

**Statement of
Daniel Perry, Executive Director
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Good morning. I am Dan Perry, executive director of the Alliance for Aging Research. I am pleased to release today the Alliance's newest study, *Independence for Older Americans: An Investment for Our Nation's Future*. This study documents the billions of dollars that are added to the nation's health care costs due to disability among the older population and casts light on underecognized and undertreated conditions of aging. This report also offers policy recommendations that will help alleviate this potential healthcare crisis.

As our nation experiences the greatest longevity revolution in its history, the ability of our growing population of older Americans to remain living independently is a major challenge - and one which will only continue to grow into the next century. Over the next 50 years, the number of Americans over age 65 is projected to more than double, while those over age 85 will more than quadruple to almost 18 million.

Due to the multitude of debilitating chronic and long-term illnesses that tend to strike later in life, this huge population of older people is at increased risk for mental, mobility, and visual impairment, often leading to loss of independence. Alzheimer's disease, osteoporosis, vision impairment and incontinence are among the most insidious of aging conditions which can trigger nursing home admission or dependent care in the home. And yet, there are few effective treatments, little prevention, and no cures for any of these conditions which afflict millions of Americans.

For this study, the Alliance commissioned a panel of experts to look at the costs of loss of independence for older Americans. They found that the United States currently spends more than \$26 billion annually in additional health care costs for people over 66 who lose their ability to live independently over the course of a year. This number does not even include the total cost of care for persons already disabled or living in nursing homes. This huge expense will only escalate if our nation does not take steps to find better cures, prevention and treatments for the diseases that affect the health and lives of our older citizens.

Action is needed now to ensure that the older Americans who will soon populate society in unprecedented large numbers can continue to lead independent, satisfying lives, and that the United States is in the strongest position to accommodate them. National leaders, researchers, and health care officials must take steps immediately to avert millions more cases of lost independence and the enormous accompanying costs.

In addition, it is imperative that health care professionals practice and promote preventative geriatric medicine, which can head off the looming crisis from loss of independence among older Americans.

The Alliance for Aging Research has developed six recommendations that we believe will stimulate debate and action that could change the way we take care of older people in this country, and enhance their ability to live at home independently. A full listing of them can be found in the report.

1. Research funding at the National Institutes of Health should be increased with a special emphasis on diseases that cause disability in older people.
2. Evaluations of Medicare reform proposals should not solely be based on costs incurred, but also on

improvements in the health status of beneficiaries.

3. Research funding should be mobilized to improve outcomes for the chronically ill and elderly, and to identify strategies that improve access and reduce unnecessary health expenditures. In addition, the health community should begin to close the gap between what we know and what we do (i.e. taking what research has found and putting it into practice.)

4. Research should have an increased focus on the impact of preventive measures on postponing the impact of conditions or illnesses that affect loss of independence in the elderly.

5. Better and more reliable population and cost data on the conditions which impact the health and independence of older Americans must be collected, analyzed and put to their best use.

6. Medical providers should be better trained to assess risk of older patients for disability and nursing home admission, and be better equipped to slow that transition if possible.

I would now like to introduce Dr. Larry Branch who served on this report's research panel who will present the report findings in more detail. Dr. Branch is a Professor in Duke University's Center on the Study of Aging and Human Development.