

September 2, 2011

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## PRESIDENTIAL PROCLAMATION OF NATIONAL PREPAREDNESS MONTH

Whenever our Nation has been challenged, the American people have responded with faith, courage, and strength. This year, natural disasters have tested our response ability across all levels of government. Our thoughts and prayers are with those whose lives have been impacted by recent storms, and we will continue to stand with them in their time of need. This September also marks the 10th anniversary of the tragic events of September 11, 2001, which united our country both in our shared grief and in our determination to prevent future generations from experiencing similar devastation. Our Nation has weathered many hardships, but we have always pulled together as one Nation to help our neighbors prepare for, respond to, and recover from these extraordinary challenges.

In April of this year, a devastating series of tornadoes challenged our resilience and tested our resolve. In the weeks that followed, people from all walks of life throughout the Midwest and the South joined together to help affected towns recover and rebuild. In Joplin, Missouri, pickup trucks became ambulances, doors served as stretchers, and a university transformed itself into a hospital. Local businesses contributed by using trucks to ship donations, or by rushing food to those in need. Disability community leaders worked side-by-side with emergency managers to ensure that survivors with disabilities were fully included in relief and recovery efforts. These stories reveal what we can accomplish through readiness and collaboration, and underscore that in America, no problem is too hard and no challenge is too great.

Preparedness is a shared responsibility, and my Administration is dedicated to implementing a "whole community" approach to disaster response. This requires collaboration at all levels of government, and with America's private and nonprofit sectors. Individuals also play a vital role in securing our country. The

National Preparedness Month Coalition gives everyone the chance to join together and share information across the United States. Americans can also support volunteer programs through [www.Serve.gov](http://www.Serve.gov), or find tools to prepare for any emergency by visiting the Federal Emergency Management Agency's Ready Campaign website at [www.Ready.gov](http://www.Ready.gov) or [www.Listo.gov](http://www.Listo.gov).

In the last few days, we have been tested once again by Hurricane Irene. While affected communities in many States rebuild, we remember that preparedness is essential. Although we cannot always know when and where a disaster will hit, we can ensure we are ready to respond. Together, we can equip our families and communities to be resilient through times of hardship and to respond to adversity in the same way America always has -- by picking ourselves up and continuing the task of keeping our country strong and safe.

NOW, THEREFORE, I, BARACK OBAMA, President of the United States of America, by virtue of the authority vested in me by the Constitution and the laws of the United States, do hereby proclaim September 2011 as National Preparedness Month. I encourage all Americans to recognize the importance of preparedness and observe this month by working together to enhance our national security, resilience, and readiness.

IN WITNESS WHEREOF, I have hereunto set my hand this thirty-first day of August, in the year of our Lord two thousand eleven, and of the Independence of the United States of America the two hundred and thirty-sixth.

BARACK OBAMA

NASUAD joined FEMA's [National Preparedness Month](#), and encourages you to join us, as well as the thousands of national, regional, state, and local organizations that are members of the 2011 NPM Coalition. Together we can ensure all of our communities are prepared. Please take two minutes to sign up at [community.fema.gov](http://community.fema.gov)!

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## FROM THE ADMINISTRATION

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### Administration on Aging

#### AoA Releases Florida LTCOP Compliance Review Report

*September 1, 2011*

AoA's Compliance Review Report regarding the Florida Long-Term Care Ombudsman Program (LTCOP), was released on Thursday. AoA conducted this review in response to several requests for investigation into the actions of the state of Florida, which alleged

improper interference with the direction of the Florida LTCOP that prevented the LTCOP from carrying out its statutory mission under the Older Americans Act (OAA).

The Compliance Review determined that under the OAA, the state of Florida acted improperly with respect to the designation of local ombudsman volunteers, legislative advocacy, and information dissemination. With respect to these areas of non-compliance, AoA is requesting that Florida submit a plan of correction to AoA for review and approval within the next 30 days. In the plan, Florida should indicate how the state agency plans to bring its policies and practices into compliance with the OAA.

The report can be found [here](#).

## **Administration on Aging Announces Awards for the National Center on Elder Abuse**

*August 26, 2011*

On Friday, Assistant Secretary for Aging Kathy Greenlee announced two new grants totaling \$761,000 for the NCEA (National Center on Elder Abuse). This includes first time funding specifically dedicated to elder abuse prevention in Indian Country.

An award for \$561,000 for the NCEA Information Clearinghouse was awarded to the University of California, Irvine (UCI). The NCEA Clearinghouse will provide a national source of practical information to support federal, state and local efforts to prevent, identify, and effectively respond to elder abuse. The Clearinghouse will provide information and technical support, translate the latest research in the field, and disseminate best practices for state, local, and Tribal practitioners. The NCEA will also provide technical assistance on developing effective prevention, intervention, and response efforts to address elder abuse.

In addition, a \$200,000 award for the NCEA Native American Elder Justice Initiative goes to the University of North Dakota (UND). The NCEA Native American Elder Justice Initiative will begin to address the lack of culturally appropriate information and community education materials on elder abuse, neglect and exploitation in Indian Country.

The Elder Justice Coalition congratulates both UCI and UND and looks forward to working closely with the new National Center on Elder Abuse.

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## **Department of Health and Human Services**

### **HHS Awards \$40 Million to Boost Public Health Infrastructure, Prepare Tomorrow's Public Health Workforce**

*August 31, 2011*

U.S. Department of Health and Human Services Secretary Kathleen Sebelius announced on Wednesday over \$40 million in grant funding, partly supported by the Affordable Care Act, to

state, tribal, local and territorial health departments and several schools of public health to enhance the nation's public health infrastructure and strengthen the public health workforce. Awarded in nearly every state, this funding will improve the delivery of necessary public health services in communities, cities and states across the country.

More information is available [here](#).

## **Affordable Care Act initiative to lower costs, help doctors and hospitals coordinate care**

*August 23, 2011*

The U.S. Department of Health and Human Services (HHS) announced a new initiative to help improve care for patients while they are in the hospital and after they are discharged. Doctors, hospitals, and other health care providers can now apply to participate in a new program known as the Bundled Payments for Care Improvement initiative (Bundled Payments initiative). Made possible by the Affordable Care Act, it will align payments for services delivered across an episode of care, such as heart bypass or hip replacement, rather than paying for services separately. Bundled payments will give doctors and hospitals new incentives to coordinate care, improve the quality of care and save money for Medicare.

“Patients don’t get care from just one person – it takes a team, and this initiative will help ensure the team is working together,” said HHS Secretary Kathleen Sebelius. “The Bundled Payments initiative will encourage doctors, nurses and specialists to coordinate care. It is a key part of our efforts to give patients better health, better care, and lower costs.”

In Medicare currently, hospitals, physicians and other clinicians who provide care for beneficiaries bill and are paid separately for their services. This Centers for Medicare & Medicaid Services (CMS) initiative will bundle care for a package of services patients receive to treat a specific medical condition during a single hospital stay and/or recovery from that stay – this is known as an episode of care. By bundling payment across providers for multiple services, providers will have a greater incentive to coordinate and ensure continuity of care across settings, resulting in better care for patients. Better coordinated care can reduce unnecessary duplication of services, reduce preventable medical errors, help patients heal without harm, and lower costs.

The Bundled Payments initiative is being launched by the new Center for Medicare and Medicaid Innovation (Innovation Center), which was created by the Affordable Care Act to carry out the critical task of finding new and better ways to provide and pay for health care to a growing population of Medicare and Medicaid beneficiaries.

Released today, the Innovation Center’s Request for Applications (RFA) outlines four broad approaches to bundled payments. Providers will have flexibility to determine which episodes of care and which services will be bundled together. By giving providers the flexibility to

determine which model of bundled payments works best for them, it will be easier for providers of different sizes and readiness to participate in this initiative.

“This Bundled Payment initiative responds to the overwhelming calls from the hospital and physician communities for a flexible approach to patient care improvement,” said CMS Administrator Donald Berwick, M.D. “All around the country, many of the leading health care institutions have already implemented these kinds of projects and seen positive results.”

The Bundled Payments initiative is based on research and previous demonstration projects that suggest this approach has tremendous potential. For example, a Medicare heart bypass surgery bundled payment demonstration saved the program \$42.3 million, or roughly 10 percent of expected costs, and saved patients \$7.9 million in coinsurance while improving care and lowering hospital mortality.

“From a patient perspective, bundled payments make sense. You want your doctors to collaborate more closely with your physical therapist, your pharmacist and your family caregivers. But that sort of common sense practice is hard to achieve without a payment system that supports coordination over fragmentation and fosters the kinds of relationships we expect our health care providers to have,” said Dr. Berwick.

Organizations interested in applying to the Bundled Payments for Care Improvement initiative must submit a Letter of Intent (LOI) no later than September 22, 2011 for Model 1 and November 4, 2011 for Models 2, 3, and 4. For more information about the various models and the initiative itself, please see the Bundled Payments for Care Improvement initiative web site [here](#).

Interested parties may obtain answers to specific questions by e-mailing CMS at: [BundledPayments@cms.hhs.gov](mailto:BundledPayments@cms.hhs.gov).

### **The ASPR Lifeline Facebook Application Challenge**

The U.S. Department of Health and Human Services’ Office of the Assistant Secretary for Preparedness and Response (ASPR) announced a competition to create a Facebook application that identifies friends on Facebook who are willing to be “Lifelines” in case of a disaster. A Lifeline is a friend who will check on another friend in an emergency, provide shelter if necessary, and post updates about a friend’s well-being on Facebook.

The Lifeline Facebook application should involve four steps: identifying three lifelines, completing a personal preparedness plan, sharing the preparedness plan, and sharing the Lifeline application with others.

The first prize is \$10,000 and a chance to attend an event with the Assistant Secretary for Preparedness and Response and free passes to the Spring Health 2.0 Conference. Second place wins \$5,000, and third place wins \$1,000.

For more information on this challenge, click [here](#).

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## Centers for Medicare and Medicaid Services

### **CMS Announces 2011 Electronic Prescribing (eRx) Incentive Program Final Rule**

*August 31, 2011*

On Wednesday, the Centers for Medicare and Medicaid Services (CMS) announced changes to the Medicare Electronic Prescribing (eRx) Incentive Program for Calendar Year 2011.

Since publication of the 2011 MPFS Final Rule, CMS has received public comments raising concerns that the Medicare eRx Incentive program did not better align with the Medicare or Medicaid HER Incentive Program as well as the need for additional significant hardship exemption concerns. To address these concerns, CMS are finalizing changes which modify the existing 2011 electronic prescribing measure to address uncertainties related to the technological requirements of the Medicare eRx Incentive Program, provide additional significant hardship exemption categories for purposes of the 2012 payment adjustment, extend the deadline for requesting significant hardship exemptions to November 1, 2011, and require submission of significant hardship exemption requests for the 2012 eRx payment adjustment via a web-based tool for individual eligible professionals and via a mailed letter for group practices that are participating in the 2011 eRx group practice reporting options. Instructions on how to request a hardship via the web-based tool will be available on the eRx Incentive Program website [here](#).

The final rule can be found [here](#).

### **CMCS Informational Bulletin**

*August 31, 2011*

On Wednesday, Centers for Medicare and Medicaid Services' Center for Medicaid, CHIP and Survey and Certification released an informational bulletin. This bulletin included information on the publication of proposed rules regarding access to affordable coverage under the Affordable Care Act, the publication of a proposed rule entitled "Medicaid and Children's Health Insurance Programs; Disallowance of Claims for FFP and Technical Corrections", the issuance of a State Medicaid Director Letter regarding the Affordable Care Act Maintenance of Effort (MOE) provisions, the issuance of a tri-agency letter on cost allocation of information technology systems, and the availability of grants for states to develop Medicaid Emergency Psychiatric Demonstrations.

The rules regarding affordable coverage address [Medicaid and CHIP Eligibility](#), and exchange [eligibility and employer standards](#). CMCS encourages all stakeholders to read the proposed rules and submit comments. The comment period is open through October 31, 2011 and comments can be submitted at [www.regulations.gov](http://www.regulations.gov).

Additional guidance regarding the Affordable Care Act Maintenance of Effort Provisions is available in a letter released on August 5, 2011. The policies contained in the letter and the Q&A build upon guidance previously issued on the Affordable Care Act MOE provisions, as well as the American Reinvestment and Recovery Act MOE provisions. The letter can be viewed [here](#).

The informational bulletin can be found [here](#).

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## Government Accountability Office

### **Pre-Existing Condition Insurance Plans: Program Features, Early Enrollment and Spending Trends, and Federal Oversight Activities**

Individuals applying for health insurance are often denied coverage due to a pre-existing condition. The Patient Protection and Affordable Care Act appropriated \$5 billion to create a temporary pool--known as the Pre- Existing Condition Insurance Plan (PCIP) program--to provide access to insurance for such individuals until new protections take effect in 2014. Twenty-seven states opted to run their own PCIPs, while 23 states and the District of Columbia opted to let the Department of Health and Human Services (HHS) run the PCIPs for their residents. Initial projections of total enrollment varied from 200,000 to 375,000, and questions have been raised about funding, implementation, and oversight of this new program. GAO examined (1) PCIP features, premiums, and criteria for demonstrating a pre-existing condition, (2) trends in PCIP enrollment and spending, including administrative costs, and (3) federal oversight activities. GAO reviewed PCIP benefits and rates; interviewed officials from selected state PCIPs, HHS, and the Office of Personnel Management (OPM), which assists HHS in administering aspects of the federally run PCIP; analyzed data provided by HHS and OPM; and examined contracts and interagency agreements. In its comments, HHS emphasized its recent efforts to increase enrollment and provided technical comments, which GAO incorporated as appropriate.

State- and federally run PCIPs generally had similar cost sharing arrangements, although other features varied. Most states had annual deductibles falling within \$1,000 to \$2,999, with out-of-pocket limits at or near \$5,950. Coverage limits were common but varied, both in terms of the benefits affected and the extent of the limits. Monthly premiums ranged considerably--from \$240 in Utah to \$1,048 in Alaska for a 50-year-old enrollee--and were generally lower in the federally run PCIP. Additionally, applicants in the federally run PCIP generally had fewer options to demonstrate a pre-existing condition--a criteria of program eligibility-- than did those in the state-run PCIPs. Enrollment and spending for state- and federally run PCIPs have been significantly lower than initial projections. As of April 30, 2011, enrollment had exceeded 21,000, ranging from 0 in one state to nearly 3,200 in another state. Factors contributing to low enrollment include the statutory requirement that enrollees be uninsured for 6 months prior to applying; premiums that may be unaffordable to many; and a lack of PCIP awareness. In response, HHS reduced premiums in the federally run PCIP states and increased its outreach

efforts in 2011. Spending was also lower than projected--about 2 percent of total program funding had been spent, or about \$78 million by state-run PCIPs and \$26 million for the federally run PCIP. To provide for program oversight, HHS established contracts with states and the carrier selected to provide benefits for the federally run PCIP, which include numerous provisions to ensure program requirements are met. For example, the contracts require regular reporting of expense and enrollment data, and annual completion of independently audited financial reports. Also, HHS and OPM are engaged in ongoing oversight activities, such as reconciling the reported data, and HHS intends to conduct performance audits in the future.

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## Department of Housing and Urban Development

### Fair Housing Report Demonstrates HUD's Efforts to End Housing Discrimination

*August 29, 2011*

On Monday, the U.S. Department of Housing and Urban Development (HUD) released a report which shows that the agency is resolving individual housing discrimination complaints faster, increasing its focus on complaints that affect multiple people, and launching more investigations using its authority to initiate cases on behalf of discrimination victims where no one has filed a complaint. The [HUD's Annual State of Fair Housing Report](#) also illustrates how the agency is helping municipalities and state and local agencies receiving HUD funding to comply with civil rights requirements and holding non-compliant recipients accountable.

The report shows that in FY 2010, HUD and its Fair Housing Assistance Program partner agencies processed 4,494 new complaints within 100 days, 328 more than in 2009 and 583 more than in 2008. The report also shows that HUD proactively pursued its own Secretary-initiated investigations, charging four and conciliating eight cases that developed from such investigations, and launching another 10 such investigations.

The full report can be found [here](#).

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## Department of Transportation

### Digital Transportation Exchange Initiative—New Online Community

The U.S. Department of Transportation is pleased to champion a new Departmental initiative called the [Digital Transportation Exchange \(DTE\)](#), an online platform that creates a dynamic space for transportation solutions. The U.S. DOT is seeking feedback from stakeholder groups and subject matter experts during the formation of this new platform.

Please join the U.S. DOT Open Government Team for a Stakeholder Meeting about strategies and opportunities to connect people and technology to transportation-related initiatives. The stakeholder meeting will provide a forum for the Department to discuss any comments received to date on the concept and allow stakeholders to work together on any of the outstanding issues remaining on the concept.

Date: September 16

Time: 9:00 am - 12:45 pm Eastern Time

Location: U.S. DOT headquarters (1200 New Jersey Ave SE, Washington D.C.) or via webcast or phone

RSVP: Email [open@dot.gov](mailto:open@dot.gov) by September 2 and indicate how you intend to participate.

The U.S. DOT hopes the DTE will establish a dynamic, online community that identifies and creates solutions to issues citizens face in the transportation sector every day. If you'd like to receive updates on the DTE's progress, please [sign up for the distribution list on this topic](#). Feedback on the concept may be provided via the online [interactive discussion](#) through September 23.

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## FROM THE WHITE HOUSE

### Topics to be Discussed during Monthly Disability Calls

Each month, White House staff who work on disability-related policies host a public, live-captioned conference call to keep the public better informed about important developments on many different [disability issues](#). These calls also connect callers to leaders in the federal government who work on these issues. Over the past several months, monthly conference calls have featured discussions on accessibility, employment, education, technology, emergency preparedness, transportation, healthcare and the federal budget.

The White House is now offering the opportunity to suggest topics you would like discussed during these calls. Send in your ideas about subjects for discussion, as well as the federal officials you'd like to hear from on these subjects, by visiting <https://www.disability.gov/WHQuestion>.

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## FROM CONGRESS

### Senate HELP Committee OAA Reauthorization Hearings on Nutrition and Supportive Services

*August 25, 2011*

On August 25, NASUAD participated in two Senate HELP Committee Stakeholder Meetings on the reauthorization of the Older Americans Act (OAA). These sessions focused on the

OAA's congregate and home delivered meal programs, and on the Act's supportive services initiatives. At these events, Martha Roherty, NASUAD's Executive Director, delivered statements regarding the capacity of the OAA nutrition and supportive services programs to promote and maintain the dignity and independence of older adults, as well as the opportunities within reauthorization to strengthen these provisions of the OAA. NASUAD appreciates the opportunity to engage policymakers and stakeholders, and the Association looks forward to continuing to do so throughout the reauthorization process and beyond. For more information on the reauthorization of the OAA, including NASUAD's policy principles, recommendations, and testimony, please visit our website [here](#).

## **Co-Chairs Murray and Hensarling Name Staff Director for Joint Select Committee on Deficit Reduction**

*August 30, 2011*

U.S. Representative Jeb Hensarling (R-Texas) and U.S. Senator Patty Murray (D-Wash.) announced that Mark Prater will serve as Staff Director for the bipartisan Joint Select Committee on Deficit Reduction.

"The know-how and experience Mark brings to this difficult task is exactly what we agreed must be the top priority for the staff serving all the members of this Committee," said Senator Murray and Congressman Hensarling. "Mark has a well-earned reputation for being a workhorse who members of both parties have relied on. We look forward to working with him and are confident that his approach and expertise will be valuable as we weigh the difficult but necessary choices ahead."

Mark Prater is currently serving as deputy staff director and chief tax counsel on the minority staff of the Senate Finance Committee. In the more than two decades that he has served on that Committee, he has helped pass numerous pieces of bipartisan economic growth, tax, health care, and employment legislation. Mark graduated from Portland State University in 1981 with a B.S. in accounting. He also obtained a J.D. from Willamette University in 1984 and an LL.M. in Taxation from the University of Florida in 1987. Mr. Prater became a member of the Oregon and Washington State bars in 1984 and a certified public accountant in Washington in 1986.

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## **FROM NASUAD**

### **Home and Community Based Services Conference Agenda**

The full agenda for the National Home and Community Based Services conference, being held September 11-14 in Washington, DC is available online now.

To view the agenda, click [here](#).

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## FROM OTHER ORGANIZATIONS

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### Alzheimer's Association

#### September is World Alzheimer's Month

This September, the Alzheimer's Association is observing the inaugural World Alzheimer's Month. In previous years, they joined organizations and individuals around the globe to recognize World Alzheimer's Day on Sept. 21. This year, due to the soaring global prevalence and costs of Alzheimer's disease worldwide, the Alzheimer's Association is designating the entire month of September as World Alzheimer's Month. [Click here for more information.](#)

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### National Senior Citizens Law Center

#### New Report: Dual Eligibles Encounter Problems Accessing Needed Benefits

Low-income older adults who have both Medicare and Medicaid are sometimes unable to get essential medical equipment, may experience gaps in prescription drug coverage and frequently encounter language barriers in trying to communicate with their doctors and those who manage the programs. In addition, those who are getting physical therapy in nursing homes may encounter serious drops in care when shifting from Medicare to Medicaid coverage.

According to a National Senior Citizens Law Center (NSCLC) issue brief, published with support from The SCAN Foundation, all of these problems could be improved with relatively simple fixes. In *Medicare And Medicaid Alignment: Challenges And Opportunities For Serving Dual Eligibles*, NSCLC makes several recommendations for consideration and action by the Medicare-Medicaid Coordination Office, a federal agency formed by the Affordable Care Act to improve care for dual eligibles.

The brief is available [here](#).

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### Center for Health Care Strategies

#### CHCS Launches Initiative to Strengthen Medicaid Primary Care Payment Strategies

The increase in Medicaid primary care rates mandated under health care reform offers a potentially powerful tool that states can use to enhance access to and quality of primary care. Increased reimbursement also presents states with critical opportunities to implement advanced primary care payment models, and to align access, quality, and payment standards across Medicaid and other public and private payers.

With support from the Commonwealth Fund, the Center for Health Care Strategies (CHCS) developed *Leveraging the Medicaid Primary Care Rate Increase* to help states use the change in rates to drive improvements in access, quality, and payment reform. CHCS will work with Medicaid agencies and health plans from **Arkansas, Colorado, Minnesota, New York, Oregon, and Rhode Island**, along with the Centers for Medicare & Medicaid Services (CMS), on effectively implementing the two-year rate increase. The initiative is designed to help Medicaid stakeholders:

- Leverage the rate increase to maintain and/or expand the Medicaid PCP network;
- Efficiently manage technical implementation issues;
- Capitalize on opportunities to advance payment models and achieve improvements in access to and quality of primary care for beneficiaries; and
- Assess the impact of the increase and sustain funding beyond 2014.

Through support from the New York State Health Foundation, CHCS is also providing additional hands-on technical assistance to New York State to develop a detailed statewide implementation work plan, help the state enhance access to primary care, and identify strategies to sustain the increase beyond 2014.

[Read more here.](#)

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## **American Psychological Association, the Howard University Women's Health Institute, and Gallaudet University**

### **Inequity to Equity: Promoting Health and Wellness of Women with Disabilities**

Join the American Psychological Association, the Howard University Women's Health Institute, and Gallaudet University for an interactive, interdisciplinary conference, "Inequity to Equity: Promoting Health and Wellness of Women with Disabilities" on October 17 - 18, 2011 at the Kellogg Conference Center at Gallaudet University in Washington, DC. By promoting the exchange of knowledge and information among psychologists, other health care providers, researchers, educators, policymakers, women and girls with disabilities, and advocates, this conference aims to foster an integrated health care agenda that will improve health outcomes for women with disabilities. Register early, and be prepared to take an active part in these very important conference sessions. In order to develop research, practice, and policy recommendations, we need to hear your perspective - so come to the table ready to share your knowledge and ideas.

For Registration, click [here](#).

For the conference web page, click [here](#).

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## The Commonwealth Fund

### Mortality Amenable to Health Care in the United States: The Roles of Demographics and Health Systems Performance

Health care researchers use a statistic known as "mortality amenable to health care" (or "amenable mortality") to measure deaths from certain causes before age 75 that are potentially preventable with timely and effective health care. Amenable mortality rates can show an overall picture of a nation's health system performance.

In previous international studies, the U.S. has ranked low among other industrialized countries—falling to last place out of 19 nations in 2002–2003 and failing to keep up with the declining rates of amenable mortality seen in other countries. And, in The Commonwealth Fund's state scorecard, dramatic variations across states from a low of 63.9 deaths per 100,000 people under age 75 in Minnesota to a high of 158.3 in the District of Columbia have been demonstrated.

In a [study published online](#) last week in the *Journal of Public Health Policy*, former Commonwealth Fund executive vice president Stephen Schoenbaum, M.D., and colleagues, Cathy Schoen, Jennifer Nicholson, and Joel Cantor, Sc.D., further examined amenable mortality in the United States. Schoenbaum and colleagues found associations between certain demographic factors—namely, poverty and race—and amenable mortality. In addition, after controlling for these factors, they found strong associations between amenable mortality and health system-related indicators, like hospital readmission rates and care for diabetics and asthmatics.

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## National Council on Aging

### New Toolkit: Savvy Saving Seniors

The National Council on Aging released a new toolkit to help seniors understand budgeting: Savvy Saving Seniors. Savvy Saving Seniors was created in partnership with Bank of America Charitable Foundation to educate older adults who are struggling during this economic downturn by empowering them with basic money management tips and tricks and helping them connect to the wide array of community supports and benefits programs that can provide a financial boost to savings.

There will be a webinar discussing the toolkit on September 16 from 3:30 to 4:30 ET. The webinar will discuss how to provide this training to the target population of low-income seniors, who to partner with in your community, and how to provide the training and engage participants in learning new financial concepts. Registration is available [here](#).

For more information on the Savvy Saving Seniors, click [here](#).

**I&R/A Training and AIRS Certification, September 12-13, Hyatt Regency Capitol Hill, Washington, DC**



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## UPCOMING EVENTS FROM OUR PARTNERS

National Association of State Head Injury Administrators State of the States in Head Injury Meeting, October 3-6, 2011, Kansas City, MO.

Inequity to Equity: Promoting Health and Wellness of Women with Disabilities, October 17-18, Washington, DC.

The Consumer Voice for Quality Long-Term Care 36<sup>th</sup> Annual Conference and Meeting, October 25-28, 2011, Grand Rapids, Michigan.

National Association of Medicaid Directors Fall Conference, November 7-9, 2011, Washington, DC

Archived Friday Updates are available on NASUAD's website [here](#).