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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 11, 2008

Re:

SB 666, AAC the Reduction of Child Poverty.

HB 5075, AAC Appropriations to the Department of Public Health for Aids Prevention Initiatives.

HB 5907, AAC the Temporary Family Assistance Program.

HB 5909, AAC the Elimination of Time Limits for Transitional Individuals in the State-Administered General Assistance Program.

HB 5913, AA Appropriating Funds for Cancer Prevention and Treatment.

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

HB 5913, AA Appropriating Funds for Cancer Prevention and Treatment.

HB 5075, AAC Appropriations to the Department of Public Health for Aids Prevention Initiatives.

In Connecticut, the leading causes of death for women are major cardiovascular disease, cancer, diabetes, chronic lower respiratory, and

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HIV/AIDS.¹ There is a clear racial and ethnic disparity as African-American and Hispanic women are at a greater risk for these diseases than White women.

PCSW supports HB 5913 which would increase funding for breast and cervical cancer screening and diagnostic services for uninsured or underinsured women.

Breast cancer is the second leading cause of cancer death among North American women.² Timely mammograms among women 40 years and older could prevent 30% to 48% of all deaths from breast cancer.³ There are significant racial and ethnic health disparities for breast cancer. In Connecticut, White women have a breast cancer incidence rate of 135.5. This rate is higher than Blacks (121.7), Asian and Pacific Islanders (109.3) and Hispanics (107.2). However, Black women have a higher estimated mortality rate than White women, 33.8 and 25.4 respectively.⁴ The disparity between incidence and mortality rates is attributed to Black women being diagnosed with breast cancer at a later stage, when five-year survival is less likely.⁵ This data strongly suggests that early detection of breast cancer in Black women would reduce the disproportionately high mortality rates experienced by this group.

Cervical cancer, once the number one cancer killer of women, now ranks 13th in cancer deaths for women in the United States, largely due to introduction of the Pap test. When cervical cancers are detected at an early stage, the five-year survival rate is approximately 92 percent.⁶

The PCSW also supports HB 5075, which would appropriate \$500,000 to the Department of Public Health for the purpose of enhancing AIDS prevention initiatives in the state. Connecticut ranks second in the nation for the number of cases of AIDS among women. According to data from the Kaiser Foundation, nationally 23.3% of those estimated to be living with AIDS are women while in Connecticut 32.5% of the estimated AIDS population are women.⁷

Connecticut ranks eighth in the nation in AIDS cases per capita and in 2005 had the fastest growing rate of AIDS in New England. Since 1980, 15,325 people in Connecticut have been diagnosed with HIV/AIDS, and there are currently 10,731 people living with HIV/AIDS in the state.⁸ Additionally, nearly

¹ S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, *Mortality by State, Race/Ethnicity, Gender, Age and Causes, 1999-2002*, accessed 9/05 at <http://www.cdc.gov/nchs>.

² Humphrey, L., Helfand, M., Chan, B., & Woolf, S. (2002). Breast cancer screening: A summary of the evidence for the U. S. Preventive Services Task Force. *Annals of Internal Medicine*, 137 (5, Part 1): 347-360.

³ Smith, R., et al. (2003). American Cancer Society guidelines for breast cancer screening: update 2003. *CA: A Cancer Journal for Clinicians*, 53: 141-169.

⁴ National Cancer Institute. *State Cancer Profiles 2002*, <http://statecancerprofiles.cancer.gov/incidencerates/incidencerates.html>

⁵ Ries, L.A.G., M.P. Eisner, C.L. Kosary, et al (eds). 2001. *SEER Cancer Statistics Review, 1973-1998* Bethesda, MD: National Cancer Institute.

⁶ Saslow, D., et al. (2002). American Cancer Society Guideline for the Early Detection of Cervical Neoplasia and Cancer. *CA: A Cancer Journal for Clinicians*, 52:342-362.

⁷ Kaiser Foundation, State Facts, Persons with AIDS/All Ages/ By Gender <http://www.statehealthfacts.org/comparetable.jsp?ind=519&cat=11>

⁸ Ibid.

20,000 people in CT are estimated to be living with HIV; almost half are unaware of their status.⁹

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.¹⁰

Of the 15,325 reported AIDS cases- 32.5% are female, 33.1% are Black, and 30.2% are Hispanic.¹¹ Of the reported new AIDS cases – 36% are female, 33% are Black, 33% are Hispanic,¹² and 25% are under the age of 29.¹³ Racial and ethnic populations have been disproportionately affected by the HIV/AIDS epidemic in Connecticut. Although Blacks/African-Americans and Hispanics represent 9.4% and 11.2% of Connecticut's population,¹⁴ 68% of reported AIDS cases and 64% of reported HIV infections are among these populations.¹⁵ 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.¹⁶

HB 5907, AAC the Temporary Family Assistance Program.
HB 5909, AAC the Elimination of Time Limits for Transitional Individuals in the State-Administered General Assistance Program.

The PCSW supports HB 5907 and HB 5909 both of which address the issue of elimination of time limits for certain populations receiving cash assistance benefits under TFA and SAGA. These measures would help clarify how long a person may qualify for cash assistance under SAGA and would help ensure that departmental policy is consistent with state law. Additionally, these revisions would provide more support and assistance to families as they transition to self-sufficiency.

There are just over 20,000 families in Connecticut receiving cash assistance, and almost half – 8,100 are “child only cases” where children are being cared for by an adult other than parent. An additional 2,500 include families with children less than one year of age or caring for another family

⁹ CT AIDS Residents Coalition at <http://www.ctaidsbiketour.org/>

¹⁰ U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, *Mortality by State, Race/Ethnicity, Gender, Age and Causes, 1999-2002*, <http://www.cdc.gov/nchs>.

¹¹ *Connecticut: Distribution of Reported AIDS Cases*. The Henry F. Kaiser Family Foundation, accessed 3/10 at www.statehealthfacts.org.

¹² *Ibid.*

¹³ See, footnote 1.

¹⁴ U.S. Census Bureau, American Community Survey 2006,

¹⁵ CT Department of Public Health. *CT HIV/AIDS Statistics, 2007*, available at http://www.ct.gov/dph/lib/dph/aids_and_chronic/surveillance/statewide/ct_hiv_aids_currentyear_table.pdf

¹⁶ *Ibid.* Females with AIDS: Total 3,840, White 1,130, Black 1,605, Hispanic 1,090, and Other 15. Females with HIV: Total 382; White 102, Black 122, Hispanic 154, and Other 4.

member. SAGA is a lifeline for almost 30,000 residents, and women comprise 40% of those with SAGA coverage – or about 12,000 of those with SAGA.

TFA cash benefits were higher in 1994 than in 2006. The maximum monthly benefit for a 2 person family is \$563. In August 1996, there were more than 55,000 families receiving cash assistance. Almost ten years later, fewer than 21,000 families were on TFA. Likewise, state spending fell from over \$325 million in 1997 to \$126.6 million in 2004.¹⁷ As of 2006, Connecticut has a combined total of \$451 million for cash assistance (\$267M federal, \$184M state). Notably, Connecticut uses its federal and state TANF dollars to fund more than 60 programs. Less than 1% of Connecticut's total federal and state TANF dollars are spent on education and training.

SB 666, AAC the Reduction of Child Poverty.

The PCSW and the Connecticut Women's Health Campaign (CWHC), a statewide coalition of organizations representing consumers, providers and policy experts who have been committed to and working for the health and well-being of Connecticut women and girls for over ten years, support many of the concepts raised in SB 666, including the establishment of a grant program, through the Department of Education, that would be used to provide youth with access to mentoring programs, leadership classes and information about sexual responsibility; and, a competitive grant program through the Department of Social Services to provide grants to municipalities with high rates of teen pregnancy to fund programs to reduce the rates of teen pregnancy.

Research shows that teenagers who receive sex education that includes discussions on contraception are more likely than those who receive abstinence-only messages to delay sexual activity and to use contraceptives and condoms when they do become sexually active. In addition, the overwhelming weight of scientific evidence suggests that addressing abstinence *and* contraception does not increase sexual activity.¹⁸ Rather it teaches teens how to be responsible if they engage in sexual activity. Research has shown that comprehensive sexuality education programs result in consistent condom use among teenagers who are sexually active.¹⁹ This is particularly important because 64% of sexually active teenagers in Connecticut did not use condoms the last time they had sex.²⁰

PCSW also supports the establishment of a work readiness pilot program for first-time mothers with children under the age of one who are exempt from the work participation requirements of the TFA program. The pilot program is focused on several strategies ranging from improving the literacy skills and educational levels of the parent to providing opportunities for the parent to

¹⁷Legal Assistance Resource Center. *The Betrayal of Welfare for Working Families*. November 2005.

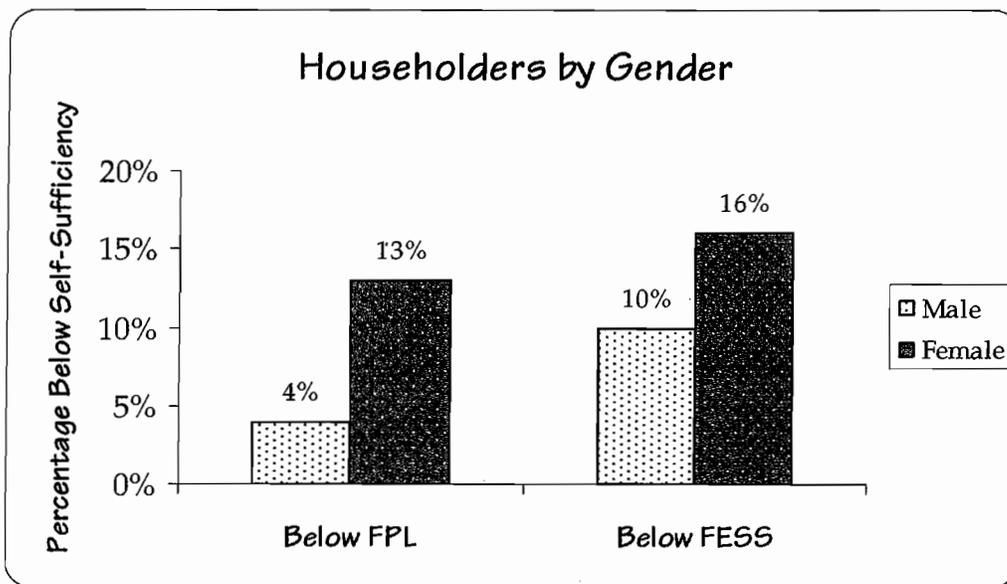
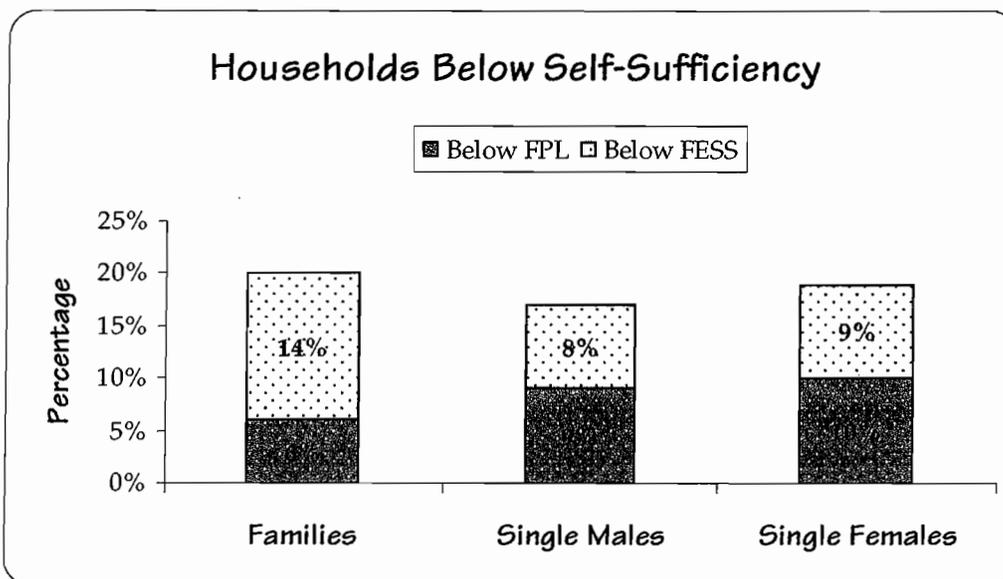
¹⁸ *ibid*

¹⁹ *ibid*

²⁰ State of Connecticut, Department of Public Health, Connecticut School Health Survey (2005)

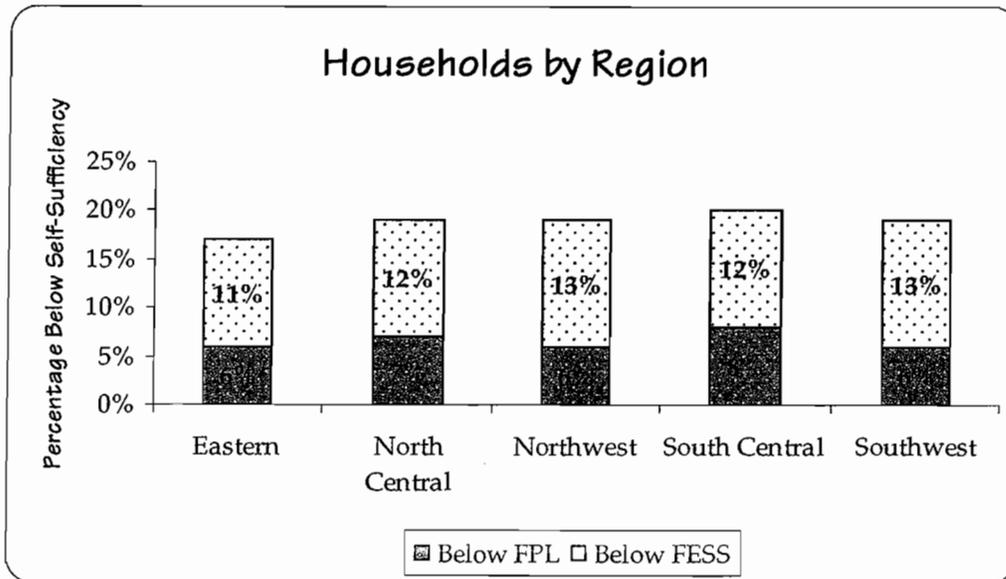
obtain education, skills and knowledge necessary to obtain employment after the exemption period is over.

Education and job training are key to ensuring economic and financial self-sufficiency for women. Twenty-percent of Connecticut working families do not have enough income to meet their basic costs of living based upon the family economic self-sufficiency standard (FESS).²¹ Of the 20%, female head of households represent 29% vs. 14% of male head of households.²²

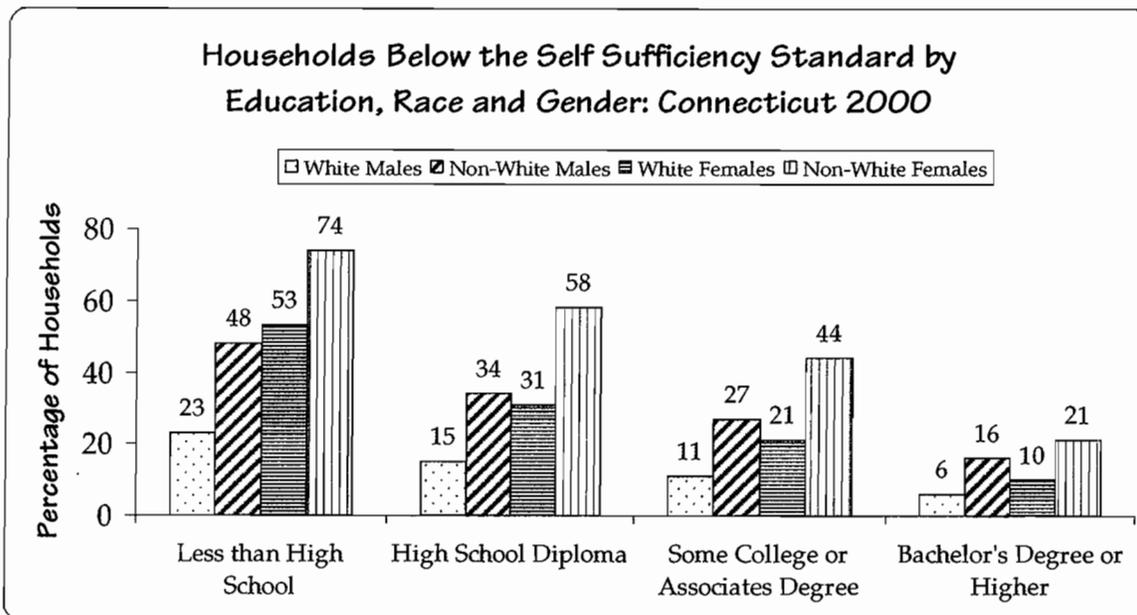


²¹ Diana M. Pearce, Ph.D. *Overlooked and Undercounted: Where Connecticut Stands*. Prepared for the Permanent Commission on the Status of Women, June 2007 – also source for self-sufficiency charts.

²² *Ibid.*



It is estimated that 40% of Connecticut adults lack adequate literacy skills to function effectively in the workplace, and only about 15% of adults over 25 without a high school diploma are in Connecticut's adult education system. Providing low-income women with more opportunities to enhance their educations and in return increase their job opportunities is an important step towards economic and financial self-sufficiency.



This bill also requires DSS to make available a pre-screening tool on the department's web site to aid potential food stamp program applicants in determining their eligibility for the program. The PCSW supports efforts to make the process of accessing important programs such as the food stamps program more clear and timely.

Thank you for your attention to these matters and for the opportunity to provide testimony on the above bills.