



## **Annotated Bibliography of Reports on U.S. Health Policy for an Aging Population**

Prepared by the UNC Institute on Aging Information Center staff  
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### **AARP**

#### **Reimagining America: How America Can Grow Older and Prosper (2005)**

[http://assets.aarp.org/www.aarp.org\\_/articles/legpolicy/reimagining\\_200601.pdf](http://assets.aarp.org/www.aarp.org_/articles/legpolicy/reimagining_200601.pdf)

(from the introduction) AARP believes we can balance longer lives with the pressures the aging of the boomers and increased longevity put on our social systems. While this is often described as a confounding problem of demographics, it is actually driven primarily by the fragmented and disorganized delivery of health care, which costs too much and delivers too little. Solutions must come from collaboration among government, private organizations, and individuals.

### **AARP Public Policy Institute**

#### **Across the States: Profiles of Long-Term Care (2006)**

[http://assets.aarp.org/rgcenter/post-import/d18202\\_2004\\_atc.pdf](http://assets.aarp.org/rgcenter/post-import/d18202_2004_atc.pdf)

Compilation of data on many dimensions of long term care in each state and the District of Columbia. Published biennially since 1992 by the AARP Public Policy Institute, the *Across the States* series was developed to help inform policy discussions among public and private sector leaders in long-term care throughout the United States. It presents a snapshot of each state's long-term care landscape by providing comparable state-level and national data for 85 indicators which are otherwise difficult to obtain from a single source. This 6<sup>th</sup> edition of *Across the States* presents the most up-to-date data available at the time of production.

#### **Beyond 50.02: A Report to the Nation on Trends in Health Security (2002)**

[http://assets.aarp.org/rgcenter/health/beyond\\_50\\_health.pdf](http://assets.aarp.org/rgcenter/health/beyond_50_health.pdf)

"Beyond 50: A Report to the Nation on Trends in Health Security" is a comprehensive depiction of the state of health security of Americans age 50 and older. Problems must be addressed if individuals are to reap the benefits of good health and society is to reap the benefits of healthier populations. Fortunately, public policy can make a difference. The challenges will be to find the right balance between individual and collective financial risk, between medical and supportive care, between private and public sector roles, between individual autonomy and public safety, and between public health and personal health services.

### **Long-Term Care in Developed Nations: A Brief Overview (2003)**

[http://assets.aarp.org/rgcenter/health/2003\\_13\\_ltc\\_dv.pdf](http://assets.aarp.org/rgcenter/health/2003_13_ltc_dv.pdf)

The purpose of this report is to provide a brief overview of many of the key long-term care policy trends that cross national boundaries in developed nations. The first section addresses trends in delivering and organizing formal and informal long-term care services. The second section, on financing long-term care, discusses the movement toward universal (not meanstested) public programs for long-term care. It also presents comparative data on long-term care spending for both home care and institutional care, and by the public and private sectors. The final section briefly addresses a few of the issues in improving the quality of long-term care and its coordination with medical care for chronic conditions.

## **Active Aging Partnership**

### **The National Blueprint: Increasing Physical Activity Among Adults Age 50 and Older (2001)**

[http://www.agingblueprint.org/PDFs/Final\\_Blueprint\\_Doc.pdf](http://www.agingblueprint.org/PDFs/Final_Blueprint_Doc.pdf)

(also see this page for related materials: <http://www.agingblueprint.org/downloads.cfm>)

The National Blueprint: Increasing Physical Activity Among Adults Aged 50 and Older has been developed to serve as a guide for multiple organizations, associations and agencies, to inform and support their planning work related to increasing physical activity among America's aging population. This Blueprint is intended to outline broad strategies that will lead to increasing physical activity among older Americans. The plan was developed with input from more than 60 individuals, representing 46 organizations with expertise in health, medicine, social and behavioral sciences, epidemiology, gerontology/geriatrics, clinical science, public policy, marketing, medical systems, community organization, and environmental issues.

## **Alliance for Aging Research**

### **Redesigning Healthcare for an Aging Nation (2003)**

[http://www.agingresearch.org/bookshelf\\_details.cfm?id=46](http://www.agingresearch.org/bookshelf_details.cfm?id=46)

Read the Alliance's new report, based on the transcripts of our March 17th Congressional Forum, and hear from the experts how technological innovation is being used to meet the changing needs of America's healthcare system. Learn more about discoveries in biomedical research and current policies and regulations that may help ensure that future public policy encourages a strong and robust medical research environment. With the impending age boom in 2010, our nation must have in place a healthcare system prepared for the millions of Americans who will be living with chronic conditions and be able to foster the development of future treatments to meet their needs.

### **Ageism: How Healthcare Fails the Elderly (2003)**

[http://www.agingresearch.org/bookshelf\\_details.cfm?id=43](http://www.agingresearch.org/bookshelf_details.cfm?id=43)

Drawing upon scores of recent scientific studies this report shows how systematic bias against the elderly hurts older patients in America. The Alliance's report cites serious medical shortcomings in medical training, prevention screening and treatment patterns that disadvantage older patients.

### **Medical Never-Never Land: Ten Reasons Why America Is Not Ready for the Coming Age Boom (2002)**

[http://www.agingresearch.org/bookshelf\\_details.cfm?id=38](http://www.agingresearch.org/bookshelf_details.cfm?id=38)

Less than 3% of health care providers have training to treat older patients, the group that makes up the bulk of who they diagnose and treat. This shortage in training is a crisis that will only grow as the Baby Boom generation ages.

### **Medical Innovation & The Aging of America (2001)**

[http://www.agingresearch.org/bookshelf\\_details.cfm?id=41](http://www.agingresearch.org/bookshelf_details.cfm?id=41)

On October 18 -20, 2001, a Council of State Governments' Health Policy Forum was held to analyze the impact of new medical technologies on individuals' longevity and quality of life, examine the unique health care needs of America's seniors and assess the short and long term benefits and costs of providing access to new technologies as America's population ages. The Council of State Governments, the Alliance for Aging Research, the National Health Council and Pfizer believe that it is critical for policymakers and health care leaders to have a dialogue about these issues and how we should deal with them. This report is based on the transcript of the sessions of the meeting and was produced to expand the reach of information from this meeting with the hopes that it will add to the development of good public policy.

## **Center for the Advancement of Health**

### **A new vision of aging : helping older adults make healthier choices (2006)**

<http://www.cfah.org/pdfs/agingreport.pdf>

It is clear that if older adults increase physical activity, improve eating habits and take some relatively simple steps to minimize the risk of falling, they could live longer and healthier lives. However, there are real environmental, organizational, social and personal barriers to adopting healthier behaviors. It is not only the organized provision of care that maintains the health of older people but the kind of care they take themselves. As documented in this report -- the Center for the Advancement of Health's second issues briefing -- medical care is not necessarily the only, most effective or cost efficient method of promoting health and longevity. Prevention and adoption of healthy habits, supported by resources in each local community, is essential and do-able. By strengthening the capacity of agencies and services outside the sphere of medicine to help older adults eat better, remain active and avoid falls, support becomes more readily available and less passive than customary health care. Supporting older adults in their efforts to maintain their independence, their functioning and their quality of life is a responsibility that should not be limited by the interest or capacity of health care institutions but should be a common goal of all Americans. The public investment in making sure this happens should reach into the neighborhoods, the senior centers, the YMCAs and local health clubs of every community, unconstricted by the interest or capacity of health care institutions.

## **Commonwealth Fund**

### **Health Coverage for Aging Baby Boomers: Findings from the Commonwealth Fund Survey of Older Adults (2006)**

[http://www.cmwf.org/usr\\_doc/884\\_Collins\\_hlt\\_coverage\\_aging\\_baby\\_boomers.pdf](http://www.cmwf.org/usr_doc/884_Collins_hlt_coverage_aging_baby_boomers.pdf)

The combination of rising out-of-pocket health care costs and sluggish wage growth threatens workers' ability to save for retirement. This is particularly true for adults ages 50 to 64, or "baby boomers," whose per capita health care expenditures are more than twice those of younger adults. In this new analysis of The Commonwealth Fund Survey of Older Adults, the authors explore the extent and quality of health insurance coverage for baby boomers in the workforce. Among their key findings: older adults have high rates of chronic health conditions; many have unstable insurance coverage; those who have low income, individual coverage, or no insurance spend a substantial share of their income on coverage and health care and have reduced access to care. Survey respondents also expressed interest in new Medicare savings accounts and early participation in Medicare.

## **Employee Benefit Research Institute**

### **Controlling Health Costs and Improving Health Care Quality for Retirees (2005)**

<http://www.ebri.org/pdf/briefspdf/0205ib1.pdf>

The problem of how to pay the increasingly costly medical bills of retired Americans is rapidly rising as a national priority, not just among policymakers, but also among the general public. As a result, deeper thinking within the health policy community on two broad issues is taking place: How changes in government programs will affect the delivery of health care in the United States; and whether the coming changes that are made to control costs--especially within Medicare--will ultimately improve quality of care delivered as well. These topics provided the focal points of a policy forum sponsored by the Employee Benefit Research Institute Education and Research Fund in Washington, DC. This Issue Brief summarizes the policy forum discussion and puts it in the context of these issues more generally.

## **Institute of Medicine**

### **Insuring America's Health: Principles and Recommendations (2004)**

<http://www.iom.edu/CMS/3809/4660/17632.aspx>

Lack of health insurance causes roughly 18,000 unnecessary deaths every year in the United States. Although America leads the world in spending on health care, it is the only wealthy, industrialized nation that does not ensure that all citizens have coverage. To help policy-makers, elected officials, and others judge and compare proposals to extend coverage to the nation's 43 million uninsured, the Institute of Medicine of the National Academies offers a set of guiding principles and a checklist in a new report, *Insuring America's Health: Principles and Recommendations*. The report is the culmination of a series that offers the most comprehensive examination to date of the consequences of lack of health insurance on individuals, their families, communities and the whole society. The report also demonstrates how the principles can be used to assess policy options. The IOM Committee does not recommend a specific coverage strategy. Rather, it shows how various approaches could extend coverage and achieve certain of the Committee's principles.

### **Improving the Quality of Long-Term Care (2000)**

<http://www.iom.edu/CMS/3809/5536.aspx>

This report describes what is known about quality in various kinds of long-term care (LTC) settings. The report explores ways in which the federal government and states monitor LTC performance; the effects of recent changes in financing; staffing; and infrastructure, among others. A number of recommendations are made that could improve quality, including investigating new quality measurements; strengthening state and federal survey and sanction activities; improving staffing; and exploring the effects of changes in reimbursement.

## **International Longevity Center**

### **Redesigning health care for an older America (2006)**

<http://www.ilcusa.org/%5Flib/pdf/Redesigning%20Healthcare.pdf>

Redesigning Health care for an Older America, drawn from a consensus conference with top health experts and leaders, recommends a complete overhaul and rethinking of a system heralded by the invention of Medicare 40 years ago. The new structure would focus on health promotion, disease prevention, the treatment of chronic disease and increased investment in aging research.

## **Kaiser Family Foundation**

### **How States Are Responding to the Challenge of Financing Health Care for Retirees (2003)**

<http://www.kff.org/medicare/upload/How-States-Are-Responding-to-the-Challenge-of-Financing-Health-Care-for-Retirees-PDF.pdf>

State governments are an important source of health insurance coverage for retired state employees. Confronted with rising health care costs, budget deficits, and an overall downturn in the economy, this report describes how states are responding to the challenge of financing health care for retirees who tend to be sicker and more costly to cover than active workers. This study, based on survey responses from 43 states and the District of Columbia, captures information on retiree health programs offered by state governments, including benefits, premiums, recent program changes and modifications expected in the future.

## **Metlife Mature Market Institute**

### **The Metlife market survey of nursing home and home care costs (September, 2006 (published annually))**

<http://www.metlife.com/WPSAssets/18756958281159455975V1F2006NHHCMarketSurvey.pdf>

Each year the MetLife Mature Market Institute conducts a market survey of nursing home and home care costs in the United States. The 2006 survey was conducted by telephone in 87 major markets in all 50 states and the District of Columbia by LifePlans, Inc., a risk management and consulting services firm.

## **National Academy on an Aging Society**

### **Training Physicians in Geriatric Care: Responding to Critical Need (2003)**

<http://www.agingsociety.org/agingsociety/pdf/trainging.pdf>

As the nation's older population grows, the U.S. will require a well-trained workforce of health care providers with expert knowledge in geriatric medicine. Compared with younger adults, older Americans use a disproportionately larger share of health care services provided by physicians, nurses, pharmacists, physical therapists, and other practitioners. While people over age 65 represent 12 percent of the U.S. population, this group consumes one-third of healthcare services and occupies one-half of all physician time. Unfortunately, only a small share of the 650,000 medical doctors in practice today—including specialists whose patients are disproportionately elderly—receive the necessary training and education in geriatrics to provide older Americans with the best possible care.

### **The State of Aging and Health in America (2003)**

With Merck Institute of Aging and Health

[http://www.agingsociety.org/agingsociety/pdf/state\\_of\\_aging\\_report.pdf](http://www.agingsociety.org/agingsociety/pdf/state_of_aging_report.pdf)

The Merck Institute of Aging & Health and the National Academy on an Aging Society, the policy institute of The Gerontological Society of America, are releasing this report to assess the health status of older Americans and make recommendations to improve older Americans' future physical and mental well-being.

## **North Carolina Institute of Medicine**

### **A Long-Term Care Plan For North Carolina: Final Report (2001)**

<http://www.nciom.org/projects/long-term/long-term.html>

The North Carolina General Assembly in 1999 asked the Secretary of the North Carolina Department of Health and Human Services (DHHS) to develop a long-term care system that could provide a continuum of care for older adults, people with disabilities, and their families.<sup>1</sup> The Department was directed to report its progress to the General Assembly no later than January 2001. The Task Force examined long-term care issues for both older adults and people with physical or cognitive disabilities. However, most of the focus was on the long-term care delivery and financing systems for older adults and people of other ages with acquired physical and cognitive disabilities (i.e., those disabilities that occurred after childhood).

## **RAND**

### **Health status and medical treatment of the future elderly (2004)**

[http://www.rand.org/pubs/technical\\_reports/2005/RAND\\_TR169.pdf](http://www.rand.org/pubs/technical_reports/2005/RAND_TR169.pdf)

To help the Centers for Medicare and Medicaid Services more accurately predict future health care costs, RAND Health developed the Future Elderly Model (FEM). A demographic-economic model of health spending projections, the FEM enables the user to answer “what-if” questions about the effects of changes in health status and disease treatment on future health care costs. This report describes the development of the FEM and its application in four key clinical areas.

### **Living well at the end of life: adapting health care to serious chronic illness in old age (2003)**

[http://www.rand.org/pubs/white\\_papers/2005/WP137.pdf](http://www.rand.org/pubs/white_papers/2005/WP137.pdf)

This white paper synthesizes a growing body of research on the issue of chronic illness in the last phase of life. It describes the demographic and cost components of the problem, examines gaps in the current health care system, explores some reform measures that are addressing urgent needs, and outlines a vision for adapting the health care system to confront the new reality.

## **White House Conference on Aging**

### **2005 White House Conference On Aging : the booming dynamics of aging : from awareness to action : December 11-14, 2005 : report to the President and the Congress**

<http://www.whcoa.gov/about/about.asp#report>

The Final Report of the 2005 White House Conference on Aging (WHCoA) was approved to be transmitted by the Policy Committee of the WHCoA by voice vote on Wednesday, June 14, 2006 on a Conference call that was open to the public. The Final Report will consist of a narrative that contains an Executive Summary, a list of the 50 resolutions adopted by the delegates along with the strongest and strong implementation strategies suggested by the delegates who attended individual implementation strategy sessions on a particular topic at the WHCoA. The narrative will also include a listing of the names of all the delegates, as well as the names of the members of the Policy Committee and Advisory Committee. An Appendix (in CD format) will follow the narrative. It will include all of the Resolutions and Implementation Strategies developed by the Delegates in breakout sessions they elected to attend as well as all the proceedings from the WHCoA and pre-WHCoA events and other WHCoA-related information. The 2005 White House Conference on Aging took place December 11 to 14, 2005 in Washington, D.C.

Note: The Appendices to the final report contain reports from many national organizations and pre-conference events. Some of these reports cover topics relevant here including: long term care, health workforce issues, etc.