

PRESS RELEASE

BROOKLYN TACKLES UNEQUAL QUALITY OF HEALTH CARE FOR LOW INCOME RESIDENTS AND COMMUNITIES OF COLOR

National Institutes of Health Give \$1.1 Million Grant to support Brooklyn's First Center on Health Disparities

On Wednesday, November 3 Brooklyn Borough President Marty Markowitz, Congressman Major Owens, Dr. John C. LaRosa, President of SUNY Downstate Medical Center, Dr. Luther T. Clark, Chief of Cardiology at SUNY Downstate and Dr. Ruth Browne, Executive Director of the Arthur Ashe Institute for Urban Health announced that the National Institutes of Health's (NIH) National Center on Minority Health and Health Disparities (NCMHD) has given Brooklyn a \$1.1 million grant over the next three years to help establish the Brooklyn Center on Health Disparities. This funding will initially focus on reducing disparities in care related to cardiovascular disease in Brooklyn's communities of color.

"When I took office at the beginning of 202, I promised to create a center to address health disparities for Brooklyn's low income families and communities of color and today I'm proud to announce the first step to attaining that goal has been achieved," said Borough President Markowitz. "Brooklyn is proud to be the most diverse city in America, where we are home to everyone from everywhere, but for far too long, our diverse communities have represented a disproportionate share of cardiovascular disease, diabetes, and AIDS cases. We thank the NIH for their generous \$1.1 million grant and our partners SUNY Downstate Medical Center and the Arthur Ashe Institute for helping to create the first Brooklyn Center on Health Disparities. The Center will help Brooklynites of every race, ethnicity and income level receive the world class quality of health care that they so richly deserve."

"SUNY Downstate Medical Center is extremely pleased to partner with the Brooklyn Borough President's Office and the Arthur Ashe Institute on the [*Center for Health Disparities*](#)," said Dr. John C. LaRosa, president of SUNY Downstate Medical Center. "As Brooklyn's only academic medical center, Downstate is uniquely positioned to work with the Borough President on this project. In addition to our Master of Public Health Program with its special focus on immigrant and urban health, we publish an ongoing series of Report Cards on key indicators of Brooklyn's health. While this first grant focuses on cardiovascular health, we now have the potential to put Brooklyn on the map as a leader in studying and developing solutions to the spectrum of health problems that affect diverse communities. I strongly commend President Markowitz for his vision and leadership in helping to make this a reality."

Dr. Luther T. Clark, chief of Cardiology at Downstate and principal investigator for the grant, is an expert on heart problems and how they differ among racial and ethnic populations. "While we've made great strides in recent years, we need to know more about the disparities experienced by racial and ethnic minorities," Dr. Clark said. "We

must determine why they exist and how healthcare providers and community groups throughout Brooklyn can come together to eliminate barriers to care. For example, the model developed by the Arthur Ashe Institute, which has been disseminating information on cardiac care at local beauty and barber shops, proves that outreach and education can make a difference. My goal as leader on this grant is to identify additional strategies and to make this center a borough-wide resource that is nationally recognized.”

“It’s extremely important that community groups throughout Brooklyn come together in partnership to work on health problems,” said Dr. Ruth Browne, Executive Director of the Arthur Ashe Institute for Urban Health. “Key to the success of any institute designed to eliminate disparities in racial and ethnic health will be a commitment to the promotion and development of community/academic/provider partnerships. Such partnerships recognize that research must be fully integrated with education and training, clinical health services, and community outreach. None of these four activities implemented alone will eliminate disparities.”

According to a report by the Institute of Medicine issued in March of 2002, communities of color tend to receive lower-quality health care than whites do, even when insurance status, income, age, and severity of conditions are comparable. The national report emphasized that differences in treating heart disease, cancer, and HIV infection partly contribute to higher death rates for communities of color. “Minorities are less likely to be given appropriate cardiac medications or to undergo bypass surgery, and are less likely to receive kidney dialysis or transplants. In addition, several studies show significant racial differences in who receives appropriate cancer diagnostic tests and treatments. Minorities also are less likely to receive the most sophisticated treatments for HIV infection, which could forestall the onset of AIDS. By contrast, they are more likely to receive certain less-desirable procedures, such as lower limb amputations for diabetes and other conditions.” [Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care]

In Brooklyn, disparities have historically existed between primarily African American/Latino groups and groups of European/Caucasian descent regarding access and the quality of health services. The Brooklyn Center on Health Disparities will address the widening gaps in health disparities in Brooklyn’s predominantly low income neighborhoods and communities of color. The Center, the first of its kind in Brooklyn, will research health disparities to get a clearer picture of the health inequity facing undeserved Brooklynites and then outline possible solutions to ultimately eliminate these disparities.