

REMARKS: CT. AREA AGENCIES ON AGING

Good morning and thank you to Commissioner Ritter and the staff of the State Department on Aging for sponsoring this forum and including the AAAs. Rather than focusing on any one of the four elements or areas of concern, I have chosen to address several issues briefly and end with challenges that may result in positive impact such as new policies, programs or partnerships.

LONG TERM CARE

The 2013 report of the CT Long Term Care Planning Committee recommends providing real choices and options for older adults and individuals with disabilities. We need to reach agreement at all levels on a main goal that will guide future direction for state agencies, providers and tax payers.

We need to (1) Define and establish a policy commitment of keeping people in their communities and homes with person centered community based care which can result in cost savings to the state while maximizing federal reimbursement; (2) Include expansion of budgetary options on diversionary services; (3) Strongly consider adoption of a presumptive eligibility process (similar to the one used in Ohio, Pennsylvania, Washington) with final approval by the Department of Social Services, thereby, resulting in cost savings to the state while providing quick and efficient non institutional care for CT residents.

Challenges:

1. How can we move the state toward this one goal while ensuring that all state agencies and regulations are in support of implementation?
2. What is a fair annual increase for Medicaid providers, and
3. What funding is needed to ensure that we move toward a community based system which stalls institutional care as long as possible with funds for diversion services such as extensive home modification?

TRANSPORTATION

The CT Coalition on Aging's 2013 Legislative Issue Survey reflected that 50% of the respondents cited transportation as a critical issue; the five CT Area Agencies on Aging have cited affordable & accessible medical transportation as a major need statewide for many years.

Affordable door-through-door transportation has surfaced as one of the greatest needs in the last few planning periods and while we have certainly made progress in many towns, door through door or assisted transport is not readily available.

State & federal agencies as well as local providers' budgets frequently contain funds for services such as transportation and many social service agencies are payers of client transportation. However, transportation services are fragmented, frequently targeted to specific population groups but may offer opportunities of service due to unused capacity, sharing schedules & dispatch opportunities.

Challenges:

1. In an atmosphere of decreasing federal and state financial support, what/where are opportunities for better coordination of services such as transportation that can result in cost savings and increase availability?
2. Can we use Connecticut's successful "Elder Justice Coalition" which includes many state and local agencies as a model for serious results based discussions on transportation, with particular attention on unused capacity and transportation models that have worked in other states?

3. The current funding partnership between the CT Health Department and State Department on Aging focused on Chronic Disease Self-Management and Diabetes Self-Management Programs are also successful examples of two state agencies working together with local providers and can be viewed as model relationships. How can this small joint funding model be replicated so that direct service funds are maximized?

ISOLATION, DEPRESSION & ACCESS TO BENEFITS

The latest **CT State Plan on Aging** contains interesting data that provide a good basis for our understanding of depression and isolation among seniors. For many, the aging process itself is depressive due to decreasing capacity. **The State Plan** shows that there are more than 45,000 CT residents with **Alzheimer's disease or related dementia**, over 60,000 living in rural towns which frequently limits opportunities for socialization, and over 28% of CT residents over the age of 65 live alone;

The **National Council On Aging (NCOA)** reports that 1 in 3 seniors at the time of death will have some degree of Alzheimer's or dementia and 1 in every 5 seniors age 65+ experience extended bouts of depression.

An older adult renter in CT requires \$27,600 in income annually to cover basic expenses while a couple must earn \$38,928 to meet the same basic living expenses. Yet, the **State Plan** shows that there were over 41,000 CT residents below the federal poverty level.

- There are few programs that provide assistance in paying taxes or utilities which is likely a problem for seniors living alone their original family home;
- Navigating multiple websites to find benefits requires substantial research and if seniors have computer access, personal information such as income, social security number, date of birth is usually required for each application which is frustrating;
- Most of the federal & state benefit programs require a separate application to be submitted;
- Seniors are frequently targets of scams;
- Nearly one quarter of seniors responding to a survey in the western area reported that they do not see children at least twice per year;
- Federal funding for Aging & Disability Resource Centers will likely be reduced or eliminated in the next federal budget process.

Challenges:

1. Senior centers & adult day care centers have long been our heroes as they frequently provide a safe second home for activities, socialization, meals, accessing benefits or helping seniors who are depressed. Sometimes, they are the secondary family but may function as the senior's primary family contact on a consistent basis. How can we help senior centers and possibly adult day care centers become part of a life-long learning process with expanded programming beyond their central facilities through formal town and possibly state approved linkages with colleges, universities, libraries and even private industries?
2. What role can community non-profits play in garnering energies to affect these partnerships toward affordable and accessible activities and new partnerships that will hopefully attract some of the 200,000 adults in the 55 – 60 age category?
3. How can we affect a wider culture change regarding aging so that private industry realizes the value of seniors in the workplace, as volunteers, consumers of their products and parents/grandparents of

their employees as is evident in much of Europe & Asia? What contributions beyond dollars can they be asked to make?

4. Life Care Services recently completed an age category based study which included women. They labeled women age 66+ as passionate, strong, active with a desire to be involved. Can these younger older adults form advisory groups in targeted towns or small regions to help with marketing, program design, establishing liaison with private industry or recruiting volunteers for healthy aging programs?

5. What resources can be tapped to ensure that ADRCS continue to be available as one stop shops for benefits & services?

EMPOWERMENT OF OLDER ADULTS AND CAREGIVERS THROUGH EFFECTIVE OUTREACH

The last area is empowering older adults through positive messaging which is crucial because we all have important messages for older adults and caregivers. Medicare's preventive benefits, alerts on scams, information on new benefits, programs, services, ways to avoid falls & health alerts as well as issues such as Medicare's observation status are certainly important.

Several years ago, our staff presented Medicare & Medicaid information to a large group of seniors in the Southbury-Newtown area. During the Q & A period, a gentleman graciously praised our staff as very knowledgeable BUT also described us as boring. His message was that we need to talk to seniors themselves about our messaging, stop focusing on only bad or discouraging news and tailor messages in a more positive & person centered way so that messages are remembered and used in daily living through empowerment of older adults.

Challenges:

1. How can we utilize the energy, knowledge and network of young older adults to meet some of these challenges of messaging, especially in alerts regarding signs/symptoms of abuse as well as existing resources for help?

2. How can this group of younger older adults function as advisors in independent, task oriented messaging work groups so that through investment of their time & energy, they claim ownership of the problem, potential solutions and then commit to work on specific issues affecting older adults & caregivers?

The five Agencies on Aging and provider networks are certainly committed to working with consumers and state agencies as we strive to maintain older adults in their communities and engaged in life fulfilling activities and once again, we thank the State Department on Aging for their leadership.

CT. Area Agencies on Aging

Senior Resources

South Central Area Agency on Aging

Southwest Area Agency on Aging

Western CT Area Agency on Aging