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Health Equity The Path to Inclusive Prosperity in Buffalo

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Health Equity The Path to Inclusive Prosperity in Buffalo

Abstract

With billions in public and private investments in the Buffalo Niagara Medical Campus and Governor Cuomo's historic "Buffalo Billion" investment in economic development, the city of Buffalo is poised for resurgence. Yet persistent racial inequities in health, wealth, and economic opportunity inhibit the city's growth. Without a change in course, these inequities will take a heavy toll on the city as immigrants and communities of color grow as a share of its population and workforce. Equity—just and fair inclusion—is the key to sustainable economic recovery and growth in the Queen City. To build a Buffalo economy that works for all, city and regional leaders must commit to putting all residents on the path to good health and economic security, through protections and policies that enable existing residents to stay in the city and connect to jobs and opportunities, and ensure that they benefit from new development.

Keywords

Buffalo, Health, Equity, PDF

Health Equity: The Path to Inclusive Prosperity in Buffalo

PolicyLink



Tracey Ross
May 2017



Foreword

A healthy and thriving city begins with healthy residents. The dominant narrative says that healthy lifestyles, avoiding risky behavior, and seeing a doctor on a regular basis result in healthy individuals. However, factors such as access to educational opportunities and high-quality jobs, the persistence of racial inequalities, and ecological degradation all play a role in healthy communities. The region's rich legacy and complex history have a direct connection to the current state of health in the city of Buffalo, New York.

At the beginning of the Great Depression, Buffalo had 573,000 inhabitants, making it the 13th largest city in the United States. Over the next 75 years, the city lost 55 percent of its population, a trend that lasted into the early part of the 21st century. Today, grassroots organizations are working hard: training leaders on the neighborhood level to create new models of neighborhood development, with community-control as a core value; promoting safe, and walkable neighborhoods; seeding new consumer and worker cooperatives; advocating for high quality and sustainable job creation; and initiating community-based solar and geothermal projects that are helping to create a new architecture of energy. The mission is to create a more equitable and sustainable Buffalo for all.

In addition, Buffalo is being repopulated through an influx of immigrants and newly resettled refugees. Currently, there are 85 languages spoken within our city limits. It remains New York State's second biggest city, with a population of close to 260,000. Buffalo has quickly become a national model for how to effectively integrate diverse populations into all facets of society, most notably through community organizing and entrepreneurship.

In 2015, Open Buffalo partnered with resident leaders in our city's Fruit Belt neighborhood to ensure that the community benefits from economic development programs and projects through quality jobs, education and training, local and minority business opportunities, and green design and operations. We have started with an initial focus on the Buffalo Niagara Medical Campus because of its symbolism as the epicenter of Buffalo's economic resurgence and promise of the "New Buffalo." However, it is unclear at this moment whether that promise will come to fruition as rapid gentrification is displacing longtime residents, income inequality is increasing, and the parallel reality being faced in neighborhoods like the Fruit Belt is akin to "a tale of two cities."

That's why we're committed to change at the neighborhood level.

Guided by the vision of fostering democratic participation in community wealth-building strategies, the Fruit Belt community has worked over the past year to create the first community land trust in the city of Buffalo. It will serve as a model for other neighborhoods and communities facing similar challenges and be a model of what a regenerative economy looks like.

It is our firm belief that Buffalo's greatest days are ahead and that a rising tide should lift all boats. We're creating the movement toward a resilient and regenerative economy that is place-based and people-focused. Our communities and their health are paramount in securing that beautiful and bold vision.

Sincerely,



Franchelle C. Hart
Executive Director, Open Buffalo

Overview

With billions in public and private investments in the Buffalo Niagara Medical Campus and Governor Cuomo’s historic “Buffalo Billion” investment in economic development, the city of Buffalo is poised for resurgence. Yet persistent racial inequities in health, wealth, and economic opportunity inhibit the city’s growth. Without a change in course, these inequities will take a heavy toll on the city as immigrants and communities of color grow as a share of its population and workforce.

Equity—just and fair inclusion—is the key to sustainable economic recovery and growth in the Queen City. To build a Buffalo economy that works for all, city and regional leaders must commit to putting all residents on the path to good health and economic security, through protections and policies that enable existing residents to stay in the city and connect to jobs and opportunities, and ensure that they benefit from new development.

Introduction

Buffalo is on the verge of a renaissance. For much of the 20th century, Buffalo was able to take advantage of being a hub between the Great Lakes and the Erie Canal, creating a strong working class, and attracting immigrant populations in search of opportunity. However, in the latter half of the 20th century, Buffalo’s prominence in the region declined. But like many other older industrial cities, Buffalo is experiencing a resurgence. New developments are rising, young people who went to college in the region are settling down in the area, and the city’s waterfront is being transformed into a welcoming public space as well as an important economic asset.

For this rising tide to carry Buffalo into a new era of prosperity, leaders must reach beyond young entrepreneurs and college graduates and create opportunities for its low-wealth communities and communities of color to participate and thrive. As highlighted in the recent report, *The Racial Equity Dividend: Buffalo’s Great Opportunity*,¹ communities of color face persistent barriers to reaching their full potential and these racial inequities cost the region dearly. Decades of disinvestment and misguided policies isolated Buffalo’s low-income people and people of color from opportunity. Practices dating back to the 1930s, such as redlining, which excluded African American households from getting home loans, helped create “a permanent low-income African American community on Buffalo’s east side.”² Likewise, the expansion of the highway system following World War II cut a path through neighborhoods of color, destroying businesses and displacing residents in the process.

Just as harmful policies served to increase the racial divides that plague the city and region, thoughtful policies can bridge those divides and ensure that all residents can connect to economic opportunities and live in neighborhoods that promote, rather than hinder, their health and economic success.

This brief, and the accompanying profile, *Advancing Health Equity and Inclusive Growth in Buffalo*, share how a focus on policy changes that advance health equity can guide leaders toward a new path of shared prosperity. Health equity is well-aligned with inclusive growth as healthy people are better able to secure jobs, fully participate in society, and contribute

to a vibrant regional economy. As defined by the Robert Wood Johnson Foundation, health equity means that everyone has a fair and just opportunity to be healthy. This requires removing obstacles to attaining and maintaining good health, such as poverty and discrimination. The consequences of poverty and discrimination include powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.³

These social determinants of health—the factors outside of the health-care system that impact health such as education, employment, income, and housing, play a fundamental role in health outcomes and shape community environments.⁴

A growing body of research shows that being raised in high-poverty neighborhoods—characterized by low-quality housing, underinvested schools, inadequate public infrastructure, and high unemployment undermines the well-being and long-term success of children. In fact, poverty has been shown to genetically age children,⁵ and exposure to neighborhood violence impairs cognitive ability.⁶ This increases the likelihood that children will have poor health, educational, and employment outcomes in the future.⁷ The social determinants of health are so powerful that even when income is held constant, families living in areas of concentrated poverty are more likely to struggle to meet basic needs, including food and housing, than families with similar incomes living in more affluent areas, where families face fewer stressors, such as crime or elevated pollution.⁸ In fact, research shows that your zip code has more of an impact on your life expectancy than your genetic code.⁹

Buffalo is particularly well positioned to embrace health equity given the prevalence of world-class health institutions that are already shaping the city's growth, and the commitment local leaders have made to neighborhood-based solutions. This brief shares the case for health equity in Buffalo—highlighting key findings from the accompanying data profile and outlines key policy priorities to advance health equity as the foundation of an inclusive new economy. Criteria for prioritizing policy recommendations included: potential impact to the most vulnerable communities in the city of Buffalo, issues of concern to residents of these communities, political will and momentum to push policy, the ability to leverage public dollars and subsidies, and the degree to which proposals are able to build off of the missions of the city's anchor institutions.

The brief is organized into three sections:

- **Racial and Economic Inclusion in Buffalo** describes the region's demographic changes and key economic indicators.
- **Health Equity in Buffalo** describes the living conditions and health outcomes of people of color in Buffalo.
- **Advancing Health Equity and Inclusive Growth in Buffalo** explains how and why health equity matters for Buffalo's future and presents policy priorities to achieve shared prosperity.

Racial and Economic Inclusion in Buffalo

Communities of color are growing in number and population share

Buffalo has long been an immigrant gateway, and the city has experienced rapid demographic changes over the past several decades. In 1980, 70 percent of Buffalo’s population was White.¹⁰ Over the next two decades, many White families left the city and the Buffalo Public School District to move to the suburbs¹¹ and new immigrant populations migrated to the area. In the 2000s, people of color became the majority in the city, and now make up 55 percent of the population.¹² Today, the White population (including White immigrants) constitutes only 46 percent of the population, compared to 63 percent nationwide.¹³ The next largest racial/ethnic group in the city is African Americans (37 percent) followed by Latinos (10 percent).¹⁴

Amidst overall population decline, the city’s communities of color are buffering this loss and growing as a share of the population and workforce. Between 2000 and 2014, the city’s Asia or Pacific Islander and Black immigrant populations more

than tripled, collectively adding nearly 10,000 residents.¹⁵ In addition, residents of color tend to be younger than White residents.¹⁶

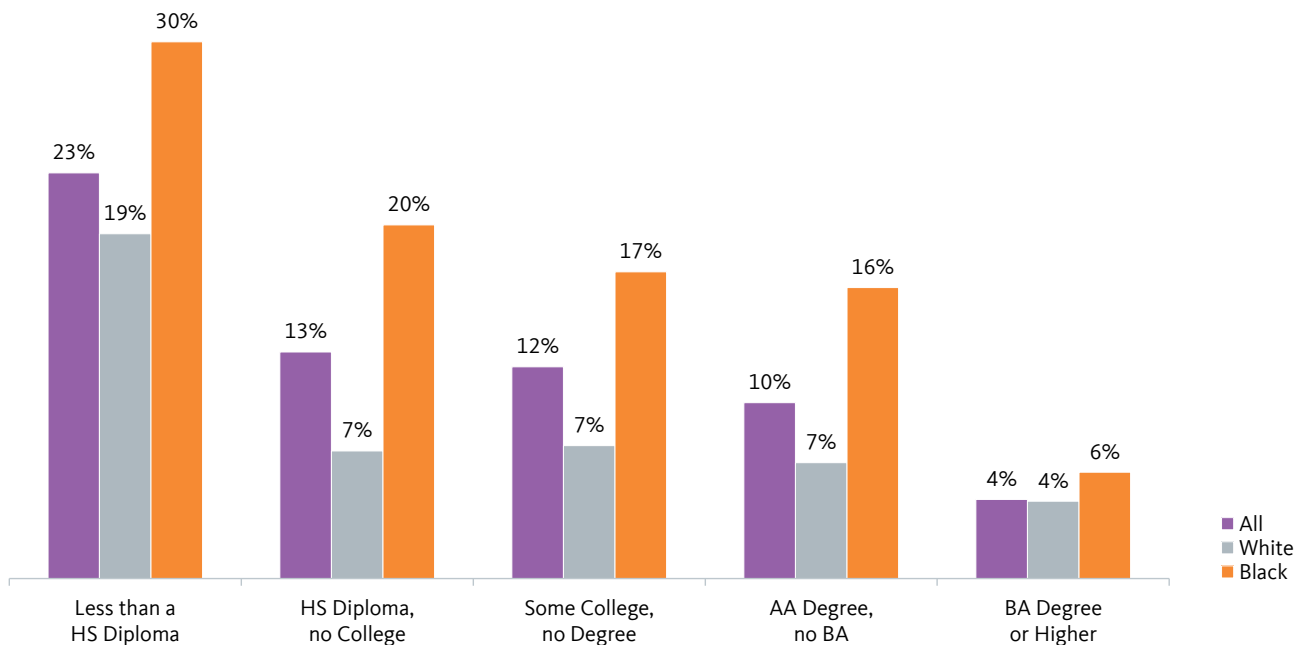
Despite the growing diversity, Buffalo remains segregated. There has been some integration of Latinos, Asians and Pacific Islanders, African Americans, and Whites on the West Side, but the northeast section of the city remains mostly Black and the southeast mostly White. There are also pockets of linguistic isolation—where no member of a household over the age of 14 speaks English “very well”—throughout the city, with higher concentrations on the western border of the city.¹⁷

Buffalo’s economy is slowly growing, but racial economic inequities are wide and persistent

The Buffalo-Niagara regional economy has experienced slow growth over the past few decades, and a slow, steady recovery after the Great Recession, but the city of Buffalo’s economy has not fared as well as the rest of the region. Despite their increasing importance in the workforce, Buffalo workers of color face the following challenges to economic success:

Black unemployment is high regardless of education level: Black residents with a high school diploma are as likely to be unemployed as Whites without one

Unemployment Rate by Educational Attainment and Race/Ethnicity, 2014



Source: PolicyLink/PERE analysis of data from the Integrated Public Use Microdata Series.

Note: Data represent a 2010 through 2014 average.

- The racial gap in wages is growing. Between 2000 and 2014, White workers saw their median hourly wage increase, while Latinos and African Americans experienced wage declines.¹⁸
- Workers of color are less likely to access “high-opportunity” jobs in growing industries. Asians or Pacific Islanders and Whites are most likely to be employed in “high-opportunity” occupations and African Americans are the most likely to be in “low-opportunity” occupations.¹⁹
- Working poverty is on the rise for Latinos and African Americans, but not Whites. Twelve percent of all of Buffalo residents ages 25 to 64 worked full-time but earned incomes at or below 200 percent of the federal poverty level.²⁰
- In 2014, 47 percent of all children were living in poverty in Buffalo with the 24 percent of White children, 54 percent of Black children, 61 percent of Latino children, and 64 percent of Asian or Pacific Islander children experiencing poverty. When mapping the population below poverty, the highest rates are on the eastern and western borders of the city.²¹
- Unemployment is relatively high and particularly high among Black workers (see chart on previous page). Racial gaps remain even among workers with similar educational backgrounds. Black workers with a high school diploma are more likely to be unemployed than White workers without one. Unemployment rates are highest on the East Side of the city.²²

Health Equity in Buffalo

Buffalo’s growth depends on the well-being of its growing communities of color. However, the city’s communities of color, and particularly those on the East Side, have poor health outcomes—this demonstrates how race, economics, and health are interwoven with place. In fact, 73 percent of the clinic patients of the Erie County Department of Health are from the East Side of Buffalo.²³ A number of factors limit the ability of residents in these communities to thrive, particularly the lack of safe and affordable housing, inadequate transit, disconnected young people, and barriers to health services.

Housing and neighborhood conditions are poor

Public investments in the waterfront and other parts of the city, and the increasing number of amenities, are attracting more young people to Buffalo. As a result, housing prices and rents are steadily increasing, putting long-term residents at risk for displacement, particularly those who live downtown, on the West Side, and in the Fruit Belt neighborhood on the East Side.²⁴ According to HUD, between 2006 and 2016, rents in Erie County increased by 48 percent.²⁵

In several communities, particularly on the East Side, the majority of households are rent burdened, paying more than 30 percent of income on rent.²⁶ Black and Latino households are more likely than White households to be cost burdened regardless of whether they rent or own. In addition, a number of homes in Buffalo’s disadvantaged neighborhoods do not meet the definition of a healthy and safe home: dry, well ventilated, pest-free, hazard-free, well maintained, and able to protect residents from extreme heat or cold. This is complicated by the fact that most residents in Buffalo’s disadvantaged areas do not own the housing in which they live, cannot afford to make necessary renovations to their homes, or find it difficult to get financial assistance to make housing improvements.²⁷

Among the most serious health risks is exposure to lead, which can cause permanent developmental delays and lifelong learning difficulties. If a house or apartment was built before 1978, it is likely that the structure contains lead paint. Most of the housing in Buffalo’s disadvantaged communities was built before 1939.²⁸ In Buffalo, children from neighborhoods of color are 12 times as likely as children from predominantly White neighborhoods to test positive for elevated levels of lead in their blood.²⁹ This is troubling as children who have higher levels of exposure to lead are more likely to drop out of school

and become involved in the juvenile justice system.³⁰ Fortunately, the development of a Community Action Plan for Lead is underway to combat lead poisoning. This is led by a broad coalition of stakeholders including the City of Buffalo, the Community Foundation of Greater Buffalo, and the Center for Governmental Research (CGR), a nonprofit research organization that worked with the Rochester Lead Coalition on its successful strategy to prevent lead poisoning.³¹

Households in Buffalo’s disadvantaged communities must also deal with poor neighborhood conditions. These neighborhoods are marked by vacant homes as well as a lack of critical resources, including health care, banks, and healthy foods. African Americans in Buffalo are six times as likely as Whites and nine times as likely as Latino and Asian residents to live in areas with limited supermarket access (see chart on p.9).³² In addition, the average Black resident of Buffalo has more exposure to air pollution than 34 percent of census tracts in the United States.³³ By contrast, the average White and Latino resident of Buffalo has more exposure than 28 percent of tracts in the country.³⁴

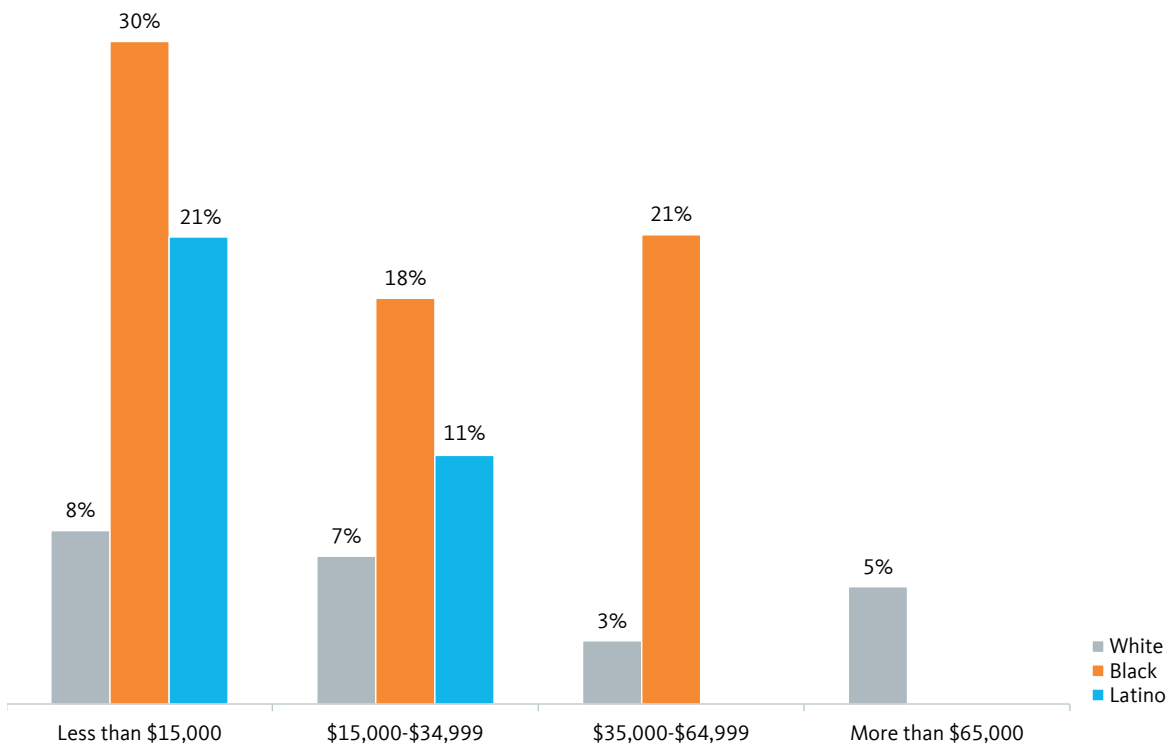
One promising step to address environmental issues is the work of NY Renews—a statewide, cross-sector coalition—which has worked to ensure passage of the New York State Climate and Community Protection Act (CCPA), which would secure millions of dollars to transform frontline communities into healthier neighborhoods.³⁵ PUSH Buffalo and Open Buffalo are serving as the backbone organizations for the regional coalition, (W)NY Renews, to bring benefits to neighborhoods in the city of Buffalo that are exposed to elevated levels of pollution. On March 13, 2017, the New York State Assembly included the CCPA in their One House budget proposal.

Limited transportation options exist

Over the last several decades, commercial developments have grown outward and away from communities of color, yet people of color are less likely to own or have access to personal vehicles.³⁶ As a result, people of color are more likely than Whites to rely on the regional transit system to get to work (see chart below). African Americans and very low-income Latinos are the most likely to use transit. While 21

People of color are more likely than Whites to rely on public transit to get to work

Percent Using Public Transit by Annual Earnings and Race/Ethnicity, 2014



Source: PolicyLink/PERE analysis of data from the Integrated Public Use Microdata Series.

Note: Data represent a 2010 through 2014 average. Data for some racial/ethnic groups are excluded due to small sample size.

percent of Black workers, 15 percent of Latino workers, and 26 percent of Asian or Pacific Islander workers commute to work by bus, only 5 percent of White workers do.³⁷ Even middle-income Black workers are seven times as likely as their White counterparts to take public transit to work. At the same time, less than one-third of the region's jobs are accessible by public transit.³⁸

Workers of color who ride the bus experience a significant travel time penalty compared to their White counterparts and to those who drive to work. The average round-trip daily commute to and from work is 78 minutes for Black bus riders, 83 minutes for Latino bus riders, and 76 minutes for Asian and Pacific Islander bus riders.³⁹ The average Black worker who rides the bus spends 59 more hours in transit each year compared to the average White bus rider. Combining all Black workers who take the bus, this amounts to nearly 400,000 hours per year.⁴⁰

The hub-and-spoke style of the region's public transportation system is more conducive to first-shift commuting from the suburbs to downtown than to reverse commutes to the dispersed service sector jobs often found in suburban communities and often taking place outside of traditional 9-to-5 hours. Coupled with lower auto-ownership rates in neighborhoods of color, job access and income suffer. In fact, the connection between social mobility and transportation is stronger than the relationship between mobility and neighborhood crime or even elementary school test scores.⁴¹ As a result, local groups have begun exploring progressive ride-sharing options, such as worker cooperative taxi services or other alternatives to corporate models. There is also a concerted effort through the Coalition for Economic Justice's Buffalo Transit Riders Union to organize transit riders to push for better service, which is discussed in more detail under the policy opportunities in the next section.⁴²

Racial gaps in education remain, hindering Buffalo's workforce

The residential segregation discussed above has also led to disparities in the local education system. In 1976, Buffalo Public Schools—the largest school district of the 40 school districts in the region—faced a federal school desegregation order, requiring each school be composed of 30 to 65 percent students of color.⁴³ The city met these targets by turning one-third of its schools into magnets that bused tens of thousands of students across the city.⁴⁴ The results around these schools led the court to lift its mandate in 1987. Today, Buffalo Public Schools are just as segregated as they were in the 1970s. Declining resources and continued White flight to the suburbs undermined the desegregation efforts. Even after Buffalo shifted away from attendance zones and established open enrollment more than 10 years ago, the extreme segregation between the suburbs and the city has caused school segregation to persist.⁴⁵

In 2014, the Buffalo-Niagara metro area was ranked the seventh most income-segregated metro area and the fifth most racially segregated metro area in the United States.⁴⁶ This is in large part due to the high concentration of people of color living in poverty in the cities of Buffalo and Niagara Falls. Such rates of poverty and segregation are the biggest factors inhibiting students in Buffalo's public schools. According to the Partnership for the Public Good, "The differences between the best and worst performing high schools in the district correlate strongly to the percentages of non-native speakers, students with disabilities, and rates of poverty."⁴⁷

Today, more of Buffalo's youth are getting high school degrees, but racial gaps remain. In 2014, Black and Latino young people were twice as likely as White youth to be without a high school degree and not in pursuit of one. Among young men, Latinos are the most likely to be lacking a high school diploma and not in pursuit of one, and young Black women are the most likely among young women. Overall, young women are less likely than men to drop out of high school, but more young women of color are likely to be disconnected—not employed or in school—than their male counterparts. Of the more than 3,400 disconnected young women in 2014, 72 percent were young women of color.

Poor health indicators persist

In Erie County, African Americans, who are more likely to live in areas without access to healthy food, face higher obesity rates than Whites. While genetics matter, research shows there are other important social and environmental factors that influence obesity, including toxic stress, income, and education. In addition, African Americans are twice as likely as White residents to have diabetes. While health insurance coverage in Buffalo is relatively high across groups, there are a number of barriers to improving health and wellness services for all residents.

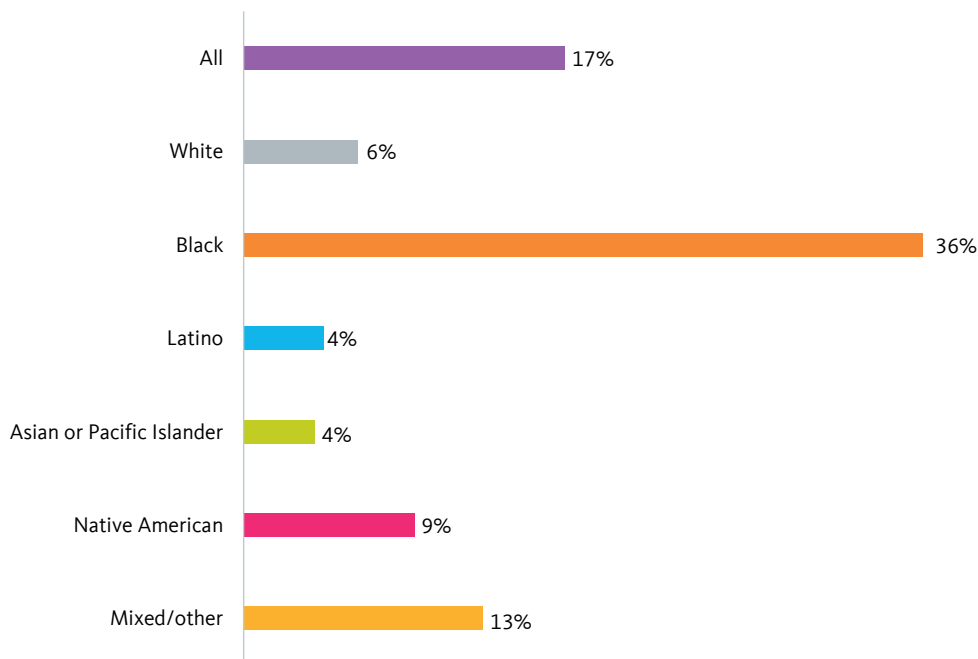
To better understand the health challenges faced by residents in more disadvantaged areas, a number of community health needs assessments have been conducted on the Buffalo-Niagara region and the city of Buffalo. For instance, the Greater Buffalo United Ministries (GRUM)—a faith-based initiative formed after passage of the Affordable Care Act—distributed structured questionnaires to church members and held focus groups with 229 residents to capture the experiences of residents and their views on the Erie County health-care system.⁴⁸

According to the assessment, health literacy in the communities is relatively low, as “the perceived knowledge of the respondents about chronic diseases and other health issues is much lower than their actual knowledge of these issues.”⁴⁹ As a result, GRUM determined residents would benefit from a range of materials and other information to help them better understand what contributes to chronic diseases, as well as how to navigate the health-care system.⁵⁰

In addition, the assessment found that a “tension” seems to exist between community residents and engaging the greater Buffalo health system. Residents explained that going to the doctor’s office or a clinic is costly and time consuming and others believed you only see a doctor when you are already sick. Some respondents indicated a belief that medical personnel are not really concerned about their health. These reactions are concerning as it indicates the possibility that residents are not having regular check-ups, and therefore opportunities for early treatment, or preventative care, are undermined.⁵¹

Black residents are six times as likely as White residents to live in areas without adequate access to a supermarket

Percent Living in Limited Supermarket Access Areas (LSAs) by Race/Ethnicity, 2014



Source: PolicyLink/PERE analysis of data from The Reinvestment Fund and the U.S. Census Bureau.

Note: Data on population by race/ethnicity reflects a 2010 through 2014 average. LSAs are defined as areas where residents must travel significantly farther to reach a supermarket than the “comparatively acceptable” distance traveled by residents in well-served areas with similar population densities and car ownership rates.

Kaleida Health—the largest health-care provider and private employer in the area—released the Community Health Needs Assessment and Community Service Plan 2014-2016, which described health needs in Erie and Niagara counties, and how the organization will address the public health priorities. In the assessment, Kaleida Health identified three initiatives to increase breastfeeding of newborns, increase cardiovascular screening of women, and reduce fall-related hospitalizations among seniors.⁵² The Erie County New York Community Health Assessment 2017-2019 underscores these goals, outlining a prevention agenda that focuses on chronic diseases, injury prevention, creating healthy living environments free from lead, and healthy women and infants. In addition, the county underscored the need to focus on mental health and substance abuse as well as preventable diseases through vaccines or sex education.⁵³

Advancing Health Equity and Inclusive Growth in Buffalo: Policy Priorities

To advance health equity and inclusive growth, leaders in Buffalo must ensure that as the city continues to develop, all people have an opportunity to be healthy and participate in building the next Buffalo economy. This not only benefits residents of color, but all people as the Buffalo metro area's gross domestic product (GDP) would have been \$4.3 billion higher in 2014 alone if its racial gaps in income were closed.⁵⁴ By counteracting discriminatory policies of the past that have led to disadvantaged neighborhoods today, Buffalo's leaders can put the city on a path toward more inclusive growth. Building off interviews with community leaders and key stakeholders, as well as original data analysis, the following recommendations address Buffalo's health equity gaps. Specifically, recommendations prioritized policies based on their potential to affect the most vulnerable neighborhoods, issues of concern to residents, existing political momentum, ability to leverage public investments, and policies that harness the power of local health and anchor institutions.

I. Make all neighborhoods healthy communities of opportunity

Establish inclusionary zoning for the city

The increased growth in Buffalo and demand for new apartments presents the city with an opportunity to ensure affordable units are built within new developments, creating integrated, healthy, and opportunity-rich neighborhoods for all. To do this, the city must pass an inclusionary zoning policy. Inclusionary zoning policies were first adopted by Montgomery County, Maryland, in 1974. In the following decades, more than 500 cities and counties have adopted similar policies to require developers to set aside a portion of units for affordable housing in exchange for zoning and land-use approval or other benefits.⁵⁵

Recently, the Partnership for the Public Good—an organization that supports community groups and individuals in Buffalo-Niagara through research and advocacy—published a report, *Inclusionary Zoning: Creating Equity and Lasting Affordability in the City of Buffalo, New York*. The report states that “As part of its new land use policies, the City of Buffalo should enact an inclusionary zoning policy requiring developers of 10 or more

units to set aside 30 percent of the units for people with an income level below 60 percent of the city’s median income.” There are a number of ways such a policy can be crafted—adjusting for the unit minimums for developments, percent of units set aside, and income level targeted. Regardless, such a policy should reflect the current and anticipated needs of the growing rent-burdened population. To promote multi-income neighborhoods, affordable housing units should be included in the same sites as market-rate housing, and have access to the same amenities.⁵⁶

The time is ripe to act as the city has made great strides in new zoning policies. The recently adopted Green Code zoning changes promote more walkable neighborhoods, mixed-use developments, and planning around transit, moving the city away from outdated modes of development.⁵⁷ The Green Code’s adoption also makes Buffalo the first city in the United States to eliminate minimum parking requirements citywide.⁵⁸ Following adoption, several Buffalo Common Council members said they are committed to passing an inclusionary zoning ordinance this year.⁵⁹ The longer the city waits to implement an inclusionary zoning policy, the greater the chance of losing current momentum and market dynamism to build more inclusive neighborhoods.

Support the creation of community land trusts

In addition to a lack of affordable housing, Buffalo is fraught with abandoned housing and more than 10,000 vacant lots owned by the city. As a result, the city has an opportunity to ensure more intentional decision making around how the land can benefit residents through the creation of community land trusts.⁶⁰

A community land trust is a private, nonprofit corporation that owns plots of land, while selling the housing on that land. Land trusts market their housing to low- and moderate-income households and sell homes at below-market prices. To keep these homes affordable, purchasers must agree to resale restrictions. Essentially, community land trusts empower communities to have control of land, preserve housing affordability, and limit possible displacement.⁶¹

For example, the Fruit Belt neighborhood on the East Side has more than 200 city-owned vacant lots. In December 2015, the Buffalo Common Council established a moratorium on the sale of city-owned lots in the neighborhood while it developed a strategic plan for the Fruit Belt neighborhood. Recently, the Community First Alliance—a coalition of more than a dozen community-based organizations in Buffalo—announced the creation and incorporation of the Fruit Belt Community Land Trust to ensure community decision making.

Extending the community land trust model to other communities and neighborhoods, especially on the East Side, that face similar challenges would give these communities negotiating power to work with developers and ensure existing residents have options to stay in the community. “If we control the process of who purchases those lots, we will be able to control rents; we will have development without displacement of our residents. That’s what’s key,” Annette Lott, president of Fruit Belt United, explained in an interview with *Next City*. “We want development, we want businesses, we need businesses in our community, but we don’t want to do it at the expense of dismantling what has been a viable, community spirit that we have built for many years.”⁶²

Increase access to reliable transportation connected to neighborhoods of opportunity

The City of Buffalo must ensure that transportation connects people to opportunity, such as jobs and vital community services. This connection includes increasing the frequency of transportation services to reduce the hours wasted each year merely waiting for transportation.

Such changes must be made in conjunction with affordable housing investments to ensure low-income communities and communities of color can afford to live near transit because such changes impact the cost of living. In addition, New York State should support public transit in Buffalo-Niagara by ensuring equitable financing of the system by increasing Transit Operating Assistance and increasing the Niagara Frontier Transportation Authority’s allocation of low-cost electric power. This would not only ensure residents were better connected to economic opportunity, but also would help reduce pollution.⁶³

Invest in resident-driven arts and culture

When neighborhoods change, new amenities tend to cater to more affluent residents, changing the important cultural environment and identity of the neighborhood that long-term residents have come to know. Such “psychological displacement” can cause longtime low-income and working-class residents to feel disconnected from the places they have called home for years or even decades. To ensure that a community is engaged in the process of change and growth, investing in the artistic, cultural, and entrepreneurial expressions of existing neighborhoods can help stabilize changing communities.

Currently, organizations like the Buffalo Arts Studio and Open Buffalo are working with residents and communities to promote public art around communities such as the East Side and West Side.⁶⁴ In 2015, the Buffalo Arts Studio, compelled by the tragic death of a community member, created the “Ray of Light” mural at Masten Park to promote peace and unity, and to create a space for reflection and remembrance for victims of violence and their families. In addition, Open Buffalo hosted a free six-week photography course last year titled “VISIONS: A Photographic Journey in Social Justice,” for 10 leaders working for social justice organizations and community projects. The course, and subsequent exhibition and auction, served to amplify and communicate the positive work leaders are doing throughout the city.⁶⁵

An upcoming project, “The Freedom Wall,” will stand at the corner of Michigan Avenue and East Ferry Street in Buffalo, the northern entrance into the Historic Michigan Street African American Heritage Corridor, where Buffalo’s oldest black religious institution, Bethel AME, is located, as well as a critical station on the Underground Railroad. The Freedom Wall will depict portraits of notable civil rights leaders throughout American history. The leaders portrayed will be chosen through community outreach as well as through conversations with local stakeholders.⁶⁶

II. Promote community health

Host a health forum to define what health means for Buffalo

City, county, nonprofit, and private leaders would benefit from a health equity forum to better understand the needs and resources available across the city, and create a shared definition of health equity for Buffalo, including key goals and priorities. Because so many of the health obstacles for low-income communities and communities of color—including access to housing, environmental hazards, food access, crime, and educational attainment—are linked to neighborhoods, these issues must be factors in how the definition is crafted. This also means that resident voices must be central in how the forum is planned and conducted.

Expand community health worker efforts in the city

An important mechanism for advancing health equity for residents of disadvantaged neighborhoods has been the Community Health Worker Network of Buffalo, which works with individuals and organizations to empower communities in improving their health. The network trains “frontline workers”—community health workers, housing organizers, parent facilitators, patient advocates, street outreach workers, and peer counselors—on how to best engage residents and community-based organizations to define their own challenges, identify strengths and opportunities, and work toward change. Such work should be expanded, and could be adopted by the Buffalo Niagara Medical Campus (BNMC), in particular, given their proximity to the Fruit Belt—one of the communities facing the greatest health disparities.

In addition, as the campus expands, BNMC officials should consider how to better deliver health and wellness services focused on how residents live, and how to promote healthy choices in the neighborhoods, such as through infrastructure improvements and promoting green space.⁶⁷ Recently, Buffalo Mayor Byron W. Brown announced efforts to establish the Jefferson Health and Wellness Center, which would combine primary, pediatric, obstetric, and other specialty medical practices with services such as behavioral care, nutrition, and wellness.⁶⁸ Given the existing tensions between residents and the medical campus, as well as the trust issues between residents and medical professionals, this is an important step. To establish greater community engagement and build trust with residents, further steps can be taken to connect with residents in the community, and outside of the walls of the various buildings and institutions.⁶⁹

Specifically, Kaleida Health, Roswell Park Cancer institute, and the University of Buffalo can offer free and reduced-cost health services as well as other efforts to promote health and wellness, such as supporting green and healthy housing initiatives, community gardens, and playgrounds for residents nearby. This would allow these institutions to be good neighbors, fulfill their missions, and offset some of the health impacts of development.

III. Leverage anchor institutions

In addition to expanding the community health worker model, the BNMC can be an important partner in revitalizing disadvantaged neighborhoods and creating a culture of health in a number of ways, for example as a major developer, employer, and a world-class health institution. Last year, the Community First Alliance formed with the purpose of negotiating a community benefits agreement with BNMC. Their plan, “Rising Tide: A Blueprint for Community Benefits from the Buffalo Niagara Medical Campus,”⁷⁰ outlines a vision of what a benefits agreement might look like, including more responsible growth of the medical campus, as well as the preservation and empowerment of the Fruit Belt neighborhood. The document underscores the need for a comprehensive anchor strategy that benefits the campus and the community alike, involving institutions such as colleges, universities, and hospitals, known as anchor institutions.

A major step would be for BNMC to hire consultants to analyze their supply chains, and determine opportunities to change procurement practices to better benefit the community. Anchors that have emerged as leaders in using local procurement as economic development strategies have worked with local organizations to offer technical assistance to help minority- and women-owned businesses work with major anchor clients. In addition, BNMC can create community training programs and pipelines to medical campus jobs, as well as career ladder support for those hired. In the Boston metro area, Partners HealthCare, a nonprofit consortium of hospitals, established a workforce development program targeting low-income residents that included introduction to the health-care environment, résumé preparation, and job-placement assistance. To date, more than 425 community residents have completed the program in the past 10 years, with 86 being placed in careers, such as receptionists, clerical assistants, and laboratory aides.⁷¹

One of the most widely recognized examples of a comprehensive anchor strategy is that of University Hospitals in Cleveland, Ohio. In 2005, University Hospitals released “The UH Difference: Vision 2010,” a \$1.2 billion five-year strategic growth plan, which included \$750 million toward the construction and expansion of major medical facilities. In the plan, UH committed to working with as many local minority- and female-owned businesses as possible; directing spending toward businesses based in the city and the greater region; and pioneering a “new normal” for how large institutions in the region should conduct business. To fulfill its commitments, Vision 2010 established concrete goals pertaining to diversity, procurement, and hiring local residents. By the project’s conclusion, roughly 110 minority- and female-owned businesses received contracts, and more than 5,000 jobs in construction and related fields were created with salaries totaling \$500 million.⁷²

To help anchors set community benefit goals and track progress, The Democracy Collaborative—a national research institute dedicated to promoting new strategies and innovations in community development—created “The Anchor Dashboard,” a tool outlining areas where anchor institutions can play an important role and providing baseline indicators to assess community conditions and institutional effort. The tool helps anchors assess impact in economic development; community building; education; and health, safety, and the environment.⁷³ In fact, Buffalo State College is one of the first pilot campuses using the tool.⁷⁴ Using such data could help BNMC carve out a space as a national leader in anchor-driven economic development.

IV. Support homegrown talent development

Since 2000, the city has spent more than \$1.4 billion upgrading the district's schools, putting them on par with the modern facilities found in the suburbs. However, that doesn't change the quality of neighborhoods, address segregation, or solve the challenges students experiencing poverty face.⁷⁵ Henry Louis Taylor, a professor at the Department of Urban and Regional Planning at SUNY Buffalo, explained in an interview that "[the investment] failed because it was building-specific. We need to realize there's an interactive relationship between schools and neighborhoods."⁷⁶ Last year, Buffalo launched its community schools initiative, utilizing state funding to convert more than a dozen schools into community schools, and providing students and their families with more wraparound services, such as job training for parents and health-care access.⁷⁷

There are, however, important efforts already underway in Buffalo. Started in 2011, Say Yes Buffalo, a nonprofit organization that is part of a broader educational network, has convened stakeholders in the education system and leaders across sectors to address academic outcomes across the Buffalo school system. The program provides children with wraparound services, family supports, summer and internship programs, mentoring, and pathways into free higher education for many students.⁷⁸ Leaders should build off of this momentum and devote more resources to scale these efforts, and ensure all students are able to receive similar supports.⁷⁹ Leaders in Buffalo, particularly city and business leaders, must also ensure there are increased pathways from the school system into the workforce.

Conclusion

Buffalo's moment has arrived. The city is at a crossroads where the development decisions today will chart a course for the city's future—either down a path marred by inequality and hindered growth, or down a path committed to inclusive growth that fosters shared prosperity and greater economic mobility for all. It is important for leaders to recognize how central health equity is to achieving this vision. A healthy population is better able to secure jobs, to fully participate in society, and to contribute to a vibrant regional economy. Truly embedding a health equity framework into the city's development requires leaders to align efforts and address the many ways in which social, environmental, economic, and structural factors shape health and access to health services.

Acknowledgments

PolicyLink and the Program for Environmental and Regional Equity (PERE) at the University of Southern California are grateful to the Robert Wood Johnson Foundation for their generous support of this project.

This policy brief and the accompanying data profile are part of a series of reports produced in partnership with local community coalitions in Buffalo, Fresno, Long Island, Cincinnati, and Sacramento. This brief lifts up policy solutions to advance health equity, inclusive growth, and a culture of health while the profile features additional health indicators to build a data-backed case for equity. These communities are also a part of the All-In Cities initiative at PolicyLink, which supports community leaders in advancing racial economic inclusion and equitable growth.

The profile was written by Ángel Ross at PolicyLink; the data, charts, and maps were prepared by Sheila Xiao, Pamela Stephens, and Justin Scoggins at PERE; and Rosamaria Carrillo of PolicyLink assisted with formatting, editing, and design. Rebecca Flournoy assisted with development of the framework presented in the profile.

We also thank Open Buffalo for their partnership. The analyses and recommendations in the report were informed by a local advisory committee convened by Open Buffalo, which included the Partnership for the Public Good, PUSH Buffalo, and the Fruit Belt Coalition, as well as interviews conducted with local leaders from the Buffalo Federation of Neighborhood Centers, the University of Buffalo, the Buffalo Niagara Medical Campus, city officials, and the Community Foundation for Greater Buffalo. We are grateful for the time and leadership of our local partners and all that they do to build a more just and equitable Buffalo.

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