



Erie County
Department of
Health



Public Health
Prevent. Promote. Protect.

COUNTY OF ERIE
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COUNTY EXECUTIVE

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Erie County, New York Community Health Assessment 2019 – 2022



The mission of the Erie County Department of Health (ECDOH) is to promote and protect the health, safety, and well-being of Erie County residents through active prevention, education, enforcement, advocacy and partnerships.

PART A

A Message to the Community

The Erie County Department of Health worked with Kaleida and Catholic Health Systems, and a diverse group of community partners to create the Erie County Community Health Assessment & Community Health Improvement Plan 2019-2021 (CHA/CHIP). The CHA/CHIP is a comprehensive review and analysis of health status indicators, public health, socioeconomic, demographic and other qualitative and quantitative data from the service area of Erie County, NY in alignment with the New York State Department of Health's 2019-2024 Prevention Agenda.

This report utilized primary (surveys, interviews and focus groups) and secondary (data from third party sources, i.e., US Census Bureau) disease incidence and prevalence data for Erie County. The data was reviewed and analyzed and used to strategically identify community health priorities, develop interventions, and commit resources to improve the health status of the region.

The CHA-CHIP can be used as a resource for health care providers, policy makers, social service agencies, community groups/ organizations, religious institutions, educational institutions, businesses, and consumers who are interested in working toward improving the health status of Erie County and the overall quality of life of its residents. It is the intent of the ECDOH and the community partners that worked with them to create this report, that the information presented is not only a useful community resource, but is a catalyst for new ideas, effective collaborations, interventions and campaigns

Partner Organizations

Erie County Department of Health

Kaleida Health Systems

Catholic Health Systems

ACKNOWLEDGEMENTS

Thank you to all of our community partners that came together to assist with the planning and completion of the Erie County Department of Health’s Community Health Assessment and Community Health Improvement Plan. The information in this document would not be possible without the support and contributions of our valued community partners as well as the authors of previously produced documents.

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Executive Summary

The Prevention Agenda is a six-year effort to make New York the healthiest state. Developed in collaboration with 140 organizations, the plan identifies New York's most urgent health concerns, and suggests ways local health departments, hospitals, and partners from health, business, education, and community organizations can work together to solve them. The New York State Department of Health's 2019-2024 Prevention Agenda serves as the blueprint for state and local action to improve the health of New Yorkers in five priority areas and to reduce health disparities for racial, ethnic, disability, socioeconomic and other groups who experience them.

This report is a compilation of the results of the Community Health Assessment (CHA) conducted by the Erie County Department of Health, Kaleida Health and Catholic Health Systems and the Erie County Department of Health's Community Health Improvement Plan (CHIP) resulting from the CHA. Contained in this report is a detailed assessment of the health status of the residents of Erie County and a prioritization of the health concerns identified. This report also contains the Erie County Department of Health's CHIP and implementation strategy for the next three years.

In the spring of 2018 the Erie County Department of Health brought together the local hospital systems, Kaleida Health and Catholic Health, as well as decision makers from government agencies, educational institutions, service providers, community based organizations agencies and the Public Health Collaborative (PHC) to create the CHA and CHIP Planning Group (CCPG). The group was tasked with assessing and prioritizing community health needs and priorities and selecting at least, two, common priorities areas from the NYS Prevention Agenda The selections would guide the Erie County Department of Health through the Community Health Improvement Plan process as well as Kaleida and Catholic Health Systems through their individual Community Service Plans. (To view specific partner and their roles please see Appendix A, page 6)

Although the hospitals systems and the Erie County Department of Health completed the Community Health Assessment together; and together, agreed on and selected the priority and focus areas that they would work collaboratively to address in their Community Service Plans and Community Health Improvement Plan (respectively), the decision was made for each partner to submit their own report to New York State Department of Health. The partners believed doing so would allow each organization to expand their focus, interventions and work plans beyond those the partners would select through the collaborative process. Social determinants of health were given special attention through the assessment process.

The assessment was planned and conducted using the NYS Prevention Agenda and its five identified priority areas as a guide: (1) prevent chronic diseases; (2) promote a healthy and safe environment; (3) promote healthy women, infants and children; (4) promote well-being and prevent mental health and substance use disorders; and (5) prevent communicable diseases. Aside from health data; demographics, geography and socio-economic indicators were used to do the assessment. Other areas included or addressed in this report are social determinants of health, evidence based interventions, prioritization of needs and resources and capacity.

Again, the Community Health Assessment (CHA) was conducted to identify significant health needs as outlined by New York State Department of Health's 2019-2024 Prevention Agenda and, from that assessment, select at least two Prevention Agenda Priority areas to focus on collaboratively. The CHA & CHIP Planning Group (CCPG) developed a data collection plan which included a consumer survey, community and provider input from several community and provider focus groups and data gathered from vital statistics, epidemiology data bases, research studies, hospitals and other sources (a full list of sources can be found in the data analysis section of the CHA). The gathered data was then used to conduct a comprehensive and reliable assessment of the population's health status and health challenges. Regional, state, county, sub-county data and data

gathered in the Community Health Survey, and the Community Conversations developed by the group, were analyzed to review trends and compare Erie County's health indicators to state goals and local averages.

The group developed a rating/ criteria prioritization system (described more thoroughly in the data analysis section of this report) to identify the biggest health concerns/needs in Erie County; prioritize those concerns/needs and decide which priorities our organizations had the capacity to address. Following are the top three priorities areas, as aligned with the NYS Prevention Agenda, selected by Erie County Department of Health (ECDOH), Kaleida Health Systems and Catholic Health Systems to work on for the next three years: (1) prevent chronic diseases with a disparity concentration on poverty; (2) promote Healthy Women, Infants and Children; and (3) promote well-being and prevent mental health and substance use disorders with a disparity. ECDOH has selected the following priorities, focus areas and goals:

Priority Area 1 - Prevent Chronic Disease (*addressing the disparity of poverty*); focus area 1: Healthy Eating and Food Security; Goal: 1.1: increase access to healthy and affordable fruits and vegetables; focus Area 2: Physical Activity; Goal: 2.2: promote school, child care, and worksite environments that support physical activity for people of all ages and abilities; focus area 3: Tobacco Prevention; Goal: 3.1: prevent initiation of tobacco use, including combustible tobacco and electronic vaping products by youth and young adults; Goal 3.2: promote tobacco use cessation, especially among populations disproportionately affected by tobacco use including: low SES, frequent mental distress/substance use disorder; LGBT; and disability; focus area 4: Preventive Care and Management; Goal 4.2: increase early detection of CVD, diabetes, prediabetes and obesity; Goal 4.4: improve self-management skills for individuals with chronic conditions;

Priority Area 2 – Promote Healthy Women, Infants and Children; Focus area 2: Perinatal & Infant Health; Goal: 2.1: Reduce infant mortality and morbidity 2.2 Increase Breastfeeding; Focus Area 4: Cross Cutting Principles applied for Healthy Woman, Infants, & Children.

Priority Area 3 – Promote Well-being and Prevent Mental and Substance Use Disorders: Focus Area 2:

Prevent Mental and Substance Use Disorders; Goal 2.2: Prevent opioid and other substance misuse and deaths

The evidence based and evidence informed interventions to address the focus areas and goals were selected based on how well they addressed the established goals, if the intervention was already being used by the partner's agencies; the partner's capacity to implement the intervention, and the cost of the intervention. The CATCH program will be used to address Priority Area 1 Goal 2.2

CATCH is an acronym for Coordinated Approach to Child Health. It is an evidence-based coordinated school health program designed to improve nutrition and physical activity in students attending kindergarten through 8th grade. Another CATCH program, The CATCH My Breath will be used, along with the American Heart Association's Quit Lying program to address priority area 3, goal 3.1. Other evidenced based programs utilized in ECDOH's CHIP are Stanford's Chronic Disease Self-Management Program (CDSMP) and Diabetes Self-Management Program (DSMP) and the National Diabetes Prevention Program (DPP) to address priority area 1 goal 4.2 and goal 4.4.



Hospital and Community Partners

Although the hospitals and the Erie County Department of Health will each be submitting their own Community Health Improvement Plan, they worked together to develop their plans, partnered on some initiatives and made certain that their priorities and interventions aligned and complemented each other. The collaborative approach taken will leverage the efforts and resources of all health organizations in the community, resulting in increased effectiveness and sustainability of initiatives and interventions, reduced service duplication and clear identification of system gaps.

Tracking Evaluation and Sustainability

To evaluate the impact, the 2019-2021 CHA-CHIP progress and improvement will be tracked through annual evaluation of the following data sources: NYSDOH Prevention Agenda dashboard data, County Health Rankings, EC Medical Examiner reports, hospital utilization data, along with other local data sources. The partners will continue to communicate and meet at least once per year during the implementation period of the 2019-2021 CHIP. At each meeting, progress metrics will be reviewed to providing opportunity for valuable conversation around quality improvement, including identification of barriers and sharing best practices. ECDOH will compile a brief progress report, share it with partners and post it on the ECDOH websites where the CHA and CHIP documents are posted in order to be transparent and accessible to the community.



B. Community Health Assessment

Geography

Erie County is the largest metropolitan county in upstate New York with a population of 922,578¹ and covering 1,044 square miles. Erie County is located in western New York, bordered to the west by Lake Erie and the Niagara River, and shares an international border with Canada. Several bridges span the Niagara River and provide convenient access and trade for residents of the United States and Canada. Niagara County lies to the north, Genesee and Wyoming Counties to the east, and Cattaraugus and Chautauqua Counties are to the south.

There are three cities in the County. Buffalo is the second largest city in the state and the largest city in the region with a population of 256,304.¹ Buffalo serves as the County seat. In addition, there are 16 villages, 25 towns, and two Native American Indian reservations within the County.

Erie County is largely an urban County with the majority of the population living within the cities and surrounding communities.

That being said, there is also a significant rural population that resides outside the first and second ring suburban areas whose needs are addressed differently due to sheer geographic distances.



Resident Demographics

The population of the County appeared to be decreasing for the first half of the decade but, as the end of the decade nears, the population in Erie County appears to be growing slightly. According to the US Census, in 2010 the population of Erie County was 919,040; in 2018 the population was estimated at 922,578; about a 1% increase in population.

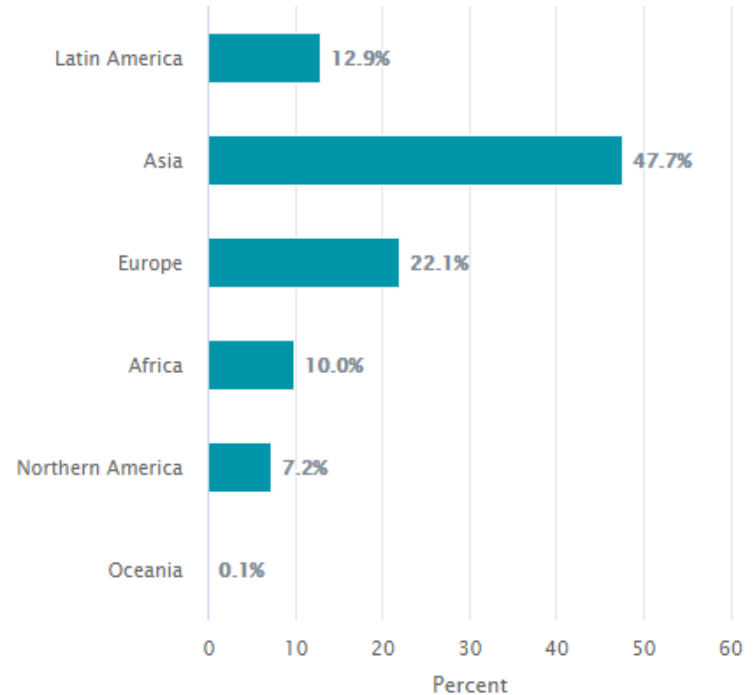
76% of the Erie County population is non-Hispanic Whites, 14% non-Hispanic African Americans, 5.2% Hispanic, 0.7% American Indian/Alaska Native, and 3.4% Asian.

The City of Buffalo population is 47.4 % White; 36.7 % Black or African American; 11% Hispanic; 0.5 % Native American/Alaska Native; 5.6 % Asian; 0% is Native Hawaiian and/or Pacific Islander, and 5.8% is some other race. An estimated 4.0% is one or more races.

Upon deeper examination of the demographics of the County, there are significant differences in the racial composition of the City of Buffalo as compared to the rest of Erie County. The City of Buffalo is characterized by a much higher percentage of African Americans (36.7) and Hispanics (11.3%) than the county as a whole.

According to the 2014 -2018 US Census Bureau American Community Survey an estimated 92.9 percent of the people living in Erie County, New York are U.S. natives. 80.6 percent of the Erie County, New York population is living in the state where they were born. Approximately 7.1 percent of Erie County, New York residents in 2014-2018 are foreign-born. 51.7 percent of foreign born are naturalized U.S. citizens and an estimated 68.3 percent entered the country before the year 2010.

Foreign-born residents of Erie County, New York come from different parts of the world. The bar graph on the right displays the percentage of foreign born from each world region of birth in 2014-2018 for Erie County, New York.



The west side of Buffalo is home to a large immigrant and refugee population where there are 33 ethnicities and more than 70 languages and dialects spoken. Just south of Buffalo-Lackawanna, New York, is home to a large Arab American community, many of whom do not speak English.

According to the 2018 American Community Survey, among people at least five years old living in Erie County, New York in 2014-2018, 10.5 percent spoke a language other than English at home. Spanish was spoken by 3.4 percent of people at least five years old; 3.8 percent reported that they did not speak English "very well."

The disparities in health outcomes associated with urban, low income, racial minorities in the literature are prevalent and apparent when looking at data for the inner city residents. Although there is a relatively small percentage of a minority population other than black, they are composed of the newly settling refugee populations that are bringing their existing health issues common to refugees with them such as TB and Giardia, unfortunately the refugees are quickly converting to the unhealthy American behaviors which contribute to high rates of chronic disease as they become assimilated to the way of life in the United States.

Languages Spoken at Home Other Than English	Percent
Spanish	3.4
Other Indo-European languages	3.5
Asian and Pacific Islander languages	1.9
Other languages	1.6

Table source: 20-14- 2018US Census Bureau American Community Survey

Income

The median household income in Erie County is \$55,673 which is less than that of New York State but significantly higher than that of the City of Buffalo, which is \$35,893. Disparities associated with low socioeconomic status are apparent even without the comorbidities of minority ethnicity, lack of education and inadequate housing.

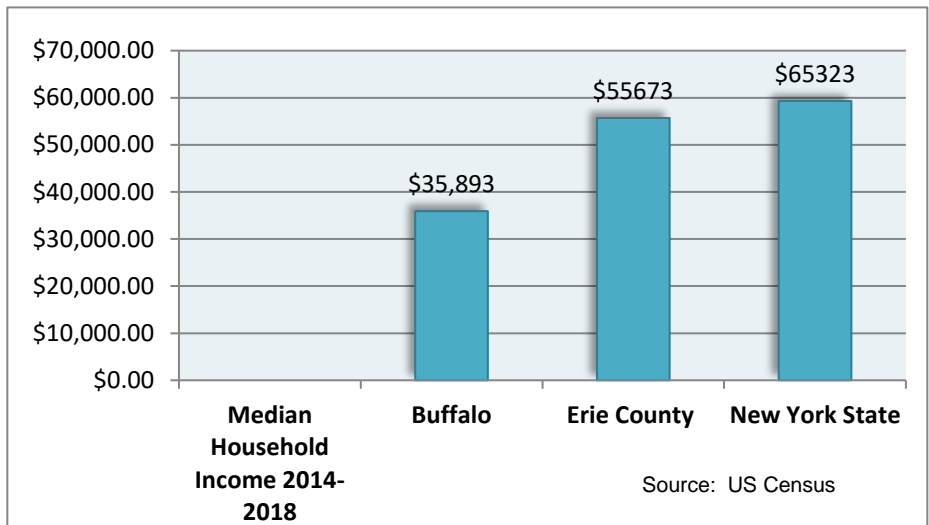
To further compound this problem there is the discrepancy between male and female earnings for the same work. The city of Buffalo has a large contingency of single parent families with single women holding the title of head of household.

Among those employed full time, the median earnings for males is \$50,062. Disparately, the median earnings for a female full-time worker are \$37,639, 25% less than that of their male counterpart. The sustained economic depression created by this income disparity further exacerbates existing health concerns leading to further disparities in health status.

Pay Equity between genders is an ongoing concern. Erie County continues fighting this disparity through efforts of the Erie County Commission for the Status of Women. The Commission was established by a unanimous vote of the Erie County Legislature in 1987 to remove gender based inequities for women. In 1988, the Commission became a department of Erie County government. As noted on the Commission's website:

- Women comprise 52% of Erie County's total population, 49.7 percent of its labor force, 59% of senior citizens, and 53% percent of the county's registered voters.
- Women age 18-24 years: over 4000 have not graduated from high school, over 10,000 have a high school or equivalency diploma, over 22,000 have some college or associates degree and over 8600 have a Bachelor's degree or higher.
- The median annual earnings for women working full-time are \$41,317, for men, \$53,266.
- Median weekly earnings for women working full-time is \$794 vs. \$1024 for men
- One in six girls and women live at below the poverty level in Erie County.
- 1.2% of pregnancies are to teenage mothers, age 15-19, in Western New York.
- In Erie County in 2018 more than 10,000 incidents of domestic violence were reported to law enforcement.
- Of the almost 60,000 veterans in Erie County, approximately 3800 are women.
- Of the returning women veterans, 40% have mental health issues including depression, Post-Traumatic Stress Disorder and Military Sexual Trauma.
- 30% of families in Buffalo live in poverty with over 63% of families having women as head of household.
- Approx. 1,000 children are born each year to mothers without a high school diploma.
- 25% of women in Erie County do not receive prenatal care.

Median Household Income



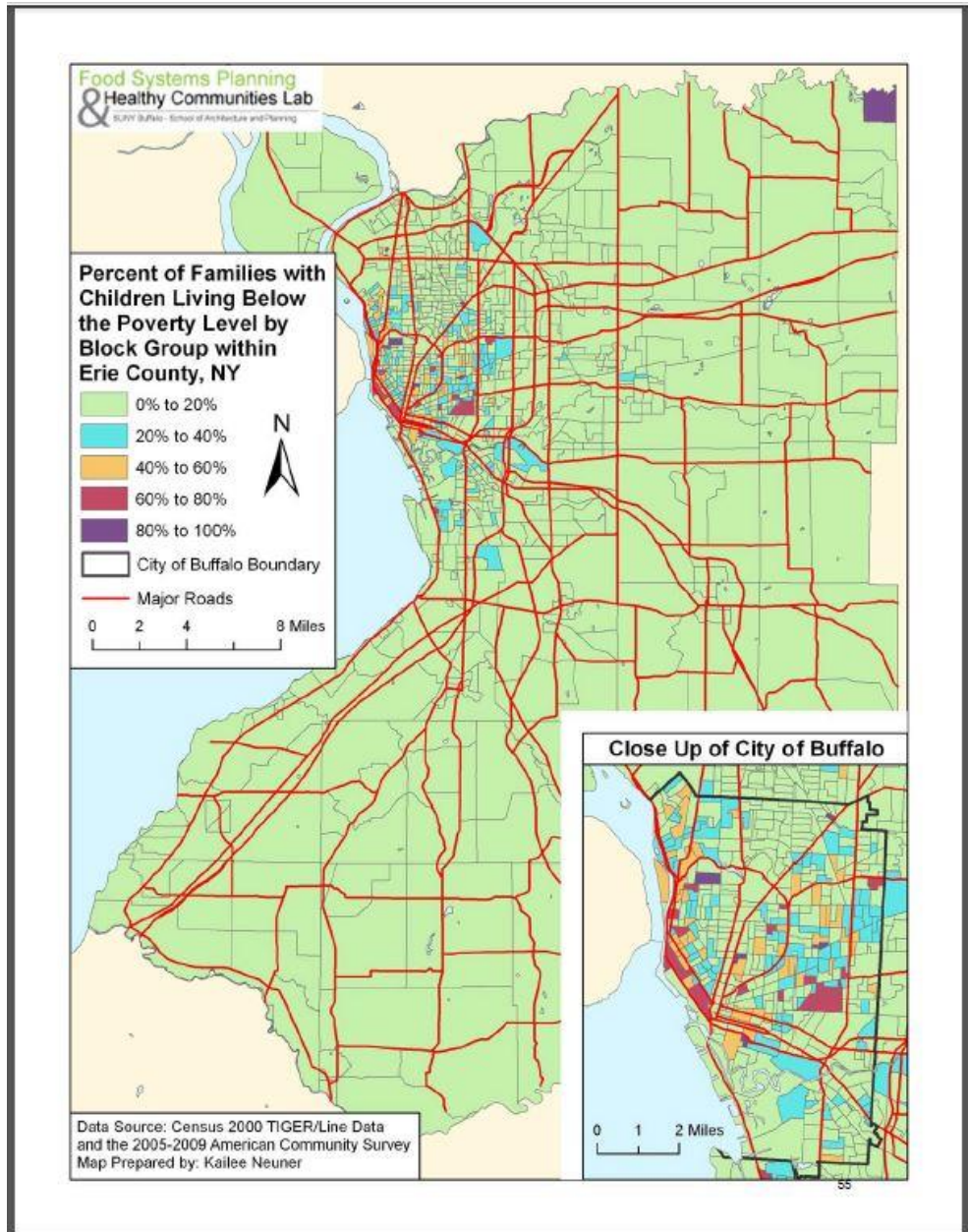


Poverty

When looking at all families in Erie County, 14.9% are living below the poverty level which is similar to the NYS percentage of 15.1%. In the city of Buffalo this number jumps to 30.9% of the population. For families in Erie County as a whole, with children under 18 years of age, 18.4% live below the poverty level. The likelihood of families living below the poverty level is compounded for single, female headed families. 31.4% of families in Erie County have a single, female head of household and 12,898 of these families live below the poverty level.

Erie County's per capita income in 2018 dollars (2014-2018) was \$32347. In the City of Buffalo, poverty is significantly more prominent. In Buffalo the per capita income is \$23,397 almost \$9,000 less than the County. The gap has widened by almost \$200 between the County of Erie and the City of Buffalo since the 2016 -18 CHIPⁱ

Children particularly are affected as shown in the accompanying map. The detailed view of the City of Buffalo visually emphasizes the serious financial disparities of families with children as compared to Erie County. The residents most in need of assistance reside in a relatively compact geographic segment of the county.



Disability

In Erie County, New York, among the civilian noninstitutionalized population in 2014-2018, 13.2 percent reported a disability. The likelihood of having a disability varied by age - from 4.8 percent of people under 18 years old, to 10.7 percent of people 18 to 64 years old, and to 32.9 percent of those 65 and over.

Households and Families

Erie County: In 2014-2018, there were 387,847 households in Erie County.

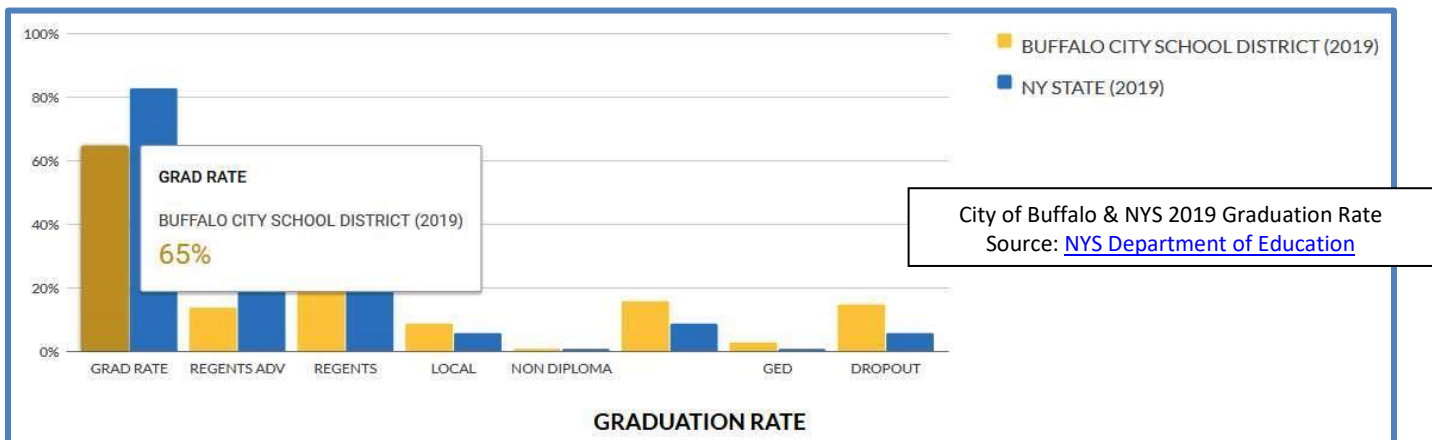
- The average household size was 2.30 people.
- Families made up 59.0 percent of the households in Erie County, New York.
 - married-couple families (41.6 percent) and
 - other families (17.4 percent).
 - Female householder families with no husband present and own children under 18 years are 7.2 percent of all households.
- Nonfamily households made up 41.0 percent of all households in Erie County; 26.5 percent of all households have one or more people under the age of 18;
- 29.8 percent of all households have one or more people 65 years and over.
- In Erie County, New York, 12,825 grandparents lived with their grandchildren under 18 years old. Of those grandparents, 41.4 percent were responsible for the basic needs of their grandchildren.

City of Buffalo: In 2014-2018, there were 110,701 households in Buffalo city, New York.

- The average household size was 2.24 people.
- Families made up 50.8 percent of the households in Buffalo city, New York.
 - married-couple families (24.5 percent)
 - Other families (26.3 percent).
 - Female householder families with no husband present and own children under 18 years are 12.6 percent of all households.
- Nonfamily households made up 49.2 percent of all households in Buffalo city, New York.
- 27.7 percent of all households have one or more people under the age of 18;
- 22.8 percent of all households have one or more people 65 years and over.
- In Buffalo, New York, 4,829 grandparents lived with their grandchildren under 18 years old. Of those grandparents, 43.7 percent were responsible for the basic needs of their grandchildren.

Education

According to NYSED in 2014-2015, the graduation rate for the Buffalo Public Schools was 57%. This statistic both reflects and predicts poor social and emotional health and well-being in this population and once again reflects the effects of socioeconomic and racial disparities. In response to the low high school graduation rates in the city of Buffalo, the high unemployment rates, and involvement in criminal activities by the school aged youth the Buffalo Public School System, the City of Buffalo, the County of Erie, assorted philanthropic foundations and many community based organizations partnered to form the Say Yes to Buffalo Collaborative.



City of Buffalo & NYS 2019 Graduation Rate by Race/Ethnicity
Source: [NYS Department of Education](#)

Subgroup	Total	GRAD RATE		REGENTS WITH ADVANCED DESIGNATION		REGENTS DIPLOMA		LOCAL DIPLOMA		NON DIPLOMA CRED		STILL ENROLLED		GED TRANSFER		DROPOUT	
		#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Multiracial	42	34	81%	8	19%	25	60%	1	2%	0	0%	2	5%	1	2%	5	12%
American Indian or Alaska Native	17	14	82%	1	6%	11	65%	2	12%	0	0%	1	6%	1	6%	0	0%
Asian or Native Hawaiian/Other Pacific Islander	256	176	69%	54	21%	112	44%	10	4%	2	1%	52	20%	0	0%	25	10%
White	555	410	74%	167	30%	218	39%	25	5%	6	1%	50	9%	9	2%	75	14%
Black or African American	1,284	791	62%	83	6%	563	44%	145	11%	19	1%	225	18%	44	3%	194	15%
Hispanic or Latino	441	253	57%	38	9%	171	39%	44	10%	4	1%	75	17%	12	3%	95	22%

The holistic, year-round support Say Yes Buffalo and its partners provide to Buffalo Public School District students throughout their K-12 years and beyond is working. Acting on their belief that every student can graduate high school and college when given the proper supports, resources, and opportunities is already paying dividends. According to the New York State Education Department (NYSED) **the 2018-19 graduation rate for BPS was 65% an increase of 8%.**

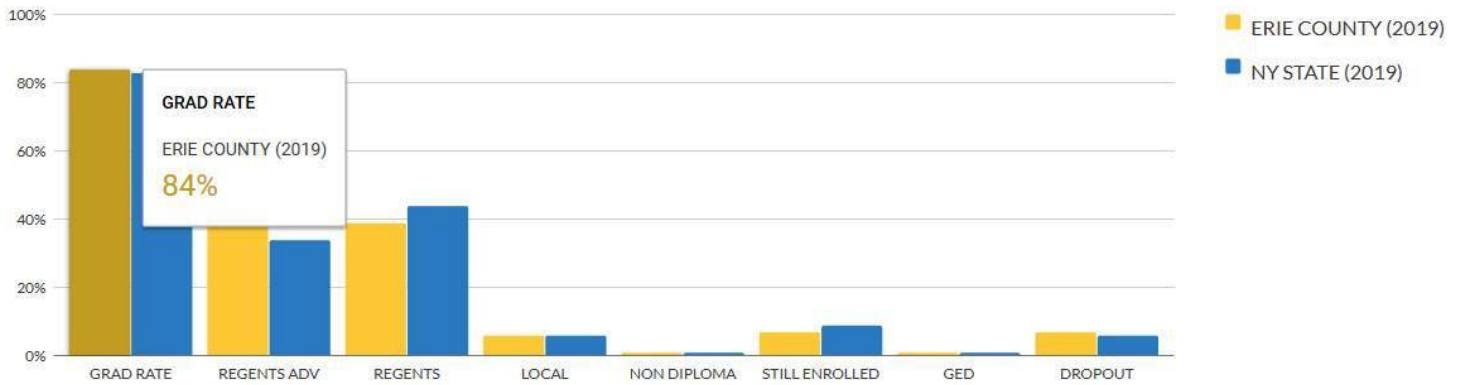
“Say Yes Buffalo” will continue to provide comprehensive supports, including locally funded tuition scholarships of nearly 100 colleges and universities for those who meet residency, graduation and admission requirements. These supports are aligned with what research indicates is needed to enable every child in the program to achieve his or her potential.ⁱⁱ The chart below shows the disparity in graduation rates between different racial/ethnic groups. American Indian/Alaskan Native students have the highest graduation rate at 82% and the Hispanic/Latino students have the lowest at 57%.

The total school enrollment in Erie County, New York was 218,807 in 2014-2018. Nursery school enrollment was 11,996 and kindergarten through 12th grade enrollment was 138,001. College or graduate school enrollment was 68,810.

County of Erie & NYS 2018-19 Graduation Rate by Race/Ethnicity
Source: [NYS Department of Education](#)

Subgroup	Total	GRAD RATE		REGENTS WITH ADVANCED DESIGNATION		REGENTS DIPLOMA		LOCAL DIPLOMA		NON DIPLOMA CRED		STILL ENROLLED		GED TRANSFER		DROPOUT	
		#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Multiracial	203	169	83%	64	32%	98	48%	7	3%	0	0%	11	5%	1	0%	22	11%
American Indian or Alaska Native	78	65	83%	24	31%	33	42%	8	10%	1	1%	6	8%	1	1%	4	5%
Asian or Native Hawaiian/Other Pacific Islander	477	383	80%	193	40%	179	38%	11	2%	2	0%	64	13%	0	0%	27	6%
White	6,511	5,927	91%	3,321	51%	2,388	37%	218	3%	32	0%	259	4%	26	0%	255	4%
Black or African American	2,000	1,401	70%	206	10%	940	47%	255	13%	23	1%	279	14%	48	2%	237	12%
Hispanic or Latino	795	547	69%	139	17%	336	42%	72	9%	10	1%	105	13%	13	2%	118	15%

The mission of the Erie County Department of Health (ECDOH) is to promote and protect the health, safety, and well-being of Erie County residents through active prevention, education, enforcement, advocacy and partnerships.



For individuals over the age of 25, **Table 4** compares the highest educational level achieved in NYS, Erie County and the City of Buffalo. Erie County had an increase of 1% in number of high school graduates and a 2.1% increase in those completing a Bachelor’s Degree or higher since the 2017 – 2019

Educational Achievement in NYS, Erie County, & Buffalo among residents

<i>Demographics and Educational Level of Residents</i>	<i>NYS</i>	<i>Erie County</i>	<i>Buffalo</i>
<i>High School Graduates</i>	85.6%	91.4%	82.7%
<i>Bachelor’s Degree or Higher</i>	34.2%	33.7%	24.6%

Community Health Assessment (CHA). The numbers for NYS and the City of Buffalo have remained the same. The number of Erie County Residents completing high school is 7 % higher than number for NYS and 9% higher than the number for the City of Buffalo. In the 2017-2019 CHA the number completing higher education was almost 3% lower than NYS numbers, but since then it has moved to less than .5 % than in New York State, and even lower in the City of Buffalo.

Employment

Through the early to the later part of the 20th Century, Erie County was primarily a blue collar community. Throughout most of the century the steel and auto industries were the primary sources of employment for many residents. During the 1980's many companies including Bethlehem Steel and Republic Steel, two of the largest employers in Erie County, closed the majority of their operations and were forced to lay off a preponderance of their workforce. Although the auto manufacturing plants still operate in Buffalo, Chevy and GM Power train, these once large employers have significantly reduced their workforce over the last 30 years. As factories/facilities closed, or reduced their workforce people took lower paying jobs or left the area all together. Due to the diverse nature of this population and the numerous variables affecting the delivery of services, it is a much more complex problem than a quick analysis would show.

Buffalo area employment (number in thousands)	Oct. 2019	Change from Oct. 2018 to Oct. 2019	
		Number	Percent
Total nonfarm	575.0	2.3	0.4
Mining, logging, and construction	22.5	0.6	2.7
Manufacturing	48.9	-3.6	-6.9
Trade, transportation, and utilities	103.1	2.0	2.0
Information	7.2	-0.1	-1.4
Financial activities	37.5	0.9	2.5
Professional and business services	71.5	-0.7	-1.0
Education and health services	103.6	2.6	2.6
Leisure and hospitality	63.9	0.7	1.1
Other services	25.8	-0.1	-0.4
Government	91.0	0.0	0.0

Source: U.S. BLS, Current Employment Statistics.

The primary industries in Erie County have since shifted from blue collar manufacturing industries to education and health services, trade, transportation and utilities. The number of manufacturing jobs fell from over 67,742 in 2000 to 47,681 in 2011 to 46,673 in 2014 and rose again slightly in 2019 to 48,900. Conversely, in 1975 there were approximately 67,000 jobs in the service industry compared to over 208,000 service industry jobs in 2018.

(Source: [US Bureau of Labor Statistics](#))

Employment in Erie County by Industry and Occupation (Source: *American Community Survey, 2013 – 2018- 5 year estimates*)

In New York State the unemployment rate was estimated at 4.0% in November 2019. Erie County's unemployment rate during the same time period was similar at 3.8%. The City of Buffalo unemployment rate was similar to the County and NYS at 3.9% during the same period.

Industry	Population	Percentage
Educational Services, health care and social assistance	124,916	28.5
Manufacturing	46,673	10.7
Retail Trade	50,847	11.6
Professional, scientific, management, administrative, and waste management services	42,639	9.7
Arts, entertainment, recreation, accommodation and food services	40,837	9.3
Finance, insurance, real estate, and rental and leasing	33,445	7.6



Since a high of 9.2% in all of Erie County in 2013 to the 3.8% of November 2019 (up.2% since 10/19), many changes have occurred to the Buffalo and Erie County job landscape, including the building occurring in the Buffalo Niagara Medical Corridor in downtown. Construction and skilled trade jobs are opening but there are not enough skilled laborers to in the Buffalo/ Erie County area to fill them. We have a skilled labor deficit.

Since December 31, 2018 private sector jobs in the Western New

York region increased by 2,900 or 0.5 percent, to 553,700 by December 31, 2019. Employment gains were largest in educational and health services (+3,600), leisure and hospitality (+1,300), trade, transportation (Tractor Trailer drivers are desperately needed) utilities (+600), natural resources, mining and construction (+500) and financial activities (+400). Job losses were greatest in manufacturing (-2,400) and professional and business services (-900). Over the past year there has also been an increase in Government sector jobs increased (+300).

There are a number of well-paying positions available for truck drivers, welders, electricians, carpenters and virtually anything in the medical field. Employers are constantly looking for skilled workers, but there are not enough of them to fill the available positions. There is a gap in the number of job seekers possessing the skills needed and the number of jobs that need workers that possess these skills. Employers cannot fill all of their positions.

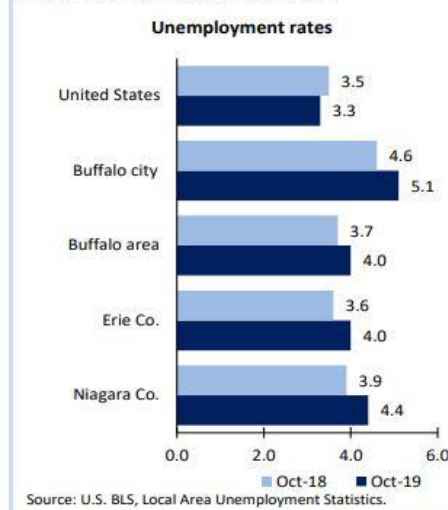
Housing

Housing costs in Erie County have been among the lowest in the northeast. According to the American Community Survey, in 2011-2015, the median mortgage cost to homeowners was \$1,256 per month. The median monthly cost for housing units without a mortgage was \$501 and the median monthly cost for renters was \$739. This is notably lower than New York State comparisons in the same categories of \$2,022; \$709; and \$1,132 respectively. However, as of December 31, 2019, average rent for an apartment in Buffalo, NY is \$950 which is an 11.79% increase from last year when the average rent was \$838, and a 1.26% increase from last month when the average rent was \$938. One bedroom apartments in Buffalo rent for \$931 a month on average (a 10.96% increase from last year) and two bedroom apartment rents average \$983 (a 7.43% increase from last year).

Many Buffalo renters have reported seeing increased rents in their neighborhoods. This is concerning because housing costs for most renters in Buffalo are already unaffordable. Rental affordability is considered paying 30% or less of your household income on housing costs, including utilities. The majority of renter households in Buffalo pay more than this (see graph above). Worse yet, nearly one in every four Buffalo renter households pay at least half their household income on housing costs. 1 Households of color are disproportionately impacted by this problem (see graph below).2

Housing stock in Erie County is aging, particularly in the City of Buffalo. In a recent report from Business First, it was noted that Buffalo has some of the oldest housing stock in the country, second only to Scranton, PA. The city was not

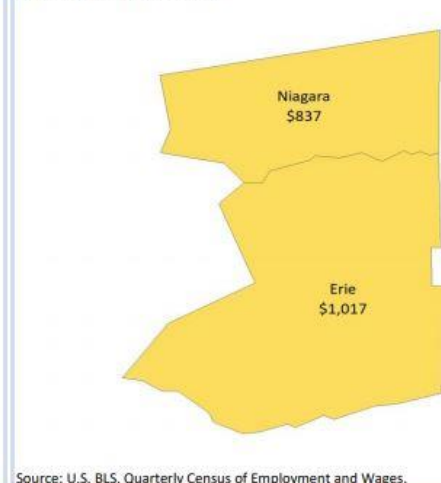
Unemployment rates for the Buffalo area, area counties, Buffalo city, and the nation



Average weekly wages for all industries by county

Buffalo area, first quarter 2019

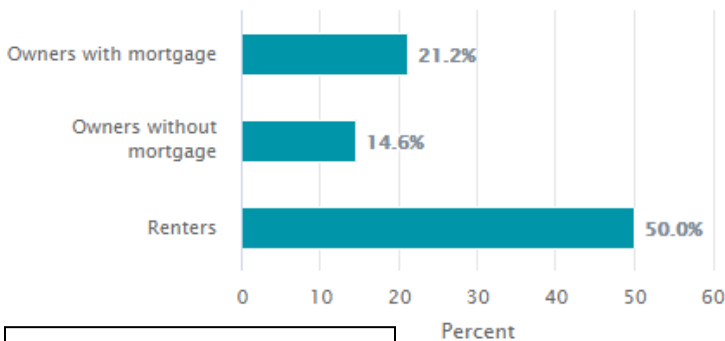
(U.S. = \$1,184; Area = \$993)



affected by the housing boom and the subsequent housing bust experienced in the rest of the country in the past decade but in the past 5 years has experienced a renaissance in the neighborhoods surrounding the new Medical Campus and the historic West Buffalo communities. Housing costs in this region that have remained relatively stable over the past decade are now rapidly increasing in these communities as the popularity of these parcels increases. Investors are buying up the properties, renovating them and then renting them to young professional at 2 even 3 times the rate prior. This has displaced many of the community’s long-standing residents as they can no longer afford to rent.

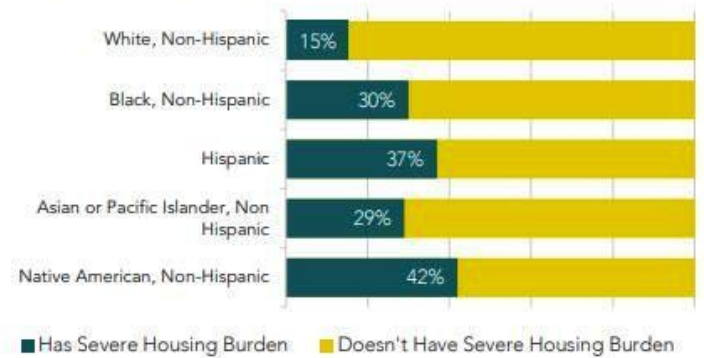
Housing Cost Burden

In 2014-2018, cost-burdened households in Erie County, New York accounted for 21.2 percent of owners with a mortgage, 14.6 percent of owners without a mortgage, and 50.0 percent of renters.



Erie County Housing Cost Burden
Source: 2014-2018 US Census ACS Data

HOUSEHOLDS IN BUFFALO, NY WITH SEVERE HOUSING BURDEN BY RACE/ETHNICITY GROUP



Health Insurance City of Buffalo

Among the civilian noninstitutionalized population in Buffalo city, New York in 2014-2018, 94.6 percent had health insurance coverage and 5.4 percent did not have health insurance coverage. Private coverage was 49.8 percent and government coverage was 54.5 percent, respectively. The percentage of children under the age of 19 with no health insurance coverage was 2.0 percent.

Health Insurance Erie County

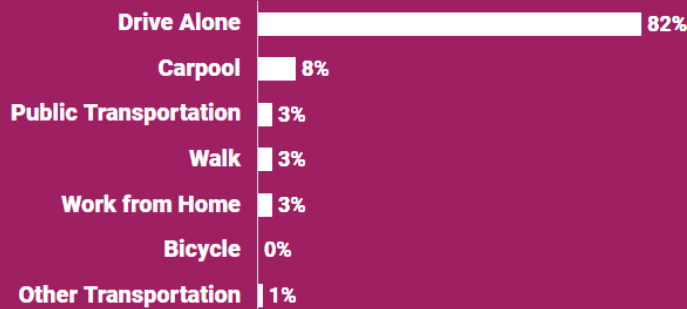
Among the civilian noninstitutionalized population in Erie County, New York in 2014-2018, 96.3 percent had health insurance coverage and 3.7 percent did not have health insurance coverage. Private coverage was 71.5 percent and government coverage was 39.5 percent, respectively. The percentage of children under the age of 19 with no health insurance coverage was 1.8 percent.



Transportation

Buffalo Niagara is car dependent. 90% of commuters get to work by car.

Commute Mode, 2017



Source: American Community Survey.

13% of the region's households don't have a vehicle. Older adults are less likely to have a vehicle than younger residents.

Households Without Vehicles, 2017



11%
UNDER 65 yr
16%
OVER 65 yr

Source: American Community Survey.

Buffalo is home to one of the best public transit systems in the country, according to a 2016 study by [Walk Score](#) published by the online real estate agency Redfin. Buffalo's Metro Bus and Rail system ranked ninth among mid-sized U.S. cities with populations between 100,000 and 300,000 people. Metro received a transit score of 50.4, earning high marks for its accessibility to major attractions such as Canalside and events at the recently renamed KeyBank Center.

Although Buffalo's transit system ranked high, Transportation is still a huge barrier to jobs and services. Many jobs are located far away from neighborhoods and sometimes, the bus line does not go all the way to where a good job is located. The cost of public transit creates barriers for everyone; employers, service providers and residents. Walkability of streets and sidewalks creates challenges to getting around within neighborhoods.



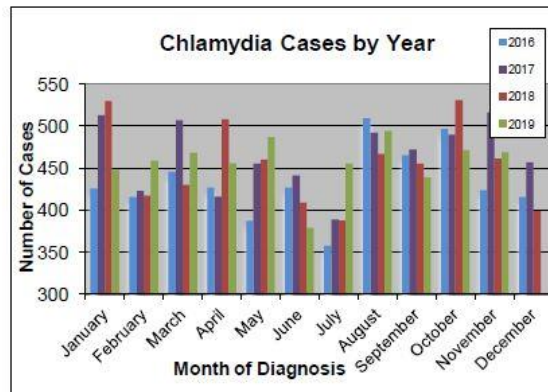
Health

Reportable Communicable Diseases in Erie County as of 12/6/2019

Sexually Transmitted Infections

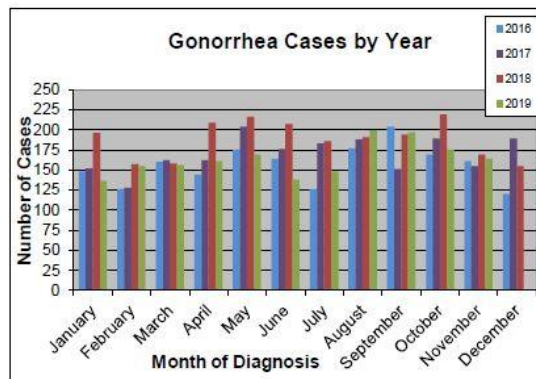
Chlamydia Cases

Month	2016	2017	2018	2019
January	426	513	530	448
February	416	423	417	459
March	446	507	430	468
April	427	416	508	456
May	388	455	460	487
June	427	441	409	379
July	358	389	388	455
August	510	492	467	494
September	466	472	455	439
October	497	490	531	471
November	424	516	461	469
December	416	457	399	
Total	5,201	5,571	5,455	5,025



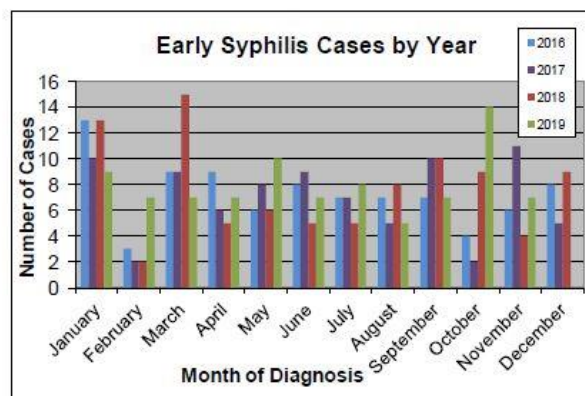
Gonorrhea Cases

Month	2016	2017	2018	2019
January	148	152	196	136
February	126	128	157	155
March	160	162	158	156
April	144	162	209	161
May	175	204	216	169
June	164	176	207	138
July	126	183	186	148
August	177	188	191	199
September	204	151	194	197
October	169	189	219	175
November	161	155	169	164
December	120	189	155	
Total	1,874	2,039	2,257	1,798



Early Syphilis

Month	2016	2017	2018	2019
January	13	10	13	9
February	3	2	2	7
March	9	9	15	7
April	9	6	5	7
May	6	8	6	10
June	8	9	5	7
July	7	7	5	8
August	7	5	8	5
September	7	10	10	7
October	4	2	9	14
November	6	11	4	7
December	8	5	9	
Total	87	84	91	88

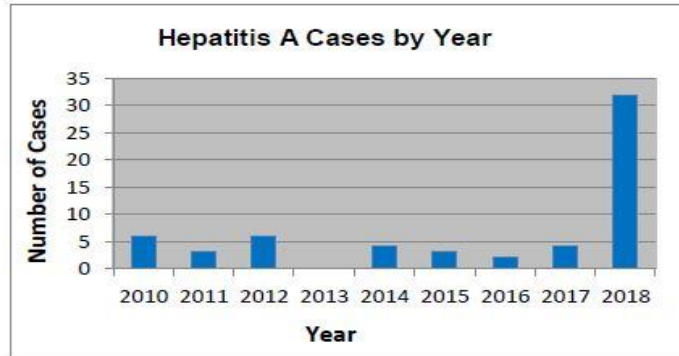




Other Reportable Communicable Diseases in Erie County as of 12/6/2019

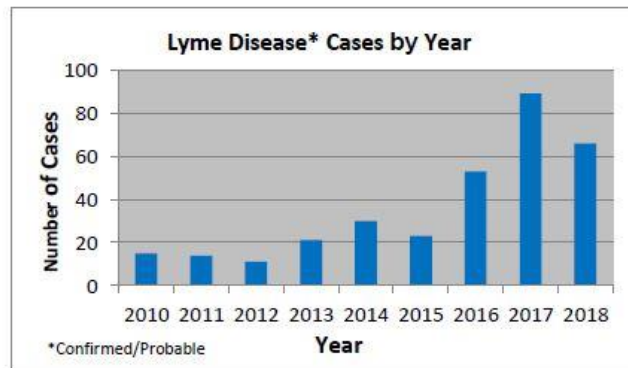
Hepatitis A Cases

Year	Cases
2010	6
2011	3
2012	6
2013	0
2014	4
2015	3
2016	2
2017	4
2018	32



Lyme Disease Cases

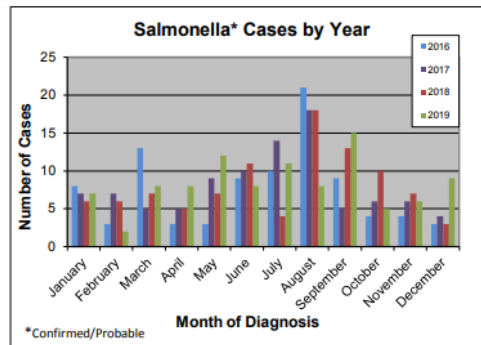
Year	Cases
2010	15
2011	14
2012	11
2013	21
2014	30
2015	23
2016	53
2017	89
2018	66



Salmonella* Cases

Month	2016	2017	2018	2019
January	8	7	6	7
February	3	7	6	2
March	13	5	7	8
April	3	5	5	8
May	3	9	7	12
June	9	10	11	8
July	10	14	4	11
August	21	18	18	8
September	9	5	13	15
October	4	6	10	5
November	4	6	7	6
December	3	4	3	9
Total	90	96	97	99

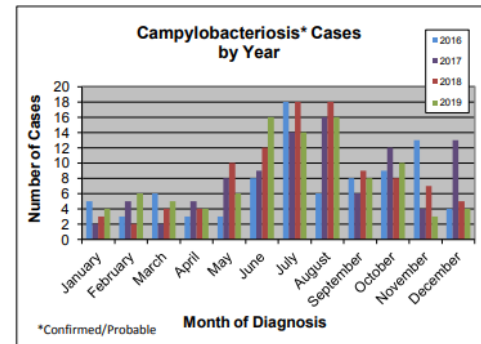
*Confirmed/Probable



Campylobacteriosis* Cases

Month	2016	2017	2018	2019
January	5	2	3	4
February	3	5	2	6
March	6	2	4	5
April	3	5	4	4
May	3	8	10	6
June	8	9	12	16
July	18	14	18	14
August	6	16	18	16
September	8	6	9	8
October	9	12	8	10
November	13	4	7	3
December	4	13	5	4
Total	86	96	100	96

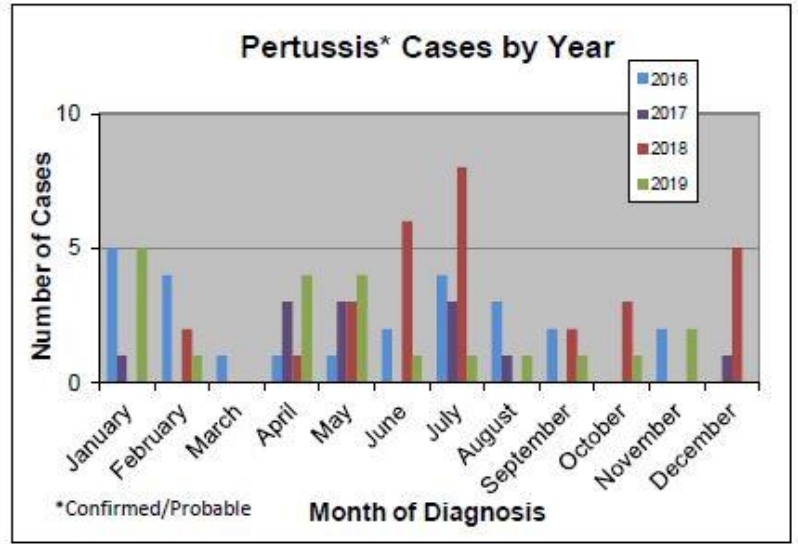
*Confirmed/Probable



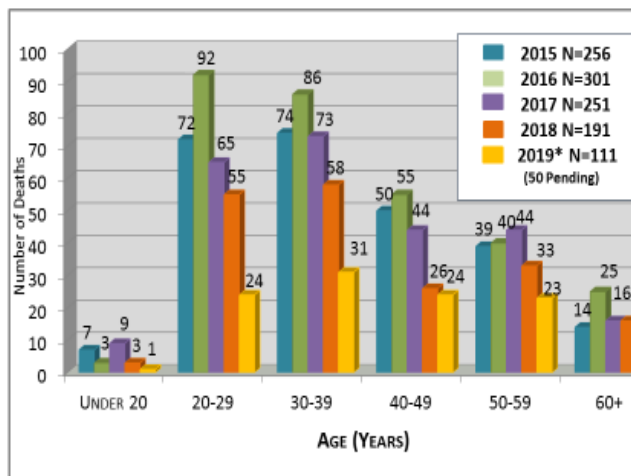


Vaccine Preventable Diseases Pertussis Cases

Month	2016	2017	2018	2019
January	5	1	0	5
February	4	0	2	1
March	1	0	0	0
April	1	3	1	4
May	1	3	3	4
June	2	0	6	1
July	4	3	8	1
August	3	1	0	1
September	2	0	2	1
October	0	0	3	1
November	2	0	0	2
December	0	1	5	
Total	25	12	30	21

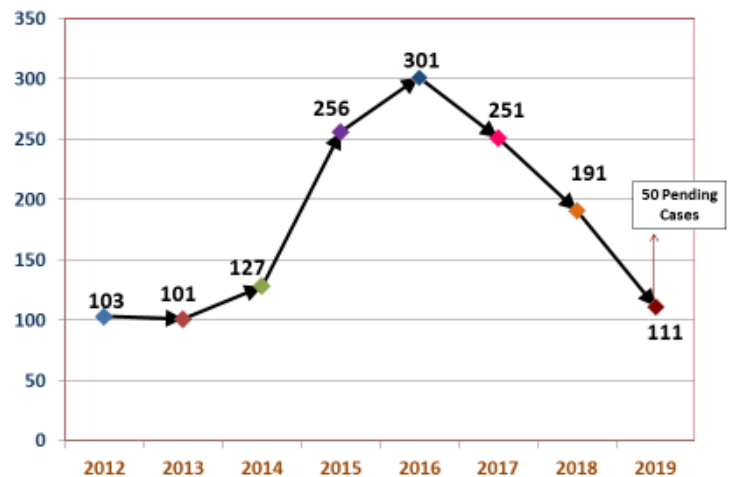


2015 – 2019* ERIE COUNTY OPIOID RELATED DEATHS BY AGE



SOURCE: ERIE COUNTY MEDICAL EXAMINERS OFFICE, *CLOSED CASES REPORTED THRU 1/9/2020

2012 – 2019* OPIOID RELATED DEATHS ERIE COUNTY



SOURCE: ERIE COUNTY MEDICAL EXAMINERS OFFICE, *CLOSED CASES REPORTED THRU 1/9/2020

Leading Causes of All Deaths for Total Population
Selected Counties: Erie

Top 6 Causes

		Number of deaths and age-adjusted death rate						
		Total Deaths	#1 Cause of Death	#2 Cause of Death	#3 Cause of Death	#4 Cause of Death	#5 Cause of Death	#6 Cause of Death
Erie	2016	Total Deaths 9,772 784.0 per 100,000	Heart Disease 2,374 183.2 per 100,000	Cancer 2,061 166.0 per 100,000	Unintentional Injury 519 53.0 per 100,000	CLRD 512 41.0 per 100,000	Stroke 472 36.2 per 100,000	Diabetes 279 22.7 per 100,000

CLRD: Chronic Lower Respiratory Diseases

*Rates based on fewer than 10 events in the numerator are unstable.

Note: Ranks are based on numbers of deaths, then on mortality rates. Where county's death counts and rates are tied, '(tie)' appears at the bottom of the corresponding cells, and causes are further ranked alphabetically.

If a cell is blank, then there were no deaths from any of the 25 causes used in our tables. These causes are listed in the technical notes.

Source: Vital Statistics Data as of May 2018

Leading Causes of Premature (<75 years) Death for Total Population
Selected Counties: Erie

Top 7 Causes

		Number of deaths and age-adjusted death rate							
		Total Deaths	#1 Cause of Death	#2 Cause of Death	#3 Cause of Death	#4 Cause of Death	#5 Cause of Death	#6 Cause of Death	#7 Cause of Death
Erie	2016	Total Deaths 3,935 359.5 per 100,000	Cancer 1,085 90.7 per 100,000	Heart Disease 761 66.6 per 100,000	Unintentional Injury 418 48.4 per 100,000	CLRD 186 15.3 per 100,000	Diabetes 158 13.7 per 100,000	Stroke 107 9.1 per 100,000	Suicide 96 10.6 per 100,000
	2015	Total Deaths 3,799 351.8 per 100,000	Cancer 1,104 94.9 per 100,000	Heart Disease 697 61.3 per 100,000	Unintentional Injury 378 43.2 per 100,000	CLRD 150 12.6 per 100,000	Diabetes 130 11.4 per 100,000	Stroke 127 10.9 per 100,000	Liver Disease 99 9.2 per 100,000
	2014	Total Deaths 3,751 350.9 per 100,000	Cancer 1,146 100.3 per 100,000	Heart Disease 704 62.8 per 100,000	Unintentional Injury 249 27.5 per 100,000	CLRD 151 13.0 per 100,000	Diabetes 135 11.8 per 100,000	Stroke 123 11.1 per 100,000	Suicide 107 12.3 per 100,000

CLRD: Chronic Lower Respiratory Diseases

*Rates based on fewer than 10 events in the numerator are unstable.

Note: Ranks are based on numbers of deaths, then on mortality rates. Where county's death counts and rates are tied, '(tie)' appears at the bottom of the corresponding cells, and causes are further ranked alphabetically.

If a cell is blank, then there were no deaths from any of the 25 causes used in our tables. These causes are listed in the technical notes.

Source: Vital Statistics Data as of May 2018

Leading Causes of All Deaths for Male Population
Selected Counties: Erie

Top 7 Causes

		Number of deaths and age-adjusted death rate							
		Total Deaths	#1 Cause of Death	#2 Cause of Death	#3 Cause of Death	#4 Cause of Death	#5 Cause of Death	#6 Cause of Death	#7 Cause of Death
Erie	2016	Total Deaths 4,726 931.7 per 100,000	Heart Disease 1,200 234.7 per 100,000	Cancer 1,018 193.1 per 100,000	Unintentional Injury 356 77.8 per 100,000	CLRD 229 45.1 per 100,000	Stroke 181 36.1 per 100,000	Diabetes 162 31.0 per 100,000	Pneumonia and Influenza 101 20.1 per 100,000
	2015	Total Deaths 4,835 965.8 per 100,000	Heart Disease 1,224 242.5 per 100,000	Cancer 1,071 206.5 per 100,000	Unintentional Injury 328 71.6 per 100,000	Stroke 216 42.6 per 100,000	CLRD 206 42.0 per 100,000	Diabetes 133 25.4 per 100,000	Pneumonia and Influenza 96 19.2 per 100,000
	2014	Total Deaths 4,590 917.6 per 100,000	Heart Disease 1,154 229.3 per 100,000	Cancer 1,145 222.8 per 100,000	Unintentional Injury 212 44.4 per 100,000	CLRD 194 39.1 per 100,000	Stroke 184 36.9 per 100,000	Diabetes 145 27.4 per 100,000	Septicemia 87 16.8 per 100,000

CLRD: Chronic Lower Respiratory Diseases

*Rates based on fewer than 10 events in the numerator are unstable.

Note: Ranks are based on numbers of deaths, then on mortality rates. Where county's death counts and rates are tied, '(tie)' appears at the bottom of the corresponding cells, and causes are further ranked alphabetically.

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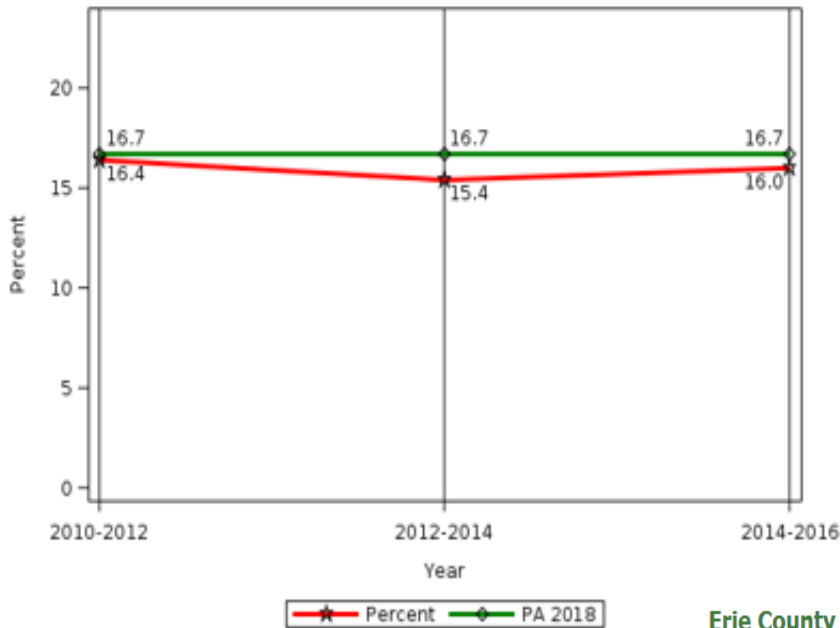
Source: Vital Statistics Data as of May 2018

Contributing Factors to Leading Causes of Death

Obesity and overweight are currently the second leading contributing factors leading to preventable death in the United States (US) and may soon overtake tobacco as the leading preventable cause of death.¹ By the year 2050, obesity is predicted to shorten life expectancy in the US by 2-5 years.² Obesity is a significant risk factor for many chronic diseases and conditions including type 2 diabetes, asthma, high blood pressure, high cholesterol, stroke, heart disease, certain types of cancer, and osteoarthritis.³⁻⁶ Increasingly, these conditions are being seen in children and adolescents.^{7,8} New York State ranks second among states in medical expenditures attributable to obesity at \$11.1 billion.⁹ Creating community environments that promote and support healthy food and beverage choices and physical activity is a major goal in the effort to prevent and reduce the burden of chronic disease and a focus of the New York State Prevention Agenda 2019-2024. Maintaining healthy weight should start early in childhood and continue throughout adulthood.

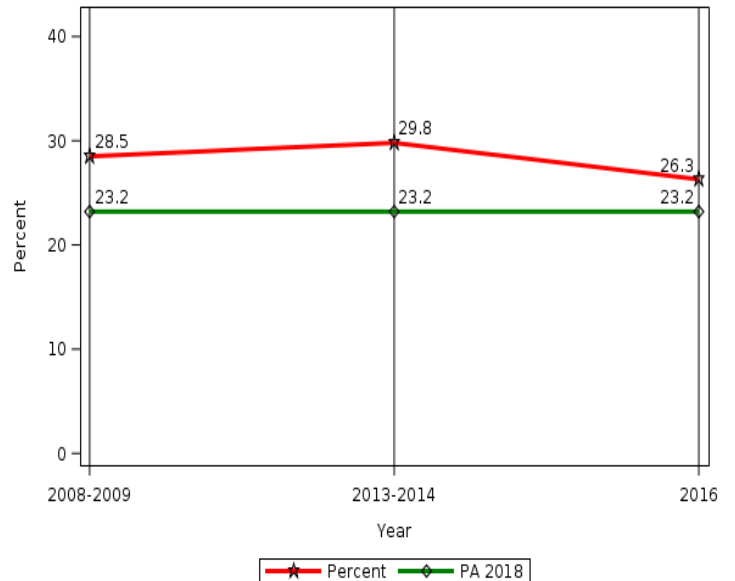


Erie County - Percentage of children and adolescents who are obese



Data Year(s)	Percentage	PA 2018
2010-2012	16.4	16.7
2012-2014	15.4	16.7
2014-2016	16.0	16.7

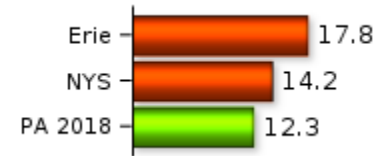
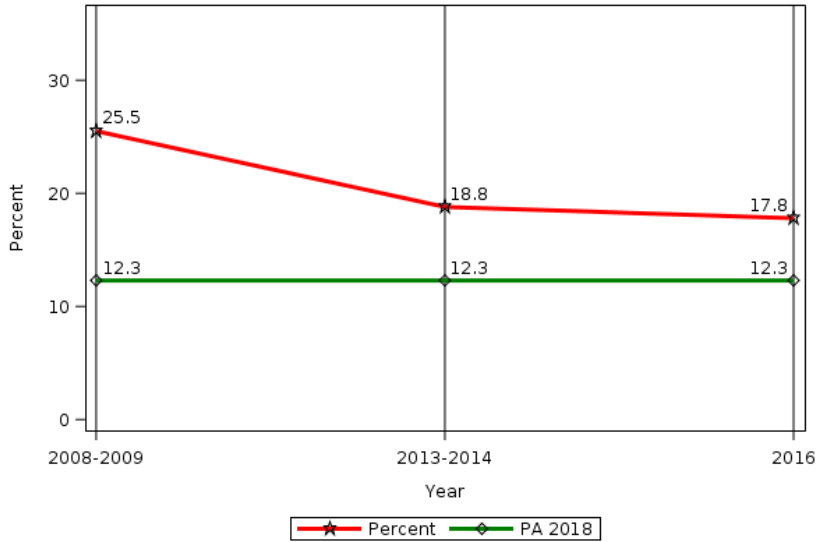
Erie County - Percentage of adults who are obese



Data Year(s)	Percentage (CI)	PA 2018
2008-2009	28.5 (23.7 - 33.3)	23.2
2013-2014	29.8 (26.0 - 33.6)	23.2
2016	26.3 (21.8 - 30.8)	23.2

Data Source: NYS Behavioral Risk Factor Surveillance System data as of February 2018

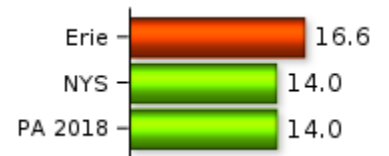
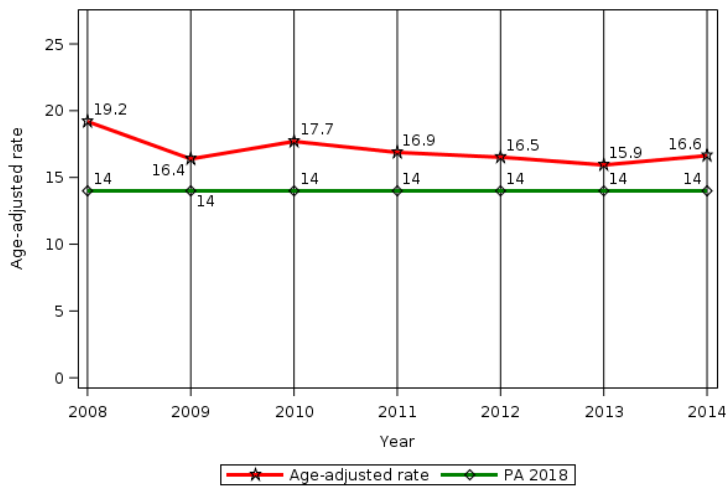
Erie County - Percentage of cigarette smoking among adults^b



Data Year(s)	Percentage (CI)	PA 2018
2008-2009	25.5 (20.3 - 30.8)	12.3
2013-2014	18.8 (15.6 - 21.9)	12.3
2016	17.8 (13.5 - 22.0)	12.3

Data Source: NYS Behavioral Risk Factor Surveillance System data as of February 2018

Erie County - Age-adjusted heart attack hospitalization rate per 10,000 population



Data Source: SPARCS data as of August 2016



Erie County Health Indicators by Race/Ethnicity, 2014-2016

Health Indicator	Non-Hispanic			Hispanic	Total
	White	Black	Asian/Pacific Islander		
Socio-Demographic Indicators					
Population (2016)	706,253	125,292	34,683	49,008	921,046
Percentage of population (2016)	76.7%	13.6%	3.8%	5.3%	100.0%
Median annual household income in US dollars (2012-2016) _~	59,945	26,996	46,950	27,829	52,744
Percentage of families below poverty (2012-2016) _~	5.6%	30.0%	23.4%	33.7%	10.5%
General Health Indicators	White	Black	A/P Islander	Hisp.	Total
Total mortality per 100,000 population, age-adjusted	758.7	992.9	305.3	580.3	785.2
Percentage of premature deaths (< 75 years)	35.3%	60.7%	54.5%	64.5%	39.2%
Years of potential life lost per 100,000 population, age-adjusted	6,454.3	12,555.9	2,391.9	6,764.7	7,337.5
Birth-Related Indicators	White	Black	A/P Islander	Hisp.	Total
Number of births per year (3 year average)	6,387	1,874	585	793	10,052
Percentage of births with early (1st trimester) prenatal care	77.1%	67.4%	66.1%	74.1%	73.9%
Percentage of births with adequate prenatal care (APNCU) [^]	72.1%	63.0%	65.3%	65.6%	69.1%
Percentage of premature births (< 37 weeks gestation - clinical estimate)	8.6%	13.4%	9.3%	11.4%	9.8%
Percentage of low birthweight births (< 2.5 kg)	7.0%	13.7%	9.0%	8.9%	8.6%
Teen pregnancies per 1,000 females aged 15-17 years	5.0	43.5	5.5	29.0	14.7
Pregnancies per 1,000 females aged 15-44 years	61.9	110.8	65.2	86.1	75.6
Fertility per 1,000 females aged 15-44 years	50.5	66.7	63.4	68.8	56.9
Infant mortality per 1,000 live births	5.3	15.8	1.7 _^	7.1	7.3
Injury-Related Indicators	White	Black	A/P Islander	Hisp.	Total
Motor vehicle-related mortality per 100,000 population, age-adjusted	4.8	6.0	2.6 [^]	0.9 [^]	4.8
Unintentional injury mortality per 100,000 population, age-adjusted	47.1	40.3	11.9	50.1	45.7
Unintentional injury hospitalizations per 10,000 population, age-adjusted (2012-2014)	54.9	57.8	17.8	30.5	57.4
Poisoning hospitalizations per 10,000 population, age-adjusted (2012-2014)	10.4	15.1	1.8	6.3	11.0
Fall hospitalizations per 10,000 population, aged 65+ years (2012-2014)	208.6	103.3	30.5	77.8	203.8
Suicide mortality per 100,000 population, age-adjusted	11.9	6.3	5.3 _^	9.7	10.9
Respiratory Disease Indicators	White	Black	A/P Islander	Hisp.	Total
Asthma hospitalizations per 10,000 population, age-adjusted (2012-2014)	5.9	27.7	6.0	19.0	10.3
Asthma hospitalizations per 10,000 population, aged 0-17 years (2012-2014)	9.0	40.6	13.7	25.4	18.1



Respiratory Disease Indicators	White	Black	A/P Islander	A/P Islander	Hisp. Total
Chronic lower respiratory disease hospitalizations per 10,000 population, age-adjusted (2012-2014)	17.3	47.0	8.3	29.6	23.0
Heart Disease and Stroke Indicators	White	Black	A/P Islander	Hisp.	Total
Diseases of the heart mortality per 100,000 population, age-adjusted	174.5	217.5	75.0	135.2	179.6
Diseases of the heart hospitalizations per 10,000 population, age-adjusted (2012-2014)	78.4	118.5	34.2	73.6	86.0
Cerebrovascular disease (stroke) mortality per 100,000 population, age-adjusted	35.0	52.1	18.8 [~]	24.9	36.8
Cerebrovascular disease (stroke) hospitalizations per 10,000 population, age-adjusted (2012-2014)	22.9	41.8	12.1	23.3	25.9
Coronary heart disease mortality per 100,000 population, age-adjusted	107.6	146.8	58.1	97.3	112.5
Coronary heart disease hospitalizations per 10,000 population, age-adjusted (2012-2014)	27.5	30.8	13.2	28.2	28.9
Congestive heart failure mortality per 100,000 population, age-adjusted	25.2	22.9	8.0 [~]	15.0	24.9
Congestive heart failure hospitalizations per 10,000 population, age-adjusted (2012-2014)	17.9	44.7	9.0	24.5	21.9
Diabetes Indicators	White	Black	A/P Islander	Hisp.	Total
Diabetes mortality per 100,000 population, age-adjusted	18.3	45.3	8.9 [*]	34.1	21.4
Diabetes (primary diagnosis) hospitalizations per 10,000 population, age-adjusted (2012-2014)	11.4	41.3	2.4	23.5	16.0
Diabetes (any diagnosis) hospitalizations per 10,000 population, age-adjusted (2012-2014)	140.2	357.6	71.9	244.7	175.2
Diabetes short-term complications hospitalizations per 10,000 population aged 6-17 years (2012-2014)	4.1	7.3	§	3.7	4.8
Diabetes short-term complications hospitalizations per 10,000 population aged 18+ years (2012-2014)	5.6	22.8	§	9.6	8.1
Cancer Indicators	White	Black	A/P Islander	Hisp.	Total
Lung cancer incidence per 100,000 population, age-adjusted (2013-2015)	72.5	83.6	57.1	44.0	73.3
Colorectal cancer mortality per 100,000 population, age-adjusted (2013-2015)	12.5	21.4	§	10.4 [~]	13.3
Colorectal cancer incidence per 100,000 population, age-adjusted (2013-2015)	37.8	53.5	30.2	31.3	39.2
Female breast cancer mortality per 100,000 female population, age-adjusted (2013-2015)	23.6	30.7	§	§	24.0
Female late stage breast cancer incidence per 100,000 female population, age-adjusted (2013-2015)	44.9	54.1	33.6	38.4	45.8
Cervix uteri cancer mortality per 100,000 female population, age-adjusted (2013-2015)	1.4	6.1	0.0 [~]	§	2.1
Cervical cancer incidence per 100,000 female population, age-adjusted (2013-2015)	5.9	11.7	§	13.2 [~]	7.0

* The rate or percentage is unstable.

~ White non-Hispanic, Black (including Hisp, Asian excluding Pacific Islanders), and Hispanic

^ APNCU: Adequacy of Prenatal Care Utilization Index

§ Data suppressed/ data do not meet criteria for confidentiality

NA Data do not meet the criteria for statistical reliability or data quality, or data not available

Symbol Meaning for Health Indicator Table

The mission of the Erie County Department of Health (ECDOH) is to promote and protect the health, safety, and well-being of Erie County residents through active prevention, education, enforcement, advocacy and partnerships.

Mental Health

Suicide

Pinpointing the reasons that suicide rates rise or fall is challenging in part because the causes of suicide are complex. Risk factors include health factors (such as depression, substance use problems, serious mental illness and serious physical health conditions including pain), environmental factors (such as access to lethal means and stressful life events including divorce, unemployment, relationship problems or financial crisis) and historical factors (including previous suicide attempts, a family history of suicide and a history of childhood abuse or trauma).

Socioeconomic changes might be part of the puzzle. Globally, suicide rates have often fallen when living conditions have improved. And the reverse is also true. Princeton University economists Anne Case, PhD, and Angus Deaton, PhD, have shown that deaths from suicide, drugs and alcohol have risen steeply among white, middle-aged Americans since 2000 ([PNAS](#), Vol. 112, No. 49, 2015). They argue these “deaths of despair” are linked to a deterioration of economic and social well-being among the white working class ([Mortality and Morbidity in the 21st Century](#), Brookings Papers on Economic Activity, Spring 2017).

Limiting legal means

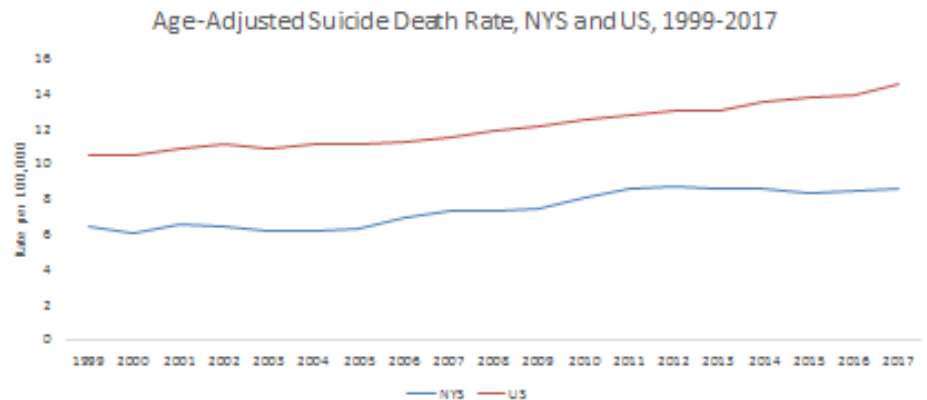
While data from other countries can’t explain the rising rate of American suicides, they may hold clues about how to prevent them. One takeaway from the data both at home and abroad: Limiting access to means of death can make a real difference. When countries have made it harder to access a means of death, their suicide rates have declined. In England, people once could end their lives with carbon monoxide from toxic coal gas. When the country switched to less-toxic gas for heating and cooking, deaths from suicide dropped by 40 percent. In Asia, many countries saw suicide rates drop after making it more difficult to access toxic pesticides that are used in farming. Bridge barriers that prevent people from jumping have similar effects.

In the United States, more than half of all suicide deaths are the result of firearms. And there’s evidence that when access to guns goes down, so do suicide deaths. During the 1990s, household gun ownership fell significantly. During those years, deaths from suicide by firearm also decreased, while suicide by other means stayed about the same. The result: a notable drop in the overall suicide rate, from more than 12 per 100,000 in 1990 to just under 10.5 in 1999.

Erie County Deaths by Suicide have continued to decline each year since 2016.

2019	95
2018	97
2017	108
2016	97

Increase in Suicide in NYS and Nationally



Source: CDC WISQARS
<https://webappa.cdc.gov/infln/brochure.asp>



Mental Health, Cont.

Mental health and substance abuse services paid with public funds are primarily provided through a system of contractors overseen by the Erie County Department of Mental Health in Erie County New York. They are the primary conduit of funding and service provision determination and oversight from the New York State Office of Alcohol and Substance Abuse Services (OASAS) and Office of Mental Health (OMH.)

The local OASAS funded substance abuse prevention providers have partnered together and with the Sheriff to implement an aggressive campaign to decrease underage drinking and DWI. Over the next three years these organizations will utilize multiple forms of media

to promote social change, especially in our most socioeconomically depressed communities, to decrease the acceptability of alcohol consumption and subsequent activities, such as driving a car or boat while under the influence, and so change the long term outcomes of alcohol related incidents.

Crisis Services of WNY host the Erie County Suicide Prevention Coalition that is working to create awareness of the escalating problem in the community as well as to provide trainings for school personnel and child service agencies to increase the staff capacity to be aware of and deal with prevention of suicide in our community through an evidence based model of service delivery.

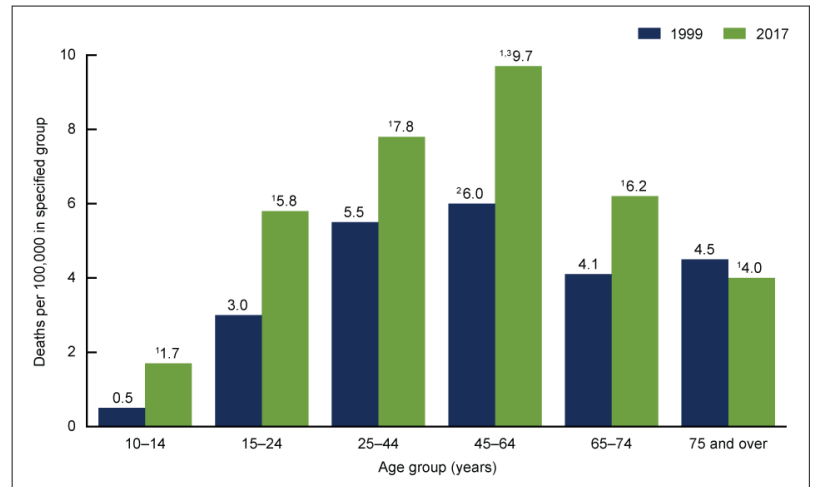
Crisis Services of WNY continues to operate a 24/7 hotline that can be utilized by the public if they are experiencing acute mental health issues that could lead them to contemplating suicide or other debilitating acts. This hotline is staffed with trained counselor to assist the person who is in need of help. They also operate an emergency outreach service to people who may be contemplating suicide. They will send out a team of two counselors to assess the client for their level of lethality. If necessary 911 will be called to have the client admitted for emergency psychiatric care.

Substance Abuse

Erie County, like much of nation, has seen a significant increase in opioid overdoses in the past few years both from pill and heroin use which has in recent years transitioned to the opioid fentanyl and its analogues. As seen in the accompanying Erie County Medical Examiner's Office chart, Heroin deaths increased 85% from 2012 – 2013 but since the inception of the Erie County Opiate Epidemic Task Force in 2016 until today in 2019, there has been a significant decrease in the numbers of deaths.

This period of increased deaths coincides with the implementation of the New York State prescription drug monitoring program, I-Stop that limited the accessibility of prescription opioids. Transitioning to illegal street drugs to feed the physical addiction brings a whole host of additional problems to the individual, from acquiring blood borne pathogens, such as HIV and Hepatitis C, to the exacerbation of comorbidities such as mental health issues and chronic diseases.

Figure 2. Suicide rates for females, by age group: United States, 1999 and 2017



¹Significantly different from 1999 rate, $p < 0.05$.

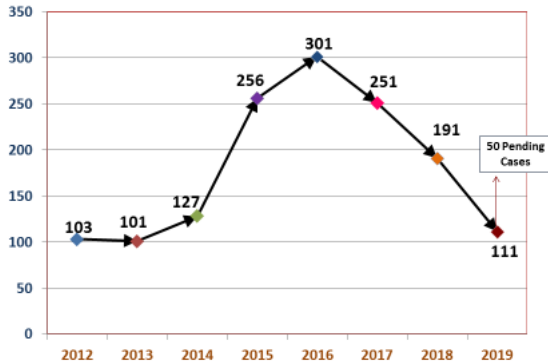
²Significantly higher than rates for all other age groups in 1999, $p < 0.05$.

³Significantly higher than rates for all other age groups in 2017, $p < 0.05$.

NOTES: Suicides are identified using *International Classification of Diseases, Tenth Revision* underlying cause-of-death codes U03, X60-X84, and Y87.0. Access data table for Figure 2 at: https://www.cdc.gov/nchs/data/databriefs/db330_table-508.pdf#2.

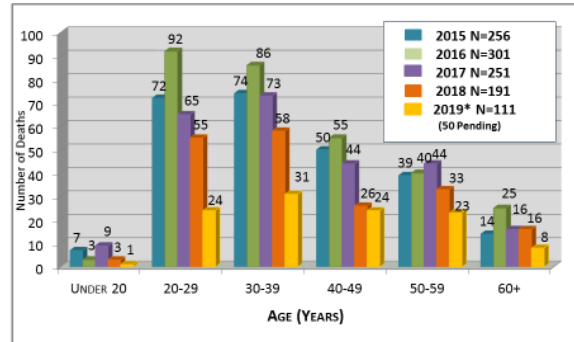
SOURCE: NCHS, National Vital Statistics System, Mortality.

**2012 – 2019* OPIOID RELATED DEATHS
ERIE COUNTY**



SOURCE: ERIE COUNTY MEDICAL EXAMINERS OFFICE, *CLOSED CASES REPORTED THRU 1/9/2020

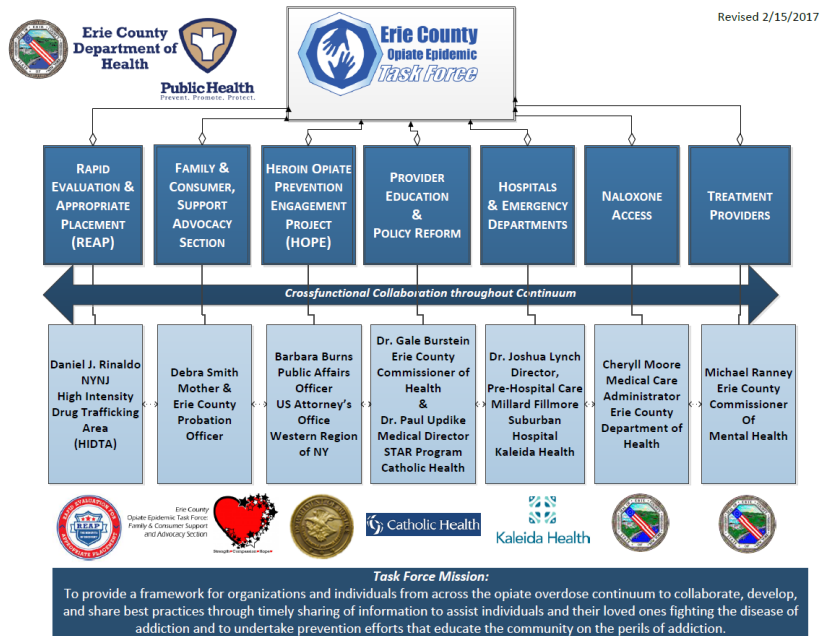
**2015 – 2019* ERIE COUNTY OPIOID RELATED DEATHS
BY AGE**



SOURCE: ERIE COUNTY MEDICAL EXAMINERS OFFICE, *CLOSED CASES REPORTED THRU 1/9/2020

Erie County Opioid Epidemic Task Force:

The Erie County Opiate Epidemic Task Force was created by [Executive Order #014](#). The Erie County Opioid Epidemic Task Force was established by Erie County Executive Mark C. Poloncarz on January 19, 2016 to coordinate a response to the opioid crisis sweeping across Erie County. The Erie County Health Department has noted a sustained and growing number of opioid addicted persons in our community, identifying a public health crisis. The opioid crisis affects nearly every part of Erie County be it urban, rural, or suburban. Opioid addiction often starts in individuals who are prescribed opioid pain medications or who take opioid medication prescribed for other people and may progress to using illegally manufactured drugs, such as heroin. Dangerous and powerful opioids, such as fentanyl, are increasingly being found on our streets, in addition to heroin. No single strategy alone can address this complex, multifaceted issue. The coordination of the many individual anti-opioid initiatives currently being undertaken throughout Western New York is critically needed.



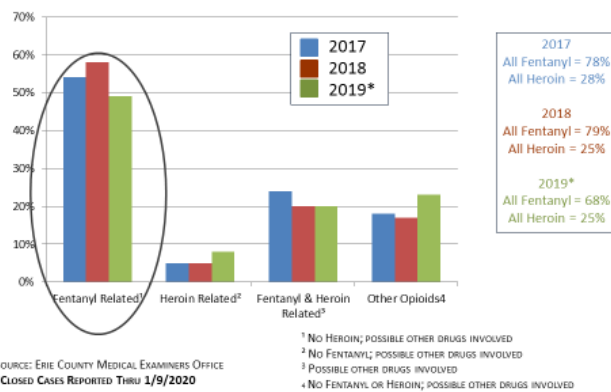
The Opioid Epidemic Task Force includes community experts from social service agencies, law enforcement, physicians, mental health and addictions providers, the health insurance industry, and members of victims' families. The Task Force is composed of seven committees that meet regularly and report back to the group.

The 7 Task Force Committees:

1. [Provider Education & Policy Reform](#), led by Erie County Health Commissioner, Dr. Gale Burstein
2. [Community Education](#), led by Barbara Burns of the U.S. Attorney General’s Office, Western Region of NY
3. [Families and Consumer Support & Advocacy](#), led by Debra Smith, Parent Advocate
4. [REAP Program](#), led by Dan Rinaldo of NYNJ-HIDTA (High Intensity Drug Trafficking Area)
5. [Treatment Providers](#), led by Erie County Commissioner of Mental Health, Michael Ranney
6. [Hospitals/ER ROI Project](#), led by Dr. Joshua Lynch of Kaleida Health & Millard Fillmore Suburban Hospital Emergency Department
7. [Naloxone Access](#), led by Cheryll Moore of the Erie County Department of Health

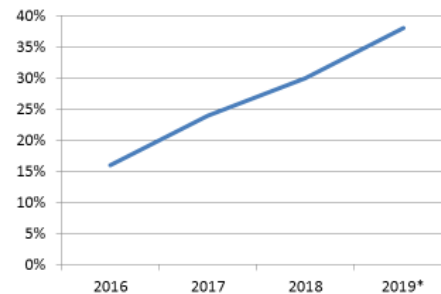
New mixtures of drugs are being noted consistently in the toxicology reports including mixing the fentanyl analogues with cocaine. To address these new issues we will begin working with additional populations struggling with substance use disorder that may not be aware of the presence of opioids in their drugs.

2017 – 2019* PERCENT OF ERIE COUNTY OPIOID RELATED DEATHS BY TYPE OF OPIOID



SOURCE: ERIE COUNTY MEDICAL EXAMINERS OFFICE
*CLOSED CASES REPORTED THRU 1/9/2020

2016 – 2019* PERCENT OF ERIE COUNTY OPIOID RELATED DEATHS ASSOCIATED WITH FENTANYL¹ AND COCAINE



SOURCE: ERIE COUNTY MEDICAL EXAMINERS OFFICE
*CLOSED CASES REPORTED THRU 1/9/2020

¹Includes all Fentanyl related deaths.

Erie County has applied for and received numerous federal grant awards from the Department of Justice and SAMHSA to address the epidemic and has become a national model, working on all areas from prevention to treatment.

ECDOH is addressing this issue through a public health perspective and the implementation of evidence based harm reduction initiatives.

ESAP

One initiative is the Expanded Syringe Access and Disposal Project (ESAP) project that provides access to clean syringes without a prescription and provides access to needle disposal sites with mailbox like kiosks in places where residents naturally go. There are currently more than 70 needle disposal sites in the Erie County at various sites including drugstores, street corners, universities and department stores. Additionally the county has partnered with local police agencies to have prescription drug drop boxes housed at the same sites as needle collection kiosks in selected areas. This initiative is helping to decrease the access to prescription opiates even further.

Community Narcan Education and Distribution

Another project is the Opioid Overdose Prevention Program/Narcan Administration Project (OOPP) geared at first responders and general community members. The county is training and equipping all first responders interested in Narcan administration and overdose reversal. Mechanisms to get Narcan into the highest risk individuals' hands including community trainings, and availability through community access Narcan sites.

Social Determinants of Health

After reviewing the primary and secondary and comparing it with the community survey results and the feedback from , the community focus groups and stake holder focus groups the following themes regarding barriers and challenges to being healthy emerged.

Financial

- High rent costs: rents, 21.2 percent of owners with a mortgage, 14.6 percent of owners without a mortgage, and 50.0 percent of renters are cost-burdened households. Meaning well over 30 percent of their income is spent on just the roof over their head .
- high price of food and
- lack of free or low cost exercise and physical activity programs,
- working multiple jobs just to get by;
- lack of access to healthy foods
 - proliferation of fast food restaurants in many neighborhoods and
 - No grocery stores nearby
 - lack of access to affordable foods;

Health care access difficulties

- lack of choice for providers,
- few PCPs and
- virtually no specialists in many areas of Erie County,
- health insurance premiums are higher than ever and they cover less
- health insurance copays are too high
- insurance does not cover needed vaccines or preventive health services,
- long wait periods to get an appointment and
- long wait periods while at the facility,

Safety

- crime, violence and
- crumbling infrastructure

Transportation

- Existing public transportation doesn't take you to where the jobs and services are
- Can't afford car payment and car insurance
- Parking costs if you live and work near downtown

Behavioral

- lack of motivation and priority - it is hard to be motivated to engage in healthy behavior when exhausted, stressed and just trying to survive
- Addiction (all substances) and
- Conflicting and confusing health messaging
- Convenience and low cost of unhealthy food

Health disparities are evident in many areas of Erie County for a variety of contributing factors. Socioeconomic generational strife leads to significantly poorer health outcomes. Within Erie County there are zip codes with significantly lower socioeconomic status than the county as a whole. These zip codes are primarily within the City of Buffalo.

As a point of reflection, over 70% of the Erie County Department of Health clinic patients come from five zip codes in the City of Buffalo, 14204, 14206, 14211, 14212, and 14215. Unemployment is significantly higher in these zip codes than in the County, New York State, and the nation. Median household income and per capita income are about half of Erie County income levels in three of five of these zip codes. Race and ethnicity distributions are also very different in these zip codes as compared to Erie County, state, and national percentages. These are all leading indicators looked at when assessing for health disparities. Analysis of demographic trends as they relate to poor health and need for public health services indicates that where poverty is the highest, poor health outcomes are the greatest. Disparities in the community, whether we look at race, ethnicity, education, or socioeconomic statuses are all evident within these zip codes. As expected, health outcomes are significantly poorer than those of the county as a whole.

In 2014-2018, 14.5 percent of Erie County residents lived in poverty. That's 128,781 people struggling to survive. An estimated 21.6 percent of children under 18 were below the poverty level, compared with 8.7 percent of people 65 years old and over. An estimated 13.8 percent of people 18 to 64 years were below the poverty level.

Many families throughout Erie County have urgent concerns and face barriers to the programs and services that could help them. They live paycheck to paycheck, juggling financial obligations and making trade-offs as they try to make ends meet on limited incomes. Economic need in Erie County increased slightly between 2011 and 2017. Half of single parents live in poverty. This rate is more than double the poverty rate for married couples with children. Poverty limits opportunities for quality housing, safe neighborhoods, healthy food, living wage jobs, and quality education. **As poverty and related stress increase, health worsens.**

Transportation is an enormous barrier to jobs and services. Many jobs are located far away from neighborhoods. The cost of public transit creates barriers for both providers and residents. Walkability of streets and sidewalks creates challenges to getting around within neighborhoods. Some high school graduates are not job ready and lack basic reading and math skills. Underemployed workers do not qualify for funding for training. Not enough trainers offer the wraparound services that residents need to succeed. Some individuals with urgent health needs face long waits for a medical appointment.

About 338,000 people live in or near poverty in Erie County. That is the as much as the entire population of the city of Buffalo. Poverty is concentrated and most persistent in urban areas. But it is also fairly prevalent in the Erie County's rural and suburban areas where access to jobs and services is more limited, especially without a car. Finding ways to increase access to education and training, reduce housing cost burdens, and provide flexible transportation options are universal needs in communities across Erie County.

Obesity remains a top concern of residents of Erie County, followed closely by Mental Health. Related to obesity is the lack of access to healthy foods and opportunities for safe and affordable physical activity. Residents of the city of

Buffalo, of color, young age and low income were more likely to feel food insecure. The ALICE report from the United Way of Buffalo & Erie County details how many families while not living at the poverty line are struggling to keep up with basic needs such as food and shelter. Not surprising there was a disconnect between the educational level of respondents and the reported income mirroring a trend seen nationwide that jobs are not keeping pace with the rising cost of living.

To address these challenges we looked at what services are already in place and reviewed models from other places in the region, country, and world that demonstrate how other communities have addressed similar issues. These models served as starting points for understanding how strategies can be successfully implemented in this community. Obesity and its associated diseases is our biggest health problem right now. The increase in obesity appears to have slowed over the past five years and is below the national average but it is not a problem that is going to go away. Obesity still affects 25.5% of the adult population. Nearly a quarter of the adult population still report consuming regular soda or other sugar-sweetened beverages daily and the consumption of fruits and vegetables remains stubbornly low at 22.4%. Improved nutrition standards, policies and organizational practices at worksites and in public spaces where food is available to the public increases both awareness and access. Over time implementing food standards may help to lower the risk factors for chronic diseases associated with over consumption of unhealthy food.

Nearly 95,000 residents in the Buffalo and Erie County live in neighborhoods designated by the USDA as "food deserts" where healthy food access is limited and food insecurity is high. Nearly half of these individuals live in or near poverty, so being able to afford food is a constant concern for many. Not having a car adds another obstacle, and 22% of households in food deserts do not own a vehicle. Overcoming these barriers to make healthy food more affordable and accessible is critical. A healthy diet can help prevent obesity and curb related health conditions like diabetes, heart disease, and hypertension. Moreover, many strategies to improve healthy food access, like community gardening, also benefit physical and mental health. Erie County Department of Health already works with partners in the Community to improve access to healthy and nutritious food. ECDOH are active members of the Buffalo & Erie County Food Policy Council, The Healthy Corner Store initiative and we are currently working on getting anchor institutions to adopt healthy food service guideline. ECDOH and Erie County Department of Parks Recreation and Forestry just completed a set of Healthy Food Service Guidelines that all vendors supplying concessions in Erie County Parks must adhere to. ECDOH built to Blood Pressure self-monitoring and have installed them in the corner stores.

Data Analysis Process

The CHA & CHIP Planning Group (CCPG) developed a data collection plan which included a consumer survey, community and provider input from several community and provider focus groups and data gathered from vital statistics, epidemiology data bases, research studies, hospitals and other sources. Regional, state, county, sub-county data, and data gathered in the Community Health Assessment Survey, developed by the group, were analyzed to review trends and compare Erie County's health indicators to state goals and local averages. The collected data was then used to conduct a comprehensive and reliable assessment of the population's health status and health challenges. The group reviewed data from many resources, including, but not limited to:

- The New York State Community Health Indicator Reports
- US Census American Community Survey
- Bureau of Vital Records (2016) Vital Records (Vital Statistics). V. S. Unit, NYS DOH
- Public Health Collaborative (PHC) Keys to Health (2018).
- Department of Education. (2017-2018). High School Graduation Rates. NYSDOEducation. data.nysed.gov.
- MC-CHIW (2016).

- Erie County Community Health Improvement Plan 2016-2018.
- EC Department of Public Health Epidemiology Reports
- Youth Risk Behavior Survey Report: Buffalo City School District. 2017
- Erie County (2017).
- Chronic Disease Report NY, ECDPH: 1-27.
- The Erie County Medical Examiner's Office, 2019
- Erie County Youth Risk Behavior Survey. ECDPH
- Erie County Office of Mental Health (2018).
- CHA Community Focus Group Report
- CHA Stakeholder/Provider Focus Group Report
- NumbersInNeed.org
- PHC Keys to Health

After all primary and secondary data were reviewed and analyzed by the CCPG; the data suggested a total of 39 distinct issues, needs and problems to be considered for selection to be addressed in the Community Health Improvement Plan. Members of CCPG team met in June of 2019 to review the identified problems and determine the final priorities. The methodology used to determine the priority and focus areas included rating each issue/need by four different criteria:

- (i) magnitude of the problem,
- (ii) impact on other health outcomes,
- (iii) impact social determinants of health have on the problem
- (iv) the capacity (systems and resources) to address the issue/need

Using this rating system the CCPG took a deeper look at the top six issues, needs and problems were able to narrow the priorities by applying further selection criteria. as based on this rating system criteria prioritization and looking at evidenced-based solutions, the following top three priorities, as aligned with the NYS Prevention Agenda (NYS PA), are the areas that the Erie County Department of Health, Kaleida Health Systems and Catholic Health Systems will be working on for the next three years: (1) ***prevent chronic diseases with a disparity concentration on poverty***; (2) ***Promote Healthy Women, Infants and Children***; and (3) ***promote well-being and prevent mental health and substance use disorders with a disparity***.

Hospital and Community Partners

Although the hospitals and the Erie County Department of Health will each be submitting their own Community Health Improvement Plan, they worked together to develop their plans, partnered on some initiatives and made certain that their priorities and interventions aligned and complemented each other. The collaborative approach taken will leverage the efforts and resources of all health organizations in the community, resulting in increased effectiveness and sustainability of initiatives and interventions, reduced service duplication and clear identification of system gaps.

Community Health Improvement Plan (CHIP) 2019-2022

Following are the top three priorities areas, as aligned with the NYS Prevention Agenda, selected by Erie County Department of Health (ECDOH), Kaleida Health Systems and Catholic Health Systems to work on for the next three years: (1) **prevent chronic diseases with a disparity concentration on poverty**; (2) **promote Healthy Women, Infants and Children**; and (3) **promote well-being and prevent mental health and substance use disorders with a disparity**.

ECDOH will be working on these priorities in the following focus areas and goals:

Priority Area 1 - Prevent Chronic Disease (*addressing the disparity of poverty*); focus area 1: Healthy Eating and Food Security; Goal: 1.1: increase access to healthy and affordable fruits and vegetables; focus Area 2: Physical Activity; Goal 2.2: promote school, child care, and worksite environments that support physical activity for people of all ages and abilities; focus area 3: Tobacco Prevention; Goal: 3.1: prevent initiation of tobacco use, including combustible tobacco and electronic vaping products by youth and young adults; Goal 3.2: promote tobacco use cessation, especially among populations disproportionately affected by tobacco use including: low SES, frequent mental distress/substance use disorder; LGBT; and disability; focus area 4: Preventive Care and Management; Goal 4.2: increase early detection of CVD, diabetes, prediabetes and obesity; Goal 4.4: improve self-management skills for individuals with chronic conditions;

Priority Area 2 – Promote Healthy Women, Infants and Children; Focus Area 2: Perinatal & Infant Health, Goal: 2.1 Reduce infant mortality and morbidity; Goal: 2.2 Increase Breastfeeding Intervention; Focus Area 4: Cross Cutting Principles applied for Healthy Woman, Infants, & Children.

Priority Area 3 – Promote Well-being and Prevent Mental and Substance Use Disorders: Focus Area 2: Prevent Mental and Substance Use Disorders; Goal 2.2: Prevent opioid and other substance misuse and deaths

The evidence based and evidence informed interventions to address the focus areas and goals were selected based on how well they addressed the established goals, if the intervention was already being used by the partner's agencies; the partner's capacity to implement the intervention, and the cost of the intervention. The CATCH program will be used to address Priority Area 1 Goal 2.2

CATCH is an acronym for Coordinated Approach to Child Health. It is an evidence-based coordinated school health program designed to improve nutrition and physical activity in students attending kindergarten through 8th grade. Another CATCH program, The CATCH My Breath will be used, along with the American Heart Association's Quit Lying program to address priority area 3, goal 3.1. Other evidenced based programs utilized in ECDOH's CHIP are Stanford's Chronic Disease Self-Management Program (CDSMP) and Diabetes Self-Management Program (DSMP) and the National Diabetes Prevention Program (DPP) to address priority area 1 goal 4.2 and goal 4.4.

Note: The United Way, ECDOH and BPS have been working on Catch since 2017. In the pilot schools the evidence that it works is already pretty significant:

CATCH Results

- In the Fall of 2017, 31% more students scored in the healthy fitness zone in CATCH schools (31% vs. 23.6%).

- In Spring 2018, 39% more students scored in the healthy fitness zone in CATCH schools (37.7% vs. 27.1%)
- In CATCH schools about 10% more students reported optimal fruit and vegetable consumption during the 2017-2018 academic year (44% vs. 49% in the first collection point and 46% vs. 51% in the second collection point).
- After 2017, we started to train the other Buffalo schools on CATCH so there isn't a control group any longer to compare.

The attached Community Health Improvement Plan/ work plan provides a clear outline of how the Erie County Department of Health will address these priorities

References – Data Sources

Many data sources are referenced directly in the document

1. U.S. Census Bureau, Population Estimates Program (PEP), Updated annually. [Population and Housing Unit Estimates](#)
2. United States Census Bureau, American Community Survey Data Set 2014-2018

ⁱ <http://quickfacts.census.gov/qfd/index.html#>

ⁱⁱ <http://buffalo.sayyestoeducation.org>

https://numbersinneed.org/Prevention_agenda_dashboard

<https://health.data.ny.gov/Health/Prevention-Agenda-2013-2018-Tracking-Indicators-Co/7j59-48xy>

<https://www.wkbw.com/news/buffalo-ranked-among-top-10-cities-for-public-transit>

- The New York State Community Health Indicator Reports
- US Census American Community Survey
- Bureau of Vital Records (2016) Vital Records (Vital Statistics). V. S. Unit, NYS DOH
- Public Health Collaborative (PHC) Keys to Health (2018).
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- Erie County Office of Mental Health (2018).
- CHA Community Focus Group Report
- CHA Stakeholder/Provider Focus Group Report
- NumbersInNeed.org
- PHC Keys to Health



Community Contributors and Roles

Organization	Data review and planning process	Survey Design	Data Compilation	Report Writing	Solicited Survey Responses	Assisted with Community Conversations	Identification of Key Stakeholders	Review and Critique of Plan	Proposed Implementation Partner
American Heart Association	X				X		X		X
American Lung Association						X	X		
Bertrand Chaffee Hospital					X		X		X
BestSelf Behavioral Health						X	X		
Buffalo Prenatal Perinatal Network					X	X	X		
Buffalo State College	X	X			X		X		
Catholic Health Systems	X	X	X	X	X	X	X	X	X
Crisis Services						X	X		
D'Youville College	X	X			X				
EC Dept of Health	X	X	X	X	X	X	X	X	X
Jewish Family Services						X	X		
Kaleida Health Systems	X	X	X	X	X	X	X	X	X
Parent Network of WNY						X	X		
Population Health Collaborative	X	X	X	X	X	X	X	X	X
The Arc Erie County New York						X	X		
UB/MD						X	X		
United Way of Buffalo & Erie County	X				X		X	X	X
University at Buffalo Clinical					X				

and the mission of the Erie County Department of Health (ECDOH) is to promote and protect the health, safety and well-being of County residents through active prevention, education, enforcement, advocacy and partnerships.



Translational Research Center									
University at Buffalo Dept of Family Medicine	X	X			X		X		
Visiting Nursing Association of WNY						X	X		
WNY Veterans Housing Coalition, Inc.						X	X		

Survey Distribution Sites

Location	Zip Code	Paper Copies	Emailed/Posted/Social Media
3 County Hospital webpages			X
Adolfs Old First Ward Tavern	14204	X	
Alba De Vida	14201	X	
Bertrand Chafee Hospital	14141	X	X
Buffalo Research Registry			X
Catholic Health Hospital webpage			X
Clarence Community Center	14031	X	
Cooks Bar & Grill	14210	X	
Eastern Hills Mall	14221	X	
EC Dept of Social Services	14202	X	
EC DMV Downtown Location	14202	X	
Eden/North Collins Food Pantry	14111	X	
Erie County Website			X
Facebook pages (personal) of partners			X
Faith Community Nurse Group			X
Ford Motor Plant	14219		X
Galleria Mall	14225	X	
Great Lakes Dental Tech	14150	X	X
Hispanics United	14201	X	
Independent Health Medicaid Member Engagement	14221, 14127, 14043	X	
Kaleida Health Employee newsletter			X
Kaleida Health Public Website			X
LK Painter Community Center	14034	X	
Main Place Mall	14202	X	
Mercy Hospital Emergency Room	14220	X	
Native American Community Services	14207		
North Collins Food pantry	14111	X	
North Collins Food Pantry	14111	X	
Springville Auction & Farmer's Market	14141	X	
Springville/Concord Food Pantry	14141	X	
St. Joseph Emergency Room	14225	X	
St. Luke's Mission of Mercy	14211	X	
St. Paul AME Zion Church	14210	X	
Tops in Depew	14043	X	
Tops in Derby	14047	X	
Univera Healthcare			X