

Local Law Filing

(Use this form to file a local law with the Secretary of State.)

Text of law should be given as amended. Do not include matter being eliminated and do not use italics or underlining to indicate new matter.

☒ County ☐ City ☐ Town ☐ Village
 (Select one:)

of Erie

Local Law No. 3-1 of the year 2021

A local law establishing an Office of Health Equity in Erie County Department of Health dedicated to
 (Insert Title)
 supporting, educating, and planning for the provisions of public health to persons from
 disadvantaged backgrounds, including, but not limited to racial and ethnic minorities, as
 well as persons from rural areas.

Be it enacted by the Erie County Legislature of the
 (Name of Legislative Body)

☒ County ☐ City ☐ Town ☐ Village
 (Select one:)

of Erie as follows:

Section 1. Legislative Findings and Intent

Erie County is ranked in the bottom 25% of counties in New York State for health outcomes. A county's health outcome ranking is determined by the average life expectancy of county residents, the self-reported health status of individuals, and the percentage of low-birth weight newborns.

Within Erie County, there is a significant disparity between the health outcomes of white residents and residents of color. More than 50% of the minority population in Erie County die prematurely, whereas only 35% of the white population in Erie County die prematurely.

The health disparities between races is further exemplified when accounting for the cause of death, as the racial disparities between disease-related deaths as compared to injury-related deaths are significant, and persons of color die from disease-related factors at a much greater rate than corresponding white persons.

These disparities are just some of the factors that led the Center for Disease Control and Prevention (CDC) to declare racism a serious public health threat this year. Racism's impact on public health is not limited to discrimination based on the color of a person's skin, as it includes the structural barriers that have been constructed over years of segregation and inequitable investment of public dollars.

In addition to mortality and disease related data, there are also significant disparities in participation in public health programs and services. This is currently being seen in COVID-19 vaccination rates where vaccination rates for

(If additional space is needed, attach pages the same size as this sheet, and number each.)

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persons of color and positive COVID cases and COVID-related deaths appear to have correlations (i.e. persons of color have lower vaccination rates and COVID factors are disproportionately affecting persons of color).

In 2019, the New York State Department of Health reported that in the East Side of Buffalo and Western Cheektowaga, elevated numbers of colorectal, kidney, prostate, oral, esophageal and lung cancers were present among residents. A higher use of tobacco, as well as obesity, lack of physical activity and alcohol consumption, which are also more common in the area, may also have contributed to the cancer cluster.

Residents of rural areas also suffer from health inequities which contribute to premature death and poorer life outcomes. Factors contributing including lifestyle, as well as a shortage of health professionals and the effects of poverty.

LGBTQ (lesbian, gay, bisexual, transgender, queer/questioning, and intersex) persons experience health disparities, especially among youth. The effects of these disparities are seen in the areas of behavioral health, physical health, and access to care and are closely tied to sexual and social stigma.

According to CDC's 2017 Youth Risk Behavior Survey (YRBS), sexual minorities were more likely to report experiencing bullying, felt sad or hopeless, seriously considered suicide, used illicit substances, misused prescription drugs, and being forced to have sex (<https://www.cdc.gov/healthyyouth/disparities/health-disparities-among-lgbtq-youth.htm>).

According to CDC, Gay men are at higher risk of HIV and other STIs, especially among communities of color, and are less likely to have health insurance than heterosexual or LGB individuals.

Transgender individuals have a high prevalence of HIV/STIs, victimization, mental health challenges, and suicide. Youth who identified as transgender in the CDC YRBS were more likely to report violence victimization, substance use, suicide risk, and sexual risk behaviors.

Although resources exist in Erie County to address health and social needs of some LGBTQ residents, a concerted effort to measure these health disparities in Erie County and collaboratively address these disparities and services gaps among Erie County agencies does not exist.

The University of Buffalo's Community Health Equity Research Institute was established in 2019 "in response to the crisis of race-based health disparities, especially in African Americans who live on the city's East Side. Remarkably, compared to White residents of Buffalo, life expectancy of African Americans is 12 years shorter, and serious, chronic, and often preventable diseases, like heart disease, diabetes, asthma and cancer are 300% greater. The primary reason for these disparities is the social determinants of health, which refer to the conditions in which people live, work, learn, play and worship."

A partner organization, the Buffalo Center for Health Equity, was also created in 2019 to act on the pioneering work of the African American Health Equity Task Force. The Center for Health Equity's mission is to "eliminate race, economic, and geographic-based health inequities in

Western New York by changing the social and economic conditions that cause illness and shorten lives among the sickest of the region.”

It is the intent of this legislation to create an Office of Health Equity (“OHE”) within the Erie County Department of Health as well as to establish an Erie County Health Equity Advisory Board. This will establish a foundation for Erie County as a place where every resident has the opportunity to attain their full health potential and no one is disadvantaged in achieving this potential because of social position or any other socially defined circumstance.

The OHE will help ensure all minority and disadvantaged residents have equal access to preventive health care and to seek ways to promote health and prevent diseases and conditions that are prevalent among minority, marginalized, and disadvantaged populations. The OHE provides access to health care, health care education, and preventive care resources to underserved and marginalized communities and communities of color.

There is an urgent need to work to eliminate racial, economic, sexual/gender, and geographic-based health inequities that shorten or negatively-impact lives by changing the social and economic conditions that cause illness and shorten lives.

Section 2. Definitions

1. Racial/Ethnic Minority or Person of Color: A person or persons who identify as a member of one of the following:
 - a. Black or African-American having origins in any of the Black African racial groups;
 - b. Hispanic/Latino persons of Mexican, Puerto Rican, Dominican, Cuban, Central or South American of either Indian, African or Hispanic origin;
 - c. Native American or Alaskan native persons having origins in any of the original peoples of North America;
 - d. Asian and Pacific Islander persons having origins in any of the Far East nations, South-East Asia or Pacific Islands.
2. Sexual/Gender Minority: A person or persons who identify as a member of one of the following:
 - a. LGBTQ: Individuals who identify as gay, lesbian, bisexual, transgender, or queer/questioning
 - b. Gay/bisexual: Persons who are attracted to or have sexual contact with someone of the same sex.
 - c. Transgender: Individuals whose current gender identity differs from the sex they were assigned at birth.
3. Disadvantaged or Marginalized Person or Community: A group whose members have been subjected to prejudice based on their race, ethnicity, gender, socio-economic, sexual orientation, gender expression and identity, or other prejudice because of their identity as members of the group without regard to their individual qualities.

4. Health Disparity: A preventable difference in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by disadvantaged persons or populations.

5. OHE: The Erie County Department of Health's Office of Health Equity.

Section 3. Amending Article 5 of the Erie County Administrative Code

Erie County Local Law No. 1-1960, as amended, constituting the Erie County Administrative Code, is hereby amended at Article 5 to add a new Section 5.08 to read as follows:

Section 5.08 Office of Health Equity.

There shall be within the Erie County Department of Health's Division of Health an Office of Health Equity headed by a Director of Health Equity. The Director of Health Equity shall assist the Erie County Commissioner of Health in carrying out the following functions of the Office of Health Equity:

- a. Analyze disparities in health, health care, and availability/accessibility to health care services among disadvantaged and marginalized Erie County populations.
- b. Understand and connect factors that contribute to health outcomes including the physical environment, the social determinants of health, access to clinical care, and health behaviors;
- c. Make recommendations for improving delivery and access to health services for disadvantaged and marginalized populations working within the Live Well Erie framework and supporting Live Well Erie objectives for improving the social determinants of health to relevant local health care agencies, and to the County Executive, County Legislature, and Commissioner of Health.
- d. Pilot models and programs to improve health disparities
- e. Promote public awareness and coordinate educational events in partnership with other health agencies with the goal of supporting healthy lifestyles in disadvantaged and marginalized communities and groups.
- f. Publish an initial needs assessment report within 18 months of the effective date of this Local Law. Such report shall present baseline data describing health disparities among racial and sexual minority populations in Erie County. The report will highlight gaps in available data and services. On an annual basis thereafter, the Commissioner of Health shall deliver to the County Executive and County Legislature a report of OHE's achievements, including but not limited to programs and services provided to advance health equity, data on populations served via OHE's outreach, and the Office's goals for the upcoming year. This annual report shall include disaggregated data to account for identifiers, including but not limited to race and zip code. The report shall also identify outcomes achieved in the context of race and zip code.

g. Collaborate with the ECDOH Community Health Assessment (CHA) to develop a specific health disparities report as part of ECDOH's CHA prepared every three years as required by NYS and to monitor and incorporate other health disparity data already collected in the region by organizations including (but not limited to) the University at Buffalo and the Buffalo Center for Health Equity.

Section 4. Vision Statement and Mission Statement

Vision Statement:

The Office of Health Equity's vision is for all disadvantaged, marginalized, and diverse populations in Erie County, who presently experience higher rates of poor health outcomes, to achieve maximum health and wellness.

Mission Statement:

The Office of Health Equity's mission is to evaluate a wide variety of specific health outcomes among diverse populations to fully understand the depth of health disparities in Erie County and to partner with community members, healthcare providers, faith and philanthropic leaders, and organizations to enact programs that help disadvantaged, marginalized, and diverse populations in Erie County achieve maximum health and wellness.

Section 5. Erie County Health Equity Advisory Board

There shall cause to be created an Erie County Health Equity Advisory Board ("Board"). The seven (7) member Board shall serve as an advisory board to the OHE Director and the Erie County Commissioner of Health. The members of the Board shall advise Erie County in best practices on administering health care, fiscal allocations of health resources and health education to disadvantaged communities and communities of color.

Membership:

A. All appointees shall have worked in/on health issues for minorities or disadvantaged persons or have special knowledge or experience with minority or disadvantaged health issues. The Board members shall include at least one person with a medical degree or master's degree in public health.

B. The Board shall consist of seven (7) members to be appointed by the County Executive subject to confirmation by the County Legislature as follows:

1. Two (2) members to be recommended for appointment by the County Executive.

2. One (1) member to be recommended by each of the County Legislators whose legislative districts have the two highest rates of poverty according to the most recent US Bureau of the Census data.

3. One (1) member to be recommended for appointment by the Dean of the University of Buffalo's School of Public Health and Health Professions.

4. One (1) member to be recommended for appointment by the National Medical Association – Buffalo Chapter.

5. One (1) member to be recommended for appointment by a community organization in Erie County with a recognized public health focus in its mission. Such organization shall submit its recommendation by letter of consideration directed to the Erie County Legislature.

C. All members of the Board shall serve three-year terms.

D. Any vacancy on the Board shall be recommended for filling by the appropriate recommending authority within 30 days of the position becoming vacant. The County Executive must appoint and County Legislature must act on the appointment within 30 days of the County Executive receiving the recommendation to fill the vacancy.

Section 6. Effective Date

This Local Law shall take effect upon filing with the New York State Secretary of State.

Section 7. Severability

If any clause, sentence, paragraph, subdivision, section or part of this law or the application thereof to any person, individual, corporation, firm, partnership, or business shall be adjudged by any court of competent jurisdiction to be invalid or unconstitutional, such order or judgment shall not affect, impair or invalidate the remainder thereof but shall be confined in its operation to the clause, sentence, paragraph, subdivision, section or part of this law, or in its specific application.

Sponsors:

April N.M. Baskin

Timothy J. Meyers

Jeanne Vinal

Howard Johnson

(Complete the certification in the paragraph that applies to the filing of this local law and strike out that which is not applicable.)

1. (Final adoption by local legislative body only.)

I hereby certify that the local law annexed hereto, designated as local law No. _____ of 20____ of the (County)(City)(Town)(Village) of _____ was duly passed by the _____ on _____ 20____, in accordance with the applicable provisions of law.
(Name of Legislative Body)

2. (Passage by local legislative body with approval, no disapproval or repassage after disapproval by the Elective Chief Executive Officer*.)

I hereby certify that the local law annexed hereto, designated as local law No. 3-1 of 20²¹ of the (County)(City)(Town)(Village) of Erie was duly passed by the Erie County Legislature on December 2 20²¹, and was (approved)(not approved) (Name of Legislative Body) (repassed after disapproval) by the Erie County Executive (Elective Chief Executive Officer*) and was deemed duly adopted on December 21 20²¹, in accordance with the applicable provisions of law.

3. (Final adoption by referendum.)

I hereby certify that the local law annexed hereto, designated as local law No. _____ of 20____ of the (County)(City)(Town)(Village) of _____ was duly passed by the _____ on _____ 20____, and was (approved)(not approved) (Name of Legislative Body) (repassed after disapproval) by the _____ on _____ 20____. (Elective Chief Executive Officer*)

Such local law was submitted to the people by reason of a (mandatory)(permissive) referendum, and received the affirmative vote of a majority of the qualified electors voting thereon at the (general)(special)(annual) election held on _____ 20____, in accordance with the applicable provisions of law.

4. (Subject to permissive referendum and final adoption because no valid petition was filed requesting referendum.)

I hereby certify that the local law annexed hereto, designated as local law No. _____ of 20____ of the (County)(City)(Town)(Village) of _____ was duly passed by the _____ on _____ 20____, and was (approved)(not approved) (Name of Legislative Body) (repassed after disapproval) by the _____ on _____ 20____. Such local law was subject to permissive referendum and no valid petition requesting such referendum was filed as of _____ 20____, in accordance with the applicable provisions of law.

* Elective Chief Executive Officer means or includes the chief executive officer of a county elected on a county-wide basis or, if there be none, the chairperson of the county legislative body, the mayor of a city or village, or the supervisor of a town where such officer is vested with the power to approve or veto local laws or ordinances.

5. (City local law concerning Charter revision proposed by petition.)

I hereby certify that the local law annexed hereto, designated as local law No. _____ of 20____ of the City of _____ having been submitted to referendum pursuant to the provisions of section (36)(37) of the Municipal Home Rule Law, and having received the affirmative vote of a majority of the qualified electors of such city voting thereon at the (special)(general) election held on _____ 20____, became operative.

6. (County local law concerning adoption of Charter.)

I hereby certify that the local law annexed hereto, designated as local law No. _____ of 20____ of the County of _____ State of New York, having been submitted to the electors at the General Election of November _____ 20____, pursuant to subdivisions 5 and 7 of section 33 of the Municipal Home Rule Law, and having received the affirmative vote of a majority of the qualified electors of the cities of said county as a unit and a majority of the qualified electors of the towns of said county considered as a unit voting at said general election, became operative.

(If any other authorized form of final adoption has been followed, please provide an appropriate certification.)

I further certify that I have compared the preceding local law with the original on file in this office and that the same is a correct transcript therefrom and of the whole of such original local law, and was finally adopted in the manner indicated in paragraph 2 above.

Clerk of the county legislative body, City, Town or Village Clerk or officer designated by local legislative body

Date: _____

12/01/21

(Seal)

A Public Hearing was held on the foregoing Local Law Intro. No. 3-1-2021 on December 14, 2021 due notice thereof having been published in the official newspapers of the County of Erie designated for this purpose, and after due deliberation thereon, I, MARK C. POLONCARZ, County Executive of Erie County, do hereby APPROVE and SIGN said Local Law this 21 day of December, 2021.



Mark C. Poloncarz

A Public Hearing was held on the foregoing Local Law Intro. No. 3-1-2021 on December 14, 2021 due notice thereof having been published in the official newspapers of the County of Erie designated for this purpose, and after due deliberation thereon, I, MARK C. POLONCARZ, County Executive of Erie County, do hereby DISAPPROVE and VETO said Local Law this ____ day of December, 2021.

Mark C. Poloncarz