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MANA, A National Latina Organization
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• Retirement Income Planning Sheet
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Introduction

This facilitator’s guide and the discussion sessions it supports are part of a larger AARP long-term care education and awareness campaign known as Decide. Create. Share℠. This guide shares important information about the campaign, explains why the campaign targets women, and provides a common vocabulary to help you talk about long-term care and long-term care planning and how you can work with AARP on this campaign.

The Decide. Create. Share℠ Campaign

Decide. Create. Share℠ is a national campaign dedicated to increasing awareness among women about long-term care planning. Long-term care planning encourages women to make decisions now that will positively impact their lifestyle in the future.

Our goal is to increase women’s awareness of the depth and breadth of long-term care and the benefits of planning. Nationwide, we want to see more women exploring their options and taking steps to actively plan for long-term independence. It’s about being the best you can be whatever your life stage.

The campaign is a multi-year effort being launched by AARP independent from any specific products or services. The campaign mobilizes national and community collaborators, develops information and tools, and leverages media and other outreach mechanisms.
Why Women?

Long-term care is primarily a women’s issue because women are most likely to be the ones providing care to family and friends and, later in life, needing care. Women face significant challenges to living independently as they age. Because women outlive men by an average of five years, they must plan for more years in retirement and are more likely to experience the need for long-term care.¹ More information is available in the handout titled *Long-term Care: A Women’s Issue* (located in the pocket at the end of this guide).

About Long-Term Care

**What is long-term care?**

Long-term care is the day-to-day help needed by people with illnesses, disabilities, or other conditions that last a long time. Some people need long-term care for several months while others need it for years or a lifetime.

**Long-term care can include:**

- Changes to your home to make it safer, more comfortable, and easier to get around
- Technology that helps you stay independent
- Help with housekeeping, meals, and personal care like bathing or getting dressed
- Care provided by a nurse or other health care professional

Most people receive long-term care at home – with most of it provided by family and friends. There are also private or government services that come to your home or are offered in community settings. Examples of these services include home-delivered meals, visiting home care aides, and supervised daily activity programs.

For some long-term care services, some people decide it makes sense to move to a different type of living arrangement. Assisted living housing is for those who need help with daily activities, but who do not need skilled care. Assisted living residences offer a variety of different housing options, which could include apartments or rooms and services such as meals, personal care, social activities, and transportation. Nursing homes provide skilled nursing and rehabilitative care and are often a transition between hospital and home. Meals, medical, and personal care are provided.

Living Longer, Living Smarter Plan

A living longer, living smarter plan is a strategy for you to live your best life no matter what your needs or abilities. To achieve this result, the plan should cover many areas, from healthy living and finances to comfortable housing in a community that is responsive to your needs and interests.

Planning for living longer, living smarter includes:

- Assessing whether your home and community can support changing needs
- Taking care of yourself to improve your chances for a healthy future
- Knowing the costs of long-term care and learning about ways to cover them
- Creating legal instructions that will help keep you in charge of medical care decisions

Decide. Create. Share.™ Resources

The campaign offers a variety of resources, both in print and online, to help women with decision making and planning. On the website www.aarp.org/decide, you can download a Fact Sheet, the Resource Guide, and a Planning Worksheet. The website also offers interactive tools, and information tailored to women who are interested in assessing their situations and taking steps to plan for their futures. As the campaign develops, more materials will be made available – so please check the website regularly.
About AARP

AARP was built on the commitment of one pioneering woman, its founder, Ethel Percy Andrus. At age 32, Dr. Andrus made a meaningful impact in the public school system becoming California’s first female principal. She later left her job in education to care for her ailing mother. She was a committed caregiver much like the many women that Decide. Create. Share. is trying to reach.

Later, Dr. Andrus turned her attention to the needs of people in the second half of life. She was shocked to learn that so many retired educators had no health insurance and inadequate pensions. She founded the Retired Teachers Association and later the American Association of Retired Persons, now AARP. We aim to be an extension of Dr. Andrus’ life’s work. We are focused on educating women so they, in Ethel’s words, “can celebrate aging as an achievement.”

Working with AARP

We would like you to use the materials, without modification, to educate the public about long-term care planning. If you order and disseminate AARP Resource Guides or use the PowerPoint® presentations and script as provided, we hope you will acknowledge AARP as the creator of the materials. AARP and its logo cannot be used in any materials created by you, including media materials, without AARP consent.

For example, the following would require approval by AARP:

- [Your Organization] and AARP Sponsor New Information Sessions for Women.
- To request inclusion of AARP in your materials, please contact decide@aarp.org at least 8 weeks prior to release.
- If the text of the release says “AARP developed the materials,” this would not require approval from AARP.
Planning the Women to Women: Living Longer, Living Smarter Sessions

This guide will assist you in facilitating discussion sessions among women about steps they can take to prepare for their long-term care needs. The discussions are designed to be informal and reflective and should address any of these four major topic areas:

- **Home & Community**
- **Health**
- **Finances**
- **Legal**

An Introduction section is included to help kick off the first session regardless of which session(s) you choose to do. If you are doing a series of sessions, the Introduction should be used at the start of the first session and, if audience members change, again at each subsequent session. Sessions may be conducted in whatever order you prefer.

Each session can be presented as an individual 45- to 60-minute session or you can combine two or more sessions in a half-day seminar.

While anyone can participate in these sessions, they are designed for women and will resonate most with boomers or women born between 1946 and 1964.

The sessions are ideal for small or medium-size groups of 20-50 women, such as clubs, chapters, or other women’s groups. Limiting the audience to fewer than 50 participants encourages maximum audience participation and interaction between participants.

Suggestions on how to alter the sessions to accommodate larger groups or how to use the information in a Webinar can be found throughout the guide. You can also adapt the information for more informal discussions when PowerPoint® and related equipment is not available or desired.

Before you begin planning your session, please read through all the materials accompanying this *Facilitator’s Guide*. 
Hosting a Session

Consider the following when hosting your sessions:

▶ Recruit people to help.  
Whether you set up something more formal such as a planning committee or simply ask friends or co-workers to help out, recruiting others will lessen the amount of work on your plate and draw people with different skills into the mix.

▶ Find Partners/Co-sponsors.  
If you are holding the session as a large community event, you may be able to find partners in your community who are interested in sponsoring your sessions. Partners can bring added resources such as funding, space, speakers, participants, media, and more.

Good sources of partners or co-sponsors include:
- Organizations you already belong to or work with
- Women’s groups
- Faith-based groups
- Non-profit organizations with an interest in aging, health, finance, or women’s issues
- Local or state governmental offices on aging or women’s issues

▶ Scheduling the sessions.  
You may find it easier to conduct the sessions as part of an already scheduled event, such as your group’s weekly or monthly meeting or a breakout session at a larger conference. You can certainly host a session(s) apart from another meeting.

▶ Using and selecting guest speakers.  
While additional speakers are not required to conduct the sessions, inviting experts on some of the topics can help focus the sessions on local information and provide participants with additional resources. Larger events usually warrant speakers. If you decide to invite a speaker for any of your sessions, we have provided suggestions for what types of speakers and where you may be able to find them (see the individual session checklists on pages 13–16). As you conduct outreach to potential speakers, especially those in the private sector, please emphasize that their role is to provide objective information purely on the subject matter. Speakers should not be allowed to promote their services or products for monetary gain, nor their political agenda.
PLANNING SESSIONS

► Selecting a location
A variety of settings such as community centers, colleges, or places of worship can serve as an appropriate location. When selecting a site for your session, you should consider several things:

• Comfort – It’s important for your participants to be comfortable. Make sure that the site has enough seating, good ventilation, adequate heating or air conditioning, and good lighting. Try to find a location that is near public transportation and is accessible to persons with physical limitations.

• Space and setup – Arrange the room so that everyone can easily see and hear the speaker. Tables are important when food or beverages are served and for taking notes, but they are not necessary. Setting up the room so participants can face each other promotes conversation and interaction. If you plan to use the PowerPoint® presentation provided, you’ll need a laptop computer, an LCD projector, and possibly a screen, depending on the room. Can the room be darkened if necessary? You may need microphones if the room is large. It is always a good idea to use flip chart paper or a whiteboard to write down audience thoughts and answers. It helps affirm the importance of participants’ ideas.

► Getting people to your session
Once you’ve set a date, time, and place for your session, you will want to let people know about it. Consider promoting your session up to eight weeks before the actual date to meet monthly bulletin or newsletter deadlines. On pages 19–21 you will find tools to help you advertise your sessions. You may also decide to create your own flyers and media materials.

► Ordering materials
You will need to order materials from AARP at least four weeks in advance and remember to order enough so that you have extra materials for any participants who did not RSVP. Information on how to order your materials is on page 17. Also be sure that you make enough copies of other materials such as the checklists and bingo card all located in the pocket at the end of this guide. The session–specific checklists (pages 13–16) indicate the materials you’ll need for each session. Please visit www.aarp.org/decide periodically for up-to-date downloadable materials.

► Other support materials
A sample evaluation form for your session is included in the pocket at the end of this guide, as well as in the CD provided. Feel free to download and copy it for your participants. If you invite speakers, we have included sample invitation and thank-you letters as well (page 18).

► Adding local resources
You may want to add a slide or handout listing local resources.
The following checklists will help you plan your sessions:

**General Checklist** – Provides timeframes to help you with planning and coordinating details. The publicity steps are intended for a broader community event. They can be scaled down depending on your intended audience.

**Session-specific Checklists** – Include handouts, supplies, and speaker ideas that you will need for each session by topic. While we have provided lists of people and organizations that you may contact as possible speakers by subject/session area, AARP cannot recommend or endorse any of these people or organizations. Please use your best judgment in finding the right person.

---

**General Checklist**

**Starting No Less Than Eight Weeks Before the Session**

- If you want, ask others to assist you
- Inspect several potential sites for your session
- Select a date, time, and location for your session (evening and weekend times work best for working women)
- Gather e-mail/mailing/phone lists to recruit participants
- Develop a list of print and online media outlets in your area

**Seven Weeks Before Session**

- Select speakers and send confirmation letters to each, including details on where the event will take place, the date and time, and what is expected of the speaker
- Create invitations and announcements (electronic and/or print)

**Six Weeks Before Session**

- Advertise the session via newsletters, save-the-date e-mail blasts, word-of-mouth, websites, and phone calls (see pages 19–20 for samples)

**Five Weeks Before Session**

- Order materials from AARP (see page 17 for ordering instructions)

**Four Weeks Before Session**

- Check your location and make sure it is confirmed
- Send invitations via e-mail, Facebook, mail (see pages 19-20 for samples)
- Send a notice to your local paper’s community calendar (see page 20 for sample notice)
Three Weeks Before Session
- Get biographies from speakers and prepare introductions
- Copy handouts for participants

Two Weeks Before Session
- Send registration reminder
- Prepare flip charts, if needed
- Send out radio PSA and media alert (see pages 20–21 for samples)

One Week Before Session
- Send a reminder notice to your speakers with all session details
- Send final agenda and reminder to registered participants via e-mail; if funds permit, you can mail the agenda to anyone without an e-mail address
- Follow up with media contacts

Three Days Before Session
- Do a run-through of your presentation
- Send “still time to register” reminder if you can accommodate late registrations (see page 20 for sample)

One to Two Days Before Session
- Pull together contact information for facility staff, speakers, and any food service, if used
- Confirm catering amount, if used
- Gather materials for session

Day of the Session
- Put up directional signs
- Set up registration
- Put out materials and refreshments
- Welcome participants and speakers
- Relax and enjoy facilitating the session

After the Event
- Congratulate yourself on your success
- Review your evaluations
- Share feedback with AARP (send ideas to decide@aarp.org)
- Consider taking the sessions on the road to more groups
Session Checklists

Session Introduction Checklist

- Whiteboard or flip chart with paper and markers. LCD projector, screen, and laptop, if using the PowerPoint® presentation.
  (You will need to order the guide from AARP. Participants are to bring their Resource Guide to each session.)

Home and Community Session Checklist

- Whiteboard or flip chart with paper and markers. LCD projector, screen, and laptop, if using the PowerPoint® presentation.
- The Home Safety and Community Evaluation Checklists.
  (You will need to make a copy of the checklists for each participant.)
- Paper clips (5 per participant)
- Simple prizes for the winner(s)

Speaker suggestions and tips:

- Find a Certified Aging-in-Place Specialist (CAPS) through the National Association of Home Builders at www.nahb.org.
  Note: It’s difficult to know who would be a good speaker. Builders and remodelers may not have experience talking to groups. Occupational therapists and experts from aging or disability organizations may be more familiar with making presentations.
- Find a community resource specialist by calling your local area agency on aging at www.eldercare.gov.

☞ Ask potential speakers if they can address/answer the following:

Home Design

- Can you talk about simple low-cost changes to your home that increase the likelihood that I can live there safely as I get older?
- If I were to consider doing some remodeling, what would you recommend to make it possible for me to live in my home as I get older?

Community Services

- What services are available to help me or a relative get around if driving is no longer possible?
- If I have trouble with tasks at home, such as preparing meals or laundry, what services could help me?
- If I can no longer manage my own care, what services might help me and my family?
- If I decide to not live in my home, does our community have a variety of housing for every budget?
- What is the best place to find out more information?
Finance Session Checklist

- Whiteboard or flip chart with paper and markers. LCD projector, screen, and laptop, if using the PowerPoint® presentation
- Copies of Retirement Income Worksheet (You’ll need to make a copy of the worksheet for each participant)
- Find the cost of long-term care in your area: www.aarp.org/longtermcarecosts

Find the cost of care for the following:
- Nursing homes (private room rate)
- Assisted living
- Adult day services
- Home health aide, non-Medicare certified
- Homemaker

Speaker suggestions and tips:

**Speaker Option 1: Government Programs — What, if any, long-term care do they cover?**
- Find a State Health Insurance Assistance Program (SHIP) representative to talk about Medicare, Medicaid, and private long-term care insurance at: www.shiptalk.org
- Find someone to talk about Medicaid at the American Bar Association’s free legal services help finder: www.abanet.org/legalservices/findlegalhelp. Click on your state, click Free Legal Help, then click Other Sources of Legal Help, and select your area
- Find a community resource specialist familiar with Medicare, Medicaid, and other government long-term care services at your area agency on aging at www.eldercare.gov

**Speaker Option 2: What personal resources do people use to pay for long-term care?**
- Discuss the National Voluntary Insurance Program covered in the 2010 health care law. You may be able to get a speaker through your state AARP office. To find your AARP state office, go to www.aarp.org/states

**For a speaker on private long-term care insurance:**
- Get a representative from the state insurance bureau, the State Health Insurance Assistance Program (www.shiptalk.org), or a cooperative extension office to discuss long-term care insurance
- Find your state insurance bureau at www.naic.org/state_web_map.htm
- Find out if your cooperative extension education coordinator has a program on long-term care insurance education program at: www.csrees.usda.gov/Extension
Ask potential speakers if they can address/answer the following:

• Can you discuss Medicare’s limited coverage of long-term care services?
• Can you tell people what long-term care services are covered by Medicaid and how one qualifies for them?
• Can you explain the features of long-term care insurance: who it is appropriate for, what it would cost, and what consumer cautions people should be aware of?
• Can you talk about the national voluntary insurance program in the health care law?

Health Session Checklist

☐ Whiteboard or flip chart with paper and markers. LCD projector, screen, and laptop, if using the PowerPoint® presentation. Internet connection desirable, but not necessary
☐ Copies of the Healthy Bingo card  (You’ll need to make a copy for each participant)
☐ Simple prizes for the winner(s)
☐ Copies of  Women Stay Healthy @ 50+ and AARP Personal Medication Record  
(You’ll need to order from AARP a copy of each of these handouts for every participant)

Speaker suggestions and tips:

• A representative from your local office of public health or the Federal Government’s Office on Women’s Health: www.womenshealth.gov/owh
• A representative from your local hospital or health clinic women’s health program or initiative
• The Association of Black Women Physicians Speakers Bureau: www.blackwomenphysicians.org/calendar.php
• The National Association of Hispanic Nurses: www.thehispanicnurses.org/chapters/
• Fitness facilities would probably be able to talk about exercise programs for people age 50 and older, and any exercise programs related to certain conditions such as arthritis or osteoporosis. Nurses, doctors, public health educators, and hospital staff would be able to talk about preventive screening and immunizations important for women age 45 and older, how to assess risk factors, and how to manage chronic conditions
Expressing Your Wishes Session Checklist

- Whiteboard or flip chart with paper and markers. LCD projector, screen, and laptop if using the PowerPoint® presentation.
- Copies of advance directive forms for your state can be downloaded at www.aarp.org/advancedirectives

Speaker suggestions and tips:

- A member of the National Academy of Elder Law Attorneys: www.naela.org
- To find a hospice or palliative care provider go to National Hospice and Palliative Care Organization: www.nhpco.org

⚠️ Ask potential speakers if they can address/answer the following:

- Can they address how to develop an advance directive in your state?
- Will they emphasize the importance of conversations with family and doctors and giving copies of advance directives to doctors, health care agents, and family members?
- Can they discuss legal documents often needed in health crises or in estate settlement?
Ordering Materials

Please e-mail your request to decide@aarp.org. Include the following information:

Facilitator Name:
Telephone:
Organization Name (if applicable):

Brief description of your organization:

Date of session:
Shipping address:
Expected number of participants:

Indicate which materials you need (refer to list below):

- **Community Action Toolkit** – D#19250
  Includes one Facilitator’s Guide and one sample of all materials used during sessions

- **Women to Women: Living Longer, Living Smarter Session Kit** – D#19252
  This kit includes the following:
  - 35 copies of *Planning for Long-term Care: Your Resource Guide*
  - 35 copies of *Women Stay Healthy at 50+ Brochure*
  - 35 copies of *Get the Facts on Long-term Care*
  - 35 copies of AARP Medication Record
  - 35 giveaway pens

You may order more than one kit depending on how many participants you are expecting. To order additional materials separately use information below:

- **Planning for Long-term Care: Your Resource Guide** – D#19247
- **Women Stay Healthy at 50+ Brochure** – #D19006
- **AARP Medication Record** – #C2470
- **Get the Facts on Long-term Care** – #D19248
Sample Confirmation Letter

Dear ____________:

Thank you for taking time out of your busy schedule to present information on [session topic] to our [organization name] group of approximately [number of people expected] women on [session day] at [session time] at the [session location].

The program will begin with a PowerPoint® presentation on the subject of [insert topic area] in long-term care planning. Your [time allotted for presentation] minute presentation will follow. We would like you to be available for the question-and-answer period at the end of the session.

[Name of the venue] is located at [insert full address with ZIP code]. Parking is available at [insert parking information]. Please join us for light refreshments before the program begins.

We very much appreciate your help with our session and we look forward to meeting you soon. I am enclosing general information on our organization for your review [or: You can find out more about our organization at (insert Web address)]. If you have additional questions, please contact [insert your contact information].

Sincerely,

[insert your name]

Sample Thank-You Letter

Dear ____________:

On behalf of our [insert organization name], I would like to thank you for participating in our session on [insert topic name]. I know you are very busy and I appreciate you taking the time to share your knowledge and insights with us.

I hope we have the opportunity to work together on issues of mutual interest. Your experience and commitment are an asset to any team.

Sincerely,

[insert your name]
Sample E-Mail Notices

SAVE THE DATE [Insert Day and Time]
Find out what every woman over 40 should know about creating a successful life strategy for the future. Join [insert name of organization] on [list dates, time, and location] for an exciting new discussion series, Women-to-Women: Living Longer, Living Smarter.

INVITATION
Do you remember the old saying, “A woman’s work is never done”? We would have to agree with it. You’ve worked hard for a place to call home, a family, a job, and maybe a few extras. But life’s still calling. Finding the time to focus on your future is particularly important for women, who generally have more years to cover in retirement with fewer resources.

Join us for Women to Women: Living Longer, Living Smarter, a discussion designed by and for women who want to build a successful life strategy for the future. [Name of organization] is sponsoring a series of [insert number] sessions running [insert dates and topics] at the [insert location].

(If using outside speakers) Hear from experts such as [insert name and credentials], who will discuss [insert subject].

Please RSVP by [insert date] to [insert Web link, e-mail, or phone number].

ALTERNATE INVITATION
Thinking ahead… is your home and community a place where you could stay involved with the people and places you love? Or would it hold you hostage if you couldn’t drive or get up and down the stairs? Can you afford those important extras out of your retirement savings? And what extras should you plan for? Why should women, in particular, care about these things?

Find out at Women to Women: Living Longer, Living Smarter, a discussion designed by and for women who want to build a successful life strategy for the future. [Name of organization] is sponsoring a series of [insert number] sessions running [insert dates and topics] at the [insert location].

(If using outside speakers) Hear from experts such as [insert name and credentials], who will discuss [insert subject].

RSVP by [insert date] to [insert Web link, e-mail, or phone number].
Sample E-Mail Notices (continued)

SECOND NOTICE
Are you ready? This is the time [list dates, time, and location] to discuss successful life strategies that keep you in the driver’s seat when it comes to your home, finances, health, and medical care wishes. Join [insert name of organization] as we explore an exciting, new information series: Women-to-Women: Living Longer, Living Smarter. RSVP to [insert RSVP information].

YOU'RE NOT TOO LATE NOTICE
You’re not too late to join the discussion about successful life strategies for women who want to stay in charge of decisions affecting them. Discuss with other women important decisions related to health, finances, home, and medical care wishes. Join [insert name of organization] on [list date, time, and location]. RSVP to [Insert RSVP information].

Other Notices

SAMPLE LOCAL NEWSPAPER CALENDAR NOTICE
Women to Women: Living Longer, Living Smarter. Join [name of organization] for an exciting new discussion on life strategies for women on [date, time] at [location]. RSVP [insert contact info].

SAMPLE RADIO PUBLIC SERVICE ANNOUNCEMENT
Find out what every woman over 40 should know about creating a successful life strategy. Join [insert name of organization] on [list dates, time, and location] for an exciting new discussion session, Women-to-Women: Living Longer, Living Smarter.

Find out what you can do now to make life easier for you and your family down the road. With a solid action plan and the right resources, you can live your best life, whatever your life stage.

Come and bring a friend. The session is free, but space is limited. So, reserve your seats by [insert day of the week, date, and time]. Call [insert phone number] or email [insert e-mail address].
Sample Media Alert

[organization logo as appropriate]
[Insert month, day, year]

Media Alert

**FOR IMMEDIATE RELEASE**

<table>
<thead>
<tr>
<th>Contact/RSVP to:</th>
<th>[Insert contact name]</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>[Insert contact phone]</td>
</tr>
<tr>
<td></td>
<td>[Insert contact email]</td>
</tr>
</tbody>
</table>

**Women to Women: Living Longer, Living Smarter**

[Insert Organization name] to host Women to Women: Living Longer, Living Smarter, an informational session designed for and by boomer women who want to build a successful life strategy for their own future.

**WHAT**

A woman’s work is never done. We would have to agree. You’ve worked hard, raised a family, and maintained a home. But, life is still calling. And when thinking about your future, is your home and community a place where you could stay involved and active in the years ahead? Can you afford anything extra out of your retirement savings? And what extras should you plan for?

Finding the time to focus on you and your future is particularly important because women have more years to cover in retirement and usually fewer resources. Join [insert organization name] and experts in finance, health, housing, and legal issues in a free educational session to learn how you can stay in control and plan for your future.

- [Insert additional session detail if needed]
- [Insert additional session detail if needed]

**WHO**

Advice and information from experts, executives, public officials, and boomer women with their own stories:

- {health/housing/finance/legal} experts: [insert expert names]
- (organization name(s)) executives: [Insert executive names]
- Boomer women: [insert contact names]

**WHEN**

[Insert date and time of activity]

**WHERE**

[Insert address where the activity will take place]

[Insert organization name]’s will use materials produced by AARP’s Decide. Create. Share.™ Campaign, a national awareness campaign to educate women about the benefits of planning ahead for their future.

For more information, tools, and resources, visit www.aarp.org/decide
Using the PowerPoint® Presentations and Scripts

You will find instructions solely for the facilitator marked “Note:” in italics throughout the script.

For example: Note: Please share any relevant facility information, such as restroom, telephone, and water fountain locations; no smoking rules; and emergency procedures. In addition, let them know how long the session should take and whether or not you welcome questions throughout the session or at the end.

For your convenience, we have placed the following symbols in the script:

- Indicates you are to ask the audience a question and solicit their responses. Also indicates a question you can put on a flip chart paper or the whiteboard to promote discussion in sessions where you are not using the PowerPoint® presentation

- Indicates you should pass out the appropriate handout

- Indicates an action that we strongly encourage the audience to take

- Indicates that you’ll need to click twice on the slide to activate the answers to a question

Information inside the box provides ideas for how the PowerPoint® may be adapted to a Webinar format.

Each of the four topic sessions follows a similar format:
- Uses the same introduction
- Starts with a short agenda
- Promotes self-assessment through an exercise
- Encourages sharing insights
- Provides basic subject matter information
- Encourages writing down ideas and thoughts as part of plan
- Suggests tasks to complete plan
SESSION INTRODUCTION

Slide 1: Welcome

Welcome and thank you for coming to our session(s) on women living longer, living smarter.

We’re here to discuss an issue that disproportionately affects older women. Long-term care is primarily a women’s issue because women are most likely to be the ones providing care to family and friends and, later in life, needing care.

My name is _____________, and I represent __________________, an organization committed to getting information about long-term care planning to women like you who want to remain vital and independent. AARP has provided the materials for our session today.

I got involved with this campaign because___________.

Note: Fill in why you are excited about working on this campaign.

Nearly 40 million women were born in the United States between 1946 and 1964. We represent an imposing force that most likely will change the way long-term care is delivered in the U.S. Demanding quality, affordable, and accessible services will allow us to keep the independent lifestyles we’ve worked to achieve.

Slide 2: Agenda

We would like to start off our session today by giving you some background on:

• The campaign
• The tools and resources that will help you with your own planning process
• What long-term care is all about and
• Why women in particular need to learn about it

During the second part of today’s session, we’ll talk about _____________.

Note: Choose the appropriate topic areas to fill in the blank: making your home and community a better fit, financial security, healthy living options, and expressing your health care decisions.

Now is a good time to show the video.
PLANNING SESSIONS

Slide 3: Decide. Create. Share.SM
A Plan for Living Longer, Living Smarter

Decide. Create. Share.SM is a national campaign dedicated to increasing awareness among women about long-term care planning. Long-term care planning encourages women to make decisions now that will positively impact their lifestyle in the future.

Our goal is to increase women’s awareness of the depth and breadth of long-term care and the benefits of planning. Nationwide, we want to see more women exploring their options and taking steps to actively plan for long-term independence. It’s about being the best you can be whatever your life stage.

The campaign is a multi-year effort being launched by AARP independent from any specific products or services. The campaign mobilizes national and community collaborators, develops information and tools, and leverages media and other outreach mechanisms.

Slide 4: Your Resources

The campaign offers a variety of resources to help women with decision making and planning. On the website www.aarp.org/decide, you can download a Fact Sheet, the Resource Guide, and a Planning Worksheet. The website also offers interactive tools, and information tailored to women. As the campaign develops, more materials will be made available – so please check the website regularly.

Slide 5: What Is Long-Term Care?
It’s More Than a Nursing Home.

What do you think I mean when I say the term long-term care?

Note: Collect 5-6 responses.

You can turn this question into a poll by using the bulleted items as possible answers and adding the correct answer “all of the above” to the list.

I like your ideas. Here is what we mean for our sessions:

• Think of long-term care as the extra help you may need to live safely and comfortably as you get older or become disabled.

People often associate long-term care with nursing homes or insurance.
But it’s more than that. It can include:

- Changes to your home to make it safer, more comfortable, and easier to get around
- Technology that helps you stay independent
- Help with housekeeping, meals, and personal care like bathing or getting dressed
- Care provided by a nurse or other health care professional

Many people focus only on the costs, but there are issues we can all address that have very little to do with money.

**Slide 6: Your Living Longer, Living Smarter Plan**

A living longer, living smarter plan is a strategy for you to live your best life no matter what your needs or abilities. To achieve this result, the plan should cover many areas, from healthy living and finances to comfortable housing in a community that is responsive to your needs and interests.

**During the sessions, we’ll help you find answers to important questions like:**

- How can I reduce my health risks?
- Who should know my health care wishes in an emergency?
- What is, and isn’t, covered by Medicare?
- How can I pay for long-term care?
- Will my home fit my needs in the future?

The worksheet found at the end of the Resource Guide can be used to track your progress and record information and decisions.

**Slide 7: Who Needs Long-Term Care?**

Note: Ask the audience with a show of hands to tell you which of the following is a true statement. Provide the answer and data given.

a. A women age 65, on average, has a greater likelihood of needing some long-term care over the remainder of her lifetime than a man.

b. A man age 65, on average, has a greater likelihood of needing some long-term care over the remainder of his lifetime than a woman.

c. Men and women age 65 have an equal likelihood of needing some long-term care over the remainder of their lifetimes.
Answer: About 80% of women (age 65 in 2005) will need some type of long-term care over the remainder of their lifetimes while about 60% of men will. Once age 65, women need, on average, 3.7 years of care while men average 2.2 years of care during their lifetimes.²

Slide 8: The Challenge for Women

While there is a serious need to improve awareness about long-term care planning for everyone – women, in particular, face significant challenges with living independently in later life.

Here are some facts to take into account:

• Women live, on average, about five years longer than men, which means they will have more years to cover in retirement.³

• Women have fewer resources, often due to divorce, widowhood, salary/benefit differentials, and caregiving. This means they will have fewer funds to pay for long-term care.⁴

• Women are more likely to be living alone in later life, which means they will have no one readily available to help with their care.⁵

• Women are often providing care for family and friends. The average U.S. caregiver is a 50-year-old woman.⁶

Yet, the Boomer generation is the largest and most economically, socially, and politically powerful generation in the U.S. Women in this generation will not expect or accept being cared for exclusively by their children. Women are poised to make changes to a system of care that did not respond to needs of their parents and grandparents.

⁵ Houser, “AARP Public Policy Institute Long-term Care.”
Note: Get prepared with your flip chart and markers, and ask the women:

What strengths do women bring to the table when it comes to redefining how we will live in future years?

Note: Write the answers on the flip chart to get the women engaged in discussion. If no one responds, start the dialogue with better educated, problem-solvers, multi-taskers, balance home and job, or have broad social connections.

Slide 9: What Are the Benefits of Planning?

Most people are in denial about the need for long-term care; they think “this will never happen to me” or “it’s only important for really old people.” And if they do plan for retirement, they fail to take into account any future care they may need. Planning for long-term care long before you may need it is one of the smartest decisions you can make, and it’s a gift for your family as well.

Note: Get prepared with your flip chart and markers, ask the women:

What are the benefits of planning now?

Consider the possible benefits of planning now. You’ll:

• Know how to help yourself, your family, and your friends
• Have more choices down the road
• Be able to direct the decisions affecting you
• Feel less overwhelmed in the future
• Live more fully and comfortably
YOUR HOME & COMMUNITY SESSION

Slide 1: Your Home & Community

During this part of the session, we’ll gain a better understanding of the features that make your home and community a place where you can live in comfort and safety no matter what your life stage. What is it about your home or community that may hinder or help you stay as active and engaged as you want to be?

Will your current home or a new one you choose be able to support your changing needs and interests? Many of us have probably never considered it. Or even if we have, we might not know what to look for.

Note: If you will do additional seminars, mention the other topics here. If you will not do additional seminars, tell the audience that they can get information on other topics in the Resource Guide or online.

Slide 2: Today, We’ll Explore:

Today, we’ll learn how to assess:

• A home’s comfort and safety
• A community’s support network

Slide 3: Your Home – Yesterday and Tomorrow

Note: Ask the audience the questions below. Get two to four responses to each question. Write responses on a flip chart or board.

Note: Tell the women, as a frame of reference, that they can move through this exercise thinking about where they live now or how they might look at a home or community if they decide to move. They can also think about where their parents or other loved ones live.

• What features were you looking for when you moved into your first home?
• If you were to modify your current home or move to a new home, what would be most important to you now?

You can also ask people to submit ideas through the chat or Q & A function. Read them aloud to the group as they come in or write them on the whiteboard.
Slide 4: Your Home and Community – 
See How You Stack Up

Note: This is a short exercise to help people assess their home and community. Ask everyone to stand and give each person 5 paper clips. Instruct everyone to drop a paper clip if the statement read is NOT true for them. Once they have dropped all their paper clips, they are out and should sit down. The last person standing is the winner. (You can use paper clips or any other small object. If possible give a small prize to the winner.)

Statements to read:
1. There is no clutter in the hallways of my home
2. There are handrails on all the stairways in my home
3. I do not need a step stool to reach items I use on a regular basis
4. I have a non-slip surface in the bathtub and/or shower
5. There is no clutter on my stairs or walkways
6. I live near public transportation that can get me where I need to go
7. I have a full bathroom on the first floor
8. I have at least one no-step entry into my home
9. I have lever-style faucets on my sink
10. I have rocker-style light-switch plates
11. I have lever-style doorknobs
12. There is a meals-on-wheels program in my community
13. There is transportation in my community for people who don’t drive
14. There are walking paths and sidewalks in my community
15. I can walk to the store from my home
16. I can walk to public transportation within 10 minutes of my home
17. There are no scatter rugs on my floors
18. There is lighting on all stairs and all walkways around my home
19. I could easily get to things I enjoy if I didn’t drive

Turn the exercise into an opinion poll. Which of the following do you think is the most important home feature when considering whether you will be able to safely age in place?

a. No-step home entry
b. Full bathroom on the first floor
c. No scatter rugs
d. Handrails on both sides of the stairways
e. Curbless shower entry
20. I have kitchen countertops mounted at varying heights so they can be used while standing or seated
21. I have friends or family nearby who could help me if I needed it
22. Most doorways and hallways in my home are wide enough for two people to walk through at the same time
23. If I needed to find help for my parents or other older friend or relative I would know where to turn
24. There are handrails on both sides of all my stairways
25. I have a curbless entry into my shower

**Slide 5: What Is Universal Design?**

*Note: If you have a CAPS-certified speaker, you will not need this slide or the next slide on CAPS. The CAPS professional will give their own presentation.*

Many of the features we talked about or raised in the questions are part of the principals of universal design.

Universal design is about creating an attractive, stylish space that everyone—regardless of age, size, or ability—can live in or visit.

*Here are just a couple of pictures of home modifications that make a home easier to live in:*  
- Pull-down door knobs, shelves, and pot fillers  
- Pull-out microwave drawers so people will not need to reach with heavy cooking utensils  
- Lighting to make it easier to find needed objects  
- Comfort tubs that are safe to get in and out of

Having universal design features and products in a home makes good sense and can be so attractive that no one notices them—except for how easy they are to use.

**Slide 6: Home Safety Checklist**

*Note: Pass out the Home Safety Checklist.*

Let’s review this Home Safety Checklist. The safety and comfort features listed are designed to help you stay in your home. While some of them are more costly to implement, others are inexpensive and could be beneficial right now.

*It is important that the participants have the Home Safety Checklist during the presentation. You may consider e-mailing it to them prior to the Webinar.*

*Note: Ask the audience and take one to two responses.*
Is there anything on the list that might be a good idea for you or your parents now?

Do you have any ideas that might be added to the list?

You can also ask people to submit ideas through the chat or Q & A function. Read them aloud to the group as they come in or write them on the whiteboard.

Slide 7: Certified Aging-in-Place Specialists (CAPS)

If you’re considering modifications or changes to your home or thinking about building a new home, the person to reach might be a Certified Aging-in-Place Specialist.

These experts have answers to many of your housing questions and problems.

Certified Aging-in-Place Specialists:
- Have been trained to meet the housing needs of the age 50+ population
- Can identify and/or make home modifications or changes to help people live independently in their homes at later ages
- Can find solutions to common obstacles that make houses unsafe or uncomfortable

The Remodelers Council of the National Association of Home Builders (NAHB), in collaboration with the NAHB Research Center, the NAHB 50+ Housing Council, and AARP, have developed the Certified Aging-in-Place Specialist (CAPS) program to help consumers with the dream of making their houses homes for a lifetime, even if their needs and abilities change.

Slide 8: Community Location – What Matters to You?

Assessing a community’s amenities and location is an important part of remaining active and connected in future years. Thinking about these issues now will offer ample time to pursue a number of options.

Consider what is truly important to you:
- Is it being near family?
- Is staying with the same faith community important?
- Do you want services in one location, nearby, or just accessible through transportation?
- Will being close to a gym, theatre, and restaurant district keep you happy?
- Is it being near doctors or a hospital?
- Is it outdoor space to garden and walk?

Turn the bullets below into an opinion poll and ask people to choose what they think might be the most desirable feature about where they live now or might want to live in the future.
Note: Go up to the flip chart and ask the women if they have some other ideas – and write them on the flip chart.

You can also ask people to submit ideas through the chat or Q & A function. Read them aloud to the group as they come in or write them on the whiteboard.

Note: Tell the group that AARP has another checklist to help you assess a community, which you will pass out at the end of today’s session.

Tell the participants that you have also sent or posted the Community Checklist.

Slide 9: Where Can You Find Help in Your Community?

Note: If you have a speaker from an area agency on aging or local office on aging, that person should speak about these types of community services and how to access them. In that case, you will not need this slide or the next.

The best place to start your search for community services is with your local area agency on aging. You can find it through the Eldercare Locator www.eldercare.gov or by calling 1-800-677-1116. Most communities have services that come to your home or are located in a community facility. They are offered by public and private organizations often supplementing the efforts of family and friends.

Slide 10: What Community Services Are Available to You?

Note: Tell the group that information on these services appears in the Resource Guide. If you are running behind, you can shorten the descriptions. Otherwise, review each one with the group.

Every community is different, but here are some common programs and services:

• Adult day services are provided in a community setting where people come for several hours a day to receive medical, social, and recreation services. They are usually offered during the daytime, which helps people who may be caring for a loved one while working.

• Assisted transportation helps people get to appointments and other necessary places. It can include door-to-door van service, discount taxi programs, and volunteer drivers and escorts.

• Caregiver services can include respite (a break from caregiving), information, referrals to services, and training or support groups.
• Care assessment and management, most often by a nurse or social worker, can help determine a person’s needs, develop a plan of care, and arrange and monitor services.

• Friendly visitors are volunteers who stop by regularly to see how you’re doing.

• Home care services provide help with personal care like bathing or getting dressed.

• Home health care includes nursing and physical, speech, or occupational therapy for a specific condition.

• Homemaker/chore services help with housekeeping and preparing meals, or chores like lawn mowing and shoveling snow.

• Home modification to make your home safer and more accessible.

• Information and assistance specialists provide information and connect you to local resources and services.

• Meals may be delivered to your home or served in a senior center or community facility.

• Senior centers offer meals, recreation, classes, information and referral services, volunteer opportunities, employment services, public benefits counseling, and much more.

You might also ask the group if they know about any other services and, if yes, would they like to briefly describe one.

You can also ask people to submit ideas through the chat or Q & A function. Read them aloud to the group as they come in or write them on the whiteboard.
Some people decide it makes sense to move to a different type of living arrangement. Possibly they have grown tired of keeping up a house or yard or are looking for the convenience of having some services on-site where they live.

• **Moving in with family or friends or having them move in with you** is a common way to meet everyone’s support needs.

• **Shared housing** appeals to some people who are choosing to open their homes to other people who in turn may provide some needed support. The Shared Housing Resource Center has been matching people with housing to those looking for housing for several decades. Often, the arrangement includes extra support for one or both parties.

• **Villages** are a relatively new way to provide a variety of support to people in their own homes. Typically homeowners within a geographic area form a membership organization to provide free or reduced-fee services to member households. Membership fees pay for some services, and volunteers are often central in providing all types of help.

• **Assisted living residences** – housing for those who need help with daily activities, but who do not need skilled care. Assisted living residences offer a variety of different housing options, which could include apartments or rooms and services such as meals, personal care, social activities, and transportation. Housing options and services, can vary by facility.

• **Nursing homes** provide skilled nursing and rehabilitative care and are often a transition between hospital and home. Meals and medical and personal care are provided.

• **Continuing care retirement communities** include a variety of housing options (independent, assisted living, and nursing homes) and a variety of services (educational activities, recreation, meals, personal care, medical services) on the same campus. They are designed to meet changing needs. Not all communities have the same housing options or services.
Slide 12: Your Next Steps for Completing Your Living Longer, Living Smarter Plan

Note: Pass out the community checklist.

We’d like you to:

- Assess your own home or that of a family member or friend using the Home Safety Checklist provided.

- Think about what might be important in the future. You can add your own criteria to the sheet. Or, assess your community with the evaluation provided.

- Or, explore one or more of the services listed on the checklist you received.

Note: Make sure everyone leaves with the home and community checklists.

Slide 13: Thank You

Thank you for coming.

Would anyone like to share something learned today that will be of value to you now or in the future?

Note: Ask for additional questions from the audience.

You can ask people to submit questions through the chat or Q & A function. Read them aloud to the group as they come in or write them on the whiteboard. Your registration software might have the capability of gathering questions from participants at the time of registration prior to the session. You could start with a few of those questions or you can also create a few questions in advance to get the ball rolling.

Note: If you plan to convene another session with the same group, tell them you will ask them to share some insights from doing their homework at the next session. Give out information on the next session (day, time, topic, speaker[s], and location).
YOUR HEALTH SESSION

Slide 1: Your Health

Today, we are going to explore lifestyle changes that may boost your odds of living independently longer.

A healthy lifestyle is about taking positive steps to prevent disease and manage any ongoing conditions. Each healthy choice increases your chances of living the lifestyle you want no matter your life stage.

*Note: If you will do additional seminars, mention the other topics here. If you will not do additional seminars, tell the audience that they can get information on other topics in the Resource Guide or online.*

Slide 2: Today, We’ll Explore:

- How staying healthy and long-term care are linked
- Knowing family medical history
- Healthy living guidelines for women 50+
- Preparing a personal medication record

Slide 3: Healthy Bingo

Let’s see how healthy we are!

*Note: Pass the bingo cards out. If you plan to reuse the paper, also pass out a small object to cover the square. If not, ask participants to draw an “x” in every box that is true for them. The person with 5 x’s in a row, in any direction, is the winner. Ask the winner to call out the healthy behaviors they achieved to make a bingo. Give a small prize. To further reinforce positive behaviors, ask for additional winners. (This exercise can also be adapted to the paper clip exercise found in Your Home & Community.)*

Create an opinion poll using some of the statements from the bingo card. Which healthy behavior do you regularly practice?

a. I take the stairs instead of an elevator or escalator
b. I get a mammogram every one to two years
c. I don’t smoke
d. I lift weights or do strength training twice a week
e. I don’t worry about finding a parking spot close to the entrance
Slide 4: Benefits of a Healthy Lifestyle

Maintaining your health has a lot to do with your ability to live independently later on. Today we will be talking about how healthy behaviors and disease prevention can improve your energy and increase your chances for a healthy future.

These are just a few of the well-documented benefits of adopting a healthy lifestyle:

- Increased energy
- Lower blood pressure
- Improved sleep
- Reduced tension and stress
- Reduced risk of chronic conditions, heart disease, stroke, diabetes, and some cancers
- A good example for friends and family

What are some of the personal benefits you may have discovered?

You can also ask people to submit ideas through the chat or Q & A function. Read them aloud to the group as they come in or write them on the whiteboard.

Note: Get feedback from participants. These are not necessarily scientifically proven. Example: Being able to keep up with my children or grandchildren, or being able to bowl a third round.

Slide 5: Why Are Healthy Behaviors Important?

Healthy behaviors can help you avoid or lessen your chances of developing chronic conditions and minimize the impact of chronic disease.

Severe chronic conditions increase the likelihood of needing long-term care.7

By knowing your risk factors and following prevention and screening guidelines, you could be on your way to a healthier you.

Slide 6: What Are Risk Factors?

Risk factors are behaviors or conditions that increase your chance of developing a disease. Some risks you inherit from your family, others come from your behaviors or the environment, while others may be related to your age and gender.

AARP Public Policy Institute beyond 50.09, “Chronic Care: A Call to Action for Health Reform” (March 2009).
Slide 7: Why Are Risk Factors Important?

Why is knowing risk factors so important?

• Alerts you and your doctor to your unique strengths and weaknesses
• Helps you catch problems early
• Allows you to take preventative steps
• Improves the quality of care provided
• Helps guide your medical decision-making

Slide 8: Your Family Medical History

Note: Ask the group whether they have an accurate idea of their family medical history.

You can do a poll and ask the group to rate their knowledge of their family’s medical history.

a. Know all about it
b. Know something about it
c. Know very little about it
d. Don’t know anything about it

If no, who would be the best person in the family to provide this information?

Your family’s health history can give you important clues about your risk factors and help you and your doctor identify problems you may eventually encounter. While you can’t change history, you can take steps to keep it from repeating itself. Based on this information, your doctor may recommend early or more frequent screenings and suggest lifestyle changes to keep you healthy.

How many times have you sat in a doctor’s office and tried to remember your family health history to include on a form? How accurate were you? The U.S. Surgeon General’s Office has an Internet-based tool called My Family Health Portrait that can help, which you can find at https://familyhistory.hhs.gov/. There you can enter your family’s health history, print out a family tree for your doctor, and – if you want to – share the information with other family members. Persons included in the portrait include your parents, children, maternal and paternal grandparents, aunts, and uncles.

Note: If you have an Internet connection, you can pull up the U.S. Surgeon General’s Web-based tool called My Family Health Portrait and show some of the screens.
Slide 9: Are You Up-to-Date with Your Health Screenings?

If you are like most adults, you are not up-to-date on your screenings and shots. The U.S. Preventive Services Taskforce has made screening recommendations for adult women.

Ask participants how many screenings they can name.
Write responses on the flip chart.

Then pass out the Screening Test Record, which is located inside the Women Stay Healthy @ 50+ pamphlet to add or confirm the screenings suggested.

This Screening Test Record is based on scientific evidence and lists which screening tests are needed and when to get them.

Slide 10: Recommended Tests for Women 50+

Tests include: Mammograms to detect breast cancer, pap tests to detect cervical cancer, colonoscopies to detect colon cancer, depression screening, tests for high blood pressure, high cholesterol, obesity, osteoporosis (bone thinning), and HIV infection and sexually transmitted diseases (ask your provider to see if you are at risk for those).

Note: Participants may question why certain screenings are not on the chart. Please tell them as of now these are the only ones outlined by the Preventive Services Task Force. There are other screenings that their doctor may recommend.

You can take this to your doctor, and use it to track the date and results of previous screening tests. This tool also gives you the opportunity to prepare any questions for your doctor based on your personal family tree and personal experiences with any of these conditions. And, if you are worried about other diseases such as glaucoma or skin cancer, ask your doctor about them as well. And always tell your doctor about any changes in your health, including your vision and hearing.

Slide 11: Benefits of a Medication List

Most people over age 45 take an average of four prescription drugs daily. And that is not counting over-the-counter medications, supplements, and vitamins.

Keeping a list of your medications with you can help you and your medical care providers:
Note: Ask the group to come up with responses.

- Avoid potentially dangerous drug interactions
- Respond more quickly to medical emergencies
- Coordinate care among the different health providers you see
- Prepare the best course of treatment for your personal circumstances

It is one of the simplest steps we can take to safeguard our health. Medication errors are among the most common medical errors, harming at least 1.5 million people every year, according to the Institute of Medicine.

Slide 12: Managing Your Medications

How many of you have a list of all the medications and supplements you take routinely with you today?

Pass out the Personal Medication Records to the audience

Note: Ask the audience to complete the personal medication record now. Allow time.

Note: Ask the group to share other health tools, preferably free, that they have successfully used and liked.

Slide 13: Next Steps for Completing Your Living Longer, Living Better Plan

We’d like you to:

- Complete a family medical history, perhaps using the “My Family Health Portrait” website
- Start a chart with your health screenings and immunizations
- Fill out a medication record
Slide 14: Thank You

Thank you for coming.

Would anyone like to share something learned today that will be of value to you now or in the future?  
*Note: Ask for additional questions from the audience.*

You can ask people to submit questions through the chat or Q & A function. Read them aloud to the group as they come in or write them on the whiteboard. Your registration software might have the capability of gathering questions from participants at the time of registration prior to the session. You could start with a few of those questions or you can also create a few questions in advance to get the ball rolling.

If you plan to convene another session with the same group, tell them you will ask them to share some insights from doing their homework at the next session. Give out information on the next session (day, time, topic, speaker[s], and location).
YOUR FINANCIAL SECURITY SESSION

Slide 1: Your Financial Security

One of the most important parts of planning for long-term care is figuring out how to pay for it. Today, we’re going to talk about what long-term care services cost and what are some options and financial strategies to help pay for them.

Note: If you will do additional seminars, mention the other topics here. If you will not do additional seminars, tell the audience that they can get information on other topics in the Resource Guide or online.

Slide 2: Today, We’ll Explore:

• What long-term care costs in your area
• What government programs do and do not pay for
• Personal options for paying for long-term care

Slide 3: Which Costs More?

Note: Ask the audience to guess with a show of hands.

Turn the question into a poll. Which costs more:

a. 1 year of tuition, fees, room and board at a public 4-year university
b. 1 year in a private room in a nursing home

Do you know what costs more? How many people think one year of tuition, fees, room, and board at a public university (in-state) costs more than one year of nursing home care?

How many people think that one year in a nursing home costs more than a year of college at a public university?

Slide 4: The Answer

One year of college (tuition, fees, room & board) at a four-year public university (in-state) was $16,000 in 2010 according to the College Board. You could pay for an entire college degree or over four years for the same amount as it costs to be in a nursing home for one year.

One year in a private room in a nursing home is roughly $75,000 (national average in 2010) according to a market survey conducted by Genworth Financial.
This may be news to some of you. Another fact is that family and friends provide the majority of the long-term care people receive at home in the U.S. – but if someone does buy care to supplement those efforts, it can get expensive very quickly.

Sources: College Board, 2009-10 College Prices. Available at: www.collegeboard.com/student/pay/add-it-up/4494.html

Genworth 2010 Cost of Care Survey. Available at: www.genworth.com/content/products/long_term_care/long_term_care/cost_of_care.html

**Slide 5: What Does Long-Term Care Cost in Our Area?**

Well, we were fairly smart with that answer. Let’s see if we can determine costs for common long-term care services in our area. Most people have trouble with this.

*Note: Ask people to guess the costs of the following services by giving them three price options to choose from with only one that is correct. You can find the correct cost of care in your area at: www.aarp.org/longtermcarecosts*  

After filling in the correct value for your area along with two incorrect answers, you can turn the following questions into polls.

*Note: See how the example slide appears below. The correct answer is bolded in the script, but not on the slide for the audience. Fill in your local costs.*

How much do the following services cost in our area?

- Nursing home – $82,000, $72,000, $62,000 per year
- Assisted living residence – $28,000, $38,000, **$48,000 per year**
- Adult day care – **$60**, $70, $80 per day
- Home health aide – $16, **$18**, $20 per hour
- Homemaker – **$17**, $19, $21 per hour

As you can probably guess, costs vary tremendously by where you live. If you’re in Mississippi, the average cost per year in 2010 for a private room in a nursing home was $65,000. In New York City, however, the cost was more than $130,000 per year!
Slide 6: Why Are Women at Greater Financial Risk?

Unfortunately, many women aren’t planning for the future. Many people – even those on the verge of retiring – don’t know how much income they’ll need and what costs they’ll need to cover, according to an AARP report on whether boomers are ready for retirement. Women often have taken off years of work or cut back employment for family caregiving responsibilities. This hurts Social Security, savings, and pensions. Many women are in jobs without benefits or that lack an established means for retirement saving such as a pension or 401k plan. Some 80% of women at age 65 can expect to need long-term care over the remainder of their lives as opposed to 60% of men.

Slide 7: Which of These Is Not a Source for Paying

Turn question into a poll with the possible answers below.

For daily long-term care that lasts 3 months or more?
A. Long-term Care Insurance
B. Personal savings and investments
C. Medicare
D. Medicaid

Answer: Medicare

Most women will be paying out-of-pocket. A lot of people mistakenly believe that Medicare and private health insurance pay for long-term care. In reality, Americans pay for most long-term care themselves unless they have long-term care insurance or they run low enough on money to qualify for Medicaid.

Slide 8: What Medicare Does and Doesn’t Cover

Note: If you have a speaker to talk about public options, skip the next three slides.

Most long-term care is help with daily activities like bathing or eating. Medicare was not intended to cover this.

Like most health insurance it is designed to cover rehabilitative care and not the day-to-day help most people need when they can no longer take care of themselves. Medicare can cover up to 100 days in a Medicare-certified nursing facility if your doctor says you need skilled nursing or rehabilitation such as physical, occupational, or speech therapy. Most long-term care is not skilled care. But there are other requirements too, like being hospitalized for the condition first.
Medicare pays in full for the first 20 days, there is a daily co-pay for days 21-100, and after 100 days, you must pay the entire amount.

Medicare will also pay for part-time, intermittent home health care but, again, you must need and your doctor must order skilled nursing or rehabilitation from a Medicare-certified agency. Most of the long-term home care needed is not skilled care, it is help with daily activities like dressing, bathing, or eating. Other restrictions also apply, like being homebound. Consult the Resource Guide for more detailed information.

**Slide 9: How Do People Pay for Long-Term Care?**

There is no one right strategy. The right combination for you will depend on your preferences, finances, and support network.

We will run through some of the ways people pay for long-term care today and you can find more information in the Resource Guide.

Most people rely on family and friends for support. If they need more support than family can provide, most people patch together a combination of support including hiring people with their own resources, public and private community services and, if they run low enough on funds, Medicaid. Because of the high costs, it is not surprising that many people in nursing homes rely on Medicaid to pay for a large part of their care.

You may also want to consult an independent financial adviser when making a plan that works for you. We’ve included tips for hiring a professional financial advisor in the Resource Guide.

**Slide 10: What Does Medicaid Cover?**

Medicaid covers long-term care costs for people with limited incomes and assets and people with high medical expenses who drain savings.

To get Medicaid coverage for long-term care, people must meet their state’s financial eligibility requirements — meaning they have limited incomes and assets — as well as the state’s functional eligibility requirements — meaning they need help with bathing, dressing, and other tasks of daily living or have a cognitive impairment that prevents them from doing daily tasks. Many states also include medical criteria.

Each state decides who is eligible and what services to provide. This means services and benefits can vary depending on the state where you live.

It is very important to talk with someone knowledgeable about Medicaid in your state before spending all your assets. There are certain protections for spouses and other dependents you should know about. You can contact your local legal aid office, State Health Insurance Assistance...
There is more information in your Resource Guide as well as contact information.

**Slide 11: Does Your State or Community Offer Any Services or Supports?**

State and local government programs offer a number of services that help people with limitations stay in their homes. These services can also be offered through private, non-profit organizations.

They may include home-delivered meals, transportation, caregiver supports (respite, information, or support groups), help with household chores and personal care, care assessment and management, senior centers, housing, and more.

While some programs are available in most communities, others can be unique to a certain state or area. In some communities, there may be waiting lists for certain services or limited amounts of support available. If charged, fees vary by the type of service and location. Some organizations request only a contribution and others may base payment on a person’s ability to pay.

The best place to find out the specifics about services in your community is through your local area agency on aging. You can find that office through the Eldercare Locator at www.eldercare.gov or by calling 1-800-677-1116.

*Note: Remind them that there are helpful phone numbers in the Resource Guide and additional information on the website.*

**Slide 12: More Options for Paying Some of the Costs of Long-Term Care**

If you’re a veteran, look into what is available through the Department of Veterans Affairs (VA).

They offer a variety of extended care services (what we refer to as long-term care) to veterans enrolled in their health care systems. Eligibility varies by service, but not all services require the veteran to have a disability related to their time of service.

Local housing authorities often operate or fund other organizations to operate rental housing units with support services. Publicly supported housing requires the resident to meet certain income and asset guidelines. Services available can vary, but often include meals, recreation, health screening, transportation, and more. A smaller number of housing units also provide additional intensive supports such as housekeeping, care
management, and more.

Your religious community or other organizations with local affiliates like the Red Cross or Alzheimer's Association may offer support services and sometimes operate housing programs in many communities.

**Slide 13: CLASS – New National, Voluntary Long-Term Care Insurance Program**

The 2010 Health Care Law created a new option for people who want insurance to cover part of the cost of long-term care. Specifics on the new law will be made available over the next few months. Check the campaign website to learn more.

**Starting possibly in late 2012 or early 2013:**

- Employed Americans age 18 and older can contribute to a new national voluntary long-term care insurance program.
- If your employer participates in the program, you will automatically be enrolled and have the premiums deducted from your paycheck. If you don’t want the coverage, you can tell your employer not to enroll you.
- If your employer doesn’t participate in the program, you will be able to enroll on your own. For instance, someone who is self-employed can do this.
- The program will pay you a cash benefit to use on things such as putting a ramp in your home or paying a home care aide to come to your home and help with bathing and dressing. You can even pay a relative or friend to provide your care.
- To get the cash benefit, you will need to have a severe disability that keeps you from being able to care for yourself, and meet any other program guidelines.
- The benefit lasts as long as you are disabled and meet program qualifications, which could be a lifetime.
- You must have paid into the system for 5 years (working a certain number of those years) before you are eligible.
- You can’t be turned down for pre-existing conditions.
- A start date, premiums and benefits will be set by the federal government (figures are not available yet).
- All program benefits are paid through voluntary contributions, not tax dollars.
- The program works with other public benefits and private long-term care insurance.
Slide 14: Is Private Long-Term Care Insurance Right for You?

Here are some things you should consider before buying long-term care insurance.

No one should run out and buy any type of insurance without thinking through their coverage needs and, when in the private insurance market, comparing several policies.

We can help you get started today. This insurance coverage can:

• Potentially save assets for heirs
• Keep the family from providing all of the care
• Enable you to live independently at home longer
• Make it easier to get into the nursing home or assisted living residence of your choice

It is really an individual decision based on your health, finances, lifestyle, and other factors.

Slide 15: Before You Buy

Consider whether:

• You can rely on family or friends for your support
• You can afford the premiums both now and well into the future
• You already have enough money to pay out-of-pocket
• Your income is low or will become low in the years ahead and you are worried about paying for food, rent/mortgage, medicine, or utilities
• You have few assets. It might not make sense to spend thousands of dollars in premiums when you may qualify for Medicaid in a short amount of time

Slide 16: 10 Questions to Ask About Private Long-term Care Insurance

If you have decided to buy, your state insurance department can help you find licensed agents with training in selling long-term care policies. Make sure the companies are reputable and solvent. You’ll find companies that grade the performance of insurers and other businesses in the Resource Guide.
Here are a few questions that you’ll want to ask:

* **Is the company financially stable?** How long have they been selling long-term care?

* **What services are covered? In what settings?** Can I hire in-home caregivers myself, or do I need to go through an agency? What types of facilities are not covered?

Depending on what you select, a policy can cover home care, home modifications, services that help coordinate your care, adult day services, assisted living, and nursing home care.

**How much will it cost (premiums)?**

In 2008, the average annual premium for a:

- 40-year-old: $2,050
- 50-year-old: $2,306
- 60-year old: $3,109
- 70-year-old: $6,007

* **How often and by how much have premiums increased?** While they can’t increase premiums for just you, they can increase premiums for a whole class of policy holders.

* **How much will the policy pay?** Most policies reimburse you for eligible services based on the dollar limit you have selected. The amount can vary by service (i.e., pay up to $50/day for home care or up to $100 nursing home incurred). A few policies pay a pooled benefit where you get a defined sum of money either daily, weekly, or monthly to use toward approved services. Some pay using both methods.

* **How do I qualify for benefits?** You usually must be unable to perform certain daily activities like bathing or dressing. Make sure they have a different standard for someone with cognitive impairment.

* **When will benefits begin?** Most policies allow you to select a deductible period. You choose 0 to 90+ days (0 costs more).

* **How will the policy work with the new public insurance program?**

* **Will benefits keep pace with inflation?** A 5% annual compounded increase is recommended for people age 70 and younger otherwise your benefit will only cover a fraction of the cost.

* **Are there coverage exclusions?** Most policies exclude mental disorders, attempted suicide, and drug or alcohol abuse.
Note: Tell the audience there is additional information and resources on reverse mortgages, continuing care retirement communities, and selling your life insurance in the Resource Guide.

Slide 17: What Will Your Expenses Be in Retirement?

Knowing whether you have enough money to pay for some of your long-term care needs from your personal assets requires most of us to estimate our income and expenses in retirement. How much money do you need to retire? Unfortunately, most of us have no idea. (Pass out the Retirement Worksheet handout.)

While no one can foresee the future, we can use a number of tools to help us make some predictions.

We’ve provided a worksheet that you can fill out. It will give you an idea of how to calculate your expenses and estimate your income. Before starting, you’ll need to do a little research and possibly go online and use some of the tools identified, such as the Social Security and longevity calculators, to make your assumptions.

You’ll note in the handout that we have listed a number of online tools that make the exercise a little easier. Once again, remember these are estimates.

Slide 18: Your Next Steps for Completing Your Long-Term Care Plan

We have provided some tools to help you plan for long-term care. When you have a chance, put what you’ve learned into action and start figuring out what assets or resources you may have in retirement.

- Complete the retirement income worksheet provided
  Or
- Use the retirement calculator at www.aarp.org/retirementcalculator or another one you like
- Use the Social Security Administration’s calculator www.ssa.gov/planners/calculators.htm
Slide 19: Thank You

Thank you for coming.

Would anyone like to share something they learned today that will be of value to you now or in the future?

*Note: Ask for additional questions from the audience.*

You can ask people to submit questions through the chat or Q & A function. Read them aloud to the group as they come in or write them on the whiteboard. Your registration software might have the capability of gathering questions from participants at the time of registration prior to the session. You could start with a few of those questions, or you can also create a few questions in advance to get the ball rolling.

If you plan to convene another session with the same group, tell them you will ask them to share some insights from doing their homework at the next session. Give out information on the next session (day, time, topic, speaker[s], and location).
YOUR WISHES SESSION

Slide 1: Expressing Your Health Care Wishes

This session discusses important documents every adult should have. Today, we’ll focus specifically on your wishes for your health care. And we’ll share some tips for how we organize all of our important documents.

Note: If you will do additional seminars, mention the other topics here. If you will not do additional seminars, tell the audience that they can get information on the other topics in the Resource Guide or online.

Slide 2: Today, We’ll Explore:

• What an advance directive is and why you might want one
• How to pick a health agent and how to act as someone else’s agent
• How to create advance directives
• Strategies for organizing documents

Note: Please keep a copy of your Resource Guide handy during the session.

Slide 3: What Is an Advance Directive?

An advance directive is a legally accepted means for you to convey to your family, friends, and doctor the types of care you would want in the event you are unable to make medical decisions yourself.

Most people have heard of a living will, yet it’s only half the legal instruction that makes up an advance directive. A living will outlines the treatments you would or would not want if you are unable to make medical decisions and your condition is terminal or you’re permanently unconscious. States may have other requirements for when an advanced directive can be applied.

The second part is the medical power of attorney or health care proxy that allows you to appoint someone you trust to be your health care agent in the event you are unable to make health care decisions. You often appoint backup people, too.
Slide 4: True or False Quiz

Let’s see how much we know about advance directives.

Ask the audience the following True or False questions. Get the sentiment of the group with a show of hands. The answers are on the next slide.

**Turn one or more of the questions below into a poll. Answer choices for each statement should include:**

- a. True
- b. False
- c. Don’t know

1. More than 70% of Americans have not completed advance directives.
2. Almost three out of four doctors whose patients had an advance directive didn’t know about it.
3. The best place to keep your advance directive is in a safe deposit box.
4. Your advance directives will be accepted in every state.
5. You should update your advance directives as your personal circumstances change.

The Pew Research Center, January 2006.

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Slide 5: True or False Quiz Answers

Let’s see if we knew the answers.

**True or False Quiz**

1. **TRUE** – More than 70% of Americans have not completed advance directives.
2. **TRUE** – Almost three out of four doctors whose patients had an advance directive didn’t know about it.
3. **FALSE** – The best place to keep your advance directive is in a place where someone can get to it at any time, not in a safe deposit box.
4. **FALSE** – Varies by state, so best to check.
5. **TRUE** – You should update your advance directives as your personal circumstances change.
Slide 6: Why Have an Advance Directive?

Note: Ask the audience why they might want an advance directive.

You can also ask people to submit ideas through the chat or Q & A function. Read them aloud to the group as they come in or write them on the whiteboard.

Then show our responses.

• Assures someone will speak for you who knows you and understands your wishes
• Will help your family make difficult decisions, possibly help alleviate their guilt or anxiety
• May help bring your family together at a difficult time
• Helps you follow your personal, spiritual, and religious beliefs

Slide 7: What Are the Benefits of Having a Health Care Agent?

Note: Ask the audience what they think the benefits of having a health care agent might be.

You can also ask people to submit ideas through the chat or Q & A function. Read them aloud to the group as they come in or write them on the whiteboard.

Then show our responses.

Your agent(s) can:

• Talk with your physicians about your changing medical condition and authorize treatment or have it withdrawn as circumstances change
• Interpret your living will in situations that were not foreseen. Be sure to make clear in your living will that your agent should make decisions about how to interpret it
• Advocate for you. If health care providers resist following your wishes, your agent can negotiate with them and take any other necessary steps to see that your wishes are honored
Slide 8: Who Should You Select as Your Health Care Agent?

Note: Ask the audience to name some characteristics of the people who they would want for their agent.

You can also ask people to submit ideas through the chat or Q & A function. Read them aloud to the group as they come in or write them on the whiteboard.

Then show our responses.

Pick someone who:
- You trust and can be there for you now and well into the future
- Is comfortable talking with health care professionals
- Can be assertive and get needed answers about your treatment
- You can talk comfortably with now about end-of-life care
- Will follow your wishes even if they are not similar to his/her own
- Meets your state’s criteria

Slide 9: What to Discuss as an Agent or with Your Agent

Find a time to talk when you are both comfortable. Sometimes sharing your personal concerns and values, spiritual beliefs, or views about what makes life worth living can be as helpful as talking about specific treatments and circumstances.

You might discuss:
- What aspects of your life give it the most meaning?
- How do your religious or spiritual beliefs affect your attitudes toward end-of-life care?
- What is your attitude toward death?
- Would you prefer to die at home if possible?
- Do you have any fears about treatments?
- Are there certain treatments you would want or would refuse? Under what conditions? Would you consider treatments on a trial basis?
Slide 10: How to Create an Advance Directive

Note: Tell the audience you have copies of advance directive forms for your state that they can pick up at the end of the session. Or give them the link where they can download the form.

How to Create an Advance Directive

Step 1: Start by having conversations with family, friends, spiritual advisors, health care professionals, or others who might be helpful in discussing serious health care or end-of-life concerns

Step 2: Select a health care agent (someone who will follow your wishes)

Step 3: Obtain and complete forms for your state

Step 4: Review with lawyer, if desired

Step 5: Keep the original copy somewhere it can be found easily, not in a safe deposit box

Step 6: Give copies to your health care agent and health care provider; discuss your wishes with others with whom you are close

Slide 11: Think About These Reasons for Review

While advance directives never expire, it’s important to review them on a regular basis to ensure they are still aligned with your current wishes.

Think about these reasons for a review:

- **Decade** — Look at them at least once a decade if nothing else has prompted you to do it.

- **Death of an Agent** — After the death of a person named in the advance directive, it is important to identify a new health care agent as soon as possible.

- **Divorce/Marriage** — Divorce, separation, or marriage often prompts someone to change their health care agent.

- **Diagnosis/Decline** — Certain diagnoses or declining health may prompt you to rethink the types of care you would want.

- **Discord** — If you are no longer close with the individual designated as your agent, it’s time to make a change.

- **Distance** — When moving to another state, verify that your directives will still be good and your agent(s) will still be available. If your agent moves to another state make sure they can still be there for you.
Slide 12: Family Conflicts

Sometimes you can anticipate that certain family members may not agree with your wishes or go along with the agent you have appointed. If this is the case, it is important that your appointed health care agent understands your wishes and is willing to stand by them. While your appointed agent has legal authority, immediate family members can make it very difficult to implement your desired plan.

Here are a few things you can do to head off conflicts:

- Let appropriate family member know in writing who you have appointed as your health care agent and why.
- State in the document that you don’t want them involved in making decisions about your care.
- Give a copy of the document to your health care agent and your health care provider.
- Be sure your living will gives your agent the authority to interpret how and when to apply your living will.

Slide 13: How Organized Are Your Important Papers?

Organizing is truly a gift for your loved ones.

*Note: Maybe you can add a personal story if you have been a caregiver.*

There are many ways to get organized.

*Note: Ask the audience and get two to three responses.*

Can people share with us how they organize important documents?

You can also ask people to submit ideas through the chat or Q & A function. Read them aloud to the group as they come in or write them on the whiteboard.

The campaign created a checklist at the end of the Resource Guide to note where you store important documents.
Slide 14: Your Next Steps for Completing Your Living Longer, Living Smarter Plan

Here are few more steps you can take that will help complete your long-term care plan:

- Commit to talking with family/friends about values and what would be important to you if you couldn’t communicate your wishes.
- Complete an advance directive form.
- Fill out the “Important Documents at Your Fingertips” form (found at the end of the Resource Guide) and tell family how to find it.

Note: Make copies of the advance directive form(s) for your state or provide a link where folks can download them.

Those of you who would like a form for our state can pick one up today or download it at: www.aarp.org/advancedirectives

You can also go online to 5 Wishes (www.agingwithdignity.org/five-wishes.php), which has a widely-used advance directive form because it is written in everyday language and helps start and structure important conversations about care. The 5 Wishes form is valid in 42 states, but would be helpful to you regardless of where you live. You might get ideas for what to include in your advance directives.

Slide 15: Thank You

Thank you for coming.

Would anyone like to share something learned today that will be of value to you now or in the future?

Note: Ask for additional questions from the audience.

You can ask people to submit questions through the chat or Q & A function. Read them aloud to the group as they come in or write them on the whiteboard. Your registration software might have the capability of gathering questions from participants at the time of registration prior to the session. You could start with a few of those questions or you can also create a few questions in advance to get the ball rolling.

If you plan to convene another session with the same group, tell them you will ask them to share some insights from doing their homework at the next session. Give out information on the next session (day, time, topic, speaker[s], and location).