

Legacy of racism in housing policies continues to impact maternal health

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Housing policies established more than eight decades ago that effectively trapped people of color in low income and segregated neighborhoods continue to impact the health of residents to this day, specifically

resulting in poor obstetric outcomes such as pre-terms birth. That is the conclusion of a new study in the journal *JAMA Network Open*, by researchers at the University of Rochester Medical Center (URMC).

"These findings suggest the potential influences of a system of profound structural inequity that ripple forward in time, with impacts that extend beyond measurable socioeconomic [inequality](#)," said Elaine Hill, Ph.D., an economist in the URMC Department of Public Health Sciences and co-author of the study. "In our study population of a single midsized U.S. city, historic redlining was associated with worse outcomes in pregnancy and childbirth experienced by Black women in the modern day."

Beginning in the 1930s and 40s, the federal government created thousands of area descriptions for cities across the U.S. First created by the federal Home Owners' Loan Corporation (HOLC), these policies were adopted by the Federal Housing Administration and the Department of Veterans Affairs and delineated areas where mortgages could be insured. The term redlining comes from the color that was used on HOLC maps to identify neighborhoods comprised predominately of people of color and labeled "hazardous."

These redlining policies, which remained in effect until the 1960s, led to decades of community disinvestment, concentrated poverty in inner city neighborhoods, and denied residents the ability to build intergenerational wealth through home ownership. Combined with the knowledge that poverty, physical environment, and stress are linked with inequity in health outcomes, the health impact of redlining have long been hinted at, but it was not until the recent digitization of the original HOLC maps by the University of Richmond Mapping Inequality project that researchers have been able to more precisely examine these questions.

In the current paper, researchers focused on the region surrounding

Rochester, New York. Using a New York State database of live births from 2005 to 2018, the team identified pre-term births (less than 37 weeks) by zip code, demographic characteristics of individuals, including race, and community survey data from the U.S. Census Bureau on income, poverty, and educational attainment. Preterm births are associated with a range of outcomes, including higher risk for developing behavioral and social-emotional problems, learning difficulties, Attention Deficit-Hyperactivity Disorder, and Sudden Infant Death Syndrome.

Of the 199,088 births during the period, pre-term births occurred at a rate of 12.38% in HOLC "hazardous" zip codes compared to 7.55% in areas that were labeled "best" or "still desirable." Women who resided in "hazardous" areas were also at higher risk for other maternal complications, such as pregnancy-related hypertension, neonatal complications, and neonatal intensive care unit admission.

"This is further evidence of the influence of a legacy of structural [racism](#) on the disproportional burden of adverse pregnancy outcomes for Black women in the U.S.," said Stefanie Hollenbach, M.D., an assistant professor in the URMC Department of Obstetrics and Gynecology and co-author of the study. "The fact that racially discriminatory home lending patterns from the 1940s are associated with contemporary preterm [birth](#) rates can inform us that the legacy of government-sanctioned discrimination persists to this day."

Additional co-authors include Lorelei Thornburg and Christopher Glance with URMC.

More information: Stefanie J. Hollenbach et al, Associations Between Historically Redlined Districts and Racial Disparities in Current Obstetric Outcomes, *JAMA Network Open* (2021). [DOI: 10.1001/jamanetworkopen.2021.26707](#)

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