

Resolution Achieving Health Equity through Addressing the Health Disparities Due to Redlining

**Adopted by the SOPHE Board of Trustees
February 2024**

Whereas, redlining arose from racially discriminatory housing policy practices that emerged from the New Deal (Winling & Michney, 2021). Home Owners Loan Corporation (HOLC) and Federal Housing Administration (FHA) institutionalized this system of racial segregation and housing discrimination (Michney & Winling, 2020); and

Whereas, the effects of segregationist practices such as redlining have lasting and continued impacts on marginalized populations due to the relative lack of social mobility that creates an arbitrary social hierarchy between race and class (Townesley et al., 2021); and

Whereas, residents in redlined communities experience a greater risk of experiencing poorer population health outcomes than non-redlined communities (National Community Reinvestment Coalition, 2020); and

Whereas, Healthy People 2030 includes objectives for improving health and safety where people live, work, learn, and play, while acknowledging the disproportionate health risks faced by people of color (Office of Disease Prevention and Health Promotion, n.d.); and

Whereas, living in historically redlined areas is associated with higher odds for preterm birth and complications (Krieger et al., 2020), as well as other adverse maternal health outcomes such as prenatal substance use, severe maternal depression, and low uptake of exclusive breastfeeding (Hollenbach et al., 2021); and

Whereas, in the midst of a global pandemic, historically redlined communities experienced exacerbated severity of COVID-19 due to increased, compounding health risk factors such as stroke (Wing, et al., 2022), uncontrolled or severe asthma (Schuyler & Wenzel, 2022), hypertension, obesity, diabetes, chronic obstructive pulmonary disease, kidney disease (National Community Reinvestment Coalition, 2020) and certain cancers (Lee et al., 2021); and

Whereas, access to clinical health services is disproportionately unavailable to historically redlined communities. Although residents in redlined neighborhoods are more likely to have severe or uncontrolled asthma, they are more likely to have fewer asthma specialists or less optimal asthma care than residents in non-redlined neighborhoods (Schuyler & Wenzel, 2022). Furthermore, despite having significantly higher rates of mental health issues (National Community Reinvestment Coalition, 2020), historically redlined communities have lower availability of behavioral health providers than non-redlined areas (Erikson et al., 2022); and

Whereas, tobacco retailers are more concentrated in historically redlined neighborhoods (Schwartz et al. 2021). Living in areas with a high density of tobacco retailers is significantly associated with daily tobacco use among youth (Marsh et al., 2020); and

Whereas, residents in historically redlined neighborhoods experience less personal and community safety. Historically redlined areas are associated with a higher incidence of firearm violence, including gunshot-related injuries and deaths (Mehranbod et al., 2022). The risk of pedestrian deaths also increases in neighborhoods predetermined as “undesirable” due to being historically and predominantly Black (Taylor et al., 2022) due to poor roadway design and a lack of street lights (Sanders & Schneider, 2022); and

Whereas, redlining also disproportionately impacts the built and natural environment, which is a protective factor in overall health (Bird et al., 2018). Historically-redlined neighborhoods have disproportionately higher levels of nitrogen dioxide, a pollutant harmful to lung health, in the air than non-redlined neighborhoods (Lane et al., 2022). These redlined neighborhoods also have significantly less tree canopy coverage (Locke et al., 2021) and less greenspace than non-redlined neighborhoods (Nardone et al., 2021) which drives factors of social inequity such as poverty and increased exposure to property and violent crime (Jagger et al., 2022; Shepley et al., 2019; Ye et al., 2018); and

Whereas, the Fair Housing Act of 1968 and the Equal Credit Opportunity Act of 1974 prohibit discriminatory mortgage lending on the basis of race, color, or national origin (United States Department of Justice, 2021); and

Whereas, the US Department of Housing and Urban Development (2023) restored the Discriminatory Effects Standard to support the Fair Housing Act in preventing discriminatory policies and practices in housing and housing-related services. These include but are not limited to: Prohibiting specific racial, ethnic, or national groups from purchasing land or property; unequal appraisal of a property; non-transparent or concealed information about loans and property transfers; imposing different terms of conditions on loans between lenders or mortgages between home owners (US Department of Housing and Urban Development, n.d.); providing or failing to provide financial assistance for housing or rental programs due to protected and blockbusting (Quid Pro Quo, 2016); and

Whereas, the Residential Lead-Based Paint Hazard Reduction Act of 1992 requires that sellers and landlords must adequately disclose any records and reports of lead-based paint or related hazards on the property before ratifying a contract or lease (U.S. Department of Housing and Urban Development, n.d.). However, failure to enforce lead poisoning prevention increases a child’s risk for exposure, and these risks are mediated by socioeconomic factors such as poverty, educational attainment, food insecurity, and living in rented or public housing (Karp, 2023; Whitehead & Buchanan, 2019); and

Whereas, despite its prohibition, redlining continues to drive racial segregation and inequalities in the modern day, which worsens disproportionate health outcomes faced by people of color (Swope et al., 2022). While the risk of lead exposure and poisoning are associated with neighborhood poverty, these risks are exacerbated among Black residents compared to White residents within redlined neighborhoods due to risk factors such as lack of socioeconomic mobility and affordable healthy food options (Karp, 2023). Similarly, the racial inequality faced by residents in the same low-income

neighborhoods are worsened by a lack of peer support in the community, lack of transportation, and satisfaction with food availability (Koh et al., 2020). Finally, Black residents in redlined neighborhoods not only have increased risk of uncontrolled or severe asthma compared to their white neighbors but also have greater exposure of air pollutants and exacerbation prone asthma (Schuyler & Wenzel, 2022).

Therefore, be it resolved that the Society for Public Health Education, Inc. (SOPHE) shall:

Internal Actions:

1. **Recognize** the significance of redlining in shaping neighborhoods and resources.
2. **Educate** members on the history of redlining on national, state, and local levels and its effects experienced by communities of color.
3. **Share** information concerning the effects of health outcomes and access to healthcare faced by residents in historically-redlined neighborhoods through print educational resources and live training opportunities.
4. **Empower** members with information and community engagement tools to provide effective, empathic outreach that creates solutions to undo structural racism and celebrates historically marginalized perspectives.
5. **Advocate** for equitable neighborhood development and anti-discriminatory housing security.

External Actions:

1. **Call upon** Congress to:
 - a. **Revise and reverse** implicitly discriminatory policies relating to housing and urban development in line with the U.S. Department of Housing and Urban Development's restored Discriminatory Effects Standard.
 - b. **Support** government programs to maintain public housing and to eradicate severely distressed public housing and **enforce** these programs to promote housing safety standards that do not lead to the displacement of low-income residents.
 - c. **Continue** to assess the ongoing effects on population health in investigations of potential redlining and fair lending enforcement.
2. **Encourage and support** public health efforts to:
 - a. **Prioritize** marginalized and disinvested communities and include voices from affected communities, especially from communities of color, in leading decisions that involve their development and avoid replicating inequities we are striving to reverse.
 - b. **Create and sustain** meaningful partnerships among neighborhoods and public, private, and nonprofit organizations to maximize the quality of life and community development.
 - c. **Increase** access to high-quality, comprehensive clinical health services (including but not limited to primary care, mental health, dental, vision, nutrition, perinatal care, tobacco cessation, and medication-assisted therapy) to disinvested communities.
 - d. **Invest** in social services and community safety programs.
3. **Support** advocacy efforts to:
 - a. **Add** affordable housing choices through inclusionary zoning to reduce concentration of higher-poverty areas.
 - b. **Protect** public housing through Section 8 expansion and rent control.

- c. **Invest** in affordable access to healthy food (e.g., public-owned grocery stores).
- d. **Make** access to local lending, investment, and community development data transparent and publicly available.
- e. **Coordinate** the intersectionality between neighborhood resources and spatial environment to improve ease and increase access to care.
- f. **Take action** to reverse historical disinvestment in redlined communities, including but not limited to:
 - I. **Prevent** early childhood exposure to lead.
 - II. **Reduce** exposure to air pollution due to industrial and vehicular emissions.
 - III. **Improve** connection to the natural environment, including but not limited to urban reforestation and building bicycling & walking paths.

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