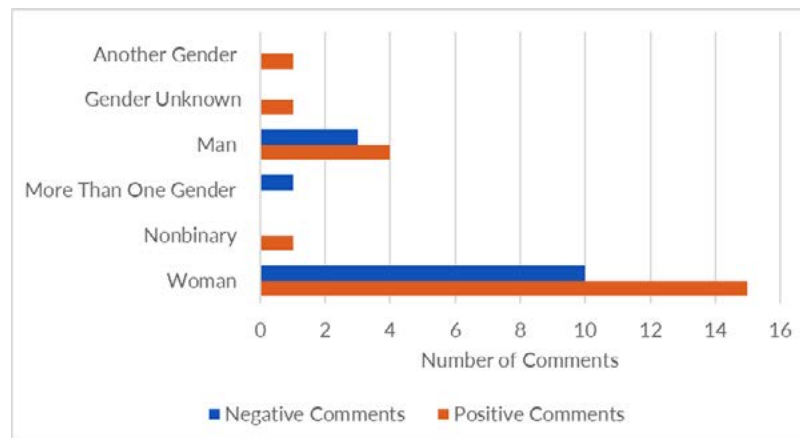


Figure 18: Number of Participants who Made Negative and Positive Comments About Social Support and Influences by Gender



There were no comments coded to Social Support and Influences by any participants who indicated a gender of Man of Trans Experience or Woman of Trans Experience.
*Note that this graph displays the number of participants who commented, as opposed to the number of comments as is displayed in similar graphs.

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

I: Health Equity in Erie County 2023 Focus Group Report

“Some folks have literally no one and they just rely on their friends—their LGBTQ+ friends—for that support, or for finances, for assistance, for guidance.” - LGBTQ+ Focus Group

“One thing is that we do kind of pull together, though, and like, we have our small community, that we can rely on our neighbors and we can rely on our churches. And we—we try to help each other the best that we can. We can trust each other.” - Rural Caregivers Focus Group

Family Relationships

Comments coded to Family Relationships included support from family, responsibility toward family, challenging family relationships, and family expectations. While there was much discussion of children and family members, comments were only assigned to this code if they referenced how a relationship helped or challenged the participant’s well-being.

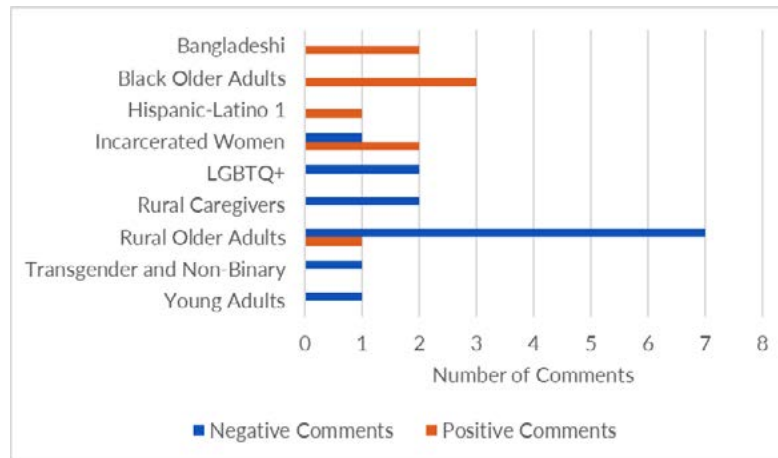
- There were 13 negative references assigned to Family Relationships, including feelings of being misunderstood or not accepted by family, abusive relationships, and feelings of neglect by both parents and adult children.
- There were 9 positive references assigned to Family Relationships, including practical and emotional support from family and guidance from parents.

17% of participants who responded to the question “What does a good life look like?” discussed being able to provide and care for family.



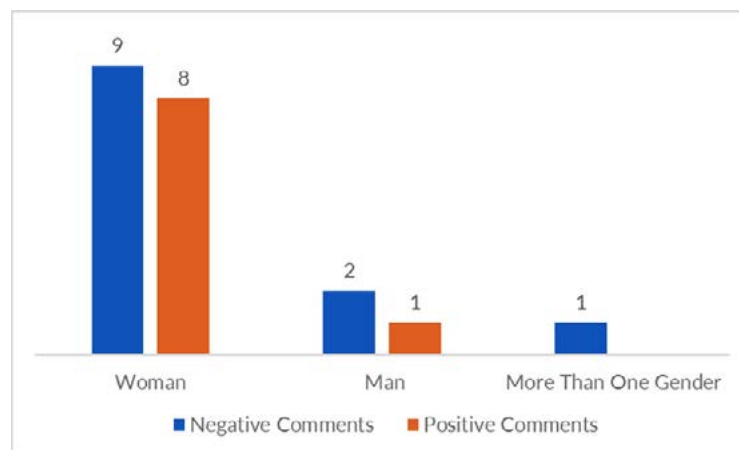
I: Health Equity in Erie County 2023 Focus Group Report

Figure 19: Number of Negative and Positive Comments About Family Relationships per Focus Group



There were no comments coded to Family Relationships in the Puerto Rican, Hispanic-Latino 2, Incarcerated Men, Black Fathers, or Black East Side Residents focus groups.

Figure 20: Number of Negative and Positive Comments About Family Relationships by Gender



There were no comments coded to Family Relationships by any participants who indicated a gender of Man of Trans Experience, Woman of Trans Experience, Non-Binary, or Another Gender alone.

“And at that time, I couldn't talk to my family because there was—my family was always judgmental, and I felt I couldn't talk to them. So, I resorted to starting to smoke cigarettes.” - Rural Caregivers Focus Group

I: Health Equity in Erie County 2023 Focus Group Report

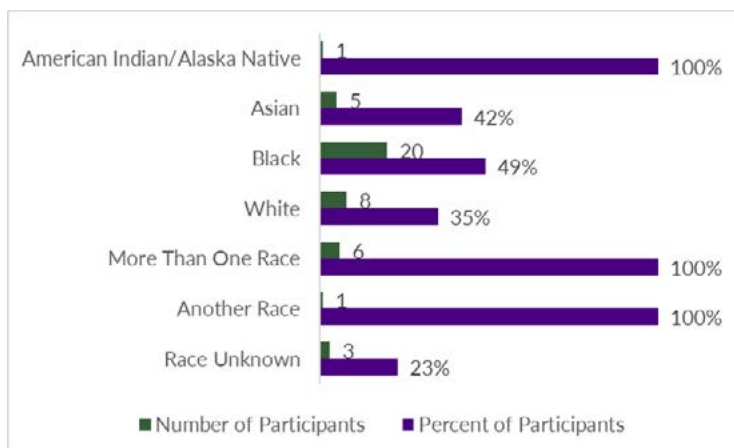
“My parents taught me to love. [...] Love yourself no matter what. You can get through it. It—you're gonna make it as long as you wake up, love. You're gonna make it.” - Black Older Adults Focus Group

Discrimination or Being Misunderstood

One of the focus group questions asked if there are ways in which participants feel that they are misunderstood. Feelings of being misunderstood were also shared in response to other questions. Expressions of experiencing discrimination were grouped into the same code as being misunderstood.

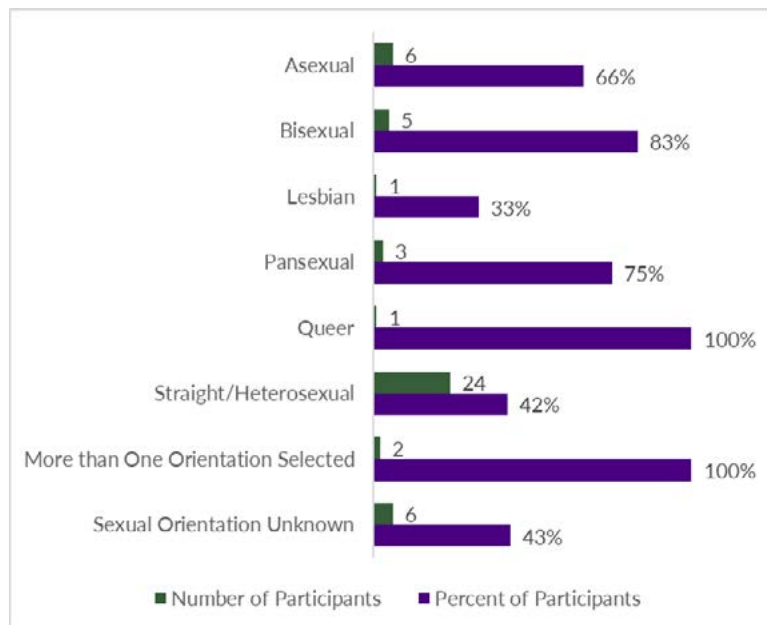
- Being misunderstood or discriminated against accounted for about 17% of negative references across all focus groups.
- Concerns about Discrimination or Being Misunderstood were discussed in the context of health care, criminal justice, culture and race, employment, housing, and more.
- Individuals from gender, racial, or ethnic minority groups expressed experiencing Discrimination or Being Misunderstood more often than those from non-minority groups. The ways in which individuals reported being misunderstood varied according to different stereotypes associated with each group.

Figure 21: Number and Percent of Participants Who Commented About Discrimination or Being Misunderstood by Race



I: Health Equity in Erie County 2023 Focus Group Report

Figure 22: Number and Percent of Participants Who Commented About Discrimination or Being Misunderstood by Sexual Orientation



There were no comments coded to Discrimination or Being Misunderstood by participants who indicated a sexual orientation of Gay.

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

“Cis people take cis people a lot more seriously than they take trans people.” - Transgender and Non-Binary Focus Group

“Well, they think we're all violent. People think we're all violent. They think we're all lazy. You're talking about Black people, right? They think we're all lazy. They think we're all crooks. They think we all do drugs. Just anything bad. That's what they think.” - Black East Side Residents Focus Group

Incarceration and Criminal Justice Involvement

This code includes references related to the experience or effects of incarceration or being involved (as a perpetrator) in the criminal justice system. Many of the responses assigned to this code are from participants who were in the discussions held at the Erie County Correctional

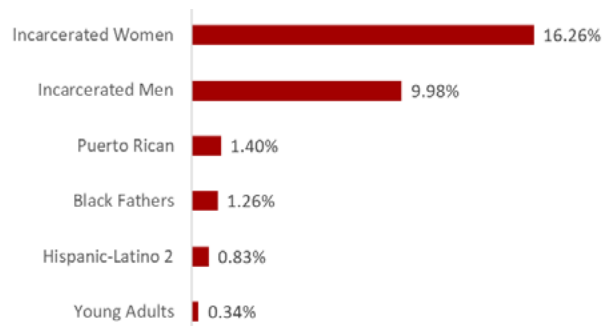
42

I: Health Equity in Erie County 2023 Focus Group Report

Facility. However, several participants outside of these groups commented about influences that were assigned to this code as well.

- Incarceration and involvement in the criminal justice system were discussed at 6 of 14 focus groups, including the two that were held in the Erie County Correctional Facility.
- Two participants in the Incarcerated Men focus group noted some benefits of being incarcerated, such as learning about community resources and having access to food and shelter.
- Negative references coded to Incarceration and Criminal Justice Involvement included being unjustly targeted by the police; getting involved in crime out of desperation; not having adequate spiritual, mental, or physical health care while incarcerated; struggling to reintegrate into the community after incarceration; and finding work and housing with a criminal record.

Figure 23: Percent of Dialogue Focused on Incarceration and the Criminal Justice System per Focus Group



There were no comments coded to Incarceration or Criminal Justice Involvement in the Bangladeshi, Black East Side Residents, Black Older Adults, Hispanic-Latino 1, Rural Caregivers, Rural Older Adults, Trans and Non-Binary, or LGBTQ+ focus groups.

“It's supposed to be like, we're supposed to be rehabilitated, but it does not look at it like that. So that kind of hinders us from anything. Anywhere that we go for now, you know, they be like, 'Do you have a felony?' or, you know what I'm saying? Like, what you need to know I got a felony for, you know, for basic, you know, life needs? Things that we need. So, I stole—I stole a loaf of bread 17 years ago—stopping me from eating today?” - Incarcerated Men Focus Group

“You know most of us had everything—an apartment... and then being in [the Holding Center] 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.” - Incarcerated Women Focus Group

ERIE COUNTY OFFICE OF HEALTH EQUITY FOCUS GROUP REPORT 2023 | 43

I: Health Equity in Erie County 2023 Focus Group Report

“So a lot of the times, you know, it hasn't happened to me. But with like, in the context of social and community, with incarceration and racism and oppression and discrimination, there's a lot of people that go [into] the system. They get released and they don't get the support that they need.” - Puerto Rican Focus Group

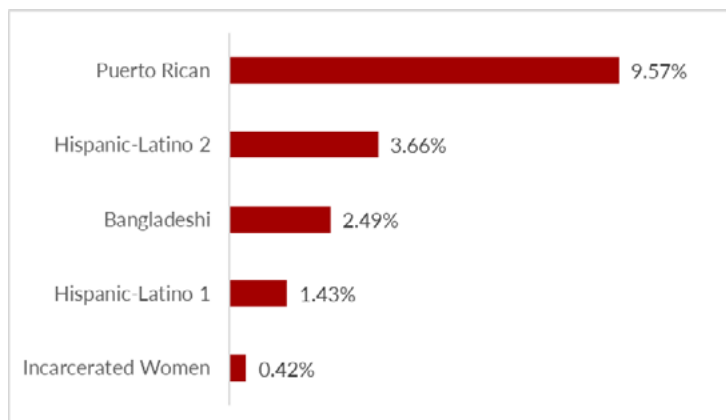
Language Access

Language Access includes health literacy, digital literacy, and access to information as well as access to translation and interpretation. This SDOH domain is divided into two sections. The first is English Language and Interpretation Challenges, and the second is Access to Information.

English Language and Interpretation Challenges

- Concerns and challenges about language interpretation were discussed in 5 of the 14 focus groups and accounted for about 4% of negative reference across all focus groups.
- Language interpretation challenges were expressed in relation to trying to access health care, social services, education, employment, and news.

Figure 24: Percent of Dialogue Focused on Language and Interpretation Challenges per Focus Group



There were no comments coded to Language and Interpretation Challenges in the Rural Older Adults, Incarcerated Men, Black East Side Residents, Black Older Adults, Rural Caregivers, Young Adults, LGBTQ+, or Trans and Non-Binary focus groups.

“So, the biggest challenge is with like, 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.” - Puerto Rican Focus Group

I: Health Equity in Erie County 2023 Focus Group Report

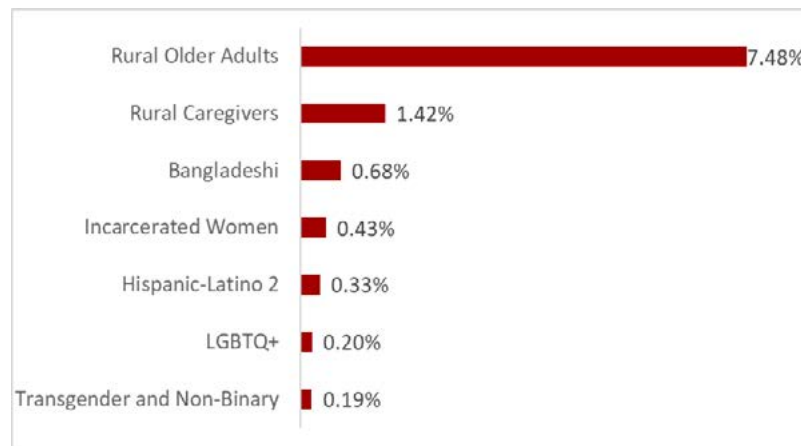
“I finished college. I had a one year and a half left. All my paperwork is in Spanish. So when I went to—to college in downtown, they told me cannot accept the paperwork that I need. I need to pay somebody \$400. \$400 to translate all the paperwork. [...] I want to go back to school, and I have to [...] pay them to translate my paperwork?!” - Hispanic-Latino Focus Group 1

Access to Information

This code includes references regarding the types of media that are used to share information as well as challenges due to general lack of awareness of information and resources. The question “What would have helped during the 2022 Blizzard?” prompted a few suggestions about effective means of communication during or before an emergency. “What are your trusted sources of information?” was also asked in some of the groups.

- Means of communication was a prominent topic in the Rural Older Adults group, accounting for about 21% of the negative references from that group and 63% of the negative Access to Information references across all the focus groups.
- Communication challenges discussed by the Rural Older Adults group included the digital dominance of advertisements for community events and resources. This group noted that technology is difficult to keep up with and internet access is not always reliable for them in the rural areas.
- Other groups discussed general lack of awareness about resources and local current events due to inadequate means of communication.

Figure 25: Percent of Dialogue Focused on Access to Information Challenges per Focus Group



There were no comments coded to Access to Information in the Incarcerated Men, Black Older Adults, Young Adults, Black East Side Residents, Black Fathers, Hispanic-Latino 1, or Puerto Rican focus groups.

I: Health Equity in Erie County 2023 Focus Group Report

“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.” - *Rural Older Adults Focus Group*

“You don't know what to do. And income—like they feel like, oh, I don't have a job, I don't have any money, so there I have to stay in that situation. And that was me a little bit—to a point—but I knew some resources out there who could help me. But most of these women do not know the resources. There are no resources out here to help us except for like, word of mouth.” - *Rural Caregivers Focus Group*

“[A challenge] for me, I would say would be like, access to opportunities and things and being more aware of it and knowing where to go and how to get to those things.” - *Trans and Non-Binary Focus Group*

Other Influences on Healthy Living

Self-Efficacy

While it doesn't necessarily fit into an SDOH domain, Self-Efficacy is a factor that is included in some health behavior models. For this report, comments were coded to Self-Efficacy if they were related to the speaker's perceived resilience or capabilities based on their learned skills or intrinsic qualities, such as intelligence or motivation.

This code is unique from the other codes because self-efficacy is an internal influence. However, an individual's level of self-efficacy may be influenced by social determinants of health.

- Expressions of Self-Efficacy varied significantly by gender. References assigned to this code accounted for about 31% of all positive references for participants who indicated a gender of Man and about 1% of all positive references for participants who indicated a gender of Woman.

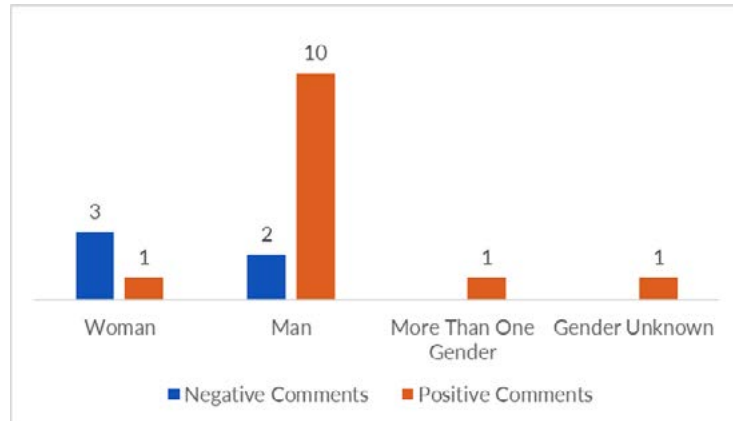
I: Health Equity in Erie County 2023 Focus Group Report

- There were no negative comments coded to Self-Efficacy from participants of any other genders.

13% of participants who responded to the question “What does a good life look like?” discussed Self-Efficacy.



Figure 26: Number of Negative and Positive Comments Related to Self-Efficacy by Gender



There were no comments coded to Self-Efficacy by any participants who indicated a gender of Woman of Trans Experience, Man of Trans Experience, or Non-Binary.

“For me, I'm one of those people. I'm really, really like—doesn't make me better than anybody—but I'm really, really driven. I run into areas where I get a little bit discouraged, but, you know, a lot of times that discouragement—whether it comes from a particular source or just a circumstance—it doesn't necessarily throw water on my fire. It throws fuel on my fire, you know what I mean? Because, you know, I learned a long time ago: You keep knocking on doors, you know, whether if I'm looking for an opportunity or whatever the case may be, you get the people that are going to tell, you know, ‘Out of the way,’ and that'll get you closer to the person that's going to tell you ‘Yes.’ So persevere, persist. And I learned just through my own life experience, persistence and consistency will always, always, always pay off. You just got to keep going.” - Black Fathers Focus Group

I: Health Equity in Erie County 2023 Focus Group Report

“[Something that is helping me is] my mentality and my work ethic.” - Young Adults Focus Group

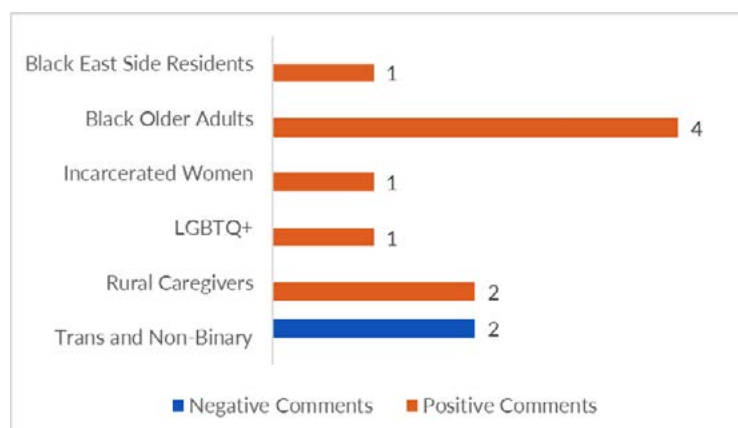
“And somehow you have to get out of your head—not thinking like, negative the whole time.” - Incarcerated Women Focus Group

Faith and Religion

This code includes comments about challenges or assets that related to faith or relationships with churches or religious groups.

- Faith and/or religion were mentioned in 6 of the 14 focus groups.
- There were 2 negative references assigned to this code about religion-based rejection or exclusion of transgender people.
- There were 9 positive references assigned to this code, including appreciations for support from churches, expressions of comfort, and receiving guidance through faith.

Figure 27: Number of Negative and Positive Comments Related to Faith and Religion per Focus Group



There were no comments coded to Faith and Religion in the Incarcerated Men, Rural Older Adults, Young Adults, Hispanic-Latino 1, Hispanic-Latino 2, Puerto Rican, Black Fathers, or Bangladeshi focus groups.

Believing in a power that's bigger than you is a lot—is like, very helpful and very supportful here. - Incarcerated Women Focus Group

“You know, with the religious background—that helps you to endure a lot that goes on.” - Black East Side Residents Focus Group

I: Health Equity in Erie County 2023 Focus Group Report

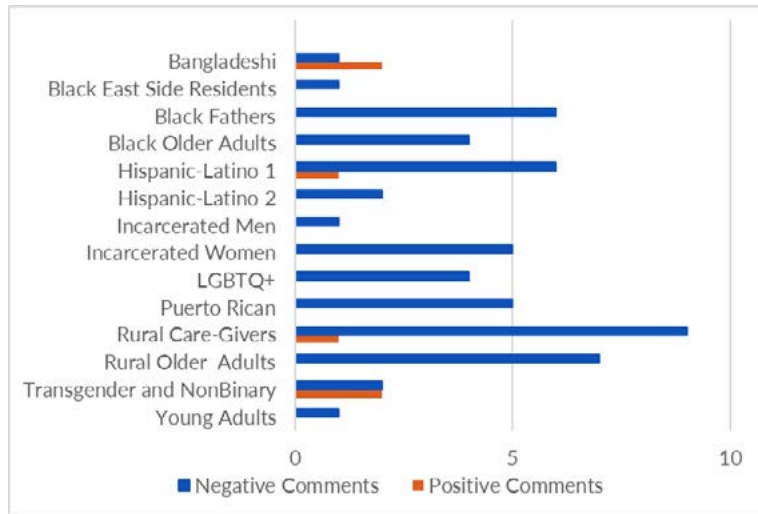
Government and Systems

Comments were coded to Government and Systems if they pertained to policies, government actions (federal, state, or local), or work done by government employees, such as police or social workers.

- There were 6 positive references across all groups coded to Government and Systems. These references pertained to certain freedoms and services that are not available outside of New York State, recent local infrastructure improvements, and improved ease of access to services.
- All 14 focus groups discussed challenges that were coded to negative Government and Systems which accounted for about 10% (53) of the negative references across all focus groups.

8% of participants who responded to the question “What does a good life look like?” discussed Government and Systems.

Figure 28: Number of Negative and Positive Comments About Systems and Government per Focus Group



“Even like with food stamps, they want you to be homeless, broke flat on your butt before they give you something or do something for you. But it's like the people that [are] working and doing good, they give everything to them. Like, it doesn't make sense. That's why a lot of people lie on the applications, they do A, B, and C just to get help, just to get something. It's just backwards. I think everything is just backwards.” - *Incarcerated Women Focus Group*

I: Health Equity in Erie County 2023 Focus Group Report

“So I went almost a year long fighting this case with temporary cash assistance because I waited six months for them to, you know, accept my paperwork and give me the assistance. And after six months, they never gave me the assistance. And I, you know, fought a lot of them about getting the assistance. And then finally, I had an incident with my daughter and a social worker was involved. And the social worker was the one that had to make the call and suggests that they needed more family assistance. So it took almost a year long to get that assistance. And—and a social worker from my daughter's school had to get involved to get the support that we need.” - Puerto Rican Focus Group

“Family court building. Need I say more? Need I say any more? [...] They favor women over men.” - Black Fathers Focus Group

“There's also still access to abortion for people who have uterus and who could potentially get pregnant. I'm pretty happy about that.” - Trans and Non-Binary Focus Group

FOCUS GROUP SUMMARIES

This section will summarize the highlights of each group including issues that surfaced in the discussion that were unique to each group and the most prominent issues discussed in each group. Some groups had more participants than others, and some groups had more focused discussions than others. Thus, quantifiable themes did not emerge at equal rates between groups. Some of the summaries illustrate relationships between SDOH factors that were emphasized in the discussions unique to that particular focus group. Summaries for other focus groups call out “wish lists” that surfaced during the discussions. Many of the summaries include quotes from the respective groups which exhibit examples of some of the challenges and assets that were discussed. These summaries are presented in the order the groups were facilitated, starting with the first focus group, which took place at the end of July 2023, to the last, which took place at the end of September 2023.

I: Health Equity in Erie County 2023 Focus Group Report

Rural Older Adults Focus Group

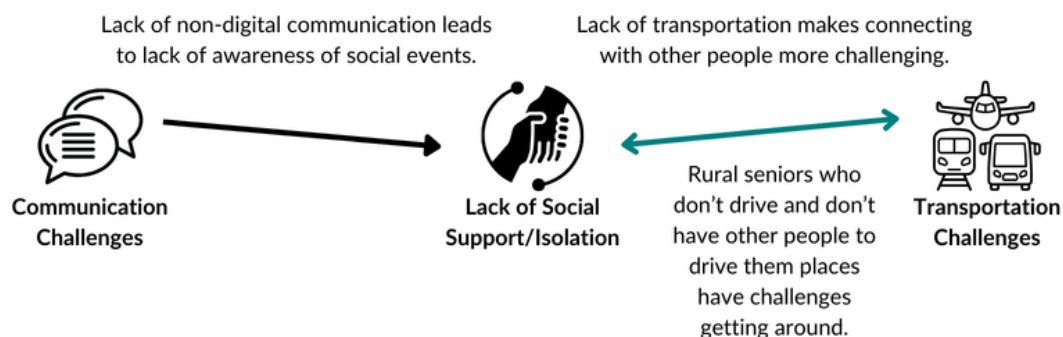
Location: Concord Senior Center – Springville, NY 14141

Date: July 24, 2023

Number of Participants: 9

- The importance of Communication and Access to Information was highlighted in the Rural Older Adults Focus Group. Communication and Access to Information was the most prominent code in this group with 12 references, which was by far the most of all the groups.
 - The most discussed related challenges were about messaging being predominantly shared on the internet while many rural seniors lack reliable internet access and skills to use technological devices.
- Several participants discussed feelings that Concord and other towns in the area are neglected by the county.
- Lack of affordable housing in the area was also discussed.
- Another prominent theme in this group was isolation due to several factors, including lack of transportation, children moving away, and lack of access to information about community events, as they are usually advertised on social media and modern technology is difficult for this group to navigate.

Figure 29: SDOH Relationships Discussed in the Rural Older Adults Focus Group



**The image above highlights some of the relationships between SDOH factors that were discussed in the Rural Older Adults focus group. It is not inclusive of all the SDOH relationships that may exist.*

I: Health Equity in Erie County 2023 Focus Group Report

Bangladeshi Focus Group

Location: Gloria J. Parks Community Center – Buffalo, NY 14214 Date: August 2, 2023

Number of Participants: 9

- The importance of Social Support and Family Relationships were highlighted in the Bangladeshi focus group.
- Several SDOH issues were discussed in relation to relocating to Erie County from Bangladesh as well as larger North American cities such as Toronto and New York City.
 - Positive references included appreciation for friendly people, clean air, and quality drinking water in WNY.
 - Related challenges discussed included being misunderstood as a minority ethnic group, limited access to foods that are both culturally appropriate and healthy, and having credentials from abroad that are not accepted in the United States.
- Access to language interpretation and transportation were also discussed as challenges for this community, particularly for women, who were described as less likely to speak English or drive.

Figure 30: Wish List From Bangladeshi Focus Group



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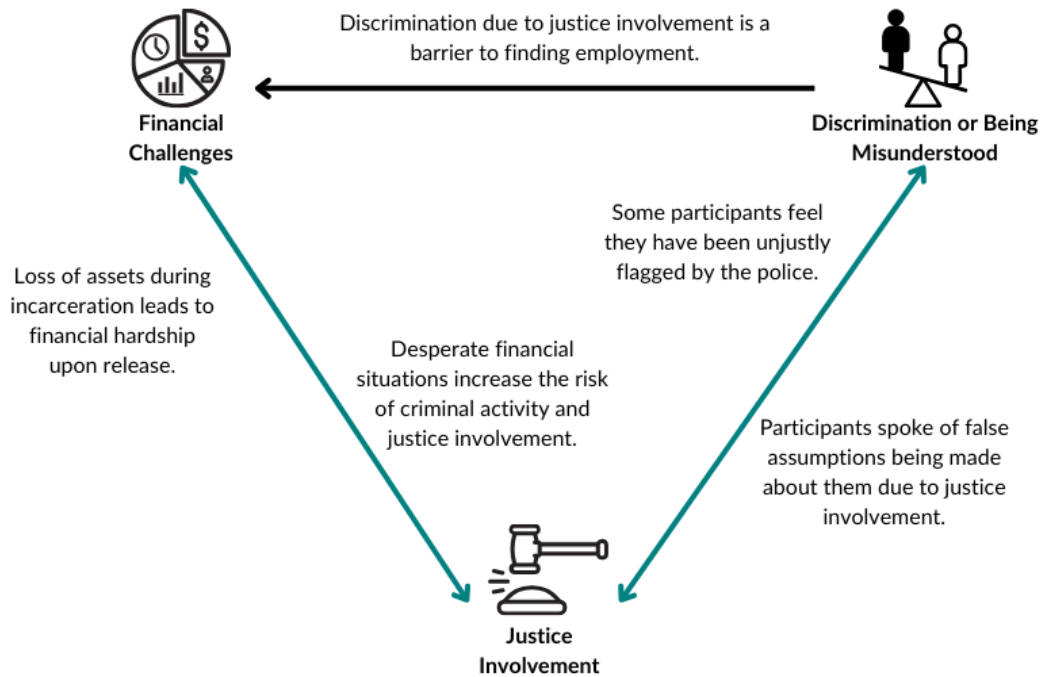
Incarcerated Men Focus Group

Location: Erie County Correctional Facility
Number of Participants: 8

Date: August 4, 2023

- The Incarcerated Men focus group highlighted the impact of Discrimination or Being Misunderstood. Being misunderstood or discriminated against was one of the challenges most discussed in this focus group. Some participants spoke about being misunderstood or discriminated against because of their appearance, and several participants spoke about being misunderstood in the context of going through the criminal justice system as well as reintegration into the community.
- Another theme for this group was the challenge of achieving Financial Stability, particularly because many employers will not hire someone with a history of incarceration or a criminal record.
- Some participants spoke about living in unsafe environments, which challenges their ability to lead healthy lives and stay out of crime.

Figure 31: SDOH Relationships Discussed in the Incarcerated Men Focus Group



**The image above highlights some of the relationships between SDOH factors that were discussed in the Incarcerated Men focus group. It is not inclusive of all the SDOH relationships that may exist.*

I: Health Equity in Erie County 2023 Focus Group Report

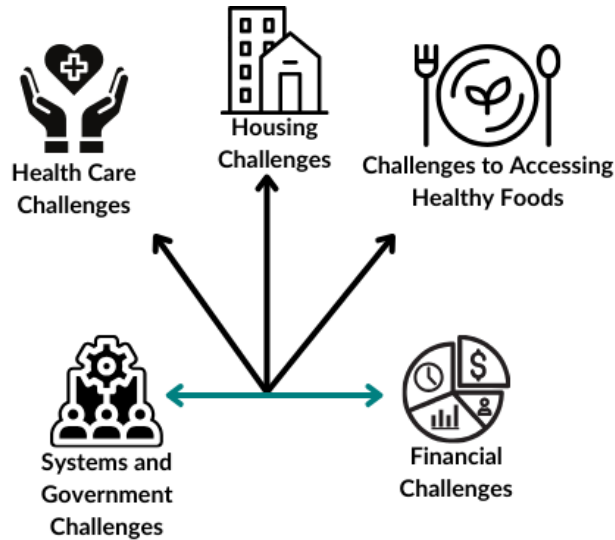
Hispanic-Latino Focus Group 1

Location: LaSalle Courts Community Room – Buffalo, NY 14216 Date: August 8, 2023
Number of Participants: 5

- The Hispanic-Latino Focus Group 1 highlighted the challenges of navigating the systems of economic assistance. Economic Stability and Government and Systems were the most prominent topics in this group and were often connected through discussions of income and benefits.
 - Multiple participants discussed challenges due to qualification criteria for certain types of government assistance, including Medicaid, SNAP, and housing assistance.
- Concerns about crime, quality housing, and unresponsive landlords were also discussed.

“It’s like she said, that Social Security gives you a bigger amount, you know, then housing comes in *and* takes it.”

Figure 32: SDOH Relationships Discussed in the Hispanic-Latino Focus Group 1



Many people rely on government assistance such as Medicaid, SNAP, and housing assistance. However, it is a challenge to increase financial stability as increased income or receiving certain benefits may lead to the loss of other benefits.

**The image above highlights some of the relationships between SDOH factors that were discussed in the Hispanic-Latino Focus Group 1. It is not inclusive of all the SDOH relationships that may exist.*

I: Health Equity in Erie County 2023 Focus Group Report

Young Adults Focus Group

Location: The Foundry – Buffalo, NY 14208

Date: August 10, 2023

Number of Participants: 10

- Discrimination or Being Misunderstood was a prominent theme in the Young Adults focus group. Discrimination or Being Misunderstood accounted for about 21% of the negative references in this group and was mostly discussed in reference to the justice system.

“I was called a menace by my own White-a judge the first time she seen me.”**

- When asked about views on how social media affects mental health, multiple participants expressed negative views and discussed the harms of rumors being spread on these platforms. Discussion of mental health apart from social media included a lack of trustworthy people to talk to and experiences of ineffective therapy.

“During childhood, growing–I've been through those therapists that don't help you. it's basically just diagnosing with something that doesn't make sense.”

- A desire for more safe spaces where young adults in the community can socialize and recreate was expressed.
- Lack of guidance for youth and lack of training in practical skills, such as money management, were noted as challenges.
- Challenging relationships were discussed, including the responsibility of taking care of other people and the presence or absence of a father figure.

I: Health Equity in Erie County 2023 Focus Group Report

Black Older Adults (65+) Focus Group

Location: Frederick Douglas Community Center – Buffalo, NY 14204 Date: August 14, 2023

Number of Participants: 7

- The Black and Older Adults focus group discussed the challenges of maintaining Economic Stability as older adults. 29% of the negative references in this group were coded to Economic Stability. Related concerns included financial literacy, financial security in retirement, and challenges to finding jobs that are suitable for older adults who can't afford to retire.

“There's only so many type of jobs that some seniors can do. For me, 'cause my body. I understand my body is starting to break down some. I do get pain. So, the stringent work I used to do when I was much younger, I can't do anymore. So, I have to pick and choose what type of job. [...] Every day there's something new going on, whether it's the type of jobs that they opening up, and most of them is at home jobs. But most people are not savvy on the computers. That that's a challenge by itself. Even though [...] we can Google everything nowadays. And there's some type of tutorial that you could go to and learn these skills—these new life skills, as they call them. So. So far, I think, as a government, they need to start educating earlier than 60 or asking us at the age of 60: What would it take for us to survive?”

- About 25% of negative references were coded to Health Care. Related concerns included the cost of care and insurance, being taken seriously by providers, and access to appropriate mental health care.

“Also, when you're talking about older people and doctors, you know, we can go into the hospital or doctor's office, say 'Oh I'm in pain 'cause this is bothering me.' And they go 'Aw you just have a little ache. Take some Tylenol or something.' No tests, no nothing.”

- Other concerns included responsibilities toward children and grandchildren, cultural differences between generations, and unsafe housing.

“And we need more resources for senior citizens that are taking and raising their grandchildren, because that's not an easy job for a senior citizen.”

- Crime and safety were discussed with varying opinions on the level of safety in the community.

I: Health Equity in Erie County 2023 Focus Group Report

Transgender and Non-Binary Focus Group

Location: Pride Center of WNY – Buffalo, NY 14202

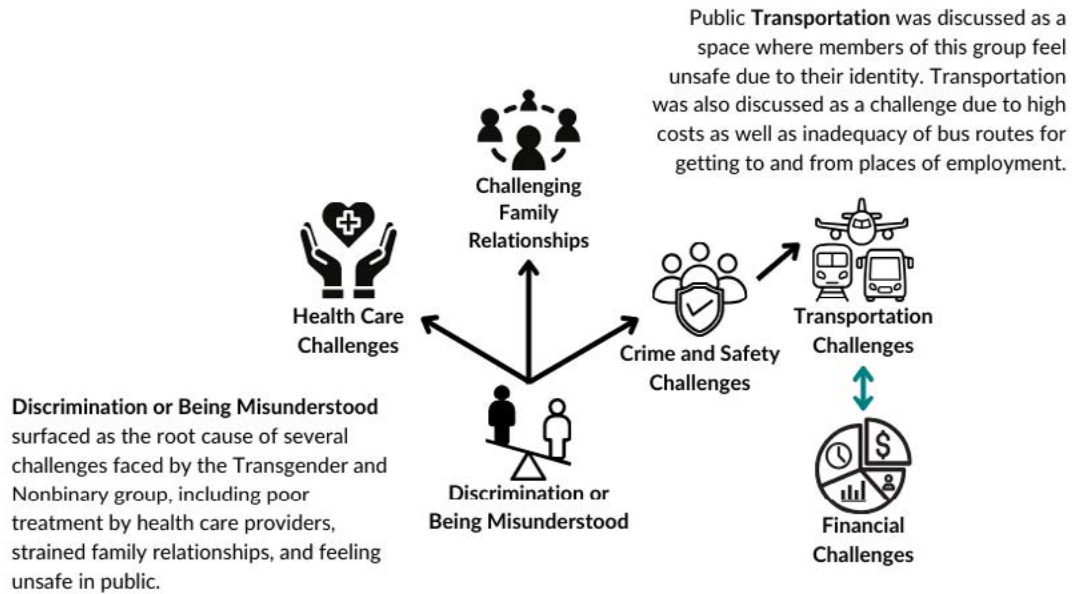
Date: August 15, 2023

Number of Participants: 8

- The Transgender and Non-Binary focus group discussed experiencing discrimination in various settings. About 40% of the negative references were coded to Discrimination or Being Misunderstood. Related challenges discussed included false assumptions that the trans and non-binary community is monolithic, false assumptions that trans or non-binary people are predators or trying to corrupt children, and lack of awareness and understanding of pronouns.
- About 20% of the negative references were coded to Access to Quality Transportation. Transportation challenges that were discussed in this group included accessibility for people with disabilities, safety on public transportation as a trans or non-binary person, inadequate bus routes and schedules, and high costs of taxis or ridesharing.
- Other concerns included maltreatment by medical providers and incompetence in the medical community about treating transgender or intersex patients, as well as cost of care, affordable housing, and safety.
- Multiple participants expressed appreciation for certain freedoms which are experienced in New York state and are not protected elsewhere, though there was some concern that these freedoms will not always be guaranteed.
- Multiple participants discussed the importance of having social supports and a way to connect to others in the community.

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Figure 33: SDOH Relationships Discussed in the Transgender and Non-Binary Focus Group



**The image above highlights some of the relationships between SDOH factors that were discussed in the Transgender and Non-Binary focus group. It is not inclusive of all the SDOH relationships that may exist.*

I: Health Equity in Erie County 2023 Focus Group Report

Incarcerated Women Focus Group

Location: Erie County Correctional Facility
Number of Participants: 8

Date: August 18, 2023

- The Incarcerated Women focus group discussed many concerns about access to care. About 30% of the negative references were coded to Health Care or Mental Health. Concerns included lack of care while in the correctional facility, including dental, optometry, gynecology, and mental health, as well as access to quality care while living in the community.
- Family Relationships and Social Support were discussed by several participants as assets to well-being while incarcerated. However, discussion about social interactions and relationships within the community were less positive—for example, being trapped in unhealthy relationships and facing stigma and discrimination due to involvement with the justice system.
- Other concerns discussed included access to safe and affordable housing, strained family relationships and inability to provide for family due to incarceration, and lack of resources in the correctional facility for female inmates.

“Even the GED program here. There are girls that don't have their GED and they are not called down for the program. There's no educational benefits. Some girls have been here for years. There's nothing to do but sit in a room and eat commissary. They can't better themselves, they can't go to school. They can't do anything to get a leg up when they go out these doors. So, they go back to boosting and drugs and living with gangsters, you know, because it's security. That's the reality of it. Nobody wants to do programs for females. There's not even jobs in here for females.”

Figure 34: Wish List From Incarcerated Women Focus Group



I: Health Equity in Erie County 2023 Focus Group Report

Black East Side Residents Focus Group

Location: Delevan Grider Community Center – Buffalo, NY 14215 Date: August 19, 2023
Number of Participants: 6

- Challenges to accessing care were highlighted in the Black East Side Residents focus group. About 29% of the negative references were coded to Health Care or Mental Health. Related concerns included lack of available mental health services and lack of access to primary care and health insurance, primarily due to cost.

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

- Healthy diet was an important issue in this group and was referenced by all but one of the participants. Positive references coded to Access to Healthy Foods included appreciations for local farm trucks, farm stands, and food distribution programs as well as nutrition classes. Negative references coded to Access to Healthy Foods included concerns about rising cost of healthy foods and the termination of the additional SNAP benefits that were available as part of COVID-19 assistance.

“Like you can't—if you can't get to the grocery store, it doesn't make a difference. You know what I mean? 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. It's easier to just go to that corner store and buy what they offer, you know? 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. So, it's like, it's a lot. You know, so that's definitely a challenge.”

- The question, “In what ways are Black East Side residents misunderstood?” evoked some emotional responses. Participants shared that they feel they are stereotyped as violent, lazy, and unintelligent and perceived as unimportant. One participant discussed discrimination manifesting as disinvestment in the East Side. Another spoke of struggling to keep a job in an unwelcoming work environment.

I: Health Equity in Erie County 2023 Focus Group Report

Rural Caregivers Focus Group

Location: The Scott Bieler Family Foundation Rural Outreach Center – East Aurora, NY 14052

Date: August 31, 2023

Number of Participants: 5

- Like the Rural Older Adults group, this group also expressed feelings of being forgotten and neglected as a rural community. Related concerns included a lack of police protection, access to quality childcare and adult care, accessible medical and social services, and recreational resources for their families.
- Eligibility criteria for needed government assistance was discussed as a challenge by multiple participants. Another noted challenge to accessing government assistance was having to travel to downtown Buffalo to obtain it, though one participant noted that they can now obtain certain benefits over the phone.
- Lack of public transportation in the rural areas and cost of using and maintaining a personal vehicle were discussed as challenges to accessing resources and general well-being.
- Social Support was highlighted as an important asset. Participants expressed appreciation for feeling a sense of community in the rural areas. Positive references to Social Support included neighbors looking out for one another, finding support and fellowship in church, and receiving financial help from friends in the community. Negative references related to Social Support included feelings of isolation and being overwhelmed due to lack of assistance with caregiver responsibilities.
- Participants also expressed appreciation for several local organizations for providing practical, emotional, and financial support.

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Figure 35: Wish List From Rural Caregivers Focus Group



I: Health Equity in Erie County 2023 Focus Group Report

Puerto Rican Focus Group

Location: El Batey Puerto Rican Cultural Center – Buffalo, NY 14207

Date: September 9, 2023

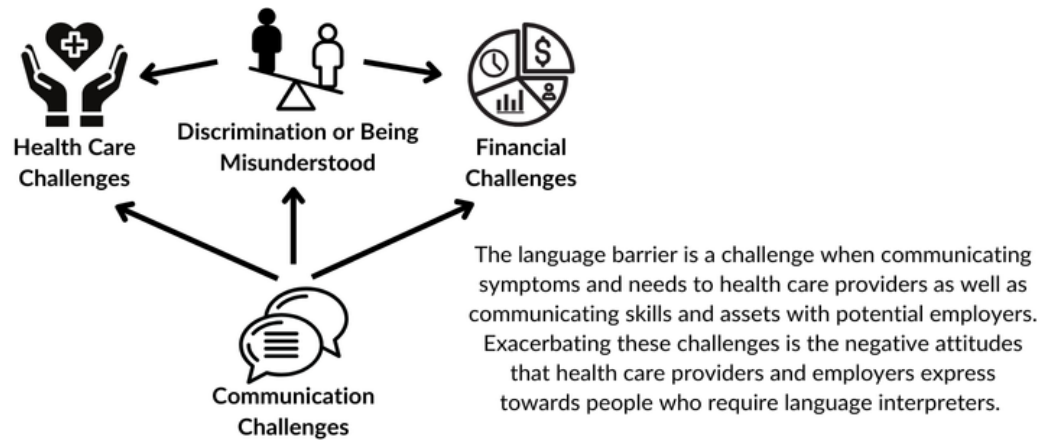
Number of Participants: 4

Realtime English-Spanish Interpretation

- The Puerto Rican focus group discussed multiple challenges to accessing care. About 34% of the negative references in this group were coded to Health Care. Related concerns included inadequate interpretation services, cost of care and eligibility criteria for Medicaid, not being taken seriously, and distrust of medical providers.
- Unsurprisingly, this group (which was the only focus group conducted in a language other than English) had the highest proportion (19%) of negative references coded to English Language Access of all the groups. Challenges associated with language included accessing appropriate health care, accessing social services and government assistance, and getting hired for work.
- This group also had the highest proportion (22%) of negative references coded to Affordable and Quality Housing of all the groups. Concerns included unsafe conditions of rental homes, high cost of renting, and irresponsible landlords. There was also discussion of unsafe conditions during the December Blizzard that were exacerbated by poor quality housing.

“So there's—there's many winters where we have to put a heater by the pipes [outside] so that they won't freeze, because my pipes get frozen. And then when the winter goes away, you know, the landlord says that we owe them for the water bill because we had to leave the water running so the pipes won't freeze. And he lets us know that we still owe him money for the water bill because we had to let the water run.”

Figure 36: SDOH Relationships Discussed in the Puerto Rican Focus Groups



**The image above highlights some of the relationships between SDOH factors that were discussed in the Puerto Rican focus group. It is not inclusive of all the SDOH relationships that may exist.*

I: Health Equity in Erie County 2023 Focus Group Report

LGBTQ+ Focus Group

Location: Delevan Grider Community Center – Buffalo, NY 14215

Date: September 12, 2023

Number of Participants: 6

- The LGBTQ+ focus group highlighted challenges to accessing healthcare that are unique to the LGBTQ+ community. About 39% of negative references in this group were coded to Health Care. This was the highest proportion of negative references coded to Health Care of all the groups. Concerns regarding health care included lack of providers who are competent in treating medically transitioned people or people in same-sex relationships, an over-emphasis on HIV when treating LGBTQ+ individuals, lack of available mental health care, and poor access to care in general.
- About 18% of negative references in this group were coded to being Discriminated Against or Misunderstood. Related concerns included facing discrimination in the workplace and the health care system and false assumptions about people in the LGBTQ+ community. Examples of these false assumptions include assumptions that everyone in the LGBTQ+ community has HIV or AIDS, that people in the LGBTQ+ community are trying to corrupt children, and that being part of the LGBTQ+ community is a choice rather than an individual's intrinsic nature.

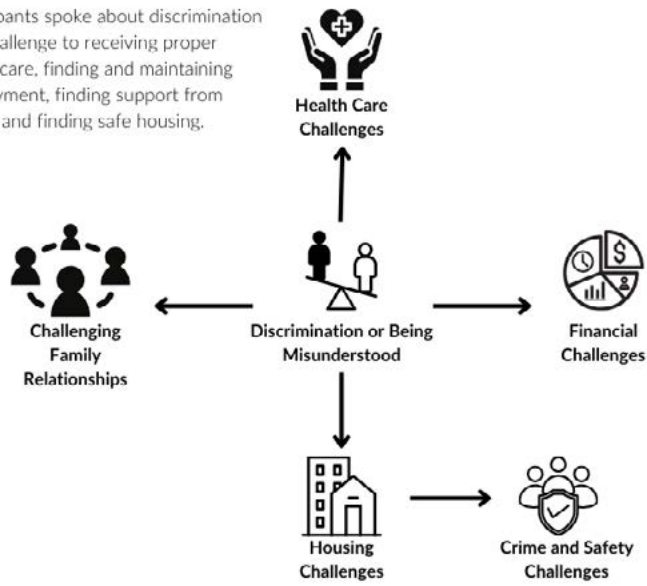
“Discrimination (is a challenge), number one. In every aspect: health care, employment, housing. Pick a social determinant of health, you know, and apply discrimination to it.”

- Other concerns discussed by this group included safe and affordable housing and low wages coupled with high inflation.
- Assets to well-being highlighted in this group included support for one another within the LGBTQ+ community and support from certain local LGBTQ+-focused organizations.

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Figure 37: SDOH Relationships Discussed in the LGBTQ+ Focus Group

Participants spoke about discrimination as a challenge to receiving proper health care, finding and maintaining employment, finding support from family, and finding safe housing.



**The image above highlights some of the relationships between SDOH factors that were discussed in the LGBTQ+ focus group. It is not inclusive of all the SDOH relationships that may exist.*

I: Health Equity in Erie County 2023 Focus Group Report

Hispanic-Latino Focus Group 2

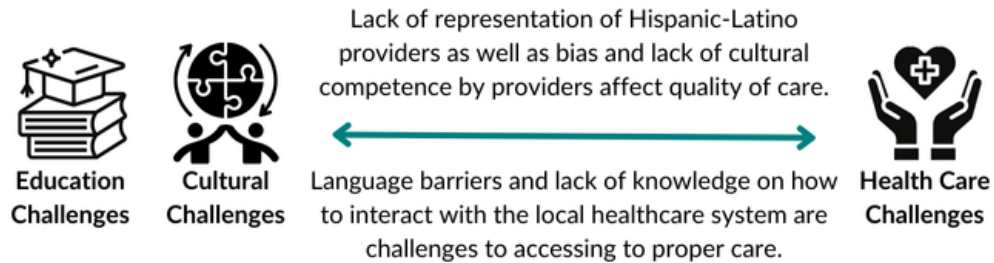
Location: El Batey Puerto Rican Cultural Center – Buffalo, NY 14207

Date: September 18, 2023

Number of Participants: 8

- Health Care was the most discussed issue in the Hispanic-Latino Focus Group 2 with a mix of negative and positive statements.
 - Negative statements about health care included concerns about cost of care, difficulty finding culturally appropriate care including mental health care, lack of Hispanic-Latino representation among health care providers, and lack of education about the health care system in Western New York. Multiple participants discussed a need for education on the local health care system within the Hispanic-Latino community; for example, using primary care for non-emergencies rather than ERs.
 - Most of the positive statements about health care in Western New York noted advantages to receiving health care here where there are more kinds of specialized care, such as cancer treatment, that are not available in many of the participants' countries of origin and shorter waitlists to receive care compared to New York City.
- Access to information regarding resources, education, health care, emergency alerts, and news was a prominent issue in this group, mainly due to lack of English language translation.
- Discrimination or Being Misunderstood accounted for about 24% of the negative references in this group. Related concerns included segregation, redlining, and disinvestment in communities of color, biases and false beliefs by health care providers, and the misconception that people from different Latin American countries of origin are the same.

Figure 38: SDOH Relationships Discussed in the Hispanic-Latino Focus Group 2



**The image above highlights some of the relationships between SDOH factors that were discussed in the Hispanic-Latino Focus Group 2. It is not inclusive of all the SDOH relationships that may exist.*

I: Health Equity in Erie County 2023 Focus Group Report

Black Fathers Focus Group

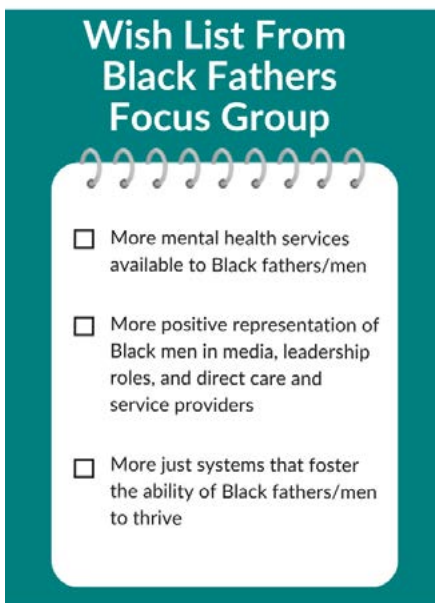
Location: Buffalo Prenatal-Perinatal Network – Buffalo, NY 14203

Date: September 25, 2023

Number of Participants: 4

- The Black Fathers focus group discussed a variety of concerns that were unique to their demographic. About 21% of negative references were coded to Government and Systems. Related concerns included lack of representation of Black men in government and leadership roles, misguided policies that hinder Black families and business owners, and negative experiences with social services and family court.
- About 36% of negative references were coded to Discrimination or Being Misunderstood. Related concerns included negative stereotypes in entertainment media, lack of concern for the welfare of Black people, voices of Black men being overlooked, and false assumptions that Black fathers are incompetent or uninterested in parenting their children.
- This group had the most references coded to Self-Efficacy of all of the groups. Participants spoke about relying on their own skills and strengths of character, such as focus and perseverance, to get them through difficult situations.
- Discussion around social interactions were predominantly negative in this group. Participants spoke about negative peer influences and discouraging attitudes from others that they have had to overcome.

Figure 39: Wish List From Black Fathers Focus Group



DISCUSSION, FINDINGS, & CONCLUSIONS

LIMITATIONS

Variability in attendance: The ECOHE team aimed to have about 6-8 participants in each focus group. Ten participants were recruited for most of the groups with the expectation that at least 1 or 2 would not actually attend. Despite efforts to choose convenient times and locations, some groups had as little as 4 participants attend while others had as many as 10.

Variability in engagement: The level of engagement varied between participants who attended the discussions. Some participants said very little while others spoke a lot. Therefore, conclusions from the discussions may be skewed toward those who were more vocal.

Variability in interpretation and direction of questions: While there was a core set of questions that were asked across all the groups, interpretation of these questions by the participants sometimes varied. Furthermore, the way the first person interprets and responds to a question can influence how other participants respond.

Challenges with recordings and transcription: Despite meeting in a secluded space and having two recording devices, some segments of discussions were not clear in the recordings. While every effort was made to capture each participant comment in the transcripts, some comments were too inaudible from the recordings to be included.

Coding is subjective: Identification of themes from the discussions and categorizing comments into these themes is subjective to the individual analyzing the transcripts. An iterative process of two researchers reviewing the transcripts, coding, and then reconciling differences in codes was utilized in an effort to minimize bias and to capture all important points. However, it is possible that another set of researchers may have different interpretations of what was shared or may have picked up on themes or points that could have been overlooked.

Challenges in quantifying with small numbers: While conducting focus groups is an effective way to gain a deeper insight and explore the nuances involved within the area(s) of interest, the number of participants involved is smaller than when using other methods, such as surveys. Therefore, the communities of focus are being represented by fewer people and findings may be less generalizable. For this reason, it is good practice to pair surveys and focus groups to gain both breadth and depth of information.

Bias due to unknown demographics: While it is important to offer participants the opportunity to opt out of answering demographic questions in order to ensure that they are comfortable with engaging in the focus group, this missing data could skew results when analyzing data by demographic factors, particularly when the pool of participants is small.

BEST PRACTICES & LESSONS LEARNED

Planning focus groups requires a lot of attention to detail and logistics. In addition to developing the questions and script for the moderator, there are many factors to consider when

I: Health Equity in Erie County 2023 Focus Group Report

planning focus groups. These factors range from planning the time and location of the discussion, to if and what refreshments or incentives will be offered. Challenges faced by the ECOHE team while organizing the focus groups included finding interpreters for groups planned with limited English proficiency communities and finding food vendors that were willing to be paid after the service was rendered due to the county budget process. Two planned non-English focus groups had to be canceled due to delays in contracting with the organization that would provide in-person interpreters.

It is helpful to connect with community leaders to help recruit participants and advise on the operation of the focus groups. Connecting with individuals who are either part of the communities of focus or who provide direct services to the communities of focus is helpful throughout the process of planning and implement focus groups. Community leaders advised ECOHE on cultural norms and expectations, appropriate food options, and convenient times and venues for the focus groups. They also had the role of recruiting focus group participants and functioned as trusted intermediaries between the ECOHE staff and the community.

Getting parents and caregivers of young children to attend in-person focus groups is a challenge. ECOHE planned four focus groups involving parents or caregivers of young children. Two of those groups were successfully conducted but had the minimum number of participants needed to proceed. Of the participants who attended one of the groups planned for parents or caregivers of small children, only one actually had small children; thus, that group had to be re-classified. For the last group intended for parents or caregivers of young children, only 3 participants attended, along with 2-3 service providers to parents and caregivers. The discussion with this group was recorded and archived but was not analyzed for this report as it did not follow the same composition as the other focus groups.

To more effectively involve parents and caregivers of small children, it may be helpful to consider other methods, such as virtual discussions or short surveys. One of the successful parent and caregiver focus groups did have childcare available from the partner organization, which (when possible) may be instrumental in getting this demographic to attend.

It is important to ensure that the details of planned focus groups are communicated clearly to the potential participants. It is important to ensure that anyone working to recruit participants understands *who* is appropriate for the groups and *what* is involved in attending the focus groups to then accurately convey this information to potential participants. As mentioned above, there were some groups with attendees who did not fit the intended demographic. Furthermore, at the start of one focus group, it was apparent that the participants were not aware that the discussion was going to be recorded. They were informed about the recording before the discussion began and before they signed the consent forms; however, the presence of the unexpected recorder appeared to make some of the participants uncomfortable when it was first presented.

Be responsive to the culture and background of the group. As cultures and backgrounds varied across each focus group, it was important to be perceptive of these differences and to adapt when necessary. Prior to each focus group, ECOHE consulted with members of the communities of focus and community partners to learn if there were any topics to be avoided in the discussion, customs to be aware of, or general recommendation for meeting with each

70

I: Health Equity in Erie County 2023 Focus Group Report

group. For example, when the focus group with the incarcerated women was being planned, the community partner who helped recruit participants advised that only female ECOHE staff attend as many of the participants have had traumatic experiences involving men, leading to distrust. Thus, only female ECOHE staff attended that focus group. Community partners also advised on what foods would be most appropriate for each group.

Despite the research conducted *before* each focus group, ECOHE adjusted plans *during* some of the focus groups based on what was observed and learned in real-time. For example, when refreshments were being served at the Bangladeshi focus group, the participants encouraged the ECOHE staff to eat with them. While the ECOHE staff was not planning to partake of the refreshments, it was realized that eating together was important to the culture of the group and doing so would help to build a rapport with the participants. Establishing this relationship was important to making the group feel comfortable and open during the discussion. Thus, as it is impossible to know everything about the culture and background of a group, being aware of the social dynamics and emotional atmosphere while conducting the discussion is important in addition to prior research.

Ensure all comments are captured in recording. Two separate recording devices were brought to each discussion. This proved to be helpful, as at times technical difficulties would cause one or the other to be inoperable. Furthermore, depending on the background noise, acoustics of the venue, settings on each recorder, and volume of the participants voices, the recordings were at times clearer on one device than the other. It is a good idea to test each recording device at the site prior to beginning the discussion to ensure proper placement and settings.

Despite having two recorders, some comments could not be transcribed due to background noise, low volume of the speaker's voice, or too many people speaking at once. Thus, it is important to find a venue with minimal background noise and to give participants clear instructions to speak clearly and to try not to speak over one another.

FINDINGS & CONCLUSIONS

Economic Stability

Many people are struggling with financial stability. Financial stability was the number one code among responses to the question “What does a good life look like to you?” Throughout the discussions, it was apparent that many of the participants were struggling to achieve financial stability due to factors such as low wages, high costs, and the inability to obtain or maintain employment due to challenging circumstances. In the 2022 ECOHE Community Survey, less than half of the respondents reported that they had enough money to save some, invest some, or buy things that they want but don't need. Respondents who did not report this level of financial stability were more likely to report experiencing health conditions. Community members would benefit from living wage policies and comprehensive financial literacy programs.

Many people who do not qualify for services or benefits have unmet needs. Multiple participants from several focus groups discussed challenges to obtaining sufficient food, housing, and other needed goods for themselves and their families, yet did not qualify for government assistance. Other participants discussed the challenges of balancing the assistance they do have while trying to maintain all their family's needs and becoming more self-sufficient.

I: Health Equity in Erie County 2023 Focus Group Report

The 2022 ECOHE Community Survey asked about challenges to healthy eating. Several respondents wrote in that they struggle to eat healthy foods because they cannot afford to buy them and do not qualify for SNAP. Programs that provide additional food assistance or expand food access could prove beneficial.

Neighborhood and Built Environment

Many people are struggling to find quality and affordable housing. Challenges discussed regarding housing included irresponsible landlords, poor housing conditions, high cost of rent, unattainability of homeownership, ineligibility for housing assistance, and resorting to unsafe living situations due to lack of housing options. The 2022 ECOHE Community Survey revealed dramatic disparities in homeownership among respondents, most notably when disaggregated by race. Community members would benefit from more affordable, safe, and stable housing options.

Transportation is a challenge for people who do not drive or own a vehicle. In both rural and urban areas, focus group participants expressed frustrations about transportation options for those who do not drive or own a car. Transportation challenges were also discussed by participants with various disabilities. In the 2022 ECOHE Community Survey, 77% of respondents who reported no use of a personal vehicle also reported that they have challenges such as obtaining medical care, obtaining food and needed goods, maintaining employment, and accessing recreation due to lack of transportation. Improved public transportation or more transportation options would connect more people to services, health care, employment, and needed goods. Efforts to do so should be developed with the needs of diverse communities in mind. For example, what may work well in a city may not be as effective in a rural area.

Community-based organizations (CBOs) are valuable. Trust and appreciation for CBOs were expressed in several groups. The need for more CBOs, particularly for youth, was expressed. Attitudes toward government entities were less positive as many participants expressed criticism and distrust. Thus, supporting community-based organizations may be an effective way for government to reach and uplift specific communities.

Health Care System

Community members are struggling to obtain effective mental health care. Challenges to accessing quality mental health care was discussed in 11 of the 14 focus groups. While the reasons may vary, the need for mental health care and the lack of access to it is an issue that affects many communities in Erie County. A recurring theme across focus groups was the frustration of trying to find mental health providers that share a common identity and thus can understand more of their lived experience. Examples include the experiences of an older adult or a member of a racial or gender minority group. Community members may benefit from a larger and more diverse pool of mental health care providers.

The only 2 positive comments coded to Mental Health Care were from participants expressing appreciation for counseling they received through community-based and religious organizations. Efforts to make mental health services more available through such organizations may be an effective way to reach community members in need.

I: Health Equity in Erie County 2023 Focus Group Report

Many in the LGBTQ+ community have had poor experiences with health care. Distrust and negative experiences with health care providers were prominent issues in the Trans and Non-Binary and LGBTQ+ focus groups. Poor health care experiences that were shared included being stereotyped to the extent of having health issues overlooked, feeling experimented on, and being treated by providers who are uneducated about trans or intersex bodies. In the 2022 ECOHE Community Survey, only 16% of respondents of Trans, Non-Binary, and All Other Genders reported that they felt they were *always* respected by their health care providers, while 35% of respondents who indicated a gender of Man or Woman reported that they felt that they are *always* respected by their health care providers. Specialized trainings for health care providers on treating the LGBTQ+ community may improve the health care experience for this community.

Education

There is a need for education on life skills. Several participants across multiple groups discussed a lack of knowledge and practical life skills, such as money management, financial planning for retirement, and navigating the health care system. In the 2022 ECOHE Community Survey 9% of respondents reported that they would exercise more if they knew what exercises were good for them and 12% reported they would eat healthier if they knew which foods were good for them. Furthermore, 21% of respondents reported that they would like to improve their financial situation but don't know how. Community education opportunities may be helpful and should be ADA compliant and offered in a variety of languages and media in order to be accessible to diverse communities.

Social and Community Context

Social connections are important for emotional well-being and day-to-day living. Focus group participants highlighted the importance of having people in their lives for various purposes, including comradery, guidance, and practical help. There was also discussion of abusive relationships and negative peer pressure. In the 2022 ECOHE Community Survey, respondents were less likely to report that they *often* or *always* have social supports if they reported living with health conditions or reported fewer assets such as a college degree, owning a home, or use of personal vehicle. Opportunities for individuals to forge positive relationships may increase resilience when experiencing life challenges as well as impacts from negative relationships.

Community reintegration after incarceration is a challenge. Participants who have experienced incarceration or known people who have experienced incarceration discussed the challenges of functioning as law-abiding, productive members of the community upon release due to stigma, lack of resources, and lack of skills. In the 2022 ECOHE Community Survey, 38% of respondents who reported a history of incarceration reported that they do not have enough money to pay for day-to-day expenses while 18% of the total pool of survey responses reported that they do not have enough money for day-to-day expenses. More rehabilitative programs for incarcerated individuals may help with community re-entry and reduce recidivism.

Discrimination, in its many forms, is a root cause of many challenges in each SDOH domain. Many examples were discussed of SDOH factors being affected by discrimination. Some of these factors include housing, employment, and healthcare. Participants expressed that they experienced discrimination based on various factors such as race and ethnicity, gender, sexual orientation, immigration status, disability status, place of residence, and history of incarceration.

ERIE COUNTY OFFICE OF HEALTH EQUITY FOCUS GROUP REPORT 2023 | 73

I: Health Equity in Erie County 2023 Focus Group Report

Many participants experienced compounding effects of discrimination due to it occurring across multiple SDOH factors or due to intersectionality of discrimination based on multiple demographic traits. The 2022 ECOHE Community Survey highlighted disparities across demographic communities in many areas, such as homeownership, economic stability, education, and healthcare access and quality. Deconstructing systemic and personal biases would profoundly improve the health and well-being of marginalized communities.

Language and Information Access

Information needs to be shared in multiple languages. Challenges due to lack of translation and interpretation were discussed in multiple groups. These challenges affect several other SDOH factors, including health care system, education, and economic stability. Policies to make information available in a variety of languages across all these factors could profoundly benefit community members who speak languages other than English.

Information needs to be shared through multiple types of media. Some participants shared that they struggle to access information about what's happening in their communities as well as resources that would be helpful to them. For example, older participants expressed frustration over services, events, and resources being advertised digitally as many older adults do not have access to or struggle to use the technology necessary to view the information. To reach all communities in Erie County, information such as notices of current events, activities, services, and weather warnings should be available on various digital and non-digital types of media.

Other

Many of the positive statements compared aspects that are better in WNY than places where participants have previously lived. Some focus group participants had experienced living in other cities, countries, or U.S. territories. With this experience, these participants articulated acute awareness of some of the positive aspects of Western New York. These included certain rights and liberties, such as free speech, better access to specialty health care, and clean air and drinking water.

Assets varied by gender. Men were more likely than women to allude to self-efficacy as a factor in their resilience while women were more likely than men to note appreciations for social and family support. Further research to investigate if this is generalizable to broader population and why this might be may inform strategies to tailor supports for men and women.

Non-binary participants and participants from the broader LGBTQ+ community most often discussed social support from others within the LGBTQ+ community. Promoting acceptance of the LGBTQ+ community may broaden the support networks of its members.

REFERENCES

1. The Erie County Health Equity Act of 2021. Local Law Intro No. 3-1-2021 (2021). https://www2.erie.gov/legislature/sites/www2.erie.gov/legislature/files/uploads/Session_Folders/2021/15/LL%20Intro.%203-1%20%282021%29.pdf
2. Erie County Department of Health, Office of Health Equity. (2023). *Health equity in Erie County: An initial disparities report*. <https://www3.erie.gov/health/sites/www3.erie.gov/health/files/2023-02/healthequityreport.pdf>
3. Historical Society of the New York Courts. (n.d.). *When did slavery end in New York?* Retrieved January 11, 2024, from <https://history.nycourts.gov/when-did-slavery-end-in-new-york/>
4. Scarsdale Historical Society. (2021). *Slavery in New York and Scarsdale*. <https://www.scarsdalehistoricalsociety.org/slavery-in-new-york-and-scarsdale>
5. Buffaloresearch.com. (n.d.). *Buffalo Underground Railroad sites*. Retrieved January 11, 2024, from <https://buffaloresearch.com/ugrr/>

APPENDICES

OUTREACH FORM	A
ADVERTISING FLYERS	B
LIST OF FOCUS GROUPS.....	C
FOCUS GROUP SCRIPT.....	D
TABLE OF QUESTIONS ASKED TO EACH GROUP	E
SDOH GRAPHIC	F
DEMOGRAPHIC FORM.....	G
CONSENT FORM.....	H
SAMPLE DATA COLLECTION FORM.....	I
LIST OF CODES CREATED IN NVIVO	J
DATA TABLES CORRESPONDING WITH ALL GRAPHS	K

APPENDIX A

Focus Group Outreach Form

Contact person:

Organization:

Describe:

- We are looking to conduct focus groups with various communities within Erie County, including <specific community>.
 - These discussions will be about the challenges and assets to healthy living in Erie County.
 - The meetings will last about 2 hrs (3 if being interpreted), including the discussion and time for refreshments afterward.
 - Each participant will receive a \$20 gift card to Tops.
 - The discussions will be audio-recorded to aid with analysis. Recordings will be destroyed after analysis. Discussions will be confidential outside of the focus group and research team. (Names will not be included in reports, etc...)
 - We are looking for about 8-10 people within this community to attend.
 - We are hoping to hold this group sometime between July and August (if need be, early September would be OK too). (Discussions that need to be interpreted will more likely be in the later end of this timeframe)
1. Are you willing/able to help us recruit participants for focus groups among <specific community>?
 - a. Yes – (continue with questions below)
 - b. No – Do you know of anyone else we can reach out to who may be able to help us recruit participants for focus groups with <target community>?
 2. Would you be able to reach out to each potential participant and then just let us know who/how many to expect or would it be better to share names and contact info for potential participants for us to reach out to?

I: Health Equity in Erie County 2023 Focus Group Report

3. For a venue, we are looking for a space that:
 - Is at least somewhat private
 - Has a table and chairs or at least chairs that could be arranged in a circle (for about 10-13 people)
 - Has electrical outlets
 - Allows food
 - Free parking
 - Easy to find
 - Accessible by public transport would be a plus
 - a. Is there such a place where this group normally meets that we could use for the focus group?
 - b. Is there a space that you can recommend for us to use that would be convenient for this group?
 - c. Do you think one of the following would work?
 - i. Delavan Grider Center -877 E Delavan Ave, Buffalo, NY 14215 - **26 bus line**
 - ii. Johnnie B. Wiley Stadium - 1100 Jefferson Ave, Buffalo, NY 14208 - **18 bus line**
 - iii. Martha Mitchell Community Center - 175 Oakmont Avenue Buffalo, NY 14215 - **12 bus line**
 - iv. Gloria J Parks Community Center - 3242 Main Street Buffalo, NY 14214 - **8 bus line**
 - v. Community Access Services -3297 Bailey Ave, Buffalo, NY 14215 - **19 bus line**
 - vi. Pratt Willert Community Center -422 Pratt St, Buffalo, NY 14204 - **4 bus line**
 - vii. The Belle Center -104 Maryland St, Buffalo, NY 14201- **5 bus line**
 - viii. West Side Community Services -161 Vermont Street, Buffalo, NY 14213 - **3 bus line**
4. Is there any business that you would recommend we buy refreshments from for the group (has to be a licensed, prefer local community vendors)? Do you have a contact person there?
5. Any suggestions for a time and date?
6. Any cultural considerations for this group (topics that we should stay away from, proper greetings, gender-based rules etc)?
7. Any additional questions you feel we should be asking this group (refer to tentative script which you can email them or read core questions listed)?
8. Would you like to use the flyer to help recruit participants?

APPENDIX B

ADULTS OVER 65 LIVING IN RURAL ERIE COUNTY



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

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



APPENDIX C

LIST OF FOCUS GROUPS

Planned Focus Groups	Outcome
Black Older Adults (65+)	Completed
Rural Adults 65+	Completed
Urban Caregivers	Became Hispanic-Latino 1 due to demographics of attendees
Rural Caregivers of Young Children	Completed
Incarcerated Men	Completed
Incarcerated Women	Completed
Puerto Rican - Spanish Speaking	Completed
Hispanic/Latino - English Speaking	Completed
LGBTQ+	Completed
Transgender and Non-Binary	Completed
Afghan	Postponed due to lack of interpreter
Somali	Postponed due to lack of interpreter
Bangladeshi	Completed
Black and Other Minority Pregnant, Recently Pregnant	Only 3 mothers attended along with 2 service providers. Discussion was facilitated and recorded for later use. Was not included in analysis.
Black East Side Residents	Completed
African American/ Black Fathers	Completed
Black Young Adult 18-24	Postponed due to lack of participants
Young Adult - Enrolled in Community College or High School-Equivalency Program	Completed

APPENDIX D

GREEN=things to say specific to this focus group

Pink= PROMPTS or optional/situational things to say

YELLOW=actions, DON'T SAY THESE

Group Discussion Introduction:

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

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

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

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

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

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

I: Health Equity in Erie County 2023 Focus Group Report

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

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

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

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

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

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

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

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

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

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

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

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

I: Health Equity in Erie County 2023 Focus Group Report

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

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

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

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

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

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

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

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

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

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

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

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

I: Health Equity in Erie County 2023 Focus Group Report

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

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

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

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

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

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

[prompt: stereotypes]

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

[prompt: what would help the whole community]

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

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

Q10: [OPTIONAL QUESTION] as time allows

Q11: [OPTIONAL QUESTION]

I: Health Equity in Erie County 2023 Focus Group Report

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

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

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

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

END

APPENDIX E

TABLE OF QUESTIONS ASKED TO EACH GROUP

The tables on the following pages display the total list of questions asked across all focus groups. The Xs in the columns under the names of the focus groups indicate that the question in that row was asked to that group.

	Bangladeshi	Black East Side Residents	Black Fathers	Black Older Adults
(Introduction) Why did you agree to join us for this focus group?	X	X	X	X
What does a good life look like to you?	X	X	X	X
What are some of the biggest challenges to living the life you want?	X	X	X	X
Despite these challenges, what is currently helping you?	X	X	X	X
What about living in Western NY is good for you and your family's health?	X	X	X	X
What about living in Western NY is bad for you and your family's health?	X	X	X	X
Are there any ways in which you feel [name of group] are misunderstood?	X	X	X	X
What would have been helpful to you to better manage the 2022 blizzard?	X	X		X
Do you feel there are any resources that are lacking in Western NY that would be helpful to [name of group]?	X	X	X	X
Where do you go for trusted information				
In what way has being incarcerated impacted your ability to live a healthy life?				
What additional services would be helpful for you to re-enter the community?				
Have there been changes in recent years that affects your family's ability to find or stay in good housing on the East side?		X		
What businesses or spaces would you like to see go in the East side?		X		
What effect do you think social media has had on your mental health?				
What are some challenges to good mental health?				
Is there anything anyone would like to add or didn't have a chance to say during the discussion?			X	

I: Health Equity in Erie County 2023 Focus Group Report

	Hispanic-Latino 1	Hispanic-Latino 2	Incarcerated men	Incarcerated women
(Introduction) Why did you agree to join us for this focus group?	X	X	X	X
What does a good life look like to you?	X	X	X	X
What are some of the biggest challenges to living the life you want?	X	X	X	X
Despite these challenges, what is currently helping you?	X	X	X	X
What about living in Western NY is good for you and your family's health?	X	X	X	X
What about living in Western NY is bad for you and your family's health?	X	X	X	
Are there any ways in which you feel [name of group] are misunderstood?	X	X	X	X
What would have been helpful to you to better manage the 2022 blizzard?	X	X		X
Do you feel there are any resources that are lacking in Western NY that would be helpful to [name of group]?	X	X	X	X
Where do you go for trusted information				
In what way has being incarcerated impacted your ability to live a healthy life?				X
What additional services would be helpful for you to re-enter the community?			X	X
Have there been changes in recent years that affects your family's ability to find or stay in good housing on the East side?				
What businesses or spaces would you like to see go in the East side?				
What effect do you think social media has had on your mental health?				
What are some challenges to good mental health?				
Is there anything anyone would like to add or didn't have a chance to say during the discussion?	X	X	X	

I: Health Equity in Erie County 2023 Focus Group Report

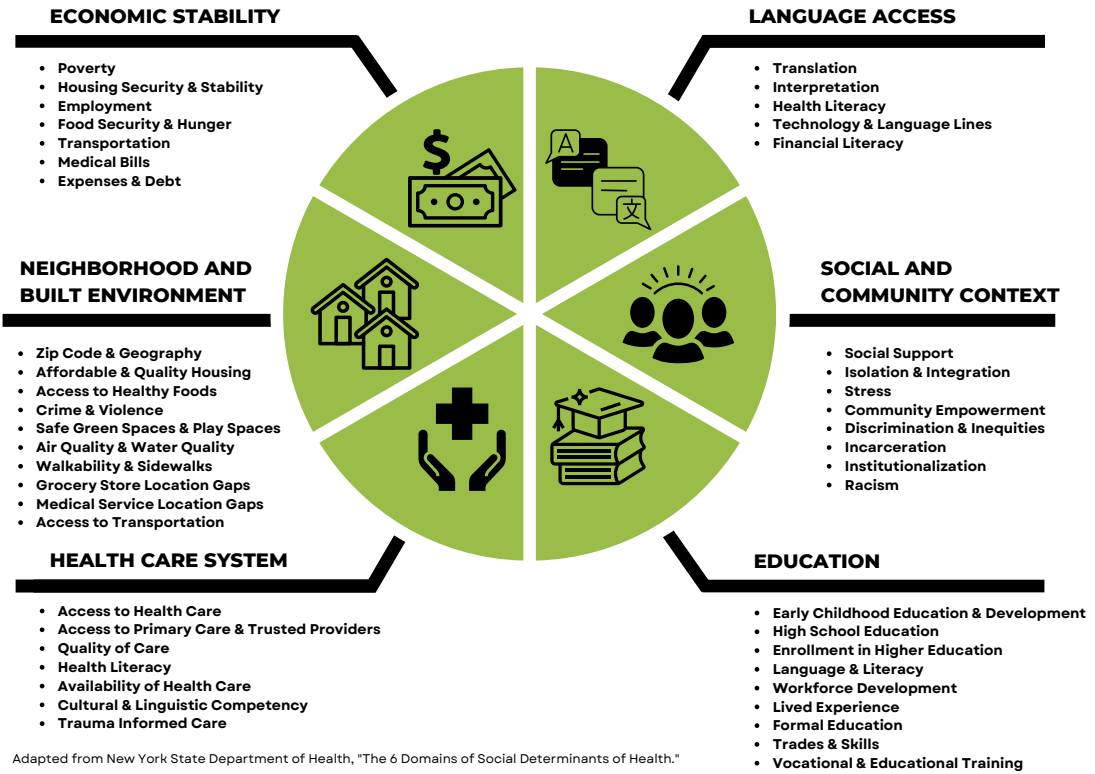
	LGBTQ+	Puerto Rican	Rural Caregivers of Young Children
(Introduction) Why did you agree to join us for this focus group?	X	X	X
What does a good life look like to you?	X	X	X
What are some of the biggest challenges to living the life you want?	X	X	X
Despite these challenges, what is currently helping you?	X	X	X
What about living in Western NY is good for you and your family's health?	X		X
What about living in Western NY is bad for you and your family's health?		X	
Are there any ways in which you feel [name of group] are misunderstood?	X	X	X
What would have been helpful to you to better manage the 2022 blizzard?		X	
Do you feel there are any resources that are lacking in Western NY that would be helpful to [name of group]?	X		X
Where do you go for trusted information			X
In what way has being incarcerated impacted your ability to live a healthy life?			
What additional services would be helpful for you to re-enter the community?			
Have there been changes in recent years that affects your family's ability to find or stay in good housing on the East side?			
What businesses or spaces would you like to see go in the East side?			
What effect do you think social media has had on your mental health?			
What are some challenges to good mental health?	X		
Is there anything anyone would like to add or didn't have a chance to say during the discussion?	X	X	X

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	Rural Older Adults	Trans, Nonbinary	Young Adults
(Introduction) Why did you agree to join us for this focus group?	X	X	X
What does a good life look like to you?	X	X	X
What are some of the biggest challenges to living the life you want?		X	X
Despite these challenges, what is currently helping you?	X	X	X
What about living in Western NY is good for you and your family's health?	X	X	X
What about living in Western NY is bad for you and your family's health?		X	X
Are there any ways in which you feel [name of group] are misunderstood?	X	X	X
What would have been helpful to you to better manage the 2022 blizzard?	X		X
Do you feel there are any resources that are lacking in Western NY that would be helpful to [name of group]?	X	X	X
Where do you go for trusted information			X
In what way has being incarcerated impacted your ability to live a healthy life?			
What additional services would be helpful for you to re-enter the community?			
Have there been changes in recent years that affects your family's ability to find or stay in good housing on the East side?			
What businesses or spaces would you like to see go in the East side?			
What effect do you think social media has had on your mental health?			X
What are some challenges to good mental health?			
Is there anything anyone would like to add or didn't have a chance to say during the discussion?			X

APPENDIX F

THE SOCIAL DETERMINANTS OF HEALTH



APPENDIX G

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



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

What is your ethnicity? Select all that apply.

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

What is your race? Select all that apply.

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

Please complete the following table about where you and your parents were born. Select one for each person.

	U.S. or U.S. territories (including Puerto Rico, Guam, etc.)	Outside the US and moved here as an immigrant	Outside the US and arrived as a refugee	Do not wish to say	I don't know	Another (Please specify)
You						
Parent 1						
Parent 2						

Please continue on other side →

I: Health Equity in Erie County 2023 Focus Group Report

What is your age group? Select one.

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

What was your sex assigned at birth? Select one.

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

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

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

What is your sexual orientation? Select all that apply.

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

What is the Zip code where you live?

- Zip Code: _____
- Do not wish to say

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

APPENDIX H

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



Erie County
Department of
Health



Informed Consent to Participate in Focus Group

Purpose

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

Procedure

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

Confidentiality

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

Contact

Should you have any questions or concerns regarding your participation, please contact:
The Erie County Office of Health Equity

Email: healthequity@erie.gov

Phone: 716-858-2152

I: Health Equity in Erie County 2023 Focus Group Report

Consent to Participate in **FOCUS GROUP**

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

Name: _____

Signature: _____ Date: _____

OPTION TO RECEIVE A COPY OF THE REPORT

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

Email at _____

Mailed to my house _____

OPTION TO PARTICIPATE IN FUTURE COMMUNITY CONVERSATIONS

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

Name: _____

Phone Number: _____

Email: _____

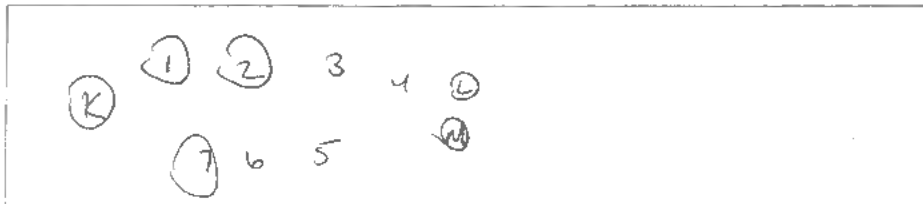
APPENDIX I

Focus Group Speaker Tracker

Black Fathers

Person speaking	Use number: ie, 1
Multiple speakers at once	M
Facilitator (MiKe) interjection/clarification	K
Person interjects/short statements	Use () around number: ie, (1)

Draw seating area and seat numbers



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

Time (at Start of Question): 22:23

#	(K)	7	2	1	M	L													
Time																			

#																			
Time																			

Notes:

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

Time (at Start of Question): 25:45

#	2	7	1																
Time																			

#																			
Time																			

Notes:
Answers

APPENDIX J

LIST OF CODES CREATED IN NVIVO

- A good life
- A good life - Being able to provide and care for family
- A good life - Being productive or having a good job
- A good life – Financial stability
- A good life – Freedom
- A good life – Good education
- A good life – Good health
- A good life – Less stress
- A good life – Positive relationships/Social Support
- A good life – Safety
- Access to healthy foods
- Access to information
- Access to mental health care
- Access to transportation
- Blizzard response
- Blizzard response – Community help
- Blizzard response – Delayed response, clean-up, and rescue
- Blizzard response – Disbelief of warnings
- Blizzard response – Inadequate warnings and communication
- Community education or lived experience
- Community events, organizations, or resources
- Crime and safety
- Culture
- Discrimination or being misunderstood
- Economic stability
- Education
- English language concerns
- Faith and religion
- Family relationships
- Formal education
- Health Care
- Housing

I: Health Equity in Erie County 2023 Focus Group Report

- Incarceration/Justice system
- Natural Environment
- Neighborhood and built environment
- Preferred methods of communication
- Suggestions and requests
- Representation
- Self-efficacy
- Social support and influences
- Systems and government

APPENDIX K

DATA TABLES CORRESPONDING WITH ALL GRAPHS

Data Table For Figure 2: Number of Focus Group Participants per ZIP Code

Zip Codes	Number of Participants
14001	1
14004	2
14006	1
14051	1
14052	1
14075	1
14080	1
14139	1
14141	7
14145	1
14150	1
14201	1
14202	2
14204	9
14207	3
14208	5
14210	4
14211	5
14212	1
14213	8
14214	1
14215	12
14216	1
14217	2
14220	3
14221	3
14222	2
14224	2
14225	1
14226	2
14227	1
14228	2
14775	1
ZIP Code Unknown	8

I: Health Equity in Erie County 2023 Focus Group Report

**Data Table for Figure 3: Most Common Responses to "What is a good life?"
Across all Focus Groups**

Response Theme	Number of Responses
Financial stability	34
Good health	22
Positive relationships	16
Less stress	13
Being able to provide and care for family	12
Safety	11
Being productive	9
Freedom	6

**Data Table for Figure 3: Most Common Responses to "What is a good life?"
Across all Focus Groups**

Response Theme	Number of Responses
Financial stability	34
Good health	22
Positive relationships	16
Less stress	13
Being able to provide and care for family	12
Safety	11
Being productive	9
Freedom	6

**Data Table for Figure 5: Number and Percent of Participants who Discussed
Economic Stability Challenges by Race**

Race Categories	Number of Participants	Percent of Participants
American Indian-Alaska Native	1	100%
Asian	6	50%
Black	17	44%
More Than One Race	5	83%
Race Unknown	7	54%
White	6	26

I: Health Equity in Erie County 2023 Focus Group Report

Data Table for Figure 6: Number and Percent of Participants who Discussed Economic Stability Challenges by Age

Age Group	Number of Participants	Percent of Participants
18-29	12	44%
30-39	10	56%
40-49	4	24%
50-59	7	58%
60-69	5	50%
70+	2	15%
Age Unknown	2	13%

Data Table for Figure 7: Number of Negative and Positive Comments Related to Food Access per Focus Group

Focus Groups	Negative Comments	Positive Comments
Bangladeshi	4	3
Black East Side Residents	4	2
Black Fathers	0	1
Hispanic-Latino 2	3	0
Incarcerated Men	0	1
LGBTQ+	1	0
Puerto Rican	1	0
Rural Caregivers	2	1
Rural <u>Older Adults</u>	3	0
Transgender and <u>Non-Binary</u>	1	0

I: Health Equity in Erie County 2023 Focus Group Report

Data Table for Figure 8: Percent of Dialogue Focused on Transportation per Focus Group

Focus Groups	Percentage of Dialogue
Transgender and Non-Binary	7.02%
Rural Older Adults	5.71%
Hispanic-Latino 2	2.87%
LGBTQ+	2.67%
Hispanic-Latino 1	1.35%
Rural Caregivers	1.24%
Bangladeshi	1.04%
Incarcerated Women	1.04%
Black East Side Residents	0.92%

Data Table for Figure 9: Percent of Dialogue Focused on Housing per Focus Group

Focus Groups	Percentage of Dialogue
Puerto Rican	9.74%
Hispanic-Latino 2	5.46%
LGBTQ+	4.77%
Hispanic-Latino 1	4.61%
Rural Older Adults	3.42%
Black Older Adults	2.88%
Incarcerated Men	2.73%
Incarcerated Women	2.67%
Transgender and Non-Binary	1.60%
Black East Side Residents	1.15%
Rural Caregivers	0.71%
Young Adults	0.44%

I: Health Equity in Erie County 2023 Focus Group Report

Data Table for Figure 10: Number of Negative and Positive Comments About Crime and Safety per Focus Group

Focus Groups	Negative Comments	Positive Comments
Bangladeshi	5	0
Black East Side Residents	1	0
Black Fathers	2	0
Black Older Adults	3	2
Hispanic-Latino 1	5	1
Hispanic-Latino 2	1	0
Incarcerated Men	3	0
Incarcerated Women	1	0
LGBTQ+	1	0
Rural Caregivers	2	2
Transgender and Non-Binary	3	0
Young Adults	2	0

Data Table for Figure 11: Number of Negative and Positive Comments about Community Events, Organizations, and Resources per Focus Group

Focus Group	Negative Comments	Positive Comments
Black East Side Residents	0	1
Black Fathers	1	1
Black Older Adults	1	0
Hispanic-Latino 2	0	1
Incarcerated Men	3	1
LGBTQ+	3	5
Rural Caregivers	2	7
Rural Older Adults	0	3
Young Adults	1	1

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Data Table for Figure 12: Number of Negative and Positive Comments about Climate and Natural Environment per Focus Group

Focus Group	Negative Comments	Positive Comments
Bangladeshi	2	6
Black East Side Residents	0	1
Black Fathers	1	1
Black Older Adults	1	0
Hispanic-Latino 2	0	1
Incarcerated Men	3	1
LGBTQ+	3	5
Rural Caregivers	2	7
Rural Older Adults	0	3
Young Adults	1	1

Data Table for Figure 13: Number of Negative and Positive Comments Related to Health Care per Focus Group

Focus Group	Negative Comments	Positive Comments
Bangladeshi	4	0
Black East Side Residents	5	1
Black Fathers	2	0
Black Older Adults	5	1
Hispanic-Latino 1	2	2
Hispanic-Latino 2	6	8
Incarcerated Men	1	3
Incarcerated Women	9	3
LGBTQ+	16	1
Puerto Rican	12	0
Rural Caregivers	9	0
Rural Older Adults	6	0
Transgender and Non-Binary	14	1
Young Adults	1	1

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Data Table for Figure 14: Number of Negative and Positive Comments about Mental Health Care per Focus Groups

Focus Groups	Negative Comments	Positive Comments
Black Older Adults	1	0
Hispanic-Latino 2	1	0
Transgender and Non-Binary	1	0
Black East Side Residents	2	0
Black Fathers	2	0
Hispanic-Latino 1	2	0
Rural Caregivers	1	2
Rural Older Adults	2	0
Young Adults	2	0
Incarcerated Women	5	0
LGBTQ+	7	0

Data Table for Figure 15: Percent of Dialogue Focused on Formal Education per Focus Group

Focus Group	Percent of Dialogue
Puerto Rican	6.98%
Bangladeshi	6.23%
Incarcerated Men	3.12%
Black Older Adults	3.05%
Hispanic-Latino 1	2.23%
Black East Side Residents	1.30%
Hispanic-Latino 2	1.27%
Rural Care-Givers	1.16%
Incarcerated Women	1.12%
Black Fathers	0.66%

I: Health Equity in Erie County 2023 Focus Group Report

Data Table for Figure 16: Number and Percent of Participants Who Discussed Challenges Related to Community Education by Age Group

Age Group	Number of Participants	Percent of Participants
18-29	4	15%
30-39	4	22%
40-49	1	6%
50-59	4	33%
60-69	3	30%
70+	1	8%

Data Table for Figure 17: Number of Negative and Positive Comments about Social Support by Age

Age Groups	Negative Comments	Positive Comments
18-29	7	5
30-39	2	10
40-49	1	4
50-59	3	9
60-69	2	4
70+	3	2

Data Table for Figure 18: Number of Participants who Made Negative and Positive Comments About Social Support by Gender

Gender	Negative Comments	Positive Comments
Another Gender	0	1
Gender Unknown	0	1
Man	3	4
More Than One Gender	1	0
Nonbinary	0	1
Woman	10	15

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Data Table for Figure 19: Number of Negative and Positive Comments About Family Relationships per Focus Group

Focus Groups	Positive Comments	Negative Comments
Bangladeshi	2	0
Black Older Adults	3	0
Hispanic-Latino 1	1	0
Incarcerated Women	2	1
LGBTQ+	0	2
Rural Caregivers	0	2
Rural Older Adults	1	7
Transgender and Non-Binary	0	1
Young Adults	0	1

Data Table for Figure 20: Number of Negative and Positive Comments about Family Relationships by Gender

Gender	Negative Comments	Positive Comments
Woman	9	8
Man	2	1
More Than One Gender	1	0

Data Table for Figure 21: Number and Percent of Participants Who Discussed Discrimination or Being Misunderstood by Race

Race	Number of Participants	Percent of Participants
American Indian/Alaska Native	1	100%
Asian	5	42%
Black	20	49%
White	8	35%
Another Race	1	100%
Race Unknown	3	23%

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Data Table for Figure 22: Number and Percent of Participants Who Discussed Discrimination or Being Misunderstood by Sexual Orientation

Sexual Orientation	Number of Participants	Percent of Participants
Asexual	6	66%
Bisexual	5	83%
Lesbian	1	33%
Pansexual	3	75%
Queer	1	100%
Straight/Heterosexual	42	24%
More than One Orientation Selected	2	100%
Sexual Orientation Unknown	6	43%

Data Table for Figure 23: Percent of Dialogue Focused on Incarceration and the Criminal Justice System per Focus Group

Focus Group	Percent of Dialogue
Incarcerated Women	16.26%
Incarcerated Men	9.98%
Puerto Rican	1.40%
Black Fathers	1.26%
Hispanic-Latino 2	0.83%
Young Adults	0.34%

Data Table for Figure 24: Percent of Dialogue Focused on Language and Interpretation Challenges per Focus Group

Focus Group	Percent of Dialogue
Puerto Rican	9.57%
Hispanic-Latino 2	3.66%
Bangladeshi	2.49%
Hispanic-Latino 1	1.43%
Incarcerated Women	0.42%

I: Health Equity in Erie County 2023 Focus Group Report

Data Table for Figure 25: Percent of Dialogue Focused on Access to Information Challenges per Focus Group

Focus Group	Percent of Dialogue
Rural Older Adults	7.48%
Rural Caregivers	1.42%
Bangladeshi	0.68%
Incarcerated Women	0.43%
Hispanic-Latino 2	0.33%
LGBTQ+	0.20%
Transgender and Non-Binary	0.19%

Data Table for Figure 26: Number of Negative and Positive Comments Related to Self-Efficacy by Gender

Gender Unknown	Negative Comments	Positive Comments
Woman	3	1
Man	2	10
More than 1 Gender	0	1
Gender Unknown	0	1

Data Table for Figure 27: Number of Negative and Positive Comments Related to Faith or Religion per Focus Group

Focus Group	Negative Comments	Positive Comments
Black East Side Residents	0	1
Black Older Adults	0	4
Incarcerated Women	0	1
LGBTQ+	0	1
Rural Caregivers	0	2
Trans and Non-Binary	2	0

I: Health Equity in Erie County 2023 Focus Group Report

**Data Table for Figure 28: Number of Negative and Positive Comments
Regarding Systems and Government per Focus Group**

Focus Group	Negative Comments	Positive Comments
Bangladeshi	1	2
Black East Side Residents	1	0
Black Fathers	6	0
Black Older Adults	4	0
Hispanic-Latino 1	6	1
Hispanic-Latino 2	2	0
Incarcerated Men	1	0
Incarcerated Women	5	0
LGBTQ+	4	0
Puerto Rican	5	0
Rural Caregivers	9	1
Rural Older Adults	7	0
Transgender and Non-Binary	2	2
Young Adults	1	0

J. 2024-2025 Erie County Community Health Assessment Survey

OFFICE OF HEALTH EQUITY



Erie County
Department of
Health



LiveWell
Erie



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

J. 2024-2025 Erie County Community Health Assessment Survey

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

J. 2024-2025 Erie County Community Health Assessment Survey

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?

J. 2024-2025 Erie County Community Health Assessment Survey

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

J. 2024-2025 Erie County Community Health Assessment Survey

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

J. 2024-2025 Erie County Community Health Assessment Survey

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

J. 2024-2025 Erie County Community Health Assessment Survey

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

J. 2024-2025 Erie County Community Health Assessment Survey

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

J. 2024-2025 Erie County Community Health Assessment Survey

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

J. 2024-2025 Erie County Community Health Assessment Survey

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-sponsored 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

J. 2024-2025 Erie County Community Health Assessment Survey

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: _____

OFFICE OF HEALTH EQUITY

www.erie.gov/health-equity



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 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

K. 2025-2028 Erie County Community Health Assessment: Medical Provider Survey

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: _____

K. 2025-2028 Erie County Community Health Assessment: Medical Provider Survey



Erie County
Department of
Health



Public Health
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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

K. 2025-2028 Erie County Community Health Assessment: Medical Provider Survey

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?

Medical Provider Interview Script

Yellow: Say the most appropriate option

Actions: DO NOT say these

Information: DO NOT say these

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?

K. 2025-2028 Erie County Community Health Assessment: Medical Provider Survey

- 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.

K. 2025-2028 Erie County Community Health Assessment: Medical Provider Survey

- 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.

L. 2025 Erie County Community Needs Assessment Summary

2025 ERIE COUNTY COMMUNITY NEEDS ASSESSMENT 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 “In the past year my Dental/Mental/Physical health was.” These results are filterable by numerous demographic factors. The second page shows the percentage of responses to the six statements “Access to Primary Care/Harm Reduction Services/Dental Health Care/Mental Health Care/Reproductive Health Care/Emergency Care is an issue for me or my family.” These results are filterable by numerous demographic factors.

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

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, 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>

ERIE COUNTY OFFICE OF HEALTH CHA/CHIP 2025

L. 2025 Erie County Community Needs Assessment Summary

OVERALL SURVEY RESULTS

Figure 1: Total Survey Responses by Survey Type

Community Survey	2510
Medical Provider Survey	143
Grand Total	2653

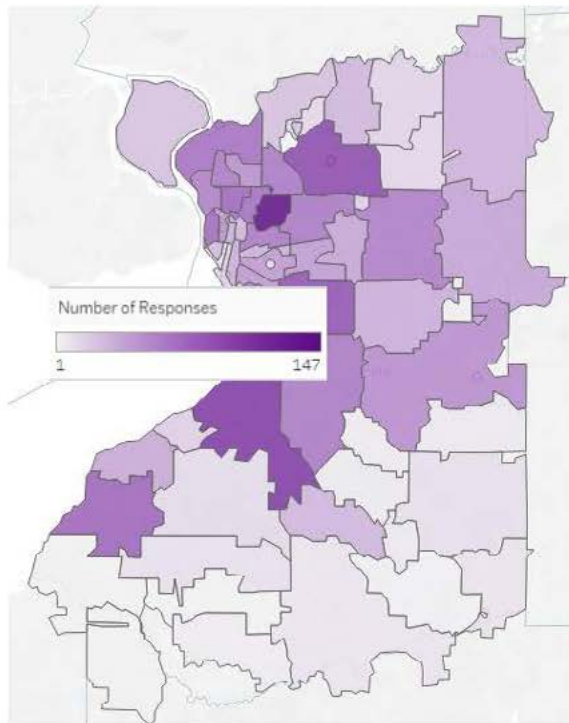
Total number of responses by survey type.

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: Response by ZIP Code

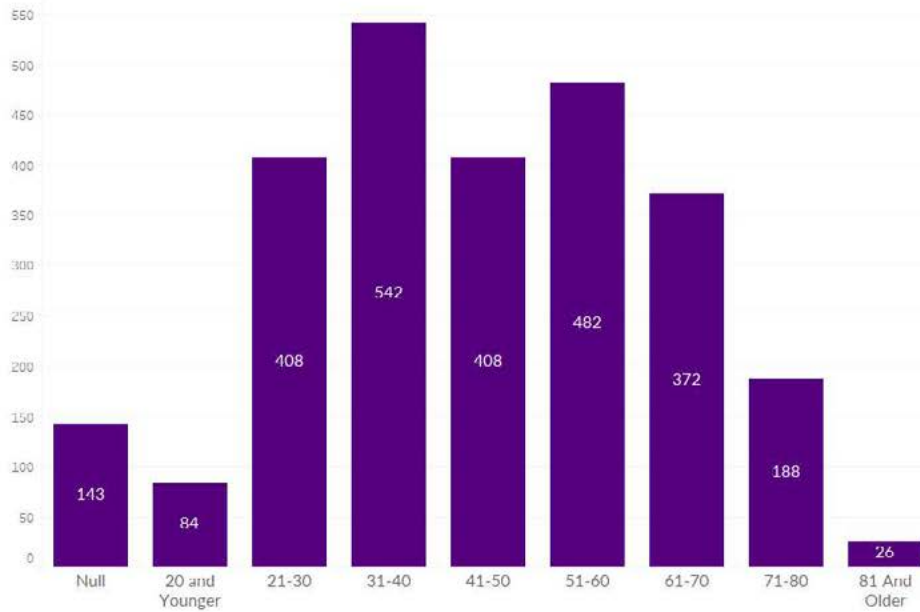


Number of survey responses based on respondent's home ZIP Code.

ERIE COUNTY OFFICE OF HEALTH CHA/CHIP 2025

L. 2025 Erie County Community Needs Assessment Summary

Figure 4: Age of Respondents



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

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.

ERIE COUNTY OFFICE OF HEALTH CHA/CHIP 2025

L. 2025 Erie County Community Needs Assessment Summary

Figure 6: Ethnicity of Respondents

Hispanic/Latino alone	105
Hispanic/Latino with other 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

ERIE COUNTY OFFICE OF HEALTH CHA/CHIP 2025

L. 2025 Erie County Community Needs Assessment Summary

Straight or heterosexual (sexually attracted to people of a different gender)	1877
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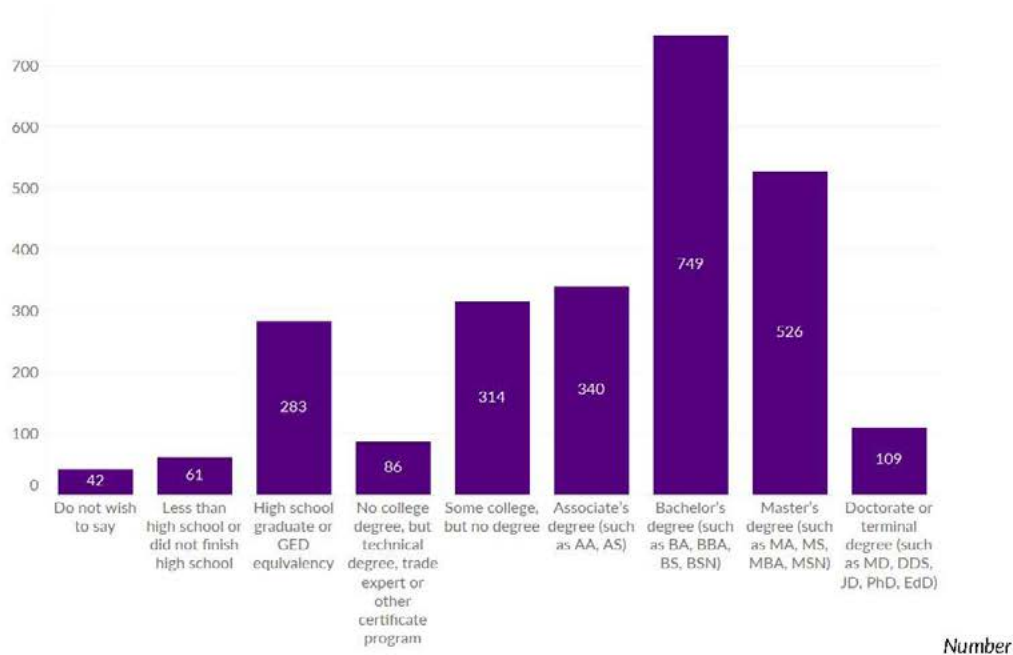
Number of survey responses based on respondent's sexual orientation.

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



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

ERIE COUNTY OFFICE OF HEALTH CHA/CHIP 2025

L. 2025 Erie County Community Needs Assessment Summary

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

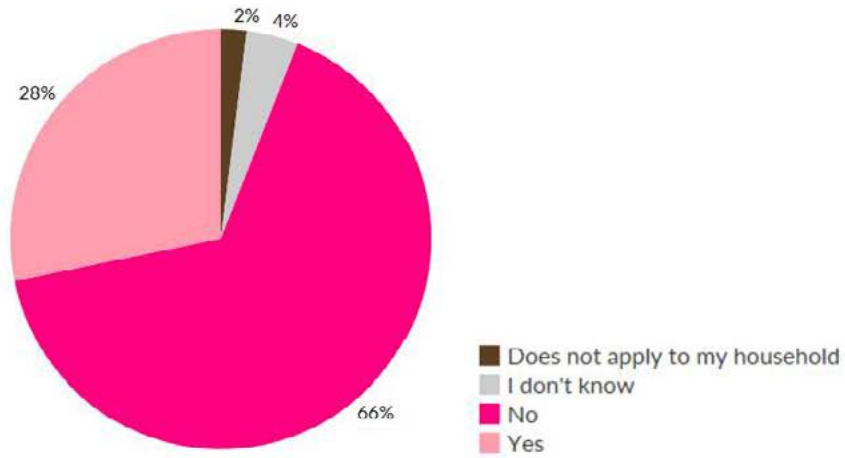
Developmental or intellectual	28
Do not wish to say	26
Mental or emotional	127
More than one disability type	85
Physical or mobility	209
Sensory (such as blindness or deafness)	28

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.

ERIE COUNTY OFFICE OF HEALTH CHA/CHIP 2025

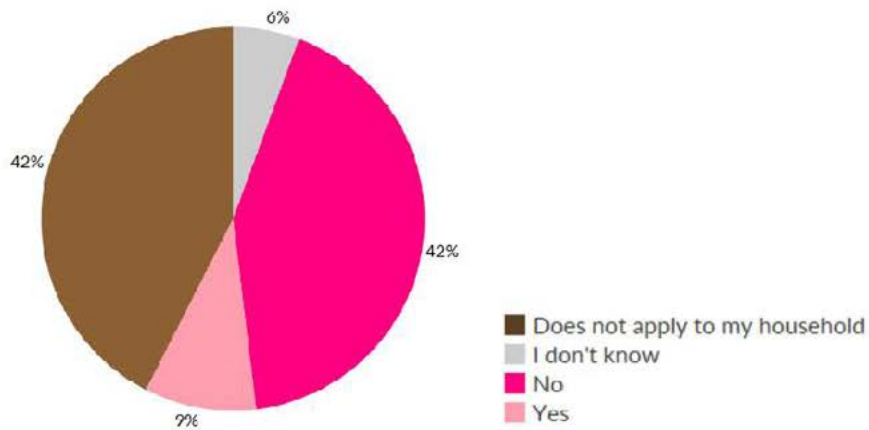
L. 2025 Erie County Community Needs Assessment Summary

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

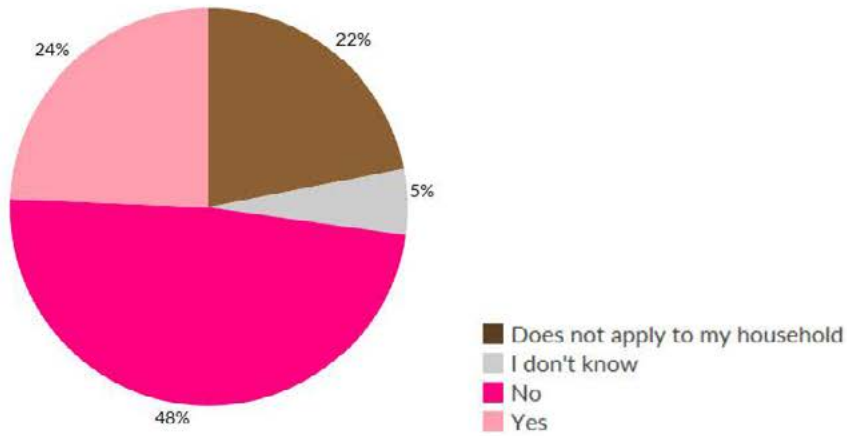


Number of survey responses to the question "Have you or anyone in your household has any challenges to accessing the following types of health care in the past year: Harm Reduction or Treatment for Substance Use Disorder?"

ERIE COUNTY OFFICE OF HEALTH CHA/CHIP 2025

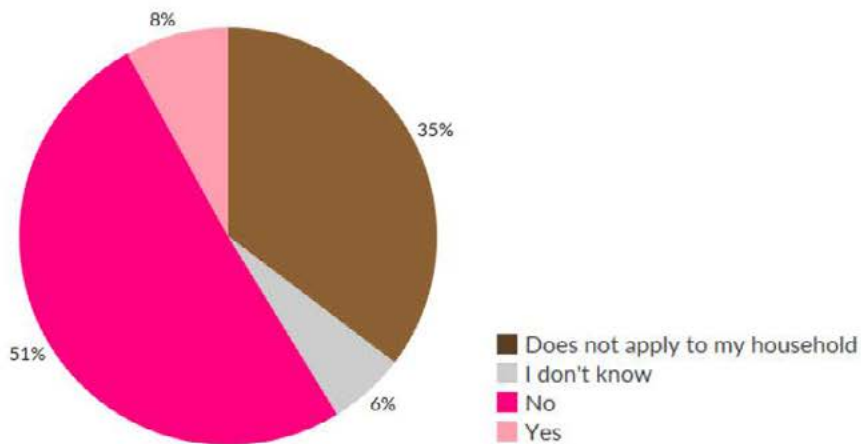
L. 2025 Erie County Community Needs Assessment Summary

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

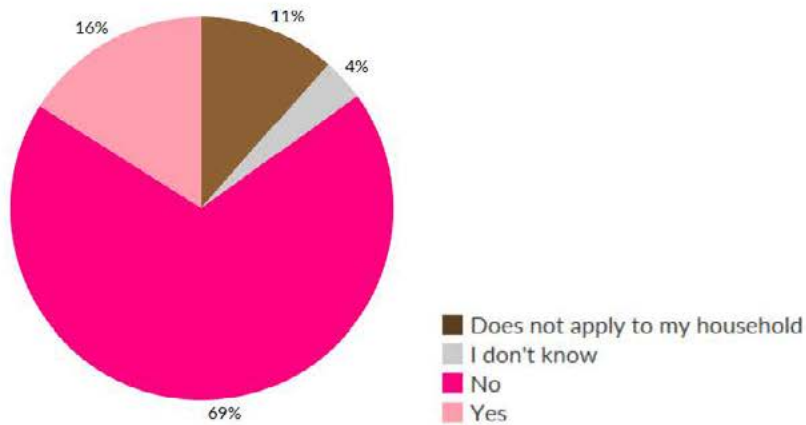


Number of survey responses to the question "Have you or anyone in your household has any challenges to accessing the following types of health care in the past year: Reproductive Care (pregnancy prevention, abortion, prenatal care)?"

ERIE COUNTY OFFICE OF HEALTH CHA/CHIP 2025

L. 2025 Erie County Community Needs Assessment Summary

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?"

L. 2025 Erie County Community Needs Assessment Summary

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?"

ERIE COUNTY OFFICE OF HEALTH CHA/CHIP 2025

L. 2025 Erie County Community Needs Assessment Summary

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 a physical or mental health condition or special needs?"

L. 2025 Erie County Community Needs Assessment Summary

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 a 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?"

L. 2025 Erie County Community Needs Assessment Summary

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?"

ERIE COUNTY OFFICE OF HEALTH CHA/CHIP 2025

L. 2025 Erie County Community Needs Assessment Summary

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 pays 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	154
Parent support services (such as breastfeeding and chestfeeding locations and parental leave availability)	133
All other responses	120
Access to translation and interpretation services	37
Do not wish to say	19

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

ERIE COUNTY OFFICE OF HEALTH CHA/CHIP 2025

L. 2025 Erie County Community Needs Assessment Summary

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, and opioid)	805
Diabetes	767
Cigarettes, tobacco products, vaping, or nicotine use or disorder	760
Dental health issue (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 to the question "Which health conditions do you feel should be focused on for improvement in the 2025-2030 Community Health Improvement Plan?"

ERIE COUNTY OFFICE OF HEALTH CHA/CHIP 2025

L. 2025 Erie County Community Needs Assessment Summary

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 and any re-occurring themes are listed in this table.

Addressing mental health	171
Food access	128
Support for seniors	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

ERIE COUNTY OFFICE OF HEALTH CHA/CHIP 2025

L. 2025 Erie County Community Needs Assessment Summary

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)?"

ERIE COUNTY OFFICE OF HEALTH CHA/CHIP 2025

L. 2025 Erie County Community Needs Assessment Summary

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)?"

L. 2025 Erie County Community Needs Assessment Summary

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 pays 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)	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 to the question "Which community factors do you feel should be focused on for improvement in the 2025-2030 Community Health Improvement Plan?"

ERIE COUNTY OFFICE OF HEALTH CHA/CHIP 2025

L. 2025 Erie County Community Needs Assessment Summary

Figure 38: Health Conditions (Medical Providers)

Mental health, depression, anxiety, and stress management	96
Obesity, weight management, or nutrition	91
Diabetes	73
Heart issues (such as high blood pressure, cholesterol, heart disease, or stroke)	63
Substance Use Disorders (such as alcohol, cannabis, and opioid)	57
Cigarettes, tobacco products, vaping, or nicotine use or disorder	54
Dental health issue (such as cavities, tooth removals)	35
Asthma, COPD or other chronic respiratory conditions	34
Cancer	33
Violence related injury (such as child abuse, elder abuse, or domestic violence) and firearm (gun) injuries and deaths	22
Injuries (such as falls or motor vehicle accidents)	21
Reproductive and birth issues (such as pregnancy complications, teen pregnancy, or infant injuries and death)	10
Infectious diseases (such as HIV or AIDS, hepatitis, or sexually transmitted diseases)	8
Lead Poisoning and Lead Issues	7
All other responses	4
Do not wish to say	1
COVID-19 or long COVID	1

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

ERIE COUNTY OFFICE OF HEALTH CHA/CHIP 2025

L. 2025 Erie County Community Needs Assessment Summary

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 re-occurring 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 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	5
Supports for people with developmental disabilities	4
More transportation options	4
Supports for older adults	4

ERIE COUNTY OFFICE OF HEALTH CHA/CHIP 2025

M: Methodology for Scoring Health Priorities

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, 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.

A summary of the overall process for selecting priorities is listed below.

Conducted community surveys, focus groups, and community and medical provider conversations.

Used information from Step 1 to reduce list of issues from 31 total community factors and health conditions down to 13.

A summary of the results and information from Steps 1 & 2 was provided to community partners along with supporting secondary data.

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.

Voting results were then factored into an analysis with data from Step 1 (community and medical provider surveys) to rank the 13 issues.

The top 5 issues were discussed further with community partners to identify possible focus areas and interventions.

Based on the community partner conversation, three priorities were selected by the CHA/CHIP workgroup.

The selected priorities were then mapped to the New York State Prevention Agenda framework.

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.

ERIE COUNTY OFFICE OF HEALTH CHA/CHIP 2025

M: Methodology for Scoring Health Priorities

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 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. 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 counts of selection 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 option that pays 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 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.

M: Methodology for Scoring Health Priorities

Incorporation of Qualitative Data

Participants in focus groups and community and medical provider 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. The focus group “voting” was not directly incorporated into the calculation of final priorities. But rather, quotes and themes from these events were summarized and included in the information provided to community partners.

Community Partner Meeting and Voting

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 which was shared with community partners prior to the meeting to discuss them. 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 how we can 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 factors of: Size or scope of the issue; Severity of the issue; and our 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 other four of the six 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.

ERIE COUNTY OFFICE OF HEALTH CHA/CHIP 2025

M: Methodology for Scoring Health Priorities

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, Obesity, Weight Management, and Nutrition were then used to facilitate the next meeting with community partners.

M: Methodology for Scoring Health Priorities

Table 3: 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.

Erie County Community Conversations Script and Questions

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].

N: Erie County Community Conversations Script, Questions, and Meeting Outcomes

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.

N: Erie County Community Conversations Script, Questions, and Meeting Outcomes

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 [today's 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.

N: Erie County Community Conversations Script, Questions, and Meeting Outcomes

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.]

N: Erie County Community Conversations Script, Questions, and Meeting Outcomes

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.

N: Erie County Community Conversations Script, Questions, and Meeting Outcomes

[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]

N: Erie County Community Conversations Script, Questions, and Meeting Outcomes

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.

N: Erie County Community Conversations Script, Questions, and Meeting Outcomes

Erie County Community Conversations Questions

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

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	Roswell/No Menthol Buffalo
BTV Foundation	Girl Scouts of Western New York	Save Our Youth Foundation
Buffalo Prenatal Perinatal Network, Inc.	GLYS Western New York & The Pride Center of WNY	Seneca Street Community Development Corporation

ERIE COUNTY OFFICE OF HEALTH CHA/CHIP 2025

N: Erie County Community Conversations Script, Questions, and Meeting Outcomes

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. 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 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. 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

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

ERIE COUNTY OFFICE OF HEALTH CHA/CHIP 2025

N: Erie County Community Conversations Script, Questions, and Meeting Outcomes

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

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>

ERIE COUNTY OFFICE OF HEALTH CHA/CHIP 2025

OFFICE OF HEALTH EQUITY

www.erie.gov/health-equity



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

N: Erie County Community Conversations Script, Questions, and Meeting Outcomes

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: _____

N: Erie County Community Conversations Script, Questions, and Meeting Outcomes

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

N: Erie County Community Conversations Script, Questions, and Meeting Outcomes

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 

N: Erie County Community Conversations Script, Questions, and Meeting Outcomes

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.

<input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Not sure or questioning
<input type="checkbox"/> Do not wish to say

What is your sexual orientation? Select all that apply.

<input type="checkbox"/> Asexual (someone who does not experience sexual attraction)
<input type="checkbox"/> Bisexual (someone attracted to people of two or more genders)
<input type="checkbox"/> Gay (someone attracted to people of the same gender)
<input type="checkbox"/> Lesbian (a woman attracted to other women)
<input type="checkbox"/> Pansexual (someone attracted to people of all genders)
<input type="checkbox"/> Queer (someone whose sexual orientation is something other than straight or heterosexual)
<input type="checkbox"/> Straight/heterosexual (sexually attracted to people of a different gender)
<input type="checkbox"/> Not sure/Questioning
<input type="checkbox"/> Another (Please specify): _____
<input type="checkbox"/> Do not wish to say

What is the ZIP code where you live: _____ Do not wish to say

How did you hear about us?	FOR OFFICE OF HEALTH EQUITY USE ONLY Event Name: _____ Program: _____ <input type="checkbox"/> Community-Focused <input type="checkbox"/> Organizational/Employer-Focused <input type="checkbox"/> Other: _____ Date Entered: _____ By: _____
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?	

2025 version, updated 12/2024

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!



TAKE THE SURVEY

Answer questions about your experiences in Erie County and your health concerns.



<https://bit.ly/ErieCountyCHA2024>



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 you will be invited to enter a raffle to win a \$100 Tops gift card.

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

This survey is available in Arabic, Bengali, Burmese, English, Spanish, and Swahili using the link above. 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



مكتب الإنصاف الصحي بمقاطعة إيري استبيان صحة المجتمع

إذا كنت تعيش في مقاطعة إيري أو تعمل فيها أو
تذهب إلى مدرسة فيها، فنحن نريد أن نسمع رأيك!



<https://bit.ly/ErieCountyCHA2024>

شارك في الاستبيان

أجب عن أسئلة متعلقة بتجاربك في مقاطعة إيري
ومخاوفك الصحية.



شارك الاستبيان مع أصدقائك وعائلتك

المعلومات التي نجمعها في هذا الاستبيان ستساعد في تطوير البرامج والسياسات التي
تهدف إلى تحسين صحة مجتمعك.



ادخل في سحب لتربح

بعد إكمال الاستبيان، ستتلقى دعوة للدخول في سحب للفوز ببطاقة هدايا من متجر توبس
(Tops) بقيمة 100 دولار.



الاستبيان ومزيد من المعلومات على الرابط: [ERIE.GOV/CHA](https://erie.gov/cha)

هذا الاستبيان متاح باللغات العربية والبنغالية والبورمية والإنجليزية والإسبانية والسواحيلية في الرابط
أعلاه. للحصول على نسخ ورقية أو مطبوعة بخط كبير أو للحصول على مساعدة في تسليم استبيانك،
أرسل بريدًا إلكترونيًا إلى healthequity@erie.gov أو اتصل على الرقم 858-2152 (716).
يمكنك أيضًا الاتصال بالرقم 858-2152 (716) لإكمال الاستبيان عبر الهاتف.

OFFICE OF HEALTH EQUITY



Erie County
Department of
Health



LiveWell
Erie



Catholic Health



Kaleida Health

এরি কাউন্টি অফিস অব হেলথ একুইটি

সাম্প্রদায়িক স্বাস্থ্য জরিপ

আপনি যদি এরি কাউন্টিতে বসবাস করেন, কাজ করেন
অথবা স্কুলে যান, তবে আমরা আপনার কাছ থেকে
শুনতে ইচ্ছুক!



জরিপটি আরম্ভ করুন

এরি কাউন্টিতে বসবাসরত অবস্থায় আপনার
অভিজ্ঞতা এবং আপনার স্বাস্থ্য সংক্রান্ত উৎকর্ষা
সম্পর্কে জানাতে প্রশ্নগুলির উত্তর দিন।



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আপনার বন্ধু এবং পরিবারের সাথে এটি নিয়ে মতবিনিময় করুন।

এই জরিপে সংগৃহীত তথ্যগুলি আপনার সম্প্রদায়ের স্বাস্থ্যের উন্নতির লক্ষ্যে কার্যক্রম এবং নীতিগুলির
বিকাশে সহায়তা করবে।



পুরস্কৃত হতে অংশ নিন

জরিপটি শেষ হওয়ার পর আপনি টপস সুপারমার্কেটের জন্যে \$১০০ গিফট কার্ড জেতার
একটি রাফেল ড্রতে অংশগ্রহণ করার সুযোগ পাবেন।

জরিপ এবং আরও তথ্য জানতে : [ERIE.GOV/CHA](https://erie.gov/cha)

এই জরিপটি আরবি, বাংলা, বার্মিজ, ইংরেজি, স্প্যানিশ এবং সোয়াহিলি ভাষায় উপরের লিঙ্কটিতে উপলব্ধ।
কাগজের অনুলিপি, বড় মুদ্রণ, বা আপনার জরিপটি জমা দিতে সহায়তার জন্য,
healthequity@erie.gov ইমেল করুন বা (৭১৬) ৮৫৮-২১৫২ তে কল করুন।
তাছাড়াও আপনি ফোনের মাধ্যমে জরিপটি সম্পূর্ণ করতে (৭১৬) ৮৫৮-২১৫২ নম্বরে কল করতে পারেন।

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အီရီကောင်တီ ကျမ်းမာရေးတန်းတူညီမျှရေးရုံး လူထုအခြေပြုကျမ်းမာရေး စစ်တမ်း

သင်သည် အီရီကောင်တီတွင် နေထိုင်သူ၊ အလုပ်
လုပ်သူ ဒါမှမဟုတ် ကျောင်းတက်နေသူဖြစ်ပါ

သလား!



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ဤစစ်တမ်းကောက်ယူမှုတွင် ပါဝင်လိုက်ပါ။

အီရီကောင်တီတွင် သင်နေထိုင်ခြင်းအတွေ့အကြုံများနှင့် သင့်ကျမ်းမာရေးစိုးရိမ်မှုများအတွက် မေးခွန်းများကိုဖြေပေးပါ။



သင့်မိသားစုနှင့် အပေါင်းအသင်းတွေကိုလည်း သတင်းကောင်းမျှဝေပေးလိုက်ပါ။

ဤစစ်တမ်းတွင် စုဆောင်းရရှိထားသော အချက်အလက်များသည် သင့်ရပ်ရွာအတွင်း ကျမ်းမာရေးတိုးတက်ကောင်းမွန်လာစေရန် ရည်ရွယ်ထားသည့်အစီအစဉ်များနှင့် မူဝါဒများရေးဆွဲရာတွင် အထောက်အကူဖြစ်စေမည် ဖြစ်ပါသည်။



မဲပေါက်ဖို့စာရင်းသွင်းလိုက်ပါ။

ဤစစ်တမ်းကောက်ယူမှုကို သင်ဖြေဆိုပြီးနောက် Tops မှ \$၁၀၀လက်ဆောင်ကဒ်ကိုပေါက်ဖို့ မဲစာရင်းသွင်းရန် ဖိတ်ခေါ်ပါလိမ့်မည်။

စစ်တမ်းနှင့် ထပ်ပေါင်းအချက်အလက် : ERIE.GOV/CHA

ဤစစ်တမ်းကို အထက်ပါလင့်ကိုအသုံးပြုပြီး အာရဗီဘာသာ၊ ဘင်ဂါလီဘာသာ၊ မြန်မာဘာသာ၊ အင်္ဂလိပ်ဘာသာ၊ စပိန်ဘာသာနှင့် ဆွာဟီလီ ဘာသာတို့ဖြင့်ရရှိနိုင်ပါသည်။ စစ်တမ်းကောက်ယူမှုကို ဖြေဆိုရန်လိုအပ်သော အကူအညီ၊ စာရွက်မိတ္တူများ၊ ပုံနှိပ်စာရွက်များအတွက်၊ အီးမေးလ်ပို့ခြင်း healthequity@erie.gov သို့မဟုတ် ၇၁၆ ၈၅၈ ၂၁၅၂ သို့ဖုန်းခေါ်ဆိုနိုင်ပါသည်။ ၇၁၆၈၅၈ ၂၁၅၂ သို့ဖုန်းခေါ်ဆိုပြီး စစ်တမ်းကောက်ယူမှုကို ဖုန်းမှတစ်ဆင့် မေးမြန်းဖြည့်စွက်နိုင်ပါသည်။

OFFICE OF HEALTH EQUITY



Catholic Health



Kaleida Health

Spanish

OFICINA DE EQUIDAD SANITARIA DEL CONDADO DE ERIE

ENCUESTA DE SALUD COMUNITARIA

Si vive, trabaja o estudia en el condado
de Erie, ¡queremos escuchar su opinión!



PARTICIPE EN LA ENCUESTA

Comparta sus experiencias y preocupaciones sobre la salud en el condado de Erie.



<https://bit.ly/ErieCountyCHA2024>



COMPÁRTALA CON SUS AMIGOS Y FAMILIARES

La información recopilada en esta encuesta ayudará a crear programas y políticas para mejorar la salud de su comunidad.



¡PARTICIPE Y GANE!

Al completar la encuesta, podrá inscribirse en un sorteo para ganar una tarjeta de regalo de \$100 de Tops.

ENCUESTA Y MÁS INFORMACIÓN: [ERIE.GOV/CHA](https://erie.gov/cha)

Esta encuesta está disponible en árabe, bengalí, birmano, inglés, español y suajili a través del enlace proporcionado. Para obtener copias impresas, en letra grande, o si necesita ayuda para enviar su encuesta, envíe un correo electrónico a healthequity@erie.gov o llame al (716) 858-2152. También puede responder la encuesta por teléfono llamando al (716) 858-2152.

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Erie County
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Health



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Kaleida Health

OFISI YA USAWA WA AFYA YA ERIE COUNTY

UTAFITI WA AFYA YA JUMUIYA

Ikiwa unaishi, unafanya kazi, au unasoma
katika Kaunti ya Erie, tunataka kusikia
kutoka kwako!



CHUKUA UTAFITI

Jibu maswali kuhusu uzoefu wako na wasiwasi wa afya katika Kaunti ya Erie



www.erie.gov/cha



SHIRIKI NA MARAFIKI NA FAMILIA YAKO

Taarifa zitazokusanywa katika utafiti huu zitasaidia kuandaa programu na sera zinazokusudiwa kuboresha afya ya jumuiya yako.



KAMILISHA UCHUNGUZI ILI KUSHINDA

Baada ya kukamilisha utafiti, utaalikwa kushiriki bahati nasibu ili kujishindia kadi ya zawadi ya \$100

UTAFITI NA MAELEZO ZAIDI: ERIE.GOV/CHA

Utafiti huu unapatikana katika lugha za Kiarabu, Kibengali, Kiburma, Kiingereza, Kihispania na Kiswahili kwa kutumia kiungo kilicho hapo juu. Kwa nakala za karatasi, chapa kubwa, au usaidizi wa kuwasilisha utafiti wako, tuma barua pepe kwa healthequity@erie.gov au piga simu (716) 858-2152.

Kukamilisha utafiti kupitia simu kupiga simu (716) 858-2152.

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