



Connecticut AIDS Resource Coalition

Testimony

Public Health Committee – SB 405

Shawn M. Lang, Director of Public Policy

Good afternoon Senator Harris, Representative Ritter, members of the committee. My name is Shawn Lang and I'm the Director of Public Policy with the CT AIDS Resource Coalition and Co-chair of the AIDS LIFE Campaign, CT's statewide advocacy group.

I'm here to lend our support to **SB 405** - An Act Concerning the Development of Cost Effective Supportive Housing for Frequent Users of Costly State Services.

Clearly, the need is there for housing for very low income people, many of whom have disabilities, including those with HIV/AIDS. Among the 27 AIDS housing programs alone, **87% (2,114)** of the **2,500** people requesting housing were turned away simply because there was no space available. And the last time the state opened up the Section 8/RAP list, close to 50,000 applied for what amounted to 1,200 certificates.

I chair the National AIDS Housing Coalition and have been on the board for 9 years. Over the past five years, we've convened four AIDS and Housing Research Summits. At the first summit, we had 30 people in the room and there was very little research. At last year's summit, there were 300 people in attendance and we have reams of incredible research that demonstrates the efficacy and cost effectiveness of supportive housing.

The research has demonstrated what those of us who've worked in the supportive housing arena and those who benefit from such housing have known from the beginning. Stable, affordable and supportive housing is an integral partner and in fact is really the centerpiece for prevention and healthcare, rather than the afterthought it's often been.

The research findings presented at all four Summits demonstrate the critical significance of housing as an intervention to address both public and individual health priorities, showing strong correlations between improved housing status and reduced HIV risk, improved access to HIV medical care, and better health

outcomes. Increasing evidence points to the role of housing – or lack of housing – for the continuing HIV epidemic and health disparities.

Key findings include:

- An ongoing study of US veterans living with HIV shows that 32% have experienced homelessness, 7% are currently homeless and that HIV-infected veterans who have experienced homelessness are more likely than those who have not to be hospitalized, adjusting for age, severity of HIV disease, and use of illicit drugs (Valdiserri, 2008; Gordon, et al., 2007).
- **Rates of HIV infection are 3 -16 x higher** among persons who are homeless or unstably housed compared to similar persons with stable housing
- **Homeless or unstably housed persons were 2 to 6 X more likely to use hard drugs**, share needles or exchange sex than stably housed persons with the same risk group, demographic, health, and service use characteristics.
- All-cause death rate among **homeless PLWHA is 5 X the death rate for housed PLWHA**
- **From the Chicago Health and Housing Partnership study** - Housed group used half as many nursing home days as usual care counterparts & were nearly two times less likely to be hospitalized or use ER
- **\$12,000 average annual cost** of supportive housing & coordinated care and preliminary cost estimates show annual medical expenses for housed group may be at least **\$900,000 less than usual care group**, after subtracting the costs of housing intervention.

In sum, stably housing people show a decreased use of emergency rooms, hospitalizations, and a reduction in opportunistic infections, less high risk behaviors.

Please support SB 405. It has been scientifically proven to be solid public health policy, sound public policy, fiscally responsible and cost effective.

Thank you. I'd be happy to answer any questions you might have.