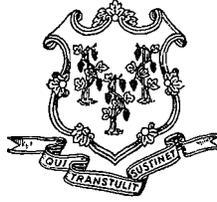


# State of Connecticut

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## PERMANENT COMMISSION ON THE STATUS OF WOMEN

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### Written Testimony of The Permanent Commission on the Status of Women Before the Human Services Committee Tuesday, March 6, 2007

#### In Support of:

**S.B. 1274, AAC Appropriation to the Department of Social Services for Supportive Housing for Persons with Human Immunodeficiency Virus or Acquired Immune Deficiency Syndrome**

**H.B. 7302, AAC Rates to Providers Under the Child Care Subsidy Program**

Senator Harris, Representative Villano and members of the committee, thank you for this opportunity to provide written testimony on the above referenced bills on behalf of the Permanent Commission on the Status of Women (PCSW).

**S.B. 1274, AAC Appropriation to the Department of Social Services for Supportive Housing for Persons with Human Immunodeficiency Virus or Acquired Immune Deficiency Syndrome**

PCSW supports passage of S.B. 1274 which would appropriate \$1.5M to the Department of Social Services to increase supportive housing for persons with HIV/AIDS. PCSW collaborates with the CT AIDS Resource Coalition and the AIDS Life Campaign who are seeking this increase, which would immediately create 50 units of supportive housing to people living with HIV/AIDS who face additional obstacles such as physical disabilities, mental health issues, substance use and recovery, medication compliance, and poverty. Since 1992, over 3,250 people have been housed and provided with supportive services through programs funded under the line item. But since 2005,

the programs have turned away 81% of requests due to a lack of space.<sup>1</sup>

Connecticut ranks ninth in the nation in AIDS cases per capita and in 2005 had the fastest growing rate of AIDS in New England. Since 1980, 14,399 people in Connecticut have been diagnosed with AIDS, and there are currently 8,821 people living with HIV/AIDS in the state.<sup>2</sup>

PCSW has become involved in advocacy for people living with HIV/AIDS because this disease significantly impacts women and disparately impacts women of color. It is one of the leading causes of death for women in the state of Connecticut.<sup>3</sup> Of the 14,487 reported AIDS cases- 28% are female, 36.7% are Black, and 25.5% are Hispanic.<sup>4</sup> Of the reported new AIDS cases – 35.9% are female, 33% are Black, and 32.6 % are Hispanic.<sup>5</sup> Racial and ethnic populations have been disproportionately affected by the HIV/AIDS epidemic in Connecticut. Although Blacks/African-Americans and Hispanics represent 9.1% and 9.4% of Connecticut's population,<sup>6</sup> 62.3% of reported AIDS cases and 65.9% of reported HIV infections are among these populations.<sup>7</sup> Among women, the disparities are even more dramatic, with Black/African-American and Hispanic women representing 70.2% of females with AIDS, and 72.3% of females with HIV infection.<sup>8</sup>

#### **H.B. 7302, AAC Rates to Providers Under the Child Care Subsidy Program**

PCSW supports H.B. 7302, which would reimburse licensed providers of child care services, participating in the child care subsidy program, at a rate that is equal to the average reimbursement rate as determined by the most recent child care market survey.

The child care subsidy program is a work support for moderate- and low-income families who need help paying for early care and education while parents are at work, in school or in training. It would assist families who are still struggling to remain self-sufficient to obtain safe, secure early care and education for their children while they are at work. Funding for childcare assists everyone. It assists parents by providing adequate child care while they work; it supports employers by ensuring that their employees can be productive at work knowing their children are in safe and productive

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<sup>1</sup> AIDS Life Campaign, 2007 Legislative Agenda. Accessed 2/07 at [www.aidslifecampaign.org](http://www.aidslifecampaign.org).

<sup>2</sup> *Ibid.*

<sup>3</sup> U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics. *Mortality by State, Race/Ethnicity, Age and Causes, 1999-2002*, accessed 9/05 at [www.cdc.gov/nchs](http://www.cdc.gov/nchs).

<sup>4</sup> The Henry F. Kaiser Foundation. *Connecticut: Distribution of Reported AIDS Cases*, accessed 2/07 at [www.statehealthfacts.org](http://www.statehealthfacts.org)

<sup>5</sup> *Ibid.*

<sup>6</sup> U.S. Census Bureau, Census 2000, *Table DP-a. Profile of General Demographic Characteristics*.

<sup>7</sup> CT Department of Public Health. *CT HIV/AIDS Statistics through December 31, 2004*, available at [www.dph.state.ct.us/BCH/infectiousdise/2003/final%20pages/topic\\_index\\_X.htm](http://www.dph.state.ct.us/BCH/infectiousdise/2003/final%20pages/topic_index_X.htm), accessed 1/19/06.

<sup>8</sup> *Ibid.*

environments; and it benefits the overall state economy by helping to grow a professional and competent workforce.

We urge your support of these proposals