

Testimony: From Drs. Rosalie and Robert Kane

To: The Select Committee on Aging

Regarding: The Department on Aging

March 3, 2009

Drs. Rosalie and Robert Kane are nationally renowned experts in aging and long term care. Rosalie A. Kane, PhD, is a professor of public health at the University of Minnesota and a faculty member of the Center on Aging. Dr. Kane's research is devoted to aspects of long-term care services, organization, policies and financing. It ranges across all settings, including nursing homes, assisted living, and home care, and also concerns topics such as quality assurance and regulation, and the tensions between safety and protection versus freedom for those using long-term care services. She serves on many national task forces and committees, is a prolific author of journal articles, books, and reports, and is past editor-in-chief of both *The Gerontologist* and *Health and Social Work*. She directs a national study on Measurement, Indicators, and Improvement of Quality of Life in Nursing Homes and a national study on service patterns in assisted living.

Robert Kane, MD, currently holds an endowed chair in Long-term Care and Aging and directs the University of Minnesota Center on Aging and the Minnesota Geriatric Education Center. He was the Dean of the University of Minnesota School of Public Health from 1985-1990. Dr. Kane has conducted numerous research studies on both the outcome of clinical care and the organization of care, with special attention to the care of older persons, especially those needing long-term care. He is the author or editor of more than 30 books and 350 journal articles and book chapters on health services research, geriatrics, and long-term care. He served on the World Health Organization's Expert Committee on Aging. He has received the President's Award from the American Society on Aging and the Polisher Award from the Gerontological Society of America.

The Kanes served as national expert consultants to the 2007 Long Term Care Needs Assessment on the issues of rebalancing long term care systems and state organizational structures for rebalancing. Based on their extensive national and Connecticut-specific knowledge, they make the following statement on proposals to establish a Connecticut Department on Aging:

“Based on our experiences, we recommend that the Connecticut legislature reconsider the establishment of a Connecticut Department on Aging. Our extensive research on the theme of State organization for long-term care and long-term support systems indicates that while there is no single configuration of state agencies to assure more effective rebalancing, the Connecticut proposal goes against clear best practices concerning the optimal structuring of state government. These best practices favor an integrated, centralized approach by:

- Bringing LTC functions together in the same agency;
- Integrating programs across multiple groups of consumers;
- Creating more centralization of long-term care functions across a state

Such an integrated, centralized structure across all ages and disabilities focuses on shared goals, pinpoints accountability for outcomes, and renders budgetary allocations more flexible. It also brings greater cross-sector innovation and greater clarity for legislatures. No evidence exists to suggest that care for seniors is improved by the movement to a separate cabinet-level agency for aging. In fact, states with separate cabinet-level departments for aging tend to have the least cohesive organizational structure.

We strongly recommend that the Connecticut legislature heed the recommendation of the state's 2007 Long Term Care Needs Assessment and reject the establishment of a cabinet-level Department on Aging. In addition to the disruption and costs associated with creating new bureaucratic structures, this would constitute a move backwards at a time when more integration rather than more separation should be considered.”

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