

1. "Study finds that rich retirees are the main losers from inflation" (Eurekalert [American Association for the Advancement of Science], Dec. 19, 2006).

[http://www.eurekalert.org/pub\\_releases/2006-12/uocp-sft121906.php](http://www.eurekalert.org/pub_releases/2006-12/uocp-sft121906.php)

2. STATE OF WASHINGTON OFFICE OF FINANCIAL MANAGEMENT REPORT: "Long-Term Care - Demographic Impacts 2005-2030," by Harold Nelson (Research Brief 40, December 2006, .pdf format, .pdf format, 4p.). <http://www.ofm.wa.gov/researchbriefs/brief040.pdf>

3. "Follow the Money: Payment Reform as the Key to Health Reform," by David M. Cutler (October 2006, .pdf format, 28p.). [http://www.aarp.org/research/medicare/carefinancing/2006\\_24\\_reform.html](http://www.aarp.org/research/medicare/carefinancing/2006_24_reform.html)

4. "Income, Poverty, and Health Insurance in the United States," by Ke Bin Wu (2006, .pdf format, 2p.). Note: This is a series of issue briefs that have been published since 1995.

[http://www.aarp.org/research/assistance/lowincome/income\\_poverty.html](http://www.aarp.org/research/assistance/lowincome/income_poverty.html)

5. ILCUSA REPORT: "ILC Policy Report" (International Longevity Center, USA, December 2006, .pdf format, 5p.). The ILC Policy Report is "a monthly compilation of longevity news and trends in the U.S. and abroad." <http://www.ilcusa.org/lib/pdf/December202006.pdf>

6. STATISTICS NORWAY NEWS RELEASE: "Solid profits for pension funds" (Dec. 14, 2006),

[http://www.ssb.no/pensjonsfond\\_en/](http://www.ssb.no/pensjonsfond_en/)

7. NATIONAL BUREAU OF ECONOMIC RESEARCH:

A. "Health Insurance and Ex Ante Moral Hazard: Evidence from Medicare," by Dhaval Dave and Robert Kaestner (w12764, December 2006, .pdf format, 58p.).

Abstract:

Basic economic theory suggests that health insurance coverage may cause a reduction in prevention activities, but empirical studies have yet to provide evidence to support this prediction. However, in other insurance contexts that involve adverse health events, evidence of ex ante moral hazard is more consistent. In this paper, we extend the analysis of the effect of health insurance on health behaviors by allowing for the possibility that health insurance has a direct (ex ante moral hazard) and indirect effect on health behaviors. The indirect effect works through changes in health promotion information and the probability of illness that may be a byproduct of insurance-induced greater contact with medical professionals. We identify these two effects and in doing so identify the pure ex ante moral hazard effect. This study exploits the plausibly exogenous variation in health insurance as a result of obtaining Medicare coverage at age 65. We find limited evidence that obtaining health insurance reduces prevention and increases unhealthy behaviors among elderly persons. There is more robust evidence that physician counseling is successful in changing health behaviors. <http://papers.nber.org/papers/W12764>

B. "Is Drug Coverage a Free Lunch? Cross-Price Elasticities and the Design of Prescription Drug Benefits," by Martin Gaynor, Jian Li, and William B. Vogt (w12758, December 2006, .pdf format, 41p.).

Abstract:

Recently, many US employers have adopted less generous prescription drug benefits. In addition, the U.S. began to offer prescription drug insurance to approximately 42 million Medicare beneficiaries in 2006. We use data on individual health insurance claims and benefit data from 1997-2003 to study the effects of changing consumers' co-payments for prescription drugs on the quantity demanded and expenditure on prescription drugs, inpatient care and outpatient care. We allow for effects both in the year of the co-payment change and in the year following the change. Our results show that increases in prescription drug prices reduce both the use of and spending on prescription drugs. However, consumers substitute the use of outpatient care and inpatient care for prescription drug use, and the expenditure reductions on prescription drugs are largely offset by the increases in other spending.

<http://papers.nber.org/papers/W12758>

8. FEDERAL RESERVE BANK OF BOSTON: "Managing the Risk in Pension Plans and Recent Pension Reforms," by Richard W. Kopcke (Public Policy Discussion Paper No. 06-7, November 2006, .pdf format, 61p.). Links to the abstract and full-text can be found at:

<http://www.bos.frb.org/economic/ppdp/2006/ppdp067.htm>

9. URBAN INSTITUTE: "Health Care Costs, Taxes, and the Retirement Decision: Conceptual Issues and Illustrative Simulations," by Rudolph G. Penner and Richard W. Johnson (Discussion Paper 06-05, December 2006, .pdf format, 30p.). Note: Links to the abstract and full-text can be found at: <http://www.urban.org/publications/411394.html>

10. ORGANISATION FOR ECONOMIC DEVELOPMENT AND CO-OPERATION: "An assessment of reform options for the public service pension fund in Uganda," by Tatiana Bogomolova, Gregorio Impavido, and Montserrat Pallares-Miralles (WPS no. 4091, December 2006, .pdf and Word format, 108p.). Note: Links to the abstract and full-text can be found at: [http://econ.worldbank.org/external/default/main?pagePK=64165259&theSitePK=469372&piPK=64165421&menuPK=64166093&entityID=000016406\\_20061215161825](http://econ.worldbank.org/external/default/main?pagePK=64165259&theSitePK=469372&piPK=64165421&menuPK=64166093&entityID=000016406_20061215161825)

11. SOCIAL AND ECONOMIC DIMENSIONS OF AN AGING POPULATION (SEDAP) [MCMASTER UNIVERSITY]:

A. "Well-Being Throughout the Senior Years: An Issues Paper on Key Events and Transitions in Later Life," by Margaret Denton and Karen Kusch (SEDAP Research Paper No. 165, December 2006, .pdf format, 55p.).

Abstract:

Social Development Canada's mission is "to strengthen Canada's social foundations by supporting the well-being of individuals, families and communities and their participation through citizen focused policies, programs and services" (Social Development Canada 2005a). Well-being is a concept that goes beyond good health to encompass physical and mental fitness as well as social fitness (being able to perform one's social roles and the demands of everyday living adequately). As people age, they experience a number of transitions in their lives. They may retire, change residence, lose a spouse, become a caregiver, and/or develop a health problem or disability. These transitions, especially when they occur around the same time, may impact on their well-being and independence and prevent them from being contributing members of society.

This paper summarizes the research on what we currently know about the key events and transitions experienced by seniors, their impacts, and the resources seniors have or need to successfully cope with these events throughout the senior years. It will also review what we know about opportunities, gaps or barriers in accessing social support programs and service delivery designed to assist seniors in coping successfully with adverse events and life transitions. Issues to be considered include availability, access and costs of community support and home health care services.

Finally, the paper will attempt to provide potential policy research directions to address current knowledge gaps. This is an extensive literature, and we have limited the scope by focusing on the last 10 years of Canadian research published in Journals and by Statistics Canada. We have favored research based on national studies in this review, though there are many excellent case studies and qualitative studies that add texture to our knowledge. Recognizing that the senior population is a very heterogeneous group, this review will examine (where the research permits) differences by senior life-course stages, and other target groups such as women, the disabled, visible minority, immigrants, Aboriginal peoples, sub-regions, low income, and persons living alone. This review of the literature has shown that while we have basic information about many of the transitions in seniors' lives, there is very little information about the various life course stages or about various sub groups of society.

<http://socserv.socsci.mcmaster.ca/sedap/p/sedap165.pdf>

12. "Satisfied Workers, Retained Workers: Effects of Work and Work Environment on Homecare Workers' Job Satisfaction, Stress, Physical Health, and Retention," by Isik U. Zeytinoglu and Margaret Denton (SEDAP Research Paper No. 166, December 2006, .pdf format, 36p.).

Abstract:

The goal of this project was to assist health system managers and policy makers develop policies and strategies to recruit and retain human resources in the homecare sector and have a satisfied, healthy workforce. The overall research question was: How do the work characteristics of homecare workers and the work environment in homecare contribute to job satisfaction, stress, physical health, and retention?

The research is designed as a mixed-method approach with both qualitative and quantitative data. Results showed that restructuring and organizational change in the homecare sector has contributed to both mental and physical health problems (including job stress and musculoskeletal disorders), job dissatisfaction, and retention problems. Factors that contribute to higher levels of satisfaction and the propensity to stay with the organization include organizational and peer support, working one-on-one with clients, doing emotional labour (that is, the work involved in dealing with other people's feelings), and

satisfaction with schedules, pay, and benefits. This study also examined the association between job flexibility and job insecurity and self-reported musculoskeletal disorders and found no relationship between these variables and musculoskeletal disorders. <http://socserv.socsci.mcmaster.ca/sedap/p/sedap166.pdf>

13. "Contrasting Inequalities: Comparing Correlates of Health in Canada and the United States," by Hugh Armstrong, Wallace Clement, Zhiqiu Lin, and Steven Prus (SEDAP Research Paper No. 167, December 2006, .pdf format, 34p.).

Abstract:

Comparative health studies consistently find that Canadians on average are healthier than Americans. Comparing health status within and between Canada and the United States provides key insights into the distribution of inequalities in these two countries. Canada's universal health care insurance system contrasts with the mixed system of the United States: universal care for seniors, private health care insurance for many, and no or intermittent coverage for others. These countries are also notably different in the extent of income and racial/ethnic inequalities. It is within this context that this study compares the relative strength of the relationships between social, economic, and demographic factors (sex, age, marital status, income, education, country of birth, and race/ethnicity) and health status in Canada and the United States. Evidence drawn from the 2002-2003 Joint Canada/United States Survey of Health reveals that the correlations between these factors, above all country of birth and race/ethnicity, and health are relatively stronger in the United States, reflecting differences in health care access and racial/ethnic-based inequalities between the countries. The study findings are suggestive of the effects of universal access to health care and more equitable distribution of other social resources in protecting the health of the general population. <http://socserv.socsci.mcmaster.ca/sedap/p/sedap167.pdf>

14. HRS BIBLIOGRAPHY UPDATES: The University of Michigan Institute for Social Research Health and Retirement Study has recently updated its bibliography. The full bibliography can be found at: [http://hrsonline.isr.umich.edu/papers/sho\\_papers.php?hfyle=bib\\_all](http://hrsonline.isr.umich.edu/papers/sho_papers.php?hfyle=bib_all)

HRS has also added a new page that enables users to search for online citations. The search page can be found at: [http://hrsonline.isr.umich.edu/papers/sho\\_papers.php?hfyle=citesearch](http://hrsonline.isr.umich.edu/papers/sho_papers.php?hfyle=citesearch)

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