



**Public Health Committee
Public Hearing March 14, 2007**

**By Julia Evans Starr
Executive Director
CT Commission on Aging**

Good morning Senator Handley, Representative Sawyer, and other distinguished members of the Public Health Committee. My name is Julia Evans Starr. I'm the Executive Director of the CT Commission on Aging, an independent advocacy office for older adults of today and tomorrow.

I'm also co-chair, with Representative Peter Villano, of the LTC Advisory Council (an active and remarkable collaborative of consumers, providers, and advocates for older adults and persons with disabilities). The leadership of this committee is represented on the LTC Planning Committee (comprised of state agencies and legislators).

**SB 1226, An Act Establishing a Fall Prevention Program
~ CoA Supports**

- The aging population is burgeoning, as the first baby boomers (those born in the years between 1946-1964) turned sixty last year. At the same time, both older adults and persons with disabilities are experiencing unprecedented longevity.
- Across the country and in Connecticut vast transformation is underway to "rebalance" the long-term care system. In order to have real choice for older adults and persons with disabilities in CT there must be a stronger more flexible infrastructure of home and community based supports. This is affirmed in many ways including: 1) the 2007 CT LTC Plan, entitled: *Balancing the System: Working Toward Real Choice for Long-Term Care in Connecticut*, 2) the guiding principle statement (Public Act 05-14): *"Such policy and plan shall provide that individuals with long-term care needs have the option to choose and receive long-term care and support in the least restrictive, appropriate setting."* 3) the Supreme Court's 1999 decision in *Olmstead* which requires states to create plans to assist in accessing Medicaid funded home and community based care, and 4) the Money Follows the Person demonstration grant.
- Money Follows the Person is an exciting initiative undertaken by the CT Department of Social Services and granted by the Centers for Medicare and Medicaid Services which seeks to transition 700 hundred people over the next 5 years out of nursing homes and into the community with Medicaid support. The federal government mandates that a person must be in a nursing home for at least 6 months to be eligible.

- MFP is a wonderful opportunity, but at the same time we need to embrace DIVERSION initiatives, so that people do not go into institutions unnecessarily.
- Falls prevention is critical to support the above mentioned goals and initiatives as an individual who has fallen has a three times greater risk of nursing home placement than someone who has not fallen...an individual who falls and has a injury is 11 times more likely to end up in a nursing home.
- The most common serious injury is a hip fracture. More than 24 percent of all people suffering a hip fracture die within a year of the fall and another 50 percent never return to their prior level of mobility and independence. (according to study by the U.S. Consumer Product Safety Commission)
- CT spends approximately 14% (over 2 billion) of the State budget on long-term care expenditures. Approximately, 6% is associated with fall related expenses, that doesn't include the millions of dollars hospitalizations.
- Consider what we spend as a state and what we will in the near future spend with our burgeoning elderly population if the trend continues – that 35% of people age 65 years of age and older (living in the community) fall each year. (according to the Yale University School of Medicine)
- If we commit to this form of proven prevention, the money saved would be considerable...the enhanced quality of life – priceless.

We are fortunate to have national experts in fall prevention in our state from Yale University to help lead the way.

Thank you for this opportunity to speak to voice the Commission on Aging's strong support for this important bill...and for the work you do each and every day.