

New study shows how historical redlining policies impacts access to behavioral health services

April 28 2022



Credit: Pixabay/CC0 Public Domain

Researchers at George Washington University's Milken Institute School of Public Health found that the structurally racist policy of redlining in

the past, is associated with current disparities in the availability of behavioral health clinicians in those same areas.

Redlining was a discriminatory practice that began in the 1930s when the federally sponsored Home Owners' Loan Corporation designated predominately Black and immigrant neighborhoods as high risk—by outlining them in red on maps—effectively cutting them off from investments in financial, [health](#) and other services. Along with other forms of structural racism, redlining has been associated with health disparities resulting from delays in diagnosis and treatment. This is the first study to examine differences in the supply of physicians or other behavioral health clinicians across redlined neighborhoods.

"While it may seem hard to understand how structurally racist redlining policies that were implemented nearly 100 years ago would impact access to care today, this initial analysis suggests that could be the case," Clese Erikson, Principal Investigator at the Fitzhugh Mullan Institute for Health Workforce Equity at The George Washington University, said. "These findings are consistent with other studies examining contemporary economic and health disparities in formerly redlined communities. We need to continue this line of research so that we can identify policy solutions that will address racial and ethnic disparities in access to care and advance health equity."

The cross-sectional study looked at two counties designated as having a shortage in [mental health professionals](#). The team investigated whether behavioral health specialists are equitably allocated across redlined neighborhoods in Richmond City County, Virginia (Richmond), and Guilford County, North Carolina (Greensboro).

The research team, led by Erikson, found redlined areas in both Richmond and Greensboro had fewer behavioral health specialists serving their communities. In Richmond, well-rated areas by the HOLC

(consisting of predominantly White residents) had nearly three times as many psychologists, counselors and therapists per capita compared to redlined areas (consisting of predominantly Black residents). In Greensboro, well-rated areas by the HOLC (predominantly White) had over 20 times the number of psychologists, counselors and therapists per capita compared to redlined areas (predominately Black). In addition, Greensboro's redlined areas had no psychiatrists, while its well-rated areas had five psychiatrists per 1,000 population.

The paper, "Historic Redlining and Contemporary Behavioral Health Workforce Disparities" was published in *JAMA Network Open* on April 28.

More information: Historic Redlining and Contemporary Behavioral Health Workforce Disparities, *JAMA Network Open* (2022). [DOI: 10.1001/jamanetworkopen.2022.9494](https://doi.org/10.1001/jamanetworkopen.2022.9494)

Provided by George Washington University

Citation: New study shows how historical redlining policies impacts access to behavioral health services (2022, April 28) retrieved 6 January 2023 from <https://medicalxpress.com/news/2022-04-historical-redlining-policies-impacts-access.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.