2011-12 COMMUNITY NEEDS ASSESSMENT
EXECUTIVE SUMMARY

United Way of Buffalo & Erie County
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Introduction

To better understand the challenges currently facing our community, the United Way of Buffalo & Erie County (UWBEC) initiated a community needs assessment in the fall of 2011. The primary goal of the assessment was to identify and measure critical needs to better focus the organization's and community's efforts to create positive change. Drawing on past research, as well as the work of other United Ways across the country, UWBEC focused its assessment on the areas of Education, Income, and Health & Wellness as the core building blocks that contribute to a better quality of life.

Conducted in partnership with Via Evaluation (formerly Ciurczak & Company, Inc.), a local research and evaluation firm, and graduate students from the University at Buffalo School of Social Work, the assessment utilized a variety of data collection techniques in order to obtain reliable and unbiased data on the demographic, social, and economic conditions of the area.

Data were collected on more than 100 measures of community well-being related to Education, Income, and Health & Wellness. In addition, researchers conducted key informant interviews with more than 20 stakeholders and more than 30 focus groups with service providers, program participants, and local residents. The study also included an investigation of national, statewide, and local best practices in health and human service provision as well as a review of local and national research studies. The research team synthesized data from each of these sources to develop a well-defined picture of community needs.

This Executive Summary provides a brief overview of the key findings from the full Community Needs Assessment beginning with population characteristics, continuing with a discussion of Education, Income, and Health & Wellness, and concluding with overarching health and human service concerns. The full report is available for download at www.uwbec.org.
**Population Characteristics**

Over the past few decades, the population of Erie County has decreased significantly. Between 1970 and 2010, Erie County lost 194,451 residents, 17.5% of total population; the City of Buffalo lost 201,458 residents, or 43.5%. Population loss in Erie County between 2000 and 2010 was 31,225 or 3.3%. Buffalo again showed a steeper population decline compared to the County at large, with a loss of 31,338 or 10.7% of residents. Population declines have important implications for the local tax base, which impacts eligibility for federal and/or state funding to provide critical education and health-related services to City and County residents.

While our local population has declined, the diversity of our remaining residents, against a variety of measures, has increased significantly. Each new or growing segment of our population brings different challenges, and our local health and human service network must respond to these needs.

**Immigrants and Refugees**

New York State is the 4th largest recipient of refugees in the U.S. A large percentage (32%) of these refugees – more than 14,000 over the past 7 years – have settled in Erie County. The majority come from countries such as Burma/Myanmar, Bhutan, Iraq, Somalia, Congo, and Eritrea. These immigrants face many challenges as they integrate into our national and local culture, including limited literacy (often both in English and in their native language); less formal education; limited exposure to urban settings; and fewer transferable skills than their non-immigrant peers.

English language proficiency is a significant issue; between 2008 and 2010, Erie County saw an increase of 15% in homes where English is spoken less than “very well”; for the same period, the increase in the City of Buffalo was 28.3%. Between 2004 and 2012, Buffalo Public Schools saw a 35% increase in the number of Limited English Proficiency/English Language learners. Such a significant language barrier can pose real challenges for participation in the educational system for both children and adults, as parents who may have had limited education in their native country may have difficulty understanding and navigating our educational system for themselves or their children.

**Aging**

Erie County is home to the nation’s 9th oldest population, and that population is growing rapidly. Between 2000 and 2010, the number of adults age 60 and older in Erie County increased by nearly 4%. The increase was even more significant for adults 85 and older, exceeding 27%. This aging population faces both an increased risk for disabling conditions (physical or cognitive) and a dearth of available caregivers, as family members either leave the region in search of opportunity elsewhere or face challenges managing their own lives and children while simultaneously caring for parents or other older adults. In 2010, 32.2% of Erie County seniors age 65 and older living in the community were affected by at least one disability.

Caring for this population is becoming increasingly challenging; over the past 30 years, the population support ratio (the number of Erie County residents aged 20-65 vs. those over 65) has decreased from 4.6 to 3.5, and is expected to continue to decline. Further, an increasing concentration of seniors in rural and urban areas can present challenges to accessing needed services and activities, including grocery
and other shopping, medical appointments, and other activities that help promote independence and aging in place for the senior population.

**Disability**

In 2010, 10.9% of the population of Erie County, and 16.6% of the population of the City of Buffalo, had some physical or cognitive disability. Living with a disability has implications for educational and employment opportunities, and can present barriers to understanding and/or navigating community activities and supports. Special assistance is needed to support individuals who have newly acquired their disability as part of the aging process or due to an accident.

In 2010, 21.8% of the disabled population age 25 and over in Erie County had less than a high school education, compared to 7.5% of the non-disabled population. This disparity increases with education level; while 33.8% of the non-disabled population had a bachelor’s degree or higher, only 13.5% of the disabled population had achieved that level of education. Median earnings for the disabled population were commensurately lower - $20,827 compared to $29,936 for the non-disabled population in Erie County. This lower income level impacts the poverty status of the disabled population – 22% of Erie County residents with disabilities had incomes below the Federal poverty line. Helping this population access appropriate educational opportunities and other services can enhance their quality of life substantially.

**Military Veterans**

Over the past several years, the local population of returning military veterans has grown significantly. There are currently over 250,000 military veterans in the eight counties of Western New York – nearly 70,000 in Erie County. Many of these veterans contend with disabilities acquired during their service, whether visible physical impairments, traumatic brain injury (TBI), or psychological disorders such as post-traumatic stress disorder (PTSD). Nationally, approximately 26% of returning Gulf War veterans reported having a disability connected to their service. Locally, that figure is lower for veterans in Erie County (15%), but higher in the City of Buffalo (29%).

While their disability status alone would pose challenges in seeking employment, for many their educational status compounds those challenges. Nearly 20% of City of Buffalo veterans have less than a high-school education, and another 26% have a high-school degree, General Education Diploma (GED) or other alternative. Some 15% of veterans living in the City of Buffalo are currently unemployed – with many military families struggling to make ends meet. Nearly 14% of veterans have incomes below the federal poverty line, compared to 6.8% in Erie County and New York State. Educational and vocational training, as well as job placement services – particularly services for disabled persons – are important for this population.

**Poverty**

The City of Buffalo has long been near the top of the poorest large cities in the United States. Nearly a third of the population in the City – 30% – live in poverty, more than double the poverty rate in Erie County, New York State, and the U.S. as a whole. Poverty is connected to a number of factors, including gender, race, disability, veteran status, and educational attainment. Poverty also has implications for
educational status, health status, and access to employment based on transportation concerns, all of which make it difficult for those living in poverty to change their status.

Concentrated poverty (defined as census tracts where 40% or more of residents have incomes below the federal poverty threshold) is of particular concern. Between 2005 and 2009, the Buffalo metropolitan area had a concentrated poverty rate of 15.7%, with a significant disparity between city (26.2%) and suburbs (4.9%). Buffalo is now home to 20 concentrated poverty Census tracts including four neighborhoods clustered on Buffalo’s East Side (Broadway-Fillmore), three in the Black Rock-Riverside area, and three on Buffalo’s West Side (Niagara Street near Downtown).

The challenges posed for these communities go far beyond income. Impoverished schools often underperform compared to schools in more affluent neighborhoods; higher crime rates and neighborhood violence are more prevalent and result in increased trauma for children and adults. Access to necessary goods and services, including high quality childcare, healthcare professionals, and fresh fruits, vegetables, and meats, may be more limited. Children and youth living in communities of poverty also face challenges identifying role models related to educational and employment pursuits.

Finally, adults living in areas of concentrated poverty have lower educational achievement and experience challenges related to employment, particularly employment near their home. This population is heavily reliant on public transportation and therefore more restricted in the positions they can take or services they can use given limited route coverage and the increased time it takes to utilize public transportation services. All of these issues taken together present significant challenges to the health and human service network in taking a holistic approach to serving this population, particularly those living in concentrated poverty.
**Education**

In order to gain a better understanding of what is necessary for children and youth to reach their full potential, the research team identified four targeted areas of inquiry: early learning and development; academic performance; social supports and enrichment; and college & career readiness.

**Early Learning and Development**

The first years of a child’s life set stage for future development as well as success in school and beyond. It is estimated that more than 50% of local children start school without the intellectual, social, emotional and physical skills necessary to succeed. The larger the gap when a child enters school, the harder it is for him or her to catch up. Children who enter school at such a disadvantage are more likely to perform worse than their peers in elementary and high school, attain less education, and be unemployed in adulthood.

It is believed that the majority of children entering school behind their peers come from low-income families. In 2010, 27.2% of children in Erie County, and 55.3% of children in the City of Buffalo, lived below the poverty level. These children face significant challenges related to their school readiness; from inadequate housing and environmental violence to higher incidence of depression, health issues and trauma, to parents who may be less aware of the importance of early development to success in school and in life.

Challenges at home often translate into behavioral challenges in the childcare setting or the classroom. These include increased behavioral problems (e.g. punching), difficulties with self-regulation (e.g. failure to pay attention), communication issues (e.g. screaming), and peer-related problems (bullying). These issues can be exacerbated in lower-quality childcare settings, which may be the only available or affordable child care and where workers lack the training or qualifications to address these issues or refer at-risk children for early intervention services. Likewise, lack of assistance navigating health and human services and school transitions can also lead to early educational challenges.

**Academic Performance**

Once children are in school, New York State proficiency assessments are an important tool to measure whether they are moving successfully toward graduation. On the whole, Erie County students perform as well as or better than their peers across New York State on both 3rd and 8th grade English Language Arts (ELA) and Math assessments. Scores are sharply lower, however, in Buffalo and in several Erie County districts (Cheektowaga Central, Cleveland Hill Union Free, Depew Union Free, Evans-Brant Central (Lakeshore), Lackawanna City, and Yorkshire-Pioneer Central).

High school graduation rates mirror assessment scores, with the 4-year graduation rate in Buffalo in 2010-11 (54%) significantly lower than the overall New York State graduation rate (74%). Across Erie County, four of the five districts with graduation rates below 80% (Evans-Brant Central, Kenmore-Tonawanda Union Free, Lackawanna City, and Yorkshire-Pioneer Central) also showed lower 3rd and 8th grade assessment scores.
Students face many barriers to academic performance including poor attendance (including chronic absenteeism), instability at home, lack of family support or involvement, concerns about mental health, limited English proficiency (particularly in immigrant or refugee families), high-risk behaviors, school suspensions, and dropping out. Addressing this wide range of issues requires a coordinated effort involving schools, families and community supports.

**Social Supports and Enrichment**

Ensuring that children can be successful in school through graduation requires a wide network of social supports and enrichment activities that improve academic performance and reduce high-risk behavior. Key strategies in this effort include mentoring, high-quality afterschool/out-of-school programming, family engagement, and community school models.

Mentoring, afterschool/out-of-school programming, and family engagement are proven to increase academic success and overall development for young people by helping them improve their attendance, academic achievement, work/study habits, socio-emotional skills, interest and engagement in learning, and grades and standardized test performance. Ultimately, these improved skills can help students move successfully through school to graduation, higher education, and later success.

Community School models, such as that used by United Way’s Closing the Gap in Student Performance (CTG) initiative, involve partnerships between schools and community resources that integrate academics with services for students and their families to improve learning, build stronger families, and create healthier communities. Addressing the myriad barriers to academic performance through family involvement, mentoring, afterschool programming, and community schools can help students stay on track to graduate and move on to college or career.

**College and Career Readiness**

It is estimated that in the future, 80% of job openings will require postsecondary training or education. Preparing school-aged children for college and career is more important than ever to their future employment prospects and financial stability.

Three models showing success in “cradle to career” programming are Strive, Promise Neighborhoods, and Say Yes to Education. Each of these models engages children, youth, families, and community supports to support education and skill development for children from their earliest educational experiences through graduation and beyond. Strive is currently in development in Rochester, North Country, Albany, Queens and Harlem; both Promise Neighborhoods and Say Yes are currently working in the Buffalo Public School district.

School success begins with a child's earliest learning experiences and involves students, families, schools and communities. Providing quality early education and social supports, addressing barriers to success, and ensuring college and career readiness are all critical steps along the path to success for Erie County’s young people.
**Income**

In order to gain a better understanding of what is necessary for people to become economically self-sufficient, the research team identified four targeted areas of inquiry: stabilizing income supports, financial literacy, education and employment, and asset building opportunities.

**Stabilizing Income Supports**

Poverty is a significant issue for local families and individuals; particularly in Buffalo where 55% of the population has an income at or below 200% of the federal poverty line. People in financial crisis often turn to community resources for assistance with basic needs such as food and clothing, assistance with rent and utilities, and connections to other resources. These services are critically important given the lack of affordable housing locally. More than 50% of renters and 25% of homeowners pay more than 30% of their income on housing in both the city of Buffalo and county of Erie.

Study participants identified three primary groups among those securing crisis assistance:

- Long-term consumers of health and human services, who tend to be very poor and face difficulties in achieving self-sufficiency because of increased barriers to employment.
- Financially fragile families, who earn enough to stay above the federal poverty threshold but struggle to pay for basic expenses. These “working poor” families tend to employ strategies such as spending down savings, dipping into retirement funds, and securing payday and other loans to make ends meet – all of which have an adverse effect on their long-term financial health.
- Newly unemployed individuals, who typically have very little knowledge of available health and human service resources, and who may not immediately qualify for various income supports because of their recent change in employment status.

Helping these populations in meeting their basic needs is a critical first step in enabling them to achieve financial stability. Stabilizing income supports such as the Supplemental Nutrition Assistance Program (SNAP, aka Food Stamps), Women, Infants and Children (WIC), Temporary Assistance to Needy Families (TANF), and the Low Income Home Energy Assistance Program (HEAP), as well as the Earned Income Tax Credit (EITC) can provide temporary assistance and alleviate a portion of a family’s financial stress as they pursue educational, job training, or other opportunities to enhance their financial status. Utilization of Food Stamps and EITC has increased significantly over the past several years, due in large part to coalition-based efforts including UWBEC’s Creating Assets, Saving & Hope (CASH) initiative. However, access to HEAP and TANF has become more difficult.

**Financial Literacy**

Individuals in financial crisis are particularly susceptible to predatory financial practices, such as refund anticipation and payday loans, non-bank money orders and check cashing services, high-cost credit cards, pawnbrokers, and rent-to-own establishments, which typically target disadvantaged individuals and those living in areas of concentrated poverty. These practices make it easy for individuals to obtain cash or other goods without established or good credit, or often even a bank account. Unfortunately, Buffalo is home to an unusually high number of predatory practices of all stripes.
Participating in reputable banking services can be essential for low-income families in avoiding predatory lending practices. However, 18.1% of Erie County residents are underbanked (i.e., have poor access to mainstream financial services and therefore rely heavily on alternative or predatory financial services) and 6.7% have no banking relationships at all. Those figures are significantly higher in the City of Buffalo, with 24% of households underbanked and 15% unbanked. People who do not engage with mainstream banks or credit unions face many risks including high costs and fees associated with financial transactions, lack of insurance coverage, threat of theft or fire, safety, and problems accessing credit when needed.

Financial literacy is also an essential underpinning of financial stability. Beyond a sound knowledge of the principles of managing money, true financial literacy includes the ability to identify predatory financial practices, the use of reputable financial institutions, and responsible use of credit. Nationally, the Securities and Exchange Commission found that 43% of individuals with incomes below the poverty line scored at the lowest possible level for financial literacy – with only 4% scoring at the highest level. Extrapolating from these figures, Buffalo and Erie County’s poverty rates suggest that more than 38,000 residents could benefit from financial literacy education.

**Education and Employment**

Educational attainment has a significant impact on later employment, and ultimately on income. The income differential in Erie County between those without a high school diploma and those with a bachelor’s degree is significant: $15,457 vs. $44,638. Incomes in the City of Buffalo are lower, but the differential is still sharp: $11,920 vs. $35,965.

People with lower educational attainment are more likely to be unemployed. In Erie County, only 51.5% of individuals without a high school education were employed; that figure jumped to 86.5% for those with a bachelor’s degree or higher. The potential for lack of employment and the income differential make education a significant factor in financial stability.

Successful approaches to addressing barriers to education and employment include the Center for Working Families model. This model promotes streamlined access to benefits and financial education; promotion of the use of banks, credit unions and other financial institutions; assistance with building credit ratings and savings; and strategies to increase homeownership and facilitate healthy spending. Locally, two Hope Centers – the Buffalo Federation of Neighborhood Centers Hope Center and the Matt Urban Hope Center - are operating based on this model.

**Asset Building Opportunities**

According to the Corporation for Enterprise Development (CFED), assets are tangible and intangible economic resources – a home, savings in a bank account, a college education – that can produce value for their owner and help families to alleviate poverty and move forward on a pathway to economic self-sufficiency. More than 20% of New York State’s population is considered “asset poor” and 14% of households are designated as extremely asset poor – meaning that they have zero or negative net worth to help buffer against financial hardship.
Homeownership is the single largest component of household wealth, and is strongly correlated with overall quality of life, educational attainment, and civic participation. However, there are many challenges to homeownership locally, particularly in the City of Buffalo. Nearly 64% of the City’s housing stock was built before 1940, and much of it is in need of extensive repair and maintenance due to age, harsh weather and difficult economic conditions. The cost of repairs to these homes can make a purchase that may otherwise be affordable out of reach for many households. Individual Development Accounts (IDA) can provide a glide path to responsible and financial responsible homeownership. Other strategies designed to help low-income families increase their assets locally include small business or microenterprise and efforts to provide post-secondary education.
Health and Wellness
In order to gain a better understanding of what is necessary to ensure that individuals are physically, socially, and emotionally healthy, the research team identified four targeted areas of inquiry: supports for safe and nurturing relationships; healthy choices, healthy behaviors; and access to needed care.

Safe, Nurturing Relationships
All members of a family – children, youth, adults, and seniors – need safe, nurturing relationships to promote good health and well-being. Increasingly, local families are turning to informal caregiving relationships – for example, adult children caring for aging parents or other relatives, grandparents assuming parental responsibilities for their grandchildren, and children in foster care. These relationships and responsibilities can take a toll on the physical and mental health of caregivers and care recipients alike.

Without support from family, friends, neighbors and the community, caregivers may be more likely to make poor decisions that lead to abuse and maltreatment.

Family violence encompasses child abuse and maltreatment, adult and elder abuse and neglect, and domestic violence, and all forms of family violence have a detrimental impact on health and wellness. Victims of family violence are often at risk for poor health outcomes as they not only suffer from acute medical issues such as bruises and broken bones, but are likely to develop chronic diseases such as chronic pain, auto-immune diseases, mental health issues including depression and Post Traumatic Stress Disorder (PTSD), and behavioral diseases such as alcohol or substance abuse.

In Erie County, the number of children experiencing abuse or maltreatment has increased from 14.7 per 1,000 children in 2005 to 17.1 per 1,000 in 2010. Elder abuse is also a concern, with 1,500 cases of elder abuse and neglect reported each year locally. Domestic violence is the largest category of family violence; since 2008, there have been 28 reported domestic violence homicides in Erie County and in 2011, nearly 8,800 calls were made to domestic violence related hotlines. All of these forms of family violence exact long-term physical and psychological consequences on their victims.

Healthy Choices
Regular preventive care is an essential strategy for early identification of potential health issues. Accessing this care is a given for many with affordable, good quality health insurance – but for many without health insurance, or with inadequate health insurance, regular care is a luxury they can ill afford. Eight percent (8%) of the population in Erie County, and 11% in the City of Buffalo, lack health insurance. While Medicaid or Medicare often cover the health insurance needs of children and seniors who would otherwise lack coverage, many private practices limit the number of patients using these programs, often due to low reimbursement rates. These factors and others, such as limited public transportation and long waiting times, can form significant barriers for low-income families in obtaining preventive health care.

Proper food choices are important in maintaining good health including healthy body weight. Poor eating habits, limited food options, difficulty accessing fresh foods, and food insecurity are significant
challenges for local families, particularly those living in impoverished neighborhoods. As of July 2011, 12 census tracts in Erie County were considered “food deserts,” where there is little to no access to fresh food. Residents in these areas often depend on convenience and fast foods, which are relatively low in nutrients and high in sodium and calories. Overreliance on these foods can be linked to greater obesity rates. Choosing fresh fruits and vegetables, whole grains, and lean, non-processed meats is significantly more difficult when these items are not easily accessible, or are prohibitively expensive.

Food insecurity, or lack of access to enough food for all household members and limited availability of nutritionally adequate foods, is a significant issue for those who have difficulty making ends meet. Often households must make trade-offs between basic needs, such as housing or medical bills, and purchasing nutritious foods. Nearly 20% - 38,400 – children in Erie County are considered food insecure, and the number of senior citizens facing food insecurity is growing, as many depend on senior center facilities for nutritious meals and those facilities are often closed on weekends.

**Healthy Behaviors**

Physical activity and access to social supports and engagement are essential to good health and wellness throughout the lifespan. Locally, the lack of physical activity among both youth and adults is concerning. In a study by the Centers for Disease Control and Prevention, 20% of Erie County adults reported that they had not engaged in leisure time physical activities within the past 30 days. Additionally, over 17% of Buffalo Public School youth reported that they did not participate in at least 60 minutes of physical activity per day – lagging significantly behind New York State (13.3%) and national (13.8%) figures. Physical activity is shown to reduce the risk of numerous conditions – heart disease, diabetes, high blood pressure, osteoporosis, depression, and more.

Social supports and engagement are as important to health as physical activity. Nearly 20% of Erie County adults report inadequate social supports – ranging from assistance with everyday tasks, to advice and companionship, to financial support. As the population ages, these social supports become more important as seniors begin to face challenges to their independence. Opportunities to remain engaged in the community, whether through senior centers or volunteer programs, can help seniors preserve cognitive function, maintain supportive and caring relationships with others, and preserve their independence longer than would otherwise be possible.

**Access to Needed Care**

Programs and services that improve health and wellness are only effective if they are accessible. A number of factors affect a person’s ability to access the care they need when they need it. These factors include knowledge or understanding of available services; difficulty navigating systems of care; and transportation challenges.

Many individuals and families living in poverty face significant challenges in accessing health and human service-related appointments. Many must rely on public transportation, which adds to the time that must be reserved for these appointments and requires even more effort to balance employment, school, childcare and other responsibilities. Seniors are of special concern when it comes to transportation. Senior women often live more than a decade, and senior men for more than six years,
after they decide to stop driving. This can mean that many – particularly those in suburban and rural locations when public transportation is less available – can become isolated or face more limited access to supports and services that promote independence.

System navigation is also a concern, as it can be difficult to understand the various services available and often-related systems (for example, early intervention, preschool special education, and child welfare) do not work together to provide comprehensive transition assistance for families.
Health and Human Service Concerns

The data collected and analyzed in this Needs Assessment revealed a number of overarching concerns for health and human service delivery. These concerns include a number of high need and emerging populations, as described in the Population Characteristics section and throughout the document, as well as a number of service concerns including accessibility, service navigation, cultural and linguistic competency, and the need for community-based mental health assistance. Finally, opportunities for community-level change including professional development, advocacy, and collaboration were also discussed.

Accessibility
Accessibility was routinely raised as a barrier for children, youth, adults, families, and seniors in accessing services appropriate to their needs. Transportation is a major barrier to accessibility, particularly for low-income, suburban or rural service recipients. Not only can public transportation require significantly more time than independent transportation; it is often expensive and difficult, particularly for families with children, disabled individuals or seniors with mobility challenges.

Service Navigation
Further complicating matters is the fact that providers often do not know where to send people for assistance beyond the scope of their own services. Left to fend for themselves, consumers can easily fall through the cracks in the absence of a continuum of care. Key to addressing these challenges are home-, neighborhood-, or community-based services that make it easy for people to access a wide variety of services without undue hardship. Further, promotion of 2-1-1 as a resource can help provide initial information to educate consumers about the services available to them.

Cultural and Linguistic Competency
As the diversity of the population grows, the need for culturally and linguistically appropriate services increases as well. Appropriate services for non-native, disabled, and other cultural groups can range from the availability of interpreters to recognizing cultural differences by avoiding scheduling appointments or required meetings on religious holy days. Training on cultural competency for service providers can greatly enhance the effectiveness of services for refugees and immigrants.

Community-Based Mental Health Assistance
Increasing mental health needs among people of all ages highlight the need for community based, non-psychiatric mental health services. Children who experience challenges to their self-esteem, families experiencing stress related to financial crises, victims of violence or trauma, and isolated seniors all have concerns that may not require psychiatric diagnosis. They may not be aware of local resources and may therefore go without assistance – and in many cases, symptoms may become more severe over time. Reducing the stigma associated with mental health concerns and increasing awareness of local resources are important strategies to addressing this concern.
**Community Change**

All of these concerns create opportunities for community change efforts. These include professional development, advocacy, and collaboration. Professional development can provide opportunities for providers not only to expand their knowledge base, but to open opportunities for communication among providers that can ultimately enhance service delivery. Advocacy opportunities exist on multiple levels – providers advocating for the best care for consumers; for the organizational resources to deliver the best possible services; and for systems change that promote the effectiveness and efficiency of the service delivery system. Finally, collaborative efforts that engage a wide range of partners, while challenging, can be instrumental in creating collective impact as each organization brings its unique skills and methods to bear on achieving a shared community vision.

As noted, the full Community Needs Assessment is available through our website, [www.uwbec.org](http://www.uwbec.org), to anyone interested in learning more about health and human service needs in Buffalo and Erie County. UWBEC is also pleased to make presentations on the study’s findings to any organization, agency, company, or community group with an interest. Ultimately, we hope the findings in this report will be used by organizations that fund health and human service programming, plan and deliver services, or engage in policy and/or systems-level advocacy, as a key resource in ensuring that the most critical needs in our community are being met.