



Connecticut's Statewide AIDS Coalition

**Testimony  
Human Services Committee  
6 March 2007**

**Shawn M. Lang, Director of Public Policy, CT AIDS Resource Coalition**

Senator Harris, Representative Villano, members of the committee, thank you for the opportunity to address you here this evening.

I'm Shawn Lang, Director of Public Policy with the CT AIDS Resource Coalition, CT's only statewide AIDS Coalition. I also co-chair the AIDS LIFE Campaign our statewide AIDS policy group and sit on the Community Advisory board and Executive Committee of CIRA (the Center for Interdisciplinary Research on AIDS) as well as the board of the National AIDS Housing Coalition and the Convening Committee of the Federal AIDS Policy Partnership.

I am here to urge you to support SB 1274 An Act Concerning Appropriations to the Department of Social Services for Supportive Housing for Persons with HIV/AIDS. Specifically, the AIDS LIFE Campaign is requesting an increase of \$1.5 million to the "Residences for Persons with AIDS" line (which is subsumed under the housing/homeless line in the DSS budget). This would allow AIDS housing providers to immediately rent up 50 units of housing, primarily for families, inclusive of supportive services in areas that are un- or underserved.

Recent changes in the way that Ryan White dollars are coming into the state and how they can be used is about to have an extremely detrimental impact on approximately 140 households in the greater Hartford area which I can elaborate on later, if you wish. But the bottom line is that a number of families with AIDS are about to lose their rent subsidies immediately.

A quick overview of the state of AIDS in Connecticut:

- ✦ CT ranks 8<sup>th</sup> in the nation in AIDS cases per capita.
- ✦ Proportionally, we rank 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> in cases among injecting drug users, women and Latinos.
- ✦ There are nearly **10,000 people** we know are living with HIV/AIDS in our state.
- ✦ 30 – 60 % of people with HIV/AIDS will have a housing need at some time during their illness.
- ✦ 80% of those who request housing from AIDS housing programs are denied primarily due to a lack of space. In 2004, in the greater Hartford area that figure was closer to 90%.

People often ask, "Why do we still need housing for people with HIV/AIDS? Aren't people doing better with the medications? Aren't other supportive housing programs taking care of this?"

HIV is a chronic manageable disease requiring complex medication regimens. However, HIV disease includes episodic health crises interspersed with periods of relative good health. Unfortunately, the length and type of these health crises can vary greatly, thus treatment and intensity of support must be able to respond accordingly. The case managers associated with AIDS housing programs know HIV disease and the sometimes cruel twists and turns the disease can take. These case managers can provide the type of supportive services often required by people with HIV/AIDS and they know the other ancillary services available in their communities.

connecticut **AIDS** resource coalition

Numerous recent studies, increasingly document the link between access to stable housing and the improved health of people living with HIV/AIDS.

We strongly support the Reaching Home Campaign's efforts to fund 500 new units of supportive housing in the state. And while *some* people with HIV/AIDS might be able to access some of these units, there are a number of compelling reasons why we need to increase funds for AIDS-specific housing.

I want to underscore two important themes. Housing is healthcare and housing is HIV prevention.

Current research documents the connection between stable housing and HIV/AIDS care and treatment. Research findings presented at Housing and HIV/AIDS Research Summits convened by The National AIDS Housing Coalition (NAHC) in 2005 and 2006, confirm the role homelessness and unstable housing play in increasing high-risk behaviors and the spread of HIV infection. Both homelessness and unstable housing have also been identified as significant barriers to effective care, treatment and adherence. Among the compelling research findings:

- Housing is the **greatest unmet need** of people with HIV/AIDS. (National AIDS Housing Coalition, Research Summit, 2005)
- The **prevalence of HIV/AIDS is three to nine times higher among persons who are homeless or unstably housed** compared with persons with stable and adequate housing. (Aidala, 2005; Allen et al., 1994; Culhane et al., 2001; Fournier et al., 1996; Paris et al., 1996; Shlay et al., 1996; Torres et al., 1990; Zolapa et al., 1994)
- The death rate among homeless persons with AIDS is five times greater than that of people with AIDS who are housed. (National AIDS Housing Coalition, Research Summit, 2005)
- Homeless people with HIV who receive housing assistance are almost **four times more likely to enter into medical care** than those who get case management only and **twice as likely to receive appropriate, continuing care**. (October 2000 study by the Mailman School of Public Health at Columbia University and Bailey House, Inc.)
- **Nineteen percent of people who were homeless and 15% of those unstably housed exchanged sex for money, drugs or a place to stay**, compared to <5% of people with stable housing. (Aidala, Cross, Tall, Harre and Sumartojo; AIDS and Behavior, Vol. 9. No.3, Sept. 2005)
- Lack of housing has been found to consistently be associated with remaining outside of medical care, while improved housing status has been shown to significantly impact access to health care. (Aidala, et al)

Despite the significantly positive role secure housing plays in improving health outcomes for people with HIV/AIDS, stable, affordable housing is simply not available for many low income people with HIV/AIDS. The lack of affordable housing, most dramatically experienced by the most vulnerable populations, is well documented.

In the face of flat funding on the part of the state, the dramatic reductions in the HUD budget over the past decade and the vast and increasing affordability gap due to high housing costs, makes the need for this funding even more critical.

We are also supporting CAN's agenda to increase the COLA, increases to address excessive energy and health insurance burdens and convening a Governor's Executive Commission on Private Community-Based Provider Funding.

connecticut **AIDS** resource coalition

We urge you to support the \$1.5 million increase for housing for persons with AIDS. Thank you for your time.

connecticut **AIDS** resource coalition

20-28 Sargeant St, Hartford CT 06105

Phone (860) 761-6699

Fax (860) 761-6711

[www.ctaidscoalition.org](http://www.ctaidscoalition.org)