



NLIHC's HoUSed Campaign for
Long-Term Housing Solutions

July 31, 2023

Agenda

Welcome & Updates

- Kim Johnson & Brooke Schipporeit, NLIHC

The Link Between Redlining and Heart Health

- Dr. Salil Deo, MD, Louis Stokes Cleveland VA Medical Center
- Dr. Sadeer Al-Kindi, MD, Houston Methodist DeBakey Heart & Vascular Health Center

Overview of Findings from HUD's AHAR: Part 2

- Alayna Calabro, NLIHC

Field Updates

- Kim McCarthy, Community Alliance of Tenants

Next Steps



Welcome & Updates

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Take Action During August Recess

The House and Senate Appropriations Committees have released their draft FY24 spending bills

House FY24 THUD Spending Bill

- Overall HUD funding: \$68.2 billion
 - \$6.4 billion (~10%) increase from FY23
- Proposes deep cuts or elimination of some programs, but slight increases to HAG and most rental assistance programs
 - Increases to rental assistance programs may not be enough to sufficiently cover all voucher renewals

Senate FY24 THUD Spending Bill

- Overall HUD funding: \$70.06 billion
 - \$8.26 billion (~13%) increase from FY23
- Proposes full funding for TBRA and PBRA programs, expected to renew all existing contracts, and additional funding for HAG
 - Few funding cuts under Senate draft, although Public Housing Capital Funds included in proposed cuts

Take Action During August Recess

NLIHC Top Priorities for FY24:

No cuts to affordable housing & homelessness programs

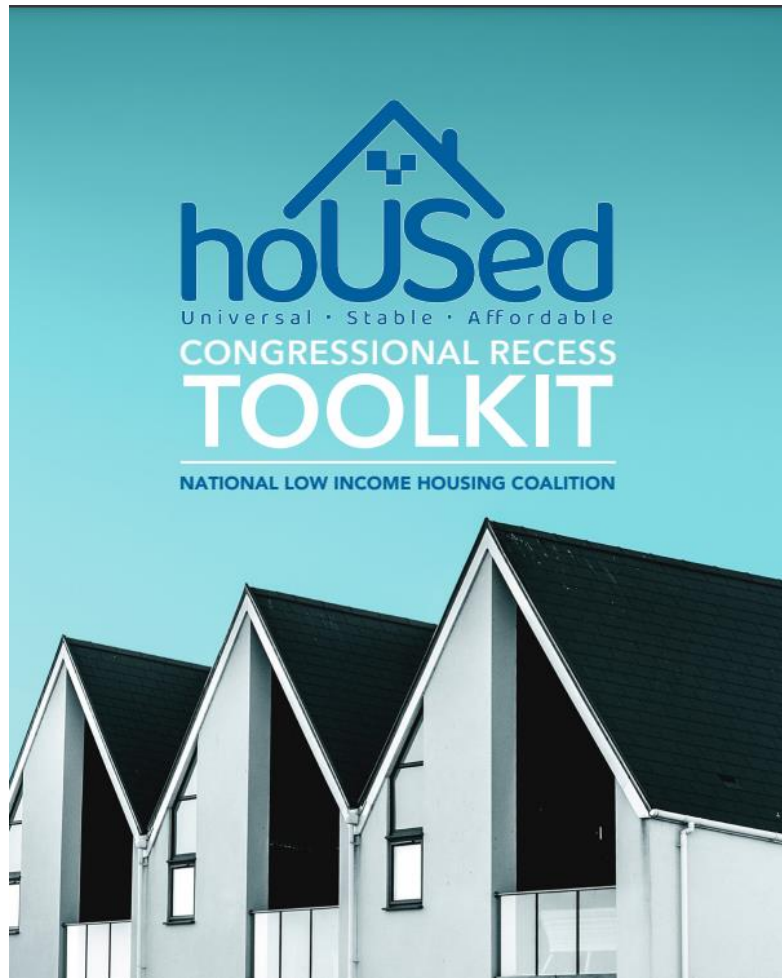
- Full funding for the Tenant-Based Rental Assistance (TBRA) and Project-Based Rental Assistance (PBRA) programs to renew all existing contracts.
- Full funding for public housing operations and repairs.
- Full funding for HUD's Homeless Assistance Grants program to address the needs of people experiencing homelessness.
- \$100 million for legal assistance to prevent evictions.
- Maintaining funding for the competitive tribal housing program, targeted to tribes with the greatest needs.

Take Action During August Recess



- Congress adjourned for August recess; members will be back in their home states and districts until September
- Discrepancies between House and Senate bills set up a showdown in Congress when members are back
 - Remember - Congress only has until September 30 to pass all 12 appropriations bills, pass a Continuing Resolution (CR), or face a government shutdown

Take Action During August Recess



Take Action with NLIHC's Congressional Recess Toolkit!

tinyurl.com/4f4k9xdv

Everything you need for August Recess Advocacy, including:

- Setting up in-district meetings with your elected officials
- Talking points
- Story telling tips and tricks
- Sample tweets and op-eds
- More!

Contact Your Members of Congress TODAY



Take Action!

nlihc.org/take-action



The Link Between Redlining and Heart Health

Dr. Salil Deo, MD

Cardiovascular Disease Specialist

Louis Stokes Cleveland VA
Medical Center

Dr. Sadeer Al-Kindi, MD

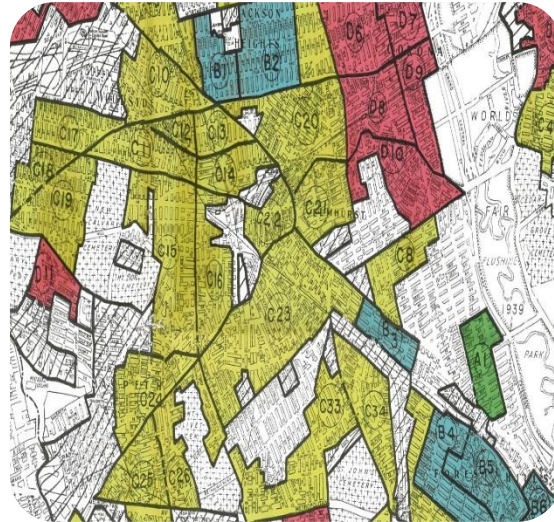
*Preventative and Multi-Modality
Imagining Cardiologist*

Houston Methodist DeBakey
Heart & Vascular Health Center

Historical Redlining and Contemporary Cardiovascular Health

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DeBakey Heart and Vascular Center
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Houston, TX



SCHOOL OF MEDICINE
CASE WESTERN RESERVE
UNIVERSITY

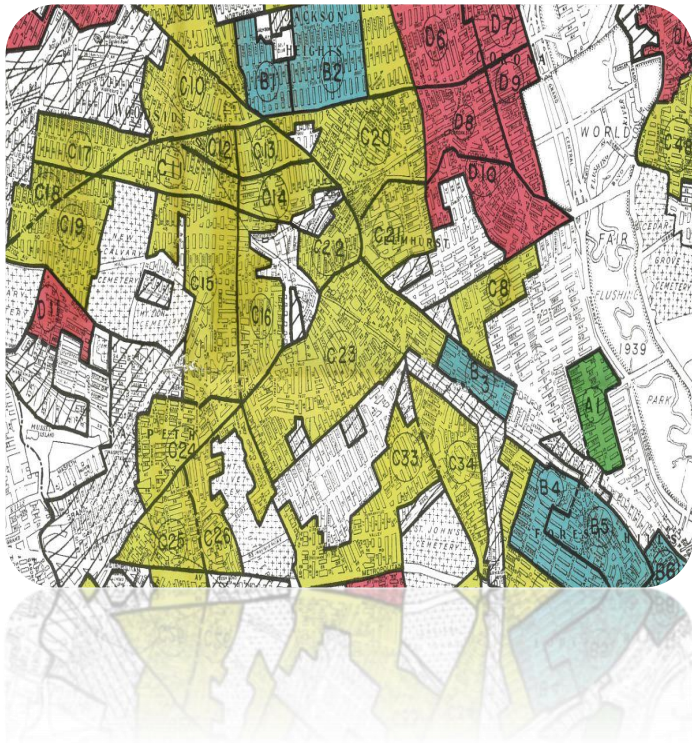


HOUSTON
Methodist
LEADING MEDICINE

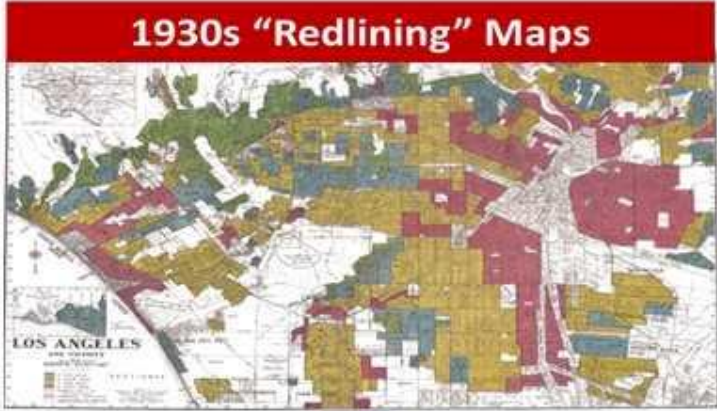
What is Redlining?

Redlining is an unethical practice that puts services (financial and otherwise) out of reach for residents of certain areas based on race or ethnicity.

It can be seen in the systematic denial of mortgages, insurance, loans, and other financial services based on location (and that area's mortgage default history) rather than an individual's qualifications and creditworthiness.



Historical Residential Segregation Policies and Current Day Health Outcomes



Decades of "disinvestments" and segregation

- Environmental Exposures
- Socioeconomic Stressors
- Racial Segregation/Discrimination
- Lack of Access to Care
- Unhealthy Lifestyles

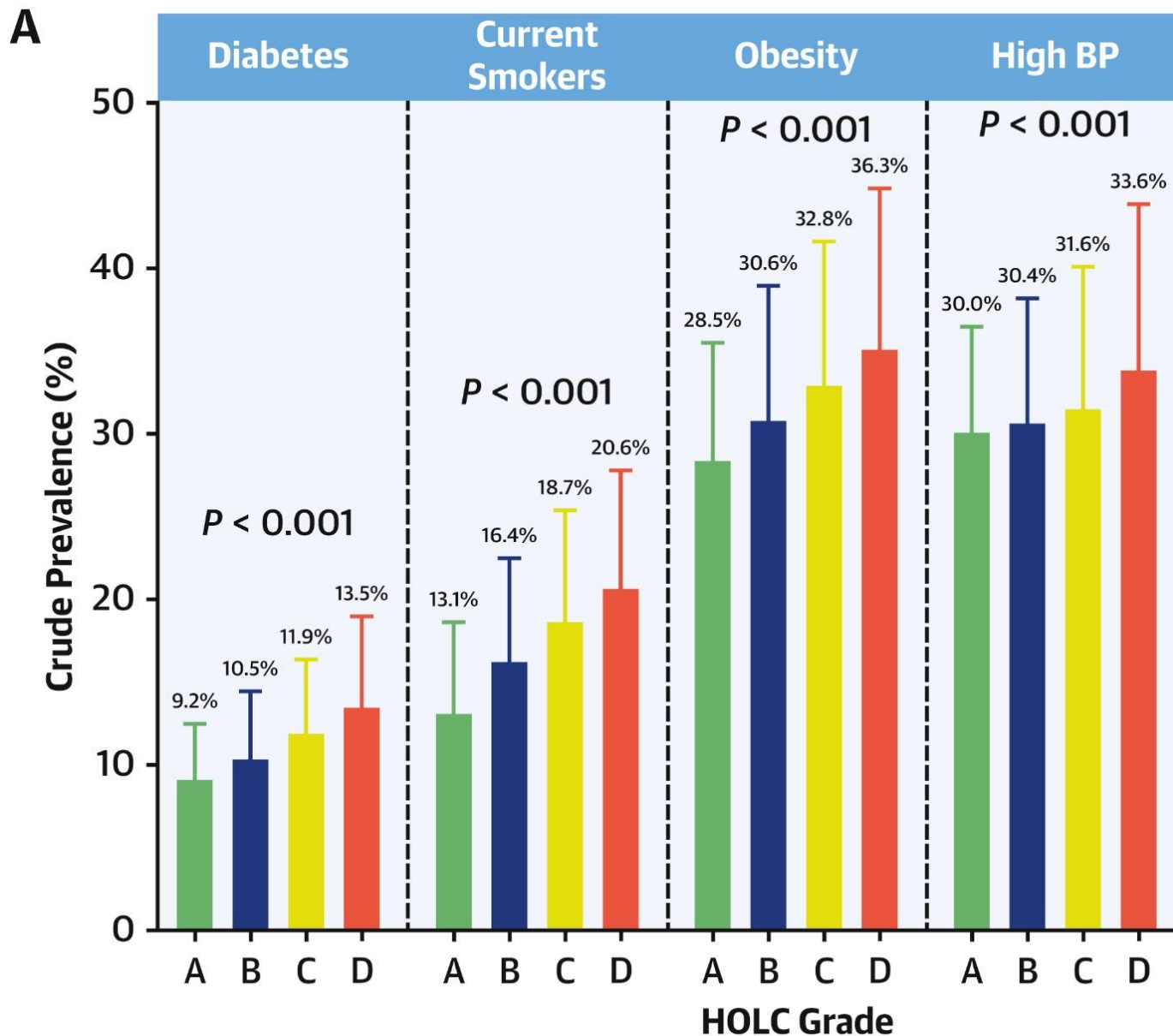
11,178 Census Tracts today with Redlining Data



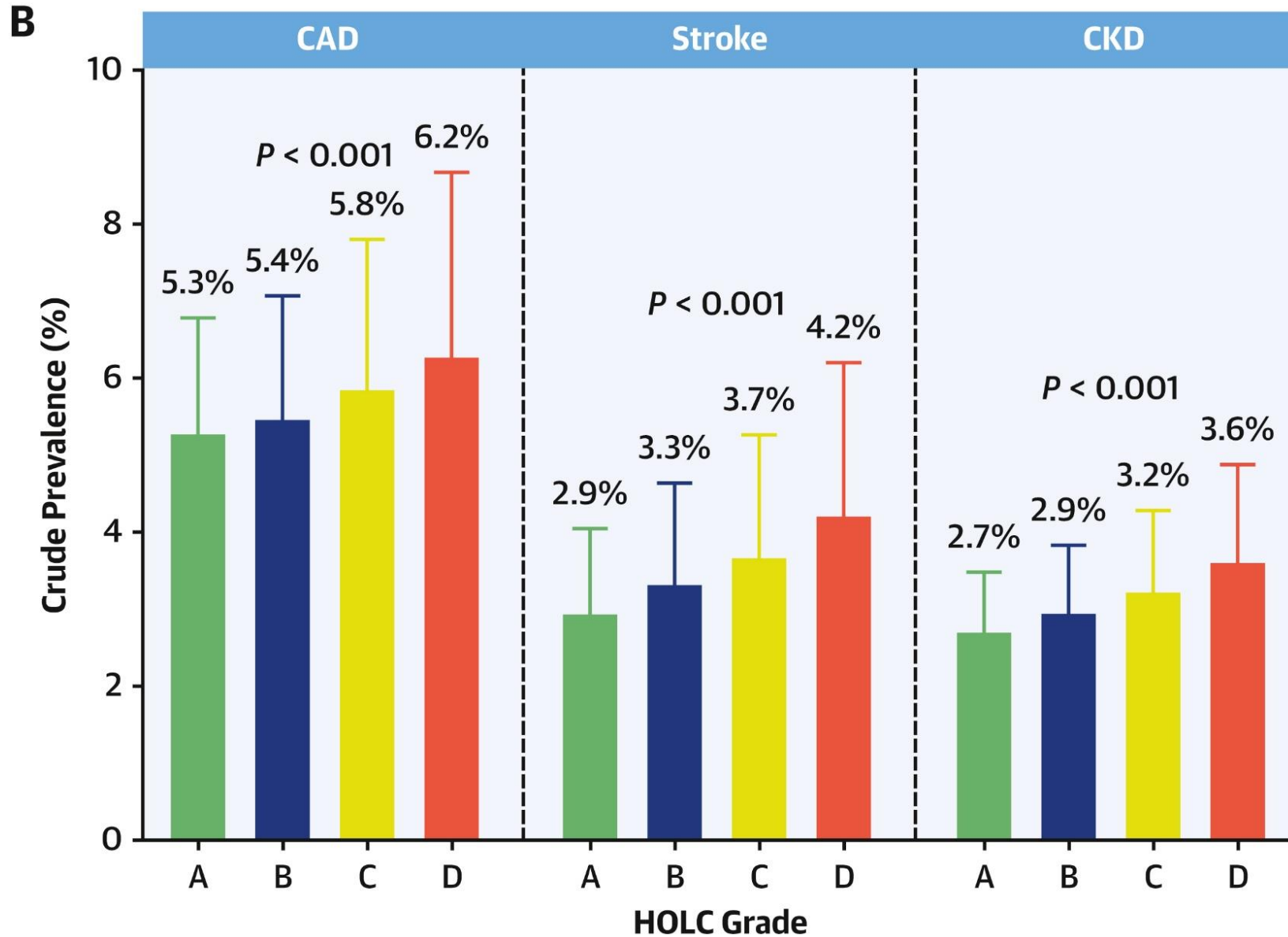
Increasing HOLC Neighborhood Risk



Historical Residential Segregation Policies and Current Day Health Outcomes

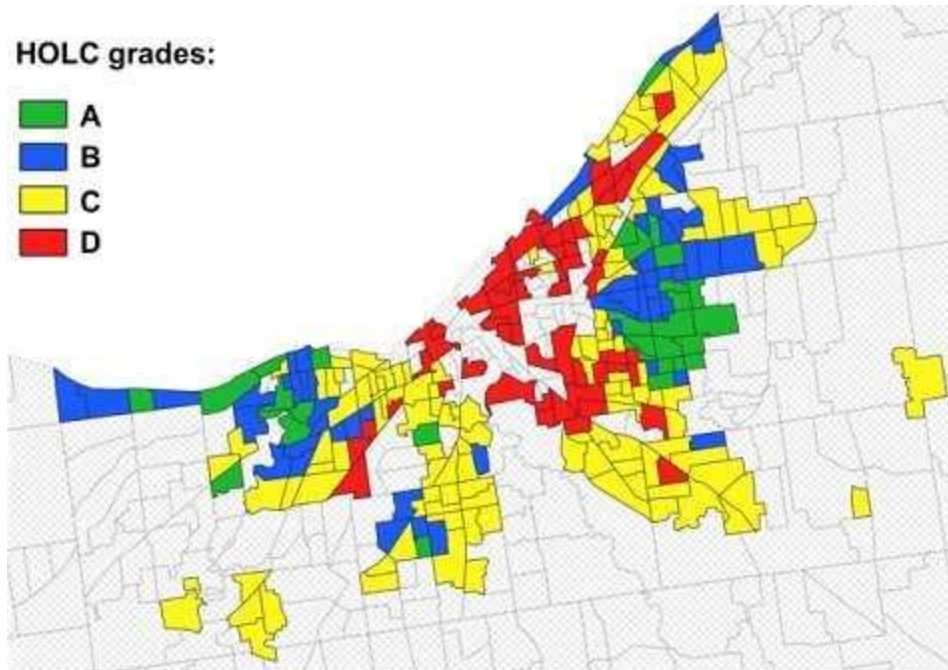


Historical Residential Segregation Policies and Current Day Health Outcomes



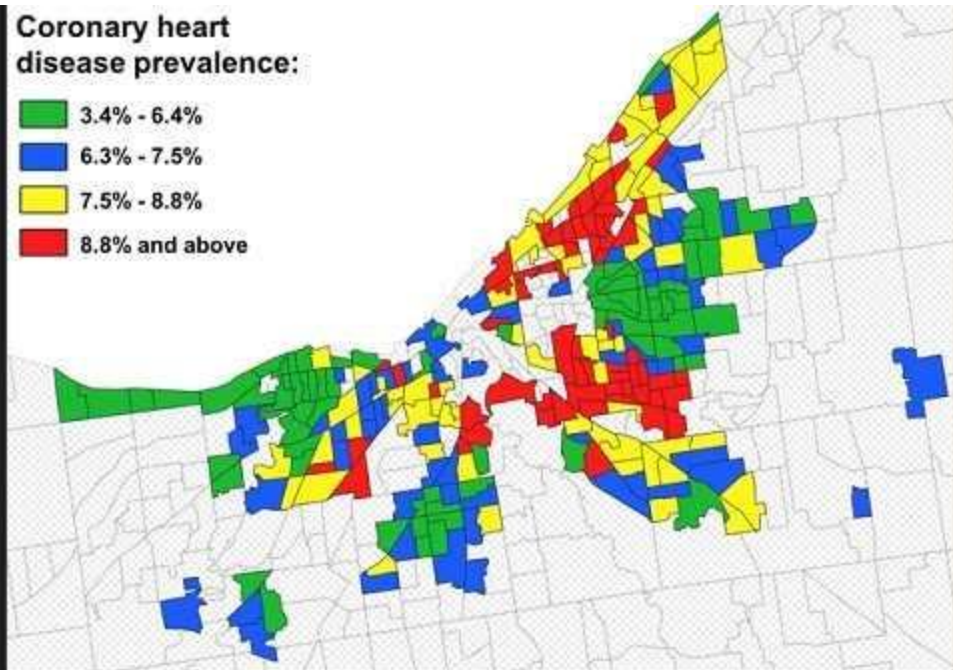
HOLC grades:

- A
- B
- C
- D



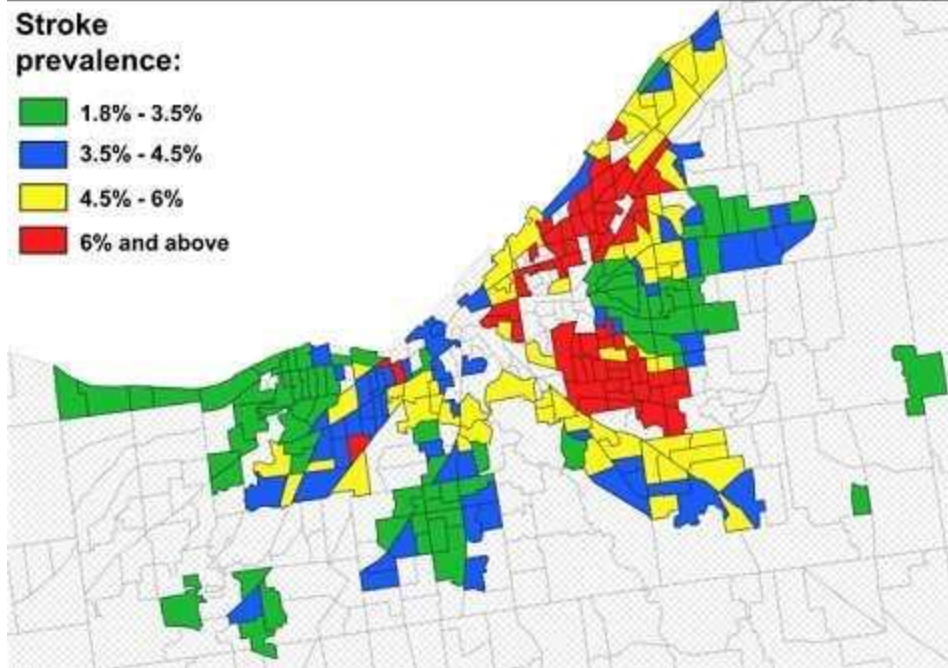
Coronary heart disease prevalence:

- 3.4% - 6.4%
- 6.3% - 7.5%
- 7.5% - 8.8%
- 8.8% and above



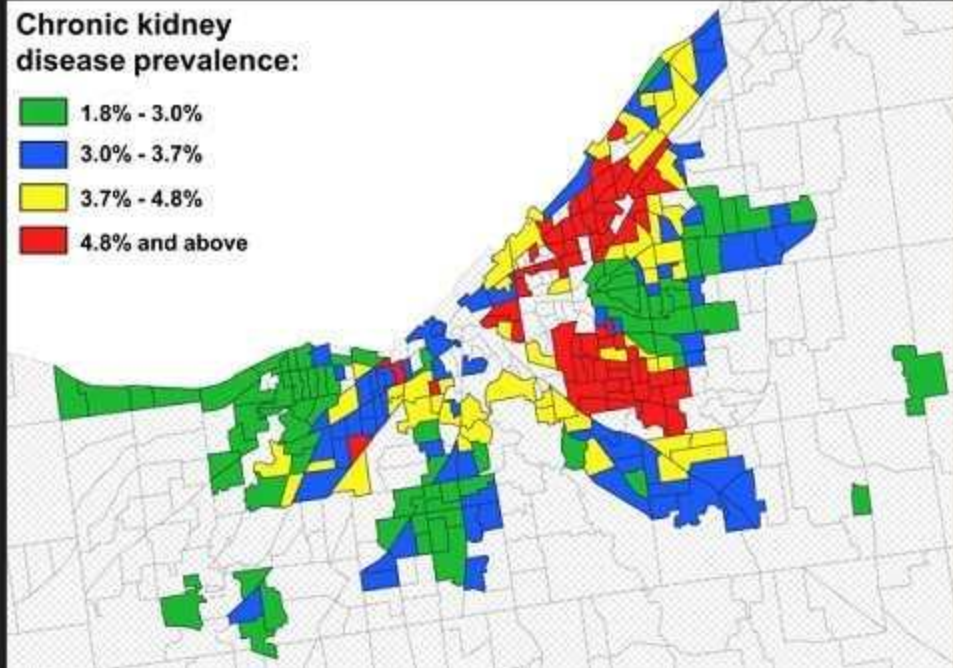
Stroke prevalence:

- 1.8% - 3.5%
- 3.5% - 4.5%
- 4.5% - 6%
- 6% and above

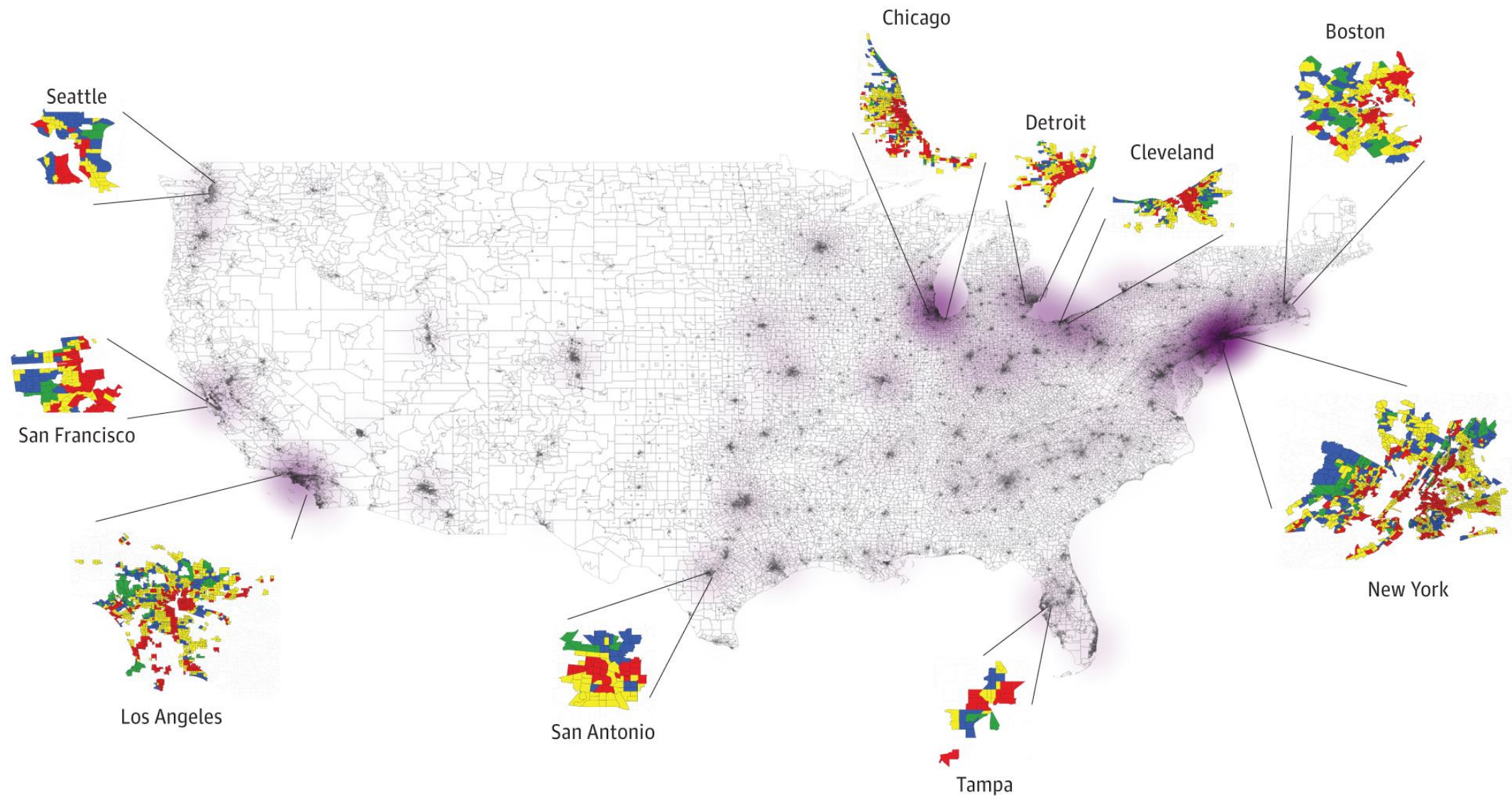


Chronic kidney disease prevalence:

- 1.8% - 3.0%
- 3.0% - 3.7%
- 3.7% - 4.8%
- 4.8% and above



Does HOLC classification have impact on health outcomes in patients with cardiometabolic disease?



Neighborhood Redlining and Cardiovascular Risk in Veterans

Table 1. Baseline Characteristics of the Study Cohort by HOLC Grade

Characteristic	Overall	HOLC Grade				P value
		A	B	C	D	
No.	79 997	5204	16 383	33 952	24 458	
Condition, No. (%)						
Coronary artery disease	45 026 (56.3)	3234 (62.1)	9476 (57.8)	19 180 (56.5)	13 136 (53.7)	
Cerebrovascular disease	18 043 (22.6)	1088 (20.9)	3599 (22.0)	7566 (22.3)	5790 (23.7)	<.001
Peripheral artery disease	16 928 (21.2)	882 (16.9)	3308 (20.2)	7206 (21.2)	5532 (22.6)	
Age, mean (SD), y	74.46 (10.16)	76.58 (10.52)	75.20 (10.32)	74.48 (10.06)	73.48 (10.01)	<.001
Sex						
Male	77 716 (97.1)	5058 (97.2)	15 905 (97.1)	33 026 (97.3)	23 727 (97.0)	.28
Female	2281 (2.9)	146 (2.8)	478 (2.9)	926 (2.7)	731 (3.0)	
Race ^a						
American Indian or Alaska Native	914 (1.1)	68 (1.3)	173 (1.1)	365 (1.1)	308 (1.3)	
Asian	463 (0.6)	18 (0.3)	81 (0.5)	166 (0.5)	198 (0.8)	
Black	29 873 (37.3)	1309 (25.2)	5418 (33.1)	11 602 (34.2)	11 544 (47.2)	<.001
White	44 584 (55.7)	3550 (68.2)	9927 (60.6)	19 947 (58.8)	11 160 (45.6)	
Declined to report	3323 (4.2)	174 (3.3)	614 (3.7)	1505 (4.4)	1030 (4.2)	
Unknown	840 (1.1)	85 (1.6)	170 (1.0)	367 (1.1)	218 (0.9)	
Ethnicity ^a						
Hispanic	4341 (5.4)	201 (3.9)	713 (4.4)	1859 (5.5)	1568 (6.4)	
Not Hispanic	73 474 (91.8)	4861 (93.4)	15 226 (92.9)	31 088 (91.6)	22 299 (91.2)	<.001
Unknown	2182 (2.7)	142 (2.7)	444 (2.7)	1005 (3.0)	591 (2.4)	
Community deprivation index, mean (SD) (range: 0-1)	0.44 (0.11)	0.38 (0.11)	0.42 (0.11)	0.44 (0.11)	0.49 (0.11)	<.001
Smoking	23 887 (29.9)	1413 (27.2)	4683 (28.6)	10 182 (30.0)	7609 (31.1)	<.001
Chronic kidney disease	34 018 (42.5)	2092 (40.2)	6818 (41.6)	14 279 (42.1)	10 829 (44.3)	<.001
Obesity	24 815 (31.0)	1562 (30.0)	4968 (30.3)	10 627 (31.3)	7658 (31.3)	.04
Hypertension	66 435 (83.0)	4270 (82.1)	13592 (83.0)	28 175 (83.0)	20 398 (83.4)	.11
Diabetes	38 396 (48.0)	2310 (44.4)	7670 (46.8)	16 449 (48.4)	11 967 (48.9)	<.001
Heart failure	11 354 (14.2)	668 (12.8)	2203 (13.4)	4804 (14.1)	3679 (15.0)	<.001
Atrial fibrillation	13 254 (16.6)	1041 (20.0)	2883 (17.6)	5715 (16.8)	3615 (14.8)	<.001
Chronic obstructive pulmonary disease	16 817 (21.0)	993 (19.1)	3377 (20.6)	7198 (21.2)	5249 (21.5)	.001
Prior myocardial infarction	2427 (3.0)	162 (3.1)	532 (3.2)	1029 (3.0)	704 (2.9)	.20
Prior percutaneous coronary intervention	2110 (2.6)	149 (2.9)	495 (3.0)	908 (2.7)	558 (2.3)	<.001
Systolic blood pressure, mean (SD), mm Hg	134.81 (20.79)	133.92 (20.18)	134.53 (20.61)	134.79 (20.80)	135.20 (21.00)	<.001
Diastolic blood pressure, mean (SD), mm Hg	75.01 (11.93)	74.09 (11.99)	74.63 (11.95)	74.79 (11.82)	75.77 (12.02)	<.001
Low-density lipoprotein cholesterol, mean (SD), mg/dL	87.15 (34.56)	86.73 (33.57)	87.82 (34.66)	86.23 (34.18)	88.09 (35.18)	<.001

Abbreviation: HOLC, Home Owners' Loan Corporation.

^a Race was self-reported and ethnicity was reported separately.

SI conversion factor: To convert cholesterol levels to millimoles per liter, multiply by 0.0259.

Neighborhood Redlining and Cardiovascular Risk in Veterans

Variable	Hazard ratio (95% CI)	P value
Major adverse cardiovascular event		
HOLC A	1 [Reference]	
HOLC B	1.002 (0.951-1.055)	.93
HOLC C	1.051 (1.001-1.104)	.04
HOLC D	1.139 (1.083-1.198)	<.001
All-cause mortality		
HOLC A	1 [Reference]	
HOLC B	1.001 (0.948-1.056)	.97
HOLC C	1.050 (0.998-1.105)	.06
HOLC D	1.129 (1.072-1.190)	<.001

Veterans Residing in Redlined Neighborhoods (HOLC D) had 13% higher risk of adverse outcomes and death

Abbreviation: HOLC, Home Owners' Loan Corporation.

Adjusted for age, sex, race, ethnicity

Neighborhood Redlining and Cardiovascular Risk in Patients With Renal Disease

CVD	Model 1			Model 2		
	B vs A	C vs A	D vs A	B vs A	C vs A	D vs A
Prevalent CVD (logistic regression model; n=1720)						
Any	2.08 (1.23–3.51); P=0.007*	2.19 (1.33–3.61); P=0.002*	1.96 (1.18–3.26); P=0.009	2.34 (1.32–4.15); P=0.003*	2.31 (1.34–3.98); P=0.003*	2.10 (1.21–3.65); P=0.009
Myocardial infarction or revascularization	2.42 (1.29–4.56); P=0.006*	2.03 (1.11–3.73); P=0.022	1.97 (1.06–3.66); P=0.033	2.36 (1.22–4.57); P=0.011	1.85 (0.98–3.50); P=0.059	1.83 (0.96–3.51); P=0.069
Peripheral artery disease	1.95 (0.55–6.87); P=0.298	2.91 (0.88–9.63); P=0.079	2.69 (0.80–9.03); P=0.109			
Heart failure	1.67 (0.75–3.73); P=0.21	1.52 (0.71–3.28); P=0.283	1.54 (0.71–3.36); P=0.275			
Stroke	1.83 (0.74–4.56); P=0.193	2.21 (0.93–5.25); P=0.073	2.00 (0.83–4.82); P=0.121			
Atrial fibrillation	1.61 (0.86–2.98); P=0.134	1.68 (0.93–3.02); P=0.083	1.36 (0.74–2.49); P=0.319			
Incident CVD in patients without prevalent CVD (Cox model; n=1118)						
Myocardial infarction	1.17 (0.31–4.32); P=0.82	1.47 (0.44–4.93); P=0.53	1.37 (0.40–4.71); P=0.614			
Peripheral artery disease	0.94 (0.18–4.92); P=0.942	1.03 (0.22–4.74); P=0.972	1.53 (0.32–7.24); P=0.592			
Heart failure	1.56 (0.52–4.71); P=0.432	2.47 (0.89–6.88); P=0.084	3.02 (1.08–8.51); P=0.036	1.41 (0.47–4.28); P=0.542	2.03 (0.73–5.68); P=0.175	2.46 (0.87–6.94); P=0.089
Stroke	0.92 (0.18–4.75); P=0.916	0.84 (0.18–3.86); P=0.822	1.03 (0.22–4.79); P=0.968			
Atrial fibrillation	1.12 (0.45–2.75); P=0.809	1.52 (0.67–3.44); P=0.316	1.74 (0.74–4.10); P=0.204			
Composite outcome†	1.31 (0.59–2.90); P=0.505	1.73 (0.83–3.61); P=0.146	2.07 (0.98–4.36); P=0.056			
Death	1.22 (0.57–2.59); P=0.613	1.60 (0.80–3.23); P=0.187	2.16 (1.07–4.39); P=0.033	1.21 (0.54–2.70); P=0.643	1.50 (0.71–3.15); P=0.289	2.06 (0.97–4.36); P=0.061
Heart failure or death	1.55 (0.77–3.13); P=0.218	2.16 (1.12–4.16); P=0.021	2.80 (1.45–5.43); P=0.002*	1.55 (0.74–3.23); P=0.246	1.99 (1.00–3.96); P=0.051	2.63 (1.31–5.28); P=0.006*

Patients with Chronic Kidney Disease residing in HOLC D (redlined areas) have **3-fold increase** in risk of heart failure or death

Model 1: age, sex, race, ethnicity, estimated glomerular filtration rate; model 2: model 1 + smoked at least 100 cigarettes in lifetime, low-density lipoprotein level, diabetes, systolic blood pressure, diastolic blood pressure, urine albumin–creatinine ratio. CVD indicates cardiovascular disease.

*Significant after Bonferroni correction.

Neighborhood Redlining and Cardiac Arrests

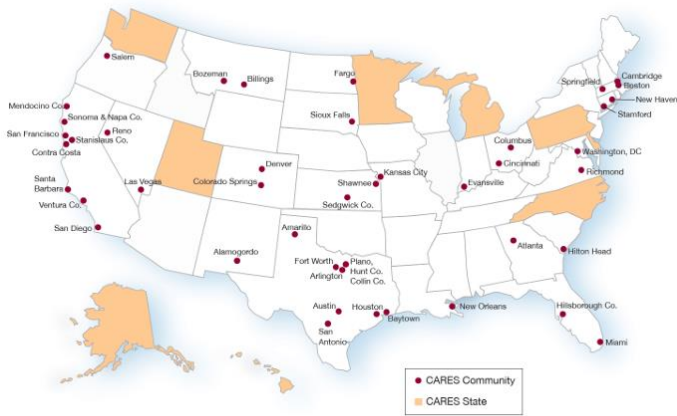


FIGURE 1. Communities and States included in 2013 CARES Dataset

HOLC Grade

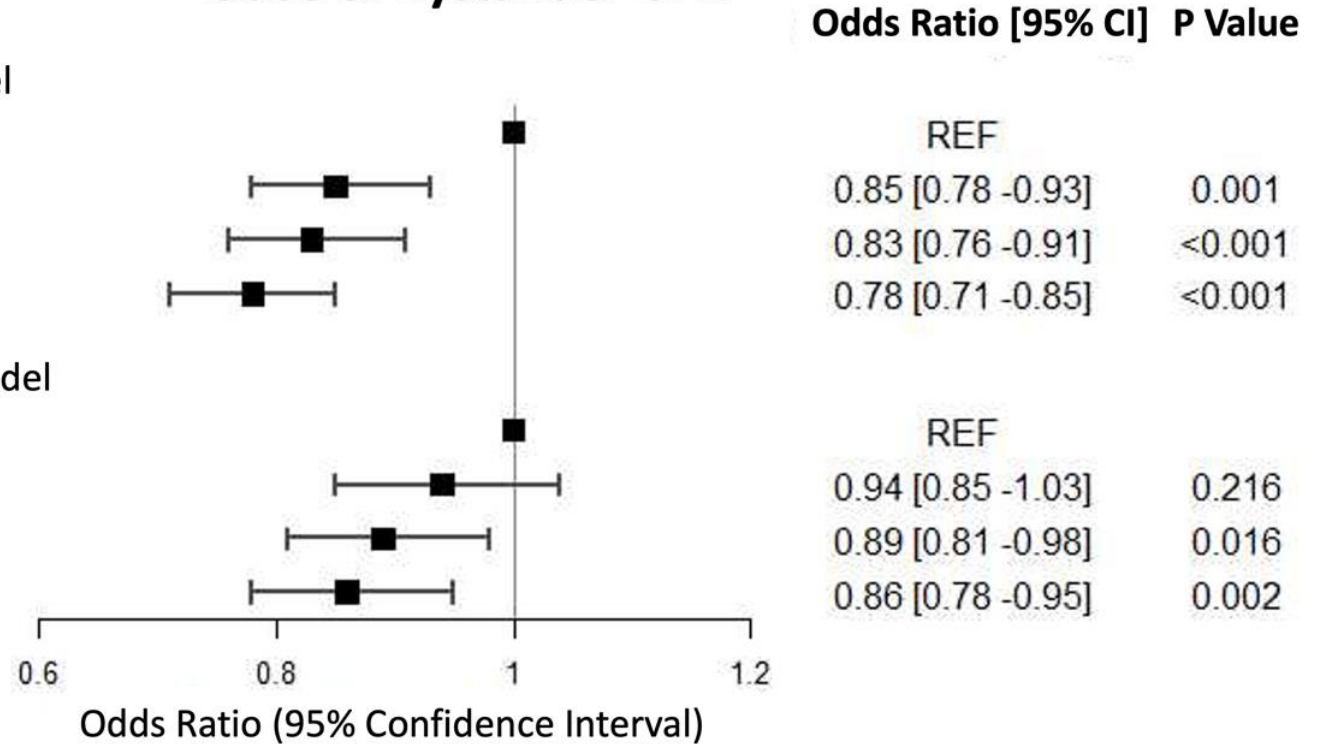
Unadjusted model

- HOLC A
- HOLC B
- HOLC C
- HOLC D

Fully adjusted model

- HOLC A
- HOLC B
- HOLC C
- HOLC D

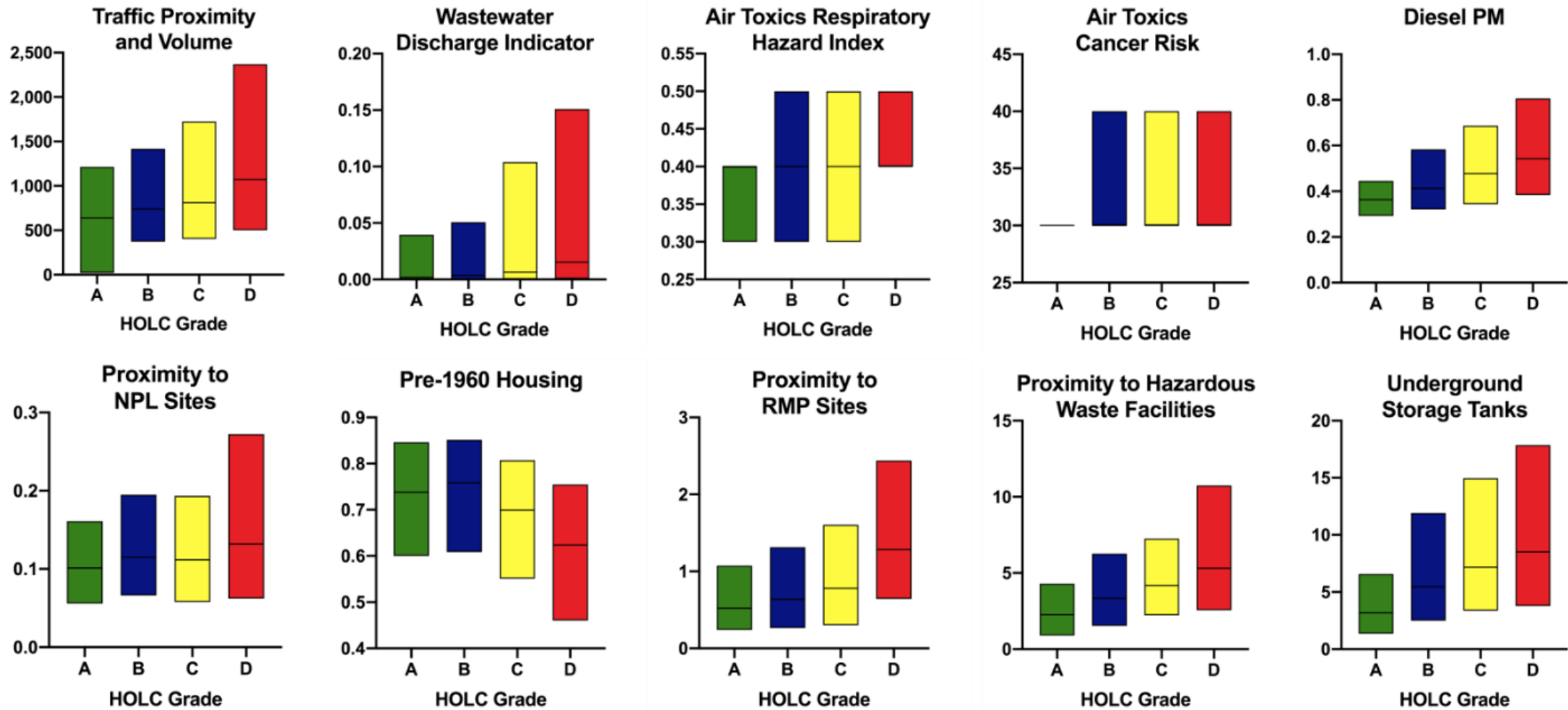
Odds of Bystander CPR



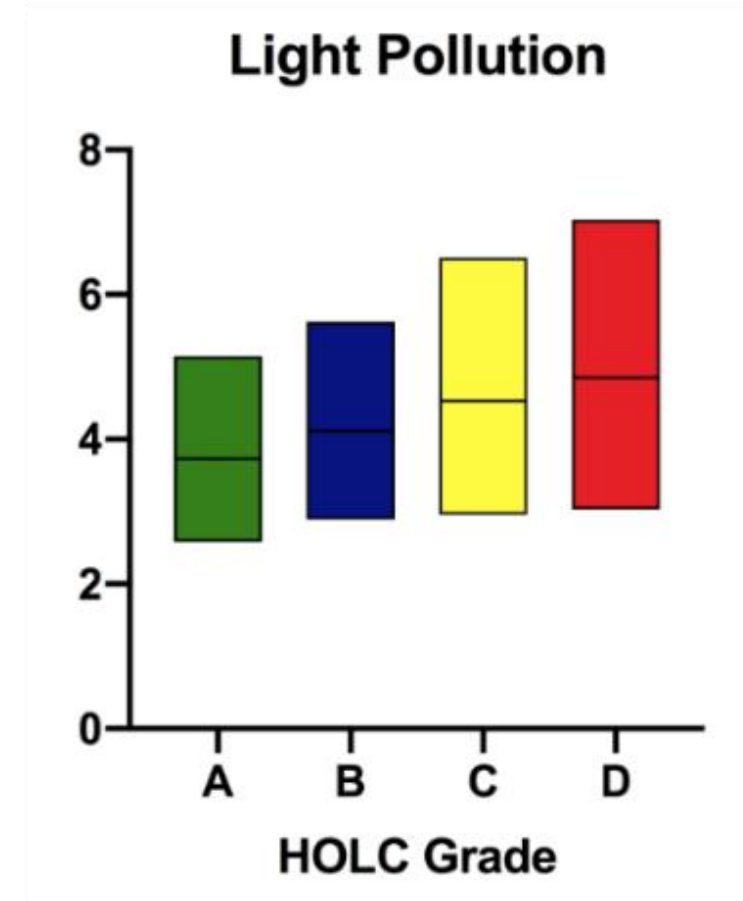
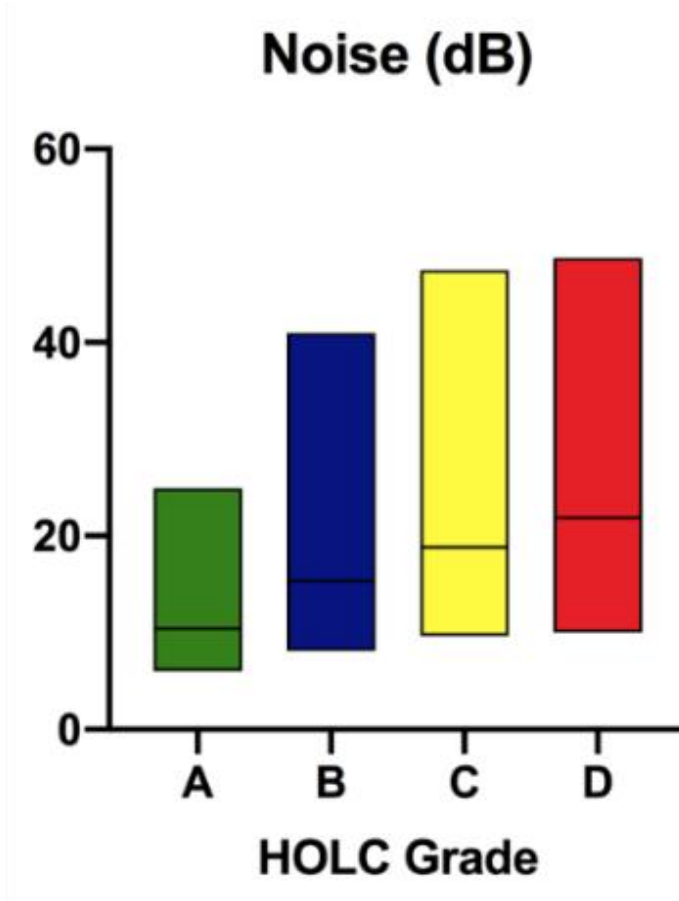
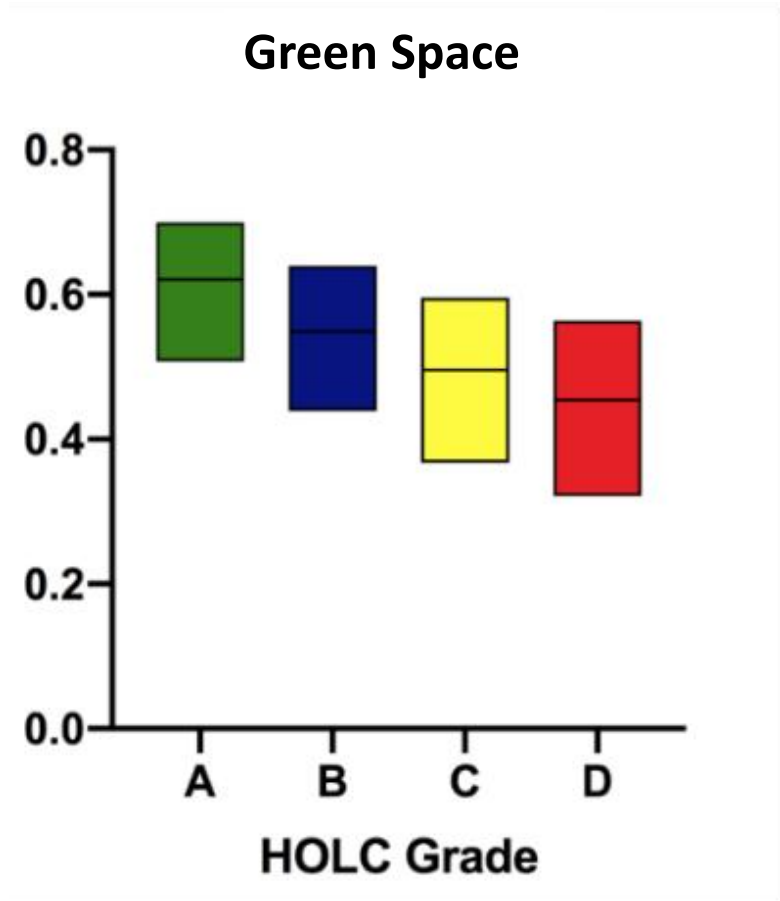
Cardiac Arrests Occurring in Redlined Neighborhoods are 22% less likely to receive bystander CPR

Redlining and Environmental Health Hazards

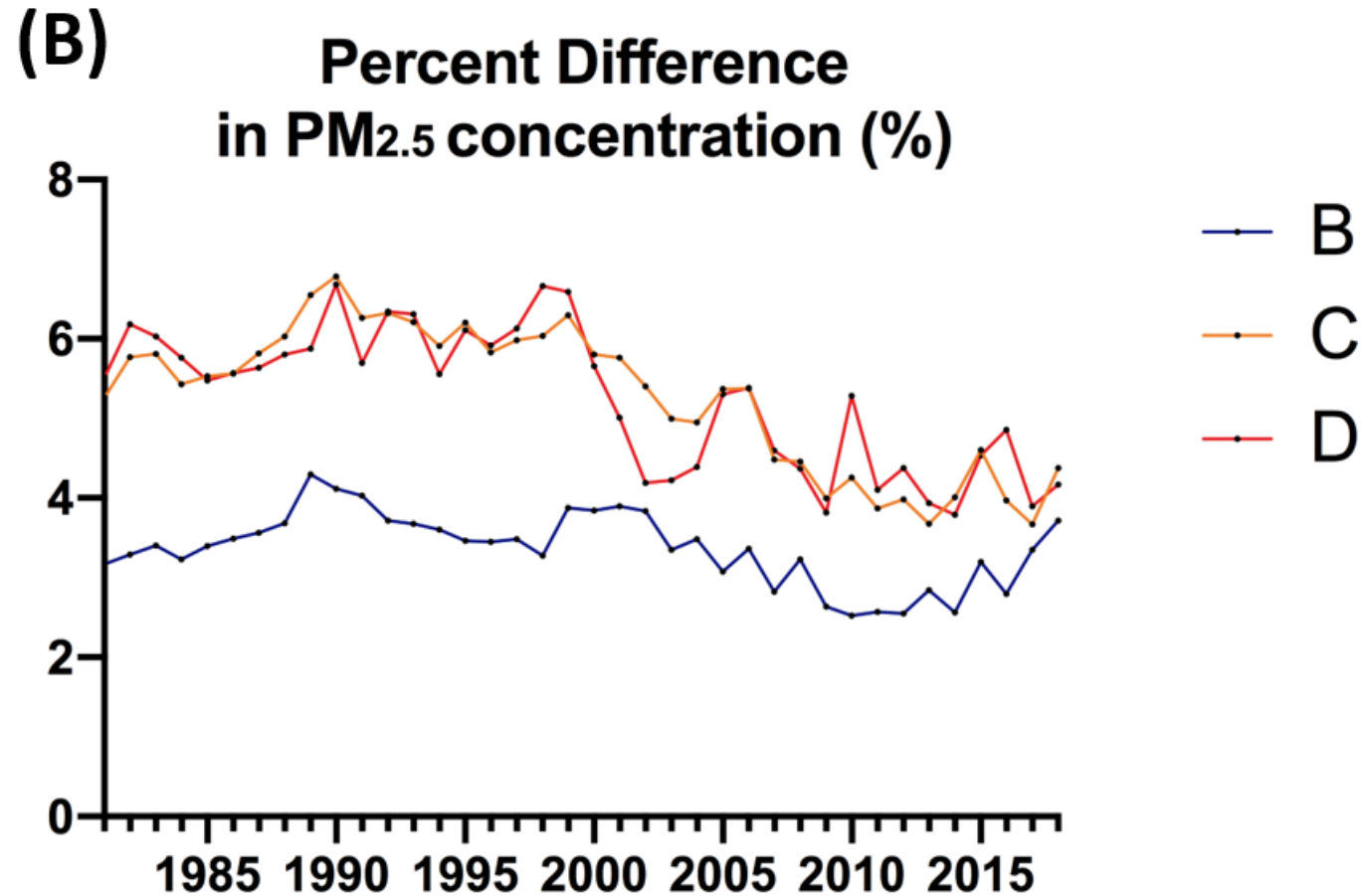
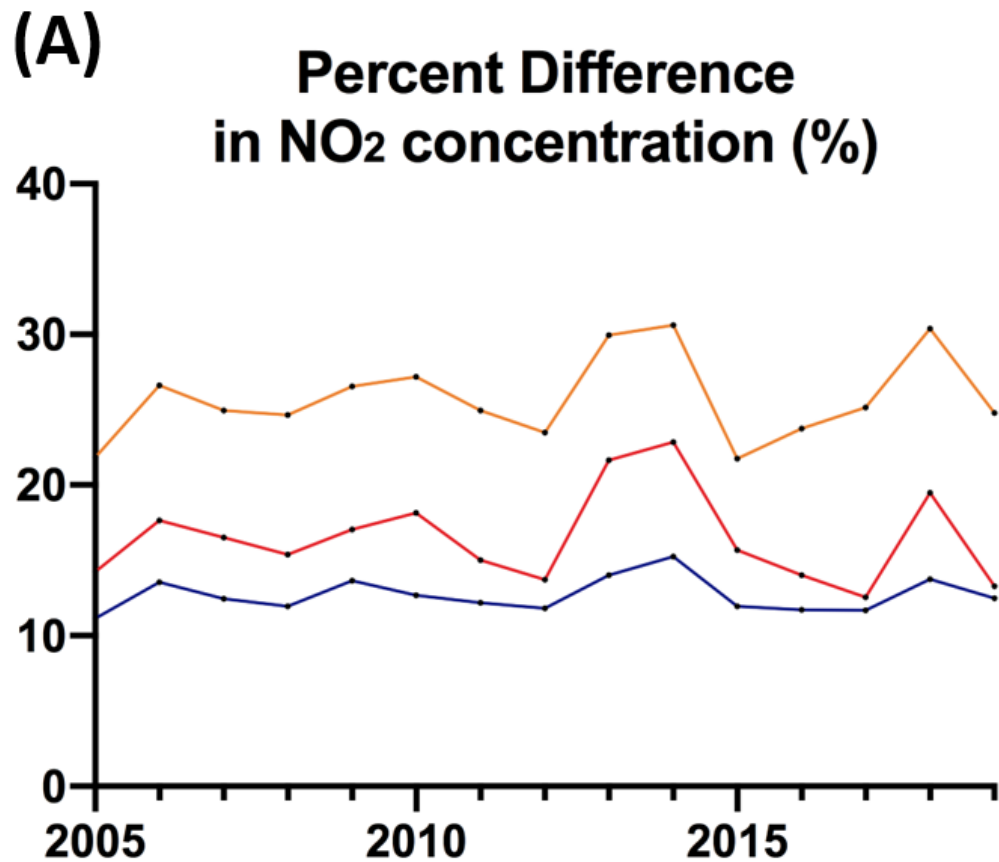
Historical Residential Segregation Policies and Current Day Environmental Racism



Historical Residential Segregation Policies and Current Day Environmental Racism



Historical Residential Segregation Policies and Current Day Environmental Racism

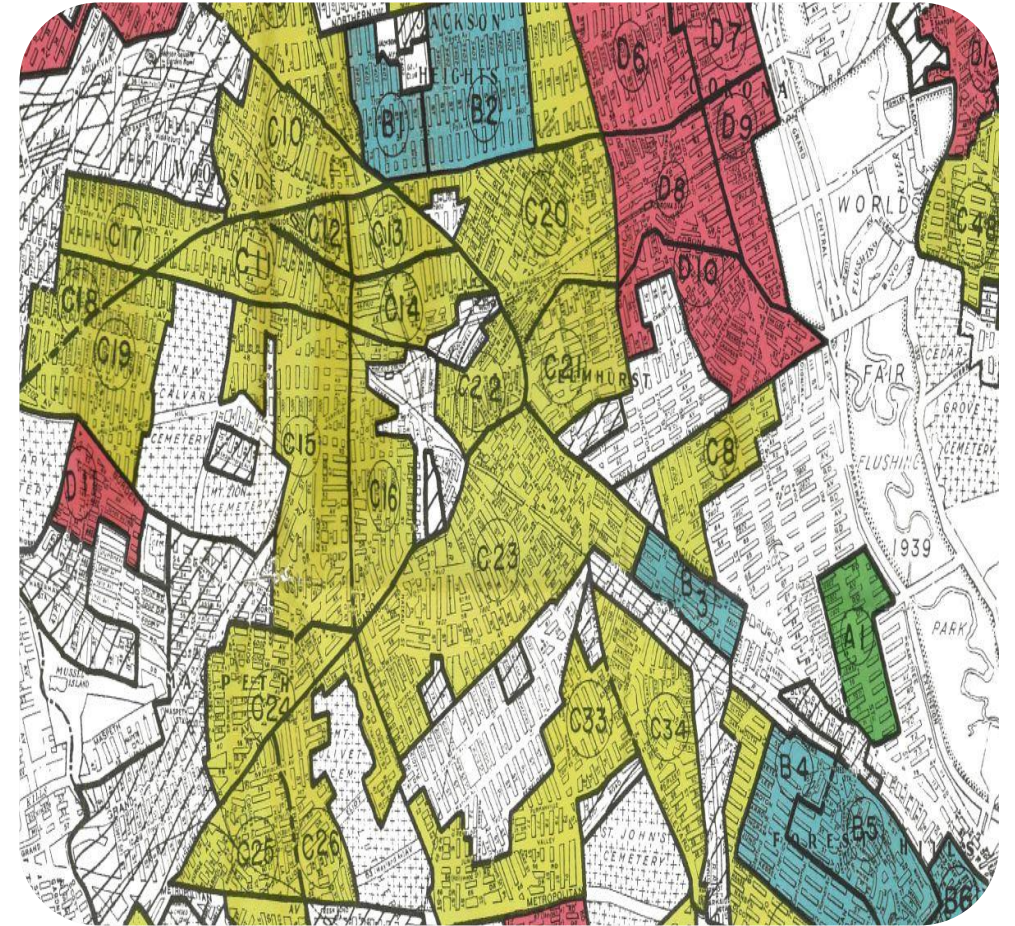


Summary

- **HOLC maps created in the 1930s led to significant disinvestments in marginalized/minoritized communities, and continue to have impact on present-day health outcomes**
- **Throughout the US, historically redlined neighborhoods continue to have significantly worse cardiovascular risk factors and cardiometabolic disease (including coronary disease, stroke, and chronic kidney disease)**
- **At the individual level, residing in redlined neighborhood is associated with worse outcomes in patients with preexisting cardiovascular disease and kidney disease. This offers opportunities for intensive preventive strategies, and focusing on proximate determinants of health**
- **Cardiac arrests occurring at redlined neighborhoods are less likely to receive bystander CPR, offering opportunities for CPR education in schools/public forums.**
- **Historically redlined neighborhoods continue to have significantly worse environmental exposures.**

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Overview of Findings from HUD's AHAR: Part 2



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2021 Annual Homelessness Assessment Report (AHAR): Part 2



- **2021 AHAR: Part 2**: Annual estimate of the number of people experiencing homelessness in the U.S., with a focus on sheltered homelessness.
- Covers the period of October 1, 2020, through September 30, 2021.
- Provides first full year of data affected by the pandemic.

2021 AHAR: Part 2 – Select Findings



- **At least 1.2 million people** experienced sheltered homelessness in 2021.
- Compared to 2019, during the year covered by the report (October 2020 through September 2021):
 - **Sheltered homelessness overall** decreased by 17%.
 - **Family sheltered homelessness** decreased by 25%.
 - The number of people in **adult-only households** experiencing sheltered homelessness dropped 13%.
 - The number of **unaccompanied youth** in shelters dropped 24%.
 - **Veteran** sheltered homelessness decreased by 18%.

2021 AHAR: Part 2 – Select Findings



- **Black, Indigenous, and people of color continue to be overrepresented among people experiencing sheltered homelessness:** While Black or African Americans represent only 13% of overall US population, they represent 39% of people experiencing sheltered homelessness.
- **Nearly 10,000 more people aged 65 and older** experienced sheltered homelessness in 2021 than in 2019.

2021 AHAR: Part 2 – Select Findings



- **Inflow into the homelessness services system decreased** for both adult-only households and families with children.
 - Compared with 2019, nearly 20% fewer households accessing shelter were doing so for the first time.
- The numbers and shares of people **entering shelter programs from other experiences of homelessness** increased during the pandemic.
- The number of people who experienced **chronic homelessness** increased by 32%.

Takeaways



- Data demonstrate the “inextricable relationship between homelessness and housing instability.”
- Unprecedented pandemic-era resources prevented a catastrophic increase in evictions and spike in homelessness.
- Now that these protections are expired and resources depleted, the lowest-income renters are struggling more than ever.
- Congress must provide significant, sustained investments to fully address the affordable housing and homelessness crises.

Resources



- **2021 AHAR Part 2 (July 2023):** <https://tinyurl.com/4wjy5mm6>
- **2021 AHAR Part 1 (February 2022):** <https://tinyurl.com/yxpskw8h>

Register for the next NLIHC/Alliance/CBPP Homelessness and Housing First webinar on August 14 from 2:30-4pm ET:

<https://tinyurl.com/bdzc5atb>

Field Updates



Kim McCarthy

Executive Director

Community Alliance of Tenants

oregoncat.org

Next Steps

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Contact Your Members of Congress TODAY



Take Action!

<https://p2a.co/nliqghj>



Resources

NLIHC's HoUsed Campaign
(nlihc.org/housed): Campaign Updates