

Testimony of Carlos del Rio, MD, FIDSA

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U.S. House Committee on Financial Services

Hearing: "A Strong Foundation: How Housing is the Key to Building Back a Better America"

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My name is Carlos del Rio. I am Executive Associate Dean of Emory University School of Medicine at the Grady Health System and a Distinguished Professor of Medicine in the Division of Infectious Diseases at Emory University School of Medicine. I am Professor of Epidemiology and Global Health at the Rollins School of Public Health of Emory University. I also am the President-Elect of the Infectious Diseases Society of America, a Past-Chair of the HIV Medicine Association and the International Secretary of the National Academy of Medicine.

As a physician and researcher, I want to thank Chairwoman Waters and Ranking Member McHenry for holding this hearing on the importance of addressing housing instability through the infrastructure and economic recovery legislation.

I am an infectious diseases physician whose clinical care and research prior to the COVID-19 pandemic primarily focused on HIV prevention and care in the U.S. and globally. I also have conducted research on the key drivers of HIV-related disparities, including factors that make certain communities and populations more vulnerable to HIV infection and to experiencing worse outcomes from HIV.

The COVID-19 pandemic has brought to the forefront the impact of social determinants of health, including housing, economic stability, education, food security, health care coverage and access, and racism on health vulnerability and outcomes. Research evaluating the link

between social and community factors on COVID-19 incidence and outcomes – indicates that race and ethnicity, poverty and housing stability put certain populations at greater risk for COVID-19 and at a higher risk for more severe outcomes due to COVID-19.^{i ii}

One study that evaluated housing conditions and COVID-19 in all of the United States counties found that those with a higher percentage of households with poor housing had a higher incidence of COVID-19 and higher mortality associated with COVID-19.ⁱⁱⁱ Alarmingly, the researchers found that as the percentage of households living in poor housing conditions increased by 5% in a county, the risk of COVID-19 increased by 50% and mortality risk increased by 42%.^{iv} Factors noted by the study authors as likely contributing to greater vulnerability to COVID-19, included overcrowding, inadequate plumbing and sanitation as well as high rent costs leaving no or only nominal resources to access health care services.

In addition to housing or living conditions affecting health status, housing instability is a barrier to health care services that results in worse outcomes and higher health care costs for individuals and families.^{v vi vii viii} For people with HIV, stable housing is associated with viral suppression – which is when the level of virus in the body is reduced to undetectable levels. When individuals are virally suppressed, their immune system is protected, and they can live long and relatively healthy lives and their risk of transmitting HIV to their sexual partners drops to zero. The Ryan White HIV/AIDS Program reports an overall viral suppression rate among people served by the program of 89.3%, but the percentage drops nearly 15 percentage points to 74.5% for clients who are unstably housed.^{ix} The Ryan White Program serves over 50% of people with HIV in care.

Community-based supportive housing that provides case management and linkages to other health care services can improve outcomes by breaking the cycle of chronic housing instability. In 2018, the National Academies of Sciences convened a committee to evaluate permanent supportive housing noting that “chronic homelessness is a highly complex social problem of national importance.” Because of the harms to health caused by unstable housing the committee recommended

expanding access to permanent supportive housing and other housing models while continuing to evaluate supportive housing programs.^x Stable housing coupled with case management and other services for people with chronic conditions is important to alleviate physical and mental stressors, provide sanitation and refrigeration for medications and food required with some medications, to facilitate communications and connectivity with social services and health care professionals, and to help maintain community and social supports. Expanding access to integrated and coordinated approaches to providing health care and housing services or permanent supportive community-based housing is important to improve health outcomes for people with chronic conditions experiencing chronic unstable housing, including seniors, people with disabilities, HIV and behavioral health and substance use disorders.^{xi xii xiii xiv}

Stable and adequate housing is health care for people with HIV as it affects their ability to connect or maintain a connection to care affecting their ability to adhere to their daily HIV medications, which are necessary for them to achieve and maintain viral suppression.^{xv} As a physician who cares for people with HIV and other infectious diseases at Grady Health System in Atlanta, I have seen firsthand the challenges that patients who are unstably housed face in accessing and staying connected to our health care services. I also have seen the challenges that our patients who are unstably housed face in securing permanent housing due a lack of affordable options.

According to the National Low Income Housing Coalition, Black, American Indian or Alaska Natives, Latino, and Asian households are more likely to be extremely low-income renters than white households. These population groups also have been disproportionately affected by HIV, COVID-19 and other infectious diseases. For Black households 20% are extremely low-income renters, for American Indian or Alaska Native households 18%, for Latino households 14% and for Asian households 10%, as compared to 6% percent of white non-Latino households. The coalition also reports that no state in the country has an adequate supply of affordable low-income housing, and nationwide there is a shortage of 6.8 million affordable rental homes available to extremely low-income renters or those whose incomes are at or below the federal poverty level, which is currently \$21,960 per year for a household of three.^{xvi xvii}

Given the magnitude of the housing crisis and its impact on health and public health, a comprehensive and robust response is needed to support sustainable interventions that will dramatically increase access to adequate, affordable housing for individuals and families with lower income levels and to offer supportive housing to people with chronic conditions, including HIV, who have experienced chronic housing challenges.

The housing recommendations included in the infrastructure and economic recovery package would help to improve the health of millions of Americans, including many people with HIV. The proposals, including investments in expanding rental assistance; maintaining and improving public housing and developing and building homes through the National Housing Trust Fund for the lowest income households would help to mitigate housing as a social determinant of health. I also urge the committee to support efforts to evaluate and replicate the innovative programs implemented during the COVID-19 pandemic to rapidly provide safe and stable housing to individuals who needed it by establishing temporary housing options.^{xviii}

From my perspective as an infectious diseases physician, investing in housing solutions should be foundational to addressing health inequities and to reducing the impacts of future pandemics.

In his 1944 State of the Union address, President Franklin Roosevelt declared that the United States has a Second Bill of Rights, including the right to a decent home. In 1948, the United States signed the Universal Declaration of Human Rights, recognizing adequate housing as a component of the human right to an adequate standard of living. With the COVID-19 pandemic it has never been clearer that housing is health care, let's make 2021 the year that we finally make housing a human right in the United States.

Finally, while not within the jurisdiction of this committee but relevant to the committee's goal of improving health equity, I urge each of you to support efforts to foster an adequate

infectious diseases workforce through loan repayment or other incentives to address ID workforce shortages. Currently, it is estimated that nearly 80% of U.S. counties lack an ID specialist and interventions are needed to ensure infectious diseases providers are available in communities across the country.

I want to thank the committee for inviting me to speak at this hearing and I look forward to working with you to ensure that decent housing is not a privilege but an essential intervention to improve the health and wellbeing of all Americans.

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^{iv} IBID.

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^{ix}Health Resources and Services Administration. HIV/AIDS Bureau. Housing and HIV-Related Health Care Outcomes Among HRSA's Ryan White HIV/AIDS Program Clients in 2019. Online at: <https://hab.hrsa.gov/sites/default/files/hab/Publications/infographics/2019-hrsa-housing-health.pdf>. Accessed Oct 17, 2021.

^xNational Academies of Sciences, Engineering, and Medicine 2018. Permanent Supportive Housing: Evaluating the Evidence for Improving Health Outcomes Among People Experiencing Chronic Homelessness. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25133>.

^{xi}Buchanan, D, et al. The Health Impact of Supportive Housing for HIV-Positive Homeless Patients: A Randomized Controlled Trial. *Am J Public Health.* 2009 November; 99(Suppl 3): S675–S680. doi: 10.2105/AJPH.2008.137810.

^{xii}Schick, V, et al. Integrated Service Delivery and Health-Related Quality of Life of Individuals in Permanent Supportive Housing Who Were Formerly Chronically Homeless. *Am J Public Health* 2019 Feb;109(2):313-319. doi: 10.2105/AJPH.2018.304817. Accessed Oct. 17, 2021

^{xiii} Frank R. Lipton *et al.* "Tenure in Supportive Housing for Homeless Persons with Severe Mental Illness," *Psychiatric Services*, April 2000, Vol. 51, No. 4, pp 479-486.

^{xiv} An-Lin Cheng *et al.*, "Impact of Supported Housing on Clinical Outcomes Analysis of a Randomized Trial Using Multiple Imputation Technique," *Journal of Nervous and Mental Disease*, January 2007, Vol. 195, No. 1, pp. 83-88.

^{xv} Colasanti, J, et al. An exploratory study to assess individual and structural level barriers associated with poor retention and re-engagement in care among persons living with HIV/AIDS. *J Acquir Immune Defic Syndr.* 2017 Feb 1; 74(Suppl 2): S113–S120. doi: [10.1097/QAI.0000000000001242](https://doi.org/10.1097/QAI.0000000000001242)

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^{xviii} Armstrong, WS, et al. Innovations in Human Immunodeficiency Virus (HIV) Care Delivery During the Coronavirus Disease 2019 (COVID-19) Pandemic: Policies to Strengthen the Ending the Epidemic Initiative—A Policy Paper of the Infectious Diseases Society of America and the HIV Medicine Association. *Clinical Infectious Diseases*, Vol 72, Issue 1, 1 January 2021, Pages 9–14, <https://doi.org/10.1093/cid/ciaa1532>.