



COUNTY OF ERIE
MARK C. POLONCARZ
COUNTY EXECUTIVE

GALE R. BURSTEIN, MD, MPH
COMMISSIONER OF HEALTH

Erie County New York Community Health Assessment 2017 – 2019





Table of Contents

Acknowledgements	3
Introduction	4
Geography	5
Residents	6
Income	8
Poverty	9
Employment	10
Education	12
Housing	14
Social Determinants of Health and Disparate Populations	14
Transportation	15
Access to Care/Health Insurance	16
Additional Insurance Opportunities	17
County Health Rankings	18
Health Status of Erie County Residents:	
Leading Causes of Death	19
Health Challenges in Erie County	22
Prevention Agenda Focus Areas	
Chronic Disease	24
Heart Disease and Stroke	24
Tobacco Use	27
Obesity and Related Illnesses	29
Diabetes	30
Asthma	31
Healthy and Safe Environment	31
Lead Poisoning	31
Injury Prevention	34
Healthy Women, Infants and Children	35
Mental Health and Substance Abuse	40
HIV/STDS, Vaccine – Preventable Disease, and Healthcare – Associated Infections	43
Chronology	49
Community Health Improvement Plans	49
Endnotes, Data Sources, Reports and Hot Links	52



ACKNOWLEDGEMENTS

Thank you to all of our collaborators, the information in this document would not be possible without the support and contribution of our valued partners in the community as well as the authors of previously produced documents.

Some of the primary contributors include but are not limited to:

Renee Cadzow, PhD, D'Youville College
Alan Delmerico, PhD, SUNY @ Buffalo State College
William Wiczorek, PhD, SUNY @ Buffalo State College
Jonathan Lindner, SUNY @ Buffalo State College
Laurene Tumiel-Berhalter, PhD, SUNY @ Buffalo
Maria Foti, Catholic Health System.
Mary K. Comtois, United Way of Buffalo and Erie County
Kirstin Kight, Kaleida Health
Kathleen Tompkins, Kaleida Health
Roger Duryea, Catholic Health System
Meghan Walsh, Intern SUNYAB
Karen Hall, P2 Collaborative
Mary Walawander, ECDOH Lead Epidemiologist



Erie County New York Community Health Assessment 2017 - 2019

Introduction

New York State Department of Health; Prevention Agenda to the Healthiest State

The Prevention Agenda 2013-18 is 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.ⁱ

The Prevention Agenda 2013-18 is New York State's health improvement plan for 2013 through 2018, developed by the New York State Public Health and Health Planning Council at the request of the Department of Health, in partnership with more than 140 organizations across the state. This plan involves work being done by a unique mix of organizations including local health departments, health care providers, health plans, community based organizations, advocacy groups, academia, employers as well as state agencies, schools, and businesses whose activities can influence the health of individuals and communities and address health disparities.

In addition, the Prevention Agenda is designed to serve as a guide to local health departments as they work within their community to develop mandated Community Health Assessments and to hospitals as they develop mandated Community Service Plans and Community Health Needs Assessments.

The Prevention Agenda vision is New York as the Healthiest State in the Nation and features five priority areas:

- Prevent chronic diseases
- Promote healthy and safe environments
- Promote healthy women, infants and children
- Promote mental health and prevent substance abuse
- Prevent HIV, sexually transmitted diseases, vaccine-preventable diseases and healthcare associated Infections

The NYS Prevention Agenda outlines goals for each priority area and defines measurements toward achieving these goals, including reductions in health disparities among racial, ethnic, and socioeconomic groups and persons with disabilities.ⁱⁱ

This report is a compilation of the Erie County Community Health Assessment and the Community Health Improvement Plans (CHIP) for three collaboratively selected indicators. It is designed to create a picture of the

health status of the residents of Erie County through a mix of short highlights of and links to full reports created and housed by community partners as well as an assessment of local health data compared to state, national and in some cases worldwide indicators. The CHIPS for the selected indicators will provide the roadmap to create a healthier Erie County for the next three years.

Erie County New York

Geography

Erie County is the largest metropolitan county in upstate New York with a population of 922,578 (2015 Census) 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 258,071. 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.





Residents

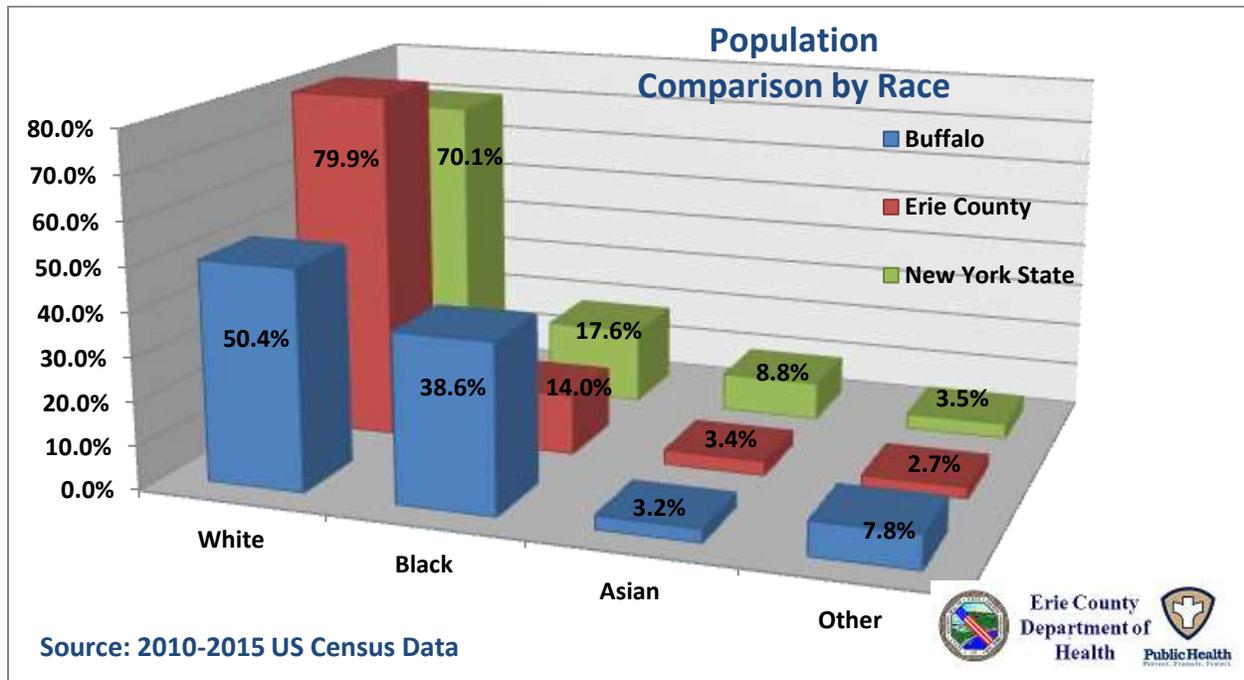
The population of the County has been fluctuating over the past decade. According to the US Census, in 2000 the population of Erie County was 950,265; in 2015 the population was 922,578. This represents a 2.9% decrease from 2000 to 2015. People had been leaving the County completely. Since 2007, there has been a slight increase in the county's population, but the 2015 population is still significantly smaller than the 2000 estimate.

According to the US Census 2010 - 2015 data set, 5.4% of the Erie County population are under the age of five, 20.6% are under the age of 18 and 16.8% are age 65 or over. Compared to New York State and National age distributions, the County has slightly lower percentages of young people and a higher percentage of people 65 and older.

This comparison does not hold with the City of Buffalo distribution. In Buffalo, according to the same US Census data set, 23.6% are under the age of 18, which is very similar to both New York State (22.3%) and USA (24.0%). The percent of persons age 65 and over in the City of Buffalo is lower at 11.4% than the County (15.7) and New York State percentages (13.5).

In Erie County 51.6% of the population is female and 48.4% of the population is male. This distribution is very similar to the United States distribution. The New York State distribution is 48.6% male and 51.4% female. In the City of Buffalo there is a higher percentage of females (52.1%) and lower percentage of males (47.9%). 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.

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 (38.6%) and Hispanics (10.5%) than the county as a whole. 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 2015 American Community Survey, 10.1% of Erie County residents speak a language other than English in their homes.



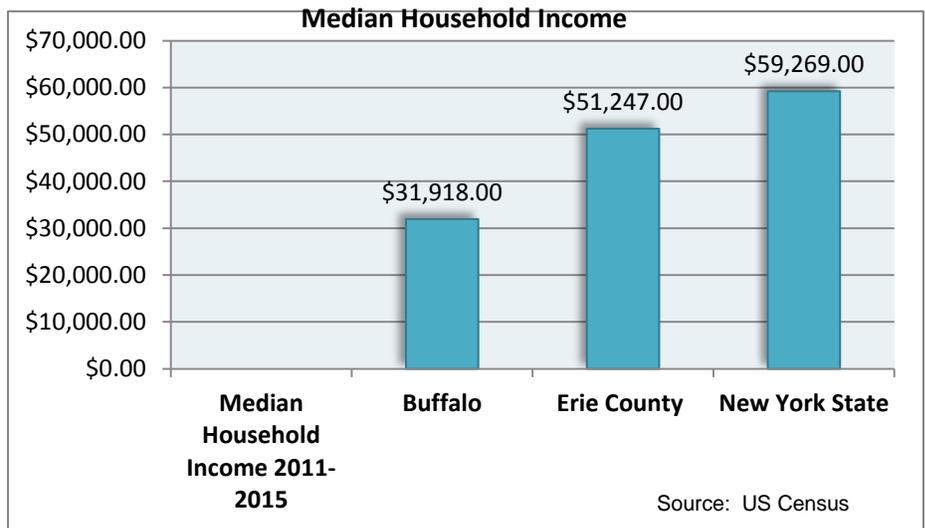
The above graph demonstrates the drastic differences in race breakdown when comparing the City of Buffalo to Erie County in its entirety and then further with New York State as whole.

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.

Income

The median household income in Erie County is \$51,247.00 which is less than that of New York State but significantly higher than that of the City of Buffalo. 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 is \$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.



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 is \$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, 48.7 percent of its labor force, 61% of senior citizens, and 54 percent of the county's registered voters.
- As of 2012, 31% of small businesses in Erie County were women-owned.
- Median weekly earnings for women working full-time is \$638.00 vs. \$798.00 for men
- 30.1% 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.
- 5.4% of pregnancies are to teenage mothers in the Western New York region.
- In Erie County in 2008, more than 7,100 incidents of domestic violence were reported to law enforcement.
- Of the 100,000 veterans returning from service in Erie County, approximately 3,000 of them are women.

- Of the returning women veterans, 40% have mental health issues including depression, Post Traumatic Stress Disorder and Military Sexual Trauma.ⁱⁱⁱ

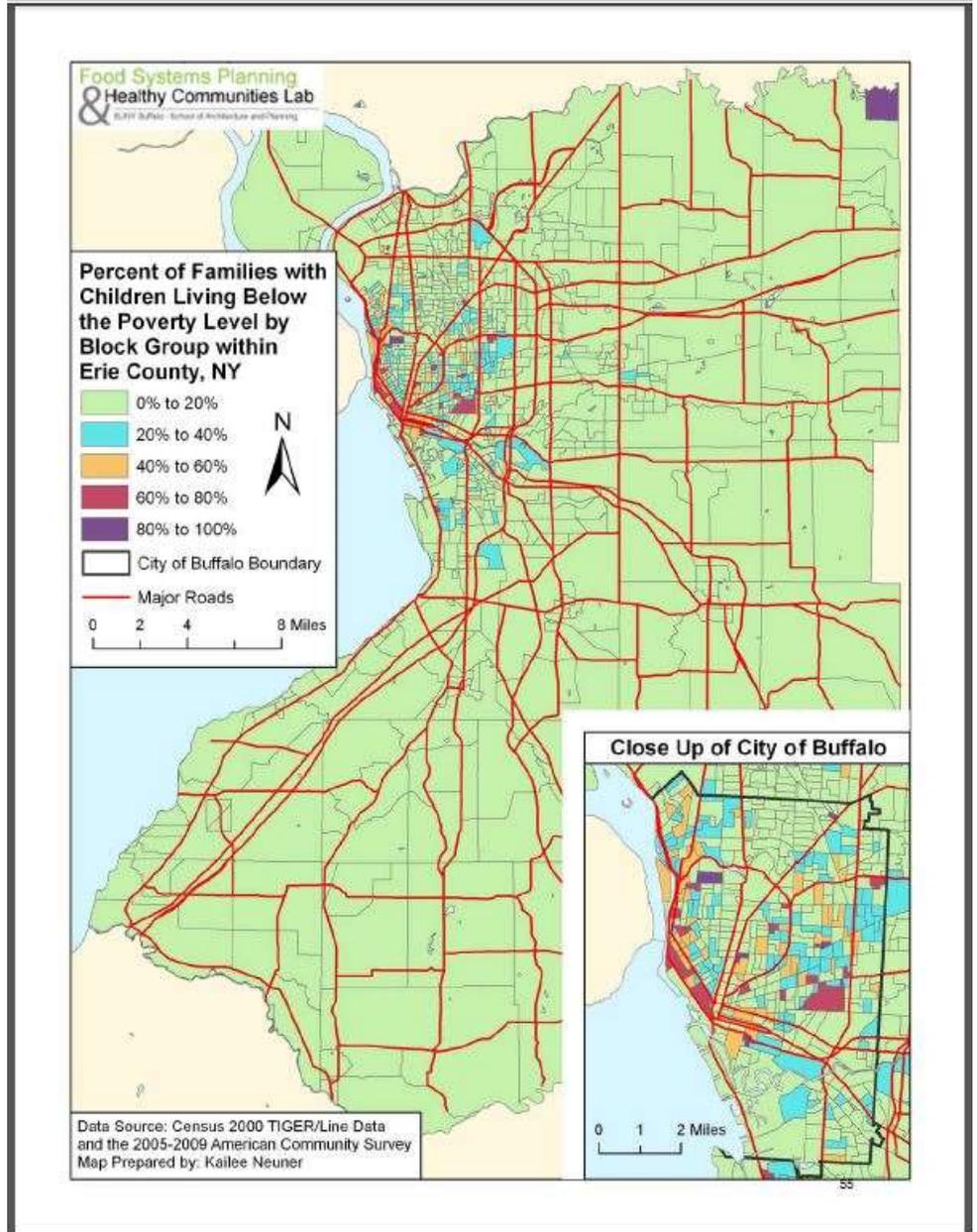
Poverty

When looking at all families in Erie County, 15.2% are living below the poverty level which is similar to the NYS percentage of 15.4%. 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, 17.9% live below the poverty level. The likelihood of families living below the poverty level is compounded for single, female headed families. 13.7% of families in Erie County have a single, female head of household and greater than 30% of these families live below the poverty level.

Erie County's per capita income in 2015 dollars (2011-2015) was \$28,879. In the City of Buffalo, poverty is significantly more prominent. In Buffalo the per capita income is \$20,751, more than \$7,000 less than the County.^{iv}

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.





Employment

Erie County historically has been a blue collar community with the steel industry being a primary source of employment for many residents. During the 1980's many companies including Bethlehem Steel and Republic Steel, two of the largest employers in the County, closed the majority of their operations and laid off a preponderance of their workforce. As those factories/facilities closed, 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.

The primary industries in Erie County have since shifted from blue collar manufacturing industries to service industries. The number of manufacturing jobs fell from over 67,742 in 2000 to 47,681 in 2011 to 46,673 in 2014. Conversely, in 1975 there were approximately 67,000 jobs in the service industry compared to over 200,000 service industry jobs in 2011.

Employment in Erie County by Industry and Occupation

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

Occupation	Population	Percentage
Management, business, science, and arts occupations	165,747	37.9
Sales and office occupations	114,580	26.2
Service occupations	80,468	18.4
Production, transportation, and material moving occupations	49,418	11.3
Natural resources, construction, and maintenance occupations	27,114	6.2

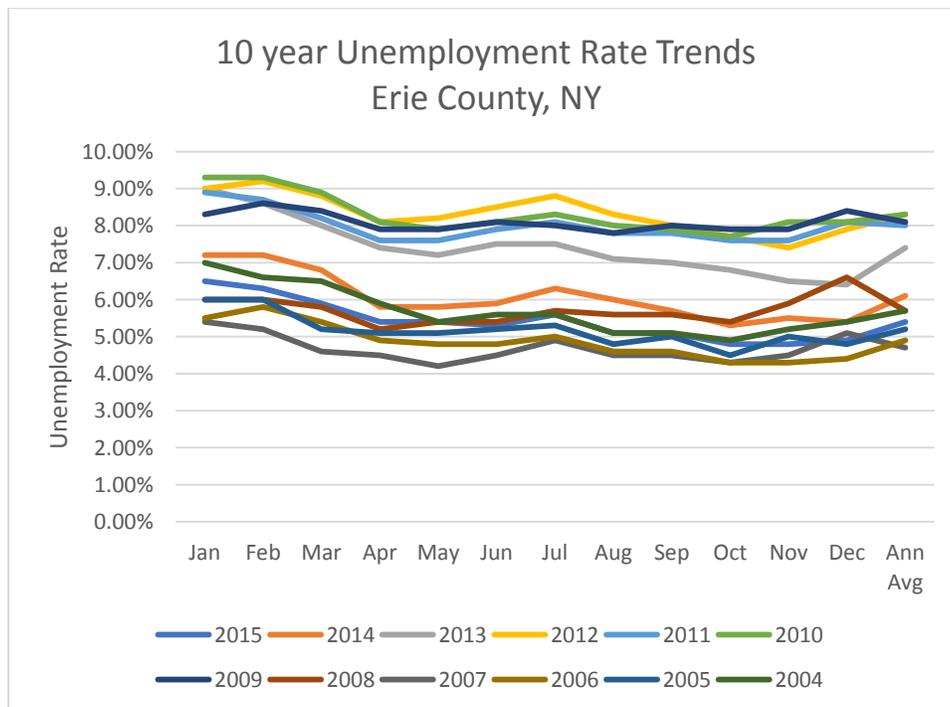
(Source: American Community Survey, 2010-2014 5 year estimates)

In New York State the unemployment rate was estimated at 5.3% in 2015. Erie County’s unemployment rate during the same time period was similar at 5.4%. The City of Buffalo’s unemployment rate was higher than both the County and NYS at 7.1% during the same period.

Since a high of 9.2% in all of Erie County in 2013 to the 5.4% of 2015, many changes have occurred to the Buffalo and Erie County landscape including the building occurring in the Buffalo Niagara Medical Corridor in downtown further changing the types of jobs opening up. For at least the next ten years the skilled trades will have new opportunities as buildings are erected and completed and surrounding neighborhoods are brought up to date with infrastructure being developed to support technological and medical research and practice institutions. Upon construction completion recruitment of intellectual and academic leaders will bring new and different types of employment to the area.

Conversely, in the areas south of the city, factories are being built for new types of skilled labor jobs including solar manufacturing and computer and technology production. The waterfront in downtown Buffalo is in the final stages of development and this have created a host of tourism employment opportunities as Buffalo and Western New York reinvent themselves as a tourist destination.

The table below illustrates the unemployment trends in Erie County for the past 10 years. Looking at it in this fashion, trends such as higher unemployment in the months of January and July are visible.



v



Education

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 have partnered to form the Say Yes to Buffalo Collaborative.

“Say Yes Buffalo” is a landmark collaboration that brings the Buffalo Public School District, the Buffalo Teachers’ Federation, the Buffalo Association of Administrators and Supervisors, the City of Buffalo, Erie County, Say Yes to Education, Inc., and a diverse group of Buffalo area corporate, non-profit, and philanthropic organizations together to organize people, time, money and resources to provide holistic, year-round support to Buffalo Public School District students throughout their K-12 years and beyond. Say Yes Buffalo and its partners believe every student can graduate high school and college when given the proper supports, resources, and opportunities.

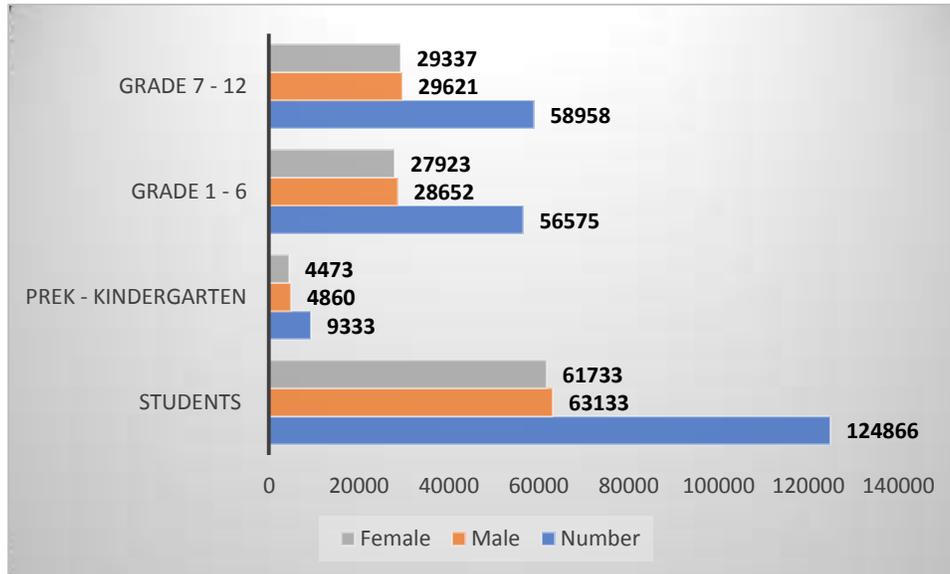
“Say Yes Buffalo” provides comprehensive supports, including locally funded tuition scholarships of nearly 100 colleges and universities for those who meet residency, graduation and admission requirements. These supports are aligned with what research indicates is needed to enable every child in the program to achieve his or her potential.^{vi}

For individuals over the age of 25, this table compares the highest educational level achieved in New York State, Erie County and the City of Buffalo. Erie County has a slightly higher high school graduation rates than the State, but in the City of Buffalo the rates are noticeably lower. Completion of higher education is slightly lower in the County than in New York State, and even lower in the City of Buffalo. It should be noted that there several zip codes in the City of Buffalo have extremely low high school and higher education graduation rates. A direct correlation with increased rates of unemployment, crime and poverty is seen when these data are analyzed simultaneously.

**Educational Achievement in NYS, Erie
 County, & Buffalo among residents > 25yrs
 Census Data 2011-2015**

Demographics and Educational Level of Residents	NYS	Erie County	Buffalo
High School Graduates	85.6%	90.4%	82.7%
Bachelor’s Degree or Higher	34.2%	31.6%	24.6%

Erie County’s total Kindergarten thru 12 school enrollment was 124,866 in 2015^{vii}. This is a decrease of 620 students from the previous year. The student population overall is decreasing in size in proportion to the decrease in general population over time. The grade and gender breakdown for 2015 enrollment follows:



Pre K and Kindergarten enrollment accounted for 7.5%, and grades 1-6, 45.3% and grades 7-12, 47.2% of the total county student enrollment.

Within the city of Buffalo there were approximately 31,359 students enrolled in local schools in 2015. 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.



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.

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 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.

Urban living in the downtown area has also seen resurgence with the development of condominiums, lofts and apartments both for lease and sale. Buildings that in the past decade were abandoned and downtrodden are now vibrant and full of life.

Young professionals and empty nesters with disposable income are returning to urban life from the suburban and rural communities. Easy access to the expanding professional employment opportunities has created a demand for comfortable living arrangements with space and modern amenities.

Social Determinants of Health and Disparate Populations

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.



The Preventive Quality Indicator (PQI) zip code data and US Census zip code level data reinforces the presentation of increased health disparities and health outcomes. For example, zip code 14215 has significantly higher poverty rates and it is primarily composed of a higher percentage of Black or African American minorities than are found in other areas in the City of Buffalo and Erie County.

The PQI data for zip code 14215 shows that hospital admissions are 150% of what would normally be expected in that zip code^{viii}. In response to this information, many of the DSRIP priorities and projects identified by the Millennium PPS are focused on the neighborhoods in this area.

Additionally, another significant racial disparity exists, with African Americans' hospital admissions at 210% of what is expected for this population. The Caucasian population had a hospital admissions rate of only 55% of expected.

These findings are very similar in zip codes 14211, 14206, and 14212, all zip codes where poverty and racial disparities are also higher than in other areas of Buffalo and Erie County. Additionally, the findings in the 14201, 14213, and 14207 zip codes show a very similar picture with an incredibly diverse population. This area of the city of Buffalo is the site of resettlement of numerous refugee populations over the past 20 years.

Currently the Bhutanese population is entering the country; the last major group to come in previously was the Burmese with the Somalian population previous to them. Health issues prevalent among indigenous Americans such as obesity, heart disease, diabetes and substance abuse are beginning to become more prevalent among the refugees that have been here the longest. Recent entrants to the country are dealing with diseases more commonly seen in third world countries such as tuberculosis and giardia.

Transportation

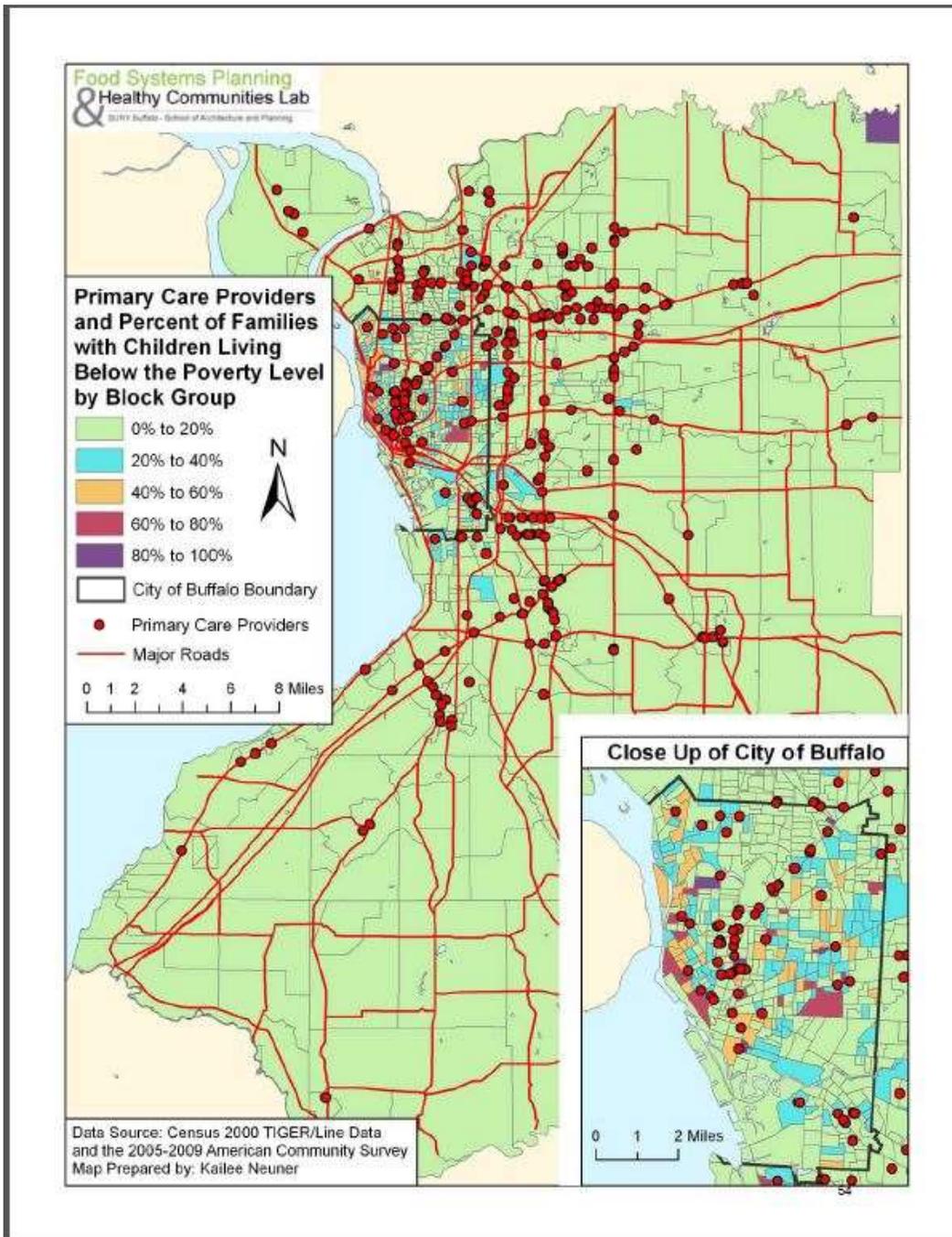
Effective public transportation in Erie County is largely limited to within the City of Buffalo borders. The Niagara Frontier Transportation Authority (NFTA) runs and maintains public transportation services in Erie County. There is inadequate coverage of bus lines linking the City of Buffalo to either first ring suburbs (Tonawanda, Kenmore Cheektowaga, West Seneca) or second ring suburbs (Amherst, Lancaster, Orchard Park, Clarence, Hamburg.)

This inadequacy and infrequency of runs limits residents without access to personal vehicles to only those services that can be reached through the public transportation system.

For the subset of the population that receives Medicaid, there is taxi transportation provided on a case by case basis as need is determined by case managers. Seniors citizens who are residents of the county may use the limited transportation vans reserved through the Erie County Senior Services "Going Places" accessed through a single number all over the county.^{ix}

Access to Care – Health Insurance

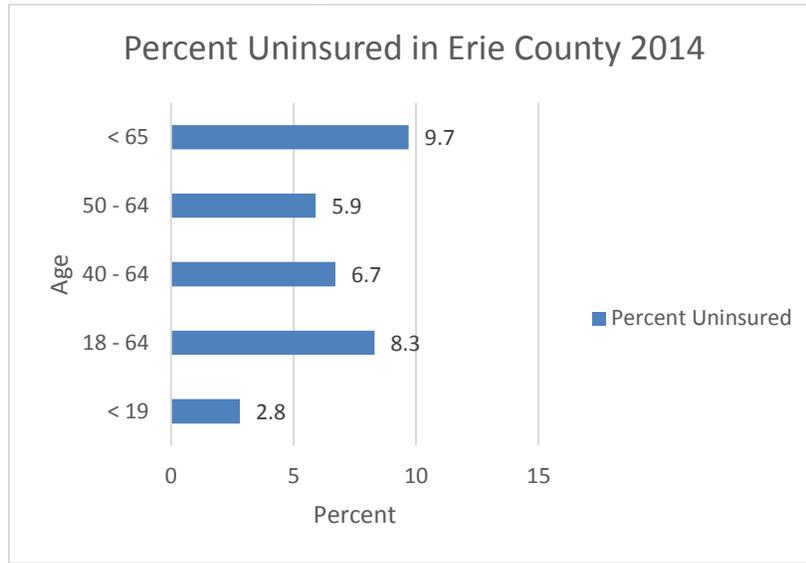
The Affordable Care Act is the nation’s health care reform law enacted in March of 2010. The law aims to reform both our private and public health insurance systems in order to expand coverage to 24 million Americans by 2023. The change in the national landscape after the last presidential election is predicted to bring sweeping changes to the existing plan.



Among the law’s many goals: to increase benefits and decrease costs for consumers. Provide new funding for public health and prevention; bolster our healthcare and public health workforce infrastructure, foster innovation and quality in our system and more^x

Our most fragile residents, newborns and the elderly should show significant increases in better health outcomes in upcoming years as health insurance coverage increases, reimbursement standards are redefined, services are repackaged and access to standardized healthcare for all residents stabilizes during the rollout period.

Provider access should also increase due to educational incentives being offered to keep newly educated and graduated physicians in areas of greatest need.



Source: US Census

As noted above, rates of uninsured are lowest in the under 19 year old group. The expanded Medicaid access and increased eligibility criteria for children under the former Child Health Plus program has accomplished much of what it was intended to do. The next goal is to get parents to access the services as indicated in an age appropriately to establish healthy behaviors from early childhood. is the next action step to be taken with this age group? Additionally, the data also shows that as age decreases in the 18 – 64 year old population rates of insurance decrease. Overall, the rate of uninsured is just under 10% which is an improvement from the 13% the uninsured rate in Erie County hovered at for a number of years.^{xi}

For the Affordable Care Act to work as planned and provide affordable health care for all, the younger and healthier sections of the population need to purchase/be enrolled in the private insurance products associated with the Health Exchange to offset the cost of the more expensive, less healthy aging component of the population.

Additional insurance opportunities

Live Births by Financial Coverage and Resident County New York State – 2014

Vital Statistics of New York State 2014

County	Financial Coverage								
	Total	Medicaid/Fam Hlth Plus ¹	Private Insurance	Self-Pay	Indian Health	CHAMPUS	Other Govt.	Other Insurance	Not Stated
New York State									
Erie	10,109	4,355	5,086	117	16	71	224	198	42

Insurance coverage is one of the greatest supports a newborn can have. If Mom is insured she is more likely to seek and maintain prenatal care which is imperative to positive birth outcomes. The above table indicates a



high rate of insurance in Erie County from one of many sources, be it public subsidized programs, employer provided plans or self-pay for service plans. Of the 10,109 births in 2014, about 43% were funded through government funded plans, with 50% covered on private insurance plans. Only about 1% were designated as self-pay, potentially uninsured.

Pregnant women have several options to obtain insurance coverage at low or no cost to them. Many years of surveillance data have emphatically shown that the cost of insurance is greatly outweighed by the benefit to the mom and baby of appropriate prenatal and postnatal care.

The Family Planning Benefit Program waiver was created in April 2003 and allows for individuals, once again outside of Medicaid's general income and resource tests to enroll. The benefit allows individuals above Medicaid levels to enroll and see medical professionals for reproductive health visits and necessary testing. To be eligible the individual must be capable of reproducing. Men who have received vasectomies or women who have had tubule legations or hysterectomies as well and menopausal women do not qualify.

The Breast and Cervical Cancer Screening waiver was created by New York State to allow women with no other means of accessing medical care to receive testing for breast or cervical cancer. The criteria for eligibility are that a woman may suspect, but not have been diagnosed, with breast or cervical cancer. Once a positive test result is found, the individual is eligible for treatment, which is also covered through this waiver program. On April 1, 2007 the Breast and Cervical Cancer Screening waiver was modified to include coverage for Colorectal Cancer treatments. Further expansion of coverage to include Prostate Cancer Treatment was included on October 1, 2007.

County Health Rankings

The County Health Rankings and Roadmaps program is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The County Health Rankings confirm the critical role that factors such as education, jobs, income and environment play in how healthy residents are and how long they will live.^{xii}

According to the most recent report released in 2016, Erie County is currently ranked #57 out of 62 New York State Counties in the area of Health Outcomes. This indicator looks at current Length of Life and Quality of life issues to provide an indication of the county's health now. Conversely, the Health Factors ranking is an indicator of what the county's health will be in the future. In the 2016 report Erie is ranked #32. If the positive health behaviors exhibited by the residents continue and the available services are utilized, the health of the residents of the county should continue to improve.^{xiii}



Health Status of Erie County Residents

The leading causes of death in Erie County

The following chart and spreadsheet present the overall leading causes of premature death in 2014. It is interesting to note that while Heart Disease is the second leading cause of premature death overall, the rate in males is 59% higher than that in females indicating an area to be addressed with prevention activities as the disease presents differently in the genders and disproportionately causes death in males. There is a disparity in who the disease affects with males disproportionately dying early.

Unintentional Injury presents as the third cause of premature death pushing Diabetes into the 5th slot. This concurs with the explosion of the opioid epidemic and the exponential increase in accidental overdose deaths. Males are being disproportionately affected in the epidemic in Erie County with 3 males dying for every female in 2016 (Erie County Medical Examiners Office).

County and # of 3 Years Premature Deaths 2012-2014	#1 Cause of Premature Death and # of Premature Deaths	#2 Cause of Premature Death and # of Premature Deaths	#3 Cause of Premature Death and # of Premature Deaths	#4 Cause of Premature Death and # of Premature Deaths	#5 Cause of Premature Death and # of Premature Deaths
	Cancer	Heart Disease	Unintentional Injury	Chronic Lower Respiratory Diseases (CLRD)	Diabetes
Erie	3,411	2,075	649	507	407
Erie County Total: 10,824	344 per 100,000	215 per 100,000	80 per 100,000	60 per 100,000	56 per 100,000
Male Total: 6,283	1,801	1,371	432	256	235
	372 per 100,000	294 per 100,000	107 per 100,000	70 per 100,000	57 per 100,000
Female Total:	1,610	704	272	217	173
Total: 4,541	386 per 100,000	141 per 100,000	71 per 100,000	53 per 100,000	40 per 100,000

The leading causes of premature death, age adjusted, in Erie County for the year 2014^{xiv}



When analyzing separate data that tracks the leading causes of death, not premature deaths overall, the picture changes slightly.

Heart disease is consistently the number one cause of death at the state and county level, among both males and females. This data suggests that early identification, through the participation in clinically recommended age appropriate preventive screenings is vital so lifestyle changes can be made to increase years of life.

Preventive screenings for cancer such as mammograms and colonoscopies assist with identification at earlier stages where treatment is much more successful while making the lifestyle changes including diet and exercise patterns to prevent the formation of the cancers to begin with.^{xv}

Erie County has a lower rate of AIDS diagnoses than NY State but needs to be monitored closely due to the risky behaviors in the emerging intravenous drug using population as they transition from prescription drug use to street opiate use.

Syphilis is increasing in Erie County but is still lower than NYS. Close monitoring and partner identification practices need to continue so the disease does not escalate out of control. Current cases are generally in the MSM population and are being spread within social networks.

Chlamydia rates in Erie County are significantly higher than NYS but closer than in previous years. Aggressive disease investigations and contact notifications may be assisting in driving this number.

TB rates in Erie County are lower than NYS in the 2014 reporting year but continues to be closely monitored due to the large refugee population continually being resettled in Buffalo who may be exposed but not identified in their homelands.

E.coli O157 and Meningococcal rates are similar to NYS.

Pertussis rates are higher than NYS and continue to require close surveillance and work with the immunization community to assure appropriate immunization rates both initially and in boosters.^{xvi}

Lyme Disease cases remain fairly consistent with a rate much lower than NYS overall. There is a slight uptick in the 2014 numbers after a couple of mild winters. Weather remains a factor. When conditions are more favorable for ticks and deer and associated animals the risk of humans being bitten increases. In a year of unfavorable conditions one would expect the numbers to be less.

**Morbidity Data for Select Diseases
Erie County 2008 – 2014
NYS and Erie County Comparison 2014**

Disease	2008 Cases	2009 Cases	2010 Cases	2011 Cases	2012 Cases	2014	2014 Erie County rate per 100,000	2014 NY State rate per 100,000
						Cases		
AIDS Cases	70	63	65	79	57	42	4.6	8.3
Early Syphilis	11	10	10	18	37	64	7	20.4
Chlamydia	4723	4990	5080	5065	5088	5004	544	500
TB	16	14	11	14	19	16	1.7	4
E.coli O157	12	3	5	3	6	3	0.3	.3
Meningococcal	2	2	1	2	2	0	0	.1
Pertussis	10	15	27	148	176	92	10	5.2
Lyme Disease	8	14	15	14	11	30	3.3	34

Mortality from disease is another area with significant differences in populations and genders that bear watching and creating plans to address underlying factors to reverse the trends.

Breast Cancer mortality rates in Erie County are consistently higher than that of New York State as a whole. Although we have made inroads with appropriate screening and early identification, much more work needs to be done as early identification leads to significantly better outcomes. Minority populations have poorer screening rates according to the latest Susan G Komen community report. Barriers such as transportation and cultural beliefs need to be overcome to increase this lifesaving service.^{xvii}

Cervical Cancer rates are consistent with those of the state. With the advent of the HPV vaccine and revised screening tools and guidelines this number should continue to remain stable and move toward reduction.

Cerebrovascular disease is significantly higher every year in Erie County than in the state as a whole, this is also consistent with the catch all category of disease of the heart. Multiple underlying contributing factors are similar for both categories so this is to be expected. Obesity is high in the adult population.

Homicides are consistently double the rate of the state averages leading us to look at law enforcement and youth programming as a necessary partner to engage in prevention activities.

Suicide rates in 2010 started to rise faster than that of the state indicating a need to redirect resources to curb this trend. Erie County has created a Suicide Prevention Coalition to bring providers and concerned parties together to address this growing issue. Trainings for professional, awareness campaigns and crisis response are some of the issues being addressed through this collaboration.



Unintentional injuries are similar or lower than the rates of the state as a whole, while motor vehicle deaths are consistently lower at the county level than those at the state. Non motor vehicle deaths are similar to state rates and have been constantly rising since 2007.

The rate of AIDS infections in the county has remained fairly steady since 2007 with only slight fluctuations but it has consistently been higher than that of NYS exclusive of New York City. The increasing rate of intravenous drug use bears monitoring as this is a new population to the drug world and safe injection practices such as not sharing or reusing needles are non-existent in this cohort. The same applies to cirrhosis of the liver mortality rates. With the creation of the New York State Ending the AIDS Task Force, we hope to see incidence rates decrease.

Health Challenges in Erie County

Erie County has numerous health challenges including but not limited to:

1. A large geographic area for residents to travel to access services, unpredictable weather for more than 6 months of the year that can adversely affect resident's ability to travel to access necessary services, both social and medical.
2. A large concentration of refugee residents concentrated in the inner city. This population has either no or rudimentary English (currently more than 70 languages and dialects are spoken in the homes.) In addition, many have a fear of governmental entities due to experiences in their homeland. There is also the desire to model American citizens behaviors, to become "one of them," so adopting unhealthy behaviors such as imbibing regularly on fast foods, bottle feeding babies, and becoming physically inactive.
3. A high rate of poverty, especially among the inner city ethnic minority populations and youth. The expected comorbidities such as obesity, depression and inadequate physical activity associated with an increase in economic disparities are found within this sector of the county population.
4. The unique needs of urban, suburban and rural residents must be melded with the existing mechanisms of accessing services. The many varied access points to the system also contribute to the fragmentation of how services are delivered and received.
5. There are numerous Health Information Technology (HIT) issues to overcome including: incomplete Electronic Medical Records (EMRs), applications that currently do not "talk" with each other, and inconsistent usage throughout the county. Streamlining this system will provide continuity of care for the patients regardless of where they are seen and who they are seen by. The WNY Regional Health Information Organization, HealthLink is working with all interested partners in WNY to improve Health Information Technology data exchange and to overcome some of the barriers to efficient utilization of EMRs to enhance patient care.



6. Services are being provided in silos, especially in the area of mental health and substance abuse and are based on reimbursement streams, not patient needs necessarily. This is not contributing to the continuity of services.

7. Substance abuse, particularly opioid use and abuse, both in pill form and then individuals transitioning to heroin are on the drastic increase. The risky behaviors associated such as needle sharing and increased rates of overdose are also increasing in line with the drug use patterns. These behaviors historically have led to increases in HIV and Hepatitis C. Additionally in this area we do not have the services available for this emerging population of young people entering world of addiction. There are no inpatient medical detox beds for those under 18 years of age, limited slots for methadone programs and not enough registered Suboxone providers. Integrating these services in primary care is a current challenge.

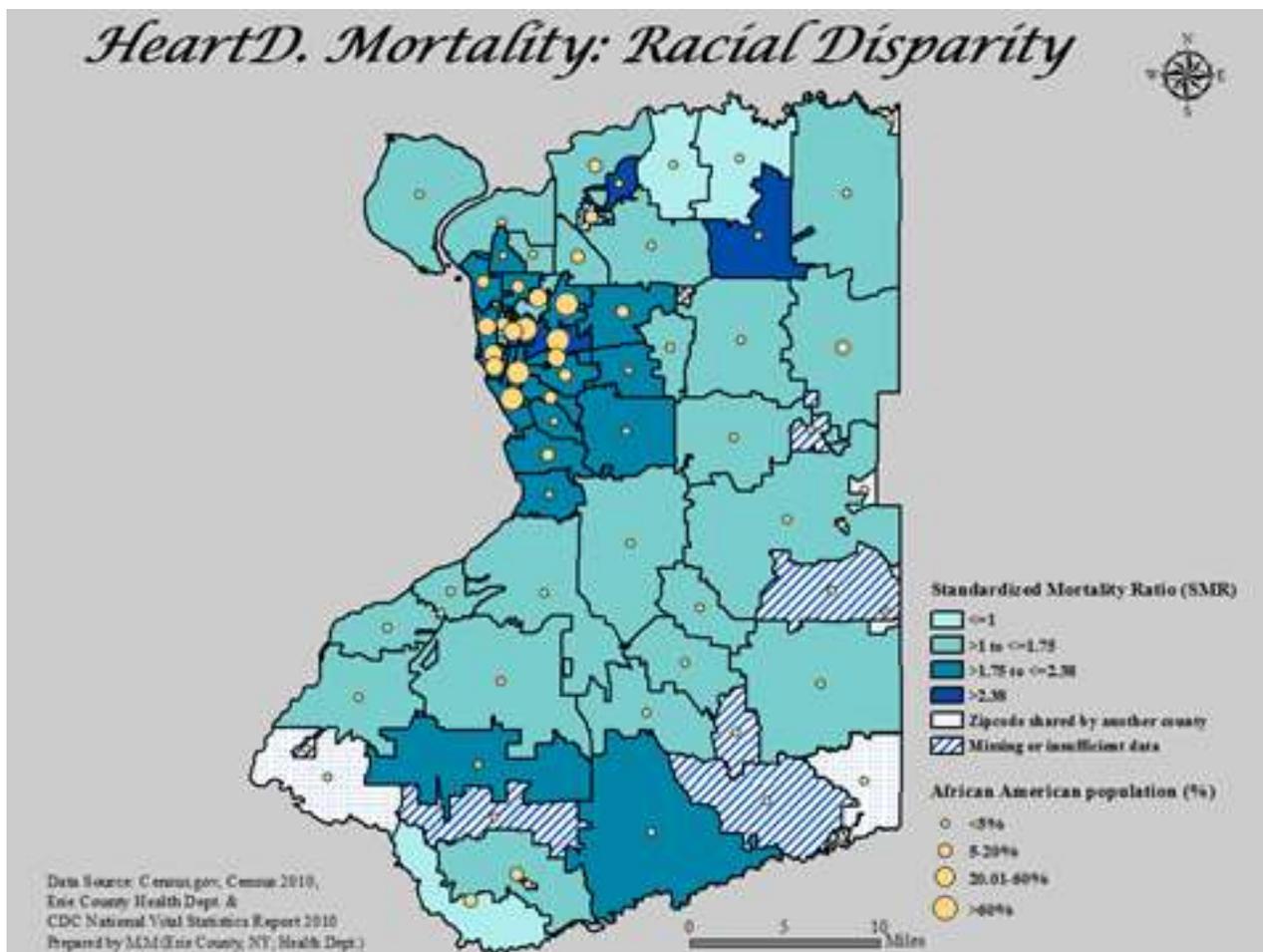
New York State Prevention Agenda Focus Areas

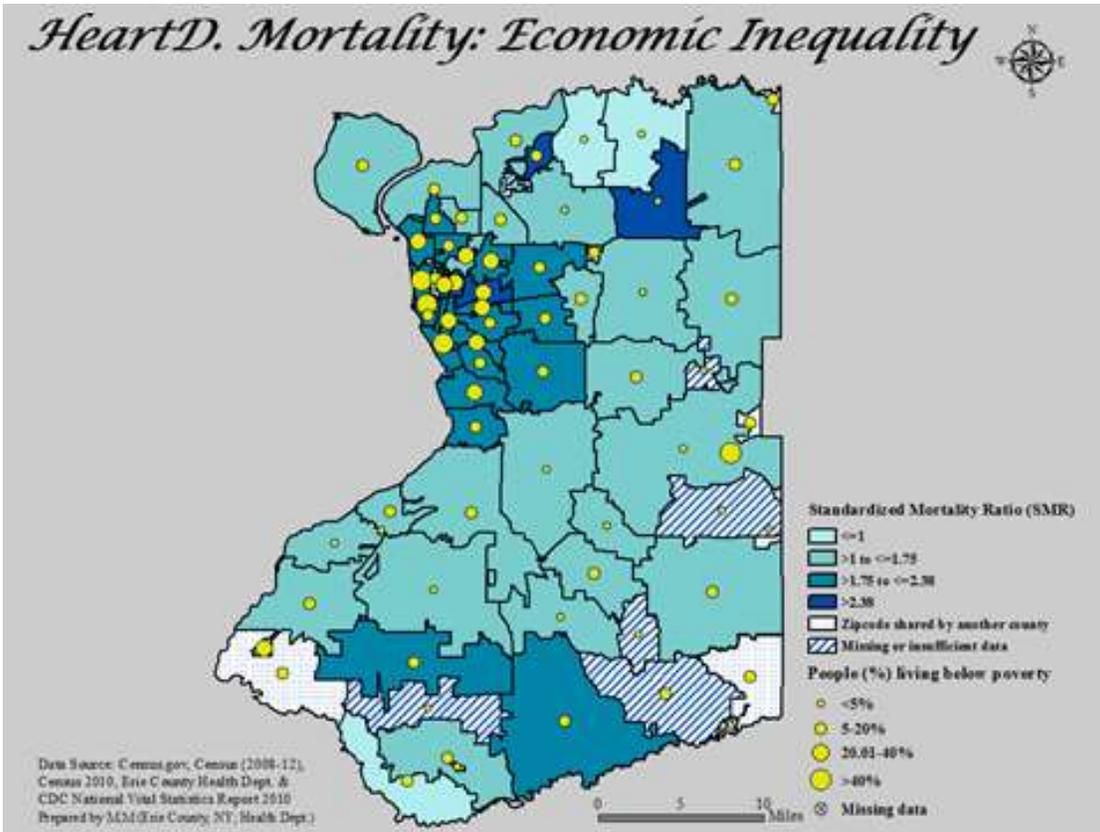
The Erie County Picture

Chronic Disease –

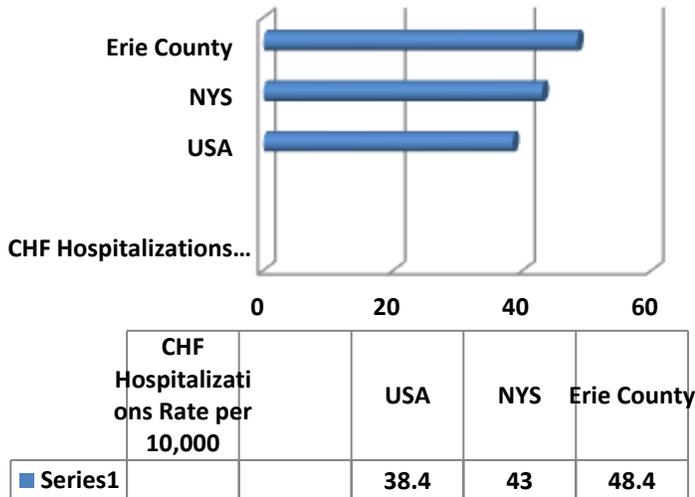
Heart Disease and Stroke: Cardiovascular Disease is the leading cause of death in Erie County. The rate of stroke death in this region is higher than the national rate and nearly 60% higher than the aggregate New York State rate. Erie County residents experience 33% more heart disease death than the average U.S. citizen.

Risk factors that can contribute to stroke and heart disease, such as high blood pressure and overweight/obesity, are seen at elevated rates in this region. For example, only 58% of Buffalo and surrounding area residents (compared to 75% nationally) report visiting their doctors routinely to have their blood pressure and cholesterol checked. This may mean that more people in this region are going undiagnosed with dangerous conditions such as high blood pressure. It should also be noted that racial and economic disparities have strong effects on the disease process here as noted in the following maps.

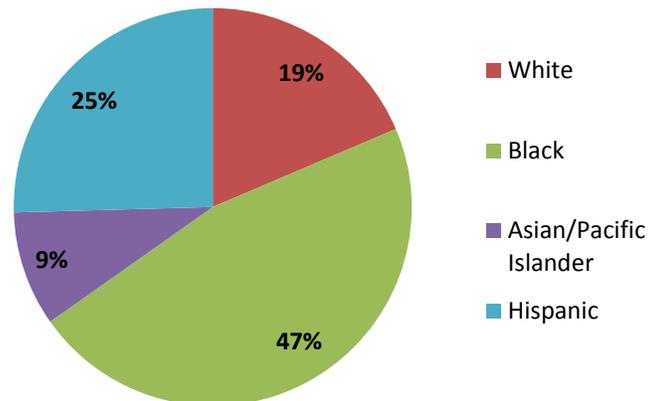




Erie County Congestive Heart Failure Hospitalization Rate per 10,000 2009-2011



Erie County Congestive Heart Failure Hospitalization Rate per 10,000 by Race/Ethnicity 2012-2014



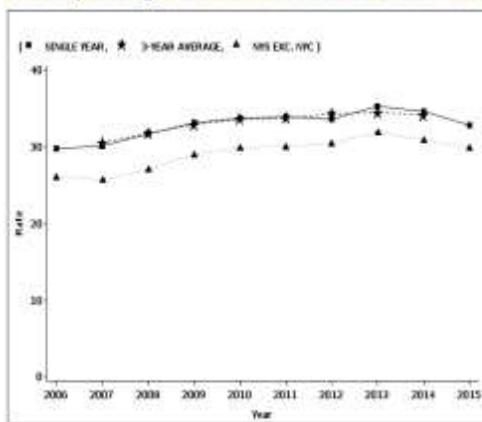
The rates of congestive heart failure hospitalization are higher in Erie County than New York State and the nation. Blacks have the highest Congestive Heart Failure rates compared to other races and ethnicities. This indicator runs true with the rest of the disparity issues affecting the health of Erie County Residents. Correspondingly, the rates per 100,000 for hospital admissions according to the NYS PQI data for circulatory conditions among African Americans and Hispanics in the city of Buffalo are 225% and 116% respectively.

Erie County has chosen cardiovascular disease overall in the area of chronic disease as one of the focus areas of our Community Health Improvement Plans for the second time. We will continue to coordinate activities and implement the objectives of our Million Hearts Community plan to move the cardiovascular rates in a more positive direction.

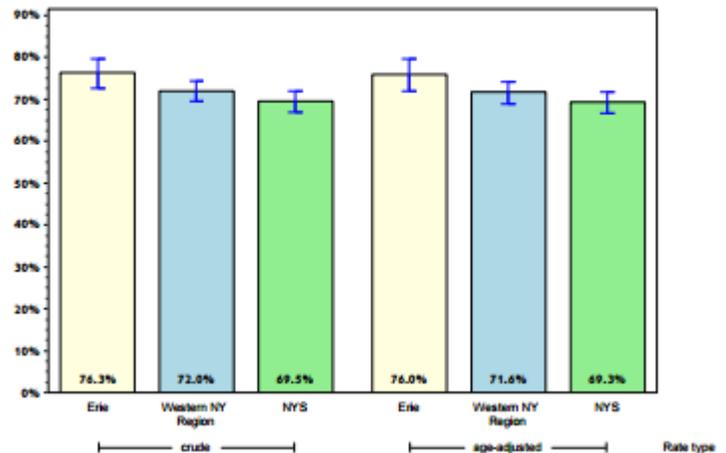
Dental health, a known contributing factor to heart disease, is also disproportionately poor in the Erie County. Compared to New York State, slightly more residents who are Medicaid insured have gone to the dentist in the past year for any reason but the overall percentage of the population is incredibly low.

In 2015 only 33% of the Medicaid insured population was seen at a dentist.^{xviii} This is another area where disparities have a huge influence on the health of the residents. When surveying the general adult population, including the privately insured and the uninsured, the results are slightly better but less than New York State overall. About double the number of adult residents in general self-reported visiting a dentist in the past year. This is still only about 2/3 of the population and needs to increase to 100%.

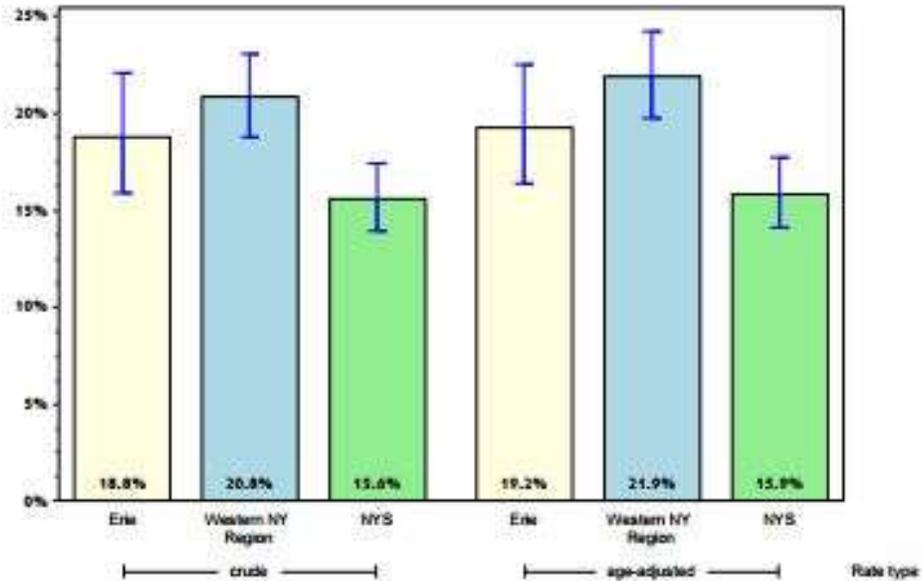
Erie County Percentage of Medicaid enrollees with at least one dental visit within the last year



Erie County Percentage of Medicaid enrollees with at least one dental visit within the last year



Percentage of Erie County adults with dentist visit in the past year
NYS Expanded BRFSS 2014

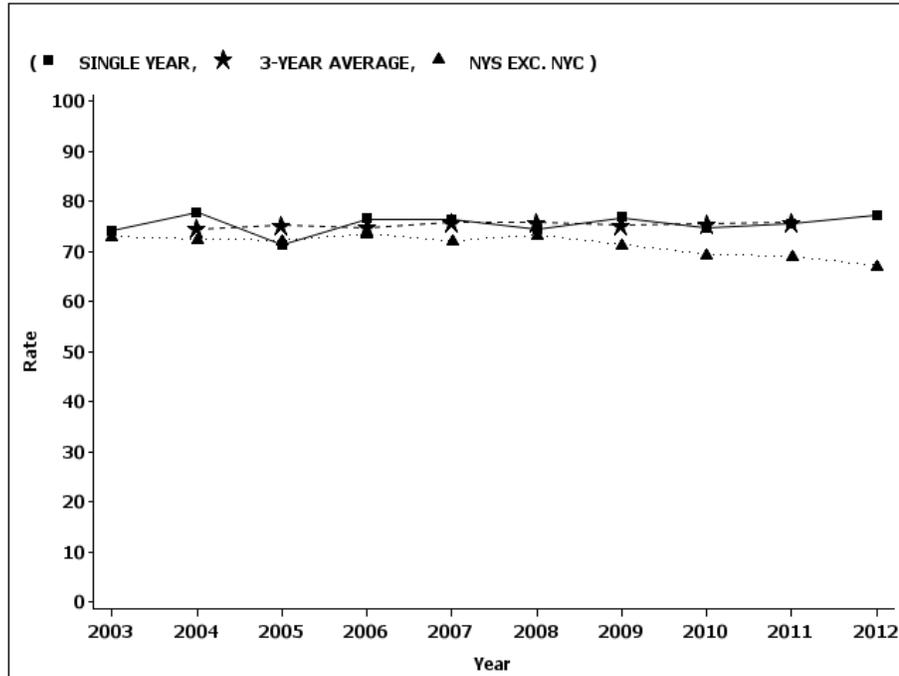


Percentage of Erie County Adults who reported smoking in the past year
NYS Expanded BRFS 2014

Tobacco Use: According to the 2014 Expanded BRFS 19.2% of the Erie County adult population currently reports smoking. The majority of this population is concentrated in the Buffalo metro region. Males self-report smoking at higher numbers than females. The proportion of current smokers in Erie County is significantly higher than New York State (15.9%)^{xix, xx}.

Additional information shows that Blacks have an increased incidence of lung cancer. These reflect higher rates of smoking among blacks than among Erie County residents overall. Once again disparities play into the health of the community.

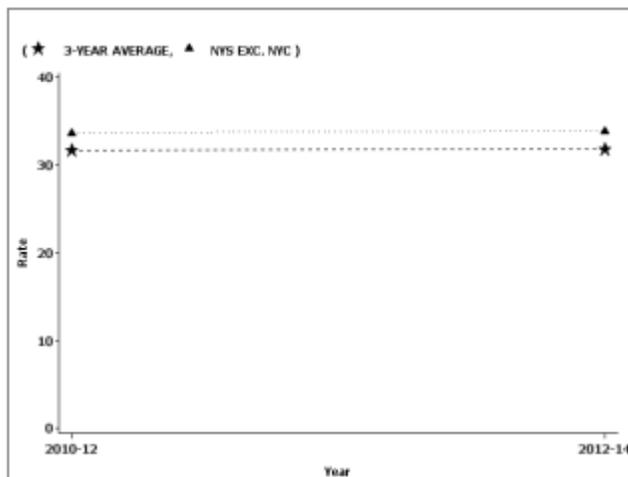
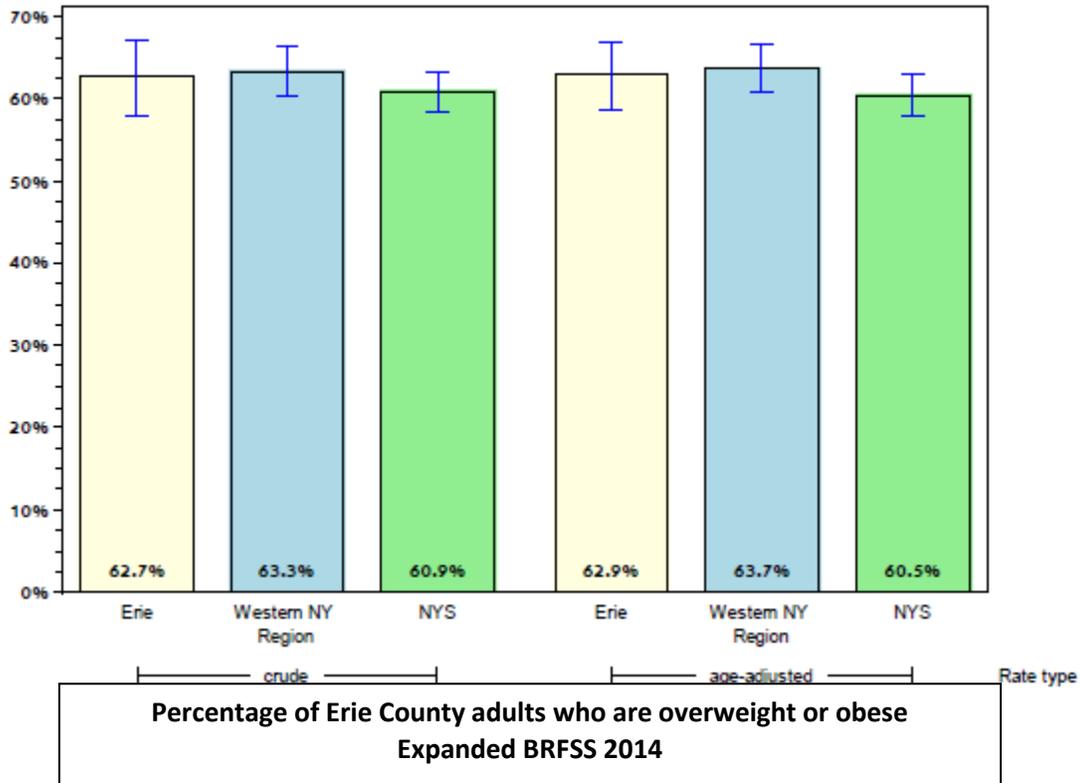
Erie County Age-adjusted Lung and bronchus cancer incidence rate per 100,000



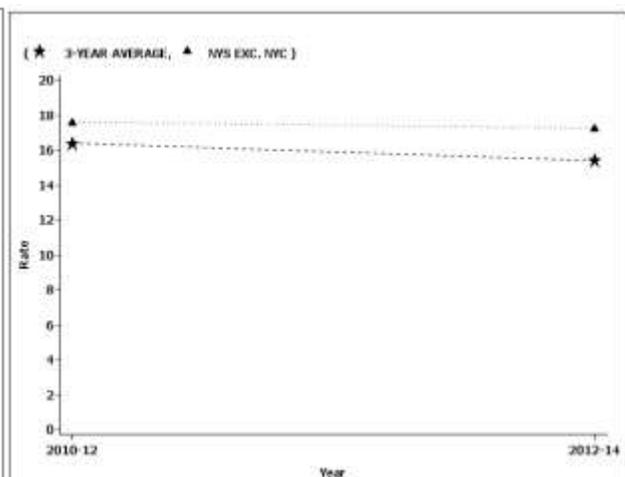
Additionally, lung cancer incidence is also notably higher for both all resident in Erie County compared to New York State and the U.S. as seen in this graph. The incidence in the black population is significantly higher than that of both NYS and Erie County. Health behaviors, such as smoking, are cited in research to be more prevalent in the minority and disenfranchised populations.

Obesity and Related Illnesses:

The percentage of Erie County adults who are overweight or obese is 62.7%, which is higher than the New York State rate (60.9%). Nearly 30% are obese. As illustrated in the following chart, Erie County's self-reported adult obesity rate is higher than in New York State.^{xxi}



Erie County Percentage Overweight and Obese School Children in Elementary, Middle and High 2010 - 2014



Erie County Percentage Obese School Children in Elementary, Middle, and High 2010 - 2014

The above charts indicate that Erie County data shows relative weight stability among school children in the county overall.

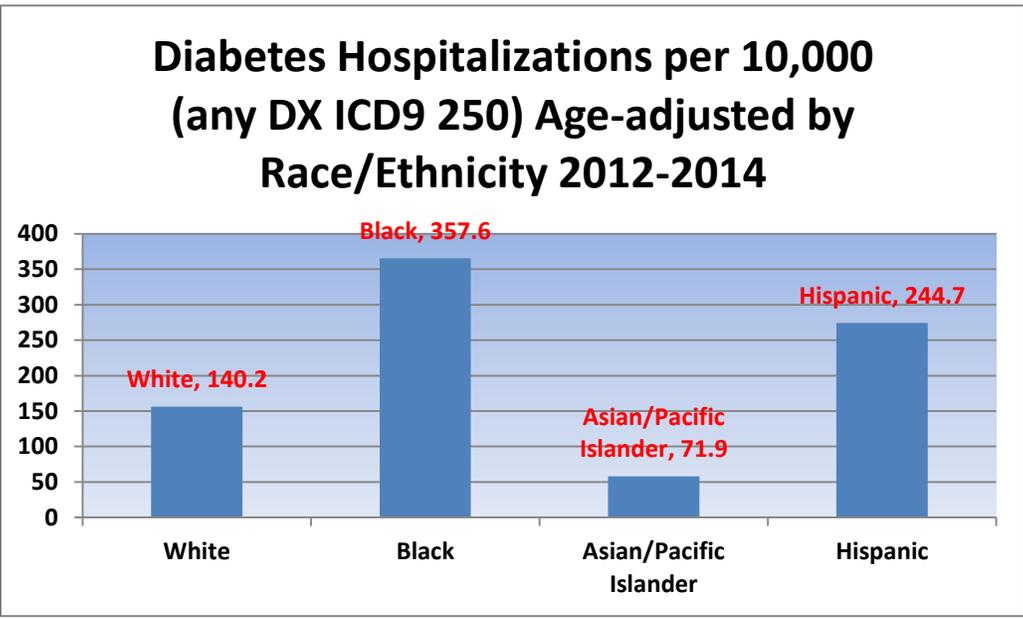
However, the city of Buffalo Public Schools reports around 22% of children as obese compared to the county rate of 16% and the NYS rate of 17% in the same time period. Changes to menus and curriculums in the school day are being implemented to address this. The district recently received a PEP grant and is in process of training staff and adopting policy and evidence based curriculum changes to support healthier behaviors. In the Buffalo Public Schools, the rate of obesity is as high as 28% among some 7th grade students; as many as 45% of students are overweight or obese in that overall age group. The City of Buffalo has recently been designated the third poorest in the nation once again and the expected health issues that accompany that label are apparent.

Diabetes –

Erie County has higher diabetes incidence than the state and nation. Both males and females are presenting with the disease but males are significantly higher than the state incidence numbers where females are similar to the state but much higher than national incidence.

Within Erie County, Blacks and Hispanics have disproportionately high hospital admissions rates relative to the expected rates for diabetes-related conditions; 356.6 and 274.4 per 10,000 respectively.^{xxii}

Both of these rates are double or more than that of the White population further supporting the disparities affecting the minority residents of the county.



These staggering rates of hospital admissions for diabetes and previously mentioned circulatory related conditions indicate a lack of access to and utilization of comprehensive primary preventive care that could have potentially prevented the need for hospitalization.^{xxiii}

Asthma –

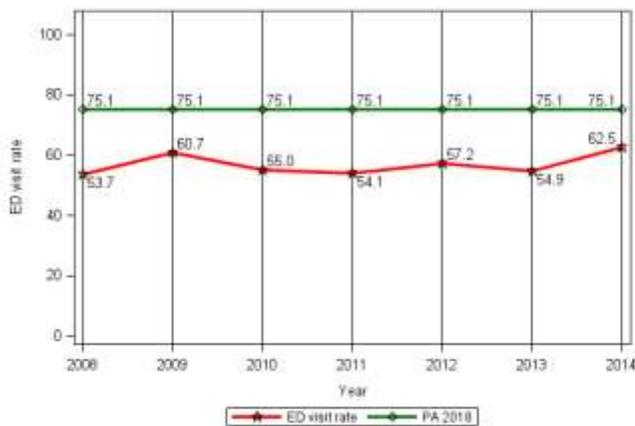
Erie County residents, especially the fragile young people under the age of 4 years, have a concerning rate of Emergency Department (ED) visits for asthma exacerbations.

As note in the following charts the numbers currently being reported are lower than the state prevention agenda objectives but steady where they are.

Interventions being implemented in providers’ practices, such as the ordering of appropriate controller medications and environmental interventions in the homes, are currently holding the rate fairly steady but need to be maintained or even increase if we are to see a change in these statistics.^{xxiv}

Erie County - Asthma emergency department visit rate per 10,000 population

Data Source: SPARCS data as of February 2016



Data Year(s)	ED visit rate	PA 2018
2008	53.7	75.1
2009	60.7	75.1
2010	55.0	75.1
2011	54.1	75.1
2012	57.2	75.1
2013	54.9	75.1
2014	62.5	75.1

Healthy and Safe Environment –

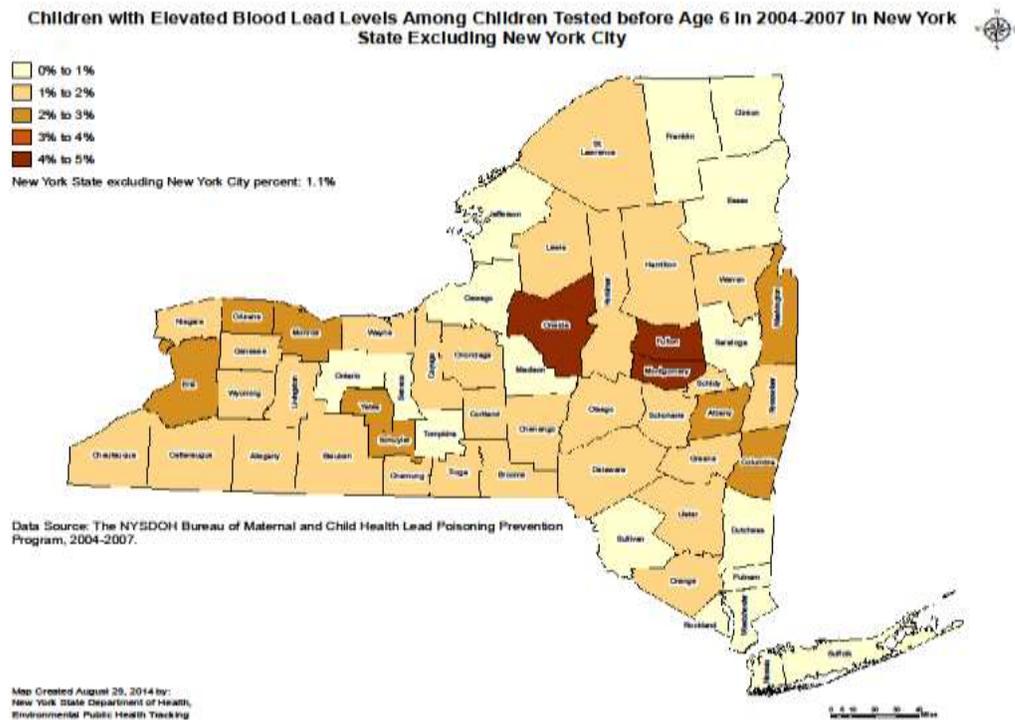
Lead Poisoning

Each Local Health Department that receives State funding for its Childhood Lead Poisoning Prevention Program (CLPPP) incorporates primary prevention as part of its activities. These primary prevention strategies include:

- Education and outreach to at-risk populations and the general community on the dangers of lead poisoning and strategies to prevent exposure;
- Working with local advisory groups or coalitions of governmental and non-governmental agencies to build community awareness of the problem;
- Coordinating referrals for services and home visits within the health department and between other social service agencies;
- Building relationships with local housing agencies and community-based organizations to support remediation of housing that contains lead hazards; and
- Promoting training for contractors, landlords, tenants, and do-it-yourselfers in how to address lead-based paint (LBP) and its associated hazards safely.

According to the latest map available from the NYSDOH Environmental Health Tracker, Erie County has fairly

severe lead issues, whether this can be attributed old housing stock, partnering practices, landlord practices, or a combination of all factors is debatable but the environment and behavior interventions provided for residents are working towards decreasing these numbers.

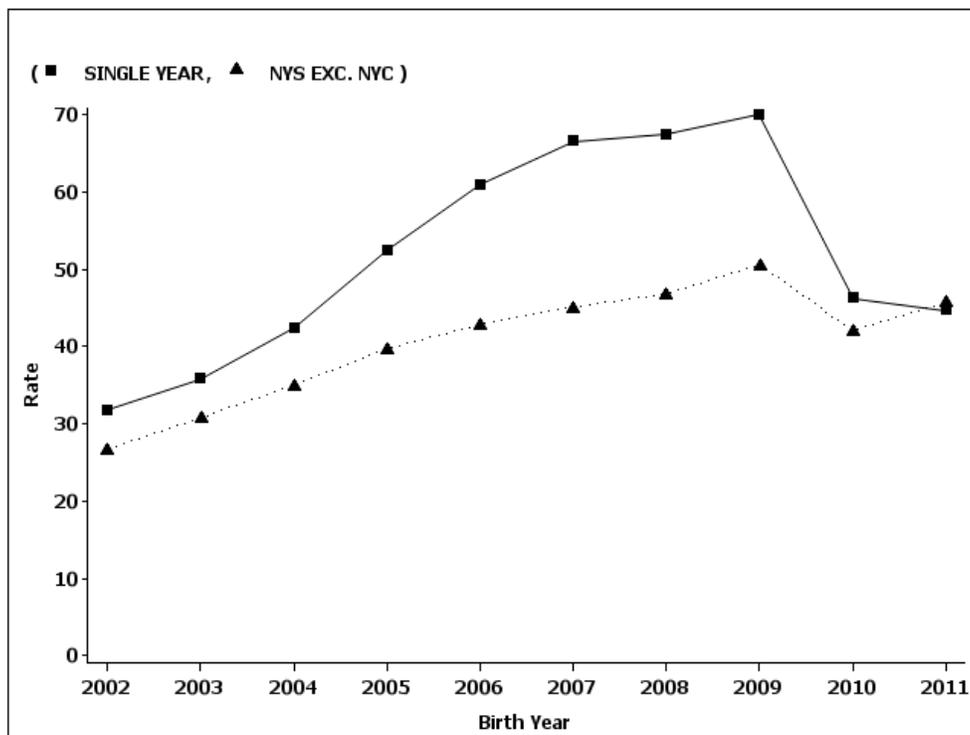


Despite substantial progress, childhood lead poisoning remains a major problem both in New York State and in Erie County. Eight zip codes in Erie County have been designated by the NY State Department of Health as “Communities of Concern” where children are at high risk for lead poisoning. These communities are located in the City of Buffalo: Zip Codes 14201, 14207, 14208, 14209, 14211, 14212, 14213, and 14215. Since there is no medical treatment that permanently reverses the adverse health effects of lead exposure, focusing on primary prevention is critical to address and eliminate the problem.

The age of housing stock is a significant factor in lead poisoning prevention. As previously noted, Buffalo has the second oldest housing stock in the country. More than 75% of the housing stock in Erie County overall was built before 1970 and is very likely to contain lead based paint.

Housing choices for very low income and low income families are very often limited to the oldest housing most in need of maintenance and with a higher risk of lead based paint hazards increasing the evidence of health disparities in the population.

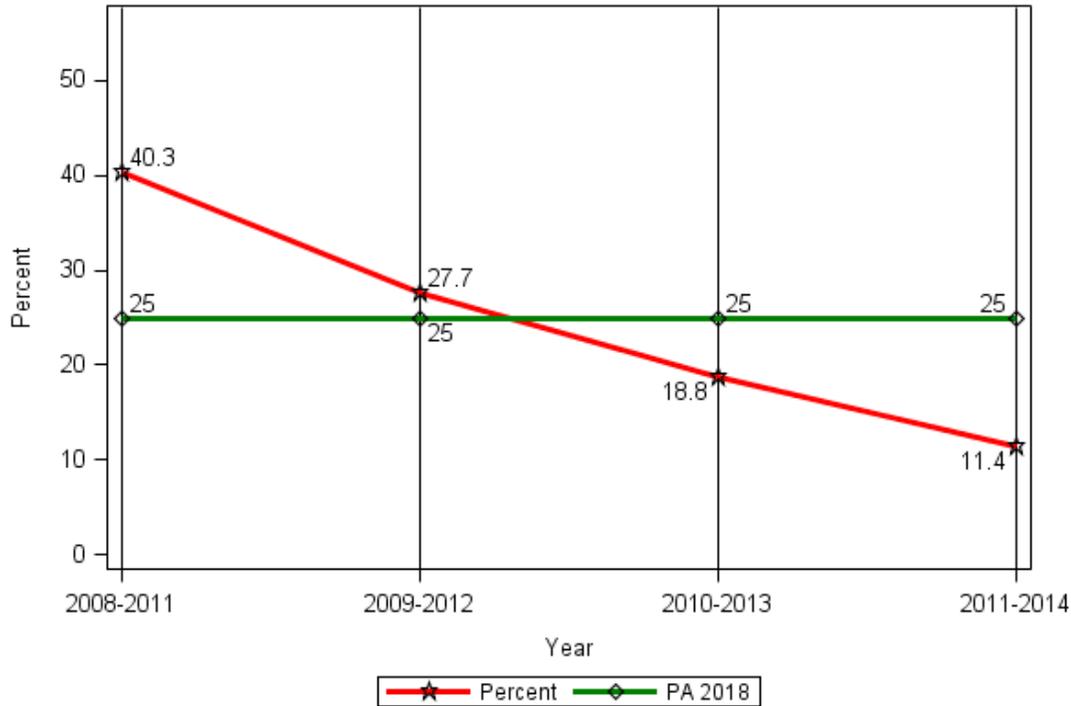
Lead screening in children needs to be implemented consistently to address exposure issues in a timely manner. The following chart indicates that screening spiked but has dropped in Erie County; education to providers continues to increase these numbers.



Erie County Percentage of children born in 2011 with at least two lead screenings by 36 months

Injury Prevention –

Data Source: NYSDOH Healthy Neighborhoods Program tracking data as of February 2016



Erie County - Percentage of homes in Healthy Neighborhoods Program that have fewer asthma triggers during the home revisits

Data Year(s)	Percentage	PA 2018
2008-2011	40.3	25
2009-2012	27.7	25
2010-2013	18.8	25
2011-2014	11.4	25

Environmental Asthma Triggers Erie County has historically had a robust home visiting program to address environmental asthma and other disease associated housing triggers. The limitations of the program are the funding available to provide the necessary services as well as the limited zip codes service is provided in based upon state funding criteria.



To address this critical issue, Erie County Department of Health has partnered with Cicatelli Associates International, a host of local community based organizations and the Buffalo Public School district to implement a continuum of activities, trainings, policy changes and community activities to decrease teen pregnancy in select zip codes by 25% in the next 5 years. A grant has been secured from the department of Health and Human Services, Office of Adolescent Health to move this ambitious agenda forward.^{xxvii}

Live Birth and Fertility Rates per 1000 Residents By Mother's Age and Resident County New York State - 2014

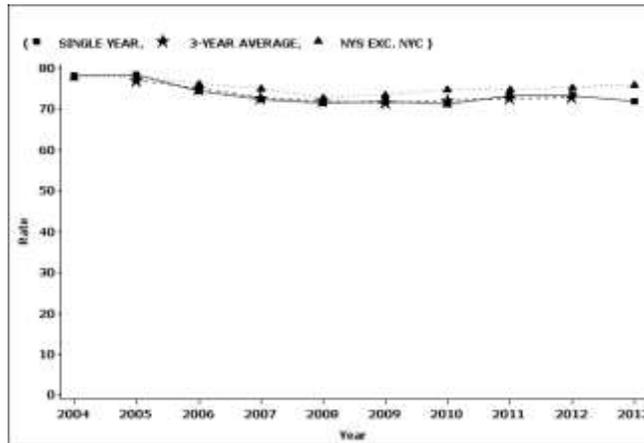
County	Category		Mother'Age								
	Birth Rate1	Fertility Rate2	14-Oct	15-17	18-19	20-24	25-29	30-34	35-39	40-44	45+3
New York State											
New York State	12.1	58.8	0.2	7.2	28.1	58.4	86.3	103.3	63.7	15.0	1.3
Erie	11.0	57.1	0.2	9.5	32.0	56.9	93.0	105.9	51.4	8.6	0.7

Percent^ Early and Late or No Prenatal Care, Age and Resident County New York State - 2014

County	%^ Early Prenatal Care*					%^ Late/No Prenatal Care+				
	15-17	18-19	20-24	25-34	35+	15-17	18-19	20-24	25-34	35+
New York State										
New York State	48.3	58.2	66.7	77.6	79.2	14.7	10.2	7.9	5.1	4.4
Erie	51.9	63.0	68.6	76.8	73.7	13.5	10.5	7.5	4.0	4.7

In Erie County in 2014 early prenatal care and late/no prenatal care rates are similar to New York State. Late and no prenatal care categories present Erie County in a slightly more positive position than the state as a whole. However, trends and percentages of births without prenatal care do not display the desired upward trend.

Erie County Percentage of births with early (1st trimester) prenatal care

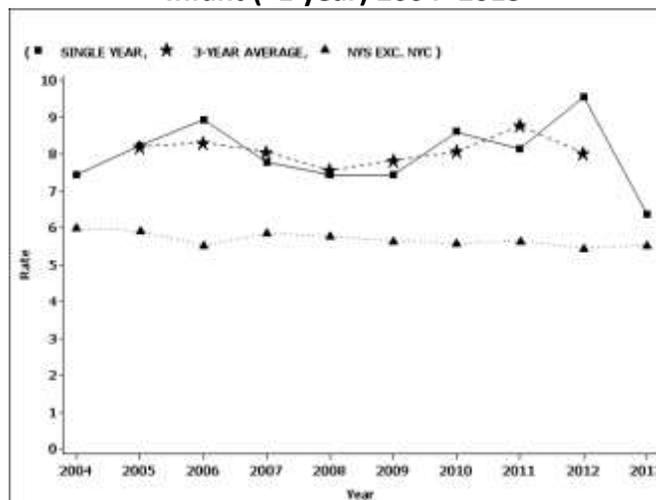


Low Birth weight Live Births (< 2500 grams) by Mother's Age and Resident County New York State - 2014

Mother's Age																						
County	All Births											Singleton Births										
	Total	< 15	15- 17	18- 19	20- 24	25- 29	30- 34	35- 39	40- 44	45+	N.S.	Total	< 15	15- 17	18- 19	20- 24	25- 29	30- 34	35- 39	40- 44	45+	N.S.
New York State	18,644	8	258	657	3,250	4,566	5,298	3,415	999	193	0	13,523	8	223	550	2,640	3,370	3,690	2,304	648	90	0
Erie	846	1	15	44	187	226	227	113	30	3	0	609	1	15	38	152	158	147	77	18	3	0

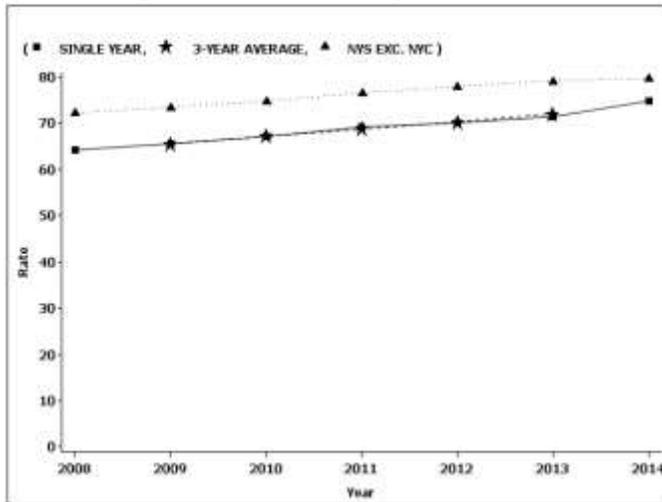
In 2007 Erie County had higher rates of infant deaths at 7.8/1000, neonatal deaths at 5.2/1000 and post neonatal deaths 2.6/1000 than reported in the State as a whole. This disturbing trend continues through 2012. Reports from 2013 are encouraging as a sharp decline is noted.

**Erie County Mortality rate per 1,000 live births
Infant (<1 year) 2004 -2013**

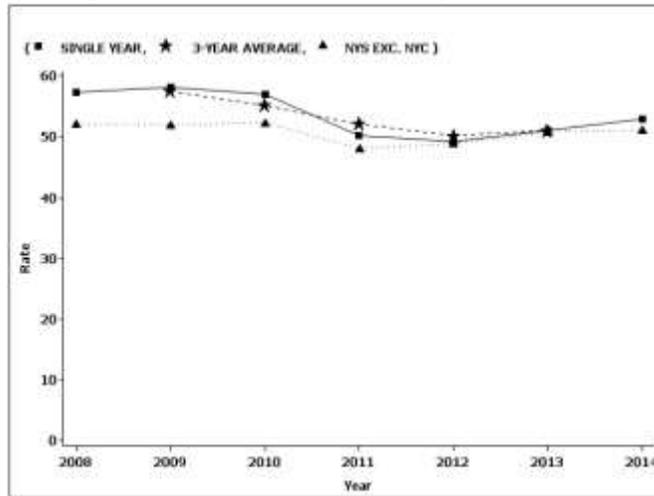


Another significant indicator for future health outcomes in children and family bonding with moms is the rate of breastfeeding in the community. The nation benefits overall when mothers breastfeed. Recent research shows that if 90 percent of families' breastfed exclusively for 6 months, nearly 1,000 deaths among infants could be prevented. The United States would also save \$13 billion per year — medical care costs are lower for fully breastfed infants than never-breastfed infants. Breastfed infants typically need fewer sick care visits, prescriptions, and hospitalizations.^{xxviii}

Erie County Percentage of infants fed any breast milk in delivery hospital



Erie County Percentage of infants fed exclusively breast milk in delivery hospital



In Erie County there are three birthing hospitals. Looking at the rates of breastfeeding exclusivity in birthing hospitals, much work needs to be done to increase them appropriately.^{xxix}



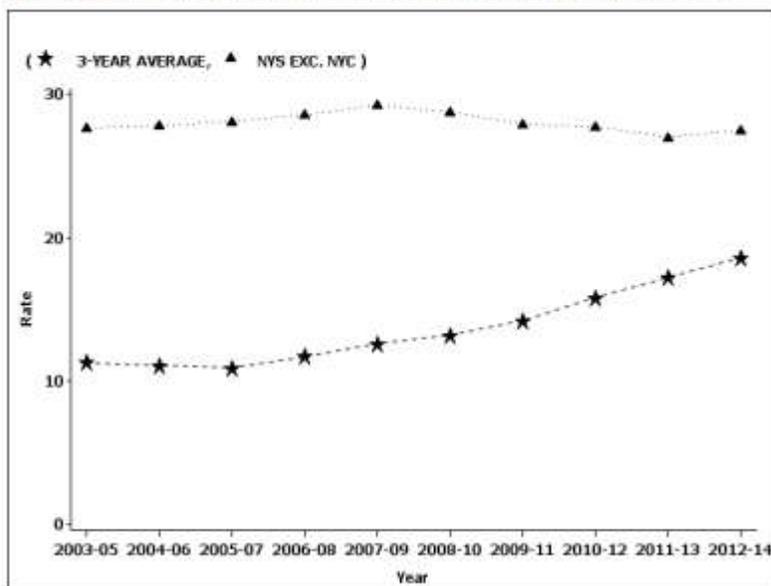
Outside of the hospital, WIC is a good monitor for breastfeeding among the more disparate communities. Hospital changes are important to initiate breastfeeding but community supports will increase sustainability, especially in at risk communities.

In Erie County much work has been done over the past 3 years to expand community supports in high risk communities. Thirteen pediatric practices have attained the NYSDOH designation of “Breastfeeding Friendly”, Five Baby Cafes have opened in the community to support new moms and families striving to maintain breastfeeding, and both of the local hospital systems are exploring attaining the World Health Organization designation of “Baby Friendly”.

The Healthy Start Healthy future for all coalition, based at the United Way of Buffalo and Erie County is the lead in these activities.

This is one of the Community Health Improvement Plans chosen to be addressed in the county for the next three years. In the past cycle, many inroads were made to improve facility supports for exclusive breastfeeding policies. To complement this in the next three years community supports will be focused on.

Erie County Percentage of WIC infants breastfeeding at least 6 months





Mental Health and Substance Abuse

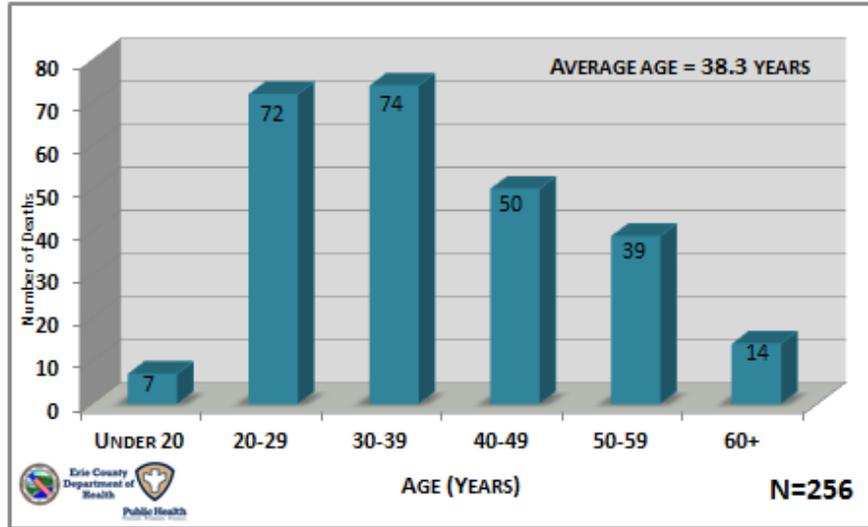
Mental health and substance abuse services paid with public funds are primarily provided through a system of contractors overseen by the Erie County Department of Mental Health in Erie County New York. They are the primary conduit of funding and service provision determination and oversight from the 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.

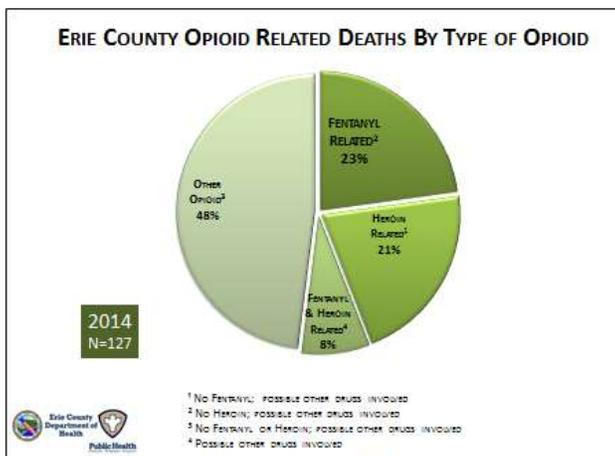
Crisis Services of WNY continues to operate a 24/7 hotline that can be utilized by the public if they are experiencing acute mental health issues that could lead them to contemplating suicide or other debilitating acts. This hotline is staffed with trained counselors to assist the person who is in need 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.

2015 ERIE COUNTY OPIOID-RELATED DEATHS BY AGE RANGE

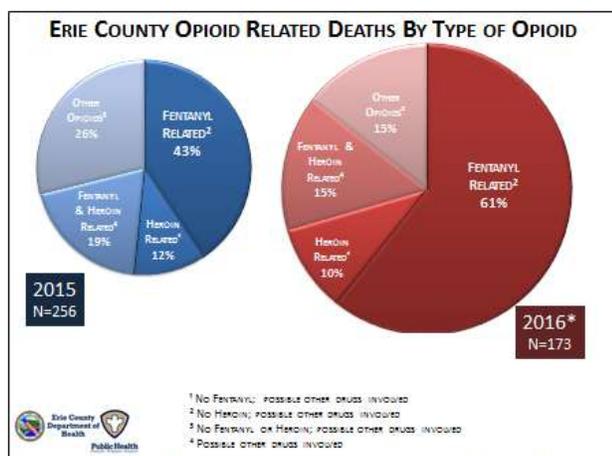


SOURCE: ERIE COUNTY MEDICAL EXAMINERS OFFICE

Erie County, like much of nation, is seeing a significant increase in opioid overdoses in the past few years both from pill and heroin use. In 2014 there was a sharp rise on opioid deaths in Erie County as noted by the Medical Examiner’s office. 127 deaths were attributed to opioids in some form. In the following year, 2015 that number has doubled to 256 and the exact cause has shifted from prescription opioids in a majority of cases to street opioids, in particular various analogs of the synthetic opioid fentanyl. 2016 is following that trend with 223 deaths due to opioids with over 100 additional presumed and awaiting results of toxicology screening as of 12/1/16. At the current rate, the total number will far exceed the totals of 2015. (source – Erie County Medical Examiner Office.)



SOURCE: ERIE COUNTY MEDICAL EXAMINERS OFFICE, CLOSED CASES



SOURCE: ERIE COUNTY MEDICAL EXAMINERS OFFICE, *CLOSED CASES REPORTED THRU 10/01/2016



This period coincides with the implementation of the I-Stop law that limited the accessibility of prescription opiates. 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.

ECDOH is addressing this issue through a public health perspective and the implementation of evidence based harm reduction initiatives. The County Executive addressed the issue with Executive Order 14 in the 2016 calendar year which created the Erie County Opiate Epidemic Task Force.

ESAP

One initiative addressing the epidemic 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 71 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.

OOPP

Another project is the Opioid Overdose Prevention Program/Narcan Administration Project (OOPP) geared at first responders. 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 are being developed in collaboration with Erie County Correctional Health medical providers.

Erie County Opioid Epidemic Task Force:

The 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](#), H.O.P.E., 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

HIV/STDs, Vaccine-Preventable Disease and Healthcare-Associated Infections

HIV, STD’s, Vaccine Preventable Diseases and Healthcare-Associated Infections are all closely monitored by the Erie County Department of Epidemiology and Surveillance. Some of the key indicators that they closely follow:

ECDOH Disease Surveillance for Specific Reportable Diseases 2009 -2015

	2009	2010	2011	2012	2013	2014	2015
Chlamydia	4,990	5,080	5,065	5,088	4,892	5,004	5,063
Gonorrhea	1,409	1,109	1,382	1,781	1,057	1,155	1,720
All Syphilis	28	33	39	67	110	128	170
Early Syphilis	10	10	18	37	51	64	121

Erie County has some of the highest rates of Chlamydia and Gonorrhea infections in the state. Aggressive partner notification and follow up by Disease Investigators is currently being implemented to control the spread of disease.

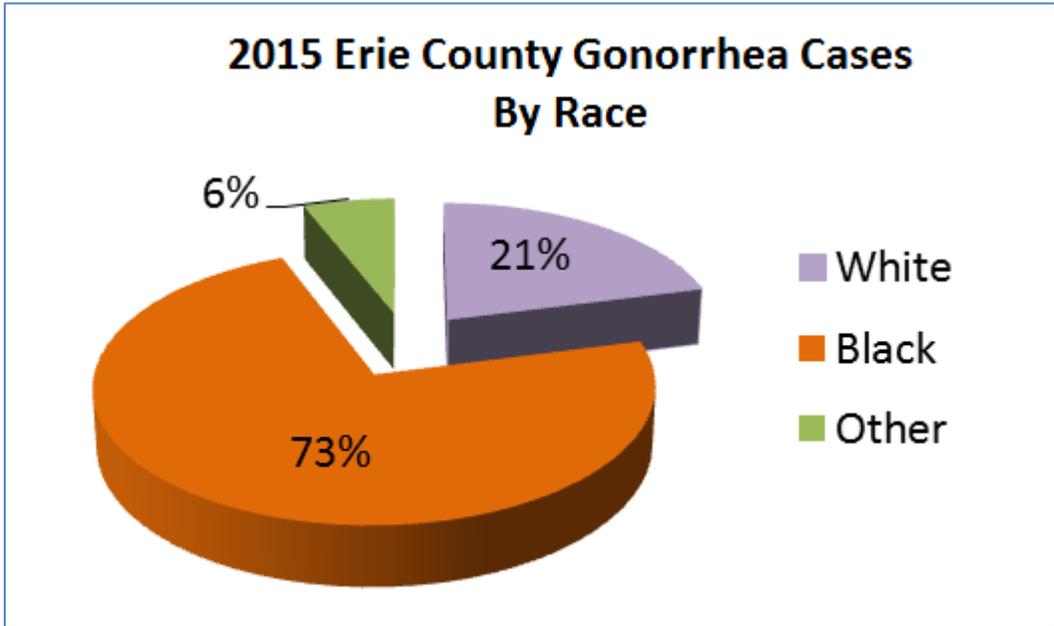
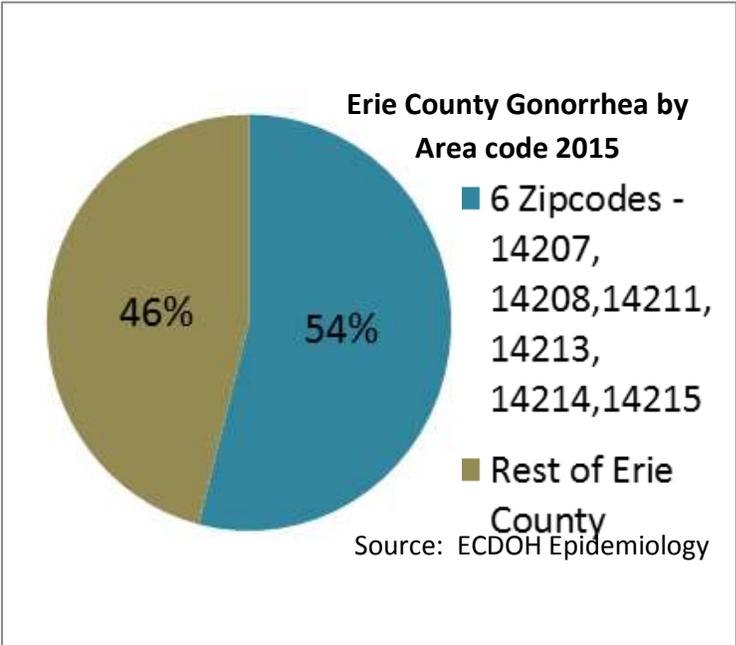
High risk zip codes in the city of Buffalo present with rates higher than suburban and rural areas as seen in the previous pie chart. Seven zip codes have more than 1/2 of the diagnosed cases of Chlamydia in the county in 2015. These zip codes are also predominantly minority and have a very low socioeconomic status. In Erie County there is a significant health disparity by race for STI’s.

Source: ECDOH Epidemiology

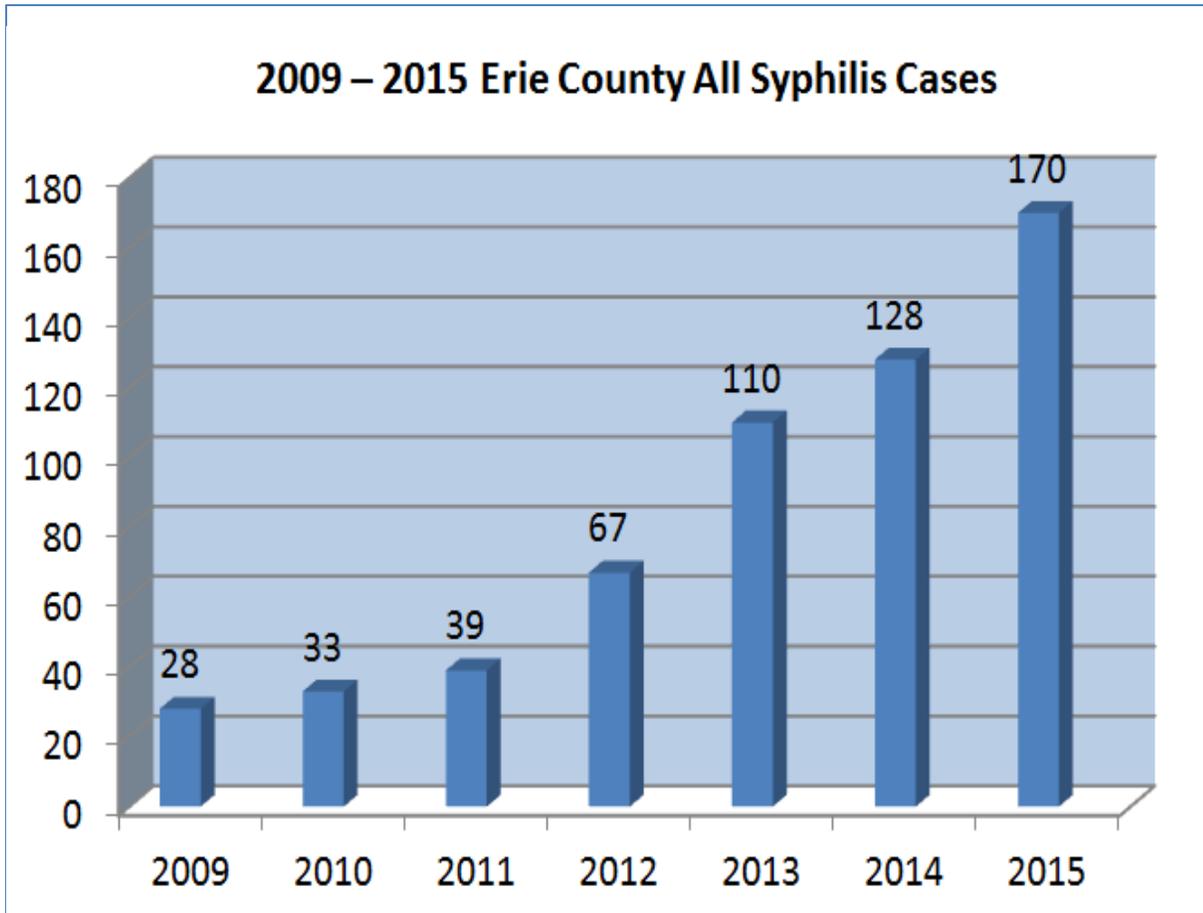
Gonorrhea data look very similar. The percent of cases in the same 6 zip codes are even higher than those of chlamydia.

Almost half of all Erie County Gonorrhea cases are located in a very small geographic area with a dense concentration of minority, low income residents.

Although Blacks comprise 15% of the total Erie County population, 73% of gonorrhea cases are seen in Blacks.



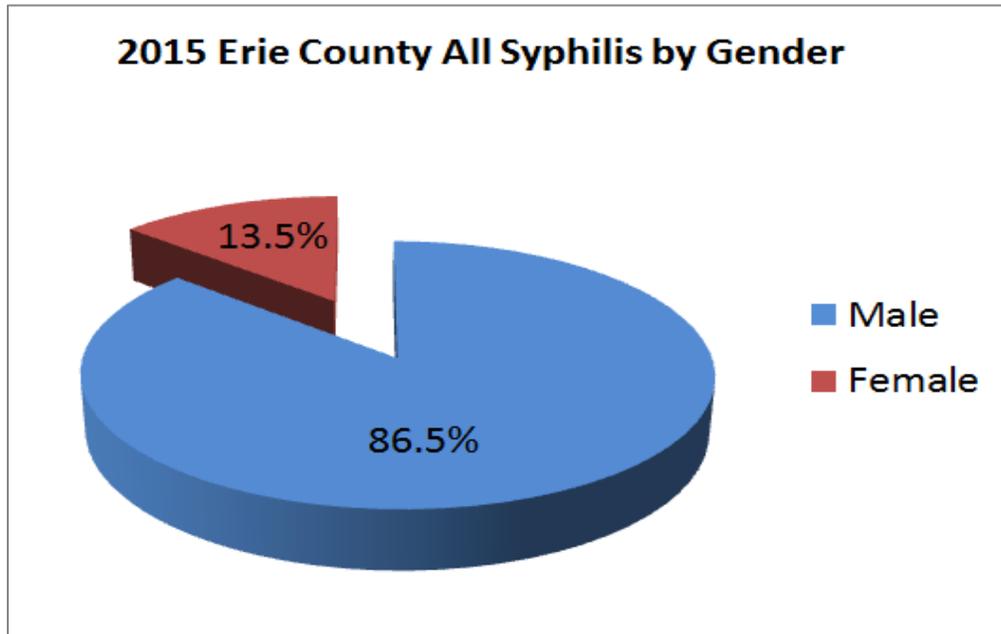
Syphilis numbers in Erie County have been rising at alarming rates.



Since 2009 the number of cases identified has quadrupled. Partner identification has been a focus of the Disease Investigators to curb this spike.

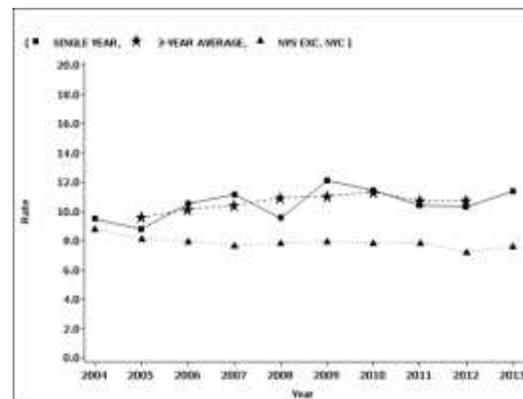
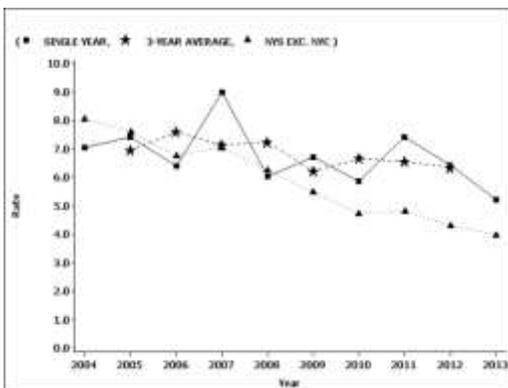
Internet meetings and private parties in the Men who have sex with men (MSM) communities has made it difficult and time consuming to reach those potentially infected.

This pie chart illustrates the skewed presentation of disease by gender. There are six times as many males with syphilis than females. Outreach and education is being tailored to reach the MSM population.



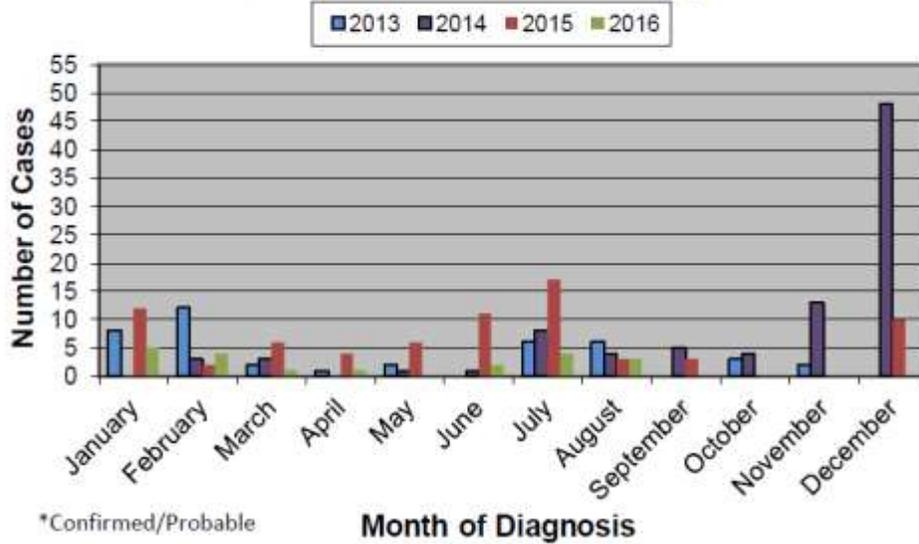
Erie County HIV case rate per 100,000

Erie County AIDS case rate per 100,000



Erie County AIDS rates appear to be slowly trending downward, but very slowly. However, new HIV rates appear to be trending upwards. In Erie County the DIS investigators utilize HEALTHeLINK, the local RHIO to find newly diagnosed HIV cases and those that have fallen out of care to get them into care initially or back into care to decrease viral loads. This is consistent with the Governor’s initiative to “End the HIV/AIDS Epidemic.”

Number of Pertussis* Cases by Year



Pertussis in Erie County has appeared to stabilize and decrease since the high spikes in the years of 2011 and 2012. Surveillance by Erie County epidemiology staff continues so any increases lead to public and professional education messages.^{xxx}

Erie County Pertussis Cases

Month	2011	2012	2013	2014	2015	2016
January	4	14	8	0	12	5
February	1	12	12	3	2	4
March	3	11	2	3	6	1
April	0	13	2	0	4	1
May	4	15	2	1	6	2
June	25	29	0	1	12	1
July	29	16	6	8	16	4
August	28	17	8	4	3	3
September	18	19	0	5	3	2
October	16	10	3	4	0	
November	11	10	2	15	0	
December	9	10	0	48	10	
Total	148	176	45	92	74	23



The number of tuberculosis cases in Erie County has been on an upward trend since 2010. Large numbers of refugees resettling in the West Side of Buffalo account for the majority of the cases. A new cost effective initiative is the implementation of directly observed therapy through Skype. This is less intrusive in resident's lives, less costly, and permits medication to be monitored through electronic means. Compliance with medications is crucial to TB treatment and control.

Rabies in Erie County fluctuates with the season. During the warmer months when wild animals and bats are more active, a significant number of residents are potentially exposed to the rabies virus and require post exposure prophylaxis to assure that they do not develop the disease which is almost 100% fatal.

Family pets, including dogs, cats and ferrets, are vaccinated at free clinics in the county at convenient, varied, geographic locations also to stop the spread of rabies.

Rabid animals identified in Erie County are tracked by the Environmental Health investigators. Epidemiology staff follows up with exposed individuals to assure appropriate treatment is secured.

For the last three years the identified rabid animals are presented in the following chart:

Rabid Animals in Erie County by Year

	Raccoons	Bats	Skunks	Other	Total
2011	12	9	2	-	23
2012	17	18	5	2	42
2013	17	9	7	2	35
2014	6	20	1	3	30
2015	15	16	4	2	37



Community Collaboration and Chronology of Development:

For the 2016-2018 Community Health Assessment, the New York State Department of Health required local health departments' partner with hospitals. At the same time, hospitals were required to partner with health departments on their Community Service Plans.

The Erie County Community Health Assessment Workgroup includes representatives from Erie County Department of Health, Catholic Health System, Kaleida Health, the United Way of Buffalo and Erie County, P2, and numerous local academic institutions.

Meetings of the Erie County Community Health Assessment workgroup were held on the first Monday of the month at the Erie County Rath building starting in October of 2015.

They were scheduled at the same time monthly and a full year of meetings was scheduled at the first meeting to encourage long term participation.

After the first meeting the option to call in utilizing a conference line was added to enhance partner participation. The schedule of meetings follows:

- Oct 5, 2015
- Nov 2, 2015
- Dec 7, 2015
- Jan meeting was cancelled
- Feb 8, 2016
- Mar 7, 2016
- Apr 4, 2016
- May 9, 2016
- June 6, 2016
- July – meeting cancelled, series of 4 community conversations held in its place
- Aug – meeting cancelled due to lack of participant availability
- Oct 11, 2016 – final group meeting

Selected Prevention Agenda Priorities/Community Health Improvement Plans

To garner consumer input, the Erie County Department of Health developed an online consumer survey. The hospital partners contributed to the development of the survey and assisted in the distribution of these surveys. The Consumer Survey was distributed to participating organizations in the Joint Planning Committee, staff in the Erie County departments listed above and to Erie County Library system staff, and to members of the Specialized Medical Assistance Response Team.

Surveys were also distributed by individuals to contacts on Facebook and to friends and family. In order to reach individuals that do not have computer access, students working with the ECDOH collected responses on



paper surveys at Department of Social Services waiting rooms. These responses were entered into the database. There were 1839 Consumer Surveys completed. The full document is accessible at www.erie.gov/health.

The Erie County Community Health Assessment workgroup selected increasing breastfeeding rates, decreasing cardiovascular events, and decreasing opioid hospitalizations as their three joint objectives to work on as a community. Two of the objectives are a continuation of the last round of plans as the indicators are still not within acceptable ranges. The third CHIP has been added to address the largest emerging public health issue of this generation. Numbers of deaths associated have now surpassed motor vehicle and homicide combined. Looking at this issue as a disease, not a new way of thinking to many and there are many barriers to success. A Community Health Improvement Plan to address each of these issues has been developed and is accessible at www.erie.gov/health.

Erie County Community Health Improvement Plans

1. Maternal Child Health – Increase Breastfeeding rates in WNY, especially in communities of color.

Goal	Outcome Objective	Evidence Based Interventions/Strategies/Activities	Process Measures	Partner Role	Partner Resources	By When	Will action address disparity
Increase exclusive Breast feeding rates in WNY for the first 6 months of life							
	Increase exclusive breastfeeding in delivery hospitals in WNY	Primary system change- Implement Best Practices., adopt World Health Organization (WHO) Baby Friendly Designation	• # hospitals initiating Baby Friendly designation process, # of steps attained to achieve Baby Friendly Status per WHO by each delivery hospital	Catholic Health System, Kaleida Health System, Healthy Start Healthy Future For All	Staff time, training materials, space	Each system will strive to attain 3 of the ten needed steps per year achieving full status by 2019	Yes
	Increase number of pediatric and family practices who support breastfeeding by increase Breastfeeding Friendly Practices by 5	Implement NYSDOH Breastfeeding Friendly Practice designation	Policies adopted by practices, staff trainings and certifications, environmental changes to support breastfeeding	Pediatric and primary care practices, Healthy Start Healthy Future for All	Staff time, training materials, office supplies, space	3 practices per year will attain and/maintain Baby Friendly Designation	Yes
	10 breastfeeding Friendly small Businesses in WNY will be identified and created	*Adherence to BF Friendly Healthcare Worksite Lactation Spaces and Policy changes	• # worksites that establish lactation rooms – year one is assessment of baseline number in county	ECDOH, Buffalo Niagara Business Partnership, Amherst Chamber of Commerce, South Towns Chamber of Commerce	Staff time, training, space	19-Dec	Yes
	Increase Access to Baby Cafes through expansion of sites by 2 to support breastfeeding in communities of economic and health disparity	# Increase # of CLC (of color) *Create effective Social Marketing targeting economic and health disparate populations *Include in High School Health Education curriculum	*Reach of Social Marketing # trained as CLC *Reach of HS health curriculum	Churches and CBOs - host Cafes, Hospital and medical practices - support with staff	staff, supplies, space, participant incentives and supplies	Dec-19	Yes



2. Chronic Disease – decrease deaths due to cardiovascular events in Erie County

Goal	Outcome Objective	Evidence Based Interventions/Strategies/ Activities	Process Measures	Partner Role	Partner Resources	By When	Will action address disparity
Decrease deaths due to Cardiovascular events in Erie County	Overall number of deaths will decrease	Implement Million Hearts project in Erie County	Meetings held and attended, initiatives implemented, screenings done, marketing campaigns initiated	Community partners to integrate in daily activities including Pharmacies to host BP screening stations, providers to order bloodwork, community sites to host educational programs	Time, Staff, Supplies, Blood pressure machines,	19-Dec	Yes
	Increase screening rates for cardiovascular diseases, especially among disparate populations.	Increase opportunities for evidence based screenings and referrals in Federally Qualified Health Centers	Number of patients screened and referred to treatment	FQHC's, Primary Care ProvidersProvide referrals, education, space	Time, Staff, Supplies, Blood pressure machines,	19-Dec	Yes
	Increase participation in evidence based Chronic Disease Self Management programs	Promote enrollment in local Stanford Model Evidence Based Chronic Disease Self Management programs	Programs held, number of attendees, number of lifestyle changes	Local YMCAs, churches, community centers, insurersProvide space, classes, referrals,	Equipment, space, supplies	19-Dec	Yes
	Increase individuals who know their numbers	Blood pressure self monitoring programs	Pharmacy education campaigns, community screening site	Host blood pressure self monitoring station, provide education to patients, referrals	Space, staff time, supplies (BP machine)	19-Dec	Yes



3. Mental Health and Substance Abuse – decrease deaths due to opioid overdoses in Erie County

Goal	Outcome Objective	Evidence Based Interventions/Strategies/Activities	Process Measures	Partner Role	Partner Resources	By When	Will action address disparity
Decrease deaths due to opioid overdoses in Erie County NY	Increased availability to Narcan	Community Narcan Trainings and train the trainer sessions to get narcan in the hands of the community	# of Trainings, # of individuals trained, Number of pharmacies offering narcan under shared access	Treatment agencies, EMS, Local police, Fire, CBO's - train staff to become trainers, host trainings	Staff time, space, supplies	ongoing	yes
	Increase availability to Medication Assisted Treatment	Train 20 primary care physician under SAMSHA approved 8 hr buphrinorphine training to submit for DEA waiver to prescribe	Training scheduled, training held, waivers submitted	Insurers, hospital systems, professional societies - host trainings, recruit participants,	Staff time, supplies, space	17-Dec	Yes
	Access to treatment through emergency room linkages	Warm hand off through use of Addictions Hotline to like person presenting with an overdose immediately with treatment	# of referrals, # of appointments at treatment agencies, # of appointments attended	Emergency Departments, Crisis Services, Treatment Agencies,	Staff time , supplies, space	ongoing	yes

Endnotes, Data Sources, Reports, and Hotlinks

- ⁱ http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/index.htm
- ⁱⁱ http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/summary.htm
- ⁱⁱⁱ www.erie.gov/csw
- ^{iv} <http://quickfacts.census.gov/qfd/index.html#>
- ^v <https://www.labor.ny.gov/stats/laus.asp>
- ^{vi} <http://buffalo.sayyestoeducation.org>
- ^{vii} <https://data.nysed.gov/enrollment.php?county>
- ^{viii} https://apps.health.ny.gov/statistics/prevention/quality_indicators/start.map;jsessionid=53CFDA64B1CDBEE0A5B02DF4C312D305
- ^{ix} <http://www2.erie.gov/seniorservices/index.php?q=transportation>
- ^x http://www.apha.org/advocacy/Health+Reform/?gclid=Cj0KEQjwveufBRDIsNb3kb-twMIBEIQASNH0xnkCQgfygRi0SCE0fY3Vwit-eHO9do-wDCyBjWR_vB8aAlnv8P8HAQ
- ^{xi} https://www.census.gov/did/www/sahie/data/interactive/#view=mapping&utilBtn=&yLB=0&stLB=33&aLB=4&sLB=0&iLB=0&rLB=0&countyCBSelected=true&insuredRBG=pu_&multiYearSelected=false&multiYearAlertFlag=false
- ^{xii} <http://www.countyhealthrankings.org/about-project/rankings-background>
- ^{xiii} <http://www.countyhealthrankings.org/app/new-york/2014/overview>
- ^{xiv} http://www.health.ny.gov/statistics/leadingcauses_death/
- ^{xv} http://www.health.ny.gov/statistics/leadingcauses_death/pm_nys_by_year.htm
- ^{xvi} <http://www.health.ny.gov/statistics/diseases/communicable/>
- ^{xvii} http://wny.info-komen.org/site/DocServer/Komen_Western_New_York_Executive_Summary.pdf?docID=13696
- ^{xviii} http://www.health.ny.gov/statistics/chac/general/g91_14.htm
- ^{xix} <https://www.health.ny.gov/statistics/brfss/expanded/2013/county/docs/erie.pdf>
- ^{xx} <http://www.health.ny.gov/statistics/brfss/expanded/2009/county/docs/erie.pdf>
- ^{xxi} <http://www.health.ny.gov/statistics/chac/general/g75.htm>



xxii <http://www.health.ny.gov/statistics/community/minority/county/erie.htm>

xxiii https://apps.health.ny.gov/statistics/prevention/quality_indicators/start.map.

xxiv

https://apps.health.ny.gov/doh2/applinks/ebi/SASStoredProcess/guest?_program=/EBI/PHIG/apps/dashboard/pa_dashboard&p=ctr&ind_id=pa24_0%20&cos=14

xxv

https://apps.health.ny.gov/doh2/applinks/ebi/SASStoredProcess/guest?_program=/EBI/PHIG/apps/dashboard/pa_dashboard&p=ctr&ind_id=pa14_0%20&cos=14

xxvi

https://apps.health.ny.gov/doh2/applinks/ebi/SASStoredProcess/guest?_program=/EBI/PHIG/apps/dashboard/pa_dashboard&p=zmp&ind_id=pa48_0%20&cos=14

xxvii <http://www2.erie.gov/health/index.php?q=teen-wellness>

xxviii <http://www.womenshealth.gov/breastfeeding/breastfeeding-benefits.html>

xxix http://www.health.ny.gov/statistics/chac/birth/b25_14.htm

xxx <http://www2.erie.gov/health/sites/www2.erie.gov.health/files/uploads/pdfs/reportablediseases.pdf>