



SUMMARY REPORT

Prepared for Igniting Hope by:



PARTNERS IN HEALTH EQUITY



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EXECUTIVE SUMMARY

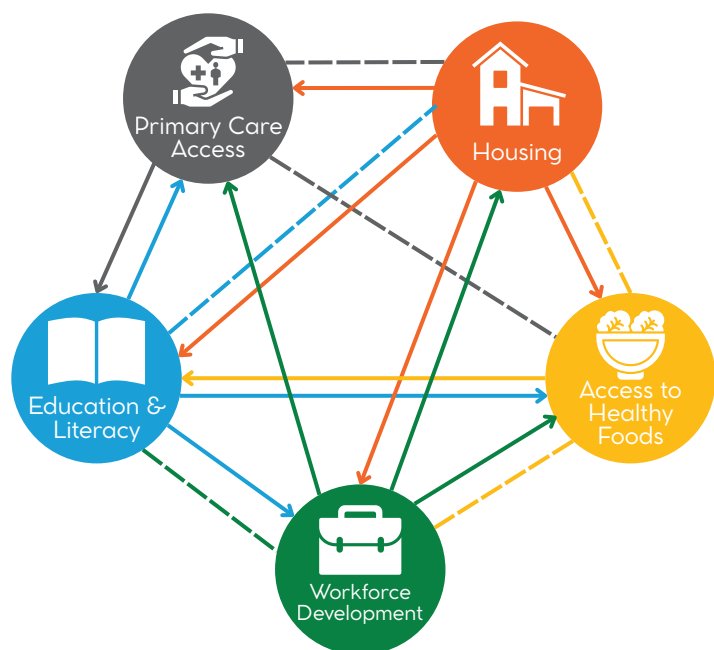
The 2025 Igniting Hope Conference brought together community members, youth, researchers, educators, healthcare workers, organizers, funders, and public officials in a shared effort to advance health equity in Buffalo. Across three virtual pre-conference sessions and the in-person conference day, participants examined five key Social Determinants of Health (SDOH) that shape daily life across Buffalo's neighborhoods:

- Education & Literacy
- Access to Primary Care
- Workforce Development
- Housing
- Access to Healthy Foods

This report summarizes what community members named across those engagements — the challenges people face, the systems and stakeholders involved, and the interventions that participants believe could make meaningful change. While the final outcome of the 2025 Igniting Hope Conference will be a Strategic Plan for Health Equity, it is important to note that this report is not that. Rather, it captures the community's perspectives, priorities, and proposed solutions — the raw material that will directly inform the community-led Strategic Planning Process taking place next. That planning process will be shaped by a multi-sector collaborative working together to turn these insights into actionable goals for Buffalo's health equity ecosystem.

INTERCONNECTED DETERMINANTS, SHARED SOLUTIONS

Throughout the conference, participants made clear that these five determinants cannot be separated. Housing affects employment stability. Literacy shapes health outcomes. Food access influences learning, chronic illness, and workforce readiness. The interconnected nature of these conditions came through in every pre-conference session and breakout room, and this report, along with the graphic to the right, reflect that reality.



KEY INTERVENTIONS IDENTIFIED ACROSS ALL SDOH

Even in sessions centered around just one social determinant, participants identified cross-cutting interventions that would strengthen multiple determinants at once:

#1: Conduct community-level audits	#6: Prioritize Education + Housing interventions
#2: Address transportation equity	#7: Create accountability structures for government and the private sector to engage with and represent community interests
#3: Develop community leadership structures	#8: Support and fund CBOs
#4: Invest in formal and informal community education	#9: Involve and incentivize employers
#5: Educate leadership, decision makers, and elected officials	#10: Raise the minimum wage

DETERMINANT-SPECIFIC INTERVENTIONS

Following a detailed summary of the above interventions, this report presents the outcomes from each breakout session. Each section outlines the key challenges, stakeholder groups, and potential interventions identified for the five Social Determinants of Health, offering a clear picture of what community members surfaced as priorities for change.

HOW TO USE THIS REPORT

This document serves as a reference point for the upcoming Strategic Planning Process. It captures the community's insights in their own words and identifies what residents and practitioners believe needs attention first. Organizations, agencies, funders, and institutional partners can use this report to:

- Understand the challenges named by community members
- Identify relevant stakeholders
- See where systems overlap
- Prepare for collaborative planning

WHAT COMES NEXT

Following this report, the Buffalo Center for Health Equity will convene a multi-sector collaborative to lead the development of a Strategic Plan for Health Equity, which will be finalized in 2026. The collaborative will translate the outcomes summarized here into actionable steps, measurable goals, and coordinated strategies for long-term change.

I. INTRODUCTION

The 2025 Igniting Hope Conference, held at the University at Buffalo's Jacobs School of Medicine and Biomedical Sciences, convened community members, academics, practitioners, and advocates to address the structural and systemic factors that shape health in Buffalo and co-create a vision for health equity rooted in community power.

In the midst of unprecedented political change and federal divestment from equity work, this year's conference championed community-led strategies for change, with a theme of Saving Ourselves: Implementing a Community Plan for Health Equity. Over several months, participants gathered through pre-conference panels and interactive sessions to explore five interconnected Social Determinants of Health (SDOH):



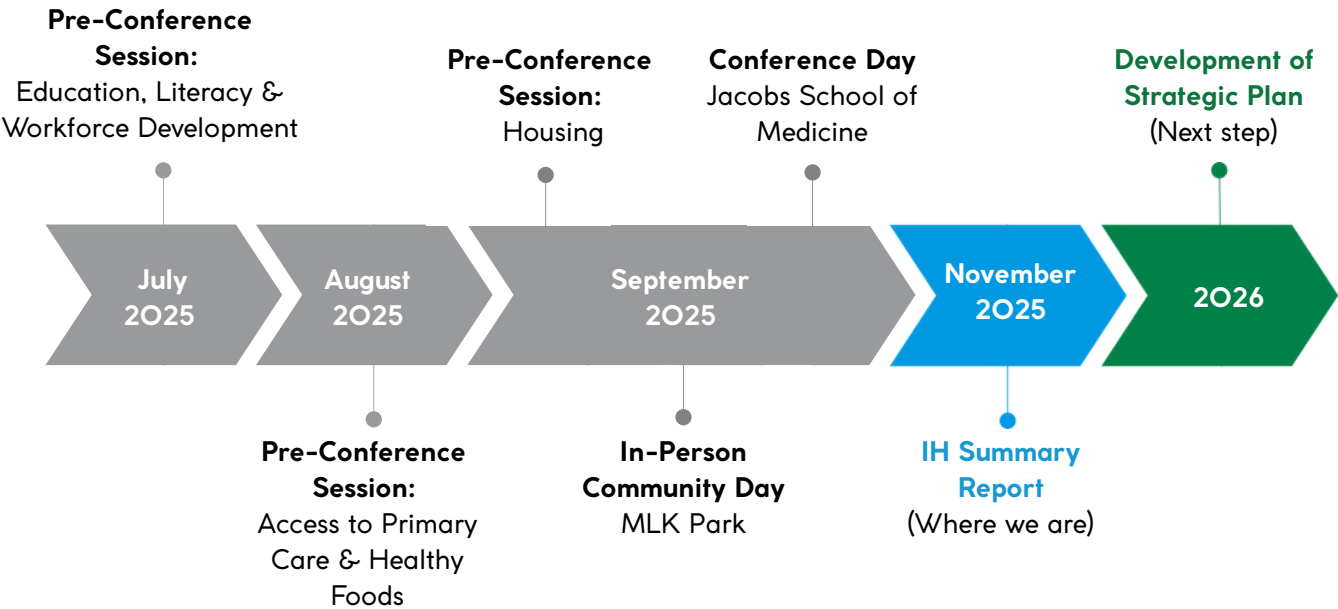
These areas were selected for their direct and measurable impact on health outcomes and quality of life, as well as their deep interconnection within Buffalo's history of segregation, disinvestment, and resilience.

This summary report documents the collective insights, challenges, and community-driven solutions generated during Igniting Hope's pre-conference panels and conference breakout sessions. It begins with a broad overview of conference outcomes and then distills findings into SDOH-specific themes, stakeholders, and interventions. Together, these strategies form the foundation for a community-led framework to advance health equity across Buffalo and WNY.

A NOTE ON THE ROLE OF THIS REPORT

It is important to note that this report is not the strategic plan itself. Rather, it serves as a summary of what emerged through the Igniting Hope Conference — the community’s perspectives, priorities, and proposed solutions. The insights captured here will directly inform the forthcoming community-centered Strategic Planning Process, which will build upon these findings to develop actionable goals and measurable outcomes.

The timeline below illustrates where this report sits within the broader effort. Over the past several months, community members, practitioners, and leaders participated in a series of pre-conference sessions and an in-person convening focused on five key Social Determinants of Health. Their contributions shaped the foundation of this document.



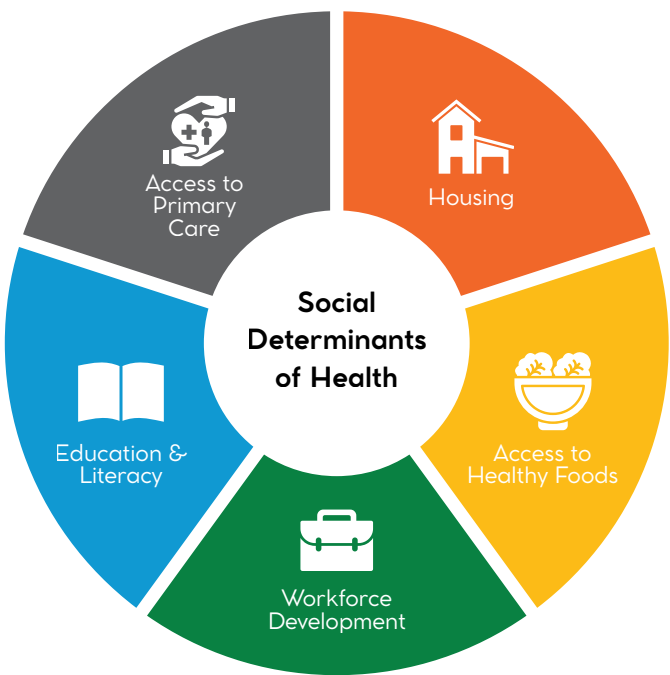
From here, the work shifts toward the next phase: assembling a multi-sector collaborative that will guide the development of a comprehensive Strategic Plan. This collaborative will use the outcomes detailed in this report — the challenges, stakeholder insights, and community-generated interventions — to inform priorities, identify connections across systems, and chart a path forward.

In short, this report captures where we are now, and it anchors the work that will carry Buffalo into the next stage of building a shared, community-driven framework for health equity.

II. SOCIAL DETERMINANTS OF HEALTH: OVERVIEW

What Are Social Determinants of Health?

Social Determinants of Health (SDOH) are the conditions in which people live, learn, work, and age. These factors influence everything from chronic illness to life expectancy.



FIVE FOCAL AREAS



Education & Literacy

Access to high-quality learning across all life stages and the ability to understand and use information, especially health information.



Workforce Development

Opportunities, training, and support to secure stable, well-paying employment in safe and equitable conditions.



Housing

Safe, stable, affordable, and well-maintained places to live, free from displacement or harm.



Access to Healthy Foods

Consistent, affordable, and culturally relevant access to fresh, nutritious food within one's community.



Access to Primary Care

Reliable, affordable, and culturally competent medical care for everyday health needs, prevention, and support.

BUFFALO'S CURRENT STATE

- **61%** of renters in Buffalo are cost-burdened (spending 30% or more of their income on rent).¹
- Over **50%** of East Side residents live in a USDA-defined food desert.²
- In East Side neighborhoods, residents are more likely to use the ER than visit a primary care provider.³
- The homebuying capacity of a Black family of 4 is **less than 50%** of that of a white family of 4 when controlling for 60% AMI.⁴
- **1 in 6** students drop out of high school every year.⁵

HOW WE GOT HERE

- **Systemic Inequities:** Redlining, school segregation, community disinvestment
- **Classism:** Wealth gaps, labor exploitation, economic divestment
- **Policy Failures:** Urban renewal, expressway construction, public housing neglect
- **Institutional Decisions:** School closures, hospital consolidation, zoning laws

1-3 Read to Succeed Buffalo (2023)

4 Census Data, homebuying calculation (2024)

5 Literacy Buffalo (2025)

EDUCATION, LITERACY, & WORKFORCE DEVELOPMENT

SUMMARY TAKEAWAYS FROM 7/8/25 PRE-CONFERENCE PANEL

WHY IT MATTERS

Literacy and workforce access are key social determinants of health. In Buffalo, historical disinvestment, segregation, and structural racism have created deep disparities in educational attainment, income, and opportunity — especially for Black and Brown residents.

BUFFALO CONTEXT: QUICK STATS

- In Buffalo, 30% of economically disadvantaged students in grades 3–5 achieve ELA proficiency (Read to Succeed Buffalo, 2023).
- 3 in 10 Buffalo adults are considered “functionally illiterate,” with a high concentration in East Side zip codes (Literacy Buffalo Niagara, 2018).
- A 1% increase in bachelor’s degrees across WNY = \$191M added to the economy annually (UB Regional Institute, 2008).
- In Say Yes Buffalo’s first 9 years operating in Buffalo Public Schools:
 - 4,386 students earned high school diplomas → \$39.2M more earned annually.
 - 10,600 enrolled in college → estimated \$8.6B lifetime income gains.
- Buffalo’s legacy of segregation persists: 72% of Black residents live east of Main Street, where disinvestment in schools is concentrated (Blatto, 2022).

CONCEPTS DISCUSSED

- 1. The Benefits Cliff:** Working families risk losing essential supports (like SNAP, housing, childcare) for earning just slightly more. This discourages advancement and traps people in poverty.
- 2. Systemic Barriers:** Buffalo’s zip code segregation limits access to quality education, career networks, and exposure to opportunity. Panelists named how public school graduates are often dismissed in hiring decisions.
- 3. Literacy Gaps as Job Barriers:** Applicants struggle with job portals, forms, and communication. Employers should use plain language, reduce jargon, and re-examine job qualifications.
- 4. Education-to-Workforce Disconnect:** Students accrue debt without clear career pathways. Panelists called for more aligned training, wraparound supports, and guaranteed job pipelines.
- 5. Early Exposure is Essential:** Young people need earlier, hands-on exposure to jobs and industries. Mentorship and real-world learning experiences must start well before graduation.

OPPORTUNITIES FOR ACTION

- Fund training and workforce readiness with wraparound supports.
- Embed career exposure and literacy in K–12 education.
- Encourage employer accountability in hiring and promotion.
- Invest in community-rooted adult literacy & ESL programs.
- Support public policies that address the benefits cliff.



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ACCESS TO PRIMARY CARE & HEALTHY FOODS

SUMMARY TAKEAWAYS FROM 8/19/25 PRE-CONFERENCE PANEL

WHY IT MATTERS

Access to primary care and nutritious food are foundational to health equity. Yet, many Buffalo residents—especially on the East Side—face severe barriers due to systemic disinvestment, food apartheid, and a fragmented healthcare system. Root causes such as transportation, insurance access, trust in providers, and affordability shape outcomes. Food insecurity and poor access to preventative care contribute directly to chronic illness and decreased life expectancy.

BUFFALO CONTEXT: QUICK STATS

- 13.3% of people in Erie County experience food insecurity (Erie County Office of Health Equity, 2022).
- Black residents in Buffalo are 6x more likely than white residents to live in an area without a grocery store (PPG, 2018).
- Over 50% of East Side residents live in a USDA-defined food desert (Erie County Department of Health, Office of Health Equity, 2023).
- In East Side neighborhoods, residents are more likely to use the ER than visit a primary care provider (Erie County Office of Health Equity, 2023).
- 39.6% of people in Buffalo rely on Medicaid for healthcare coverage (NYS Department of Health, 2023).
- 3.9% of people in Buffalo do not have healthcare coverage (Cleveland Clinic, 2024).

OPPORTUNITIES FOR ACTION

- Fund mobile clinics and grocery co-ops to bring services directly to neighborhoods.
- Expand culturally competent care by hiring providers from impacted communities.
- Reinvest in transit infrastructure to improve access to care and grocery options.
- Support local urban agriculture and land trusts to reclaim food sovereignty.
- Build public trust in healthcare through community health workers and education campaigns.

CONCEPTS DISCUSSED

1. Food Apartheid vs. Food Desert: Panelists emphasized the use of “food apartheid” to better capture the systemic and racialized roots of food inaccessibility. It’s not just a lack of stores—it’s the result of policy and planning decisions.

2. Emergency Room as Primary Care: Due to lack of insurance, long wait times for appointments, or unawareness of care options, many residents rely on the ER for routine medical needs—leading to overburdened hospitals and worse long-term outcomes.

3. Transportation as a Barrier to Care & Food: Many East Side residents lack reliable transportation to reach clinics or grocery stores. Infrequent bus routes and the absence of nearby providers limit preventative care.

4. Mistrust in the Healthcare System: Historical trauma and racial bias have eroded trust in healthcare. Black residents are less likely to seek preventative care due to prior experiences of dismissal or neglect.

5. Social Infrastructure Gaps: Communities lacking social supports—like safe parks, wellness hubs, or reliable transportation—see worse health and food access outcomes.



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HOUSING

SUMMARY TAKEAWAYS FROM 9/10/25 PRE-CONFERENCE PANEL

WHY IT MATTERS

Housing is one of the most powerful predictors of health. Where we live impacts our access to clean air and water, safety, transportation, healthcare, employment, and education.

In Buffalo, the legacy of redlining, housing discrimination, and underinvestment has created significant disparities in housing stability and quality — especially for Black residents on the East Side.

BUFFALO CONTEXT: QUICK STATS

- 51.4% of Buffalo households are cost-burdened (spend more than 30% of income on housing), and 40% of East Side residents spend over 60% of income on housing (NY State of Health Painpoint Analysis, 2022).
- Over 75% of eligible households in Buffalo and Erie County do not receive rental assistance due to funding gaps (Center on Budget and Policy Priorities).
- Illegal evictions still happen in Buffalo, particularly during climate emergencies when landlords use conditions as a pretext to force tenants out.
- More than 50% of tenants facing eviction have no alternative housing options.
- Deferred maintenance, mold, lead exposure, and extreme temperatures in old housing stock present ongoing health risks.

OPPORTUNITIES FOR ACTION

- Expand rental assistance and eviction diversion programs.
- Establish tenant protections, including right to counsel in housing court.
- Invest in quality affordable housing, particularly in historically redlined neighborhoods.
- Strengthen enforcement of fair housing laws.
- Fund repairs for aging housing stock especially for low-income homeowners.
- Create community land trusts to prevent displacement and build local ownership.

CONCEPTS DISCUSSED

1. Housing Instability is a Health Risk:

Families experiencing eviction or housing insecurity face cascading effects — lost jobs, school disruptions, and healthcare delays.

2. Cost Burden & Trade-Offs:

With unaffordable housing, families are forced to choose between rent and essential needs like medication, healthy food, or transportation.

3. Systemic Discrimination Persists:

Racism in the housing market (past and present) shapes where people can live, impacting generational wealth and opportunity.

4. Legal Barriers & Power Imbalances:

Buffalo's housing court system is considered "landlord-friendly." Tenants often lack representation and face swift evictions.

5. Crisis Amplifiers:

Poor housing conditions become dangerous during emergencies (e.g., winter storms), especially when landlords avoid repairs or neglect heating.



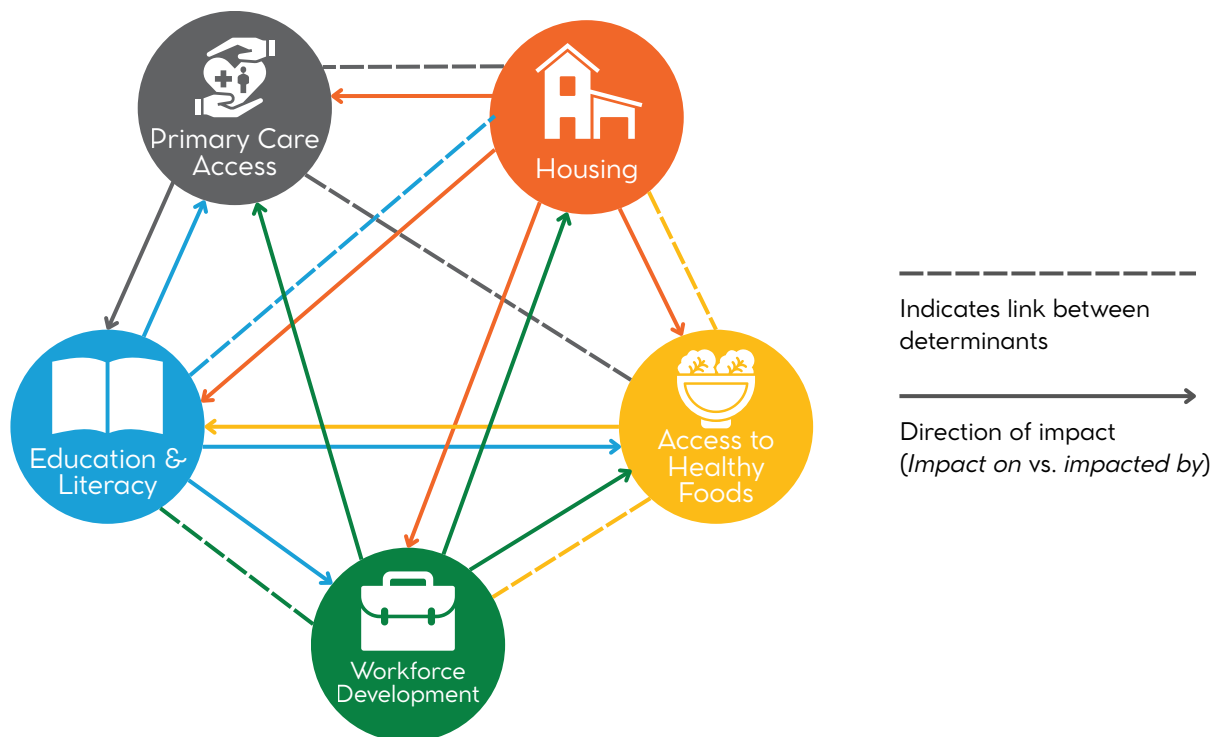
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A NOTE ON THE INTERCONNECTED NATURE OF SDOH

Social determinants of health operate within complex, interdependent systems. Each determinant both influences and is influenced by the others through shared conditions such as income, geography, and public policy.

This report presents each determinant individually for a more nuanced understanding. In practice and in our day-to-day realities, however, they are inseparable. A lack of safe housing, for example, can disrupt school attendance and employment stability, while underemployment limits access to nutritious food, quality healthcare, and stable housing.

The graphic below illustrates how these determinants connect and interact. This visual appears again in later sections of this report to expand on and break down the systemic relationships within each SDOH. Understanding these linkages helps ensure that interventions in one area strengthen, rather than strain, progress in another:



The following sections begin by examining broader conference outcomes that trace commonalities in barriers, stakeholders, and interventions across the SDOH. After this broad overview, we examine each SDOH's unique challenges, stakeholders, and opportunities for action within the context of Buffalo's broader ecosystem of health equity.

III. COMMUNITY PLANNING MODEL

To move from discussion to action, the conference used an interactive planning model that centered community expertise and collaborative problem-solving. This section begins with the structure of the approach and extends into an analysis of findings — both broadstroke and specific to each of the five focal areas.

STRUCTURE

- 231 participants attended the conference.
- Five breakout sessions were offered, each focused on one Social Determinant of Health (see Appendix A for breakout session descriptions):



Mapping Our Homes, Building Our Future



Bridging the Gap: Healthcare for Everyone



From Farm to Table: Cultivating Food Equity



Pathways to Prosperity: Workforce Opportunities



Learning for Life: Literacy & Education

Note: Attendees had the opportunity to participate in two breakout sessions over the course of the conference, ensuring diverse perspectives across determinants.

- Within each breakout room, participants collaboratively identified:
 - Key barriers and challenges specific to the assigned SDOH
 - Primary stakeholder groups relevant to barriers and challenges named
 - Potential interventions and solutions
- Breakout session outputs were then displayed in a gallery walk, allowing participants to:
 - Review and vote on the most promising interventions using dot stickers (“dotmocracy”)
 - Add missing insights or gaps on a poster adjacent to the intervention description
 - Engage in peer learning and discussion as they considered interventions and voted

NOTE ON THE VOTING PROCESS

The Gallery Walk portion of the conference used a dotmocracy voting approach to capture group feedback and prioritize interventions with the highest volume of community support. As a participatory method, dotmocracy allots participants a set number of sticky dots to indicate their support (“vote”) for certain interventions. Those interventions with the highest number of dots are considered to be the highest priority among the group.

While the dotmocracy voting process risks introducing elements of groupthink, it was employed in the Gallery Walk to deepen engagement — giving participants a tangible way to shape outcomes and next steps. This process helped to:

- Increase participant reflection and information retention
- Encourage continued engagement between breakout sessions
- Create opportunities for dialogue and collective learning

FROM PROCESS TO FRAMEWORK

The ideas generated during pre-conference engagements, breakout sessions, and the gallery walk form the foundation for the next phase: a community-informed Strategic Planning Process and culminating Plan for Health Equity. This process will be led by a multi-sector collaborative, bringing together community leaders, government partners, healthcare institutions, funders, and residents to translate these findings into actionable goals and strategies.

The following two sections summarize the outcomes of Igniting Hope’s initial community brainstorming process. All insights come directly from conversations held in the pre-conference sessions, the breakout discussions during the conference, and the written input shared during the Gallery Walk. The information is presented here as a shared reference point for the strategic planning work ahead — a baseline of what community members surfaced as the most urgent challenges, key stakeholders, and opportunities for action.

IV. OVERARCHING OUTCOMES

KEY BARRIERS

Across the pre-conference panels and breakout sessions, participants routinely identified barriers that cut across every social determinant of health. Those listed below reflect themes that surfaced consistently. Interventions designed to overcome these barriers should be seen as priorities in addressing health equity.



Infrastructure

- Inadequate transportation system
- Inadequate education system
- Inadequate childcare infrastructure



Diversity of Supports

- Lack of supports specifically for seniors, people with disabilities, and New Americans



Cultural Barriers + Biases

- Racism and bias present in every system - infrastructure, education, housing, employment, healthcare
- Lack of culturally competent programming ("one right way" thinking)



Income + Generational Wealth

- Income inequality
- Inadequate financial literacy



Access to Resources

- Unequal internet access
- Lack of funding for CBOs
- Lack of community education & information



Inequitable Systems

- Decision making processes that exclude community voices
- Bureaucracy causing inefficient systems that are difficult to navigate
- Lack of accountability for those in power

OVERARCHING OUTCOMES

KEY STAKEHOLDERS

Participants identified key stakeholders who should be engaged and involved in addressing cross-cutting inequities. The following stakeholders were named across all working groups and should be engaged in addressing health equity across the board.

Stakeholder Group	Key Role(s)	Members
Community Members and Grassroots Leadership	Meaningfully involve in decision making and keep informed.	• Community members and residents • Faith communities and spiritual leaders • Emerging leaders • Youth • Small business owners • Community leadership groups, advisory boards, block clubs, and neighborhood associations • New Americans and immigrant communities • Disability community • Seniors and older adults
Communication and Influence Partners	Leverage to help shift public perception, share narratives, and elevate community priorities.	• News and media organizations • Influencers and public figures with large followings in the City of Buffalo
Policy and Governance Leaders	Involve in and hold accountable to implementing community-led interventions and hold accountable to prioritizing community.	• Lawmakers and policymakers • Nonprofit organizations and advocacy coalitions

Stakeholder Group	Key Role(s)	Members
Knowledge and Learning Partners	Involve in developing, implementing, and evaluating interventions by leveraging data, evidence, and lessons learned to inform decision-making.	• Researchers and academic institutions • Key stakeholders from successful initiatives who can share best practices and lessons learned
Financial and Strategic Supporters	Fund community-led interventions.	• Philanthropic organizations and funders • Government-funded programs • Grants institutions
Employers	Leverage as an essential partner in implementing interventions.	• Employers operating in the region

OVERARCHING OUTCOMES

KEY INTERVENTIONS

The following interventions were named in some capacity in each working group and should be treated as foundational, priority actions due to their far-reaching and layered impacts.

Intervention	Description
#1: Conduct community-level audits	Throughout each working group there was acknowledgement that needs vary from one community to another. To truly center community voices and create culturally competent, meaningful, and relevant strategies to address health equity, resource allocation should be informed by community-level needs assessments.
#2: Address transportation equity	Inadequate transportation was named as a key barrier to every SDOH. Our transportation system places burdens on folks without access to cars and presents trade-offs that people who do own cars do not need to consider. Creating a more equitable transportation system expands employment options, strengthens job security, allows people to take advantage of community programs, reduces cost and time burdens on already disadvantaged communities, and increases access to education, healthy foods, and healthcare.
#3: Develop community leadership structures	Decision making should be informed and led by community members. As such, there should be a formal group of community members who work together to help oversee the implementation of the strategic plan for health equity. While community members should be able to weigh in on and lead interventions that are specific to individual SDOH, they should also work collaboratively across silos to develop and implement intersectional, holistic interventions.

Intervention	Description
#4: Invest in formal and informal community education	Literacy was named as a key barrier in every working group. While formal education has impacts across the board, participants also identified a need for informal community education. Participants identified specific topics for each SDOH. Community education topics relevant to all SDOH were: • Financial literacy • Resource guides and information that connect communities with existing supports • Understanding of policy, governance, and civic processes • Leadership development for young people within the community to become future policy makers and leaders
#5: Educate leadership, decision makers, and elected officials	In all interventions, the people with power should be educated in the community's interests and feedback, as well as cultural humility, respect for differences, and equity-centered values.
#6: Prioritize Education + Housing interventions	Education and housing were the two SDOH that were identified as having key impacts on all others. Inadequate education was named as a key barrier to each SDOH, and housing cost burdens directly impact available income, another key barrier. In instances where resources must be allocated to addressing one SDOH over another, education and housing present opportunities to have positive impacts on health equity overall.
#7: Create accountability structures for government and the private sector to engage with and represent community interests	While not a clear cut or simple intervention, each working group identified a need for increased involvement of – and accountability to – the community. When engaging with elected officials and policy makers, emphasis should be placed on policies that hold government and private companies accountable to community engagement, representing interests, and reducing burdens on disadvantaged communities.

Intervention	Description
#8: Support and fund CBOs	Community based organizations that are already working on addressing SDOH should be connected with resources to increase their impact. Many of these organizations already have the community representation and input, as well as the knowledge and experience to implement health equity interventions.
#9: Involve and incentivize employers	Employers have the power to influence income, workforce development, health insurance, childcare, working schedules that could interfere with accessing essential services and supports, and more. Where possible, employers should be directly engaged in implementation so as to reduce the burden on employees. Elected officials and policymakers should create incentives and regulations to hold them accountable to their workforce.
#10: Raise the minimum wage	Income is directly linked to every SDOH. Nobody in our community should be working and still not have access to the basic necessities that will ensure their wellbeing. Raising the minimum wage is essential to addressing inequity.

V. SDOH-SPECIFIC OUTCOMES

ABOUT THIS SECTION

While the previous section outlined overarching outcomes that connect all Social Determinants of Health, the following pages take a closer look at each of the determinants individually. Here, the focus shifts from broad, cross-cutting outcomes to determinant-specific realities identified through Igniting Hope's breakout sessions and Gallery Walk process.

There are five sub-sections specific to each determinant. Analyses include:

- Connections to other SDOH
- Key Barriers & Challenges
- Primary Stakeholders
- Community-Identified Interventions

Taken together, Sections IV and V reveal both the unique leverage points within each determinant and the opportunities for alignment across systems — offering a roadmap for collaborative, community-led action toward health equity in Buffalo.

SDOH-SPECIFIC OUTCOMES

LITERACY & EDUCATION

KEY BARRIERS & CHALLENGES

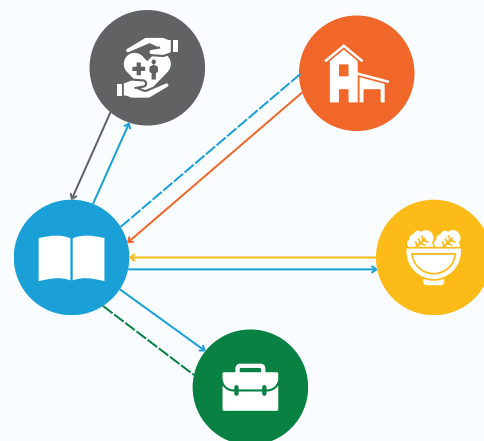
Accountable Funding

- Lack of transparency in fund allocation
- Limited funding sources for literacy programs
- Insufficient resources to meet widespread literacy needs
- Inequitable funding and resource distribution
- Inadequate funding for:
 - Childcare supports
 - Community-based learning (libraries, afterschool programs, adult education)
 - Lifelong learning and extracurricular enrichment

School System Environment & Supports

- Lack of inclusion and universal design for learning; instruction doesn't accommodate diverse abilities or backgrounds
- Dominant narratives in teaching + limited cultural perspectives
- Minimal use of experiential or discovery-based learning
- Success defined narrowly by test scores and rigid measures
- Shortage of qualified professionals, including:
 - Instructional leaders
 - Certified teachers
- BPS does not have access to BOCES
- Outdated curriculum, classroom setup, supplies, etc
- Burden of supplies placed on teachers and families
- Rigid curriculum structures limit creativity and engagement
- Lack of student self-empowerment — success requires conformity to traditional standards
- Lack of communication and transparency within schools
- Minimal focus on non-core classes (arts, trades, etc.)
- Teachers and education professionals see their view as “right” and develop programming without youth input
- Low parent involvement and engagement

AT A GLANCE



IMPACTED BY:



Housing

Cost burdens and stability affecting learning conditions



Access to Healthy Foods

Child learning and cognitive development

IMPACT ON:



Housing

Ability to navigate tenant rights



Workforce Development

Job readiness, skill-building, and qualifications



Access to Healthy Foods

Nutrition knowledge + choices



Access to Primary Care

Medical knowledge + behaviors

LINKED TO:



KEY BARRIERS & CHALLENGES, CTD.

Adult Education

- Limited childcare access for adult learners
- Few funding opportunities due to economic and housing instability
- Cycles of poverty limiting participation in continuing education

Non-Traditional Education & Programming

- Lack of early intervention services before school age
- Unequal access to mentorships, job shadowing, and enrichment opportunities
- Shortage of safe, effective afterschool programs for youth

STAKEHOLDERS

When addressing literacy and education, all stakeholders named in the Key Stakeholders section of this report should be engaged. Stakeholders named specific to this topic include:

Community Members	• Students • Parents and caregivers • People with learning differences
Government & Elected Officials	• School boards
Education Professionals	• Superintendents and administrators • Teachers and union leadership • Bus drivers and support staff
Organizations & Agencies	• Libraries and literacy coalitions • Universities and trade schools • Early childhood programs • Afterschool and youth mentorship providers
Private Sector	• Education material producers and distributors • School bus manufacturers
Transportation	• NFTA • Rideshare drivers
Healthcare	• Pediatricians and child development specialists

COMMUNITY-IDENTIFIED INTERVENTIONS

1: Partnerships & Engagement with Schools

Schools are critical partners in education and literacy interventions. Participants identified the following priorities:

- Empower students to lead and provide input through youth focus groups
- Create accountability structures for schools to incorporate public input
- Facilitate intergenerational conversations between youth, parents, and educators
- Convene regular meetings between community leaders and Buffalo Public Schools to review progress

2: School Changes

Participants recommended several system-level changes to improve literacy outcomes:

- Strengthen internal communication and consistency across schools
- Raise standards and expectations for all education professionals
- Shift decision-making from individual buildings to district-wide coordination
- Re-envision what literacy and “success” in school entails
- Implement explicit instruction for all students and include multiple perspectives in learning
- Add shadowing, apprenticeship, and mentorship opportunities
- Establish outcome-based evaluations for teachers

3: Training & Support for Educators

Educators need continued investment and flexibility to improve instruction quality. Key actions include:

- Leadership and management training for administrators
- Professional development in alternative learning styles
- Flexibility to introduce innovative teaching methods
- Incentives for teachers who demonstrate improved outcomes
- Paid professional training for ongoing skill development

COMMUNITY-IDENTIFIED INTERVENTIONS, CTD.

4: Resources & Funding

Participants identified several areas needing expanded or redirected funding:

- Access to high-quality instructional materials
- Provision of classroom supplies currently paid for by teachers and families
- Affordable transportation programs or stipends for students
- Adult literacy programs
- Reallocation of funding from legacy programs to those with the greatest community impact

5: Community Education

- Transportation training, including easier access to route information and schedules to navigate public transit
- Education around positive parenting approaches to support child learning at home
- Guidance for parents on how to strengthen literacy and education outcomes for children

6: Support Program Development

- Mutual aid drivers to address transportation and mobility gaps
- Support programs for teachers engaged in and motivated to improve outcomes
- Culturally relevant mentorship programs for youth
- Safe, enriching, and effective afterschool programs for all ages
- Accessible early childhood education programming

7: Government & Policy

- Create accountability measures requiring schools to engage with community input
- Establish transportation equity as an education issue, including:
 - Increased safety and security on public transit
 - Expanded routes and frequency
 - Introduction of affordable alternatives to rideshare options

INTERSECTIONAL INTERVENTIONS

The following workforce development interventions were identified specifically to improve literacy. Groups working on literacy and workforce development should work collaboratively to develop and implement these programs:



Workforce Development

- Workforce development programs specifically to create a pipeline of qualified educators
- Job training and upskill programs for educators to stay current on educational best practices and wraparound supports

SDOH-SPECIFIC OUTCOMES

HOUSING

KEY BARRIERS & CHALLENGES

Substandard Housing

- Aging and outdated infrastructure
- Lack of incentives to repair vacant homes
- Weak accountability for landlords and developers
- Prioritization of new housing development over repair and rehabilitation of existing homes

Education & Literacy

- Limited knowledge of:
 - Homebuying and investing
 - Basic home repair and maintenance
 - Tenant rights and financial literacy
- Inferior public education

Wealth Extraction/Power Imbalance

- Developers and property owners often live outside the community
- Disconnect between tenants and landlords due to class and power differences
- Rising rent prices and tenant fear of retaliation
- Developers prioritizing profit over people
- Limited access to legal representation for tenants

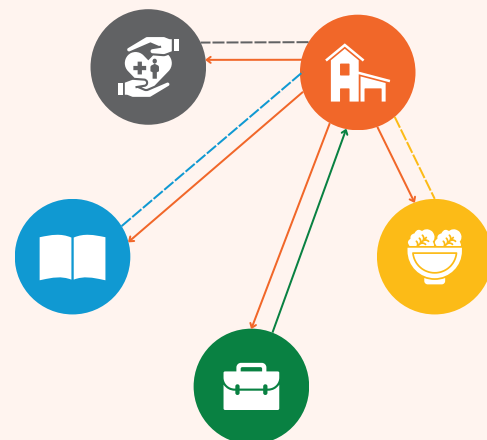
Socioeconomic Inequities

- Housing cost burdens disproportionately affect low-income residents
- Barriers for seniors, including:
 - “Senior orphans” without family support
 - Income gaps during retirement
 - High costs of assisted living

Homelessness

- Driven by financial instability, lack of affordable housing, and insufficient wraparound supports

AT A GLANCE



IMPACTED BY:



Education & Literacy

Tenant rights + homeownership literacy



Workforce Development

Income stability + housing access

IMPACT ON:



Education & Literacy

Learning + school attendance



Workforce Development

Job proximity + mobility



Access to Healthy Foods

Proximity to fresh food



Access to Primary Care

Proximity to healthcare services

LINKED TO:



KEY BARRIERS & CHALLENGES, CTD.

Racism & Discrimination

- Lasting impacts of redlining and neighborhood segregation
- Discrimination in renting and buying processes
- Religious and cultural barriers to homeownership
- Generational poverty and inequitable wealth transfer

Lack of Quality Support & Regulation

- Bureaucratic application processes for aid
- Long waits for housing and housing assistance
- Weak enforcement in housing courts and inspection systems
- Fragmented services without wraparound coordination

RELEVANT STAKEHOLDERS

When addressing stable housing, all stakeholders named in the Key Stakeholders section of this report should be engaged. Stakeholders named specific to this topic include:

Community Members	• Tenants and renters • Homeowners • Unhoused populations
Private Sector	• Developers and property managers
Legal System	• Lawyers and court staff handling housing and code enforcement
Healthcare & Education	• Healthcare system leaders and decision makers • School system staff and educators

COMMUNITY-IDENTIFIED INTERVENTIONS

1: Tenant Union Development

Participants identified a need for a Tenant Union to represent renters' interests, strengthen accountability, and prioritize tenant rights.

- Start with separate organizing tracks for renters and homeowners
- Bring both groups together later to identify shared goals and negotiate collaboratively

COMMUNITY-IDENTIFIED INTERVENTIONS, CTD:

2: Community Education

In addition to expanding financial literacy education, which was identified as a key intervention that impacts all SDOH, the following community education topics were identified as priorities specific to stable housing.

- Homebuying and investment education
- Building generational wealth through ownership
- Tenant rights

3: Wraparound Support Programming

Because housing stability is deeply interconnected with other SDOH, participants recommended holistic, wraparound programs that view housing as one piece of a broader ecosystem of supports (e.g., income, health, food access, and transportation).

4: Government & Policy

Participants emphasized the need for stronger regulation, accountability, and public investment in housing systems. Key actions include:

- **Homebuying regulations** that create separate processes for homebuyers who are buying due to a housing need vs. those who are buying as an investment.
- **Expanded first time homebuyer program** that incentivizes people to make wise buying decisions.
- **Increase funding, training, and accountability** for housing inspectors.
- **Strengthen accountability for landlords and protections for vulnerable groups** (seniors, low-income residents, disabled individuals).
- **Develop a citywide housing crisis plan** with key milestones and mechanisms for monitoring and accountability. This plan should create wraparound services/supports to address stable housing as a holistic issue.
- **Introduce affordable housing policies and redevelopment programs** for existing structures.
- **Evolve Section 8 programs** to support pathways from rental assistance to homeownership.

COMMUNITY-IDENTIFIED INTERVENTIONS, CTD:

5: Funding & Resource Allocation

Programs identified as priorities for funding include:

- **Educational programming** for renters and homeowners on maintenance, wealth-building, and financial literacy
- **Financial assistance** for home rehabilitation and renovation, especially for older properties

Note: Across breakout discussions, participants emphasized the need to decommodify housing — reframing it from an investment or money-making goal to a community-building and public health priority. This shift cannot be achieved with a single intervention, but the vision can guide how future resources, programs, and funding are allocated.

INTERSECTIONAL INTERVENTIONS

The following literacy and education programs were identified as interventions to address stable housing. This intervention is highlighted to identify a focus area where groups working on literacy and stable housing should work collaboratively.



Education & Literacy

- Financial literacy programs
- Investing 101
- Building generational wealth through homeownership

In addition, each of the Key Interventions identified in an earlier section of this report were identified as essential to advancing housing stability due to its foundational impact on other social determinants.

SDOH-SPECIFIC OUTCOMES

 WORKFORCE DEVELOPMENT

KEY BARRIERS & CHALLENGES

Employer-Related Challenges

- Lack of paid training and upskilling opportunities
- Unreasonable minimum job requirements
- Absence of mentoring or support systems for new employees
- Bias and discrimination in hiring processes
- Hiring teams disconnected from community needs
- Nepotism and favoritism in recruitment
- Limited DEI awareness and exposure to diverse experiences
- Complex and unclear hiring procedures

Existing Programming

- Programs often designed without community input
- Lack of community navigators and coaches who reflect participants' lived experiences
- Minimal post-program support for sustained employment

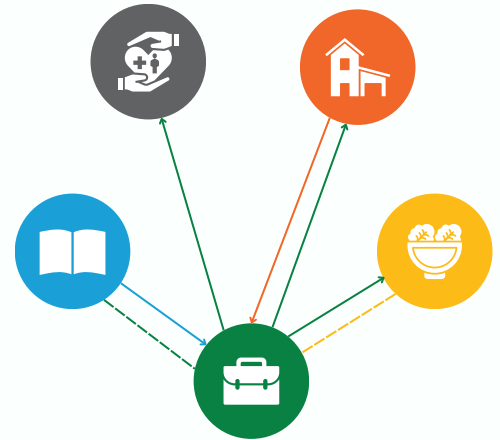
Barriers to Participation

- Transportation and childcare limitations
- Lack of access to employment necessities (clothing, grooming, documentation, etc.)
- Barriers for disabled individuals due to limited workplace accommodations, resources, and awareness
- Low awareness of existing employment programs and opportunities

Education & Literacy

- Under-resourced and inequitable school systems
- Discrimination in educational access and advancement
- Low digital literacy and exposure to technology; minimal access to AI and tech-based learning
- Lack of soft skills, job readiness + maintenance training
- Little emphasis on entrepreneurship, leaving people reliant on obtaining employment
- Lack of youth programming to tap into talents and strengths

AT A GLANCE



IMPACTED BY:

-  **Education & Literacy**
Training access + job readiness
-  **Housing**
Cost burdens, stability, and location relative to jobs
-  **Access to Primary Care**
Health + ability to work

IMPACT ON:

-  **Education & Literacy**
School + resource access
-  **Housing**
Affordability + access
-  **Access to Healthy Foods**
Affordability + access
-  **Access to Primary Care**
Affordability + access

LINKED TO:



STAKEHOLDERS

When addressing workforce development, all stakeholders named in the Key Stakeholders section of this report should be engaged. Stakeholders named specific to this topic include:

Community Member	• Credentialed but underemployed individuals • Economically disadvantaged residents • Undocumented individuals • City employees
Programs & Agencies	• Industrial Development Agencies (IDAs) • OSHA • Unions
Employers & Institutions	• Major local employers and HR leaders • Workforce training providers

COMMUNITY-IDENTIFIED INTERVENTIONS

1: Employer/Workplace Policies + Initiatives

Participants identified the need for organizational changes that prioritize employee growth, well-being, and equitable access. Key actions include:

- Investment in employee upskilling and paid training
- Required feedback on applications for transparency and growth-opportunities
- Work cultures emphasizing emotional and psychological safety
- Flexible and equitable scheduling policies

2: Engagement & Partnerships

The following partnerships were identified as essential to building inclusive, sustainable workforce systems:

- Community self-care and wellness programs to reduce burnout
- Collaboration with substance use support organizations to address employment barriers
- Strengthened partnerships between employers and workforce development programs

COMMUNITY-IDENTIFIED INTERVENTIONS, CTD:

3: Program Development & Reform

Participants called for the following changes to existing workforce programs:

- Incorporate youth programming and early exposure to career pathways
 - Expand on-the-job training and field-based learning
 - Increase education and awareness around employee rights
 - Introduce programming that encourages tapping into existing talents and strengths
 - Integrate soft skills and job maintenance training
 - Incorporate wraparound services to reduce barriers to participation (e.g. transportation stipends, childcare, etc)
-

4: Community Education

Community education initiatives should equip residents with information and tools for long-term employment success. Priority areas include:

- AI and digital literacy training
 - Worker rights education
 - Connection to existing workforce development programs/opportunities
 - Career exploration and connection to job pipelines
 - Upskilling programs for employed individuals seeking advancement
-

5: Government & Policy

Policy recommendations focused on accountability and access. Key ideas include:

- Offer employer incentives for hiring locally and from disadvantaged populations
- Hold corporations accountable for job creation, wages, and retention
- Strengthen worker protections and benefits

COMMUNITY-IDENTIFIED INTERVENTIONS, CTD:

6: Funding & Resource Allocation

Funding priorities identified include:

- CBOs and workforce programs with proven success
- Frontline organizations that connect residents to opportunities
- Education reimbursement initiatives
- Paid training programs that bridge skill gaps

INTERSECTIONAL INTERVENTIONS

The interventions in the following section were identified as actions that should be taken to address access to workforce development, but directly involve other SDOH. These interventions are highlighted here to identify key areas where teams working on addressing specific SDOH should work collaboratively to increase the impact of otherwise standalone interventions.



Education & Literacy

- Introduce job readiness training and career exploration at an earlier age
- Develop entrepreneurship programs to expand pathways beyond traditional employment
- Introduce programming that encourages youth to understand their existing talents and strengths, the value of these strengths, and how they can be applied in a practical setting.



Access to Healthy Foods

- Engage food systems and supply chain professionals to collaborate with schools and workforce programs
- Build STEM and agricultural workforce pipelines through partnerships with local growers and educators

SDOH-SPECIFIC OUTCOMES



ACCESS TO PRIMARY CARE

KEY BARRIERS & CHALLENGES

Literacy & Navigation

- Low health literacy and difficulty navigating the healthcare system
- Limited understanding of how to find and access specialty care

Shortage of Culturally Competent Providers

- Limited accessibility of medical training pathways
- Shortage of primary care providers (PCPs) accepting Medicaid
- Lack of provider representation from diverse backgrounds
- Shortage of specialists and long wait times

Healthcare System Environment

- Lack of compassionate, culturally competent, or trauma-informed care
- Distrust of the healthcare system due to bias and past harm
- Fragmented communication between providers, pharmacies, and insurers
- Medical racism and medical bias (e.g., fatphobia, ageism, and heteronormative bias)
- Overwhelming, bureaucratic systems that are difficult to navigate
- “Business hours” present a need to miss work to get care

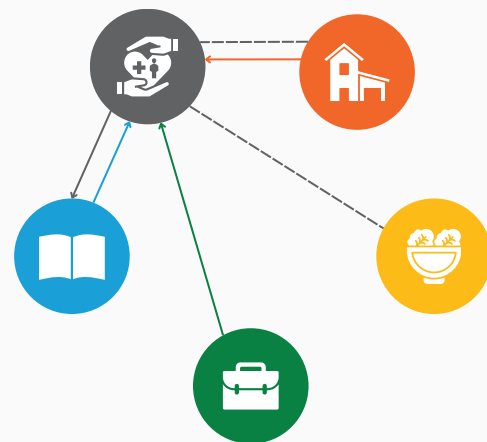
Environmental & Structural Barriers

- Geographic location of quality PCPs and limited transportation options
- Limited options in rural areas

Financial Access

- Restricted insurance networks and limited coverage
- Income inequality and unaffordable out-of-pocket costs
- Lack of insurance for people without stable employment

AT A GLANCE



IMPACTED BY:

-  **Housing**
Stability, location, + environment
-  **Education & Literacy**
Navigation + comprehension
-  **Workforce Development**
Access to benefits + insurance

IMPACT ON:

-  **Education & Literacy**
Attendance + learning outcomes
-  **Workforce Development**
Ability to work + sustain jobs
-  **Access to Healthy Foods**
Nutrition + chronic disease management

LINKED TO:



KEY BARRIERS & CHALLENGES, CTD.

Cultural Influences

- Mistrust in medicine reinforced by misinformation and false claims online
- Self-diagnosis via social media or unverified sources

STAKEHOLDERS

When addressing access to primary care, all stakeholders named in the Key Stakeholders section of this report should be engaged. Stakeholders named specific to this topic include:

Community & Advocacy	• Disability community and caregivers • Advocacy agencies (disability, healthcare, rural policy) • Immigrant and refugee support organizations
Healthcare System	• Primary care providers (PCPs) • Hospitals and community health centers • Healthcare workers and professional associations • Health foundations and funders • Insurance companies
Education & Training	• Schools (K–12 through medical education)

COMMUNITY-IDENTIFIED INTERVENTIONS

1: Engagement & Partnerships with the Medical Community

Primary care providers, hospitals, and healthcare workers are essential partners in improving access. Key interventions include:

- Expedited support processes for people with disabilities
- At-home visits and mobile care units
- Expanded care hours beyond the standard workday
- Transportation stipends for appointments
- Multilingual discharge notes and communication
- Community engagement sessions (e.g., town halls, listening sessions)
- Provider rotations in high-need neighborhoods

COMMUNITY-IDENTIFIED INTERVENTIONS, CTD:

2: Medical Community Training

Participants emphasized the need for ongoing training across all healthcare settings:

- Disability awareness and anti-bias training
 - Anti-racism and anti-oppression training
 - Trauma-informed and compassionate care practices
 - Cultural competency and inclusive communication
-

3: Community Education

Participants identified a need for widespread community health education, including:

- Multilingual health literacy programs
 - Story-sharing initiatives to rebuild trust between residents and providers
 - Community conferences on medical education and system navigation
 - Guides to accessing specialty care and understanding insurance
-

4: Support Program Development

Programs recommended for development or funding include:

- Disability support services for navigating the healthcare system
 - Caregiver support programs with fair pay and training support
 - Programs to help New Americans find care and navigate the healthcare system
 - Mentorship programs for primary care professionals who represent community youth
-

5: Government & Policy

Policy-level recommendations focused on access, affordability, and accountability:

- Increased incentives for nonprofits to provide medical transportation
- Education reimbursement for medical school and healthcare training
- Transportation reimbursement programs for patients and providers
- Increased protection of health and human rights
- Advocacy for universal healthcare

COMMUNITY-IDENTIFIED INTERVENTIONS, CTD:

6: Funding & Resource Allocation

Funding priorities identified include:

- Financial assistance for vulnerable populations (disabled, New Americans, financially disadvantaged, etc.)
- Mobile care units and neighborhood health initiatives

INTERSECTIONAL INTERVENTIONS

The interventions in the following section were identified as actions that should be taken to address access to primary care, but directly involve other SDOH. These interventions are highlighted here to identify key areas where teams working on addressing specific SDOH should work collaboratively to increase the impact of otherwise standalone interventions.



Education & Literacy

- Career pathway programs for middle and high school students interested in healthcare careers



Workforce Development

- Pipeline programs to increase culturally competent providers
- Tuition reimbursement and paid medical training opportunities
- Bias training programs for those seeking employment in the medical field

SDOH-SPECIFIC OUTCOMES

 ACCESS TO HEALTHY FOODS

KEY BARRIERS & CHALLENGES

Access & Resources

- Time and resource scarcity due to location, access to transportation, and income inequality
- Food Apartheid: Limited access to affordable, healthy foods in systemically under-resourced neighborhoods

Education & Literacy

Insufficient health education and literacy around:

- Understanding what foods are truly healthy and why
- Prepping and cooking food
- Knowing the difference between canned, frozen, and fresh foods
- Waste management, portion sizes, and shopping for food
- Navigating food assistance programs

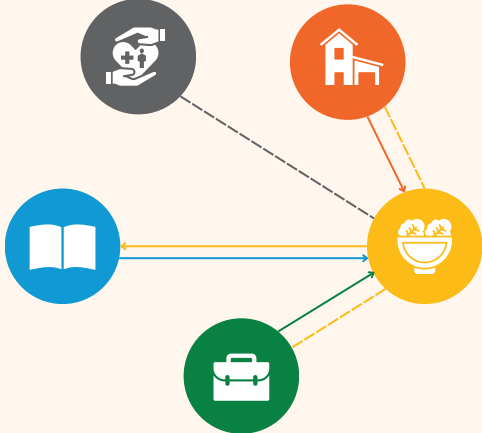
Policy Gaps

- Complexity in navigating financial assistance and food aid programs
- Lack of development policies that build where the need exists rather than where profit is highest

Industry & Market Influences

- Food systems not viewed as public infrastructure — left to private sector control
- Local supply chain gaps mean that fresh, quality foods don't reach certain grocery stores
- Communities disconnected from growing and producing their own food
- Lack of culturally relevant doctors and nutritionists

AT A GLANCE



IMPACTED BY:

 **Education & Literacy**
Access to nutritional knowledge

 **Housing**
Cost burdens and location

 **Workforce Development**
Food systems jobs + local supply chains

IMPACT ON:

 **Education & Literacy**
Learning outcomes + focus

 **Access to Primary Care**
Illness tied to nutritional deficits

LINKED TO:





STAKEHOLDERS

When addressing access to healthy foods, all stakeholders named in the Key Stakeholders section of this report should be engaged. Stakeholders named specific to this topic include:

Food Systems Influencers	• Big food processors • Large grocery chains (Wegmans, Tops) • Delaware North • Local farmers, growers, and farm workers
Healthcare & Education Professionals	• Healthcare providers (pediatricians, social workers) • Primary and secondary educators, school boards • Universities and colleges with health professional programs (e.g., UB) • Health insurance providers
Food Assistance & Community Orgs	• The Food Bank of WNY • Nutrition-centered grassroots organizations • Local pantries
Policy & Government	• Policymakers in food assistance and SNAP programs

COMMUNITY-IDENTIFIED INTERVENTIONS

1: Engagement & Partnerships

The key stakeholders identified for this SDOH each play a vital role in developing and implementing interventions related to access to healthy foods. The following strategies focus on how these stakeholders can be engaged and partnerships strengthened to address barriers.

- **Partner with youth- and family-serving CBOs** to deliver community education and food literacy programs.
- **Learn from food-oriented CBOs** to understand existing resources and integrate them into public campaigns.
- **Engage content experts to make healthy eating practical** and culturally relevant.
- **Develop a Community Food Council** to lead food-related initiatives and guide citywide strategy.
- **Pilot a Food Policy Coalition** linking the Community Food Council, elected officials, and key stakeholders.
- **Collaborate with grocery stores** to reintroduce childcare and play spaces in retail environments.
- **Engage bodegas and corner stores** to identify what they need to stock fresh, healthy food options.

COMMUNITY-IDENTIFIED INTERVENTIONS, CTD:

2: Community Education

Due to the volume of marketing that communities encounter from private food companies, narratives around healthy eating are heavily influenced by those who profit off of our current food system. Community-led counter-marketing and education campaigns can help equip consumers with information that is beneficial for them, not private companies. The following were identified as key elements of community education initiatives around healthy foods.

- **Shift the narrative around healthy eating and food by promoting messages that are:**
 - Culturally relevant
 - Focused on practical food groups, not fad diets
 - Nonjudgmental and accessible
- **Educate voters on:**
 - Food policy and its impacts
 - Changes to food policy
 - Opportunities to impact food policy
- **Host community-based learning spaces centered around cooking and nutritional literacy:**
 - Food fairs and pop-ups featuring demos, workshops, and local resources
 - Community dinners and shared meals that bring neighbors together and introduce healthy, affordable food options
- **Develop and circulate resource guides that:**
 - Explain how to access local food resources and assistance programs
 - Share food literacy information.
 - Specify what is appropriate to donate to food pantries and food banks, including food that would otherwise go to waste
- **Fact-check and counter harmful messaging:**
 - Verify claims about diets and “health” trends on social media
 - Develop programs that address social media’s influence on eating disorders, especially among youth
 - Educate on the health impacts of fad diets and “yo-yo” eating cycles
- **Engage policymakers through education:**
 - Create a food-specific advocacy strategy that helps elected officials understand local food system needs and policy opportunities

COMMUNITY-IDENTIFIED INTERVENTIONS, CTD:

3: Government & Policy

The following policy-level interventions were identified as priorities for creating equitable access to healthy foods and reframing food systems as essential public infrastructure.

- **Create a food systems plan.** With the help and input of the key stakeholders identified in this section, our government should create a plan to create equitable access to healthy foods with clear milestones, transparency, monitoring and accountability mechanisms.
- **Treat food as public infrastructure,** not solely a private market issue.
- **Increase store inspections for quality and cleanliness,** especially in communities where stores are considered less profitable, but needs are highest.
- **Standardize food pricing** across regions to reduce inequity.
- **Regulate food marketing and health claims,** including banning targeted marketing of “healthy” foods to children and fact-checking and monitoring online health misinformation.
- **Favor policies that shift food production priorities** by reducing animal agriculture and corn production and refocusing on healthier, more sustainable, and more varied diets.
- **Expand access to SNAP** and related support programs.
- **Expand food-related support programs** for people with disabilities and seniors, focusing on mobile aid.

4: Development & Urban Planning

While overlapping in some instances with policy, these development interventions focus on city planning, infrastructure, and the built environment’s role in food access.

- **Establish community-led grocery stores on the East Side of Buffalo** and increase the number of grocery stores in the city.
- **Increase the range of public transit** to connect residents to grocery options and markets.
- **Update urban zoning codes** to support urban agriculture, community gardens, and food co-ops.

COMMUNITY-IDENTIFIED INTERVENTIONS, CTD:

5: Funding & Resource Allocation

Community members identified both existing programs in need of continued support and new initiatives that should be funded to strengthen equitable food access.

Existing Programs:

- Community fridges
- Food-focused community-based organizations (CBOs)
- Small businesses offering locally sourced and healthy food options

Desired Programs:

- Mobile food markets
- Incentive programs for businesses that prioritize the production and sale of healthy foods

INTERSECTIONAL INTERVENTIONS

The interventions outlined below were identified as actions that should be taken to address access to healthy foods, but directly involve other SDOH. They are highlighted here to identify key areas where teams working on addressing specific social determinants should work collaboratively to increase the impact of otherwise standalone interventions.



Education & Literacy

- **Invest in school-based food literacy** and civic engagement programs for K-12
- **Modernize and reintroduce culturally relevant home economics classes** to address literacy gaps that impact social determinants of health, such as:
 - Cooking
 - Healthy foods
 - Growing food
 - Household finances
- **Create STEM programs** in collaboration with urban farmers and growers informed by STEM-related workforce opportunities available in food systems.
- **Provide healthy foods and meals** to students.



Access to Primary Care

- **Educate PCPs** on cultural competency and culturally-relevant healthy foods.
- **Develop food prescriptions** and encourage the stocking of fresh foods at pharmacies to include as part of treatment plans.

IV. CONCLUSION & NEXT STEPS

The vision for health equity in Buffalo cannot be realized in isolation. Progress depends on sustained collaboration between institutions and the people most impacted by inequity.

The insights gathered through the Igniting Hope Conference and summarized in this report represent more than a snapshot of community perspectives. Together, they form the foundation of a living framework for collective action. Each barrier named, stakeholder identified, and intervention proposed reflects the lived experiences and collective expertise of Buffalo's vibrant community.

This report is meant to be used, tested, and built upon. Organizations, policymakers, funders, and advocates can use these outcomes to:

- Align internal priorities with community-identified needs
- Build partnerships across sectors to address shared challenges
- Invest in interventions that connect, rather than fragment, systems of care
- Elevate community voices in decision-making processes

As the Buffalo Center for Health Equity and its partners continue to engage the community to develop a comprehensive Strategic Plan for Health Equity, the outcomes presented here remind us that sustainable change begins with a collective, intersectional vision, shared accountability, and the willingness to reimagine and rebuild systems together.

VII. APPENDICES

APPENDIX A: BREAKOUT SESSION DESCRIPTIONS

#



HOUSING

Mapping Our Homes, Building Our Future

This interactive session invites participants to examine how housing shapes health in Buffalo and how we can reimagine systems that keep people safe, stable, and housed. You'll join others in mapping out specific challenges based on lived and learned experience.

We'll then shift from challenge to solution, working in small groups to brainstorm innovative, community-driven solutions, and the stakeholders who should be at the table to bring these ideas to life in the community. This is a hands-on, visual session designed for neighbors, renters, advocates, and anyone passionate about housing justice.

#2



ACCESS TO PRIMARY CARE

Bridging the Gap: Healthcare for Everyone

What keeps people from getting the care they need—and how can we design something better? In this interactive workshop, participants will work in small groups with real-world scenarios to explore the barriers community members face when navigating healthcare in Buffalo.

By stepping into the lived circumstances of different individuals, you'll imagine the supports that could make a meaningful difference. Together, we will generate culturally rooted, community-based solutions and identify the key stakeholders needed to bring those solutions to life.

#3



ACCESS TO HEALTHY FOODS

From Farm to Table: Cultivating Food Equity

How can Buffalo ensure that every community has access to healthy, nourishing food? This workshop will bring participants together to examine the barriers to food access and their impact on health. After grounding in data and community context, small groups will identify the most pressing gaps in Buffalo's food system and map out the challenges, stakeholders, and potential solutions.

Through collaborative discussion and visual mapping, participants will uncover systemic issues, highlight opportunities for action, and propose bold, community-driven strategies for change. Whether you're a neighbor, advocate, or practitioner, this session offers a hands-on opportunity to envision a healthier food future for Buffalo.

APPENDIX A: BREAKOUT SESSION DESCRIPTIONS, CTD.

#4



WORKFORCE DEVELOPMENT

Pathways to Prosperity: Workforce Opportunities

How does workforce development shape community health in Buffalo, and what gaps remain? Employment provides more than income: it influences access to healthcare, stability, and opportunity. In this interactive session, participants will explore workforce development as a key social determinant of health.

Together, we'll ground ourselves in current data and community experience, lift up the realities not always captured in statistics, and identify the most pressing gaps in Buffalo's workforce development system. Through collaborative activities, participants will map stakeholders, surface missing voices, and design bold, actionable solutions. This session is designed for anyone invested in creating equitable workforce development pathways that foster health and wellbeing across Buffalo.

#5



EDUCATION & LITERACY

Learning for Life: Literacy & Education

How do education and literacy shape the health of our communities—and what would it take to imagine something better? In this interactive workshop, participants will explore Buffalo's education and literacy landscape as core drivers of lifelong health. We'll begin by envisioning a future where equitable education and literacy are a reality, then work together to identify the gaps that keep us from that vision.

Through collaborative mapping, small groups will dig into the challenges behind these gaps, highlight the stakeholders who need to be involved, and generate bold, community-driven solutions. Designed for neighbors, educators, advocates, and health leaders alike, this session will spark new ideas for how education and literacy can serve as roots of a healthier Buffalo.



2025 Summary Report Prepared By:



Founded in 2019, Clementine Gold Group is an equity and strategy consultancy that partners with mission-driven organizations to advance inclusion, justice, and impact. Specializing in equity audits, cultural assessments, strategic planning, and design-forward communications, we help institutions move beyond statements toward systems change.

Our team diligently works to create an environment where equitable strategies are not just a goal, but a guiding principle. With experience in government, education, non-profit, corporate, and healthcare organizations, CGG brings a vast array of experience in developing long-term, sustainable change.

Clementine Gold Group is proudly women-owned, Black-owned, and headquartered in Buffalo, NY.

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