

The Long Shadow of Redlining: How Historic Housing Policies Still Shape Breast Cancer Outcomes

On July 10, 2025, the National Breast Cancer Coalition welcomed Dr. Sarah Lima for a thought-provoking webinar on how historic redlining continues to shape disparities in breast cancer risk and survival today. Drawing on findings from her doctoral research at the University at Buffalo, Dr. Lima made a compelling case that breast cancer outcomes cannot be fully understood—or addressed—without grappling with the legacy of structural racism and disinvestment.

What Is Redlining—and Why Does It Matter?

In the 1930s, the U.S. government-sponsored Home Owners' Loan Corporation (HOLC) created maps that graded neighborhoods from A (“best”) to D (“hazardous”) based largely on racial and socioeconomic characteristics. This practice, known as redlining, led to systematic disinvestment in communities of color—shaping not only housing opportunities but also health, environmental conditions, and access to care for generations.

Dr. Lima’s research reveals that these historical housing policies continue to have a measurable impact on breast cancer outcomes nearly a century later.

Breast Cancer Survival and the Redlining Connection

In one study, Dr. Lima analyzed over 60,000 breast cancer cases across 19 cities in New York State where redlining maps were implemented. She found that women living in historically redlined neighborhoods faced significantly lower breast cancer survival rates compared to those in more favorably graded areas.

The results were stark:

- The probability of survival was significantly lower for each worse historical redlining grade.
- Women living in “D” grade neighborhoods had a **64% higher risk of death** within five years of diagnosis compared to those in “A” grade areas.
- Even after adjusting for factors such as age, tumor characteristics, treatment, race, and insurance coverage, **residential redlining grade remained a strong predictor of survival.**

More Than Access: Clusters of Risk in Redlined Communities

In a second study, Dr. Lima and her colleagues explored whether known breast cancer risk factors—such as obesity, smoking, lack of health insurance, and poor air quality—tended to cluster in redlined neighborhoods. They did.

Across the U.S., redlined neighborhoods were found to have **34% more breast cancer risk factors** than non-redlined areas. These included behavioral, socioeconomic, and environmental risks. Notably, redlined communities had significantly lower access to health care, and higher rates of smoking, physical inactivity, and exposure to pollution.

Dr. Lima emphasized that these patterns vary by region, underscoring the need for **localized, community-specific interventions**.

A Call to Action for Advocates

Dr. Lima's research reinforces a message that NBCC advocates know well: structural inequality drives breast cancer disparities, and policy change is essential to ending them.

At NBCC, we have long advocated for equitable access to high-quality healthcare and meaningful research that addresses the needs of all communities. This work is more urgent than ever, as we face a wave of proposed cuts to programs like **Medicaid, SNAP**, and other components of the social safety net. These programs are lifelines for many individuals living in neighborhoods that were once redlined—and they help to mitigate the very inequities Dr. Lima's research has brought to light.

If allowed to move forward, these policy changes risk compounding existing disparities and undermining decades of progress in cancer care and prevention.

That's why NBCC continues to fight not just for better treatments and cures, but for the systemic changes that make survival possible for everyone—regardless of where they live.

Looking Ahead

Dr. Lima's findings make one thing clear: addressing breast cancer disparities means addressing the upstream causes that shape risk and limit access to care. That includes housing, neighborhood investment, healthcare access, and environmental justice.

For advocates, it means continuing to push for policies that center equity and dismantle the systems that put certain communities at greater risk. And it means recognizing that when we fight for health justice, we are fighting to end breast cancer—everywhere, for everyone.

NBCC thanks Dr. Lima for her research and for helping our community see more clearly the structural roots of health inequity.

To view the webinar recording, click [\[here\]](#).