Points on Care
A data brief series examining all aspects of primary care access
PRIMARY CARE DEVELOPMENT CORPORATION
Page 1 | Issue 5 | September 2020

Today's Health Inequities in New York City Driven by Historic Redlining Practices

Deliberate Disinvestment in Communities of Color

The impact of place – specifically where one lives – on health has been well documented and is an intrinsic element of racial and economic inequities in health. In the United States, place-based discrimination practices have resulted in persistent racial and social community health disparities. One such practice was redlining, a form of housing discrimination initiated by The Home Owners' Loan Corporation (HOLC), a federal agency created as part of the New Deal in 1938. So called 'residential security maps' were created that demarcate neighborhoods based on perceived risk of loan default; banks used these maps to practice 'responsible lending'. However, it was predominately Black, urban neighborhoods that were redlined and deemed as "hazardous" for lending.[1] For decades, banks used security maps as the basis to deny mortgages and loans to residents of redlined neighborhoods, regardless of individual income or creditworthiness. The passing of the Fair Housing Act in 1968 made illegal these lending discrimination practices based on race or national origin. However, the effects of deliberate disinvestment remain present, reinforcing structural racism and the Black-white wealth gap.[2]

The Primary Care Development Corporation (PCDC) explored historically redlined areas and present-day health disparities in New York City (NYC). Data on the most recent demographic, healthcare access, and health status measures were compared at the census tract level by historic security map grade.*

We discuss present public health implications of deliberate disinvestment and highlight the role of primary care in improving health outcomes in these neighborhoods.

Key Findings

- Poverty rates in redlined areas are **3.6 times higher** than A-rated census tracts.
- The proportion of Black residents in redlined areas is **9.1 times higher** than in A-rated census tracts.
- Health disparities persist in redlined areas of NYC, with the highest uninsured and obesity rates still observed in historically redlined neighborhoods.

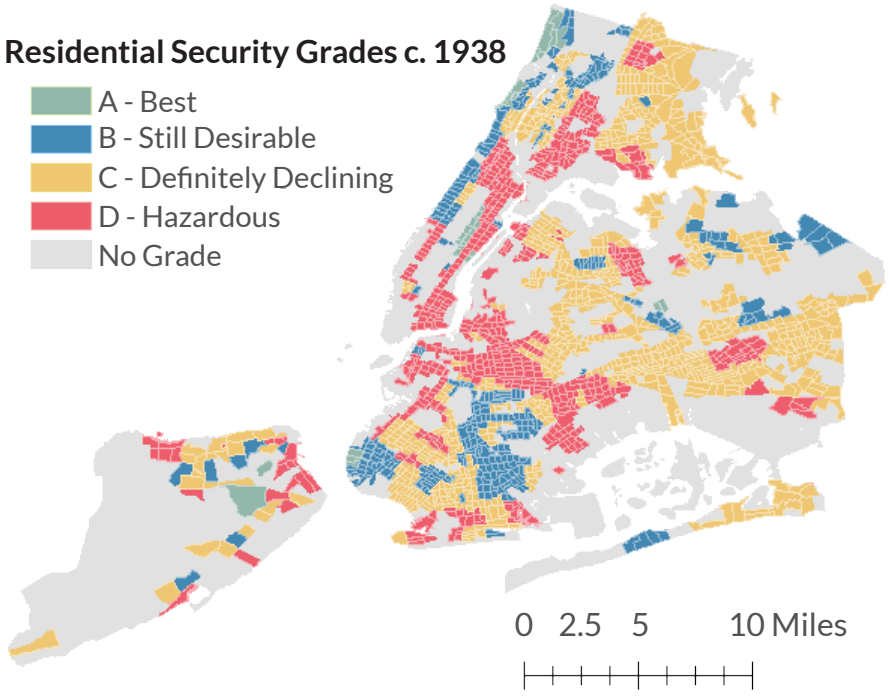

Figure 1. Redlining "Security Grades" by Home Owners' Loan Corporation c. 1938.

* Census tracts were categorized by risk grade (A, B, C, or D) on the basis of at least 50% of the census tract being contained within a risk grade on the original Home Owners Loan Corporation security map. An "A" grade indicates "Best", a "B" grade indicates "Still Desirable, a "C" grade indicates "Definitely Declining", and a "D" grade (redlined neighborhoods) indicates "Hazardous."

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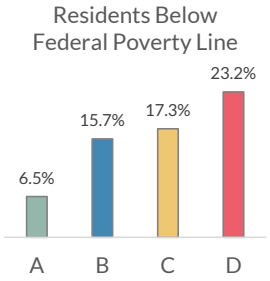
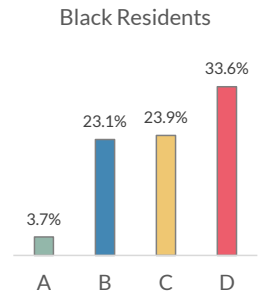
Redlining and Demographics

Poverty increases along the security grading scale. Historically redlined areas continue to have high poverty rates, compounded by reduced access to credit and creating higher borrowing costs, thereby creating a barrier to accumulating wealth for residents of these communities.[4]



Source: United States Census Bureau ACS 2018 5-Year Estimate

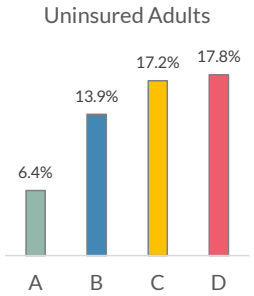
The proportion of Black residents increases along the security grading scale. Redlined areas continue to have higher proportions of Black residents than in other areas of the city. This remains true despite some historically redlined areas having been gentrified and the movement of some Black populations to suburban areas.[5]



Source: United States Census Bureau ACS 2018 5-Year Estimate

Redlining and Access to Care

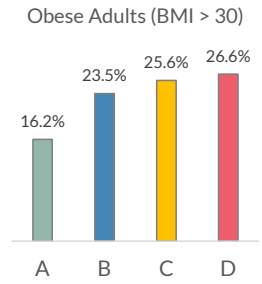
The percentage of uninsured residents in historically redlined census tracts (and C-rated census tracts) is almost triple that of A-rated census tracts. Uninsured rates indicate lower access to healthcare. High uninsured rates often result in decreased utilization of health care services, particularly preventive care,[6,7] contributing to poor health outcomes.



Source: 500 Cities Project 2019
Data Year: 2017

Redlining and Health Status

The proportion of residents with obesity increases along the redlining security grade scale from A-rated census tracts to D-rated census tract. Obesity is a key contributor to chronic disease;[8,9] indicating poorer health status in redlined neighborhoods. Historic disinvestment has resulted in low-quality built environment in these areas, including food deserts and lack of safe green spaces and parks.



Source: 500 Cities Project 2019
Data Year: 2017

Discussion

Our exploration of historic redlining in NYC highlights the impact of this racist investment practice on present-day community health and equity, illustrating the severity and long-lasting effects of institutional racism on health and economic outcomes. Poverty, insurance coverage, and obesity progressively worsen along the lending security grade continuum from A-rated census tracts to D-rated census tracts. Targeted action and investment must occur to mitigate the effects of disinvestment in Black communities and reduce the persistent health disparities across NYC.

- Increase primary care investment in historically redlined communities, and ensure access to high-quality, culturally competent care.
- Conduct data-driven assessments to identify high-need populations in NYC and surrounding suburbs and commit to investing in these prioritized areas.
- Use these data to inform strategic placement of public health resources, and government programs, including investment in fair-housing and community development work.

Suggested citation:
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Citations:
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