



COMMUNITY HEALTH NEEDS ASSESSMENT

2024

Introduction

A community health needs assessment (CHNA) is a tool used to evaluate the health status of residents and identify areas of concern within the community. Data comes from multiple sources, including input from residents themselves. The long-range goal is to provide focus areas for collaborative action and outreach among community stakeholders and residents.

Under the Patient Protection and Affordable Care Act (ACA), nonprofit, tax-exempt hospitals must conduct a CHNA every three years for their primary service area in collaboration with community partners including public health. As part of the national public health accreditation process, the Erie County Department of Health (ECDH), in order to maintain its current national public health accreditation status, must complete a CHNA every five years in collaboration with community partners including the nonprofit, tax-exempt hospitals within its jurisdiction. The first collaborative CHNA was completed in 2012. A basic community health improvement plan was initiated.

The objectives of the 2024 Erie County Community Health Needs Assessment are to (1) provide a comprehensive overview of the health status of Erie County, (2) identify priority health needs within the county, (3) organize these priorities into strategic issues, (4) share this information with the community at large, including stakeholders, and (5) use these priorities to guide community outreach and future collaborative action among organizations within the community.

Local Public Health System Assessment: Assets and Resources

There are many organizations within Erie County that provide a wide range of services, programs, and opportunities for county residents. Many are listed in PA 211 Northwest (<https://northwest.pa211.org/>) and Erie Sprout Services (<https://www.veracitymeds.com/health-care-resources>), listed by category and can be searched by agency. Included in the list of categories are advocacy, alcohol/drug & addictions, animals, camps, churches, community action, counseling, daycare & after school programs, education, emergency, employment/volunteerism & career, food/clothing/shelter, funeral homes, health care, home health care, hospice, hospitals-full or partial hospitalizations, housing, assisted living, independent living, transitional living, legal concerns/government, mental health/mental retardation, pregnancy & adoption, recreation, senior citizens, services/utilities, support groups, transportation, and veterans.

A broad cross-section of community organizations, including law enforcement and education, partnered to address tobacco issues within the county. They are: Millcreek Township Police Department, City of Erie Police Department, American Cancer Society, Harbor Creek School District, Millcreek Township School District, Erie City School District, Lake Erie College of Osteopathic Medicine School of Pharmacy, UPMC Hamot, Pyramid Healthcare, Multicultural Community Resource Center (MCRC), Wabtec Transportation, Erie County Drug and Alcohol Coalition, Erie Seawolves, Erie Otters, NWPA Pride Alliance, and the Erie County Department of Health which is also the regional program manager for the Northwest Pennsylvania Tobacco Control Program.

Nutrition and physical activity are addressed by the YMCA, the Wellsville Program, the Penn State Cooperative Extension, Early Connections (an early childhood focused organization), Kid's Cafes, individual hospital health and wellness initiatives, and individual health plans and insurance providers. A list of over one hundred nutrition and physical activity programs can be found in the 2019 Erie County Community Wellness Directory. Physical activity is the focus of the Erie Walks initiative and the Click Start Your Heart initiative.

Currently, there are approximately twenty organizations and facilities within Erie County that address alcohol and drugs, approximately twenty organizations and facilities that provide emergency and crisis intervention, over twenty organizations that provide information and referral services, approximately six organizations that address language and communication problems, and approximately thirty organizations and facilities that provide mental health and mental retardation services.

As part of its community programming, the United Way of Erie County has implemented a community health initiative. The Erie Community Foundation, which offers competitive grants to community groups, maintains Erie Vital Signs, a website that includes health statistics, as a tool for grant seekers. A school-based health center (Wayne Primary Care) operates in an inner-city school, another (Girard School, Community Health Net) operates in West County, and Gannon University, an urban school, focuses efforts on the inner-city neighborhoods surrounding its campus.

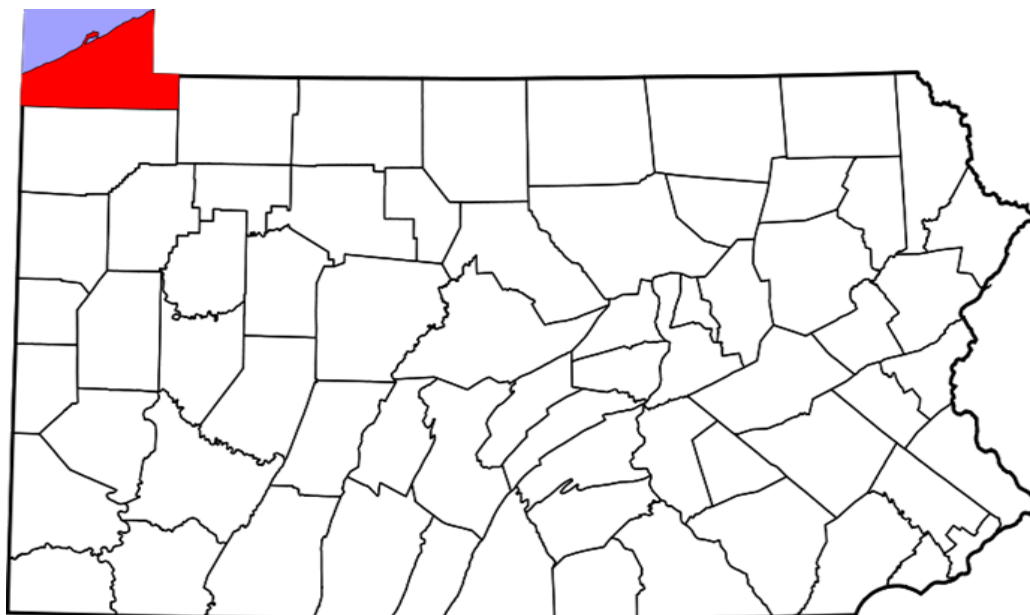
Demographics

Erie County and Its Municipalities

Erie County is located in northwestern Pennsylvania on the south shore of Lake Erie (Figure 1). Established in 1800, it is the Commonwealth's lone link to the Great Lakes. Erie County is bordered on the north by Lake Erie and the province of Ontario, Canada, on the south by Crawford County, Pennsylvania, on the west by Ashtabula County, Ohio, and on the east by Chautauqua County, New York and Warren County, Pennsylvania.

Including land and water areas, Erie is the largest of Pennsylvania's 67 counties, with a total area of 1,558.2 square miles. Overall, 799.2 square miles are land (1.8% of Pennsylvania's total land area), and 759.0 square miles are water (57.9% of Pennsylvania's total water area).

Figure 1. Erie County, Pennsylvania



Erie County's population totaled 269,544 residents in 2023. This amounted to 2.1% of Pennsylvania's population of 12,961,683 and placed Erie as the 16th most populous county in the Commonwealth. The county population was 80.0% urban and 20.0% rural, according to the 2010 Census. <https://worldpopulationreview.com/us-counties/pennsylvania>

The 42 municipalities of Erie County are comprised of 2 cities, 15 boroughs, and 25 townships. The county seat is located in the City of Erie, which is currently the fifth most populous municipality in the state, behind Philadelphia, Pittsburgh, Allentown, and Reading.

https://datacommons.org/ranking/Count_Person/City/geoid/42?h=wikidataId%2FQ4965770

Erie County's 42 municipalities vary greatly in total population, size (land area), and population density. In 2025, municipality populations ranged from a low of 187 residents in Fairview Borough to a high of 91,786 in the City of Erie, land areas ranged from a low of 0.11 square miles in Fairview Borough to a high of 63.22 in Girard Township, and population densities ranged from a low of 9 persons per square mile in Girard Township to a high of 5,851 persons per square mile in Wesleyville Borough. The overall population density of Erie County was 337.5 persons per square mile. <https://worldpopulationreview.com/us-cities/pennsylvania/erie-county>

The ten largest county municipalities in 2025 were the City of Erie (91,786), Millcreek Township (52,509), Fairview Township (17,783), Harborcreek Township (16,472), Northwest Township (9,080), Summit Township (7,227), Edinboro Borough (6,395), North East Township (6,387), Corry (5,991), and Girard Township (4,758). Taken together, these municipalities accounted for about three-quarters of the total county population. <https://worldpopulationreview.com/us-cities/pennsylvania/erie-county>

During the period 1980 to 2024, Erie County's population slowly fell from 279,780 to 265,033, a loss of 14,747 residents, or 5.6%.

https://ipfs.io/ipfs/QmXoypiziW3WknFiJnKLwHCnL72vedxiQkDDP1mXWo6uco/wiki/Erie_County%2C_Pennsylvania.html The City of Erie lost 27,337 residents, dropping from 119,123 to 91,786, a decline of 22.9%. https://en.wikipedia.org/wiki/Demographics_of_Erie,_Pennsylvania

Population by Age and Sex

Of the 269,544 people residing in Erie County in 2023, 135,633 (50.3%) were female and 133,911 (49.7%) were male. With respect to age, 65,057 (24.1%) were under 20 years, 84,007 (31.2%) were ages 20 to 44 years, 68,688 (25.5%) were ages 45 to 64 years, and 51,792 (19.2%) were 65 years and older. Erie Co DOH Data

2023 Population Demographics				
	Erie County, PA		Pennsylvania	
Population	269,544		12,961,683	
Sex and Age				
Male	133,911	49.7%	6,389,335	49.3%
Female	135,633	50.3%	6,572,348	50.7%
Under 5 years	14,127	5.2%	663,339	5.1%
5 to 9 years	15,568	5.8%	706,358	5.4%
10 to 14 years	16,362	6.1%	774,701	6.0%
15 to 19 years	19,000	7.0%	847,344	6.5%
20 to 24 years	18,036	6.7%	798,935	6.2%
25 to 34 years	34,001	12.6%	1,651,405	12.7%
35 to 44 years	31,970	11.9%	1,660,159	12.8%
45 to 54 years	31,732	11.8%	1,524,092	11.8%
55 to 59 years	17,802	6.6%	835,881	6.4%
60 to 64 years	19,154	7.1%	901,515	7.0%
65 years and over	51,792	19.2%	2,597,954	20.0%

Population by Race and Hispanic Origin

Of the 269,544 people residing in Erie County in 2023, 221,949 (82.3%) were White, 17,848 (6.6%) were Black or African American, 5,295 (2.0%) were Asian, 228 (0.1%) were American Indian or Alaska Native, 49 (0.02%) were Native Hawaiian or Other Pacific Islander, and 10,672 (4.0%) were classified as Two or More Races. A total of 12,487 (4.6%) residents were Hispanic, of any race. Erie Co DOH Data

	Erie County, PA		Pennsylvania	
White alone	221,949	82.3%	9,424,491	72.7%
Black or African American alone	17,848	6.6%	1,314,257	10.1%
American Indian and Alaska Native alone	228	0.1%	8,890	0.1%
Asian alone	5,295	2.0%	494,634	3.8%
Native Hawaiian and Other Pacific Islander alone	49	0.0%	2,429	0.0%
Some Other Race alone	1,016	0.4%	67,784	0.5%
Two or More Races	10,672	4.0%	497,438	3.8%
Two races including Some Other Race	2,213	0.8%	138,422	1.1%
Two races excluding Some Other Race, and three or more races	8,459	3.1%	359,016	2.8%
Hispanic or Latino (of any race)	12,487	4.6%	1,151,760	8.9%

Educational Attainment

	Erie County, PA		Pennsylvania	
Less than high school graduate	x	7.4%	x	18.4%
High school graduate (includes equivalency)	x	37.5%	x	22.4%
Some college or associate's degree	x	25.4%	x	17.8%
Bachelor's degree	x	18.6%	x	20.7%
Graduate or professional degree	x	11.1%	x	20.7%

Language Spoken

	Erie County, PA		Pennsylvania	
English only	x	93.4%	x	87.0%
Language other than English	x	6.6%	x	13.0%

Employment Status (of those in labor force)

	Erie County, PA		Pennsylvania	
Employed	x	55.7%	x	64.4%
Unemployed	x	3.3%	x	3.5%

Population Below Poverty Level

	Erie County, PA		Pennsylvania	
All people	x	15.4%	x	11.8%
<18 years	x	16.0%	x	21.8%
18-64 years	x	11.1%	x	15.0%
65+ years	x	9.4%	x	9.7%
White alone	x	8.9%	x	13.0%
Black or African American alone	x	24.2%	x	33.9%
American Indian and Alaska Native alone	x	26.1%	x	12.9%
Asian alone	x	12.2%	x	16.0%
Native Hawaiian and Other Pacific Islander alone	x	18.8%	x	51.0%
Some other race alone	x	27.1%	x	28.2%
Two or more races	x	17.1%	x	26.2%
Hispanic or Latino origin (of any race)	x	23.8%	x	28.1%

Underlying Cause of Death

	2023 Age-Adjusted Rate	
Underlying Cause of Death	Erie County, PA	Pennsylvania
Accidental discharge of firearms	0	0.1
Accidental drug poisoning	43.7	33.7
Accidental poisoning and exposure to noxious substances	43.7	34.4
Accidents	73	63.8
Accidents, motor vehicle	12.4	9.3
Accidents, nontransport	60.2	53.8
Accidents, other transport, not motor vehicles	0	0.7
Accidents, transport	12.8	10.1
Acute myocardial infarction	21.4	22.3
All causes of death	832.7	768.3
Alzheimer's disease	18.4	20.9
Anemias	0	2.1
Asthma	0	1
Atherosclerosis	0	0.6
Atherosclerotic cardiovascular disease	4.4	17.3
Bronchitis, chronic and unspecified	0	0.1
Cancer	153.9	147.1
Cancer of brain/other nervous system	5.1	4.6
Cancer of breast	9	10
Cancer of cervix uteri (F)	0	1
Cancer of colon and rectum	12.7	13

Cancer of corpus/uterus, NOS (F)	3.8	2.9
Cancer of esophagus	4.6	4.5
Cancer of kidney and renal pelvis	0	3.3
Cancer of larynx	0	1.1
Cancer of liver and intrahepatic bile ducts	7.8	6.3
Cancer of lung and bronchus	36.5	31.2
Cancer of oral cavity and pharynx	0	2.4
Cancer of ovary (F)	4	3.1
Cancer of pancreas	10.8	12.3
Cancer of prostate (M)	6.6	7.2
Cancer of stomach	2.4	2.2
Cancer of the testis (M)	0	0.1
Cancer of thyroid	0	0.5
Cancer of urinary bladder	5.6	4.4
Cancer, Hodgkin lymphoma	0	0.2
Cancer, leukemia	6.1	5.9
Cancer, melanoma of skin	0	2
Cancer, myeloma	3.1	2.8
Cancer, non-Hodgkin lymphoma	3	4.7
Cardiovascular diseases (major)	219.3	213.5
Cerebrovascular diseases	37.1	34.4
Cholelithiasis and other disorders of gallbladder	0	1
Chronic lower respiratory diseases	36.7	30.9
Complications of medical and surgical care	0	0.8
Congenital malformations, deformations, chromosomal abnormalities	0	2.9
Coronary heart disease	74.2	92.5
COVID-19	16.3	12.9
Diabetes mellitus	18.9	20.3
Digestive system	39.9	30.6
Drowning and submersion, accidental	0	0.7
Drug-induced deaths	46.8	36.8
Emphysema	0	1.7
Epilepsy	0	1.1
External cause of death, injury and accidents	100.8	86.9
Falls	7.7	12.2
Fire, smoke, and flames (accidental)	0	1
Firearm related injuries (accidental, suicide, homicide, undetermined, legal interv.)	14.4	13.5
Genitourinary system	25.4	21.6
Heart disease	167	165.3
Heart failure	42.6	28.8
Homicide (assault)	6	7.5
Homicide (assault), by discharge of firearm	4.7	5.8

Human immunodeficiency virus (HIV) disease	0	0.7
Hypertension (essential/primary) and hypertensive renal disease	8.5	7.6
Hypertensive heart and renal disease	0	2.8
Hypertensive heart disease	3.5	10.6
In situ, benign and uncertain neoplasms	5.8	4.2
Infectious and parasitic diseases	18.5	20.3
Influenza	0	1
Influenza and pneumonia	9.6	10.9
Ischemic heart diseases	69.2	79.4
Liver disease, chronic and cirrhosis	14	10.1
Liver, alcoholic liver disease	5.7	4.5
Malnutrition	5.7	5.9
Meningitis	0	0.2
Mental and behavioral disorders	41.6	40.7
Multiple sclerosis	0	1.2
Nephritis, nephrotic syndrome and nephrosis	19.5	16.2
Nutritional deficiencies	5.7	6
Pancreas and biliary tract disorders	0	1.8
Parkinson's disease	6.7	9.4
Peptic ulcer	0	0.8
Perinatal conditions	0	3.9
Phlebitis, thrombophlebitis, venous embolism and thrombosis	0	0.8
Pneumoconiosis	0	0.2
Pneumonia	8.6	9.9
Pneumonitis due to solids and liquids	4.8	6
Poisoning (accidental, suicide, homicide, undetermined, legal interv.)	46.3	37.2
Renal failure	18.7	16
Rheumatic fever (acute) and chronic rheumatic heart diseases	0	1.2
Rheumatoid arthritis and related inflammatory polyarthropathies	0	0.5
Septicemia	13.6	13.8
Suffocation and strangulation	9	6.2
Suicide (intentional self-harm)	19.3	14.1
Suicide (intentional self-harm), by firearm	9.7	7.4
Suicide (intentional self-harm), not firearm, other or unknown	9.6	6.7
Tuberculosis	0	0.1
Viral disease	3.1	2.5
Viral hepatitis	0	0.5

Cancer Rate per 100,000 (2017-2021)

	<u>Erie</u>	<u>Pennsylvania</u>
All Cancers	464.3	440

Cancer Rate per 100,000 by Race (2017-2021)

Race	Rate
All Races	904.3
Asian/Pacific Islander	0
Black	578.7
Hispanic	0
White	461.1

Cancer Rate per 100,000 by Sex (2017-2021)

Sex	Rate
Female	441.4
Male	498.2

Cancer Rate per 100,000 by Site (2017-2021)

Cancer Site	<u>Erie</u>	<u>Pennsylvania</u>
All Cancers	464.3	440.0
All Cancers Excluding Lymphomas	483.7	464.6
Brain and Other Nervous System	7.8	6.7
Breast	83.4	84.7
Cervix Uteri (F)	0.0	0.0
Colon and Rectum	38.5	38.7
Corpus and Uterus, NOS (F)	0.0	0.0
Esophagus	7.0	5.4
Hodgkin Lymphoma	2.9	2.9
Kidney and Renal Pelvis	17.1	16.5
Larynx	4.5	3.3
Leukemia	13.2	13.5
Liver and Intrahepatic Bile Duct	8.0	8.1
Lung and Bronchus	63.5	56.8
Melanoma of the Skin	24.7	31.4
Myeloma	6.2	6.7

Non-Hodgkin Lymphoma	22.8	18.8
Oral Cavity and Pharynx	13.9	12.4
Ovary (F)	0.0	0.0
Pancreas	13.9	14.5
Prostate (M)	0.0	0.0
Stomach	5.2	6.0
Testis (M)	0.0	0.0
Thyroid	18.2	15.9
Urinary Bladder	37.6	31.2

Cancer Rate per 100,000 by Age Group (2017-2021)

Age Group	Rate
< 1	50.8
< 15	19.9
< 20	19.9
< 40	57.9
< 50	107.2
1 to 4	16.5
10 to 14	19.1
15 to 19	20.1
20 to 24	36.0
25 to 29	73.3
30 to 34	116.8
35 to 39	156.6
40 to 44	230.3
40+	1166.5
45 to 49	412.8
5 to 9	17.9
50 to 54	649.9
50+	1413.1
55 to 59	878.4
60 to 64	1243.2
65 to 69	1684.3
70 to 74	1976.9
75 to 79	2232.2
80 to 84	2183.1
85+	1972.4

Cancer Rate per 100,000 by Site and Year (2017-2021)

Cancer Site	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>
All Cancers	461.9	446.7	468.1	460.9	484.6
All Cancers Excluding Lymphomas	480.2	458.7	490.0	481.1	509.5
Brain and Other Nervous System	7.9	6.6	9.1	8.7	8.2
Breast	72.5	74.0	90.9	83.7	95.0
Cervix Uteri (F)	0.0	0.0	0.0	0.0	0.0
Colon and Rectum	39.8	37.3	38.5	36.6	45.1
Corpus and Uterus, NOS (F)	0.0	0.0	0.0	0.0	0.0
Esophagus	7.3	5.3	7.9	7.4	7.3
Hodgkin Lymphoma	2.9	5.1	2.6	3.0	2.2
Kidney and Renal Pelvis	14.3	15.0	17.0	17.9	21.2
Larynx	6.0	6.2	7.0	5.5	4.1
Leukemia	15.1	10.7	12.1	14.2	14.4
Liver and Intrahepatic Bile Duct	7.9	7.9	8.3	9.3	6.4
Lung and Bronchus	64.1	63.3	66.6	63.3	60.4
Melanoma of the Skin	27.7	22.1	29.3	23.6	21.8
Myeloma	6.7	6.2	6.3	6.1	5.5
Non-Hodgkin Lymphoma	21.5	22.6	22.3	24.2	23.1
Oral Cavity and Pharynx	12.8	13.8	13.0	14.9	15.0
Ovary (F)	0.0	0.0	0.0	0.0	0.0
Pancreas	13.8	13.5	15.5	14.8	11.9
Prostate (M)	0.0	0.0	0.0	0.0	0.0
Stomach	5.1	7.7	7.0	6.3	6.3
Testis (M)	0.0	0.0	0.0	0.0	0.0
Thyroid	18.8	16.0	19.3	15.8	20.9
Urinary Bladder	39.0	38.7	27.9	41.0	41.6

Social and Physical Environment

Because of its location on Lake Erie, Erie County has a robust tourist industry. Presque Isle State Park, a peninsula that extends into Lake Erie, offers sandy beaches and recreational opportunities. Erie County also has many park trails, bicycle paths, and hiking trails. A large number of religious, civic, and social organizations in the county provide opportunities for social engagement. Housing is affordable but many properties are poorly maintained, especially within the City of Erie. In Erie County, 27% of housing units were built in 1939 or earlier; 66% of housing units are owner-occupied with a median value of \$175,000; median rent is \$1100; and although the median household income is \$43,397, 26% of all households had income below \$25,000. Erie County offers several subsidized housing options including HUD apartments, Section 8 apartments, public housing apartments, and non-profit low income apartments. The City of Erie is beginning downtown transformation and neighborhood revitalization initiatives to address urban decline and blight. Erie County has a public transportation system with routes concentrated in the City of

Erie and surrounding areas and limited service to other areas of the county. The primary mode of transportation is by motor vehicle. There are two public airports in Erie County and one hosts three national airlines. Group and gun violence had become areas of concern in Erie County. Unified Erie, a collaborative violence reduction initiative, was formed in 2010 to address this issue. Since 2014 there has been improvement in 5 indicators used to measure group violence.

Environmental Health

Erie County Department of Health oversees food safety, water pollution, the water supply of public facilities, public bathing quality, beach water monitoring and notification, and camps and campgrounds. The department also oversees schools, manufactured home parks, body art establishments, and vector control. Air quality is regulated by the state.

Physician Shortage

Undoubtedly health care cost will rise and the need for additional health care providers will grow as the U.S. population grows older. Primary care physicians and specialists are vital to communities as they assist in the health and care coordination of community residents. Impacted by the growing need for more primary care and specialty physicians in the region, LECOM Health must grapple with this community concern. In addition to manpower issues, transportation difficulties in rural regions create accessibility problems to health care services and impact how rural residents obtain care. It is clear that the need for physicians will grow; however, it is also imperative to support and provide pathways to assist residents in obtaining care in order to reduce and close the gaps in health care disparities. As primary care and specialty physicians tend to practice in more populated communities' rural residents are forced to travel further for services – making access to services more difficult. It will be important for LECOM Health to seek innovative and thoughtful ways to fill this transportation issue.

Care Coordination

Health system navigation is an approach to reduce barriers to care. Patients with health and social support needs experience gaps in service delivery and often require assistance. Care coordinators assist those in chronic care settings or larger integrated health networks because they help patients “navigate” the health care system. Care coordinators educate consumers and provide the skills to properly access and self-manage their health care effectively. Health care coordinators assist patients through the logistical infrastructure in health insurance coverage or undergoing complex care management regimens. Assisting patients in a complex health care environment empowers patients to be confident and become self-reliant to ensure their interactions can be more effective. Care coordinators are vital to the health system because they assist patients in understanding an industry that can often be complicated. Roles and responsibilities can include assisting patients to find and access treatment, understanding their illnesses/disease, and understanding their care plans. Without care coordinators, the inability to obtain assistance can hinder a patient's ability to obtain care or adequately recuperate from an injury. Care coordinators can also streamline and ease the discharge process. Health care providers use care coordination to organize patient care events and share patient information with all of the health care participants and caregivers concerned with the patient's outcome to achieve safe and more effective care. Care coordination can assist residents and address potential gaps in meeting educational, medical,

social, and financial needs in order to achieve optimal health. Both navigation and care coordination are intertwined as they aim to achieve the desired result of assisting the patient with their health care needs. Geography, economics, and culture contribute to how residents obtain care. Health care access plays a tremendous role on an individual's overall health. Transportation, care coordination, and navigation were identified as issues in the current community cycle; thus, LECOM Health will explore strategies to address this need. Access to health care services is critical to good health, yet residents still face a variety of access barriers. Access to services such as primary care, dental care, behavioral health, emergency care, and public health services should be convenient and available. Access to health care can improve one's overall health status, improve quality of life, reduce diseases, and provide treatment to illnesses and other abnormalities.

Behavior Health

Behavioral health, which includes mental health and substance abuse, affects families and individuals throughout the United States. The disease and the number of residents diagnosed with the disease continue to grow exponentially. Along with the growth, the needs for mental health services and substance abuse programs have not diminished. According to the National Institute of Health, in 2022, 59.3 million adults live with a mental health disorder and of those 30 million (50.6%) received mental health treatment. This number represents 23.1 million of all U.S. adults. Regrettably, behavioral health disorders affect nearly one in five Americans and have community-wide impacts. While hospitals and health systems provide essential behavioral health care services every day, timely access to affordable services remains a significant challenge for many Americans. It has been shown that increasing access to behavioral health services can improve outcomes and lower health care costs. Genetics and socioeconomic are factors in individuals who are diagnosed with a mental health problem, and often times societal factors increase the likelihood for one to engage in unhealthy life choices such as alcohol and drug use. The 2024 CHNA prioritized behavioral health as a top need and continues to highlight the need for additional mental health and substance abuse services and programs regionally. LECOM Medical Center and Behavioral Health Pavilion Behavioral Health programs were originally established in 2001 to fulfill an urgent need for psychiatric inpatient services in our community. Since that time, LECOM has grown to be the region's largest provider of quality inpatient psychiatric treatment. LECOM's outpatient behavioral health wing, LECOM Institute for Behavioral Health, was established in 2020 to provide compassionate outpatient psychiatric assessment and medication management services to individuals across the lifespan. LECOM is dedicated to meeting the behavioral health needs of individuals residing throughout our community.

In October of 2024, LECOM was awarded three grants for behavioral health initiatives. These three grants further LECOM's mission of providing help and hope to others across the behavioral health continuum across the tri-state area. Details on the three grants awarded to LECOM are as follows:

- **Bridges for Older Adults:** The Administration on Aging selected LECOM as the sole recipient nationwide of a 3.26 million cooperative agreement to launch the Behavioral Health Resources for Integrated Development, Growth, Engagement, and Support (BRIDGES) for Older Adults). This three-year national project will bring together LECOM Health's two largest service lines-Behavioral Health and the Senior Service line-to address the critical behavioral health needs of older adults with the goal of enhancing their

participation in evidence-based health promotion programs across the country.

- **Erie County Project LAUNCH:** The Substance Abuse and Mental health Services Administration (SAMHSA)'S Linking Actions for Unmet Needs in Children's Health (LAUNCH) program awarded a \$4 million grant over five years. This project will be driven by the Achievement Center of LECOM Health and will enable LECOM Health and dozens of regional partners to establish Erie County Project LAUNCH, with the goal of promoting the social, emotional, cognitive, physical, and behavioral development of children from birth to 8 years of age across Erie County, PA.
- **HEAL-BH:** The Health Resources and Service Administration (HRSA) awarded LECOM a \$1.75 million grant for the Health Expansion and Access with LECOM Behavioral Health (HEAL-BH) program, a strategic expansion of telebehavioral health services via primary care settings to underserved and rural communities, specifically targeting areas of Ashtabula County, Ohio, and Chautauqua County, N.Y. This project is led by the LECOM Institute for Behavioral Health.

These three grants will allow LECOM Health to address the needs in our communities but also set new standards of care and support for those that LECOM serves.

With Erie County's senior population now approaching one out of four residents, LECOM Health is committed to wellness for this growing age group. Under the leadership of James Lin, D.O., Geriatrician and president of the LECOM Institute for Successful Living, LECOM Health has continuously expanded its senior service line to include a full continuum of care, now offering independent living and personal care apartments, skilled nursing care, memory care, outpatient services, and post-acute long-term care services, including in-home care, home health, and hospice care services, housed within the LECOM Institute for Successful Living.

As part of its commitment to wellness for this growing age group, LECOM Parkside Senior Living Communities offer independent living and personal care facilities, located in Corry, Erie, North East and Millcreek. LECOM Parkside Communities include **Parkside Regency at South Shore**, Parkside at Elmwood, **Parkside at Glenwood**, **Parkside at North East**, **Parkside at Corry**, and **Parkside at Westminster** in Millcreek. LECOM's skilled nursing facilities include the **LECOM Senior Living Center**, **LECOM at Village Square**, **LECOM Nursing and Rehabilitation**, and **LECOM at Elmwood Gardens**. The Institute will make available its geriatric health services to any resident who wishes to receive care through the Institute, including primary care providers, specialists, and consulting services. LECOM Senior Living strives to create a healthy and proactive environment that values keeping older adults independent in their decisions through each part of the continuum of care. LECOM Health is continuing to embrace its commitment to provide high-quality, ethical and empathetic resident-centered care to serve the needs of a diverse population.

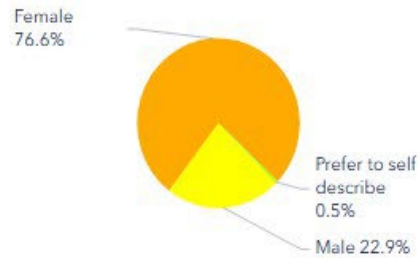
2024 Community Health Needs Assessment Survey Findings

Survey conducted by Erie County Department of Health

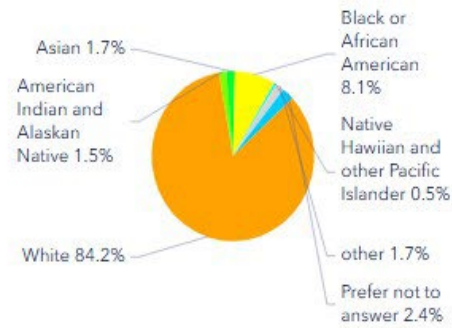
Demographic Breakdown of Respondents

Gender	Race	Ethnicity	Age
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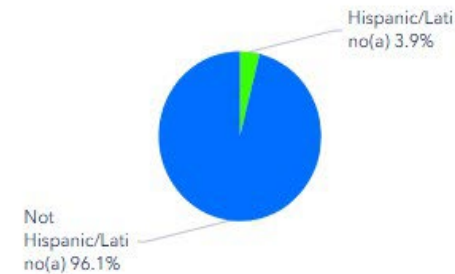
Survey Responses



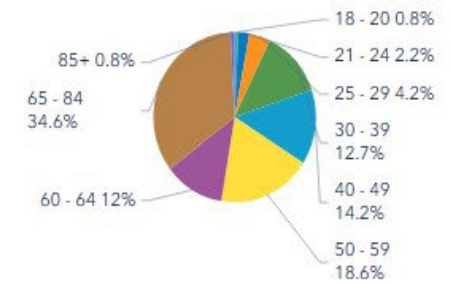
Survey Responses



Survey Responses

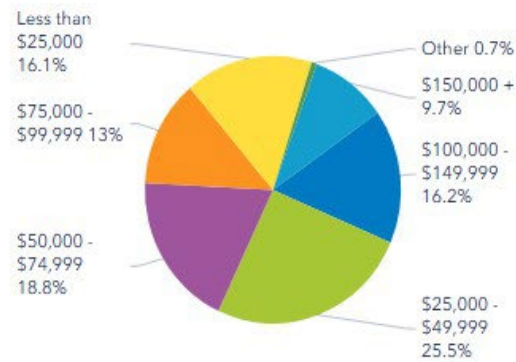


Survey Responses

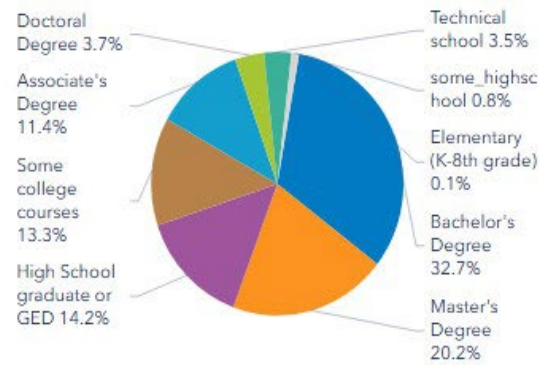


Income	Education	Group Identity
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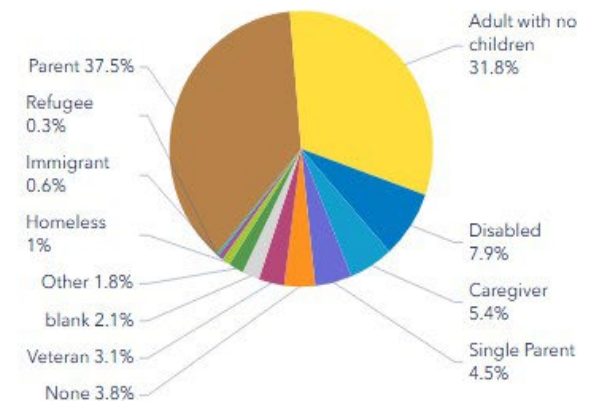
Survey Responses



Survey Responses



Group Identity



Gender

- Female: 76.6%
- Male: 22.9%
- Prefer to self-describe: 0.5%

Race

- White: 84.2%
- Black or African American: 8.1%
- Asian: 1.7%
- American Indian and Alaskan Native: 1.5%
- Native Hawaiian and other Pacific Islander: 0.5%
- Other: 1.7%
- Prefer not to answer: 2.4%

Ethnicity

- Not Hispanic/Latino(a): 96.1%
- Hispanic/Latino(a): 3.9%

Age Distribution

Summary

The survey respondents primarily consisted of white (84.2%), non-Hispanic (96.1%) females (76.6%) with a strong representation of older adults, as 34.6% were between ages 65-84. Most respondents had at least a high school education, with 32.7% holding a Bachelor's degree. Income levels varied, but the largest portion (25.5%) earned between \$25,000 - \$49,999. Parents made up 37.5% of the sample, while 7.9% identified as disabled.

- 18 - 20 years: 0.8%
- 21 - 24 years: 2.2%
- 25 - 29 years: 4.2%
- 30 - 39 years: 12.7%
- 40 - 49 years: 14.2%
- 50 - 59 years: 18.6%
- 60 - 64 years: 12%
- 65 - 84 years: 34.6%
- 85+ years: 0.8%

Income

- Less than \$25,000: 16.1%
- \$25,000 - \$49,999: 25.5%
- \$50,000 - \$74,999: 18.8%
- \$75,000 - \$99,999: 13%
- \$100,000 - \$149,999: 16.2%
- \$150,000+: 9.7%
- Other: 0.7%

Education

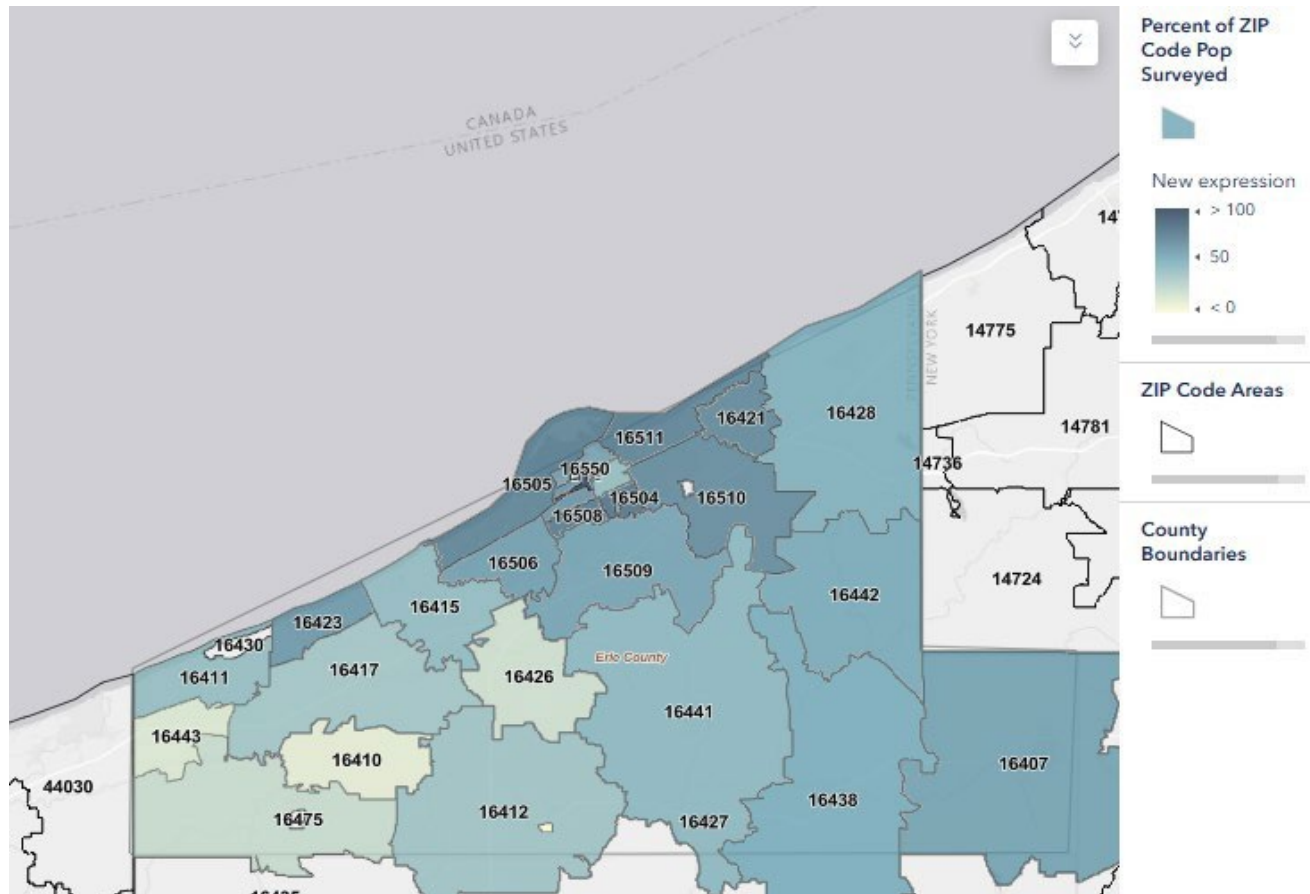
- Elementary (K-8th grade): 0.1%
- Some high school: 0.8%
- High school graduate or GED: 14.2%
- Some college courses: 13.3%
- Associate's Degree: 11.4%
- Bachelor's Degree: 32.7%
- Master's Degree: 20.2%
- Doctoral Degree: 3.7%
- Technical school: 3.5%

Group Identity

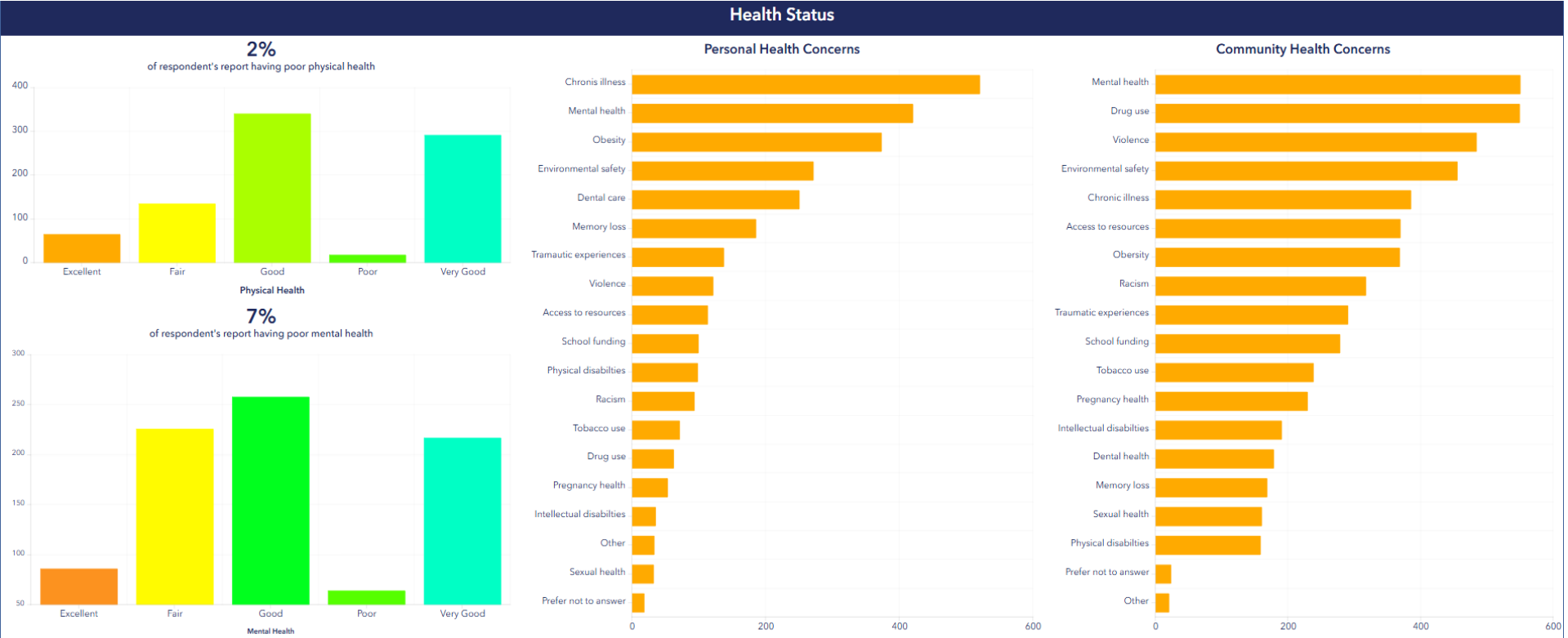
- Parent: 37.5%
- Adult with no children: 31.8%
- Disabled: 7.9%
- Caregiver: 5.4%
- Single Parent: 4.5%
- Veteran: 3.1%
- None: 3.8%
- Other: 1.8%
- Homeless: 1%
- Refugee: 0.3%
- Immigrant: 0.6%
- Blank (not disclosed): 2.1%

Key Insights from the Map:

- **Higher Survey Response Areas:** Darker blue regions, particularly around ZIP codes in and near the City of Erie (e.g., 16501, 16504, 16505, 16508, 16510, 16511), indicate higher percentages of residents who participated in the survey.
- **Lower Survey Response Areas:** Lighter blue and beige areas, primarily in rural or less densely populated ZIP codes (e.g., 16410, 16412, 16417), show a lower proportion of survey respondents relative to the total population in those regions.
- **Geographic Representation:** The survey includes both urban and rural perspectives, though participation was more concentrated in urban ZIP codes.



Health Status and Concerns



Key Findings:

Physical and Mental Health Self-Assessment

- **Physical Health:**
 - Only **2%** of respondents reported poor physical health.
 - The majority rated their physical health as **good** or **very good**.
- **Mental Health:**
 - **7%** reported having poor mental health.
 - While most respondents rated their mental health as **good** or **very good**, the percentage of those reporting poor mental health is notably higher than those reporting poor physical health.

Top Personal Health Concerns

1. **Chronic illness** (highest concern)
2. **Mental health**
3. **Obesity**
4. **Environmental safety**
5. **Dental care**
6. **Memory loss**
7. **Traumatic experiences**
8. **Violence**
9. **Access to resources**
10. **School funding**

Top Community Health Concerns

1. **Mental health** (leading concern)
2. **Drug use**
3. **Violence**
4. **Environmental safety**
5. **Chronic illness**
6. **Access to resources**
7. **Obesity**
8. **Racism**
9. **Traumatic experiences**
10. **School funding**

Analysis:

- **Mental health is the top community concern** and a significant **personal concern**, suggesting the need for increased mental health services.
- **Drug use and violence** rank high as community concerns, pointing to public safety and substance abuse issues.
- **Chronic illness and obesity** appear in both lists, highlighting long-term health challenges faced by the community.
- **Environmental safety, access to resources, and racism** suggest broader social determinants affecting health.

Health Care Access Overview

The community health needs assessment survey for Erie County highlights critical barriers residents face in accessing health care services. The findings reveal gaps in health care coverage, access to primary care, and availability of dental and mental health care.

Key Findings

1. Health Insurance Coverage

- **3% of respondents** reported not having health care insurance or coverage.
- While the majority have health insurance, a small but significant portion remains uninsured, which may impact their ability to seek timely and affordable care.

2. Primary Care Access

- **7% of respondents** do not have a primary care provider.
- This gap suggests potential difficulties in managing chronic conditions, receiving preventive care, and addressing acute health needs.

3. Dental Care Access

- **16% of respondents** are unable to access dental care when needed.
- Cost and the inability to find a provider are the most cited barriers. Long wait times and provider availability also pose significant challenges.

4. Mental Health Care Access

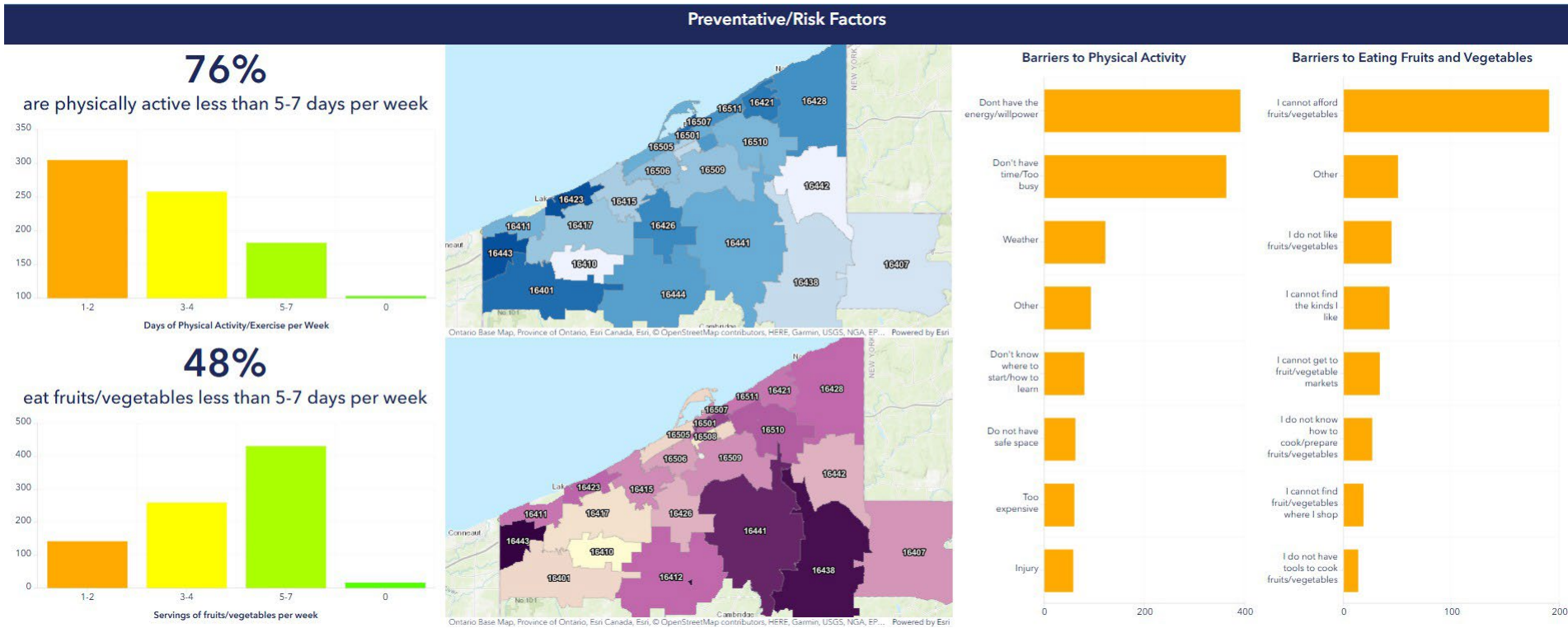
- **13% of respondents** are unable to access mental health care.
- The primary barriers include difficulties in finding a provider, long wait times, and discomfort with providers. Additional concerns include stigma, lack of insurance, and logistical challenges such as transportation and childcare.

Barriers to Health Care

Across all three domains (general, dental, and mental health care), several common barriers emerge:

1. **Wait Times:** Consistently reported as a top barrier across all services, indicating a need to reduce delays in accessing care.
2. **Provider Availability:** Difficulty finding providers is a major concern, especially for mental health services.
3. **Cost:** This remains a significant obstacle, particularly for dental care, emphasizing the need for affordable care options.
4. **Mistrust and Stigma:** Particularly for mental health care, these factors highlight the importance of community outreach and education to reduce stigma and build trust.
5. **Logistical Challenges:** Transportation, childcare, and the ability to take time off work are additional obstacles impacting access to care.

Preventative and Risk Factors Overview



The community health needs assessment highlights significant concerns related to physical activity and nutrition among Erie County residents. These factors directly impact overall health outcomes and indicate areas where intervention may improve community well-being.

Key Findings

1. Physical Activity Levels

- **76% of respondents** report being physically active for **less than 5-7 days per week**, indicating low adherence to recommended physical activity guidelines.
- The most common frequency is **1-2 days per week**, with very few respondents reporting no physical activity.

2. Fruit and Vegetable Consumption

- **48% of respondents** consume fruits and vegetables **less than 5-7 days per week**, falling short of recommended dietary guidelines. A substantial proportion of respondents consume fruits and vegetables only **3-4 days per week**, suggesting inconsistent healthy eating habits.

Geographic Variability

The maps indicate geographic disparities in physical activity and nutrition across different zip codes:

- **Northern Erie County** appears to have higher levels of physical activity and fruit/vegetable consumption compared to **southern regions**, which show lower levels of both.
- Certain zip codes (e.g., 16407, 16438) stand out as areas with particularly low engagement in healthy behaviors, suggesting a need for targeted interventions.

Barriers to Healthy Behaviors

1. Barriers to Physical Activity

- **Lack of energy or willpower** and **time constraints** are the most frequently reported barriers.
- Other notable challenges include **weather conditions**, **lack of knowledge on where to start**, and **lack of a safe space** to exercise.

2. Barriers to Eating Fruits and Vegetables

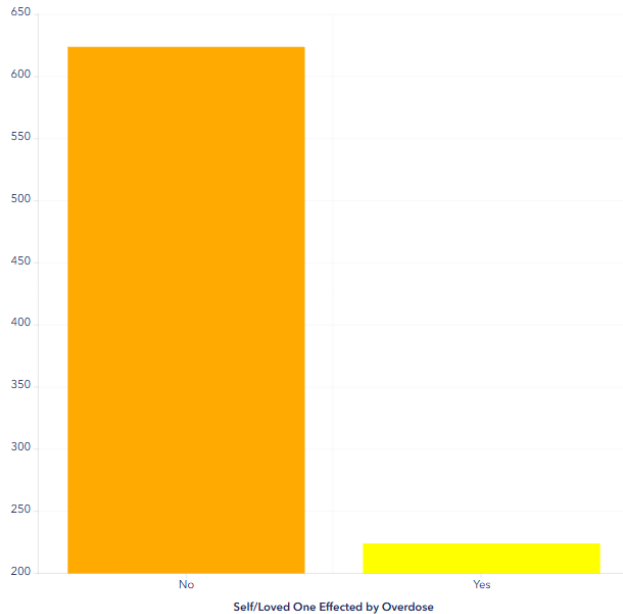
- **Cost** is the most significant barrier, with many respondents reporting they **cannot afford fruits and vegetables**.
- Additional barriers include **dislike of certain fruits/vegetables**, **difficulty accessing markets**, and **lack of knowledge about preparation**.

Substance Abuse Analysis

Substance Abuse

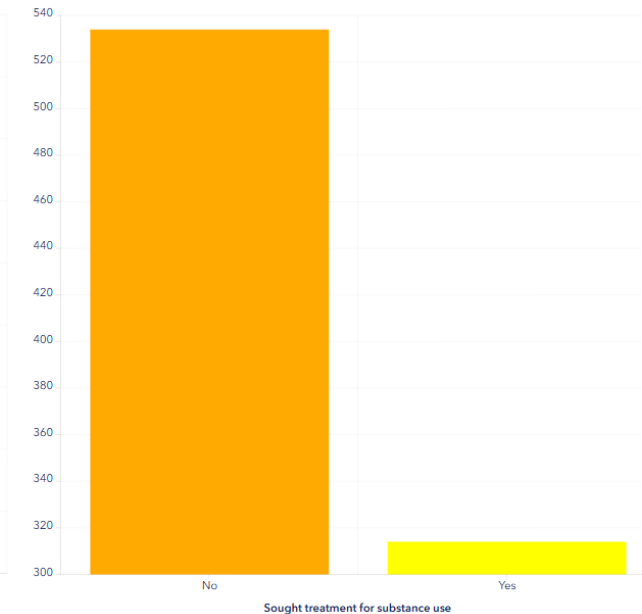
26%

have been/have a loved one who has been effected by overdose



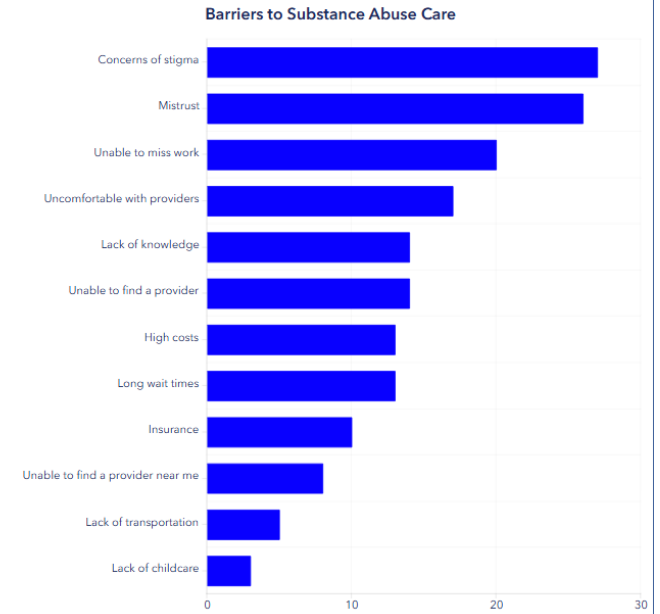
36%

have/have a loved one who has sought treatment for substance abuse



12%

Have experienced barriers in accessing care for substance abuse



Key Findings:

1. Impact of Overdose on the Community

- **26%** of respondents reported that they or a loved one have been affected by overdose.
- This statistic indicates that more than a quarter of the community has been directly or indirectly impacted by the substance abuse crisis, highlighting the need for prevention and support services.

2. Treatment for Substance Abuse

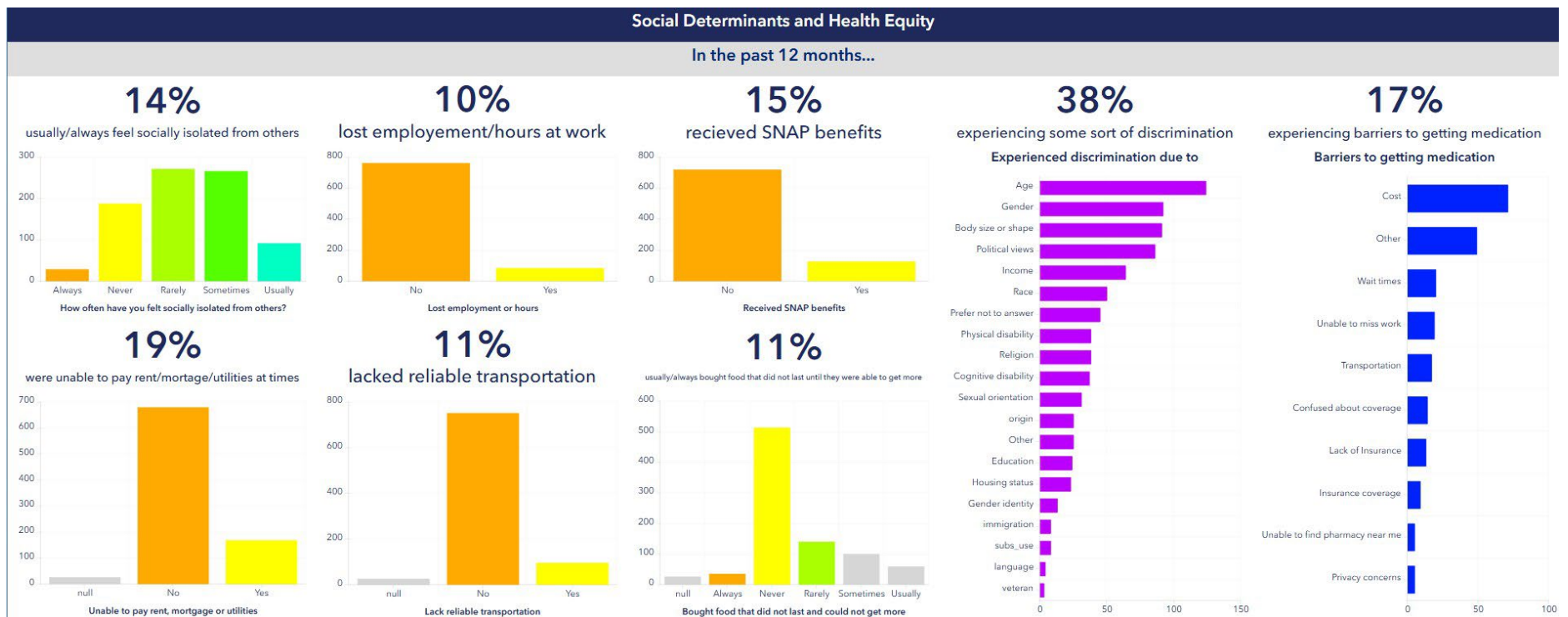
- **36%** of respondents reported that they or a loved one have sought treatment for substance abuse.
- This figure suggests a substantial portion of the community has engaged with substance abuse treatment services, pointing to both

the prevalence of substance use issues and the demand for effective treatment programs.

3. Barriers to Accessing Substance Abuse Care

- **12%** of respondents have experienced barriers when attempting to access care for substance abuse.
 - The most commonly reported barriers include:
 - **Concerns of stigma** – The most significant barrier, reflecting how social attitudes and fear of judgment deter people from seeking help.
 - **Mistrust** – Indicates a lack of confidence in healthcare providers or the system.
 - **Unable to miss work** – Suggests that employment-related challenges prevent people from prioritizing treatment.
 - **Uncomfortable with providers** – Highlights the need for more patient-centered, trauma-informed care.
 - **Lack of knowledge** – Suggests the community may not fully understand available services or treatment pathways.
- Additional barriers include **high costs, long wait times, and insurance-related challenges**, which point to structural and financial obstacles in accessing care.

Social Determinants and Health Equity



Key Findings:

1. Social Isolation

- **14%** of respondents usually or always feel socially isolated from others.
- Social isolation can negatively impact mental and physical health, increasing the risk of chronic conditions and poor well-being.

2. Employment and Financial Stability

- **10%** reported losing employment or work hours.
- **19%** experienced an inability to pay rent, mortgage, or utilities at times.
- **15%** received **SNAP benefits** (Supplemental Nutrition Assistance Program), indicating reliance on food assistance programs.

3. Food and Transportation Insecurity

- **11%** lacked reliable transportation, which can hinder access to healthcare, employment, and other essential services.

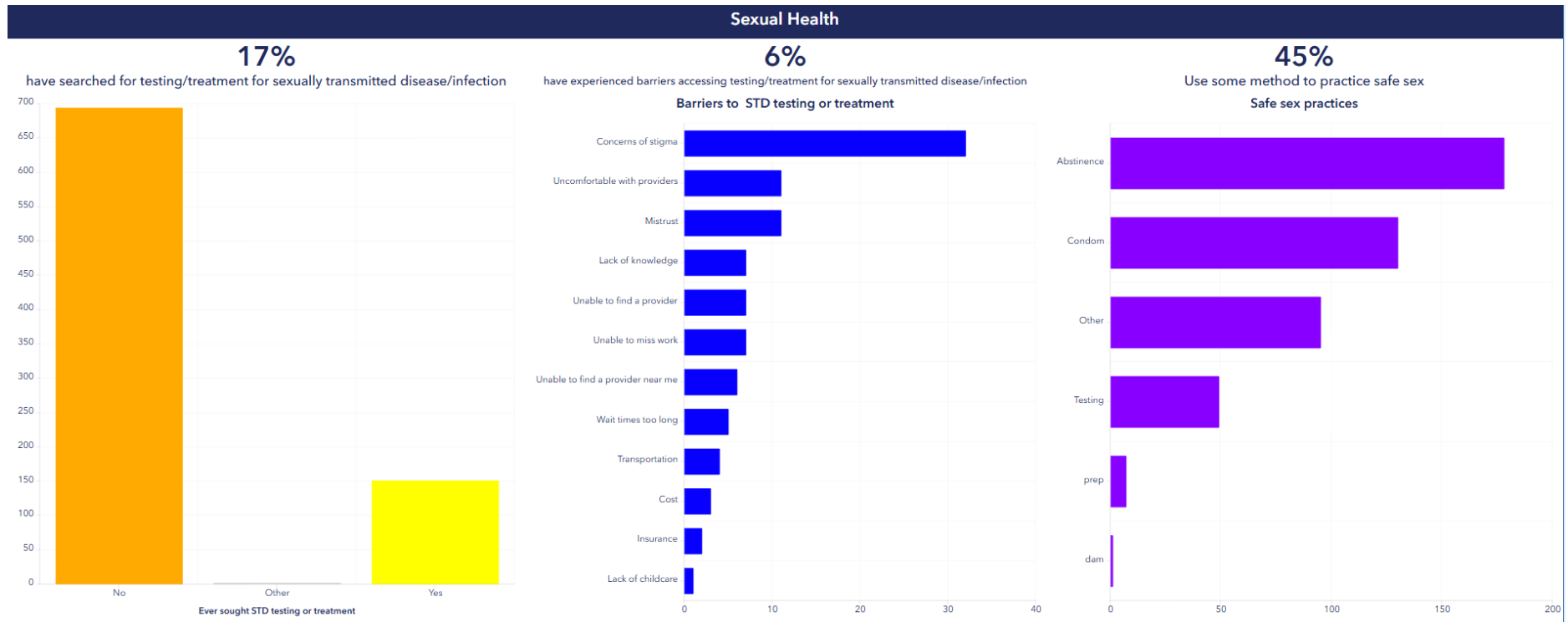
4. **11%** usually or always purchased food that did not last, reflecting **food insecurity**. **Discrimination**

- **38%** experienced **some form of discrimination** in the past 12 months.
- The most common bases for discrimination included:
 - **Age**
 - **Gender**
 - **Body size or shape**
 - **Political views**
 - **Income**
 - **Race**

5. Barriers to Medication Access

- **17%** faced **barriers to getting medication**, with the most significant issues being:
 - **Cost** – The most commonly reported barrier.
 - **Wait times** and **unable to miss work** – Highlight structural issues in healthcare delivery.

Sexual Health



Key Findings:

1. STD Testing and Treatment

- **17%** of respondents have searched for **testing or treatment** for sexually transmitted infections (STIs/STDs).
- The majority (**83%**) have **not** sought STD-related healthcare services.

2. Barriers to STD Testing and Treatment

- **6%** of respondents reported facing **barriers** to accessing STD testing or treatment.
- The most common barriers include:
 - **Concerns of stigma** – The most frequently reported challenge.
 - **Discomfort with providers** – Feeling uneasy when discussing sexual health.
 - **Mistrust** – A lack of trust in healthcare providers.

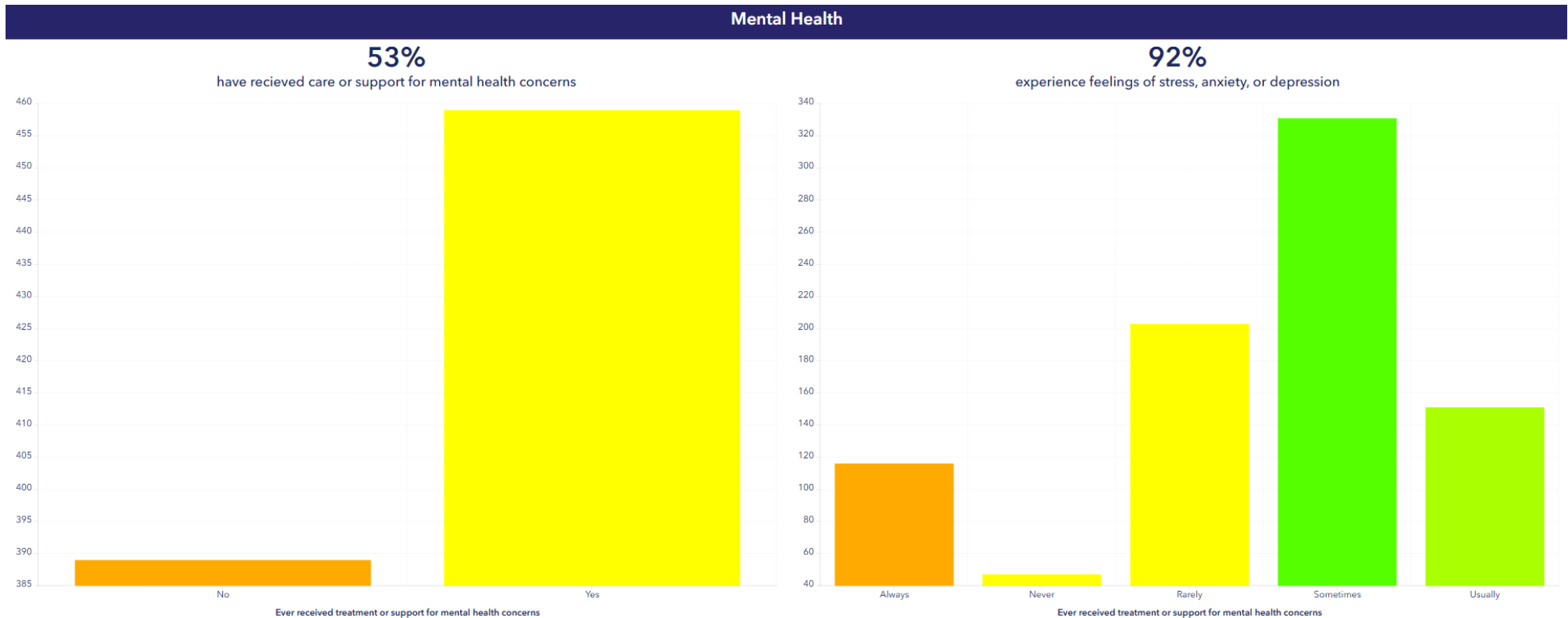
3. Lack of knowledge – Limited understanding of available services.

4.

Safe Sex Practices

- **45%** of respondents report using **some method** to practice **safe sex**.
- The most common practices include:
 - **Abstinence** – The leading method reported.
 - **Condom use** – The second most commonly used method.
 - **Other methods** – Various alternative protective strategies.

Mental Health



Key Findings:

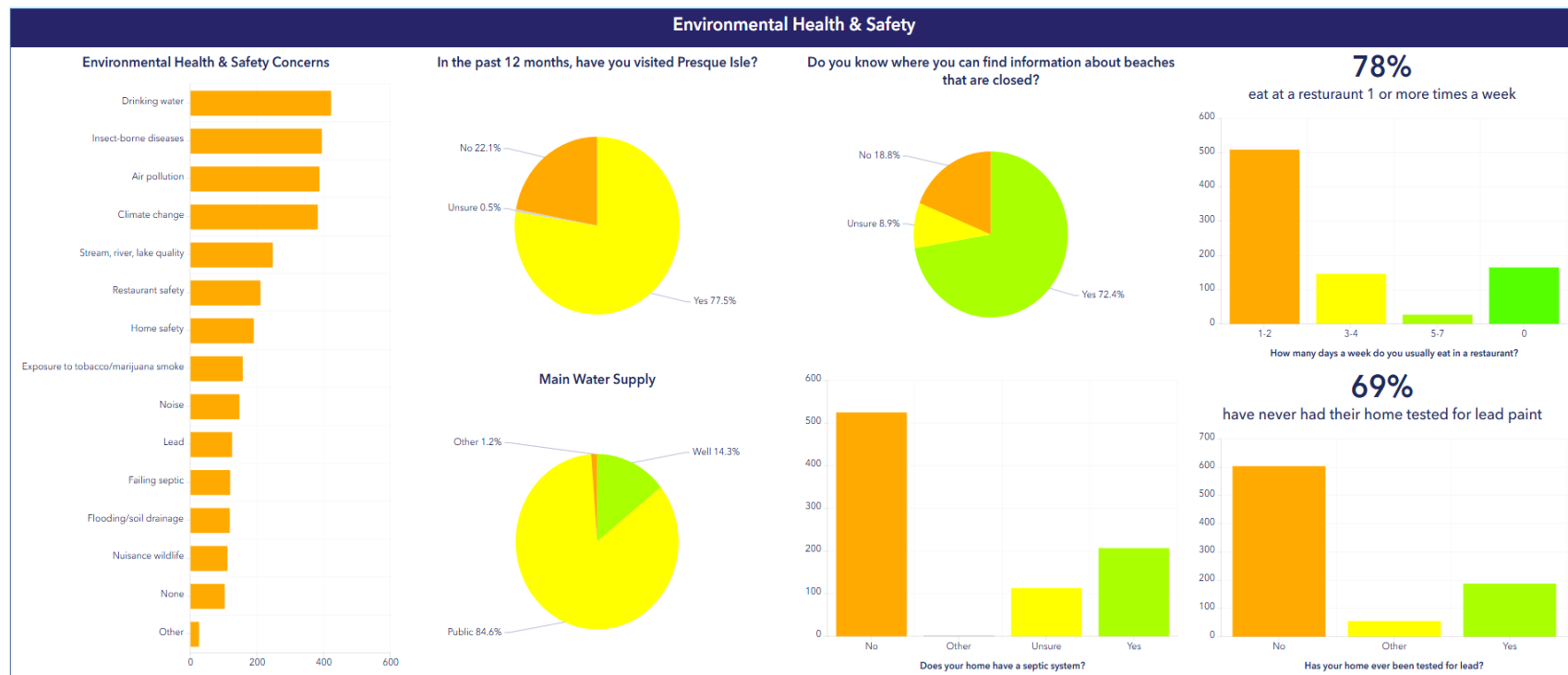
1. Access to Mental Health Care

- **53%** of respondents have received **care or support** for **mental health concerns**.
- **47%** have **not** accessed mental health services, indicating a potential **gap in mental health care**.

2. Prevalence of Mental Health Symptoms

- **92%** of respondents report experiencing feelings of **stress, anxiety, or depression**.
- Frequency breakdown:
 - **Always** – A notable portion consistently experiences these feelings.
 - **Sometimes** – The **largest** category, reflecting **intermittent** mental health challenges.
 - **Rarely** – A smaller group experiences occasional distress.
 - **Never** – A **minority** report no mental health symptoms.

Environmental Health & Safety

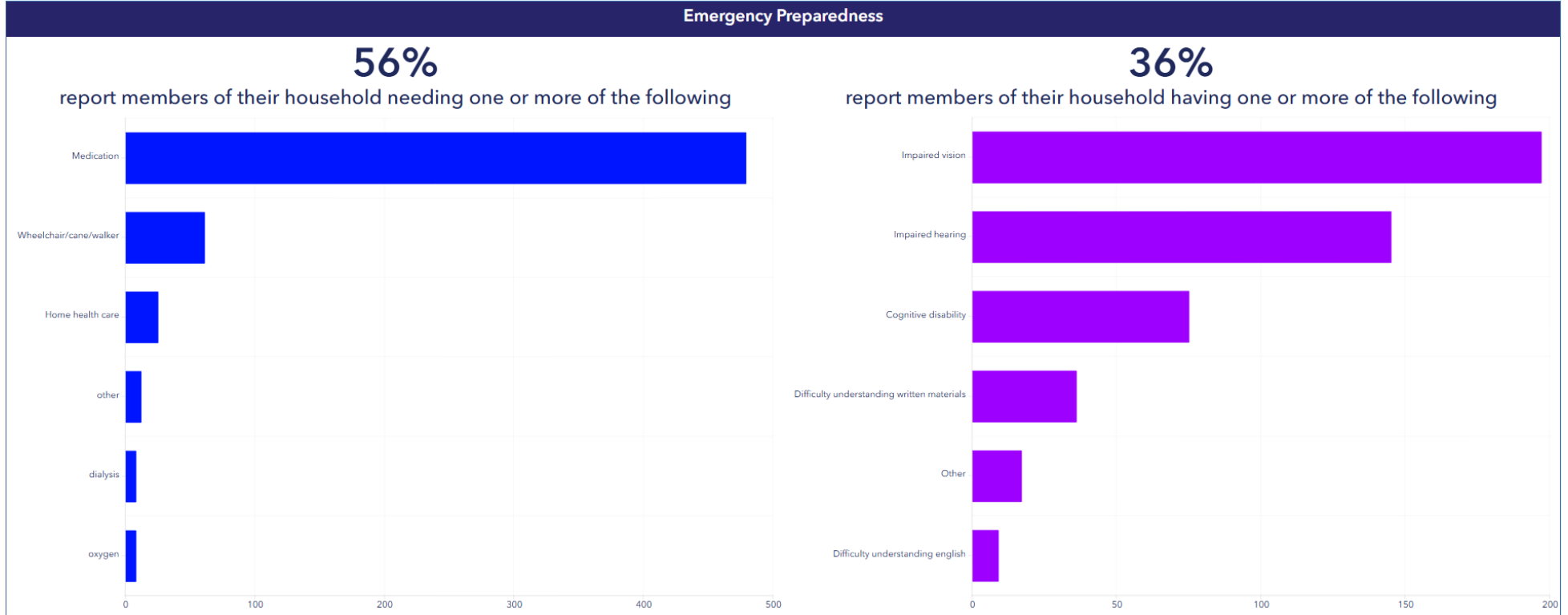


Key Findings:

1. Top Environmental Health Concerns:

- **Drinking water** and **insect-borne diseases** rank as the **highest concerns**.
 - Other significant concerns include **air pollution**, **climate change**, and **water quality** in natural bodies (streams, rivers, lakes).
 - **Lead exposure**, **flooding**, and **nuisance wildlife** are less frequently reported concerns.
2. **Community Behaviors & Awareness:**
- **77.5%** of respondents have **visited Presque Isle** in the past year, showing high engagement with local environmental resources.
 - **72.4%** know where to **find beach closure information**, but **18.8%** do not, indicating a need for improved public communication.
 - **78%** eat at a restaurant **1 or more times a week**, suggesting potential impacts on **food safety awareness**.
3. **Household Environmental Safety:**
- **69%** of respondents have **never had their home tested for lead paint**, highlighting a potential **public health risk**.
 - **84.6%** rely on a **public water supply**, while **14.3%** use **private wells**, which may require **specific testing** to ensure water quality.
 - **Most** respondents report **not having a septic system**, reducing risks related to **failing septic systems**.

Emergency Preparedness



Key Findings:

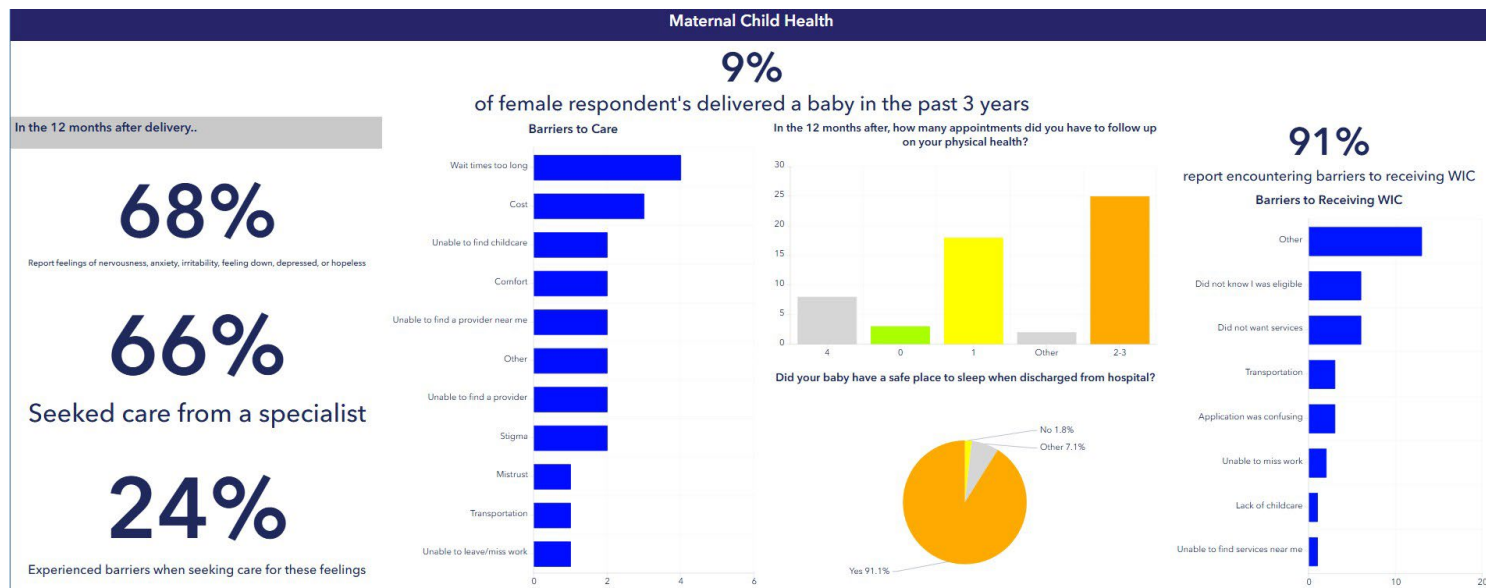
1. Household Medical & Assistive Needs:

- **56%** of respondents report **members of their household** requiring **one or more essential services**:
 - **Medication** is the most frequently reported need by a significant margin.
 - Other key needs include:
 - **Mobility aids** (e.g., wheelchair, cane, walker).
 - **Home health care**.
 - **Dialysis and oxygen support** (reported by a smaller percentage).

2. Household Disabilities & Communication Challenges:

- **36%** of respondents report **members of their household** are experiencing **one or more impairments**:
 - **Impaired vision** and **impaired hearing** are the most prevalent challenges.
 - **Cognitive disabilities** and **difficulty understanding written materials** are also notable concerns.
 - A small percentage reported **difficulty understanding English**, highlighting a potential **language barrier** during emergencies.

Maternal Child Health



Key Findings:

1. Postpartum Mental Health & Care Access:

- **68%** of respondents reported **nervousness, anxiety, irritability, depression, or hopelessness** within **12 months post-delivery**.
- **66%** sought **care from a specialist** during this period.
- **24%** experienced **barriers** when trying to access care for these feelings, highlighting **gaps in mental health support**.

2. Barriers to Care:

- The most common challenges faced when seeking care include:
 - **Long wait times** (most frequently reported).
 - **Cost of care**.
 - **Childcare availability** while seeking treatment.
- Additional barriers include **provider availability, stigma, and transportation issues**.

3. Postpartum Follow-Up & Infant Care:

- **91.1%** of respondents reported that their **baby had a safe place to sleep** upon **hospital discharge**, but **1.8%** did not, which suggests a **need for more resources** to ensure safe sleep environments.
- Regarding **postpartum check-ups**, the largest group reported **2-3 follow-up appointments**, ensuring some level of ongoing **physical health monitoring**.

4. Barriers to Receiving WIC (Women, Infants, and Children Program):

- **91%** of respondents faced **barriers** to accessing WIC benefits, with the **top challenges** being:
 - **Lack of knowledge** about **eligibility**.
 - **Transportation** and **application confusion**.

Other issues include the **inability to miss work, lack of childcare, and difficulty locating service**

Maternal, Infant, and Child Health

Erie County Resident Live Births

There were 2,378 resident live births reported in Erie County for the calendar year 2023.

Selected summary statistics for Erie County and Pennsylvania resident live births are presented in Table 1.

Table 1. Selected Statistics for Erie County and Pennsylvania Resident Births, 2015-2019

Measure	Erie County	Pennsylvania	Comparison
Percent cesarean section deliveries	36.4	30.1	Higher
Percent low birth weight infants	8.7	8.3	Similar
Percent received prenatal care in first trimester	80.3	73.4	Higher
Percent preterm births	9.7	9.5	Similar
Percent non-smoking mothers during pregnancy	82.3	89.0	Lower
Percent unmarried mothers	49.1	41.2	Higher
Percent received WIC food during pregnancy	44.0	33.8	Higher
Percent Medicaid as source of payment	36.6	33.9	Higher
General fertility rate (ages 15 to 44)	57.4	57.6	Similar
Birth rates by age of mother			
Under 15	0.2	0.2	Similar
15 to 19	19.9	15.1	Higher
20 to 24	74.6	62.0	Higher
25 to 29	100.5	95.5	Higher
30 to 34	93.1	103.8	Lower
35 to 39	40.2	51.1	Lower
40 to 44	7.8	10.0	Lower
45 and older	0.7	0.8	Similar

Note: Rates are per 1,000 females for each specified age group.

Infant mortality is defined as the death of an infant less than 1 year of age. Of the 99 total infant deaths during 2015-2019, 68 (68.7%) occurred during the neonatal period (first 27 days of life). Erie County's infant mortality rate was 6.7 deaths per 1,000 live births (for PA, 6.0). The rates were 5.2 for Whites, 18.7 for Blacks, and 8.7 for Hispanics.

Mortality, Cancer, and Injury

Erie County Resident Deaths

A total of 14,643 Erie County residents died during the period 2015 to 2019, for a corresponding crude death rate of 10.1 deaths per 1,000 population. Overall, 7,280 (49.7%) deaths were in males and 7,363 (50.3%) were in females. The crude rates for males and females were 10.8 and 10.6 deaths per 1,000, respectively.

With respect to race and ethnicity, 13,662 (93.3%) deaths were in Whites, 759 (5.2%) were in Blacks, 203 (1.4%) were in persons classified as Other Race, and 19 (0.1%) were of Unknown Race. A total of 181 (1.2%) deaths were in Hispanics, of any race.

Although only 8.3% of all resident deaths occurred in persons under the age of 50 years, two-thirds (66.7%) occurred in those 70 years and older.

Leading Causes of Death

In 2015-2019, Erie County's age-adjusted death rate for all causes of death was 803.6 deaths per 100,000 population. The rates for males and females were 948.0 and 680.4, respectively. With respect to race, the rates for Whites and Blacks were 789.3 and 1,023.6, respectively.

The 10 leading causes of death collectively accounted for 70.3% of all county deaths (Table 1). Heart disease and cancer accounted for 42.4%.

Erie County males had a statistically significant higher rate than Erie County females for all causes of death and for six of the leading causes: heart disease, cancer, chronic lower respiratory diseases, accidents, diabetes mellitus, and suicide. Although females had a higher rate than males for Alzheimer's disease, the difference was not statistically significant.

Table 1. Erie County Leading Causes of Death – Age-Adjusted Rates by Sex, 2015-2019

<u>Cause of Death</u>	Total Population			Males			Females		
	<u>Deaths</u>	<u>Erie Co.</u>	<u>PA</u>	<u>Deaths</u>	<u>Erie Co.</u>	<u>PA</u>	<u>Deaths</u>	<u>Erie Co.</u>	<u>PA</u>
All Causes of Death	14,643	803.6	746.2	7,280	948.0	912.4	7,363	680.4	642.4
Heart Disease	3,120	164.7	175.3	1,645	210.8	223.5	1,475	127.7	138.8
Cancer (Malignant Neoplasms)	3,095	168.0	160.0	1,580	194.8	191.0	1,515	148.8	138.1
Chronic Lower Respiratory Diseases	785	42.2	36.2	391	49.1	40.4	394	37.3	33.4
Accidents (Unintentional Injuries)	779	54.0	61.0	497	73.4	84.6	282	35.1	38.7
Stroke (Cerebrovascular Diseases)	684	36.0	36.4	273	35.6	36.3	282	35.1	38.7
Nephritis, Nephrotic Syndrome & Nephrosis	433	23.0	16.0	196	25.9	20.0	237	20.8	13.4
Diabetes Mellitus	426	23.6	20.7	242	31.4	26.0	184	17.1	16.6
Alzheimer's Disease	405	20.4	21.2	125	17.1	17.0	280	22.2	23.6
Influenza & Pneumonia	306	15.9	14.6	144	18.7	17.3	162	13.9	12.8
Suicide (Intentional Self-Harm)	255	17.9	14.5	203	29.8	23.1	52	6.4	6.4
Note: Age-adjusted rates are per 100,000 population.									

Cancer Mortality

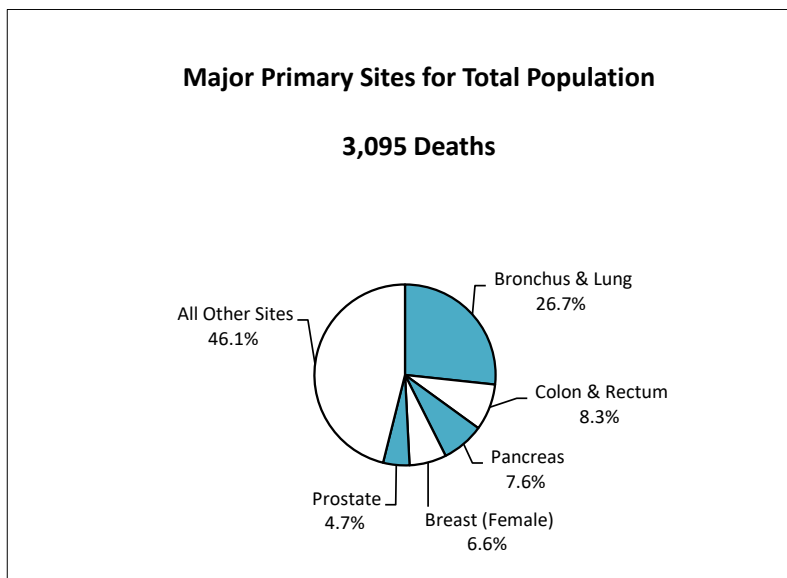
From 2015 to 2019, there were 3,095 cancer deaths (primary malignant neoplasms) among Erie County residents, for a corresponding age-adjusted death rate of 168.0 deaths per 100,000 population.

Overall, 1,580 deaths (51.1%) were in males and 1,515 (48.9%) were in females. The death rates for males and females were 194.8 and 148.8 deaths per 100,000, respectively. For Pennsylvania, the death rates were 160.0 for the total population, 191.0 for males, and 138.1 for females. With respect to race and ethnicity, 2,873 (92.8%) deaths were in Whites, 169 (5.5%) were in Blacks, and 53 (1.7%) were in persons of Other/Unknown Race. A total of 32

(1.0%) deaths were in Hispanics, of any race.

Erie County's five leading cancer mortality sites were: (1) lung and bronchus (827 deaths), (2) colon and rectum (258 deaths), (3) pancreas (235 deaths), (4) female breast (204 deaths), and (5) prostate (147 deaths). These sites accounted for 54.0% of all cancer deaths (Figure 1).

Figure 1. Erie County Cancer Deaths, 2015-2019



Among Erie County males, the five leading sites were: (1) lung and bronchus (399 deaths, 25.2%), (2) prostate (143 deaths, 9.1%), (3) colon and rectum (139 deaths, 8.8%), (4) pancreas (119 deaths, 7.5%), and (5) urinary bladder (74 deaths, 4.7%). These sites accounted for 55.3% of all male deaths.

Among Erie County females, the five leading sites were: (1) lung and bronchus (428 deaths, 28.3%), (2) breast (204 deaths, 13.5%), (3) colon and rectum (119 deaths, 7.9%), (4) pancreas (116 deaths, 7.7%), and (5) ovary (72 deaths, 4.8%). These sites accounted for 62.0% of all female deaths.

Cancer Incidence

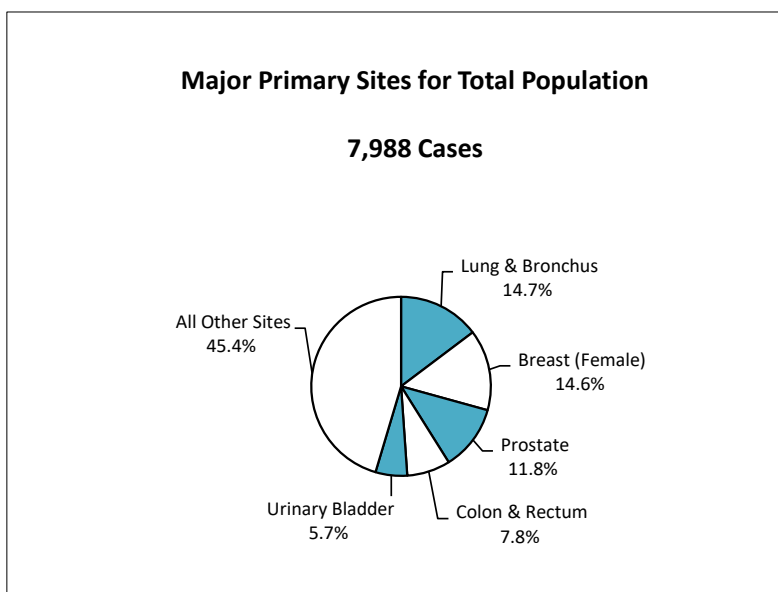
From 2014 to 2018, there were 7,988 new cancer cases (primary invasive cancers and in situ urinary bladder cancers) diagnosed among Erie County residents, for a corresponding age-

adjusted incidence rate of 458.5 cases per 100,000 population.

Overall, cancers were diagnosed in 4,041 males (50.6%) and 3,947 females (49.4%). The incidence rates for males and females were 493.5 and 436.7 cases per 100,000, respectively. For Pennsylvania, the incidence rates were 466.2 for the total population, 497.6 for males, and 448.3 for females. Cancers were diagnosed in 7,458 Whites (93.4%), 420 Blacks (5.3%), 110 persons of Other/Unknown Race (1.4%), and 46 Hispanics, of any race (1.0%).

Erie County's five leading cancer incidence sites were: (1) lung and bronchus (1,172 cases), (2) female breast (1,164 cases), (3) prostate (943 cases), (4) colon and rectum (625 cases), and (5) urinary bladder (457 cases). These sites accounted for 54.6% of all resident diagnoses (Figure 2).

Figure 2. Erie County Erie County New Cancer Cases, 2014-2018



Among Erie County males, the five leading sites were: (1) prostate (943 cases, 23.3%), (2) lung and bronchus (611 cases, 15.1%), (3) urinary bladder (343 cases, 8.5%), (4) colon and rectum (328 cases, 8.1%), and (5) non-Hodgkin lymphoma (204 cases, 5.0%). These sites accounted for 60.1% of all male diagnoses.

Among Erie County females, the five leading sites were: (1) breast (1,164 cases, 29.5%), (2) lung and bronchus (561 cases, 14.2%), (3) colon and rectum (297 cases, 7.5%), (4) uterus (276 cases, 7.0%), and (5) thyroid (198 cases, 5.0%). These sites accounted for 63.2% of all female diagnoses.

Infectious Diseases

Chlamydia

Chlamydia is a common sexually transmitted infection (STI) caused by the bacterium *Chlamydia trachomatis*. Symptoms can be mild or absent and a majority of infections are not diagnosed. The CDC estimates that only about 10% of men and 5-30% of women with laboratory-confirmed chlamydial infection develop symptoms.

- In 2024, there were 1,045 chlamydia cases reported in Erie County for a crude incidence rate of 466.8 cases per 100,000 (482.2 for PA).

Gonorrhea

Gonorrhea is a common STI caused by the bacterium *Neisseria gonorrhoeae*. Untreated, gonorrhea can cause pelvic inflammatory disease (PID) in women and may lead to infertility in men.

- In 2024, there were 329 gonorrhea cases reported in Erie County for a crude incidence rate of 127.7 cases per 100,000 (125.6 for PA).

Hepatitis A

Hepatitis A is an acute, vaccine-preventable liver disease caused by the hepatitis A virus (HAV) that is transmitted by the fecal-oral route via person-to-person contact or by contaminated food or water. HAV infection does not result in chronic infection or chronic liver disease.

- In 2024, there was 1 confirmed case of hepatitis A in Erie County.
- The Healthy People 2020 Goal is 0.3 cases per 100,000.

Hepatitis B

Hepatitis B is a vaccine-preventable liver disease caused by hepatitis B virus (HBV) and is transmitted by contact with the blood or other body fluids of infected individuals. HBV infection can lead to chronic or lifelong infection and liver disease.

Acute Hepatitis B

- In 2024, there were no confirmed cases of acute hepatitis B in Erie County with a crude incidence rate of 0.0 cases per 100,000 (0.7 for PA).
- The Healthy People 2020 Goal is 1.9 cases per 100,000 aged 19 and above.

Chronic Hepatitis B

- In 2024, there were 51 confirmed cases of chronic hepatitis B in Erie County with a crude incidence rate of 4.4 cases per 100,000 (7.2 for PA).

Hepatitis C

Hepatitis C is a liver disease caused by the hepatitis C virus (HCV) and is spread by contact with the blood of an infected person. Most individuals with HCV infection develop a chronic infection that is asymptomatic with chronic liver disease developing decades later.

Acute Hepatitis C

- In 2024, there were 0 reported cases of acute hepatitis C in Erie County with a crude incidence rate of 0.0 cases per 100,000.
- The Healthy People 2020 Goal is 0.2 new cases per 100,000.

Chronic Hepatitis C

For chronic hepatitis C, both confirmed and probable cases are counted. However, confirmed cases are generally used to report overall rates for comparison.

- In 2024, there were 137 confirmed cases of chronic hepatitis C in Erie County.

Influenza

Influenza (also known as the flu) is a vaccine-preventable respiratory illness caused by influenza viruses. The virus is usually spread from person to person during coughing and sneezing.

To standardize disease case counting, the CDC assigns a number to every week (Sunday through Saturday) in the calendar year with Week 1 at the beginning of the year. The flu season officially begins with CDC Week 40 of one year and ends with CDC Week 39 of the following year. Case counts for the flu season correspond to the cases reported during these weeks.

- For the 2024 Erie County flu season, a total of 3,651 cases were reported.

Lyme Disease

Lyme disease is caused by the bacterium *Borrelia burgdorferi* and is transmitted to humans by the bite of infected blacklegged ticks. Pennsylvania is considered a high incidence state for Lyme disease in the United States with the majority of cases occurring in the eastern portion of the state. However, in recent years, Erie County has seen a steep rise in the number of cases as well as the incidence rate for Lyme disease.

- In 2023, Pennsylvania reported 16,671 cases of Lyme disease, which is a 98.2% increase from 8,413 cases in 2022.

Measles

Measles is a vaccine-preventable disease spread through coughing or sneezing and is characterized by rash, high fever, coughing, and runny nose. Complications can occur.

- There were no reported cases of measles in Erie County in 2023.

Mumps

Mumps is a vaccine-preventable disease caused by the mumps virus.

- In 2024, there were no cases of mumps occurred in Erie County.

Pertussis (Whooping Cough)

Pertussis, a vaccine-preventable respiratory disease caused by the bacteria *Bordetella pertussis*, is found mainly in children.

- In 2024, there were 27 cases of pertussis reported in Erie County.

Respiratory Syncytial Virus

Respiratory syncytial virus (RSV) is the most common cause of bronchiolitis and pneumonia in children under 1 year of age in the United States.

- In 2023, there were 256 reported cases of RSV in Erie County.

Tuberculosis

Tuberculosis (TB) is a mycobacterial disease that is spread from person to person through the air and usually affects the lungs.

Active Tuberculosis

- In 2023, Erie County, Pennsylvania, experienced an increase in tuberculosis (TB) cases, with 14 confirmed cases. This is up from 10 cases in 2022 and 17 cases in 2024. As of February 4, 2025, there have been 3 confirmed TB cases in 2025. The Erie County Department of Health reports that most TB exposures are found in households, workplaces, social gatherings, and healthcare settings. .

Varicella zoster (Chickenpox)

Chickenpox is a vaccine-preventable disease caused by infection with the *Varicella zoster* virus.

- In 2023, there was 2 chickenpox case reported in Erie County for a crude incidence rate of 0.8 cases per 100,000 (3.7 for PA), compared to 21 cases in 2015 with a rate of 7.6 (5.8 for PA).

West Nile Virus

West Nile virus is transmitted to humans by mosquitoes. About 20% of infected individuals develop mild symptoms (West Nile fever) and less than 1% develop a neurological infection (West Nile encephalitis).

- In 2024, there were no reported human cases of West Nile fever.

COVID-19

COVID-19 (coronavirus disease 2019) is caused by infection with the SARS-CoV-2 virus, and was discovered in December 2019 in Wuhan, China. COVID-19 is very contagious and has quickly spread across the globe.

COVID-19 most often causes respiratory symptoms that can feel much like a cold, a flu, or pneumonia. However, COVID-19 may attack other parts of the body in addition to the lungs and respiratory system. Although most people with COVID-19 have mild symptoms, some become severely ill. Some people including those with minor or no symptoms may suffer from a range of post-COVID conditions known as “long COVID”. Older adults and people with certain underlying medical conditions are at increased risk of severe illness from COVID-19.

In 2023, there were 6,103 reported cases and 80 reported deaths due to COVID-19 in Erie County. Since results of test kits are not reported, the number of reported cases is not a definitive indicator of actual number of cases in Erie County.

Hospitalizations

In 2023, there were 1,449 reported hospital discharges with a COVID-19 diagnosis.

Wastewater

Wastewater can be a valuable source of information for public health. Monitoring the amount of COVID-19 virus in wastewater can help indicate if cases in the community may also soon increase or decrease. It can also help identify what variants are prevalent.

COVID-19 Test Kit Distribution

Community members, vaccinated or unvaccinated, are encouraged to get tested for COVID-19 if they have been exposed to anyone who has COVID-19 even if they do not develop symptoms or if they have symptoms such as sore throat, coughing, difficulty breathing, fever or chills, muscle or body aches, vomiting or diarrhea, or loss of taste or smell. Testing results can help determine appropriate care and treatment if needed and actions to help reduce the spread of COVID-19. In 2023, the Erie County Department of Health distributed over 8,000 COVID-19 test kits through community events, partners and on site pick-up. For residents of Erie County who would like to voluntarily report positive results of COVID-19 self-testing to the Erie County Department of Health, please use the online form at <https://eriecountypa.gov/covid-19/general-information/>.