

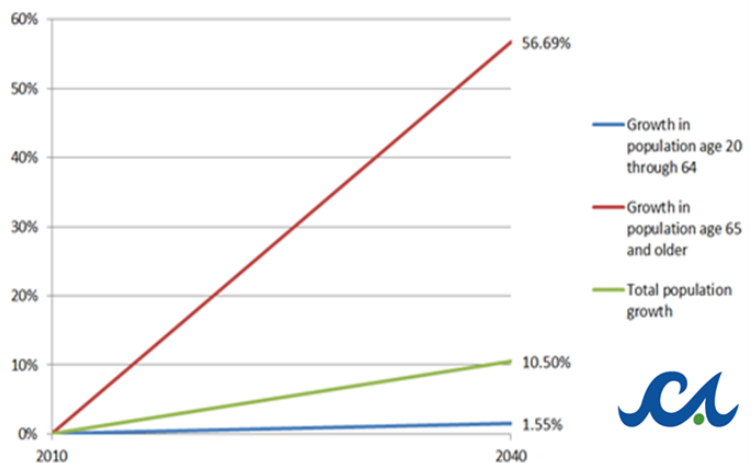
**Comments for White House Conference on Aging Forum  
May 5, 2015**

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Thank you for the opportunity to serve as a panelist at this forum in connection with the White House Conference on Aging (WHCoA). My name is Julia Evans Starr, and I'm the Executive Director of Connecticut's Legislative Commission on Aging. The Commission is a nonpartisan public policy and research office of the Connecticut General Assembly.

I remember well the last two such conferences held in 1995 and 2005, respectively. Many of us participated or held forums in some of the more than 1,000 officially-recognized events held around the country in preparation of the WHCoA. In previous years the WHCoA was authorized through amendments of the federal Older Americans Act. My understanding is that there was no such authorization this year. Though the planning and structure of the 2015 WHCoA is significantly different now, compared to previous conferences, we hope it results in more consciousness-raising and thoughtful action. And we are grateful to the State Department on Aging and the Committee on Aging for organizing this event.

Undeniably, maximizing the collective wellbeing for older adults is critical for our world, our country and more specifically, our state. Connecticut is undergoing a permanent and historic transformation in its demographics: it is aging. Between 2010 and 2040, Connecticut's population of people age 65 and older is projected to grow by 57%, with less than 2% growth for people age 20 to 64 during the same period (see Figure 1). Moreover, residents born in Connecticut today can expect to live to be 80.8 years old—the third highest life expectancy in the nation.



**Figure 1: Projected Population Growth in Connecticut from 2010 to 2040.** This figure was created and information calculated by Connecticut's Legislative Commission on Aging with population projections provided by the University of Virginia Weldon Cooper Center for Public Service (from 2010 U.S. Census Data).



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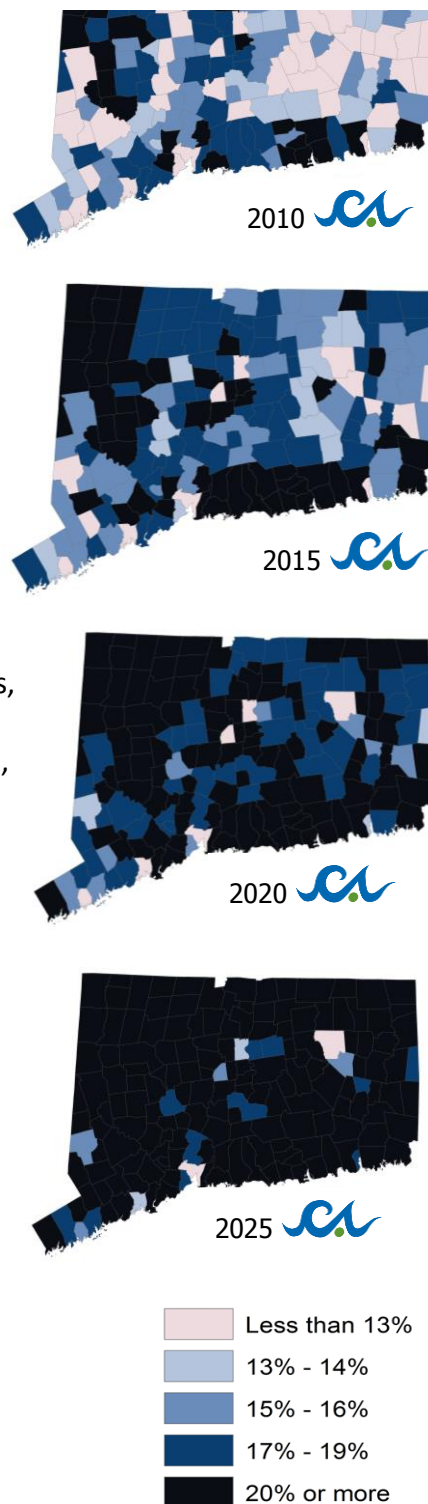
These demographic shifts will affect many facets of society including our families, communities and government on all levels. It necessitates redefining a range of systemic and structural foundations in the areas identified by the WHCoA organizers: long-term services and supports, retirement security, health care and elder justice. Equally important is the need and urgency to transform and modernize other aging-related systems and foundations as well in areas such as: housing, transportation, the formal and informal direct care workforce, livability, and others.

Our ultimate goal is to improve the quality of life (inclusive of health, economic security and well-being) for present and future populations of older adults, while being responsible regarding the interrelated budgetary and cross-generational issues.

In Connecticut, a great deal of planning has taken place which address the four WHCoA-identified topics. Participating in these efforts are subject matter experts, diverse stakeholders and innovators. These planning and implementation oversight efforts take many forms, such as legislative task forces, various committees and councils. Consequently, federal, state and local initiatives have been pursued and launched. Our state legislature has supported many of these efforts and passed aging-related bills across wide-ranging committees, including the Aging, Human Services, Public Health, Transportation, and Judiciary Committees, among others.

Connecticut's Legislative Commission on Aging produced these maps in partnership with the Connecticut State Data Center.

**Figure 2: Percentage of People Age 65 and Older as Proportion of Total Population in Connecticut.**



In illustration, Connecticut has dedicated a great deal of planning to address long-term services and supports (LTSS) in a multi-faceted way, with individual choice and budgetary efficiencies as primary drivers. Though not an exhaustive list of all the state LTSS-related reports, below are those most prominent and utilized:

- **Connecticut Long-Term Care Planning Committee.**, January 2013. The LTSS Plan is developed every three years by the Long-Term Care Planning Committee (comprised of various executive branch state agencies) in consultation with the Long-Term Care Advisory Council, **Balancing the System: Working Toward Real Choice for Long-Term Services and Supports in Connecticut** (comprised of consumers, advocates and providers) and submitted to the Connecticut General Assembly. It represents the foundation for LTSS planning in our State.
- **State of Connecticut, Department of Social Services (DSS). Strategic Rebalancing Plan: A Plan to Rebalance Long Term Services and Supports, 2013 – 2015**. January 29, 2013. This plan is a result of stakeholder briefings and engagement and data and systems analysis. It also met the requirements of Public Act 11-242, which requires DSS to develop a strategic plan, consistent with the LTSS Plan, to rebalance the Medicaid LTSS system.
- **Alzheimer’s and Dementia Task Force Report (Special Act 13-11)**: Report of the Task Force was submitted to the Connecticut General Assembly in January 2014.
- **Aging in Place Task Force Report (Special Act 12-6)**: The report was submitted to the Connecticut General Assembly in January 2013. It examined 1) infrastructure and transportation, 2) zoning changes to facilitate home care, 3) enhanced nutrition programs and delivery options, 4) improved fraud and abuse protections, 5) expansion of home care options, 6) tax incentives, and 7) incentives for private insurance.
- **Livable Communities Annual Report (Public Act 13-109)**: The first of these annual reports was submitted by Connecticut’s Legislative Commission on Aging to the Connecticut General Assembly in July 2014.
- **State Plan on Aging**: The State Department on Aging (SDA) submits this plan every three years to the federal Administration for Community Living (which provides funding to SDA under the Older Americans Act). The most recent plan, submitted in October 2014, serves as a *“blueprint to goals and strategies to better serve older adults”*.
- **Money Follow the Person (MFP) Quarterly Reports**: These detailed quarterly reports prepared for the Department of Social Services by the evaluators at the UConn Center on Aging, track the status of MFP benchmarks as well as other key data points.
- **Connecticut Home Care Program for Elders (CHCPE) Monthly Reports**: These monthly reports, prepared by the Alternate Care Unit of the DSS, include such information as number of participants on the various Medicaid HCBS programs and cost savings estimates.
- **Money Follows the Person Workforce Development Strategic Plan**: This plan, last updated in 2012, was developed by Connecticut’s Legislative Commission on Aging with the Workforce Development Subcommittee of Money Follows the Person.

To build on the successes of the rich body of research, initiatives and policy transformations already underway, Connecticut's Legislative Commission on Aging offers the following recommendation highlights across WHCoA- designated topic areas:

**Long-Term Services and Supports (LTSS):**

The Department of Social Services, in partnership with other executive branch agencies and a variety of stakeholders, continues to implement numerous rebalancing initiatives. We remain on track with our state's LTSS rebalancing goals (75% people served in the community and 25% supported in their homes and communities by 2025, as established in the Long-Term Care Plan).

Connecticut's Legislative Commission on Aging makes the following recommendations:

- Provide support for family, community readiness and community providers.
- Conduct honest conversations and develop data around informed risk.
- Heighten efforts to build and support a robust long-term services and supports workforce that is sustainable, respected and skilled. The workforce will support the dignity, choice and autonomy of individuals with disabilities and older adults. (Workforce Development Report 2012)
- Support utilization of telehealth technology. The health care needs of this burgeoning population of older adults will rapidly outpace the ability of traditional models of health care delivery to adequately meet those needs. Telehealth provides an exciting opportunity to increase access to care and health equity, improve quality, support care coordination, and ease provider shortages.

**Healthy Aging:**

Connecticut's long-lived and ever-increasing older adult population represents one of public health's greatest achievements. With that profound success comes a collective responsibility to optimize the health potential and wellbeing of Connecticut residents across the lifespan. Increasingly, partners from a broad range of sectors are recognizing that community conditions profoundly impact health outcomes.

In illustration, the grouping of buildings, quality and placement of public spaces, design of streetscapes, and access to public transportation all profoundly impact health. Among other factors, community conditions can impact physical activity levels, community safety, food access, air quality, and social cohesion.

Connecticut's Legislative Commission on Aging makes the following recommendations:

- Embed a lifespan approach in all health-related programs and policies.
- Heighten efforts that recognize and connect the interrelationship between health care (the medical model), long-term services and supports (social model), and public health, while honoring person-centeredness. Physicians should work closely with a

multidisciplinary team of clinical and nonclinical staff to manage both medical care and social services for older adults (and people of all ages). And the public health system should be supported to promote in-home programs, community wellness programs and preventive health services.

- The Centers for Medicare and Medicaid Services should continue to pursue, support and incent coordinated efforts, such the Duals Initiative, focused on those populations who are eligible for both Medicaid and Medicare. People who are dually eligible are among the sickest and poorest individuals covered by either program. These initiatives are designed to improve health outcomes and lower costs.
- Local health departments, first responders, senior centers and other partners should continue to pursue their important efforts in fall prevention, through various strategies.
- Support formalizing planning and public health partnerships at all levels of government, to help design, plan and develop communities that optimize opportunities for health across the lifespan.

#### **Retirement Security:**

As the life expectancy has increased, more people are living longer in their retirement years than ever before. At the same time, many older adults are choosing or need to work beyond age 65. In Connecticut's 65 to 69 year-old age group, 39% are in the labor force, as are 21% of Connecticut residents aged 70–74, and 7% of those 75 years and over. These rates are among the highest in the country (American Community Survey, 2012).

Social Security, with private pension, and personal savings had been the proverbial three-legged stool for financial security in the “golden years.” Today, Social Security is facing actuarial and policy threats, traditional pensions are disappearing from the private workforce, and personal savings are low. A recent study found that at least one-third of people in our country between ages 45 and 54 had saved nothing specifically for retirement. This, of course, means that most people will not be able to afford their care needs and will end up needing to utilize Medicaid.

New models rely less on defined benefit plans (traditional pensions) and more on defined contribution plans, such as 401ks. Many workers now find themselves without access to any kind of workplace retirement plan. According to the Schwartz Center for Economic Policy Analysis, employer-sponsored retirement plans in Connecticut fell from 66% in 2000 to 59% in 2010, with only 50% of workers utilizing them. Downward trends are significant for workers across all age and race demographics and economic categories, with low-income workers at the lowest level of opportunity.

The broad trend of fewer resources for retirement also happens to converge with unprecedented increases in the cost of health care delivery. Older adults typically have many additional health care costs beyond what is covered by Medicare. For example, in

Connecticut, according to the Elder Economic Security Index, poor health can add from \$7,500 per year for 6 hours of long-term care a week to \$38,790 per year for 36 hours of long-term care and adult day care per week (Wider Opportunities for Women 2009).

Connecticut's Legislative Commission on Aging makes the following recommendations:

- The comparatively low rate of older adults in poverty (8 percent) provides evidence that programs like Social Security and Medicare have been extremely effective at reducing poverty among this population and serves as a testament that these programs warrant continued support and modernization.
- Broaden the discussion to devise and implement strategies around asset-building across the lifespan. Develop new retirement savings opportunities that are accessible to all socio-economic groups. These new models should be low-cost, low-risk and stable. Additionally, such models should afford easy access to participate and accessibility to all workers at all income levels. Finally, plans should be simple and straightforward, not requiring participants to manage their own assets.
- Promote flexible work schedules. Workplace flexibility has been identified as an important factor for older workers considering staying in the workforce. But it is arguably an equally important factor for employers looking to adapt to the changing workforce. Studies have shown that flexible work schedule policies are not only an important way to support a caregiver but also benefit the employees. Policies that allow for flexibility enhance productivity, reduce absenteeism and reduce costs. They also positively affect recruitment and retention efforts.
- Capitalize on the opportunities. For example, a study performed by the Legislative Program Review and Investigations Committee on older workers stated that entrepreneurial activity is an increasing option for older workers. People who are between 55 and 64 years old had the biggest increase in starting business, from 14% in 1996 to 23% in 2012.

### **Elder Justice**

The Commission offers one important recommendation (in addition to the robust work being performed by Connecticut's Elder Justice Coalition): Facilitate the development of a National Adult Protective Services Reporting System to better understand the nature and extend of elder abuse nationally. Develop standard elder abuse definitions and reporting requirements.

**Other areas of equal importance** and completely interrelated (yet outside the designated scope of the WHCoA) are areas such as the need for affordable and accessible housing; affordable, accessible and flexible transportation options; social supports and engagement, all directly tied to shaping livable communities.

### **Livable Communities:**

Older adults generally want to remain in their familiar home and neighborhood environments. Creating livable communities successfully allow people to age in place and in community. And the same principles that make a community “livable” for older adults benefit everyone. These efforts require an all-hands-on-deck approach to forge the innovative cross-connections and partnerships needed to truly embed a lifespan approach in placemaking.

The Connecticut General Assembly passed “An Act Concerning Livable Communities,” which became effective July 1, 2013. It empowered Connecticut’s Legislative Commission on Aging to spearhead a statewide livability initiative that convenes, engages, inspires and support local and regional efforts to create more livable communities across the lifespan, in addition to conducting livability research in Connecticut.

More extensive recommendations can be found at our website, [www.livablect.org](http://www.livablect.org). But our recommendations in brief are as follows:

- Ensure that planning and zoning officials and their partners take steps to shape physical infrastructure and policies that support a growing population of older adults and persons with disabilities who want to remain in their homes and communities.
- Ensure that affordable, accessible and diverse housing and transportation options are available in every town in Connecticut.
- Shape public spaces and buildings that promote community safety, enhance intergenerational interactions, and encourage diverse and shared use of spaces to promote community-building.
- Mobilize older adults to address community issues through meaningful paid and unpaid work opportunities.
- Promote and support collaboration among police, fire, aging services and adult protective services for safety education and prevention of physical and financial elder abuse.

### **Additional Thoughts**

Across all these topic areas we urge the federal government to strive for better integration and coordination of the federal level agencies, grants and initiatives and funding streams.

And that any future White House Conferences on Aging are given greater attention, organization, energy and structure, as present and future populations of older adults warrant.

**Ultimately,** Connecticut’s Legislative Commission on Aging respectfully requests that the WHCoA embraces the following values as it looks to the future:

- Use a lifespan lens. Certainly, there are notions of shared fate across the generations. Of equal import is an understanding that our actions, behaviors and experiences when we are younger clearly impact our quality of life or “wellbeing” when we are older. Therefore, solutions must have a wide lens. It is important to recognize inter-relational pieces and take action to improve the conditions of everyday life, beginning before birth and progressing into childhood, adolescence, adulthood and throughout elderhood.
- Utilize data, including evidence-based practice, to drive policy, programmatic and budgetary decisions.
- Help lead a major culture shift to transform aging as we perceive and respond to it as a society, as policymakers, professionals, and individuals. “The old way of seeing old age, as a time of relentless decline, ignores the value of the last half of life”. (Dr. Thomas)