Testimony before
The Council of the City of New York
Finance Committee

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On behalf of

HIV Law Project, Center for Women & HIV Advocacy

Housing Works

National Women and AIDS Collective at the Ms. Foundation

Women's HIV Collaborative of New York

Women's Institute at GMHC

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Chairman Weprin and Members of the Finance Committee:

On behalf of HIV Law Project, Center for Women & HIV Advocacy, Housing Works, National Women and AIDS Collective at the Ms. Foundation, Women's HIV Collaborative of New York, and Women's Institute at GMHC, I appreciate the invitation to testify before you today about the housing issues which we see facing HIV positive women in New York City. The above named agencies are working together to ensure that the voices of women infected and affected by HIV are represented in current policy debates, and we are here to share the importance of housing, and supportive housing services to women living with HIV.

While women accounted for 27 percent of new HIV diagnoses in New York City in 2007,[1] they represented over 35 percent of people receiving public benefits from the HIV/AIDS Services Administration, or HASA.[2] In other words, women living with HIV/AIDS in New York City are more likely to be poor than men living with HIV/AIDS. And HIV does not impact all women equally. The disease burden is borne disproportionately by women of color, with black and Latina women comprising 92 percent of the HIV diagnoses among adult and adolescent females.[3] Supportive services, including housing and case management, are often critical to ensuring that women living with HIV remain healthy, and that they are able to properly care for themselves, their children, and other household dependants.

Mayor Bloomberg has proposed two budget cuts that eviscerate the supportive elements of supportive housing for people living with HIV in New York: first, the elimination of case management in HASA-contracted supportive housing (Congregate care and Scatter Site I), and second, the elimination of the Scatter Site II transitional supportive housing program by transferring these clients to HASA case management.

Mayor Bloomberg's proposal inaccurately assumes that HASA case managers can provide the same services, at the same level of intensiveness, as case managers in supportive housing situations. This is just not the case. Case managers who work with the non-profit organizations that manage supportive housing are a unique and essential lifeline for people, especially women, living with HIV in New York City.

Women living with HIV are often heads of household, or have family members or other dependants who rely on them. Attending to their own health needs can all too easily become a secondary concern when stacked up beside the competing demands of child care and school schedules, children's medical care, provision of food for the household, frequent HASA appointments, SSI appointments, court dates, and teacher conferences. A case manager helps a woman to ensure receipt and coordination of the services she needs,

1 New York City Department of Health and Mental Hygiene, "New York City HIV/AIDS Annual Surveillance Statistics 2007". Available at http://www.nyc.gov/html/doh/downloads/pdf/ah/surveillance2007_tables_all.pdf

2 City of New York Human Resources Administration "HASA Facts", December 2008. Available at http://www.nyc.gov/html/hra/downloads/pdf/HASA_factsheet.pdf

3 NYC HIV/AIDS Surveillance Statistics 2007.

and helps to safeguard the uninterrupted receipt of public benefits so that rental payments are regular, and an accumulation of arrears owed never becomes a threat to the stability of one's housing. In many senses, case management services are the guarantor of the underlying housing services. And we know that loss of housing is a devastating rupture in the life of a woman living with HIV.

In a six-month study of adherence to HAART (Highly Active Antiretroviral Treatment) regimens in New York City, residents in long-term housing were sixteen times more likely to report good adherence to their treatment regimens than were unstably housed participants.[4] Meanwhile, homeless or marginally housed women are more likely to delay treatment, are less likely to have regular access to care, are less likely to receive optimal drug therapy, and less likely to adhere to their medication than are stably housed individuals -- all characteristics which increase an individual's viral load and decrease health outcomes.[5]

Providing public funds for supportive housing assistance has the potential to significantly impact the quality of life for HIV-positive women and their families. While such assistance may require larger investment up front, it has been demonstrated to be cost effective by "substantially reduc(ing) the utilization of costly emergency and inpatient health care services."[6] This has been demonstrated by two large-scale intervention studies, the Chicago Housing for Health Partnership and the HUD/CDC Housing and Health study, both of which showed that supportive housing for persons with HIV/AIDS not only improves health outcomes, but also reduces the use of expensive emergency and inpatient health care services. Such savings in costly health care services greatly exceeded the cost of housing assistance, thereby making housing assistance programs an intervention that is both effective and cost-efficient.[7] Research has also shown the costs of supportive housing to be offset by decreased use of expensive public services such as emergency housing, jails, and prisons.[8]

The National Housing and HIV/AIDS Research Summit of 2005 enumerated four imperatives based on their research. The first of these was to "make subsidized, affordable housing (**including supportive housing for those who need it**) available to all low-income people living with HIV/AIDS".[9] The city must heed that call, and maintain the critical services provided by the scatter-site case managers.

I thank you very much for your attention to our concerns.

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4 Leaver, Chad A et al. "The Effects of Housing Status on Health-Related Outcomes in People Living with HIV: A Systematic Review of the Literature." AIDS and Behavior 11.Supplement 2 (2007): 85-100.
5 Wolitski, Richard J et al. "HIV, Homelessness, and Public Health: Critical Issues and a Call for Increased Action." AIDS and Behavior 11: Supplement 2 (2007): S167-171.
6 Shubert, Virginia and Nancy Bernstine. "Moving from Fact to Policy: Housing is HIV Prevention and Health Care." AIDS and Behavior 11.Supplement 2 (2007): 172-81.
7 The National AIDS Housing Coalition. *Examining the Evidence: The Impact of Housing on HIV Prevention and Care.* Policy Paper from the Third Housing and HIV/AIDS Research Summit, 2008.
8 The National AIDS Housing Coalition. Housing is the Foundation of HIV Prevention and Treatment: Results of the National Housing and HIV/AIDS Research Summit. 2005.
9 *Id.* at 2, emphasis added.

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