



March 12, 2008

Health Care and  
Urban Poverty in  
Western New York

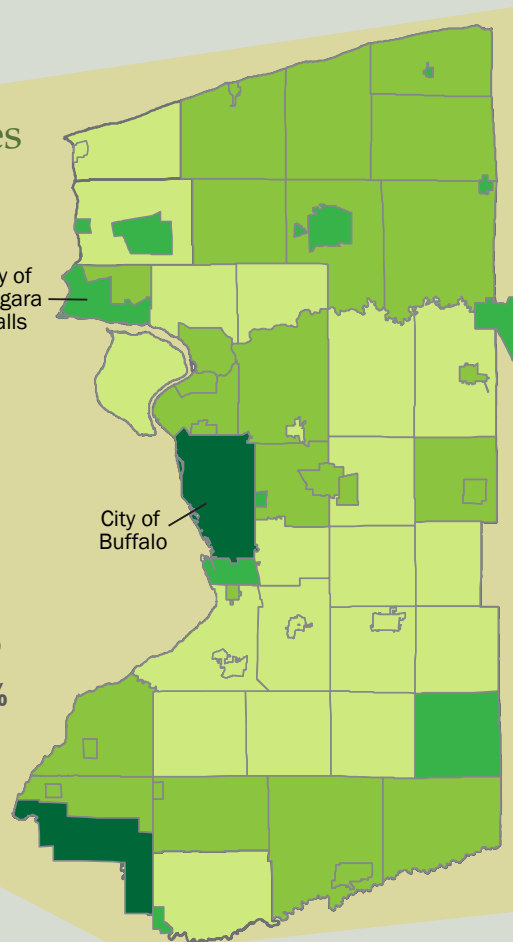
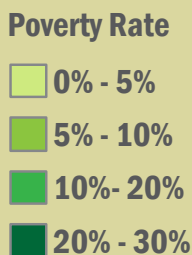
# Strengthening the Urban Safety-Net

**The health of many city residents in Buffalo and Niagara Falls is compromised by multiple barriers to care, unique environmental risks and a safety-net system with limited capacity.** In Western New York, poverty rates run highest in Buffalo and Niagara Falls where urban poverty is entwined with physical and social barriers to health care services. Lead poisoning and asthma disproportionately plague the region's urban poor, compounding health risks.

An array of organizations and individual providers serve the underserved, acting as an urban safety-net to meet the diverse health care needs of Medicaid recipients, the uninsured and underinsured living in Buffalo and Niagara Falls. However, the overall capacity of the safety-net is limited and there is a lack of community awareness about its services. Enhanced, coordinated and patient centered approaches to health care for the region's urban poor may increase the capacity of the safety-net, thereby enhancing quality of life and mitigating cost pressures.

**Poverty is a defining feature of the urban core communities of Buffalo and Niagara Falls, which represent nearly one fifth of Western New York's population.** Close to one in four city residents live below the federal poverty line in contrast to one in nine in all of Erie and Niagara Counties. Concentrated urban poverty exists in many Western New York communities, but the magnitude in Buffalo and Niagara Falls is particularly daunting. In certain pockets of Buffalo, poverty rates run as high as 70 percent. Those rates, which vary by age, race and ethnicity, are disproportionately higher among children under 18 than adults – a condition especially evident in communities of color.

Figure 1  
Municipal  
Poverty Rates  
in Western  
New York's  
Urban  
Counties,  
1999



Source: 2000 U.S. Census, Summary File 3.

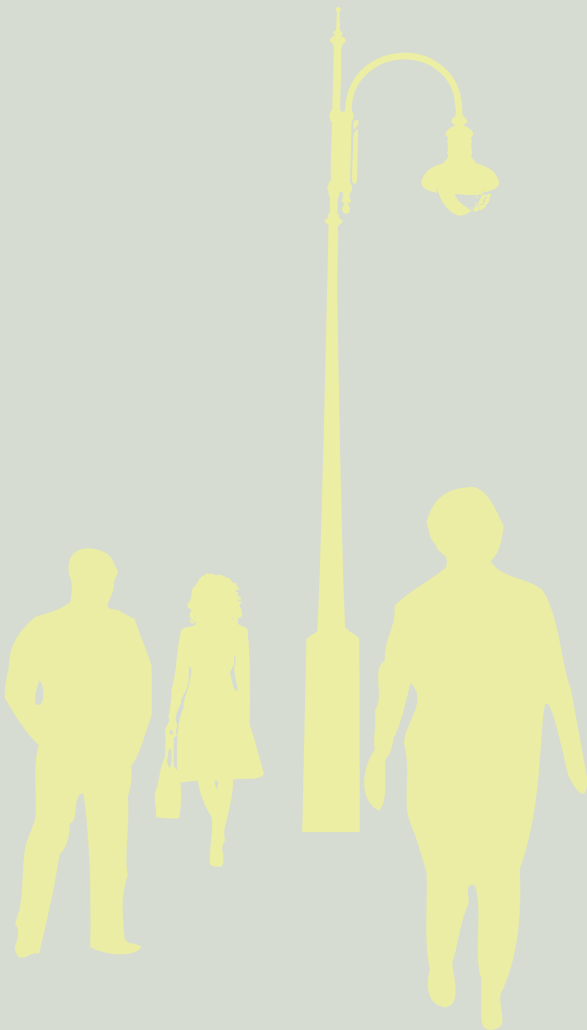
Poverty has a major, multi-faceted impact on access to health care. It translates into health insurance gaps or a heavy reliance on Medicaid by many residents living in these communities, resulting in hurdles to health care as costs continue to rise. For those eligible for but not enrolled in Medicaid, the administrative procedures necessary to access benefits may present additional barriers. According to the 2004-05 Western New York Health Risk Assessment update, in the City of Niagara Falls and on Buffalo's Lower West and Near East sides the rates of uninsured or Medicaid recipients are two to three times higher than the rates in Erie and Niagara Counties as a whole.

**Physical and social barriers further complicate access to health care.**

Poverty is intertwined with physical, sensory and mental disabilities, which act as an additional obstacle to accessing health care. Across Erie and Niagara counties 20 percent of residents are disabled. In Buffalo and Niagara Falls, 25 percent of residents have a disability. Also, inadequate transportation or work schedules that do not coincide with health care availability can make obtaining care challenging. More than 30 percent of Buffalo residents do not have a vehicle compared to 14 percent of Erie and Niagara County residents. Curb-to-curb transport services are most effective in getting low-income, disabled populations to medical appointments and other essential services. These services are available in Buffalo and Niagara Falls, though most require riders to have Medicaid and operate only during week day business hours. Even when patients are able to physically access specialty care sites, wait times may act as a barrier to care.

Compounding this problem, transient people may have an especially difficult time identifying and then traveling to health service sites. Buffalo residents are transient as a whole – nearly 50 percent have moved within the last five years. As a result, obtaining appropriate health care may be complex and time consuming.

Social characteristics such as educational attainment, cultural differences, or language barriers complicate health care service delivery. A majority of Western New York's minority and foreign-born populations reside in Buffalo and Niagara Falls, increasing demand for culturally or linguistically appropriate providers. In addition, relatively lower education levels may make communication or a complete understanding of medical conditions difficult. The percentage of residents without a high



school diploma is higher in Buffalo and Niagara Falls than in Erie and Niagara Counties as a whole.

There are pockets of Buffalo where over one in four residents is an immigrant, where one in five struggles with English, where one in three residents lacks a high school diploma, where half the families are headed by a single parent, where annual median incomes are less than the price of a car and where, not surprisingly, less than half have a vehicle. Buffalo's Lower West Side and Broadway-Fillmore neighborhoods are examples of locations where barriers to health care access are particularly high.

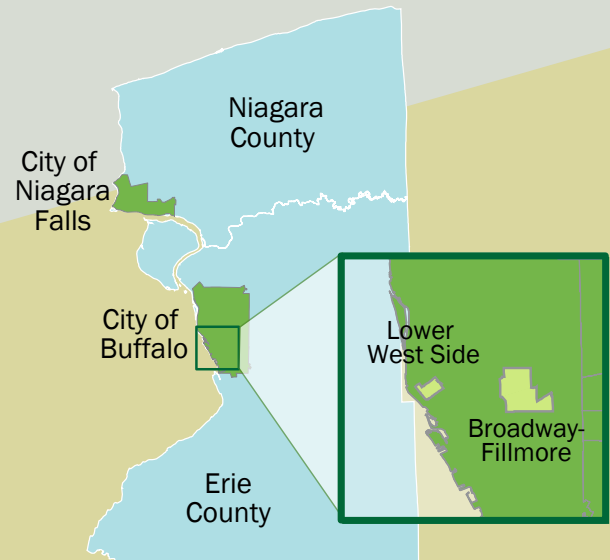


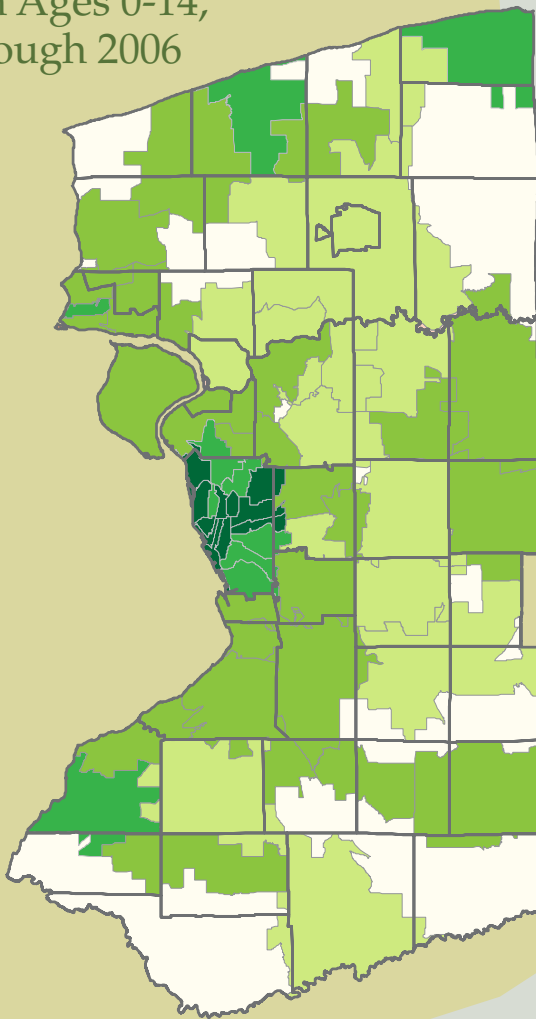
Figure 2  
Socioeconomic Barriers to  
Accessing Health Care, 2000

|                                  | Erie & Niagara Counties | City of Niagara Falls | City of Buffalo | Lower West Side | Broadway-Fillmore |
|----------------------------------|-------------------------|-----------------------|-----------------|-----------------|-------------------|
| Population                       | 1,170,111               | 55,677                | 292,648         | 4,389           | 10,771            |
| Median household income          | \$38,488                | \$26,800              | \$24,536        | \$11,382        | \$13,793          |
| Percent in Poverty               | 12%                     | 19%                   | 27%             | 53%             | 44%               |
| Disabled                         | 19%                     | 25%                   | 26%             | 42%             | 34%               |
| No Vehicle                       | 14%                     | 23%                   | 31%             | 58%             | 58%               |
| In current housing 5 yrs or less | 39%                     | 39%                   | 49%             | 62%             | 51%               |
| Live in rental housing           | 28%                     | 38%                   | 51%             | 81%             | 67%               |
| Adults with no HS diploma        | 17%                     | 23%                   | 25%             | 43%             | 43%               |
| Minority                         | 17%                     | 25%                   | 48%             | 88%             | 79%               |
| Single parent family households  | 15%                     | 23%                   | 30%             | 46%             | 52%               |
| Percent foreign born             | 4%                      | 5%                    | 4%              | 28%             | 5%                |
| Percent linguistically isolated  | 2%                      | 2%                    | 21%             | 21%             | 4%                |

Source: 2000 U.S. Census, Summary File 3.

Figure 3

### Asthma Hospital Discharge Rates per 10,000 Population - Children Ages 0-14, 2004 through 2006



Source: New York State Department of Health, 2006

**The urban poor are exposed to added environmental health risks.** The health of urban core community residents is adversely affected by crime, deteriorated housing stock and pollution. Higher rates of crime, or even the perception of higher crime in a community, often contribute to reduced rates of physical activity and higher rates of obesity. Obesity is a leading risk factor for chronic conditions such as heart disease, diabetes, and some cancers. Lack of access to fresh, healthy and affordable foods contributes to obesity in these communities.

Communities of concentrated poverty are often exposed to higher rates of environmental contaminants inside and outside the home. Residents of neighborhoods located close to dangerous, polluting industries or high volume transportation corridors where aging, poorly maintained housing is more prevalent often have higher rates of lead poisoning and asthma in comparison to surrounding suburban or more affluent areas.

According to the New York State Department of Health, the highest incidence rates of elevated blood lead levels in Western New York children in 2000 and 2001, including the highest incidence rates in New York State outside of New York City, were concentrated in portions of Buffalo and, to a lesser extent, Niagara Falls where aging, poorly maintained housing is more prevalent.

Also, pediatric asthma rates run at least five times greater in these neighborhoods than in other areas of Erie and Niagara Counties. From 2004 through 2006, asthma hospital discharge rates among children ages 0-14, which represent those whose condition was serious enough to require a hospital stay, ran between 120-165 per 10,000 residents per year in Zip Codes 14202 and 14203. In contrast, the annual discharge rate in Tonawanda was 32 per 10,000 residents. Amherst and Cheektowaga reported rates around 15 per 10,000.

Residents of the region's urban core communities face challenging physical and socioeconomic barriers to health care as well as adverse environmental factors that result in a high demand for appropriate, affordable health care services.

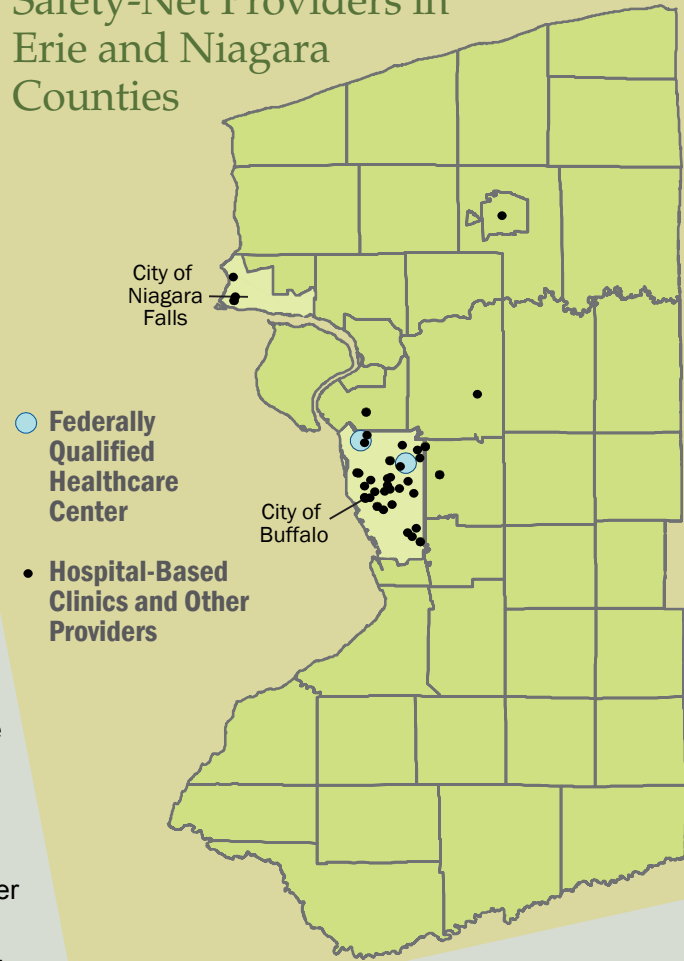
**Western New York's urban safety-net is challenged by these complex health care needs.** According to the U.S. Department of Health and Human Services, providers who are "delivering care to low-income and other vulnerable populations, including the uninsured and those covered by Medicaid" are part of Western New York's urban safety-net, which is working to meet the needs of this population. Federally Qualified Healthcare Centers (FQHCs), some hospitals, community clinics and individual providers who care for the underserved are all part of the complex web serving the region's urban poor.

Some, but not all safety-net providers have either a legal mandate or an explicit policy to provide services regardless of a patient's ability to pay. Providers such as the Community Health Center of Buffalo and the Northwest Buffalo Community Health Center – the only two FQHCs in Buffalo or Niagara Falls – have a mandate and the resources to provide comprehensive, primary medical care services without limit or regard for ability to pay. Providers like Sheehan Memorial Hospital in Erie County and Mount St. Mary's Neighborhood Health Center in Niagara County serve uninsured, underinsured and Medicaid patients, but do not have the mandate or added resources to provide services without limit or regard for the ability to pay.

The University at Buffalo, in concert with major hospitals in the region, also provides direct primary care to the urban poor through residency and volunteer programs. Other, usually private providers contribute significantly to the region's urban safety-net capacity.

**The overall capacity of Western New York's safety-net is limited.** FQHCs are under-represented in Western New York. Community clinics and individual providers as well as FQHCs are unable to sufficiently market their services or offer adequate evening, night-time or weekend hours to meet community needs. A digital divide is developing between safety-net providers and the rest of the health care system. Each of these conditions result in a limited

Figure 4  
**Safety-Net Providers in Erie and Niagara Counties**



Source: Western New York Health Care Safety-Net Assessment, February 2008, John Snow, Inc.

capacity safety-net, which forces many in need of affordable services to look elsewhere for care. Those in need often receive care from emergency departments when that care should be provided in a primary care setting.

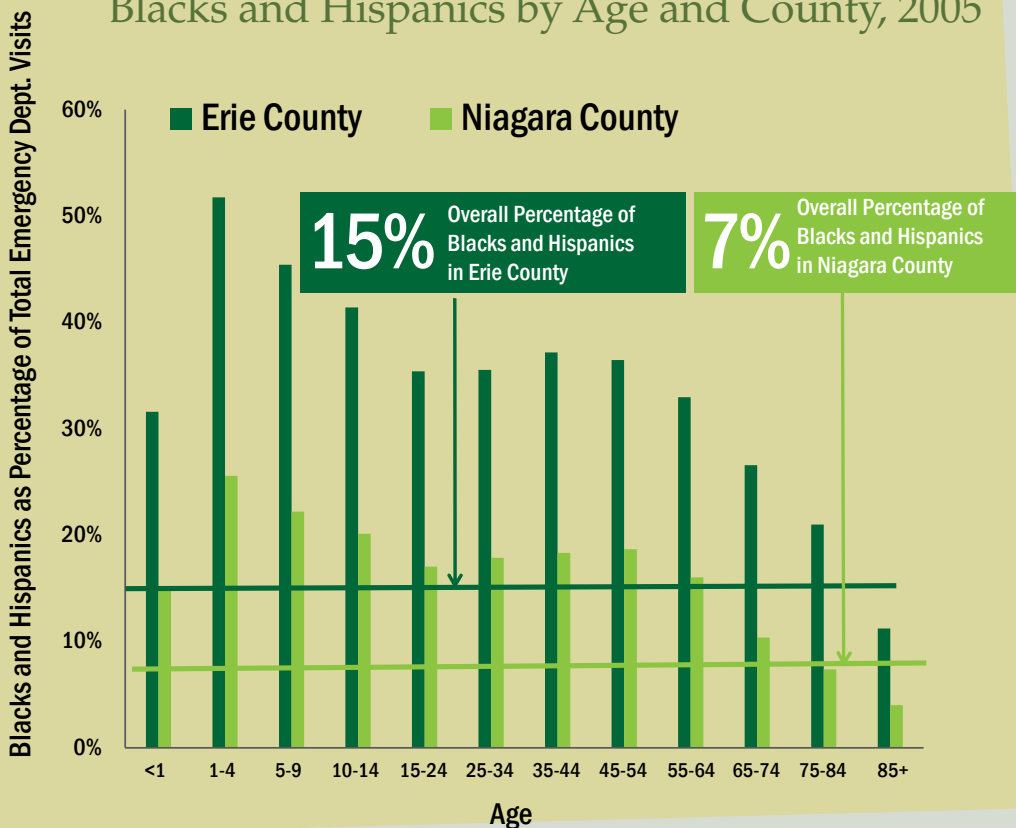
High levels of emergency department use are evident among the region's minority populations, particularly minority children ages 0-14. While blacks and Hispanics account for 15 percent of Erie County's population they accounted for close to 40 percent of emergency department visits in Erie County for those under age fifty-five in 2005. Among children ages one through four, blacks accounted for over 50 percent of emergency department visits in Erie County. In Niagara County,

blacks and Hispanics make up 7 percent of the population, but accounted for almost 20 percent of the emergency department visits for those under the age of fifty-five. According to a recent survey of the region's low-income families, the rate of Western New York children visiting emergency departments in 2007 was more than twice historical national and statewide rates. High emergency department use is frequently associated with a low-capacity primary care safety-net, limited access to primary care and inadequate health literacy.

Emergency department overutilization for primary care results in higher costs. Total uncompensated hospital care, the

Figure 5

### Percentage of Emergency Department Visits - Blacks and Hispanics by Age and County, 2005



unreimbursed or uncollectible costs (also known as charity care and bad debt) incurred by medical providers for healthcare services, totaled \$25 million in the region's urban core communities in 2006. In the City of Buffalo alone, \$24 million in hospital care went uncompensated. At Sheehan Memorial Hospital in Buffalo, (part of Sheehan Health Network, which recently emerged from bankruptcy) the cost of charity care and uncollected debt was approximately 20 percent of total patient costs incurred during 2006. All regional residents pay directly or indirectly in the form of higher hospital bills, higher insurance payments or higher state and federal taxes due to uncompensated care.

Source: New York State Department of Health, 2005.

**The region must strengthen its urban safety-net.** Additional safety-net providers supported by added resources as well as enhanced "patient centered medical homes" and community health awareness will help to serve the needs of this population and reduce emergency department usage. Expanding existing or establishing additional FQHCs would add to the overall capacity of the safety-net. Existing FQHCs could extend their reach and garner more resources by adding other sites or clinics. Creating



new centers, while time-consuming and complex, would enhance the financial stability of the region's urban safety-net in the long-term.

In addition, the region must enhance and improve the resources available for safety-net providers. For example, recruitment efforts between the University at Buffalo and providers can continue to grow the safety-net's clinical staff. New services can be offered when capital projects such as building renovation or equipment enhancements are completed. Increased technical assistance allows safety-net providers to access capital dollars, but can also assist in maximizing the efficiency and effectiveness of their operations.

New technologies are critical. Health Information Technology (HIT) systems are vital to improved operations, enhanced collaboration and an overall higher capacity of the safety-net. Safety-net providers must garner resources to invest in HIT so they can best improve quality. For example, health care providers can be more effective with HIT systems that help with easier access to medical records, improved compliance with practice guidelines, and reduced prescription errors. HealthLink – a Regional Health Information Organization that provides for real-time sharing of clinical information among Western New York's healthcare professionals – can enhance safety-net capacity by continuing to work with urban safety-net providers and exploring ways to include additional providers.

Strengthened FQHCs can serve as comprehensive, patient centered medical homes. This concept is a paradigm shift in the way health care is delivered. In this model, consumers are linked with a primary care office that helps them navigate the health care system and serves as a consistent and reliable source of care. Medical homes improve access, increase utilization of preventive care, and more effectively help individuals manage chronic conditions. A medical home can reduce disparities in health care access and quality. Nationwide, patient centered

medical homes are modeling a comprehensive approach to strengthening the safety-net.

Consumer education is essential. Community education campaigns can strengthen the safety-net when they stress the importance of primary care and preventative medicine. The profile of safety-net providers must also be raised among social service agencies and the community at-large. However, the outreach and education necessary to do so continues to challenge the primary care safety-net. Should resources be available for marketing and outreach, consumers can be educated about alternatives to the emergency department at the same time safety-net services are bolstered.

Western New York needs to address the barriers to health care faced by its urban poor, but also the structure of its urban safety-net. Additional resources for capital projects, technical assistance and community outreach linked to comprehensive, patient centered primary and preventative care safety-net services will reduce overall health care costs and improve access to care.

“ Total uncompensated hospital care, the unreimbursed or uncollectible costs (also known as charity care and bad debt) incurred by medical providers for healthcare services, totaled \$25 million in the region's urban core communities in 2006. ”



## Data Sources and Notes

### Figure 1

Poverty data by municipality come from the 2000 U.S. Census, Summary File 3, Table P87 and reflect the population for which poverty status was determined and income in 1999 was below the federal poverty level.

### Figure 2

Socioeconomic data are from the 2000 U.S. Census, Summary File 3, Tables P1, P7, P10, P20, P21, P37, P42, P53, P87, H15, H38, and H44. Educational attainment reflects that for the population ages 25 and over. Disability rates reflect those for the civilian noninstitutionalized population ages 5 and over. Buffalo's Lower West Side reflects census tract 71.01, while Buffalo's Broadway Fillmore neighborhood encompasses census tracts 16, 27.01 and 27.02. These neighborhoods follow those defined by the city of Buffalo's Office of Strategic Planning ([http://www.ci.buffalo.ny.us/files/1\\_2\\_1/MapDesc/dd\\_panels\\_community.pdf](http://www.ci.buffalo.ny.us/files/1_2_1/MapDesc/dd_panels_community.pdf)).

### Figure 3

The New York State Department of Health provides asthma discharge rates by zip code for the counties in New York State ([http://www.health.state.ny.us/statistics/ny\\_asthma/hosp/zipcode/map.htm](http://www.health.state.ny.us/statistics/ny_asthma/hosp/zipcode/map.htm)). Data reflect three-year average hospital discharge rates per 10,000 population for children ages 0 through 14 during 2002-2004.

### Figure 4

The distribution of safety net providers across Erie and Niagara Counties is based on a study of Western New York's safety net conducted by John Snow, Inc. on behalf of the Community Health Foundation of Western and Central New York. See Western New York Health Care Safety-Net Assessment, February 2008, John Snow, Inc.

### Figure 5

The New York State Department of Health provides emergency department visits by county of residence, age and race/ethnicity for 2005 (<http://www.health.state.ny.us/statistics/sparcs/ed/2005/>).

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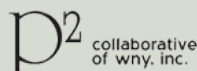
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