

First Review and Appraisal of the Madrid International Plan of
Action on Ageing

United States of America

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Section I: Introduction

This report is in response to the United Nations (UN) request for information on progress UN Member States have made in implementing the Madrid International Plan of Action on Ageing (MIPAA) 2002. Member States will have the opportunity to present this information at the February 7-16, 2007, meeting of the UN Commission for Social Development. Following the UN Secretariat suggestion to Member States, this report will:

1. Indicate the priority area for review; and
2. Identify laws, regulations, institutions, policies, and programs that have been introduced or altered in response to the MIPAA.

Section II: Background

The United States (U.S.) of America affirms its commitment to the themes the MIPAA addresses. In her address to the Second World Assembly on Ageing in 2002, the U.S. Department of Health and Human Services (HHS) Assistant Secretary for Aging, Josefina G. Carbonell, stated:

“For the United States Government, the continued improvement in the lives of older Americans and their families is a priority...We are committed to strengthening and modernizing our health insurance program for the elderly, improving access to health care, expanding prescription drug benefits, and preventing diseases.”

The body of this report (Section III) highlights major initiatives being advanced that address Priority Area 2 of the MIPAA – Advancing Health and Well Being into Old Age. Initiatives in Priority Area 2 include:

- Empowering our citizens by giving them more choices and greater control over their own health— and their health care— including more control over the types of benefits and services they receive and the manner in which those providers deliver those benefits and services.
- Moving towards a more balanced system of long-term care that respects the wishes of the individual and that dismantles the bias toward institutional care in favor of home and community-based services.
- Changing our reimbursement policies to make prevention benefits more widely available, and promoting the rapid translation of research into practice.
- Encouraging more competition in health and long-term care and greater involvement by the private commercial sector in offering new products and services to a growing private-pay market.

Section IV provides highlights of progress made in Priority Areas 1 – Older Persons and Development- and Priority Area 3 – Ensuring Enabling and Supportive Environments. Section V highlights the Administration’s international aging cooperation efforts. Section VI highlights major initiatives of civil society, particularly of AARP, the largest NGO for the elderly in the U.S.

The U.S. is experiencing unprecedented growth and diversity in its aging population. By 2030, almost 20 percent (approximately 71.5 million) of all Americans will be 65 or older. Those aged 85 and older are the most rapidly growing segment of our population. As our post-Second World War “baby boom” generation ages, this number is expected to increase even more. At the same time that these demographic changes are occurring, we are also witnessing sweeping and fundamental transformations in the way we think about and deliver health and long-term care.

Our system of long-term care is supported by a variety of public and private sources, with the largest share coming from the personal contributions and efforts of family caregivers. Families account for nearly 80 percent of all the long-term care provided in the U.S. Today nearly 21 percent of all American households have taken on some form of caregiving responsibility. Many Americans, mostly women, are caring for both children and aging parents.

The economic value of this informal care is significant. The HHS has estimated that replacing informal long-term care services for seniors with professional care would cost as much as \$306 billion a year.

When it comes to public financing for long-term care, our largest source of funding comes from Medicaid – a joint federal/state program that provides health care to people who have limited incomes and assets or who are disabled.

When Medicaid was enacted in 1965, it was designed as a program for poor families. Because it was the only public source of financing for nursing home coverage, it quickly became our nation’s long-term care program and it helped to create a system of care for our seniors that is dominated by expensive nursing homes. Nationally, institutionally based care accounts for as much as 70 percent of long-term care spending in Medicaid and some states are spending over 90 percent of their long-term care budgets on nursing home care. This approach to long-term care does not reflect the overwhelming preference of older people to receive care at home, and it is also a financially unsustainable policy.

Bottom-Up Approach

Providing the elderly, their families and organizations representing the interests of older persons an opportunity for input is at the core of our approach to programs and services for adults as they age. In addition to the elderly, their families, and persons with disabilities, our stakeholders include federal, state, and local governments, business and industry, national and local organizations and coalitions, non-profit organizations, health

and social welfare organizations and academic institutions. This “Bottom-Up” approach is described below.

Local and National Planning Activities: The Older Americans Act

In the U.S., our foundation for addressing the issues of aging is the Older Americans Act (OAA), further described in Section III. The OAA relies on a philosophy of planning from bottom to top. Our programs are created through the priorities set at the national level together with the needs expressed in states and local communities.

Our state and local planning agencies are required to submit plans of action showing the types of services they plan to create and provide, based upon citizen input, advisory committees, and public hearings. The state and local advisory committees consist of representatives of communities, the public and private sector and consumer groups. In addition, federal officials hold “listening sessions” around the country to receive input on the needs of older persons. This “bottom up” model has proven successful for over 40 years and has resulted in continuous policy improvement and in community-based services reflective of the input of local citizens. This approach is consistent with the methods outlined for the follow-up to the MIPAA.

Local and National Planning Activities: White House Conferences on Aging

A future-oriented planning process used in the U.S., and outlined in the OAA, is the White House Conference on Aging (WHCoA). These conferences are held approximately every ten years and are designed to provide input and recommendations to the President and Congress. They are models of citizen participation to develop and evaluate policies and programs. Stakeholders include local communities, academic institutions, business and industry, national and local organizations, non-profit organizations, and federal, state and local governments.

The first official conference was held in 1961, and the most recent conference in December 2005. These conferences have outlined the foundation for key legislation and programs, such as the enactment of Medicare, Medicaid and the OAA.

The input process for the 2005 WHCoA included more than 400 events convened around the country and involved more than 130,000 citizens. Over 3,000 people participated in the conference, including 1200 delegates representing every sector of society. Forty-two International Observers also attended from twenty-three countries.

Delegates discussed, debated and agreed upon 50 resolutions to send to the President and Congress to help guide national aging policies for the next ten years and beyond. In addition, thousands of Implementation Strategies were developed. A description of this bottom up input process and a listing of the resolutions are contained in the final report which can be found at: <http://www.whcoa.gov>.

Evaluations have shown that the OAA has created flexible policies, programs and services that respond to the needs identified by consumers through our “bottom up” process.

Section III provides further details on how the U.S. is realigning its health and long-term care systems to give consumers more choice and control.

Section III

Advancing Health and Well Being into Old Age: Progress Made Since 2002

This section will provide more details on how the Federal government is leading the way in responding to many of the actions recommended by the MIPAA pertaining to advancing health and well being into old age. As mentioned in Section II, we are in the process of transforming and rebalancing our health and long-term care systems. We have made impressive strides to empower individuals to make informed choices, target our resources to high-risk individuals, and build prevention into community-living. Some of our significant activities to date include:

President Bush’s New Freedom Initiative

One of the first official acts President Bush took when he came into office was to create the New Freedom Initiative. This initiative outlined his vision for maximizing the independence and dignity of people with disabilities of all ages in the U.S. Central to that vision is a fundamental rebalancing of our system of long-term care and supports to emphasize providing care in the least restrictive setting and on giving people more choices and control over their care options. Our system has been biased toward more expensive institutional care – the opposite of what older people and their families want. The fundamental goal of this initiative is to remove barriers that prevent people with disabilities of all ages from living independently at home and fully integrated in their communities. Since 2001, the HHS, with the support of Congress, has provided states and communities with a variety of new tools to help them advance the goals and values embedded in the New Freedom Initiative.

The Older Americans Act

The OAA is national legislation created in 1965 as part of a comprehensive package of social welfare legislation designed to combat poverty. The OAA complemented Medicare, which provides insurance coverage for healthcare, and Medicaid, which provides health, long-term care and nursing home care for low-income individuals and persons with disabilities.

The overall goal of the OAA is to enable older individuals to maintain their dignity and to live independently in their own homes and communities. The OAA established a national infrastructure of home and community-based services and established the Administration on Aging (AoA) within the HHS to serve as a “Federal Focal Point” on issues related to aging.

The OAA provides leadership and support through the HHS to a nationwide network of organizations and individuals – the Aging Services Network -- whose mission is to enable older citizens to remain in their own homes and communities as long as possible. In the last few years, the Aging Services Network has taken on a central role in the transformation of health, and most importantly long-term care services in the U.S.

The OAA provides about \$1.5 billion in funding each year to the states, and leverages at least twice that amount, to support a wide range of home and community-based social and supportive services, such as congregate and home-delivered meals, adult day care, senior centers, specialized transportation services, health promotion-disease prevention, and supports for caregivers.

The recently reauthorized OAA (2006), which governs the work of the AoA, advances the President’s New Freedom Initiative and also affirms the commitment to health promotion and disease prevention, value and ownership. The OAA embeds the principles of the Administration’s Choices for Independence initiative. The legislation modernizes community based long-term care systems to further empower consumers to manage their own care and make choices that will allow them to avoid unnecessary institutional care and live healthy lives in the community.

One of our major initiatives builds on the fact that the Aging Services Network is viewed by older people and their families as a “trusted source of information”. In 2003, AoA partnered with the Centers for Medicare and Medicaid Services (CMS) to launch the Aging and Disability Resource Center program. Under this program, over \$40 million in funding has been provided to the states to establish “single points of entry” to long-term care at the community level to make it easier for consumers and their families to learn about the options that are available in their communities.

These Centers also provide consumers with streamlined access to publicly supported long-term care programs by consolidating multiple client-intake, assessment and care planning procedures into single, integrated systems of access.

Together with federal science agencies, AoA is enlisting the Aging Services Network in the nationwide deployment of low-cost evidence-based prevention programs that have proven effective in reducing the risk of disease, disability and injury among the elderly.

This translation of research into practice promotes strategies involving better nutrition and exercise, fall prevention and the self-management of chronic conditions that can empower seniors to take more control of their own health and to reduce healthcare costs.

Finally, OAA programs are assisting the President’s initiatives to help seniors who are at high-risk of nursing home placement – but not eligible for Medicaid – to remain at home. This will give consumers the option of directing their own care and will become the OAA nursing home diversion program.

Presidential Executive Order – Community-Based Alternatives for Individuals with Disabilities

As a complement to the New Freedom Initiative, President Bush issued an Executive Order directing federal agencies to evaluate and recommend ways to expand community-based services for individuals with disabilities.

In response, we have provided our states with more flexibility under the Medicaid program, and have encouraged them to implement a new model of self-directed care - Cash and Counseling. This self-directed model gives clients control over individualized budgets to manage the types of services and supports they receive, and the manner in which they are provided, including the option of paying family members, as well as friends and neighbors, to help them stay at home.

Federal Agencies – Real Choice Systems Change

As part of the New Freedom Initiative, the President authorized funds for Real Choice System Change Grants to help design and implement improved ways of providing community supports and services to enable children and adults of any age who have a disability or long term illness to live and participate in their communities. Over the last five years, CMS has provided over \$300 million in funding to help states realize essential changes to their systems of care to make them more consumer-directed and more supportive of community-living.

Congressional Action – Deficit Reduction Act

The Money Follows the Person initiative, included as part of the Deficit Reduction Act (DRA) of 2005 is an essential part of our comprehensive, coordinated strategy to assist states, in collaboration with stakeholders, to make widespread changes to their long-term care support systems. Seventeen states are being assisted in their efforts to further reduce their reliance on institutional care while developing community-based long-term care opportunities, enabling the elderly and people with disabilities to fully participate in their communities. This initiative will provide \$1.75 billion in new funding over five years to support states' efforts to transition people out of nursing homes and back into the community.

The “Own Your Future Campaign” -- a federal/state partnership of the HHS and the National Governors Association – is designed to increase awareness about the importance of planning ahead for one’s long-term care. To date, we have supported campaigns in 14 states, and we plan to reach all states within the next four years.

The National Clearinghouse for Long-Term Care Information. This is the first federal web site designed to specifically help consumers plan ahead for their long-term care. It is designed as a resource focused on the importance of planning ahead and includes information on services and financing options – both public and private -- that can be helpful to all individuals. It was developed by the HHS and is found at: <http://www.longtermcare.gov>.

Leveraging Public Funding with Private Financing Approaches. The looming retirement of the baby boom generation presents a number of challenges to our current financing system for long-term care. Its current reliance on public funds will be tested to the limit as more than 70 million

Americans enter retirement. One of the strategies we are using to prepare is the development of private/public financing options. The goal of these options is to encourage Americans to make planning for long-term care a part of their overall retirement planning. Currently, only about 4 percent of Americans age 45 and older with incomes of \$20,000 or more have long-term care insurance coverage. The DRA enables all states to offer such an incentive through a program entitled the Partnership for Long-Term Care. This program encourages the use of private long-term care insurance by offering Medicaid as a form of re-insurance. The program is designed to make private coverage more affordable and, therefore, expands the number of people able to purchase coverage.

A second financing approach is the use of reverse mortgages. This permits people 62 years of age and older to use the equity in their homes to help with their expenses, including those related to health and long-term care.

Prevention and Healthy Aging

Just as Medicaid and the OAA have undergone significant changes in the past five years to better reflect the needs and preferences of consumers and to improve sustainability, Medicare, too, has undergone a transformation.

The Medicare Modernization Act resulted in the largest changes in this public health insurance program in its forty-year history. Medicare now covers a variety of preventive benefits, including a complete physical examination when people first join, screening for a variety of diseases such as cancer so they can be detected and treated early, and of greatest note, prescription drug coverage.

Additionally, Medicare recipients can now choose from a variety of competitive private plans to find the one that best serves them. As a result, seniors are saving money and getting the coverage they want. Initial results are:

- Over 90 percent of people with Medicare (39 million) now have drug coverage;
- They are receiving this coverage at a cost that is at least 25 percent less than what was initially estimated; and
- Consumer satisfaction rates in excess of 80 percent.

The Aging Services Network, a highly visible and trusted community source of information for older people, partnered with CMS to successfully implement the new prescription drug benefit under Medicare. Affiliates of the Aging Services Network provided the vast majority of the education, outreach and individualized counseling to the 39 million seniors who have accessed the benefit.

Building on the success of the prescription drug program, the HHS is now engaged in a national educational campaign to inform seniors about the other preventive benefits available through Medicare.

Section IV

Older Persons and Development and Ensuring Enabling and Supportive Environments: Progress Made Since 2002

Introduction

While the AoA has the primary Federal responsibility for advocating for the elderly and for providing home and community-based services, a number of other Federal departments and agencies have programs targeting or serving the elderly. The following discussion summarizes many of the Federal initiatives taken since the 2002 MIPAA in the areas of housing, employment, transportation, and civic engagement.

Work and Aging

The American workforce is projected to grow more slowly as a result of the aging and retirement of the baby boom generation, in combination with other demographic trends.

At the same time, Americans are living longer and healthier, and could work later in life. Surveys indicate that a majority of the baby boom population plans to continue working past the traditional retirement age. Many of these older workers will need to continue working in view of the fact that retirement saving patterns remain extremely low, and financial literacy in terms of planning for and managing personal economic security over a 20-30 year horizon is generally lacking.

At a time when it is becoming more critical that every available worker join the workforce, older workers face challenges to full participation in the labor market. Employment barriers, perceived or real, can obstruct the normal dynamic of supply and demand for older workers and their potential employers, and affect the continuing participation of older workers in the workforce. These barriers range from attributes of older workers themselves, to misperceptions of employers about the abilities of older workers, to lack of flexible workplace arrangements, and elements of the public and private retirement systems in the U.S.

These demographic trends are significant and have received increasing attention among policymakers, academics, the press, and the general public. The federal government has a number of efforts underway to address the aging of the American workforce, several of which are described below. In addition, employers in the U.S. are taking steps to address the impact of the aging population on their businesses.

Work and Retirement Incentives. Many aspects of American laws and government regulations related to pensions, social security, health care, and age discrimination complicate the ability of older individuals to continue working into their later years. Policy discussions regarding these issues are underway in various forms in the U.S.

recognizing that legislative or regulatory features posing impediments to work at older ages need to be addressed.

Taskforce on the Aging of the American Workforce. The Taskforce on the Aging of the American Workforce, chaired by the DoL, brings together agencies from across the federal government to work collectively to address workforce challenges and opportunities of an aging population. The Taskforce is identifying strategies to help older Americans remain in or re-enter the labor market and pursue self-employment opportunities and to enable businesses to take full advantage of this skilled labor pool.

The Departments of Commerce, Education, Health and Human Services, Labor, Transportation, and Treasury, as well as the Equal Employment Opportunity Commission, Small Business Administration and Social Security Administration participate on the Taskforce.

The Taskforce is focusing on three main areas:

- Employer Response to the Aging Workforce - opportunities and needs of employers when recruiting, hiring, training, and retaining older workers.
- Individual Opportunities for Employment - challenges posed by older Americans who want to continue to work, such as outdated skills, physical limitations, lack of flexible work arrangements.
- Legal and Regulatory Issues Regarding Work and Retirement. - approaches to reform laws and regulations pertaining to pension plans, Social Security benefits, tax policy with respect to retirement savings, unemployment programs, and others.

A report of findings and a blueprint for strategies for government agencies, business, aging, and workforce communities is due in summer 2007.

The Workforce Investment System. This system created local One-Stop Career Centers which provide access to numerous employment and training programs administered by a variety of federal agencies. Through partnerships with local employers, community colleges, and training organizations, the One-Stop system connects jobseekers of all ages, including older workers, with opportunities for employment or skills enhancement.

In 2005, DoL issued the *Protocol for Serving Older Workers* – a guide to serving older individuals in One-Stop Career Centers. The goal is to enhance the services provided to older workers, and to infuse the One-Stop Career Centers with innovative strategies for tapping into this underutilized labor pool.

Senior Community Service and Employment Program. As part of the Workforce Investment System, the Senior Community Service Employment Program (SCSEP) provides job training and placement services for low-income individuals aged 55 or

older. Program participants are placed at community and government agencies and paid the higher of the federal, state or local minimum wage, and they also receive assistance with moving into unsubsidized employment. Approximately 100,000 older workers participate in SCSEP each year.

The National Employ Older Workers Week showcases the SCSEP efforts. It increases awareness and focuses on development of innovative strategies for tapping into this underutilized labor pool.

A Study Addressing the Retention of an Aging Nursing and Allied Health Workforce.

The critical shortage of healthcare workers is due in part to a significant segment of the healthcare workforce nearing retirement age. The DoL is working with state and private entities in the labor and healthcare fields to find ways to improve the workforce needs of the healthcare industry, including improved retention of nurses and allied health workers.

Employer Strategies. Efforts to address the impact of an aging workforce are occurring within the Federal government and in the private sector as well. While wide-spread recognition of the impacts of the aging population has not occurred among businesses, many American employers are taking steps to increase the hiring and retention of older employees in order to meet their skill and labor force needs now and in the future. Some of these efforts include: offering phased retirement programs, in which employees can reduce their hours or level of responsibility; restructuring the workplace to make the work less physically demanding; offering flexible work arrangements, such as job sharing, part-time work, or compressed work schedules; providing assistance with planning for retirement; offering support for caring for dependents; and creating an “on call” pool of retired workers who are re-hired to work on temporary projects.

Pensions. The Employee Retirement Income Security Act (ERISA) 1974 governs private, employer-sponsored pensions and health and welfare plans. The DoL oversees the integrity of ERISA-covered plans.

Congress and the President are concerned about weaknesses in the security of traditional private pensions, as well as the adequacy of private savings to compliment retirees’ income from pensions and Social Security. In 2006, Congress enacted the Pension Protection Act (PPA) to amend ERISA. The PPA ensures fuller funding for defined benefit pension plans and encourages greater participation in employment-based retirement savings plans. It allows for a form of phased retirement in which a pension plan may make retirement distributions to employees age 62 and over without the employees having to separate from employment. The DoL is working to put the PPA into action through new regulations and guidance for voluntary employer programs.

Although the U.S. is preparing for demographic change in the country, the aging of the American workforce poses challenges that will require further action. By seeking ways to enable greater workforce participation by older Americans, the country can increase opportunities for older individuals who want to or need to remain in the workforce; ease the strain caused by an aging population on the American government’s ability to pay for

or guarantee retirement programs and other public services; help businesses meet their workforce needs; and help America ensure a skilled workforce.

Transportation and Aging

The U.S. Department of Transportation (DoT) is committed to ensuring transportation safety and security for older Americans. Among the highlights since 2002:

In 2003, the DoT released *Safe Mobility for a Maturing Society: Challenges and Opportunities*, a set of transportation strategies to address the needs of the older population. Strategies include:

1. Building safer, easier-to-use roadways and walkways;
2. Improving systems for assessing competency of older drivers and pedestrians;
3. Creating better, easier-to-use public transportation services; and,
4. Targeting state and local action plans.

The DoT has been actively implementing these strategies through demonstration programs, policies, and other tactics that are designed to meet the requirements of the Americans with Disabilities Act (ADA) and to ensure safe mobility of older people.

Executive Order on Human Services Transportation Coordination.

In 2004, President Bush signed this Executive Order creating the Federal Interagency Council on Access and Mobility (CCAM). Under this order, eleven Federal departments and agencies joined together with the leadership of the Federal Transit Administration (FTA) to improve transportation service delivery for older adults, people with disabilities, and individuals with lower incomes.

This effort launched the *United We Ride* (UWR) initiative to enhance human service transportation coordination, creating a “One Call” simplified access systems for older adults and other human service program customers. Currently a major demonstration initiative is underway in eight U.S. sites. Policy statements on coordinated transportation planning at the local level and encouraging sharing transportation vehicle resources have also been developed. A widely accessible web site provides one-stop information on federal programs, useful practices and transportation tools to better meet the transportation needs of older adults and other target populations.

To implement these activities, FTA and AoA are working together to address transportation issues unique to older adults. They have established a *National Center on Senior Transportation* and are cooperating on a number of activities to support improved public transportation and specialized transportation services, including a new senior transportation resources tool kit for communities.

In 2006, the National Highway Traffic Safety Administration (NHTSA) released its *Older Driver Plan* that responds to many specific components of the MIPAA. It covers

research, outreach, and other program activities. Key areas include improving screening and assessment, improving licensing, educating medical providers, conducting better education and outreach activities, and conducting other research to address older driver safety.

NHTSA has a long-standing effort to improve the availability of screening and assessment of older drivers through medical providers and other key groups such as licensing and aging services providers. The Agency has educational materials available regarding vehicle adaptations for persons with disabilities; materials regarding vehicle adaptations for older people will be released in 2007.

NHTSA works in partnership with other agencies within the Department, including FTA and the Federal Highway Administration to promote safer roads and the availability of transportation options.

The FTA continues to promote formula based funding to States for capital grants to non-profit and public transportation organizations for public transportation projects that will meet the special needs of older persons or persons with disabilities. The FTA legislative policies and requirements help to coordinate transportation services for older people and provide reduced fares of older adults. Recent legislation authorized funding of mobility managers to assist older adults find rides, coordinate transportation providers and funding sources and aid individuals with trip planning.

Housing and Aging

The U.S. Department of Housing and Urban Development (HUD) faces two unique senior housing challenges: housing seniors of limited means and housing those with some level of accumulated assets. HUD's programs, where appropriate, promote community-based living opportunities for the elderly and persons with disabilities, and make supportive services available to residents of rental housing, enabling them to live as independently as possible in the most integrated setting.

HUD operates a number of programs either targeted specifically to the elderly or in which the elderly can participate. HUD's *Section 202 and Section 811* programs for elderly households and persons with disabilities are unique among HUD programs in providing the only construction financing program for affordable supportive housing for the target population. HUD is strengthening the programs by working collaboratively with HHS to increase the availability of assisted living facilities for low-income seniors, especially through coordination with states that have Medicaid waivers.

The overall aging of the population, and the commensurate need for senior housing, has prompted HUD to make some changes in a variety of its programs, including Section 202 which provides affordable housing units, many with supportive services.

Since 2002, HUD continues to add new units of Section 202 housing. Funding will provide: construction of new units, congregate services, service coordinators, funding to convert projects to assisted living, and funds to renew and amend existing contracts.

In the FY 2008 budget, the Department proposes an innovative demonstration program aimed at increasing the production of Section 202 units. HUD's FY 2008 budget also includes a demonstration project to utilize housing tax credits and other housing resources (tax-exempt bond financing, HOME Program, private grants, etc.) to expand production under the Section 202 program.

HUD, through the Federal Housing Administration (FHA), has a reverse mortgage insurance program targeting senior homeowners. The *Home Equity Conversion Mortgage* (HECM) enables senior homeowners to convert the equity in their homes into tax-free income. FHA-insured mortgages account for over 90 percent of the reverse mortgage market.

This program once served primarily single women, presumably widows, who had very little or no income and nowhere to turn for help. The program continues to grow in size and has slowly shifted over the past decade to attract more couples with higher incomes and more expensive homes. The HECM program has a statutory limit of 275,000 loans that FHA can insure. HUD is working to permanently eliminate this cap.

HUD is also proposing a legislative change that would permit HECMs for home purchase. One of the best ways to serve seniors well is to permit them to move to alternative housing, whether it's a senior community that offers appropriate amenities and services or simply a smaller, easier-to-maintain home. A legislative change would permit FHA to offer a HECM product that would enable seniors to purchase a home and tap into the equity in their old one in a single transaction.

Volunteerism for and by the Elderly

Volunteers of all ages have traditionally been the backbone of community services in the non-profit sector. Hundreds of thousands of volunteers, including the elderly, support the services provided under the OAA.

The Corporation for National and Community Service (the Corporation), a Federal agency, oversees three national programs under the umbrella of Senior Corps: Foster Grandparent; Senior Companion; and RSVP. They were specifically developed to engage adults aged 55 and over in volunteer activities that help support critical community needs. Foster Grandparents tutor and mentor children at risk of failing in schools; Senior Companions help frail and elderly citizens remain independent in their homes; and RSVP volunteers support an array of activities that support the missions of numerous social organizations in local communities. Older adults also serve in AmeriCorps and Learn and Serve America, two other CNCS programs.

America's aging adult population includes a generation of healthier, more active and well-educated Baby Boomers (individuals born between the years of 1946 and 1964) which prompted the Corporation to include the recruitment of Baby Boomers as one of the initiatives in its five year strategic plan. The talents and skills of individuals from this generation will be used in volunteer service activities that meets critical local and national needs, including engaging 250,000 more adults in activities that support independent living services for the frail elderly.

To support this effort, the Corporation developed a national public service recruitment campaign titled "Get Involved." The campaign, which features bilingual newspaper, magazine, radio and television announcements, is supported by numerous American nonprofit organizations, private-sector organizations and media organizations. Individuals are directed to a website, www.getinvolved.gov to find volunteer and community service opportunities that best meet their interest, needs, experience and lifestyles.

The campaign will also be used to stimulate a public dialogue about the meaning and purpose of life as one reaches the traditional age of retirement. It also encourages all sectors — nonprofit, business, and government — to take actions to support greater involvement of Baby Boomers in volunteering.

Over the next five years, the Corporation will also build on its experience to focus on 1) how nonprofit organizations might assess how the skills of this group can be tapped in unique and creative ways; 2) supporting and strengthening its own programs through the engagement of Baby Boomers especially in AmeriCorps and Senior Corps where older adults serve to a lesser degree; and 3) exploring strategies to support nonprofit organizations in using the unique skills of Baby Boomers.

Section V: Advancing International Collaboration

The U.S. government recognizes that aging is a global issue impacting global economy, labor force, trade, migration, international relations, and national security. To catalyze greater international dialogue on these challenges, the U.S. Department of State hosted a *Summit on Global Aging* in March, 2007, inviting members of the international community.

Secretary of State, Condoleeza Rice, stated that “The impact of global aging is enormous and complex. One of the key goals of this summit is to begin a conversation that will stimulate dialogue, encourage, collaboration, and promote national and international research.”

Why Population Aging Matters: A Global Perspective was released at the Summit. This report, co-published by the National Institute on Aging and the State Department, used data from the United Nations, U.S. Census Bureau, and Statistical Office of the European Communities as well as regional surveys and scientific journals, the U.S. National Institute on Aging (NIA), with input from demographers, economists, and experts on aging, identified nine emerging trends in global

aging. Together, these trends present a snapshot of challenges and opportunities that clearly show why population aging matters.

The Administration's concern for global aging goes beyond research. It also involves translating research into practice, and exchange of information and best practices. In the Western Hemisphere in particular, the U.S. is actively involved in improving health care for all ages, including the elderly.

The President's Health Diplomacy for the Americas includes the direct involvement of personnel from HHS and the U.S. Department of Defense in medical care for poor and rural populations in the region.

In addition to treating some 85,000 patients and conducting 1,500 surgeries on a U.S. Navy ship, dentists will provide basic treatments and offer preventive education on oral health and hygiene to children and their parents and grandparents.

The Assistant Secretary for Aging joined Secretary Leavitt in the Central American part of the President's Health Diplomacy Initiative. She visited El Salvador, visiting elderly facilities and meeting with the country's Minister of Health and National Secretary of the Family.

Section VI:

Role of Civil Society in Implementing the MIPAA

Introduction

As described in Section II, Bottom Up Approach, civil society is intrinsically involved in planning of programs under the OAA. The AoA works closely with the Aging Network, comprised of 56 State Units on Aging; 655 Area Agencies on Aging; 236 Tribal and Native organizations representing 300 American Indian and Alaska Native Tribal organizations; and two organizations serving Native Hawaiians, plus thousands of service providers, caregivers, and volunteers.

Many of these organizations have national organizations which are members of the Leadership Council of Aging Organizations (LCAO), a coalition of 53 national nonprofit associations dedicated to preserving and strengthening the well-being of America's older population and committed to representing their interests in the policy-making arena.

Activities of these organizations fall within the purview of the MIPAA. As AARP is the largest NGO, representing the interests of 35 million people age 50 and over, the summary below concentrates on some of their accomplishments in the three MIPAA priority areas.

Priority I: Older Persons and Development

Through a grant from the DoL, the AARP operates the Senior Community Service Employment Program (SCSEP) to help low-income seniors improve their skills, obtain training, and find a job. Today, AARP SCSEP has nearly 80 project sites in 22 states and Puerto Rico. About 10,000 job seekers are enrolled at any one time.

AARP continues to honor and highlight employers through the Best Employers for Workers over 50 award that draws significant attention to the importance of older workers in the changing workforce.

AARP's supports a number of intergenerational activities. AARP is working with public schools to provide school supplies for needy students. It is also partnering with a number of other faith based and national organizations, such as Big Brothers Big Sisters, to promote intergenerational activities.

Priority II: Advancing Health and Well Being into Old Age

Along with a host of NGOs from the LCAO, AARP has actively helped implement the Prescription Drug Benefit under the Medicare program. AARP developed a major campaign to inform and educate its members and others, especially low-income elderly, about the drug discount cards and the importance of enrolling in the benefits under Medicare.

AARP has done extensive work on a drug-affordability campaign and is working to reduce prices so prescription drugs are more affordable. The AARP Rx Watchdog Reports and research forums were instrumental in keeping the spotlight on rising drug prices.

AARP made progress, especially in the states, on home- and community-based services, improving quality in nursing homes, and a multi-state walking campaign to promote physical activity.

Priority III: Ensuring Enabling and Supportive Environments

AARP created a framework for future progress on livable communities. It developed a mobility blueprint to guide thinking on transportation issues and supported an extension of the Transportation Equity Act for the 21st Century.

The Reverse Mortgage Project increased its outreach and continued to be the nation's leading source of information on reverse mortgages.

AARP developed a 5-year partnership with Fannie Mae, a private company operating under a congressional charter to increase the availability and affordability of homeownership for low, moderate, and middle-income Americans. The goals of this 5-year partnership are to: a) produce and preserve rental housing; b) work for policies supporting aging in place communities; and c) provide outreach for mortgage products.

Fannie Mae is also working with its 55 partnership offices around the country to customize local strategies that will meet senior housing needs.

Advancing International Collaboration

AARP's Global Aging Program focuses on bringing international experiences to the United States. Through international exchanges, conferences and publications, AARP looks abroad to learn from experience of other countries in delivering programs to older people. AARP plays an active consulting role to the EU, the UN, other countries and NGOs.

Summary

The United States has made significant progress since the Second World Assembly on Ageing in advancing the priorities of the MIPAA. Future reports will indicate additional progress made in these priority areas.