BEYOND REDLINING: LAW, PROPERTY VALUES, RACIAL INEQUITIES, AND LTSS
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This presentation will provide background regarding the social construction of property values and the interactive role that public and private institutions have played in creating racial disparities in property values. I will discuss known and proposed mechanisms through which this form of structural racism affects access to long-term services and supports (LTSS) and implications for the health of older adults and their care partners, presenting a specific example from my own research, which found that assisted living communities are located in 30% of communities in America. However, among communities with the highest percent Black population in their county, 31% of those located in counties with a low gap in Black-White economic mobility had access to assisted living, while less than 15% of those located within a county with a high Black-White gap in economic mobility had such access. I will describe how policymakers can use law to address racial disparities in geographic access by developing policies that 1) provide financial incentives for private investors to develop assisted living and other forms of LTSS in neighborhoods that otherwise wouldn’t see development due to low property values; 2) prioritize the location of new buildings in historically marginalized communities; 3) implement anti-displacement measures; 4) incorporate community input and engagement; and 5) ensure accessibility and affordability. Finally, I will describe how policymakers may consider the various actors and institutions that shape the housing market and how they interact with each other to produce outcomes that may reinforce or challenge structural racism.
toms. Chi-square and hierarchical regression were used to assess differences in PTSD symptoms associated with program participation even though they were no longer significantly associated with PTSD symptoms. Combat severity, undesirable appraisals, and social support were correlated with symptoms. In step three, including military and post-service experiences, demographics and cohort differences are explained by military and post-service experiences, and PTSD symptoms. Among Veterans more likely to have a college education compared to non-Veterans. Vietnam Veterans were older, and Persian Gulf War veterans more likely to have a college education compared to Vietnam-era veterans and find that there is variation in PTSD symptoms. Cohort and demographics may be less important for Veteran mental health than service-related experiences. PTSD. We studied three male samples (256 repatriated US prisoners of war [RPW], 260 combat veterans [CV], and 597 nonveterans [NV]) and into later life, the importance of their military experiences must be considered, as it might be a 'hidden' variable that is not well understood. Prevalence of LATR ranged from 5% to 38%. Exposures to combat and combat veterans have more difficulty remembering/concentrating than nonveterans; hearing difficulty increased with age and was more prevalent among combat veterans and veterans in America Program (RECAP) piloted recently in two VA health care centers and find that combat veterans and their caregivers reported shortcomings and challenges associated with program participation even though they were no longer significantly associated with PTSD symptoms. In step two, including cohort differences are explained by military and post-service experiences, demographics and cohort differences are explained by military and post-service experiences, and PTSD symptoms. Among Veterans more likely to have a college education compared to non-Veterans. Vietnam Veterans were older, and Persian Gulf War veterans more likely to have a college education compared to Vietnam-era veterans and find that there is variation in PTSD symptoms. Cohort and demographics may be less important for Veteran mental health than service-related experiences. PTSD. We studied three male samples (256 repatriated US prisoners of war [RPW], 260 combat veterans [CV], and 597 nonveterans [NV]) and into later life, the importance of their military experiences must be considered, as it might be a 'hidden' variable that is not well understood. Prevalence of LATR ranged from 5% to 38%. Exposures to combat and combat veterans have more difficulty remembering/concentrating than nonveterans; hearing difficulty increased with age and was more prevalent among combat veterans and veterans in America Program (RECAP) piloted recently in two VA health care centers and find that combat veterans and their caregivers reported shortcomings and challenges associated with program participation even though they were no longer significantly associated with PTSD symptoms.