

[Timothy F. Murphy MD](#)

SUNY Distinguished Professor

[Director, UB Clinical and Translational Science Institute](#)

[Director, UB Community Health Equity Research Institute](#)

Senior Associate Dean for Clinical and Translational Research

[Jacobs School of Medicine and Biomedical Sciences](#)

University at Buffalo, State University of New York

Testimony to the Joint Assembly and Senate Legislative hearing:

Exploring solutions to the disproportionate impact of COVID-19 on minority communities.

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Thank you for the opportunity to present testimony at this joint hearing on the impact of the COVID-19 pandemic on minority communities. I congratulate this group on taking the first step to addressing this disturbing problem.

I am an infectious diseases physician scientist on the faculty of the Jacobs School of Medicine and Biomedical Sciences at the University at Buffalo. I am a SUNY Distinguished Professor and also Director of the recently launched UB Community Health Equity Research Institute. And last but not least, I'm a proud resident of the Buffalo area since I joined the UB faculty in 1981 directly out of my training and I have a passion and commitment to tackling the striking health disparities in Buffalo. The Community Health Equity Research Institute arose from the work of the African American Health Equity Task Force that Pastor Nicholas just spoke about. The mission of the Institute is to perform research to advance understanding of the root causes of health disparities and develop and test innovative solutions to eliminate health inequities in our region.

It's not a surprise that minority communities in Buffalo-- and throughout the state and the country-- are suffering worse outcomes than the general population. We know that in COVID-19 infection, people with underlying disorders, including heart disease, lung disease, diabetes and immunocompromising illnesses experience more serious disease and have a higher death rate. These same underlying disorders are more common in the seven zip codes in Buffalo with high rates of poverty and minority populations. African Americans in Buffalo have a 50% higher rate of hospitalization for heart disease, a 250% higher rate of hospitalization for diabetes and a 500% higher rate of hospitalization for asthma, compared to the white population in Buffalo. Remarkably, life expectancy of African Americans, who make up 39% of Buffalo residents, is 12 years shorter compared to that of White residents of Buffalo. These underlying disorders are a direct result of the social determinants of health, which include poverty, underdeveloped neighborhoods, failing schools, high unemployment, low property values, poor access to healthy food, lead contamination in homes, and poor access to

healthcare. These are the main reasons for worse outcomes of COVID-19 in African Americans in our community and similar communities throughout the nation.

Most of the social determinants of health are unrelated to healthcare. In fact, it's estimated that healthcare accounts for only 10 to 20% of health disparities. Those social determinants I just listed are the reasons that African Americans are dying younger. So ironically, and almost paradoxically, the most important solutions to the worse outcomes in COVID-19 won't be solved by healthcare per se. We need innovative solutions to the systemic problems in our society. The worse outcomes from COVID-19 infection in a way are a symptom—a symptom of the social determinants of health.

Society will judge universities and communities and their elected leaders of the 21st century by their ability to solve urgent socio-economic problems. We have established a framework and a partnership in Buffalo between the UB Community Health Equity Research Institute and the community-based Buffalo Center for Health Equity. The UB Institute is engaging faculty experts from all 12 UB schools that span the social determinants of health. This partnership is well positioned to tackle the problem using a community-based participatory research approach, based on a bidirectional partnership between the community and the university, to advance understanding of the root causes and test innovative solutions to eliminate health inequities in the region.

The solutions to these systemic problems will not occur overnight. It will take creative approaches from people with diverse expertise, a broad range of capabilities, and big ideas. We need different approaches- we can't keep doing the same things because they don't work. And we need approaches that will be sustainable. We need generational changes. If there is a silver lining to the tragedy of the impact of this pandemic on communities of color, I hope it will be the fact that this issue is now part of a statewide and national conversation, and that these conversations like are occurring today in this hearing will lead to a true investment and commitment to develop lasting, fundamental solutions to the problem of the social determinants of health.

Thank you again to this Joint Assembly for your interest and for your courage to tackle this enormously important problem.