

Concept Paper: The Buffalo Center to Eliminate African American Health Disparities African American Health Disparities Task Force—Buffalo, NY

“Injustice anywhere is a threat to justice everywhere” –Martin Luther King, Jr.

The Vision: Buffalo will lead New York and the nation in achieving racial and ethnic health equity.

The Imperative: In a just community, your race should not be a determining factor in your ability to live a full and healthy life. Health is a human right, according to the Universal Declaration of Human Rights—to which the U.S. is a signatory—and a half-dozen other international instruments. Yet in Buffalo, the sixth-most segregated city in the United States, the African American men, women, and children of our urban core are significantly more likely to experience serious, chronic, and often preventable conditions such as respiratory and cardiac diseases, diabetes, and cancer. African Americans in our area die from diabetes at twice the rate of Whites. Black Buffalonians die prematurely at a rate almost twice that of White residents. Infant mortality is three times higher among our area’s African American children than White children.¹ Nationally, Black women die for pregnancy-related reasons at more than three times the rate of White women.²

Why? When it comes to health and well-being, both people and places matter. The World Health Organization (WHO), U.S. Centers for Disease Control and Prevention (CDC), and other experts agree that the social and environmental conditions in which people are born, live, learn, work, play, worship, and age affect a wide range of health, functioning, and quality-of-life outcomes. Indeed, researchers estimate that up to 80% of an individual’s health is shaped by factors other than genetics and personal health choices. These factors, called **social determinants of health**, include economic conditions, education, housing and other aspects of the physical environment, social status, public safety, social networks, and access to health care and other basic resources. **Health disparities** are the population-level differences in health outcomes that are closely associated with systemic, historical social or economic disadvantage.

Such health disparities represent an injustice that must be remedied—but health disparities are also expensive. Nationally, over a single three-year period (2003-2006) minority health disparities are estimated to have cost \$230 billion in direct medical care expenditures alone and \$1 trillion in indirect costs associated with illness and premature death.³

Although the links between neighborhoods and health are not simple, where you live clearly can shape your health. The physical environment, social relationships, services, and other opportunities available in a

¹ Task Force on African American Health Disparity, Report 14 (2015) (citing Poloncarz, M., & Burstein, M. M., Erie County New York Community Health Assessment 2014-2017, Buffalo, NY: Erie County Department of Public Health (2014)).

² Centers for Disease Control, Pregnancy Mortality Surveillance System – Pregnancy-related deaths (2018), retrieved from: <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-mortality-surveillance-system.htm> (maternal deaths in black women (40 deaths per 100,000 livebirths) is more than twice that in white women at 12.4 deaths per 100,000 livebirths or women of other races at 17.8 deaths per livebirths). New York ranks 30th out of the 50 states in maternal mortality, with a rate of 20.9 deaths per 100,000 livebirths. American College of Obstetricians and Gynecologists, Maternal Mortality, State-by-State (2018), retrieved from <https://www.acog.org/-/media/Departments/Government-Relations-and-Outreach/2018MMRCStateFactSheet.pdf?dmc=1&mp%3Bts=20180502T1759498616>.

³ LaVeist, T.A., Gaskin, D., and Richard, P., *Estimating the Economic Burden of Racial Health Inequalities in the United States*, 41 *Intl J. Health Servs.* 231 (2011).

neighborhood can either enhance or constrain an individual’s ability to be healthy and well. For example, African American residents living in neighborhoods scattered across just five high-poverty zip codes in the city of Buffalo comprise nearly three-quarters of Erie County Department of Health Clinic patients and die prematurely at a rate almost 300% higher than White Buffalonians who live outside of these areas.⁴

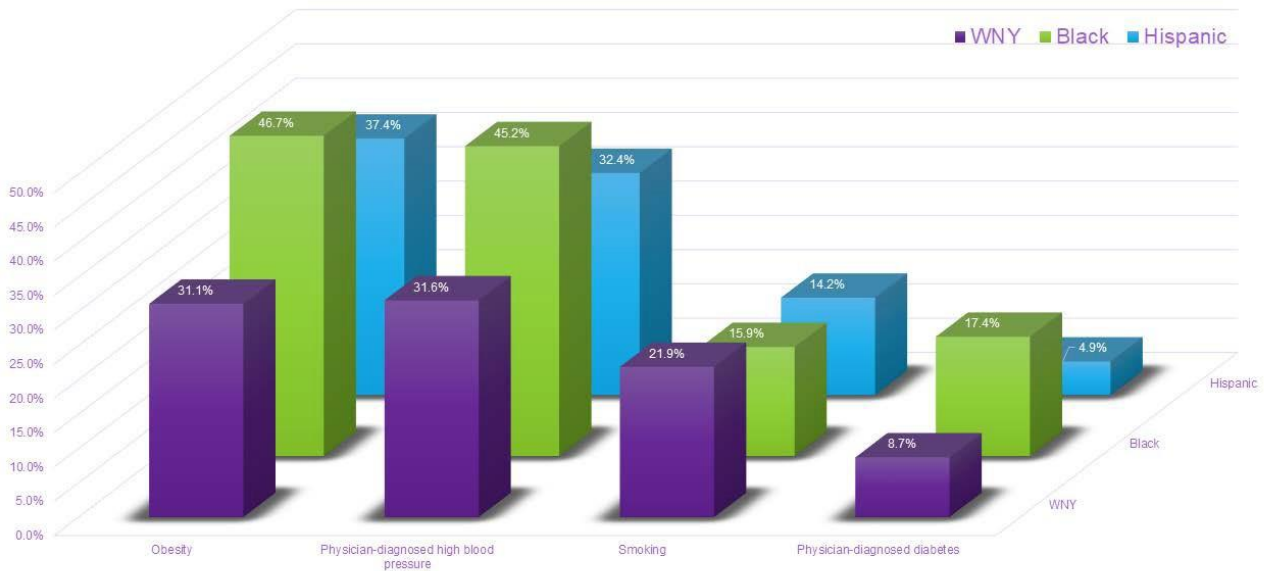


Figure 1. Western New York African American and Hispanic Disparities on Key Health Indicators. Credit: Population Health Collaborative

No one sector alone can effectively address the social determinants of health or the neighborhoods in which they are manifested. Indeed, you cannot fundamentally change health outcomes without changing significantly the neighborhoods in which blacks live. The interdisciplinary, interprofessional, and community-engaged Buffalo Center to Eliminate African American Health Disparities (The Buffalo Center) will coordinate, inform, and leverage all of our community’s capacity to remedy the health disparities that exist in our urban core and to support our city in becoming a place where all people have an equal opportunity to live a life of health and well-being.

The Mission: To develop and implement a comprehensive strategy that eliminates race-based health disparities in Buffalo through an inclusive, evidence-based, neighborhood-by-neighborhood focus on social determinants of health.

⁴ Task Force on African American Health Disparity, Report 8-9 (2015) (citing Gale R. Burstein, Community Health Assessment; retrieved from <http://www2.erie.gov/health/sites/www2.erie.gov.health/files/uploads/pdfs/CHA.pdf> (2014); and Poloncarz, M., & Burstein, M. M., Erie County New York Community Health Assessment 2014-2017, Buffalo, NY: Erie County Department of Public Health (2014)).

The Foundations: The Buffalo African American Health Disparities Task Force. The Buffalo Center grows out of a successful existing community-university coalition—the African American Health Disparities Task Force (AAHDTF). The AAHDTF has been active since 2015, issuing a comprehensive report on local health disparities and developing ongoing programming. Task Force membership includes leaders representing the faith community, healthcare organizations that provide care to underserved populations, community organizations (Population Health Collaborative, Planned Parenthood, Erie County Medical Center, Erie County Department of Health) and representatives of seven schools of the University at Buffalo, State University of New York (Medicine, Nursing, Public Health, Law, Management, Architecture and Planning, Graduate School of Education). The group has met monthly since 2015.

In April 2018, the Task Force organized and conducted a day-long community-university agenda-setting conference, *Igniting Hope: Building a Just Community with a Culture of Health and Equity*. With a budget of \$27,000, the conference was sponsored by 22 community and university groups, eliminating the need for registration fees in order to attract a broad representation of the community. This enormously successful conference was attended by over 200 community members and university faculty and staff and received extensive press coverage. The conference included two keynote addresses by nationally-recognized experts in health disparities and several facilitated breakout groups for brainstorming on selected aspects of social determinants of health. Extensive data were collected from the breakout groups and were aggregated and are being integrated into a complete report.

The Center: The Buffalo Center will 1) coordinate and support superior academic research on community-identified needs and 2) translate that research into strategies for building healthy neighborhoods in authentic collaboration with community organizations, government agencies, philanthropic organizations, local businesses, academia, and individual community members.

Structure. The Buffalo Center will be an independent not-for-profit entity that will seek to be affiliated with the University at Buffalo (UB). It will be led by a senior scholar with a distinguished professional background in healthdisparities research and community engagement. This executive director/research lead will provide the strategicvision for The Centeras well as oversee its research core.

Like a strong cord, the work of The Buffalo Center will be comprised of five intertwined threads: 1) research, 2) policy development, 3) community engagement, 4) advocacy and communication, and 5) neighborhood development. To ensure that the substantive cores are equipped to meet The Buffalo Center’s mission, each core will be headed by an accomplished professional who will lead a small full-time staff as well as leverage UB and other resources to extend The Buffalo Center’s capacity in that domain. A strong strategy and operations core will be comprised of the Director and substantive core leads plus a full-time deputy director for operations.

In addition to its professional staff, The Buffalo Center will invite residents of the area to invest their time and energies as individual members. Members will form a corps of volunteers key to The Buffalo Center's success in all its domains of activity. The AAHDTF will serve as an advisory board to The Center.



Activities. Pursued in concert, these activities will form a comprehensive strategy to eliminate race-based health disparities in Buffalo. The Buffalo Center will focus on the neighborhood as the appropriate unit for assessing and addressing disparities through multidisciplinary and interdisciplinary research, genuine community engagement and capacity-building, continuous communication, and leveraging community assets.

Figure 2. Organizational Structure of The Buffalo Center to Eliminate African American Health Disparities

- **Research**

- Engage in superior academic research to identify patterns of African American health disparities in the Buffalo region, to understand the root causes of those disparities, and to evaluate the effectiveness of policy and practice interventions to improve health equity in the area.
- Coordinate the design and conduct of rigorous research projects that will test the efficacy of novel interventions to improve health outcomes resulting from social determinants of health. These ambitious new projects will be supported by new grants, leveraged by the expertise and critical grass roots community partnerships of The Buffalo Center.
- Collaborate with the community engagement core to effectively use, wherever possible, community-based participatory research and other community-engaged research methods to generate new knowledge.
- Evaluate the current state of the academic literature and local knowledge about the social determinants of health and neighborhood effects on health outcomes.
- Develop a framework that allows the neighborhood to be the unit of analysis on health issues and apply it to understand neighborhood effects on undesirable health outcomes.
- In collaboration with the neighborhood development core, the community engagement core, and the Erie County Department of Health, develop asset of neighborhood-scaled performance indicators and a health monitoring system for assessing health conditions and outcomes at the neighborhood level.

- Collaborate with the policy development core to propose and support implementation of policy change that eliminates disparities.
- In collaboration with the advocacy core, develop research briefs for regional distribution.
- In collaboration with the advocacy core, develop ways to support new research and innovative interdisciplinary/transdisciplinary research collaborations.
- **Community Engagement**
 - Convene community conversations on social determinants of health and existing programs' impact on health.
 - With the community engagement and policy development cores, convene community conversations related to public policy and its impact on the social determinants of health.
 - Support the research core in ensuring that research strategies and projects engage directly with relevant community members.
 - In coordination with the advocacy core's communication campaigns, recruit individual membership corps and coordinate volunteer participation in activities of The Center.
 - In collaboration with the advocacy core, develop organizational and other community partnerships with community-based organizations, health providers, private foundations and businesses, schools, etc.
 - In collaboration with community partners and the research and policy development cores, initiate culturally-tailored, neighborhood-based health initiatives and other new programs that will have direct favorable effects on social determinants of health and health equity.
 - In collaboration with the neighborhood development core, the research core, and the Erie County Department of Health, develop a set of neighborhood-scaled performance indicators and a health monitoring system for assessing health conditions and outcomes at the neighborhood level.
 - With the advocacy and policy development cores, build community capacity and empower community members to be effective advocates for health equity.
 - Through leveraging the Buffalo Center's extensive community partnerships, facilitate the participation of the appropriate community groups and community members as partners in projects that will assess novel interventions to improve health outcomes resulting from social determinants of health.
- **Policy Development**
 - Translate research findings on root causes of health disparities into policy recommendations at the national, state and local levels.

- In collaboration with the research and advocacy cores, articulate how local, regional and national public policies affect social determinants of health.
- With the community engagement, neighborhood development, and advocacy cores, convene community conversations related to public policy and its impact on the social determinants of health.
- With the community engagement and advocacy cores, build community capacity and empower community members to be effective advocates for health equity.
- In collaboration with the advocacy core and local community providers of primary and secondary education, develop a health-based, age-specific curriculum around social determinants of health to develop the next generation of community-engaged citizens.
- **Advocacy & Communication**
 - Develop and implement a regional public education program to raise awareness among all constituencies about social determinants of health, race-based health disparities, and their root causes.
 - Serve as the local public face of African American health disparities and advocate for governmental and nongovernmental leaders at all levels to act to advance health equity.
 - Give public voice to the impacts of emerging community initiatives and challenges on social determinants of health and African American health equity.
 - Communicate new findings of the research core to all relevant stakeholder audiences, collaborating with the community engagement core as appropriate.
 - In collaboration with the community engagement and neighborhood development cores, develop organizational and other community partnerships with community benefit organizations, health providers, private foundations and businesses, schools, etc., and recruit volunteer members.
 - With the community engagement, neighborhood development, and policy development cores, convene community conversations related to public policy and its impact on the social determinants of health.
 - With the research and policy development cores, develop best practices guidance documents for regional distribution.
 - With the community engagement and policy development cores, build community capacity and empower community members to be effective advocates for health equity.
 - In collaboration with the community engagement core and local community providers of primary and secondary education, develop a health-based, age-specific curriculum around social determinants of health to develop the next generation of community-engaged citizens.

- **Neighborhood Development**

- With the community engagement, policy development, and advocacy cores, convene community conversations related to public policy and its impact on the social determinants of health.
- Work with partnerships and the community engagement core to develop and implement comprehensive healthy neighborhood plans for East Side neighborhoods.
- Develop decentralized initiatives for decentralized health services.
- In collaboration with the research core, the community engagement core, and the Erie County Department of Health, develop a set of neighborhood-scaled performance indicators and a health monitoring system for regularly assessing health conditions and outcomes at the unique neighborhood level.
- When neighborhoods are identified through regular monitoring as at-risk for undesirable health outcomes, work with the research core to conduct a fine-grained analysis to gain greater understanding of what is driving the undesirable health outcomes. These studies will be followed up with the design and implementation of a plan to mitigate the undesirable health outcomes.
- With the community engagement and policy development cores, identify public policies that need to be developed to bolster the development of healthy neighborhoods.
- With the research and community engagement cores, develop a mechanism to translate research into neighborhood-scaled action programs.

- **Conclusion:** Health justice for our African American neighborhoods is long overdue. The human and economic costs of Buffalo's health disparities are too great to wait any longer. The work of the Buffalo African American Health Disparities Task Force has established a firm foundation on which to build the Buffalo Center to Eliminate African American Health Disparities. With established working relationships across the community and the buy-in of the people and groups necessary to the task, The Buffalo Center is perfectly positioned to accomplish our vision: a Buffalo that will lead New York and the nation in achieving racial and ethnic health equity.