HOT TOPICS

Disability Is Rising Among the Young

Federal spending on Medicare and Medicaid has benefited in the recent past from declining disability among the elderly. A change in this trend would produce unanticipated budgetary pressures.

Over the last two decades, disability (needing help with personal care or other routine needs) has fallen among the elderly. But disability has risen for younger Americans, especially those ages 30–49. The largest increase occurred for those ages 30–39, whose rate of disability rose by more than 50 percent between 1984 and 1996. Disability is rising for whites and nonwhites, for people inside and outside the labor force, and for all education groups. RAND researchers looked for explanations.

Their analysis of national health data from a large, annual survey suggests that obesity and its attendant disorders are closely associated with these trends. Obesity is linked to musculoskeletal problems, which are one of the nation's leading causes of disability. Obesity is also a major factor in diabetes, which is becoming an increasing important source of disability.

Rising disability among the young will adversely affect public programs such as disability insurance, Medicare, and Medicaid. For example, the researchers estimate that this trend could lead to a future nursing home population that is 10–25 percent larger than it might otherwise be. Medicaid funds much of long-term care. Similar forecasting methods suggest that Medicare expenditures could be 10–15 percent higher than they would be without this disability expansion.

Read more: Obesity Blamed for Rising Disability Rates Among The Young

Busiest Hospitals Don’t Always Deliver the Best Neonatal Intensive Care

Infants who weigh less than 3 pounds at birth require prolonged care in neonatal intensive care units found in many hospitals across the country. Death rates for these infants differ significantly between hospitals, even when the severity of the infant's medical condition is accounted for. Insurers, employers, and policymakers would like to direct these infants to the hospitals that provide the best care.

Some groups have begun to use the volume of cases in the neonatal intensive care unit as an indicator of the quality of care that infants receive at that hospital. But a recent RAND study showed that the busiest hospitals are not necessarily the best. The number of very low birthweight infants that a hospital treats each year does not reliably predict future mortality rates for such infants at that hospital. A better indicator of future mortality rates is the hospital's past mortality rate. The researchers recommend that standards for referring these high-risk infants to the highest-quality hospitals should take mortality statistics into account.

Read more: Is Patient Volume a Useful Quality Measure For Very Low Birthweight Infants?

The Role of Schools in Meeting Community Needs During Bioterrorism

The federal government has allocated more than $4 billion to states and communities to improve the public health response to a bioterror attack. But one aspect of preparedness that has received relatively little attention is the need to improve communities' abilities to meet the emotional and behavioral challenges that would result from such an attack. More than 20 percent of Americans are in a public school on any given day, giving schools a particularly important role in meeting children's and families' needs before, during, and after a bioterror event.

RAND drew on research describing school responses to previous disasters to begin learning how existing strategies and tools might be improved to confront the unique challenges posed by bioterrorism. The analysis underscores that schools must be integrated into community preparedness activities. Community preparedness requires that school decisions and plans be part of a larger community decision-making process that also involves public health, law enforcement, emergency management, and homeland security.

Schools must also become part of emergency management planning in their communities, participating in community drills and table top exercises and having a place in their community's incident command structure—a formal group with official responsibility for orchestrating community response to disasters.

Full article: The Role of Schools in Meeting Community Needs During Bioterrorism (PDF)

FORTHCOMING PROJECT

Do prescription drug benefits affect medicine usage by the chronically ill?

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