

A decorative graphic in the top-left corner consists of a large dark green square and a smaller yellow square positioned at its bottom-right corner. A thin black line extends from the bottom-right corner of the green square towards the center of the page.

# **Boomer Women's Long-Term Care Planning: Barriers And Levers**

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*August 2009*



# **Boomer Women's Long-Term Care Planning: Barriers and Levers**

**Data Collected by  
Knowledge Networks, Inc.**

**Report Prepared by  
Helen W. Brown, Ph.D., MPH**

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## KEY FINDINGS

This paper reports the findings of a survey of 2,895 Boomer women on planning for their possible future needs for long-term care (LTC). The purpose was to examine their perspective and behavior regarding the issue of LTC in general, and specifically, as it relates to Boomer women planning their own LTC should it be needed. An abundance of information and research exists on adult children, as caregivers, assisting their aging parents to make long-term care plans and decisions. Also, a great deal of attention has focused on the importance for people of all ages to complete forms that convey one's desires if incapacitated and not able to make medical treatment decisions. There are also numerous studies on the problems with the long-term care system and delivery of LTC services. However, there is a paucity of research and information that provides an understanding of factors that influence whether Boomer women plan for their own possible needs for LTC.

In the research reported in this paper, "long-term care" refers to care provided on a regular basis for three months or more for age-related or other chronic conditions. Examples include:

- Someone comes to your home for a few hours each day to help with daily activities or personal care tasks such as using the telephone, paying bills, shopping, driving, doing housework, preparing meals, bathing, dressing, using the toilet, getting in or out of a bed or chair, walking, or eating
- Home visits from a nurse, physical therapist, or some other health professional who provide skilled services such as physical rehabilitation and blood pressure monitoring.
- Living in an assisted living facility where aides are available to help you with some personal care tasks or with medications.
- Living in a nursing home where aides and nurses take care of you, as do other health professionals who provide skilled services such as physical rehabilitation.

The report is organized into two sections. Section 1 examines attitudes, opinions, and experiences, including behaviors of Boomer women age 50 to 62 years as barriers or levers in regard to planning their own LTC. Section 1 addresses the following questions:

1. What are the attitudes beliefs, opinions, and behaviors regarding planning for their own LTC?
2. What experience have they had with caregiving?
3. What steps, if any, have they taken to plan their own LTC?
4. What are the attributes or characteristics of Boomer women with regard to LTC planning?

Section 2 of the research examines whether Boomer women can be segmented into subgroups based on attributes with regard to LTC planning identified in analysis reported in Section 1 of the study. The goal is to gain an understanding of the differences among Boomer women and the factors that are motivators or barriers to subgroups planning for their LTC needs.

Below are key findings for the research.

- ❖ More than half (53%) of the Boomer women have not had any experience with caregiving. Just over a third (36%) have provided care or are currently providing for an aging relative. Those who have been caregivers are twice as likely to have some kind of LTC plan (16%) than those who have not (8%).
- ❖ Most of the women (56%) indicated that they did not have any type of plan when asked to check if they had a family, legal, or financial plan for their LTC needs. However, those who have made at least one kind of plan are more likely to have made additional plans.
- ❖ Most often, the trusted source of information Boomer women turn to in order to plan and/or make decisions on their health and/or financial security falls in the category of family and friends (83%). Factor analysis revealed that 12 sources of information listed in the survey group into four categories:
  1. Media
  2. Government agencies and community organizations
  3. Internet and groups or associations they belong to
  4. Family and religious organizations
- ❖ When respondents were asked to rank the following factors in terms of what has most influenced you or would most influence you to make and implement a long-term care plan, those ranked number 1 most often are:
  - 31% Observing the long-term care experience/treatment of a friend and/or family member
  - 24% Understanding clearly available options
  - 21% Fearing what will happen if I do not take action
  - 12% Receiving support/encouragement from friends and/or family
  - 3% Feeling momentum to continue after evaluating available options
- ❖ There are three things Boomer women indicate they are most often currently doing or have done relating to long-term care:
  1. Had heard or read stories about LTC (43%)
  2. Discussed their LTC needs with their family or friends (27%)
  3. Prepared and executed advance directive forms that reflect their choices about their own care (26%)
- ❖ Two-thirds of Boomer women (65%) indicated they cannot afford the cost associated with LTC planning right now.
- ❖ Unaware that Medicare does not cover LTC, over a quarter of the Boomer women (29%) are counting on Medicare to pay for their LTC service needs.
- ❖ Virtually none of the respondents (2%) indicated volunteering for the issue of LTC.

The survey included 19 variables that a large body of literature suggests are barriers to planning for LTC needs. Using a five-point scale where “5” was *Strongly Agree* and “1” was *Strongly Disagree*, most of the barrier variables asked the respondents to indicate their level of agreement or disagreement with attitudes, behaviors, and opinions perceived to impede Boomer women from dealing with the issue of LTC.

❖ Of the 19 variables, more than half or more of the women *strongly* or *somewhat agree* with the following:

- 67% I am hesitant to rely in the existing health system to meet my LTC needs
- 65% I can not afford the cost associated with planning for LTC now
- 62% I do not have enough retirement saving or other assets to meet my LTC needs
- 57% I am not comfortable giving up control to someone else
- 55% I don't think a plan will ensure getting the care I expect

The majority of the respondents do not *agree* with most of the variables, indicating that they are either *neutral* towards them, *strongly disagree*, or *somewhat disagree* with the statements. This suggests that rather than barriers, many of the items could be leverages for LTC planning.

❖ Factor analysis reveals the following seven themes underlie the 19 barrier items:

1. Do not know what to do
2. No need to plan LTC now
3. Cost perceived prohibitive
4. Lack faith in the health care system and concern with giving up control
5. Lack satisfaction with and interest in volunteerism
6. Activists for other issues
7. Depending on family for LTC

A total of 23 questions were developed based on literature of characteristics or attributes related to Boomer women's LTC planning. Respondents indicated their level of *agreement* with the questions on a five-point scale where “5” means *Strongly Agree* and “1” means *Strongly Disagree*. They also rated their health status on a five-point scale where “5” means *excellent health* and “1” *poor health*. In addition, there were five items for respondents to indicate their experience with the issue of long-term care with a *Yes* or *No* response.

❖ There are four statements that represent Boomer attributes for which as a total group, nearly half or more *strongly* or *somewhat agree*. These statements refer to finances (63%), awareness from experience the need to plan for their own possible need for LTC (50%), and although respondents did not want to think about the possibility of needing LTC (50%) they realize the possibility that they may need it (49%). On the other hand, Boomer women were least likely to *agree* that they probably won't need LTC because they are healthy now (9%) and that it is too late to plan for their LTC (8%).

❖ Scores obtained for each respondent in a factor analysis of the attribute variables were used in a segmentation analysis to gain a better understanding of subgroups of Boomer women regarding LTC issues. The percentages and broad summary of the women for the five segments are below.

### **22% Pessimistic**

The poorest and least educated segment, these older Boomer women are least likely to rate their health as excellent or very good and are more likely to believe it is too late and too expensive to plan for LTC.

Boomer women in this segment are most likely to think they can rely on Medicare to support their LTC needs, and are more pessimistic about their situation – they think that they will likely end up alone in a nursing home, regardless of the plans they make.

### **20% Open and Uninformed**

More often single, working, and without children, these younger Boomer women don't know where to turn for information, what questions to ask, or what should go in a LTC plan.

While most have not yet made any plans, they see the need for planning and are willing to explore their options.

### **20% Procrastinators**

More likely to be married, working, and with children, these younger Boomer women are putting off planning due to being busy, lack of information about what goes into a plan, and their perception they cannot afford to plan. They will deal with LTC when they have to.

### **20% Crossroads**

These healthy, older Boomer women are most likely to have taken none of the LTC continuum steps, and are least likely to have any experience providing care.

However, this group is becoming more aware and motivated about planning due to the observations of others' experiences and is beginning to fear what will happen if they do not take action.

### **18% Planners**

The wealthiest and most educated segment, these healthier, older Boomer women are most likely to have experience providing care, have spoken with family and friends about their plans, and have made at least one type of LTC plan.

## INTRODUCTION

### Background

This report presents findings of a survey of 2,895 Boomer women that examined attitudes, opinions, and behavior regarding planning for their own possible needs for long term care (LTC). In this research, “long-term care” refers to care provided on a regular basis for three months or more for age-related or other chronic conditions. Examples include:

- Someone comes to your home for a few hours each day to help with daily activities or personal care tasks such as: using the telephone, paying bills, shopping, driving, doing housework, preparing meals, bathing, dressing, using the toilet, getting in or out of a bed or chair, walking, or eating.
- Home visits from a nurse, physical therapist, or other health professional that provide skilled services such as physical rehabilitation and blood pressure monitoring.
- Living in an assisted living facility where aides are available to help you with some personal care tasks or with medications.
- Living in a nursing home where aides and nurses take care of you, as do other health professionals who provide skilled services such as physical rehabilitation.

There is an abundance of research and information on the role of adult children assisting their aging parents to plan for their LTC needs, on the importance for people of all ages to have forms that convey one’s desires if incapacitated and cannot make medical treatment decisions, and on the myriad of problems of the long-term care system and delivery of services. However, only a paucity of research exists that has focused on understanding attitudes, opinions, and behaviors in relation to Boomer women planning for their own LTC needs.

Research has shown that, in the past, getting people to make LTC plans is a challenge, and this may be particularly the case for Boomers. A common belief is that with the aging of the Boomers, society will witness a metamorphosis of the landscape of older America into a silver haired version of the Sixties, with working, laughing, dating, and skiing Boomers who are not driving their father's “Oldsmobile,” nor living their parents' retirements. Experiencing better living through pharmaceutical chemistry, they will be the new and different American seniors. They will live in a society in which prevailing attitudes, demography, economics, and medical advances have made the prospect of growing old in America one which contains previously un-dreamt-of choices of managing chronic illnesses and in remaining active and involved in life.

Since, on the one hand, Boomers are aging in an era of extraordinary rapid medical and technological advancements, their attitude may be that the time is approaching when individuals die suddenly from a short illness after living a long and healthy life. This mindset could lead them to believe that, most likely, they will never have a need for LTC, and thus LTC planning is not relevant.

On the other hand, Boomers are viewed as self directed, fiercely independent, insistent on controlling their own destiny, changing the rules, and raised to expect more than their parents. Some characterized them as having relatively little confidence and trust in some of society's major institutions, such as government, corporations, and churches. They are described as instinctively, would rather burn out than fade away. These characteristics may indicate Boomers will be receptive to planning for their LTC so that they can feel that they will be able to maintain control of their destiny in late life.

The Baby Boom Generation is about 77 million Americans, or roughly 28 percent of the current U.S. population (AARP, 2008). In less than 10 years, the entire Baby Boom generation will be over 50. The National Maturity Institute (NMI, 2008) found nearly one fourth (22%) of Boomers indicate they have a disability, handicap, or chronic disease that keep them from participating fully in activities. With aging, it can be expected that this percentage will increase. For example, according to the Centers for Disease Control and Prevention (CDC) the number of U.S. adults reporting a disability is increasing. In 2005, more than one-third of the 47.5 million adults who reported a disability are aging baby Boomers (CDC, 2009). Thus, even though Boomers have broken the norms at previous life stages, there is some evidence that indicates a swell in the population who are likely to need LTC services as they age. Considering the size of the Boomer population, this is critically important given that currently, as noted by US. Department of Health and Human Services Secretary (HSS) Kathleen Sebelius, \$232 billion is being spent on long-term care annually (Sebelius, 2009).

It has been noted that without a LTC plan, when many older adults seek LTC services—whether for in their homes, in residential settings, or in institutions such as a nursing home—their search for information and resources about their options most likely will be very confusing. Most people are in crises when they seek help, do not know where to turn for aid, and are not prepared to navigate the non-system LTC choices. Trying to navigate such systems at a time of crises for many means they will not have time to find quality providers, spend too much money on the wrong system, or end up in a nursing home when their needs could possibly have been met with community services.

The two primary purposes of the research were to:

1. Understand the influences or influencers that impact Boomer women regarding planning for their LTC needs.
2. Determine if Boomer women can be segmented into subgroups regarding LTC planning based on attributes, including attitudinal, behavioral, motivational, and demographic characteristics.

## **METHODOLOGY**

### **Questionnaire Development**

A questionnaire was developed based on review of literature on opinions and experience with LTC and Boomer characteristics. This included barriers and levers to LTC planning, social and demographic characteristics of Boomers, and perceived steps and stages that people take in planning LTC. A total of 212 variables were identified in the literature review. In order to keep the survey a reasonable length, 96 questions plus demographic variables were developed to use for an online survey.

### **Online Survey**

In late September, 2008, AARP contracted Knowledge Networks, Inc. to conduct an online survey with a nationally representative panel of 2,898 Boomer Women age 50 to 62 years old. The panel included oversamples of African American and Hispanic Boomer Women. (See Appendix A- Field Report and Annotated Questionnaire for a detailed description of the sample disposition and survey process).

### **Data Analyses**

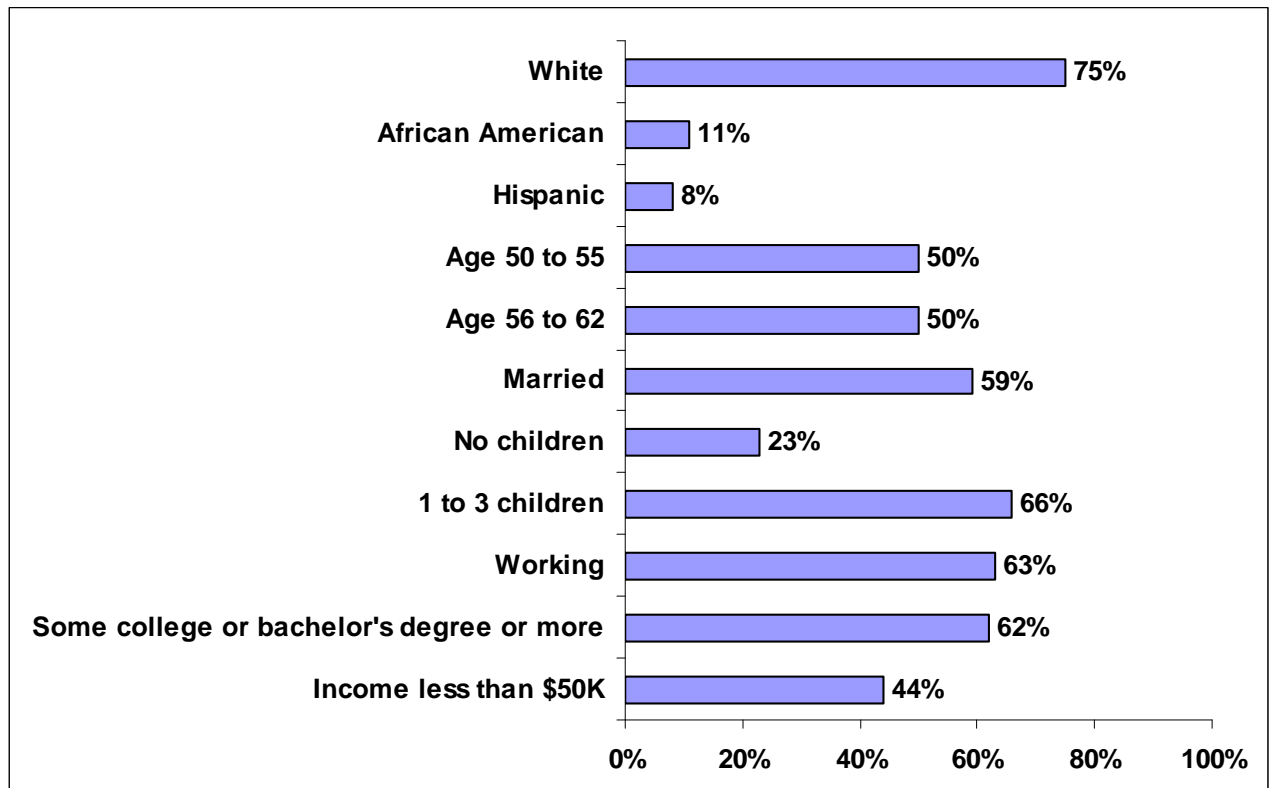
Data analyses of the included tabulation of the frequency of the responses for all of the items, cross-tabulations of the survey items to identify relationships, factor and cluster analyses to identify groupings and to uncover underlying constructs of groups of questions, and a segmentation of Boomer women into smaller LTC subgroups. (See Appendix B).

## DETAILED FINDINGS

### What are the Demographic Characteristics of Boomer Women Age 50 to 62?

Figure 1 shows the percentage of respondents on several socio-demographic characteristics. African Americans and Hispanics were over sampled and weighted to achieve a nationally representative sample of Boomer women who were age 50 to 62 years old in year 2008. The average age was 55 years old, and as shown in Figure 1, the sample was evenly split between age 50 to 55 and age 56 to 62. Six in ten (59%) were married, and nine in ten say they are head of the household (92%). While two thirds had one to three children (66%) for an average of 1.84, almost

**Figure 1**  
**Respondent's Socio-Demographic Characteristics\***  
(N=2,895)



\*Racial groups do not total 100% because the "other" category is not included.

Source: Boomer Women's Long-Term Care Planning: Barriers and Levers

a quarter had no children (23%). While a large majority reported having no children 13 to 17 years old present in the household (92%), nine in ten (92%) said they had either one (28%), two (47%) or three (17%) household members present who are age 18 or older. Most of the respondents are in the workforce (63%), and the level of education for nearly two-thirds is some college or a bachelor's degree or higher (62%). A third indicated their highest level of education is a high school diploma or equivalent (33%), and nearly one in ten do not have a high school diploma or the equivalent General

Education Diploma (8%) which includes 2 percent who indicated their highest level of education is grade 12, but do not have a diploma. While the average income before taxes was \$62,850, four in nine of the respondents' (44%) reported a household income under \$50,000. In response to the household ownership status question, the majority indicated they or someone in their house owned or was buying it (82%), and one in six indicated they were renting (17%) or occupying without payment of rent (1%). When asked about the Internet, two thirds indicated they had access (67%).

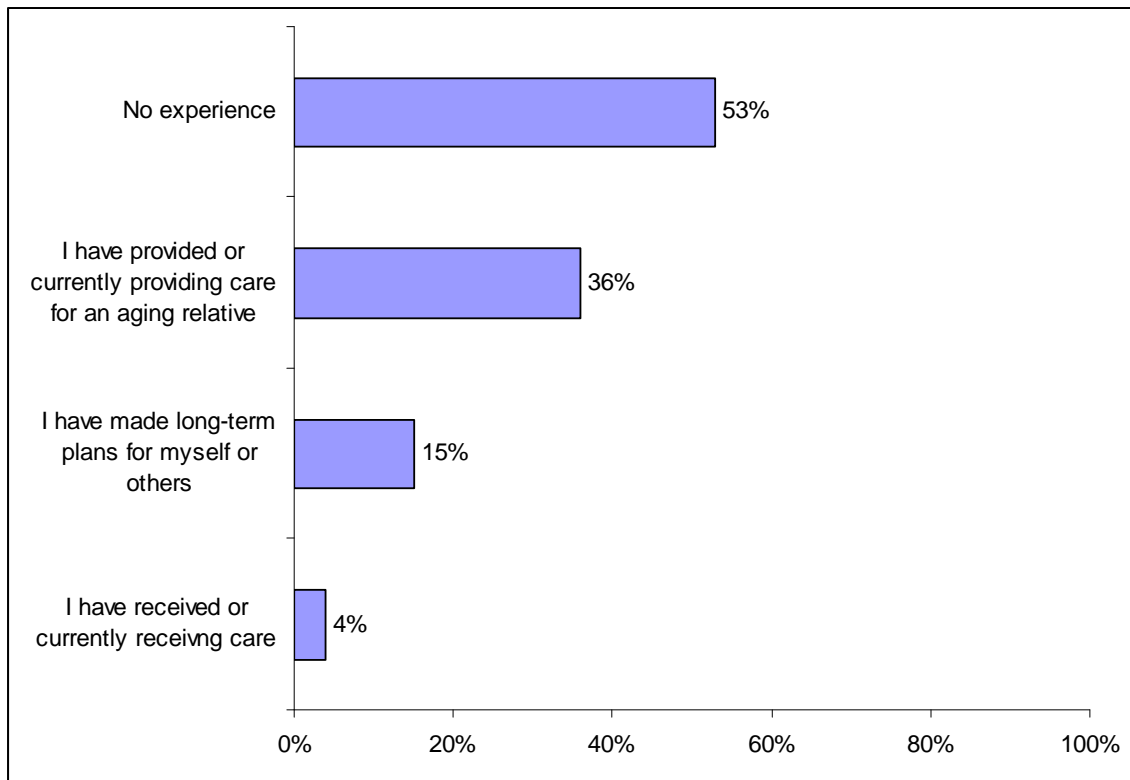
### What Is The Caregiving Experience of Boomer Women?

Respondents were asked to “check the statement's below that best describe(s) your experience in providing, receiving or planning for long-term care:”

1. I have provided or am currently providing care for an aging parent or relative]
2. I have received or am currently receiving care
3. I have made long-term care plans for myself or others
4. None of the above

Below, Figure 2 shows that more than half (53%) of the respondents have not had experience with caregiving. However a third of the respondents reported they have provided care or are currently providing for an aging relative.

**Figure 2**  
**Percentage Experienced Receiving or Providing Care**  
 (N=2,895)



Source: Boomer Women’s Long-Term Care Planning: Barriers and Levers

## What Are Boomer Women’s Trusted Sources of Information?

Respondents were asked, “what trusted sources of information do you turn to in order to plan and/or make decisions on your health and/or financial security?” They were asked to check all that apply for the following twelve sources:

1. Internet/websites
2. Local community organizations
3. Local government agencies
4. Federal government agencies
5. Non-profit organizations
6. National news- and business-oriented magazines and newspapers
7. Local newspapers
8. Television
9. Radio
10. Friends/family
11. Groups and/or associations to which I belong
12. Churches/religious organizations

Below, Figure 3 shows that the trusted source for the majority are family and friends (83%), followed by the Internet (31%). The latter was more likely to be a trusted source of information for Hispanics (87%) than for African Americans (76%).

The list of 12 sources of information was used in a principle component factor analysis to determine if underlying themes would emerge and if the number of variables could be reduced. The analysis revealed that four factors account for about half (55%) of the variability of the 12 items. Below are the themes and how much of the total variability the factor accounts for (shown in parenthesis).

- **Trusted Source Factor 1: Media (31%)**

Coefficient

.790	Television
.710	Local newspapers
.667	Radio
.610	National news- and business-oriented magazines and newspapers

- **Trusted Sources Factor 2: Government agencies and community organizations (31%)**

Coefficient

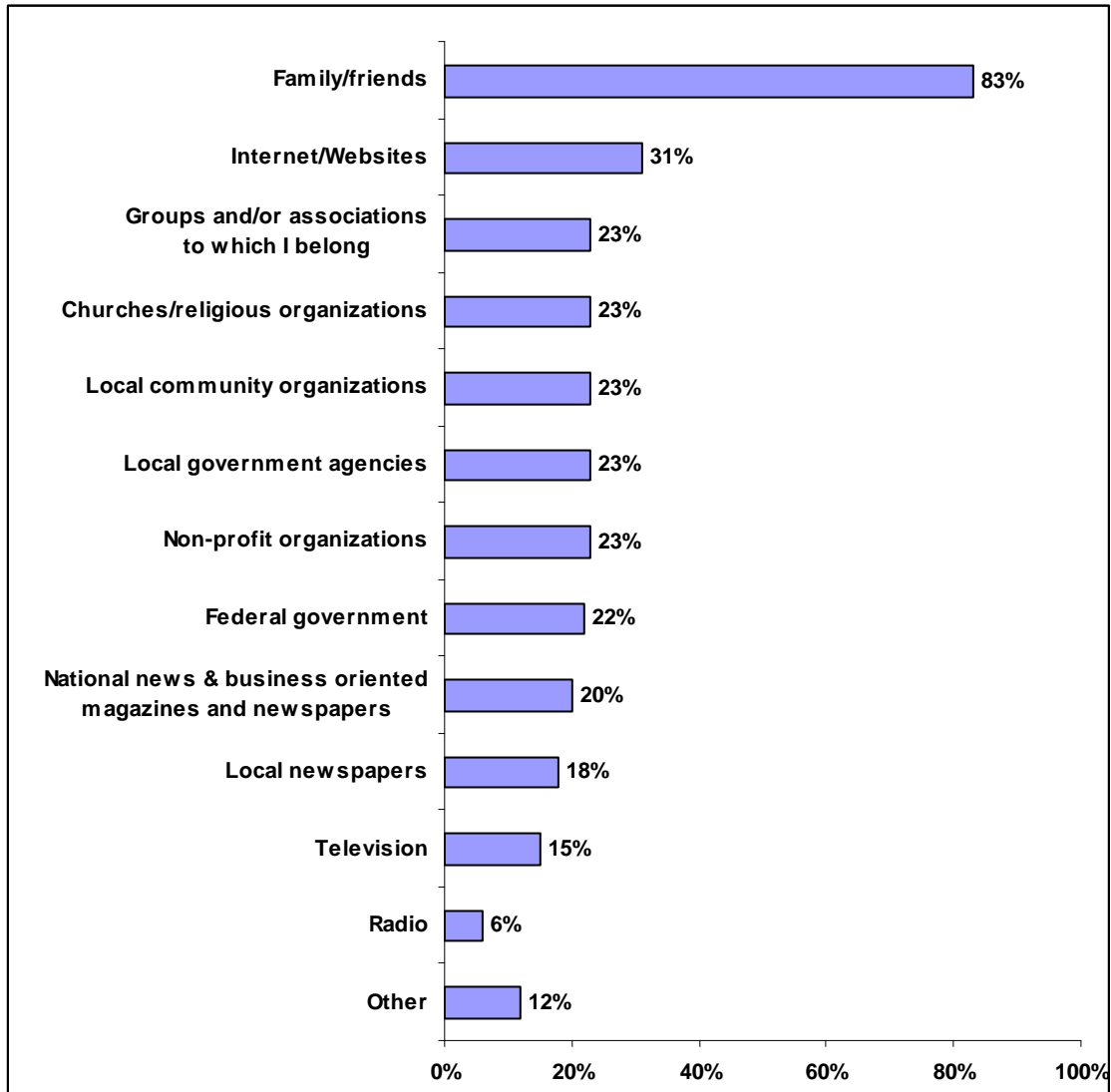
.780	Local government agencies
.723	Federal government agencies
.616	Local community organizations
.522	Non-profit organizations

- **Trusted Sources Factor 3: Internet and Groups or Associations Belong To (19%)**

Coefficient

.695	Internet/websites]
.643	Groups and/or associations to which I belong

**Figure 3**  
**Trusted Sources of Information**  
(N=2,895)



Source: Boomer Women’s Long-Term Care Planning: Barriers and Levers

• **Trusted Sources Factor 4: Family and Religious Organization (18%)**

Coefficient

- .816 Friends/family
- .594 Churches/religious organizations]

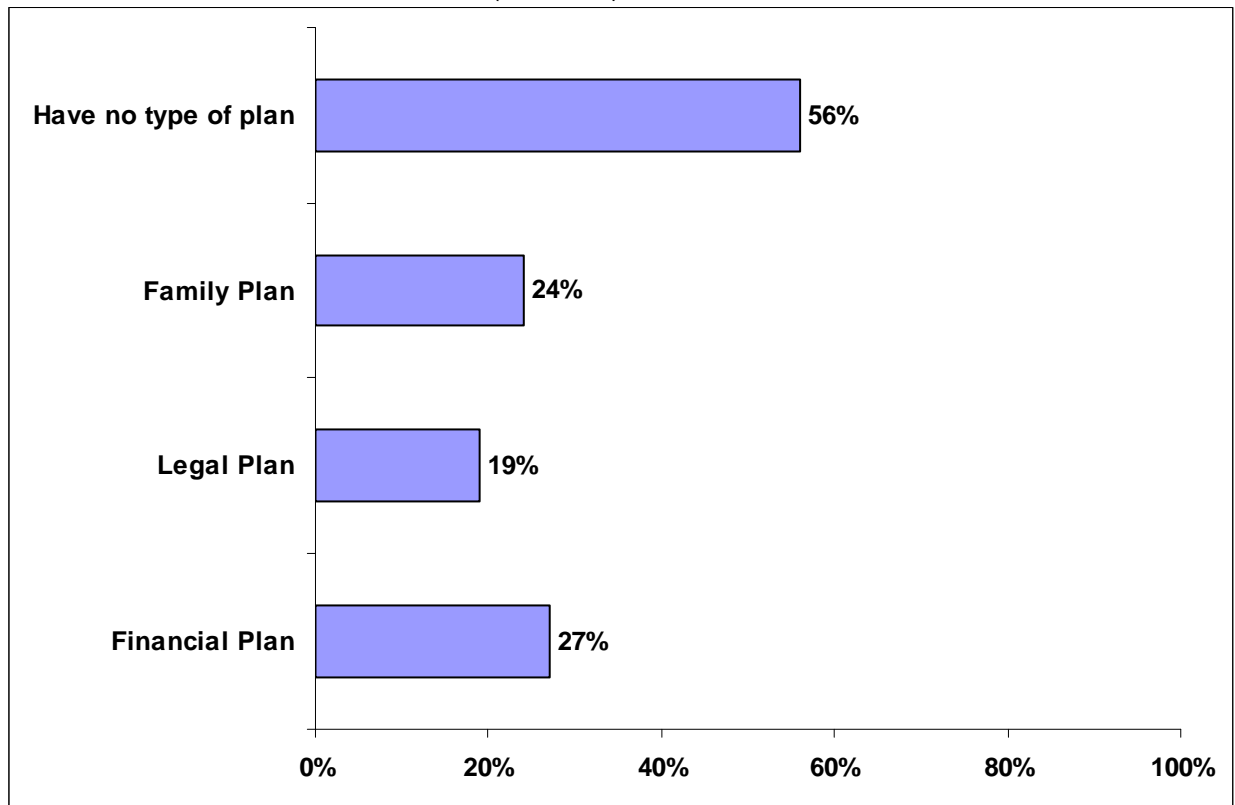
While each of the coefficients for the items that loaded on the Media factor indicates a strong association, the large coefficients for television (.790) and local newspapers (.710) show they have the strongest association with this factor. For government agencies and community organizations, local (.780) and federal (.723) coefficients have the strongest association with this second factor. Since the difference in the coefficients for the two items that loaded on the third factor for trusted sources is small, they are equally associated with the Internet and groups respondents belong to. However, for factor 4, the

coefficient for friends and family (.816) shows this source has a stronger association with the factor than religious organizations (.594).

### What Type of Long-Term Care Plan Have Boomer Women Made?

Respondents were asked if they had a financial plan, a legal plan, or a family plan to ensure that their long term-care needs are met. Figure 4 shows that half or more of the Boomer women (56%)

**Figure 4**  
**Percentage That Have Made LTC Plans by Type of Plan**  
(N=2,895)



Source: Boomer Women's Long Term Care Planning: Barriers and Levers

do not have any type of plan to ensure their LTC needs are met, and that they are nearly equally likely to have a family plan (24%) as they are to have a financial plan (27%).

Further analysis (cross-tabulations) revealed that respondents who have made at least one kind of plan are more likely to have made one or more of the other plans for their long term care.

- 89% of those who had not made a financial plan had not made a legal plan, while 54% of those who had made a financial plan had also made a legal plan.
- 82% of those who had not made financial plans had not made a family plan, while 57% of those who had made financial plans had also made a family plan.

- 86% of those who had not made a family plan had not made a legal plan while 57% who had made a family plan had made a legal plan.
- 28% of the those who said they had at least one plan had two of the three plans
- 18 % had all three type plans.

Those most likely to have financial and legal plans have higher household incomes and higher levels of education:

**Financial Plan**

Income: \$100K+	45%
\$ 75K to \$99.9K	34%
\$ 50K to \$74.9K	30%
\$ 20K to 49.9K	9%

**Legal plan**

Income: \$100K+	45%
\$ 75K to \$99.9K	34%
\$ 50K to \$74.9K	30%
\$ 20K to 49.9K	9%

**Education**

Some College	25%
College or higher	39%
High School	20%

While about a third of the Boomer women have experienced providing LTC (36%), those with this experience were twice as likely to have some type of LTC plan (16%) compared to those who had not experienced providing LTC (8%).

**What Are the Levers: Motivation for Boomer Women to Plan their LTC?**

Respondents were asked to rank the following factors in terms of “what has most influenced you or would most influence you to make and implement a long-term care plan:”

- Feeling confident in the advice of advisors/providers
- Receiving support/encouragement from friends and/or family
- Observing the long-term care experience/treatment of a friend and/or family member
- Understanding clearly available options
- Fearing what will happen if I do not take action
- Feeling momentum to continue after evaluating available

The items ranked number 1(highest) most often for what has or would most influence Boomer women to make or implement a long term care plan are:

- 31% Observing the long-term care experience/treatment of a friend and/or family member
- 24% Clearly understanding available options
- 21% Fear of what will happen if I do not take action
- 12% Receiving support/encouragement from friends and/or family
- 3% Feeling momentum to continue after evaluating available options

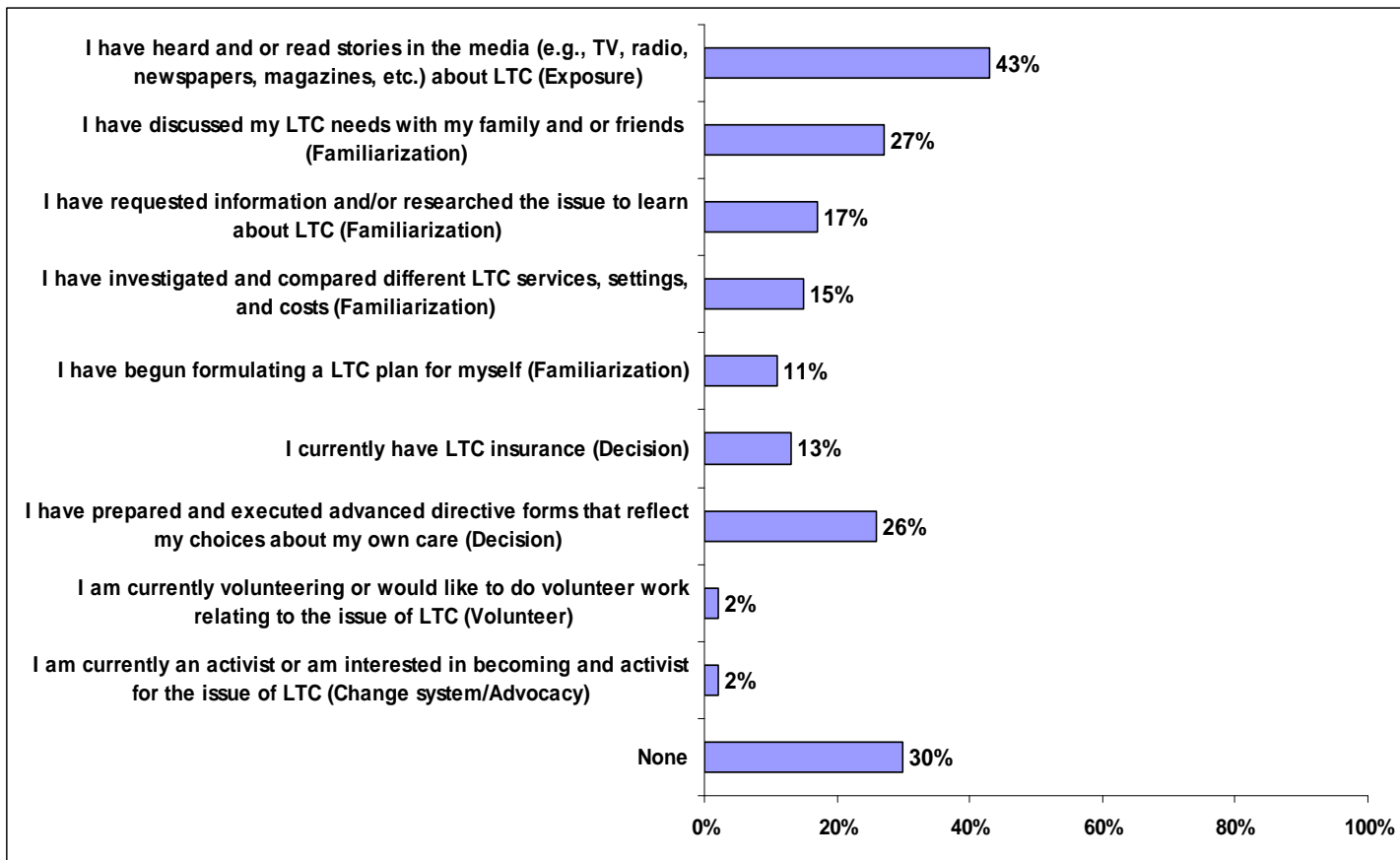
### **What Is The Range of Current or Past Experience with Long-Term Care?**

The survey contained a set of statements that were developed to capture experiences with regard to LTC that ranged from exposure to LTC issues to having taken some type of action as follows:

- Exposure
- Familiarization
- Decision
- Volunteer
- Advocacy-Change the system

Respondents were asked to check each statement that represents or corresponds with what they are currently doing or have done relating to long-term care planning. Figure 5, which is in the order of exposure to advocacy (activism), shows that most often, Boomer women had heard or read stories about LTC (43%), discussed their LTC needs with their family or friends (27%), and prepared and executed advance directive forms that reflect their choices about their own care (26%). It can also be seen in Figure 5 that most of the Boomers' experience is in the range of exposure or familiarization (shown in parenthesis).

**Figure 5**  
**Range of Experience with Long-Term Care**  
 (N=2,895)



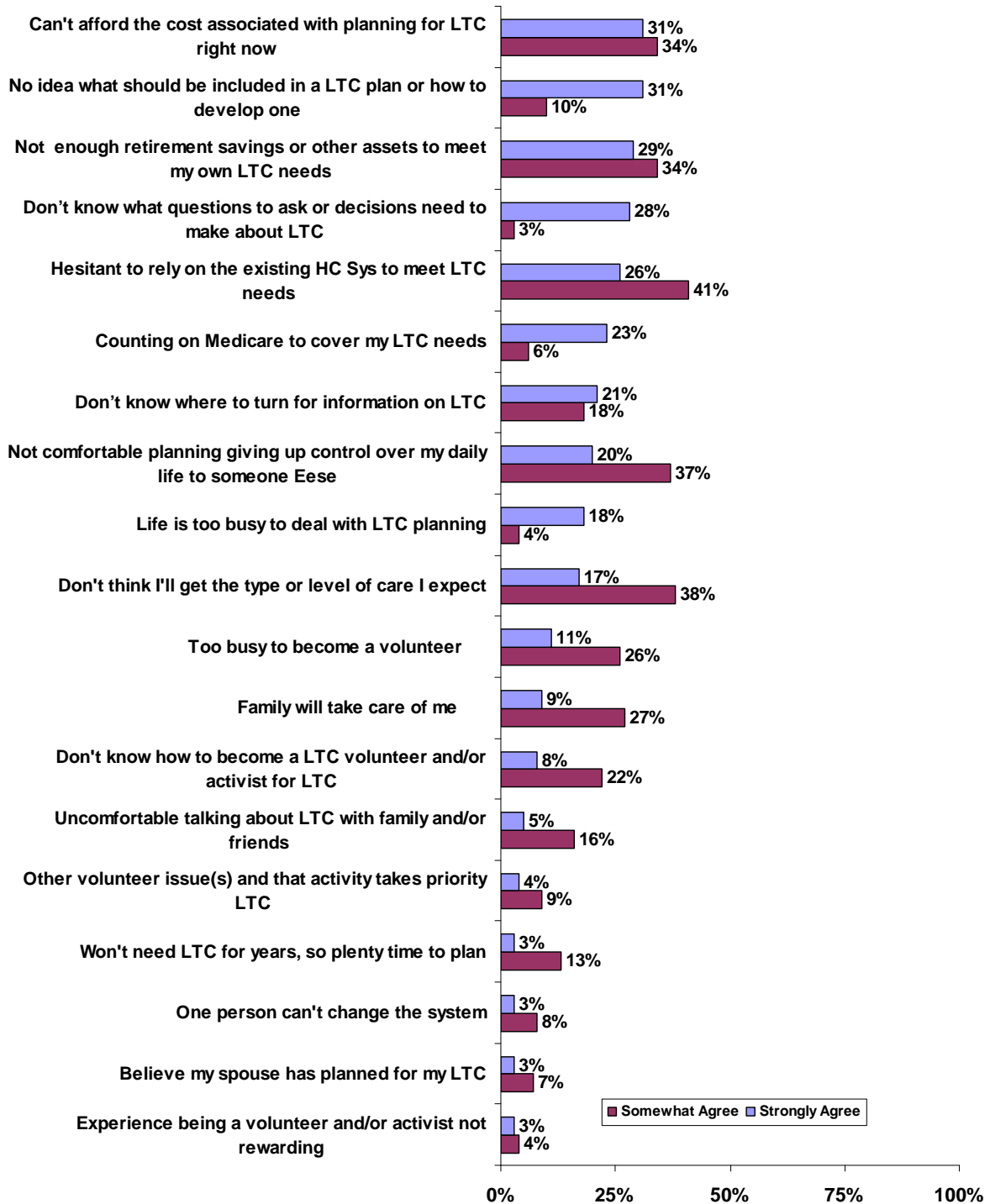
Source: Boomer Women’s Long-Term Care Planning: Barriers and Levers

### What Are The Barriers: Inhibitors to Long-Term Care Planning?

The survey included 19 variables that literature suggests are barriers to planning for one’s possible future LTC needs. Using a five-point scale where “5” was *Strongly Agree* and “1” was *Strongly Disagree*, respondents indicated their level of *agreement* or *disagreement* with attitudes, behaviors, and opinions perceived to impede Boomer women from dealing with the issue of long-term care as shown in Figure 6.

As Figure 6 shows, two thirds of the women *strongly* or *somewhat agree* that they can not afford the cost associated with planning for LTC now (65%), do not have enough retirement saving or other assets to meet their LTC needs, and are hesitant to rely in the existing health system to meet their LTC needs (67%). Nearly six in ten are not comfortable giving up control to someone else (57%), and do not think a plan will ensure getting the care they expect (55%). However, most of the respondents do not *agree* with most of the variables, indicating that they are either neutral towards them or *disagree* on them. This indicates that rather than barriers, the items on which large percentages are neutral or *disagree* with could serve as leverages for LTC planning.

**Figure 6**  
**Percentage Who Strongly or Somewhat Agree with Barrier Variables**  
 (N=2,895)



Source: Boomer Women's Long-Term Care Planning: Barriers and Levers

The barrier questions were used in a factor analysis to reveal underlying content. The analysis revealed seven factors accounted for 58 percent of the variation in the variables. Of the 58 percent variability, the following are the themes and the percentage of variation attributed to each factor:

- 34% Do not know what to do
- 17% No need to plan LTC now
- 12% Cost perceived prohibitive
- 11% Lack faith in the health care system and issues with giving up control
- 10% Lack of satisfaction with and interest In volunteerism
- 8% Activists for other issues
- 8% Depending on family for LTC

***Barrier Factor 1: Do Not Know What To Do (34%)***

Four questions formed the first theme that emerged in the factor analysis which indicates that the most important barrier to Boomer women’s planning for their LTC pertains to the lack of knowledge of what to do about LTC planning. The situation of not knowing the questions to ask or the decisions that need to be made has the highest correlation (.823).

Coefficient	<b>Do not know what to do</b>
.823	I don't know what questions to ask or what decisions I need to make about long-term care
.790	I have no idea what should be included in a long-term plan or how to develop one
.751	I don't know where to turn for information on long-term care
.692	I don't know how to go about becoming a volunteer and/or activist for long-term care issues

***Barrier Factor 2: No Need to Plan LTC Now (17%)***

As shown below, the three questions associated with the second factor are related to not perceiving a need to plan now since such a need, if ever, is in the distant future. For this factor the highest coefficient is for the item won’t need LTC for years (.755), indicating that the barrier with the strongest association with procrastination is the sense that there is no urgency to plan for the future LTC needs.

Coefficient	<b>No Need to Plan LTC Now</b>
.755	I won't need long-term care for years, so there's plenty of time to plan
.692	I'm healthy so I probably won't need long-term care
.651	I'll deal with my long-term care needs if and when it becomes a problem

***Barrier Factor 3: Cost Perceived Prohibitive (12%)***

The three questions associated with the fourth factor relate to finances or cost of LTC. The item with the highest coefficient pertains to at this time not being able to afford the cost associated with planning LTC (.692). The negative coefficient for the item regarding retirement savings and other assets is a counter-intuitive inverse association

with the theme of prohibitive cost, but may be explained by the positive coefficient for counting on Medicare to cover LTC needs (.647).

Coefficient	<b>Cost Perceived Prohibitive</b>
.692	I can't afford the cost associated with planning for long-term care right now
-.662	I don't think I have enough retirement savings or other assets to meet my own long-term care needs
.647	I am counting on Medicare to cover my long-term care needs

***Barrier Factor 4: Lack Faith in the Health Care System and Control Issue (11%)***

The themes of the three questions associated with the fourth factor are about the lack of confidence in the existing health care system and viewing LTC planning as ceding control of their lives. However, since the coefficients for the two items related to the system (.744 and .679) are relatively higher than the control question (.590), the confidence in the system is the stronger barrier for this factor.

Coefficient	<b>Lack faith in the health care system and Giving Up Control Issue</b>
.744	I'm hesitant to rely on the existing health care system to meet my long-term care needs
.679	Even if I have a long-term care plan, I don't think I'll get the type or level of care I expect
.590	I'm not comfortable making a plan that involves giving up control over my daily life to someone else

***Barrier Factor 5: Lack Satisfaction With and Interest in Volunteerism (10%)***

The content of the two questions with the highest coefficients (.720 and .683) for factor five are primarily about volunteerism. Thus, issues dealing with the experience and effectiveness of volunteering for LTC are the barriers to being engaged with the issue of LTC. The coefficient for the question that it's too late for me to make plans for LTC (.488) is much lower than the other two items and although it is highest for the volunteer factor, it is nearly the same for factor three above (.459); thus difficult to interpret. For this factor, the ineffectiveness of volunteerism emerges as the important barrier.

Coefficient	<b>Dissatisfaction with volunteerism</b>
.720	Overall, my experience being a volunteer and/or activist has not been rewarding
.683	One person can't change the system, so why should I become a volunteer and/or activist for long-term care issues?
.488	It's too late for me to make plans for long-term care

**Barrier Factor 6: Activists for Other Issues: (8%)**

Of the three questions that are associated with this sixth factor, the theme of the two with the highest coefficients (.742 and .613) is other volunteer priorities rather than being an activist for LTC issues. The coefficient for the third question (.488) shows that being busy does not have a strong association with the volunteer factor. Also, the coefficient for this item was just slightly lower for factor 2 above, indicating that the association is not clearly only with volunteer issues.

Coefficient	Activists for Other Issues
.742	I am a volunteer and/or activist for other issue(s) and that activity takes priority over volunteering or activism for long-term care
.613	I'm too busy to become a volunteer and/or activist for long-term care
.488	My life is too busy to deal with long-term care planning

**Barrier Factor 7: Depending on Family for LTC (8%)**

This factor has two questions with the theme that the respondents are depending on their family to plan for and take care of their LTC needs.

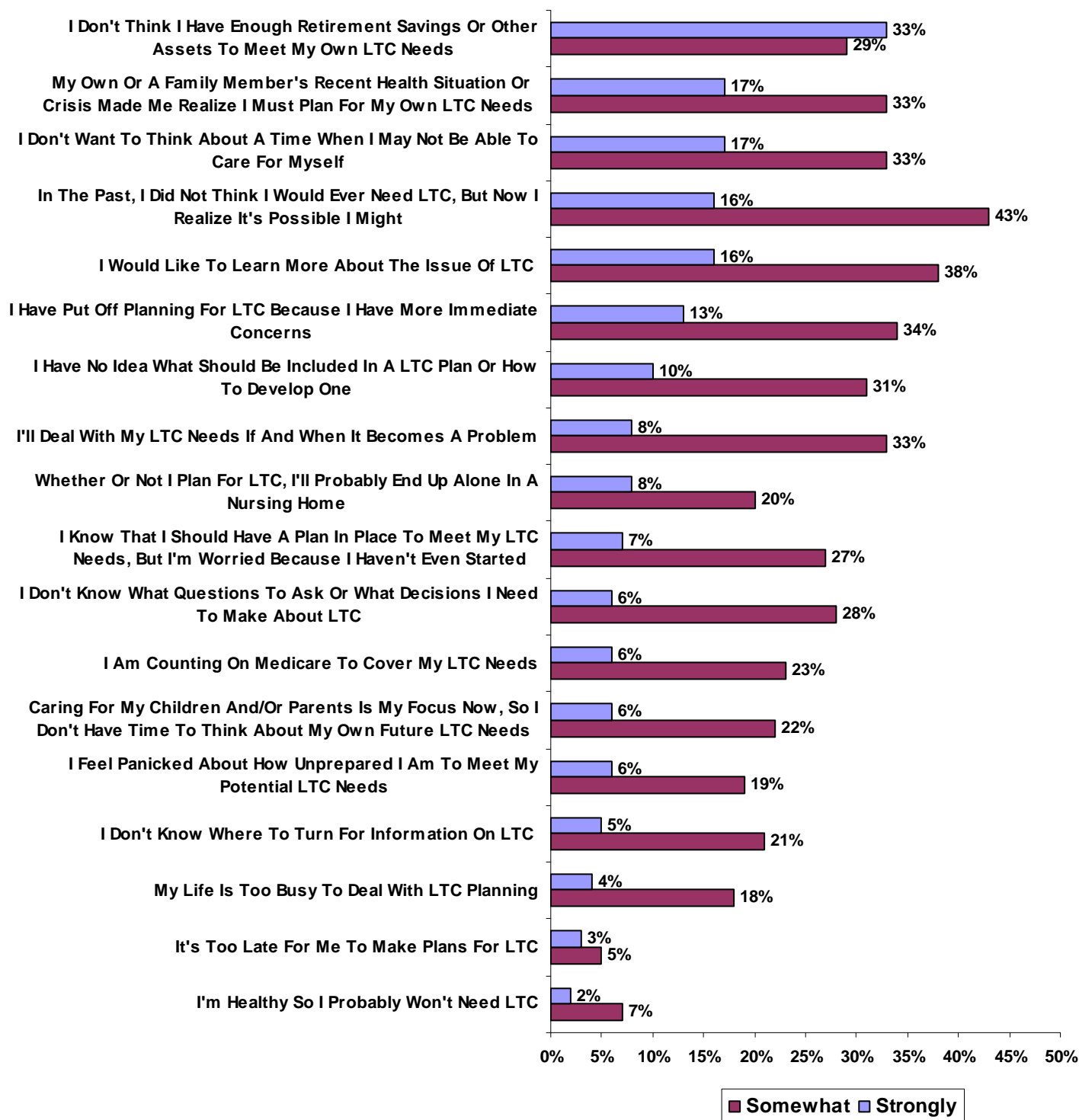
Coefficient	Depending on Family for LTC
.794	I believe my spouse has planned for my long-term care needs
.554	My family will take care of me if I need long-term care

**What Attributes with Regard to LTC Characterize Boomer Women?**

The respondents indicated their agreement with 23 items thought to characterize Boomer attributes using a five-point scale where “5” is *Strongly Agree* and “1” means *Strongly Disagree*. Respondents also rated their health status on a five-point scale where “5” means excellent health and “1” poor health, and there were five items for respondents to indicate their experience with the issue of long-term care with a Yes or No response.

As shown below in Figure 7, there are six statements that represent Boomer attributes for which as a total group, nearly half or more *strongly* or *somewhat agree*. These statements refer to finances (63%), awareness from experience the need to plan their LTC (50%); and although respondents did not want to think about the possibility of needing LTC (50%), they realize the possibility that they may need it (49%). Boomer women were least likely to *strongly* or *somewhat agree* with the statements that they probably won't need LTC because they are healthy now (9%) and that it is too late to plan for their LTC (8%).

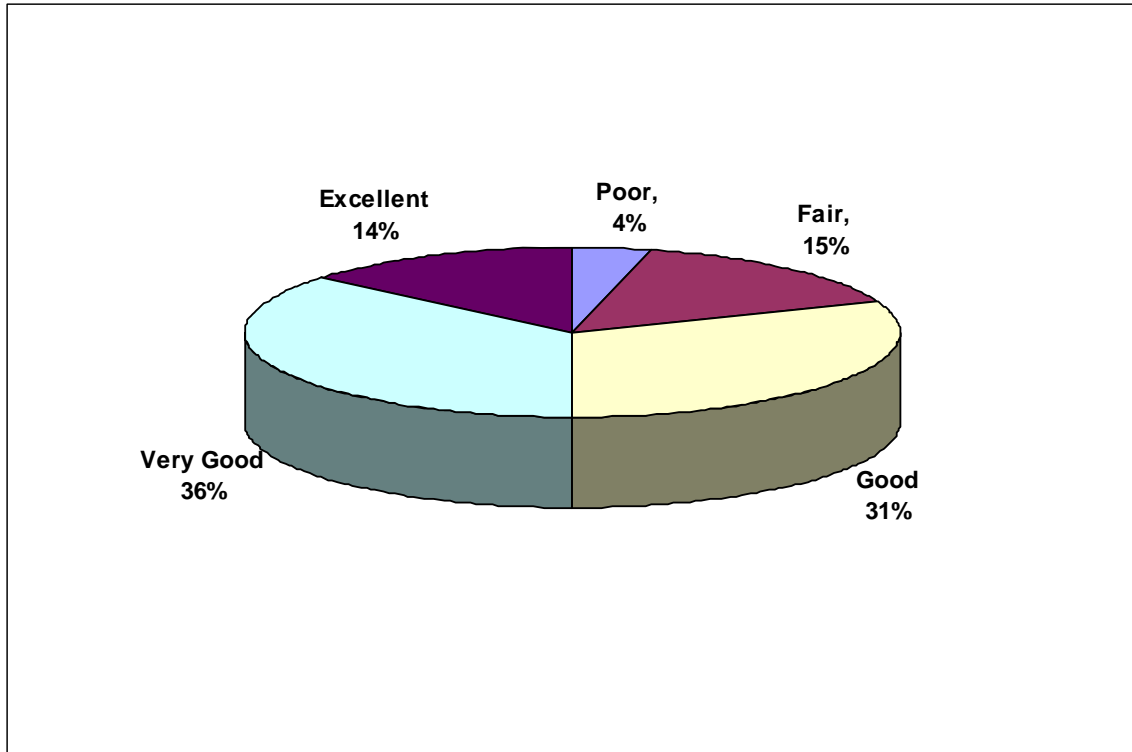
**Figure 7**  
**Percentage Who Strongly or Somewhat Agree with Attribute Variables**  
(N=2,895)



Source: Boomer Women's Long-Term Care Planning: Barriers and Levers

Figure 8 shows that half (50%) rate their health as excellent (14%) or very good (36%), and about one in 5 rate theirs as fair (15%) or poor (4%).

**Figure 8**  
**Respondents' Rating of Their Health Status**  
(N=2,895)



Source: Boomer Women's Long-Term Care Planning: Barriers and Levers

## SECTION 2

### LTC SEGMENTATION OF BOOMER WOMEN

#### **Can Boomer Women Be Segmented Based on Their LTC Attributes?**

Factor Analysis of the 23 survey items discussed above showed that the attributes grouped into five themes or constructs. In factor analysis, a score is generated for each variable or question for each respondent. The factor scores were used to identify in which of the five factors formed the respondent should be placed. A SPSS rank procedure was used to assign the respondents to the factor for which their score was the highest. Cluster analysis was also used with the factor scores to confirm the percentage of respondents for each attribute segment.

#### **What Themes Emerge in the Factor Analysis of The Boomer Attribute Variables?**

In the initial factor analysis, one item's factor coefficient was less than .40. Because .40 is the lowest value considered acceptable in a factor analysis, it was removed and a second item was removed because it loaded high on more than one factor—making it not able to be interpreted. The factor analysis was repeated without the two items. The final factor analysis revealed five groupings of the survey items (factors) accounted for 55% of the variation in the items—that is what separated the items into different groups. Below the results for the attribute factor analysis is described and the percentage of the total 55% variance that each factor accounts for.

##### ***Attribute Factor 1: Open and Uninformed (20%)***

As seen below, four variables loaded on the first factor to form the underlying theme that separates them from the other attribute variables in the survey. The coefficients (.794, .762, and .761) three of the items are positive, meaning that the respondents either *strongly* or *somewhat agree* on these. Uninformed is the underlying dimension for these three items. The item with the negative coefficient (-.442), is “I know that I should have a plan in place to meet my long-term needs, but I’m worried because I haven’t even started.” The negative coefficient indicates the response for this item tended to be in the middle (neutral) or *somewhat* or *strongly disagree*. This suggests a theme of oblivious and being uninformed. However, this factor was labeled “Open and Uninformed.”

Coefficient	<b>Open and Uninformed</b>
.794	I don't know what questions to ask or what decisions I need to make about long-term care
.762	I have no idea what should be included in a long-term plan or how to develop one
.761	I don't know where to turn for information on long-term care
-.442	I know that I should have a plan in place to meet my long-term needs, but I'm worried because I haven't even started

##### ***Attribute Factor 2: Planners (18%)***

Four items also grouped to form the factor called Planners, for which planning or the lack there of is the underlying theme or dimension. The items that grouped had a “Yes” (1), “No” (0) response category for which the three negative coefficients (-.695, -.695, and -.687) indicating the response was “No” and the positive coefficient (.895) results from “Yes.” The highest coefficient is positive, since over half of the respondents (53%)

indicated not having any type of plan. The relationship of having no type of plan is inverse to having any type of plan.

Coefficient	Planners.
	I have made the following plan(s) to ensure that my long-term care needs are met I have made the following plan(s) to ensure that my long-term care needs are met:
.895	None of the above
-.695	Financial plans
-.695	Legal plan
.687	Family plan

**Attribute Factor 3: Procrastinators (20%)**

Too busy and occupied with current responsibilities to think about potential need for LTC is the underlying theme of the variables that loaded on Factor 3. As show below, all of the factor coefficients are positive and the two that connote “too busy at this time” are the highest (.765 and .756), versus the lowest coefficient that suggests waiting or procrastinating to deal with LTC when or until it is needed.

Coefficient	Procrastinators
.765	Caring for my children and/or parents is my focus now, so I don't have time to think about my own future long-term care needs
.756	My life is too busy to deal with long-term care planning
.687	I have put off planning for long-term care because I have more immediate concerns
.422	I'll deal with my long-term care needs if and when it becomes a problem

**Attribute Factor 4: Crossroads (20%)**

The highest coefficient (.669) for this grouping indicates the respondents tend to *strongly* or *somewhat agree* that it is the possible LTC could be needed at some point in time even though in the past they did not think this was so (.526). However, being healthy, they also have some doubt LTC will be needed (.504). Although the coefficient for the item, “I feel panicked about how unprepared I am to meet my potential long-term care needs “ is relatively low (.468) since it is positive it indicates at least *somewhat agreement* with this item. Yet the negative coefficient (-.561) indicates the respondents are either neutral at best, or they tend to either *strongly* or *somewhat disagree* that they want to learn more about the issue of LTC. This somewhat mixed combination of items has the theme of a push and pull that places respondents at the crossroad of planning for their own LTC needs.

Coefficient	Crossroads
.699	My own or a family member's recent health situation or crisis made me realize I must plan for my own long-term care needs
-.561	I would like to learn more about the issue of long-term care
.526	In the past, I did not think I would ever need long-term care, but now I realize it's possible I might
.504	I'm healthy so I probably won't need long-term care
.468	I feel panicked about how unprepared I am to meet my potential long-term care needs

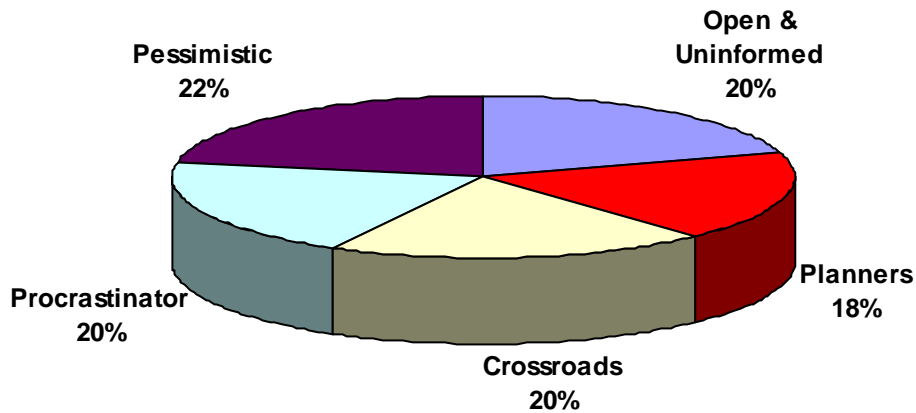
**Attribute Factor 5: Pessimistic (22%)**

Attribute Factor 5 consists of four variables that convey pessimism. In this grouping, the item “How would you describe your own health?” has the largest coefficient (-.669) but the coefficient is also negative—indicating a low rating of *not good* or *poor* for *health* status. The three items that have positive coefficients (.627, .541, .405) convey strong or somewhat agreement with (1) it is too late to make LTC plans, (2) Medicare is counted on to provide LTC, and that (3) planning for LTC is futile.

Coefficient	Pessimistic
-.669	How would you describe your own health? (low rating)
.627	It's too late for me to make plans for long-term care
.541	I am counting on Medicare to cover my long-term care needs
.405	Whether or not I plan for long-term care, I'll probably end up alone in a nursing home

As Figure 9 shows, the five Segments formed in the factor analysis are nearly equal in size. Although by a small percentage, the Pessimistic segment is the largest segment and the Planners segment is the smallest.

**Figure 9**  
**Percentage of Respondents in the Five**  
**LTC Segments**  
 (N=2,708)



Source: Boomer Women’s Long-Term Care Planning: Barriers and Levers

**Segmentation by Demographics, Trusted Information Source, and LTC Plans Made**

Table 1 below shows the profile of the five LTC Segments obtained in a crosstabulation of the Segments’ demographic characteristics, trusted sources for information, the type of LTC plan they reported they currently have, and rating of their health. Several statistical and substantive differences were found in the groups as shown in Table 1, where the difference to be considered substantive had to be 10 percentage points.

**Table 1**  
**LTC Segments by Demographic Characteristics, Trusted Information Source, and**  
**LTC Plans Made**

Demographic Characteristic	LTC Segments				
	(541)	(496)	(534)	(548)	(589)
	Open & Uninformed	Planners	Procrastinator	Crossroads	Pessimistic
	b	c	d	e	f
	%	%	%	%	%
<b>Age</b>					
Age 50 to 55	54	48	60 <sup>cef</sup>	45	46
Age 56 to 62	46	53 <sup>d</sup>	40	55 <sup>bd</sup>	54 <sup>d</sup>
<b>Race</b>					
White	79	75	87 <sup>bct</sup>	82	81
African American	14	16 <sup>d</sup>	6	9	12
Hispanic	7	9	8	9	7
<b>Marital Status</b>					
Married	54	61 <sup>t</sup>	66 <sup>bt</sup>	65 <sup>bt</sup>	53
Not Married	47 <sup>de</sup>	39	35	35	47 <sup>de</sup>
<b>Education</b>					
LT or HS Grad	44 <sup>cd</sup>	34	32	38	53 <sup>cde</sup>
Some college	24	28	34 <sup>b</sup>	31	31
Bachelor or more	32	38 <sup>t</sup>	34 <sup>f</sup>	31 <sup>f</sup>	16
<b>Work Force Status</b>					
In Work Force	69	66	71	67	45 <sup>bcd</sup>
Not Working	31 <sup>t</sup>	34 <sup>t</sup>	29 <sup>t</sup>	33 <sup>t</sup>	55
<b>Income:</b>					
Income < \$60K	65	59	65	64	80 <sup>bcd</sup>
<b>Children:</b>					
No Children	31 <sup>dt</sup>	22	16	26 <sup>d</sup>	22
1-2 Children	49 <sup>e</sup>	52 <sup>e</sup>	54 <sup>e</sup>	40	51 <sup>e</sup>
3-4 Children	18	21	26	29 <sup>bc</sup>	23
<b>Trusted Source of Information</b>					
Family/Religious Organization	86	85	90 <sup>e</sup>	80	81
<b>Type plan Have</b>					
No type of plan	74	0	66	67	69
Financial plan	13	10	11	13	5
Legal Plan	6	22 <sup>bdef</sup>	7	7	5
Family Plan	7	68 <sup>bdef</sup>	16	12	22 <sup>be</sup>
<b>Health Status</b>					
VG/Excellent	54 <sup>t</sup>	57 <sup>t</sup>	63 <sup>t</sup>	75 <sup>bcd</sup>	8
Poor/Good	46 <sup>de</sup>	43 <sup>e</sup>	37 <sup>e</sup>	25	92 <sup>bcd</sup>

<sup>bcd</sup> Subscripts denote columns that are substantive and statistically significant different, where the criterion for substantive is a minimum of 10 point difference in the percentages.

While the groups have many similarities, there are also following statistically significant differences:

### **Open and Uninformed LTC Segment**

- More are not married (47%) than the Procrastinators (35%) and Crossroads (35%) Segments
- More have a high school diploma or less (44%) than the Planners (34%) and Crossroads (38%) Segments
- More have no children (31%) than the Procrastinators Segment (16%).

### **Planners LTC Segment**

- More are age 56 to 62 years (53%) than the Procrastinators (40%) Segment
- More have a Bachelor's degree or higher (38%) than the Pessimistic Segment (16%)
- More have one to two children ((52%) than Crossroads (40%)
- More for whom family and religious organizations are their trusted source of information (90%) than for Crossroads (80%) Segment.
- More have a legal (22%) and Family Plan (68%) than other Segments
- More rate their health status as excellent or very good (57%) than the Pessimistic Segment (8%)

### **Procrastinators LTC Segment**

- More are age 50 to 55 years (60%) than any other groups except for the Open and Uninformed Segment
- More are White (87%) than the Planners (75%) Segment.
- More are married (66%) than the Open and Uninformed (54%) and Pessimistic (53%) Segments.
- Fewer are not working (29%) than the Pessimistic (55%)
- More have a Financial Plan (11%) than the Pessimistic (5%)

### **Crossroads LTC Segment**

- More are 56 to 62 years old (55%) compared to the Open and Uninformed (46%) and Procrastinators (40%) LTC Segments.
- More are married (65%) than the in Open and Uninformed (54%) and Pessimistic (53%) Segments.
- More have 3-4 children (29%) than the Open and Uninformed Segment (18%)
- More have a Financial Plan (13%) than the Pessimistic have (5%)
- More rate their health as very good or excellent (75%) than any other LTC Segment

### **Pessimistic LTC Segment**

- More are not married (47%) than the to Procrastinators and Crossroads Segments 35%, respectively
- Fewer are in the workforce (45%) than in the other Segment
- More have an income less than \$60K (80%) than those in the Planners (59%), Crossroads (64%), Procrastinators (65%), and (65%) Segments
- More have 1-2 children (51%) than those in Crossroads (40%)
- More have a Family plan (22%) than those in Open and Uninformed (7%), Procrastinators (16%) and Crossroads (12%) LTC Segments

- More rate their health as *good* or *poor* than the Crossroads (25%), Procrastinators, (37%) Planners (43%) and Open and Uninformed (46%) LTC Segment.

### Segmentation by LTC Experience

The Boomer women’s experience with LTC from exposure (awareness) to action previously discussed was compared by LTC Boomer segments. Table 2 shows the percentage of respondents by experience and Segment. It is clear from Table 2 that those in the Planners Segment report having more experiences than any other LTC Segment.

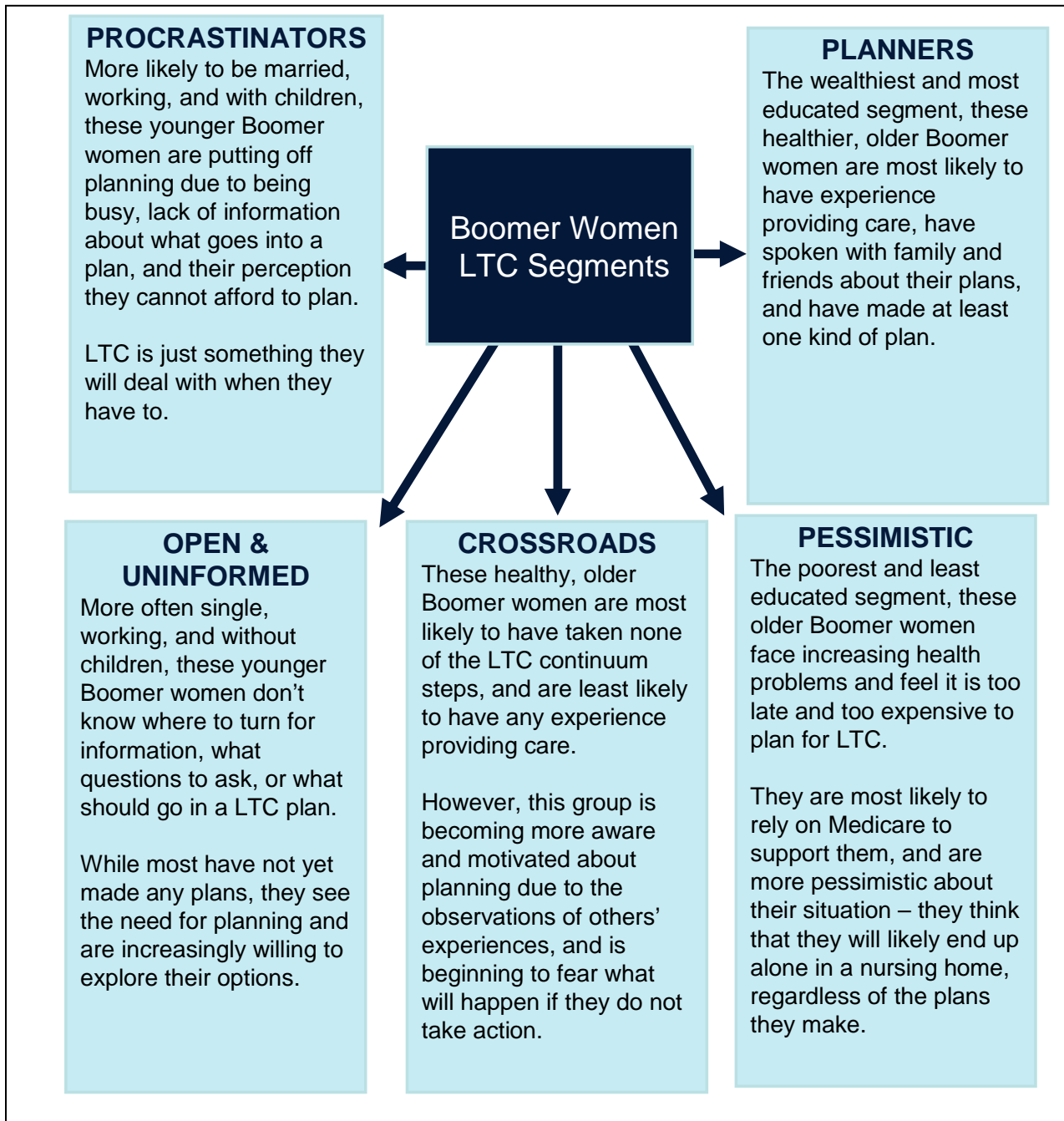
**Table 2**  
**Range of Experience with LTC Planning by Segment**

	<b>Open and Uninformed</b>	<b>Planners</b>	<b>Procrastinators</b>	<b>Crossroads</b>	<b>Pessimistic</b>
	(541)	(496)	(534)	(548)	(589)
	b	c	d	e	f
<b>Experience</b>	%	%	%	%	%
I have heard and/or read stories in the media	45 <sup>e</sup>	54 <sup>bef</sup>	50 <sup>f</sup>	36	35
I have discussed my LTC with my family and/or friends	14	56 <sup>bdef</sup>	21	18	27 <sup>be</sup>
I have requested information and/or researched the issue to learn about LTC	16	30 <sup>bdef</sup>	18	11	11
I have investigated and compared different LTC services, settings, and costs	8	31 <sup>bdef</sup>	16	10	9
I have begun formulating a LTC plan for myself	10	26 <sup>bdef</sup>	8	7	7
I currently have LTC insurance	10	34 <sup>bdef</sup>	4	12	8
I have prepared and executed advance directive forms that reflect my choices about my own care	16	56 <sup>bdef</sup>	19	22	20
I am currently volunteering or would like to do volunteer work relating to the issue of LTC	3	6	2	1	3
I am currently an activist or am interested in becoming an activist for the issue of long-term care	3	4	2	1	1
None of the above	32 <sup>c</sup>	6	30	39 <sup>c</sup>	37 <sup>c</sup>

<sup>bcd</sup> Subscripts denote columns that are substantive and statistically significant different, where the criterion for substantive is a minimum of 10 point difference in the percentages.

Figure 10 below summarizes the primary attributes that differentiate the five segments that were derived using respondents factor scores and the analysis discussed and shown in Tables 1 and 2.

**Figure 10**  
**Summary Profile of Boomer Women LTC Attributes Segmentation**



Source: Adapted from RTCRM Presentation to AARP State Operations, January 2009.

## DISCUSSION AND CONCLUSIONS

The findings for this research have implications for increasing the percentage of Boomers who have made plans for their own possible LTC needs and for future research on this issue.

The finding that over half of the respondents for this research indicated they do not have any type of plan when asked to check if they had a family, legal, or financial plan for their LTC needs confirms the need to target this population for initiatives designed to increase the percentage of Boomer women who have a LTC plan in place. This need is reinforced by the finding that most of the women do not know what to ask or what to do regarding LTC planning. This also suggests the need to convey at the exposure or awareness stage that there is step by step assistance to help navigate the LTC planning process.

The research found those who have at least one kind of plan are more likely to have made additional plans and that at least a quarter have prepared and executed advance-directive forms. This result suggests that LTC planning could increase if introduced when individuals are completing advance directives.

Two results indicate that Boomer women who have experience with family members needing LTC may be receptive to planning their possible need LTC. Although not consistent with previous AARP research, Boomer women in this study who have experience with caregiving were twice as likely to have had a LTC plan as those who have not. Although not the same as caregiving, the somewhat related finding that seeing what has happened to a family member or friend was a factor respondents ranked high that would motivate them to make a LTC plan suggests that just observing a situation for which LTC is needed may result in Boomer women wanting to use readily accessible LTC planning materials. This group may be the low-hanging fruit. Thus, finding opportunities to work with Boomer women to prepare their own plan when caregiving may captivate on what in education circles is known as “a ‘teachable moment.’”

The finding that 4 in 10 of the respondents have heard or read or seen something about LTC, but a much smaller percentage have taken any other steps suggests that “exposure to or awareness” alone will not necessarily lead Boomer women to take a next step to having a LTC plan. Since exposure to the need to plan LTC needs appears not to be a strong enough motivator, exposure will need to address levers that facilitate planning or dispel indicated barriers.

The finding that a barrier is Boomer women may think in terms of LTC planning as ceding control to someone else indicates that this concept needs to be turned on its head so that the messages emphasize that planning for one’s own possible LTC needs can help maintain control.

The finding that nearly two-thirds of the respondents believe they can not afford the cost associated with planning for LTC right now suggests that Boomer women need to know that LTC planning is not limited to finances. Too much focus on insurance may be a

barrier to any kind of LTC planning and probably should not be used as an introduction but rather, included as one option among other alternatives in LTC planning. This is related to the finding that nearly a quarter of the respondents say clearly understanding available options would provide momentum for planning and further supports the importance for Boomer women to know LTC alternatives. Also, since nearly two-thirds feel they do not have enough retirement saving or other assets to meet their LTC needs, it may be useful to include information such as reverse mortgages to help pay for LTC services as an alternative if they are financially strapped homeowners. However, since nearly a third are erroneously counting on Medicare to pay for their LTC service needs, the financial dimensions of LTC should not be ignored.

The finding that virtually none of the respondents indicated volunteering on the issue of LTC, that two-thirds say they lack confidence in the health care system, and more than half say they don't think a plan will ensure getting the care they expect suggest Boomer women probably are not good candidates for advocating for LTC services at this time. The healthy mature generation may be more interested in being activists for this issue as they observe what their family, friends, or peers are experiencing.

Segmentation results revealed that Boomer women as a group should not be viewed as homogeneous regarding the issue of LTC and planning for their own needs. Thus, a one approach fits all may well not work for addressing the barriers and for using leverages for Boomer women to plan for their own possible LTC needs.

The findings for this study also have implications for future research. The results of the factor analyses suggest that fewer questions can capture much of the information obtained in the lengthy survey used for this study. For example, instead of twelve items on trusted resources, one question that includes four choices could be used and seven items in place of 19 barrier items. A shorter questionnaire is important for questionnaire completion, response rate, and cost. Also, a shorter questionnaire may enable different data collection modes, such as a telephone survey.

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**APPENDIX A**  
**Field Work**  
**and**  
**– Annotated Questionnaire**

Field period: 9/03/2008 to 9/17/2008

N interviews (**unweighted**): 2895

Sample: All Women – 50 to 62 years old  
- White - 2182  
- African American - 474  
- Hispanic - 239

N interviews (**weighted**): 2895

Sample: All Women – 50 to 62 years old  
- White - 2182  
- African American - 474  
- Hispanic - 239

All results include qualified respondents and are weighted.

**MRM LONG-TERM CARE TOOLKIT QUESTIONNAIRE**

This survey is about the issue of long-term care. The questions ask about your experiences, views, and opinions on this issue. While there are no right or wrong answers, we ask you to answer the questions so that the responses best represent your attitudes about long-term care.

In this survey, “long-term care” refers to care provided on a regular basis for three months or more for age-related or other chronic conditions. Examples include:

- Someone comes to your home for a few hours each day to help with daily activities or personal care tasks such as: using the telephone, paying bills, shopping, driving, doing housework, preparing meals, bathing, dressing, using the toilet, getting in or out of a bed or chair, walking, or eating.
- Home visits from a nurse, physical therapist, or some other health professional who provides skilled services such as physical rehabilitation and blood pressure monitoring.
- Living in an assisted living facility where aides are available to help you with some personal care tasks or with medications.
- Living in a nursing home where aides and nurses take care of you, as do other health professionals who provide skilled services such as physical rehabilitation.

Q1. What trusted sources of information do you turn to in order to plan and/or make decisions on your health and/or financial security? Check all that apply.

	Yes	No
Internet/websites	30.6%	69.4%
Local community organizations	23.3%	76.7%
Local government agencies	23.1%	76.9%
Federal government agencies	22.4%	77.6%
Non-profit organizations	22.7%	77.3%
National news- and business-oriented magazines and newspapers	19.6%	80.4%
Local newspapers	18.3%	81.7%
Television	15.0%	85.0%
Radio	6.1%	93.9%
Friends/family	17.4%	82.6%
Groups and/or associations to which I belong	22.9%	77.1%
Churches/religious organizations	23.5%	76.5%
Other	12.8%	87.2%
Refused	.5%	99.5%

Q2. Please check the statement(s) below that best describe(s) your experience in providing, receiving or planning for long-term care. Check all that apply.

	Yes	No
I have provided or am currently providing care for an aging parent or relative	35.9%	64.1%
I have received or am currently receiving care	3.8%	96.2%
I have made long-term care plans for myself or others	14.8%	85.2%
None of the above	53.4%	46.6%
Refused	.2%	99.8%

Q3. Please check the statement(s) below that represent what you are currently doing or have done relating to long-term care. Check all that apply.

	Yes	No
I have heard and/or read stories in the media (e.g., TV, radio, newspaper, magazine, etc.) about long-term care	43.4%	56.6%
I have requested information and/or researched the issue to learn about long-term care	27.0%	73.0%
I have discussed my long-term care needs with my family and/or friends	16.7%	83.3%
I have investigated and compared different long-term care services, settings, and costs	14.7%	85.3%
I have begun formulating a long-term care plan for myself	11.0%	89.0%
I currently have long-term care insurance	12.8%	87.2%
I have prepared and executed advance directive forms (e.g., Health Care Proxy, Living Will, and/or Power of Attorney) that reflect my choices about my own care	25.9%	74.1%
I am currently volunteering or would like to do volunteer work relating to the issue of long-term care	3.0%	97.0%
I am currently an activist or am interested in becoming an activist for the issue of long-term care (for example, contacting elected officials to request changes to the long-term care system or legislation)	2.1%	97.9%
None of the above	28.6%	71.4%
Refused	.1%	99.9%

“Please rate your agreement or disagreement with the following statements, where a “5” is strongly agree and “1” is strongly disagree.”

	Strongly Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Strongly Disagree
Q4. My life is too busy to deal with long-term care planning	3.7%	17.8%	38.4%	24.2%	15.8%
Q5. I'm healthy so I probably won't need long-term care	1.7%	7.4%	33.0%	32.9%	25.0%
Q6. Caring for my children and/or parents is my focus now, so I don't have time to think about my own future long-term care needs	7.6%	22.3%	29.2%	21.2%	19.7%
Q7. I don't want to think about a time when I may not be able to care for myself	16.9%	33.0%	24.2%	16.3%	9.6%
Q8. I would like to learn more about the issue of long-term care	16.2%	37.8%	32.4%	8.6%	5.0%
Q9. I have put off planning for long-term care because I have more immediate concerns	13.3%	34.1%	30.6%	12.6%	9.3%

Q10. In the past, I did not think I would ever need long-term care, but now I realize it's possible I might	16.1%	42.7%	28.2%	8.2%	4.8%
Q11. My own or a family member's recent health situation or crisis made me realize I must plan for my own long-term care needs	17.0%	33.1%	32.1%	10.8%	7.0%
Q12. I feel panicked about how unprepared I am to meet my potential long-term care needs	5.7%	19.0%	34.6%	22.3%	18.4%
Q13. I don't think I have enough retirement savings or other assets to meet my own long-term care needs	4.5%	11.0%	22.4%	28.7%	33.5%
Q14. I know that I should have a plan in place to meet my long-term needs, but I'm worried because I haven't even started	7.4%	27.4%	32.7%	20.8%	11.7%
Q15. I am counting on Medicare to cover my long-term care needs	6.1%	23.2%	25.4%	24.3%	21.0%
Q16. I'll deal with my long-term care needs if and when it becomes a problem	7.8%	32.9%	28.5%	20.5%	10.2%
Q17. It's too late for me to make plans for long-term care	3.2%	5.4%	21.1%	30.6%	39.8%
Q18. Whether or not I plan for long-term care, I'll probably end up alone in a nursing home	8.0%	19.7%	29.2%	23.2%	19.8%
Q19. I'm uncomfortable talking about long-term care with family and/or friends.	4.6%	16.4%	28.5%	25.1%	25.4%
Q20. I believe my spouse has planned for my long-term care needs	3.3%	7.4%	29.2%	15.8%	44.3%
Q21. I don't know where to turn for information on long-term care	4.9%	20.7%	27.5%	28.1%	18.8%
Q22. I can't afford the cost associated with planning for long-term care right now	30.7%	34.4%	20.2%	9.8%	5.0%
Q23. I won't need long-term care for years, so there's plenty of time to plan	2.6%	12.5%	33.0%	32.4%	19.6%
Q24. My family will take care of me if I need long-term care	9.1%	27.0%	31.1%	18.1%	14.7%
Q25. I have no idea what should be included in a long-term plan or how to develop one	10.0%	30.6%	25.4%	24.3%	9.8%
Q26. I don't know what questions to ask or what decisions I need to make about long-term care	6.2%	28.3%	30.0%	22.7%	12.9%
Q27. I'd rather make a long-term care plan that I never use than not have a plan when I need one	26.8%	38.2%	27.2%	5.4%	2.5%
Q28. I'm hesitant to rely on the existing health care system to meet my long-term care needs	25.8%	40.8%	23.7%	7.3%	2.4%

Q29. I'm not comfortable making a plan that involves giving up control over my daily life to someone else	19.5%	36.7%	22.2%	15.2%	6.4%
Q30. Even if I have a long-term care plan, I don't think I'll get the type or level of care I expect	17.0%	37.8%	31.4%	10.8%	3.0%
Q31. I am a volunteer and/or activist for other issue(s) and that activity takes priority over volunteering or activism for long-term care	3.9%	9.0%	40.0%	18.5%	28.6%
Q32. Overall, my experience being a volunteer and/or activist has not been rewarding	2.5%	4.3%	63.5%	14.7%	15.1%
Q33. I'm too busy to become a volunteer and/or activist for long-term care	11.0%	26.0%	41.6%	13.5%	7.8%
Q34. I don't know how to go about becoming a volunteer and/or activist for long-term care issues	7.6%	21.7%	39.4%	18.7%	12.6%
Q35. One person can't change the system, so why should I become a volunteer and/or activist for long-term care issues?	3.2%	7.9%	37.3%	31.2%	20.4%
Q36. I want to help with the issue of long-term care however I can, so that others will have quality long-term care	9.1%	28.1%	50.4%	8.9%	3.6%
Q37. I believe that, if I volunteer to help others now, then others will help me in my time of need	5.5%	21.3%	43.8%	18.7%	10.7%
Q38. I believe it is important to expand the available care services and settings for long-term care (e.g., home care, community care, assisted living facilities, nursing homes, etc.)	41.6%	38.6%	17.2%	1.7%	.9%
Q39. I believe it is important to expand affordable financing options (both public and private) for long-term care services	37.9%	39.3%	19.6%	2.1%	1.1%
Q40. If we do not begin to make changes, I fear that a healthcare system already facing challenges today will not be able to support me if/when I need long-term care	35.9%	39.1%	19.0%	4.2%	1.9%
Q41. I would become an activist for long-term care issues if I knew I would see tangible results from my efforts	5.6%	22.5%	46.8%	15.7%	9.4%

Q42. I have made the following plan(s) to ensure that my long-term care needs are met (check all that apply):

	Yes	No
<b>Financial plan</b>	27.0%	73.0%
<b>Legal plan</b>	19.2%	80.8%
<b>Family plan</b>	23.8%	76.2%
<b>None of the above</b>	56.3%	43.7%
<b>Refused</b>	.4%	99.6%

Q43. Below is a list of factors that influence people to make decisions about their long-term care. Please rank the following factors in terms of what has most influenced you or would most influence you to make and implement a long-term care plan. (Enter 1 for the factor that has been or would be most influential, 2 for the factor that has been or would be the next most influential, etc.)

Feeling confident in the advice of advisors/providers

	1	8.4%
	2	17.0%
	3	20.6%
	4	22.1%
	5	17.6%
	6	14.3%

Receiving support/encouragement from friends and/or family

	1	12.6%
	2	18.1%
	3	17.7%
	4	17.6%
	5	19.1%
	6	14.9%

Observing the long-term care experience/treatment of a friend and/or family member

	1	31.7%
	2	16.9%
	3	13.5%
	4	12.6%
	5	13.4%
	6	11.8%

Clearly understanding available options

	1	24.5%
	2	23.1%
	3	19.5%
	4	15.9%
	5	11.1%
	6	5.9%

Fear of what will happen if I do not take action

	1	21.6%
	2	18.5%
	3	11.4%
	4	11.0%
	5	11.6%
	6	25.9%

Feeling momentum to continue after evaluating available options

	1	2.9%
	2	7.9%
	3	16.6%
	4	19.8%
	5	26.4%
	6	26.3%

Q44. Is there any other factor besides those listed above that has most influenced you or would most influence you to make and implement a long-term care plan?

Please specify: -- Open Ended Data

Q45. Thinking about planning for your own long-term care needs, please rank how important the following factors are or were for you. (Enter 1 for the most important; 2 for the next most important, etc.)

<b>Maintaining my independence for as long as possible</b>		
	1	45.4%
	2	30.2%
	3	15.2%
	4	6.1%
	5	3.2%

<b>Maintaining the quality of life I desire</b>		
	1	18.8%
	2	27.6%
	3	30.2%
	4	16.2%
	5	7.3%

<b>Making my own choices about housing, finances, long-term care providers and/or settings</b>		
	1	14.7%
	2	21.2%
	3	35.0%
	4	21.7%
	5	7.4%

<b>Not being a burden to my children</b>		
	1	17.4%
	2	16.3%
	3	14.0%
	4	31.6%
	5	20.7%

<b>Making sure there is money left over for my loved ones when I'm gone</b>		
	1	3.9%
	2	4.9%
	3	5.6%
	4	24.4%
	5	61.2%

**DEMOGRAPHICS:**

<b>D1. How would you describe your own health?</b>		
1.	Poor	3.6%
2.	Fair	15.0%
3.	Good	30.8%
4.	Very good	36.4%
5.	Excellent	14.2%

<b>D2. How many children do you have, either in or out of the home?</b>		
	0	23.2%
	1	17.6%
	2	32.2%
	3	16.0%
	4	6.9%
	5	1.7%
	6	1.1%
	7	.6%
	8	.2%
	9	.1%
	10	.1%
	11	.2%
	12	.0%
	13	.1%

<b>AGE</b>		
	50	7.8%
	51	8.9%
	52	8.2%
	53	9.6%
	54	8.5%
	55	7.2%
	56	8.6%
	57	8.0%
	58	6.5%
	59	7.5%
	60	6.8%
	61	6.5%
	62	5.9%

<b>Education</b>		
1	No formal education	.0%
2	1st, 2nd, 3rd, or 4th grade	.0%
3	5th or 6th grade	.1%
4	7th or 8th grade	.6%
5	9th grade	.6%
6	10th grade	2.0%
7	11th grade	2.0%
8	12th grade NO DIPLOMA	2.2%
9	HIGH SCHOOL GRADUATE - high school DIPLOMA or the equivalent (GED)	33.1%
10	Some college, no degree	21.5%
11	Associate degree	7.7%
12	Bachelors degree	17.1%
13	Masters degree	10.5%
14	Professional or Doctorate degree	2.5%

<b>Education: 4 Categories</b>		
1	Less than high school	7.6%
2	High school	33.2%
3	Some college	29.3%
4	Bachelor's degree or higher	30.0%

<b>Ethnicity</b>		
1	White, Non-Hispanic	75.0%
2	Black, Non-Hispanic	11.3%
3	Other, Non-Hispanic	2.7%
4	Hispanic	7.8%
5	2+ Races, Non-Hispanic	3.2%

<b>Hispanic Categories</b>		
1	No, I am not	92.2%
2	Yes, Mexican, Mexican-American, Chicano	3.3%
3	Yes, Puerto Rican	1.4%
4	Yes, Cuban	.1%
5	Yes, Central American	.1%
6	Yes, South American	.4%
7	Yes, Caribbean	.0%
8	Yes, Other Spanish/Hispanic/Latino	2.4%
9	Missing	.0%

Head of Household		
1	No	7.6%
2	Yes	92.4%

Household Size		
	1	26.6%
	2	43.1%
	3	17.2%
	4	8.3%
	5	3.3%
	6	.9%
	7	.2%
	8	.4%
	9	.1%
	10	.0%

Housing Type		
	1 A one-family house detached from any other house	74.2%
	2 A one-family house attached to one or more houses	7.2%
	3 A building with 2 or more apartments	12.6%
	4 A mobile home	5.8%
	5 Boat, RV, van, etc.	.2%

Household Income		
1	Less than \$5,000	.9%
2	\$5,000 to \$7,499	1.2%
3	\$7,500 to \$9,999	1.6%
4	\$10,000 to \$12,499	2.0%
5	\$12,500 to \$14,999	2.1%
6	\$15,000 to \$19,999	4.0%
7	\$20,000 to \$24,999	4.7%
8	\$25,000 to \$29,999	5.1%
9	\$30,000 to \$34,999	4.7%
10	\$35,000 to \$39,999	8.2%
11	\$40,000 to \$49,999	9.8%
12	\$50,000 to \$59,999	10.6%
13	\$60,000 to \$74,999	13.1%
14	\$75,000 to \$84,999	8.6%
15	\$85,000 to \$99,999	6.9%
16	\$100,000 to \$124,999	7.0%
17	\$125,000 to \$149,999	3.5%
18	\$150,000 to \$174,999	2.3%
19	\$175,000 or more	3.5%

<b>Total Financial Assets</b>	
1 Less than \$100,000	40.0%
2 \$100,000 to less than \$150,000	10.1%
3 \$150,000 to less than \$250,000	8.9%
4 \$250,000 to less than \$500,000	9.2%
5 \$500,000 to less than \$750,000	3.7%
6 \$750,000 to less than \$1 million	1.7%
7 \$1 million or more	2.6%
8 Don't know/prefer not to answer	23.8%

<b>Marital Status</b>	
1 Married	58.8%
2 Widowed	5.0%
3 Divorced	20.6%
4 Separated	1.7%
5 Never married	9.7%
6 Living with partner	4.1%
<b>Metro / Non-Metro</b>	
1 Non-Metro	17.7%
2 Metro	82.3%

<b>Region – 4 Categories</b>	
1 Northeast	18.2%
2 Midwest	22.2%
3 South	36.8%
4 West	22.7%

<b>Region – 9 Categories</b>	
1 New England	4.8%
2 Mid-Atlantic	13.5%
3 East-North Central	15.3%
4 West-North Central	7.0%
5 South Atlantic	20.0%
6 East-South Central	6.2%
7 West-South Central	10.5%
8 Mountain	8.8%
9 Pacific	14.0%

<b>Ownership Status of Living Quarters</b>		
1	Owned or being bought by you or someone in your household	82.2%
2	Rented for cash	16.6%
3	Occupied without payment of cash rent	1.2%

<b>Work Status</b>		
1	Working - as a paid employee	53.9%
2	Working – self-employed	9.3%
3	Not working – on temporary layoff from a job	.3%
4	Not working – looking for work	3.1%
5	Not working - retired	9.6%
6	Not working - disabled	13.2%
7	Not working - other	10.6%

<b>Household Internet Access</b>		
0	No	33.0%
1	Yes	67.0%

<b>AARP Members</b>		
1	Yes	33.3%
2	No	66.7%

## APPENDIX B

### STATISTICAL METHODS

*Factor analysis* was used to identify factors that statistically explain the variation and covariation among variables. Generally, the number of factors is considerably smaller than the number of variables and, consequently, the factors succinctly represent a set of measures. From this perspective, factor analysis can be viewed as a data-reduction technique since it reduces a large number of overlapping measured variables to a much smaller set of factors. When a study has different sets of measures that reflect different dimensions of a broader conceptual system, factor analyses can yield factors that represent these dimensions.

In this study, SPSS was used to conduct the principal components factor analysis with the VARIMAX rotation method. VARIMAX rotation yields orthogonal factors which make the results easier to interpret.

*Cluster analysis* encompasses a number of different methods for grouping objects of similar kind into respective categories. Cluster analysis, an exploratory data analysis tool, sorts different objects, attitudes, or behaviors into groups in a way that the degree of association between them is maximal if they belong to the same group and minimal otherwise. Cluster analysis was used to help discover structures in the data although it does not provide an explanation or interpretation. In other words, in contrast to factor analysis, cluster analysis simply discovers structures in data without explaining why they exist.

*Crosstabs* procedure was used to obtain measures of associations between variables. In this report, the independent z test was used to determine the statistical significance between variables. Only those variables for which the difference when compared with one another that had at least a 10 point difference were considered substantive and discussed. The Annotated Questionnaire contains the frequencies for all of the study variables.

**ANNOTATED BIBLIOGRAPHY**  
*(Developed by Member Relationship Management)*

**“Independent Living: A Look at the Issues,” Life Answers from AARP (2006), Publications**

*Overview: range of services; begin dialogue; consider care needs; volunteer opportunities; get involved with AARP.*

**“Take Charge of Your Independence” (2007), Susan Lutz, Outreach & Services**

*Increases consumer awareness of LTC services, costs, payment sources – and the need to plan ahead.*

**“Long-Term Care,” Research Report, Ari N. Houser, ARP Public Policy Institute, October 2007**

*Good introduction to the issue: What is LTC?; Who needs LTC?; Who provides LTC?; Cost of LTC.*

**“Women & Long-Term Care,” Research Report, Ari N. Houser, AARP Public Policy Institute, April 2007**

*Explains why this is such an important issue for boomer women – woman-focused need for LTC; challenges facing women in paying for LTC; women as primary care providers and primary recipients.*

**“Long-Term Care: It’s a Women’s Thing,” Mary Jo Gibson & Ari Houser, AARP Public Policy Institute**

*Detailed information and statistics relating to the importance of LTC to boomer women in regard to receiving care, giving care, and paying for care.*

**“Independent Living: Starting a Dialogue,” Dave Gross & Susan Lutz, Outreach & Services**

*According to focus groups, beginning a dialogue about independent living is one of the biggest barriers to planning ahead for LTC needs.*

**“The Costs of Long-Term Care: Public Perceptions vs. Reality in 2006,” Fact Sheet, Linda Barrett, AARP Knowledge Management, December 2006**

*Need to dispel myths about LTC early and often. Misperceptions make people unresponsive to messaging and promotional efforts. Focus on deep and widespread misperceptions surrounding LTC costs: general lack of knowledge; people think they know more they actually do about LTC; underestimate costs; mistaken about coverage (Medicaid/Medicare).*

**“Long-Term Care Insurance,” Fact Sheet, Enid Kassner, AARP Public Policy Insurance, June 2007**

*Fundamentals of LTCI: Background; Who Buys Long-Term Care Insurance?; Cost of Long-Term Care Insurance; Premium Rate Stability; Lapse Rates; Inflation Protection; Favorable Tax Treatment. 30% of private workforce has LTCI.*

**“The Essential Elements of Quality in Long-Term Care, Robyn Stone, AARP International, September 1, 2006**

*Focuses on 3 primary elements: support for family caregivers, consumer choices, and ensuring sound LTC workforce.*

**“Valuing the Invaluable: A New Look at the Economic Value of Family Caregiving,” Ari Houser & Mary Jo Gibson, AARP Public Policy Institute, June 2007**

*Estimates contributions of America’s family caregivers at \$350 billion in 2006. “Public policies to alleviate stress on caregivers could be implemented at a small fraction of the value of their contributions.*

**“Medicaid Managed Long-Term Care,” Wendy Fox-Grage & Paul Saucier, AARP Public Policy Institute, November 2005**

*Focuses on five findings: (1) enrollment in MMLTC is small but likely to grow; (2) reduces the use of high-cost services (e.g., ERs, nursing homes) and promotes greater access to HCBS; (3) cost savings inconclusive; (4) MMLTC programs appear to increase or maintain quality; and (5) MMLTC has been slow to develop, in part because it involves complex policy choices and intense stakeholder engagement.*

**“Pursuing Peace of Mind: Pros and Cons of Long-Term Care Insurance,” Barbara, AARP Bulletin Today, December 2006**

*LTCI is expensive; provides health and financial profile of those people who should consider purchasing a policy.*

**“Rebalancing: Ensuring Greater Access to Home and Community-Based Services,” Fact Sheet, Wendy Fox-Grage (AARP PPI), Barbara Coleman (consultant), Marc Freiman (AARP PPI), September 2006**

*“The single largest barrier to greater rebalancing is the fact that Medicaid – the largest payer for LTC services – entitles individuals to nursing home care, whereas providing HCBS is optional. States can provide Medicaid HCBS through (1) medically-related home health services; (2) personal care services (optional program offered in 26 states and the District of Columbia); (3) HCBS waivers (gives flexibility in the groups of Medicaid recipients covered and services provided; and (4) a new option authorized by the Deficit Reduction Act of 2005 that allows states to provide HCBS without a waiver. Over the period 1992-2005, Medicaid HCBS expenditures grew at a rate of 15 percent.”*

**“Find the Right Volunteering Opportunity,” AARP Volunteer Services Source**  
*Outlines volunteer opportunities and how to find the right one in your community.*

**“Across the States: Profiles of Independent Living (2006),” Ari Houser, Mary Jo Gibson & Wendy Fox-Grage, AARP Public Policy Institute**

*Across the States provides powerful information and insights to policymakers, researchers, providers, and consumers about the entire range of long-term care services, need, and financing. Thousands of numbers and state rankings, as well as graphs and maps, paint a picture and tell a compelling story about the aging population, the need for long-term care and livable communities, home and community-based services (HCBS), and nursing facilities, and how these services are financed.*

**“Menu of State Long-Term Care Reforms,” Wendy Fox-Grage, AARP Public Policy Institute, undated**

*Outlines state LTC reforms: (1) Consumer information, choice, and control, (2) Access to care, (3) Quality of care, (4) Financing and cost containment.*

**“The Essential Elements of Quality in Long-Term Care, Robyn Stone, AARP International, September 1, 2006**

*Focuses on three primary elements: support for family caregivers, consumer choices, and ensuring sound LTC workforce.*

**“Assessing Housing Options,” Dave Gross & Susan Lutz, Outreach & Services**  
*Overview of the most common residential options.*

**“Assisted Living: Weighing the Options,” Dave Gross & Susan Lutz, Outreach & Services**

*Tips for finding a quality assisted-living facility. Covers everything from the cost, the visit, and the contract.*

**“Nursing Homes,” Fact Sheet, Ari Houser, AARP Public Policy Institute, October 2007**

*LTC services provided by SNFs; Resident profile; Length of average stay; Capacity; Cost.*

**“Nursing Homes: Learning the System,” Dave Gross & Susan Lutz, Outreach & Services**

*Understanding the system, where to go for help, and getting a handle on resident rights*

**“Nursing Homes: Cost and Coverage,” Dave Gross & Susan Lutz, Outreach & Services**

*Getting to know the system – the search, quality care, and cost.*

**“Nursing Home Care Plans: Getting Good Care,” Video/Kit**

*16-minute video details an introduction to the care plan process, benefits of the care plan process, inform ombudsman and volunteers about the need to pay attention to the care plan process, and provides groundwork to help individuals use a care plan.*

**“Involving Others: Family, Friends and Community,” Dave Gross & Susan Lutz, Outreach & Services**

*Guidance on how to overcome challenges and build a team/network that adult children and their aging parents need.*

**“Planning for Changing Needs,” Dave Gross & Susan Lutz, Outreach & Services**

*Provides tips on planning for LTC before a crisis/event occurs, meeting both the needs of caregiver and recipient.*

**“Ombudsman: A Long-Term Care Advocate On Your Side,” Dave Gross & Susan Lutz, Outreach & Services**

*Provides information on Ombudsmen as advocates to solve problems for residents in nursing homes and to help ensure high-quality care.*

**“Beginning the Conversation About the End of Life,” Dave Gross & Susan Lutz, Outreach & Services**

*Talking is the best way to ensure your loved one is able to live life to the fullest until the end.*

**“Advance Directives: Your Critical Action Plans,” Dave Gross & Susan Lutz, Outreach & Services**

*Plan to ensure control and quality care at the end of life.*

**“Hospice: What You Need to Know,” Dave Gross & Susan Lutz, Outreach & Services**

*Introduction to hospice and what it can offer.*

**“Managing Symptoms at the End of Life,” Dave Gross & Susan Lutz, Outreach & Services**

*Practical advice for managing end-of-life symptoms.*

**“Providing Comfort: Palliative Care,” Dave Gross & Susan Lutz, Outreach & Services**

*Overview of the holistic nature of palliative care.*

**“Dealing with Pain: How to Help Your Loved One,” Dave Gross & Susan Lutz, Outreach & Services**

*Issues relating to pain and how to deal with them.*

**“Spirituality at the End of Life,” Dave Gross & Susan Lutz, Outreach & Services**  
*Why and how spiritual issues should be addressed.*

**“Are Americans Talking with Their Parents About Independent Living: A 2007 Study Among Boomer Women,” Laura Skufca, AARP Knowledge Management, November 2007**

*They are talking but less than half have begun planning for their parents’ LTC needs.*

**“The Costs of Long-Term Care: Public Perceptions vs. Reality in 2006,” Fact Sheet, Linda Barrett, AARP KM, December 2006**

*Focus on deep and widespread misperceptions surrounding LTC costs: general lack of knowledge; people think they know more than they actually do about LTC; underestimate costs; mistaken about coverage (Medicaid/Medicare)*

**“Long-Term Care Insurance,” Fact Sheet, Enid Kassner, AARP Public Policy Insurance, June 2007**

*Fundamentals of LTCI: Background; Who Buys Long-Term Care Insurance?; Cost of Long-Term Care Insurance; Premium Rate Stability; Lapse Rates; Inflation Protection; Favorable Tax Treatment.*

**“Legal Issues: Protections You Should Know About,” Dave Gross & Susan Lutz, Outreach & Services**

*Overview of important documents to have in order to help maintain control over health care decisions.*

**“Health History: Write it Down,” Dave Gross & Susan Lutz, Outreach & Services**

*The importance of recording details of your health history and that of your loved ones.*

**“Planning for the Future: Valuable Documents at Your Fingertips,” Dave Gross & Susan Lutz, Outreach & Services**

*Locate and organize valuable documents to make navigating the system easier.*

**“Talking to Health Professionals: Issues to Consider,” Dave Gross & Susan Lutz, Outreach & Services**

*Guidance in asking the right questions and gathering information to get the highest quality care.*

**“Assessing the Situation,” Dave Gross & Susan Lutz, Outreach & Services**

*Objectives of assessment and what should be assessed to develop an effective LTC plan.*

**“How Well Does Your Home Meet Your Needs?” Dave Gross & Susan Lutz, Outreach & Services**

*Provides list of items for conducting a home safety check so improvements can be made that will enable an older person to remain in his or her house as long as possible.*

**“Lighting Your Home,” Dave Gross & Susan Lutz, Outreach & Services**

*Tips for lighting your home in the safest, most effective way.*

**“Home Repair and Universal Design,” Dave Gross & Susan Lutz, Outreach & Services**

*Evaluate aspects of home and decide on improvements that will help maintain independence.*

**“Gadgets to Make Life Easier,” Dave Gross & Susan Lutz, Outreach & Services**

*Assistive technologies that can be utilized in the home to maintain independence.*

**“Seasonal Tasks Around the House,” Dave Gross & Susan Lutz, Outreach & Services**

*Tips for each season to make your home safe and sound for older persons.*

**“How to Deal with Long-Distance Issues,” Dave Gross & Susan Lutz, Outreach & Services**

*How to get necessary services/supports for long-distance caregiving.*

**“What’s Involved in Hands-On Care,” Dave Gross & Susan Lutz, Outreach & Services**

*Provides prospective on both practical and emotional challenges of providing hands-on care for an aging parent.*

**“Services that Help You Provide Care at Home,” Dave Gross & Susan Lutz, Outreach & Services**

*Gives overview of community services/supports that allow older people to remain at home; how to find these services and how best to utilize them.*

**“Managing the Stress,” Dave Gross & Susan Lutz, Outreach & Services**

*Offers stress quiz and provides proven methods for coping with the demanding tasks of caregiving.*

**“Choosing an Agency for In-Home Care,” Dave Gross & Susan Lutz, Outreach & Services**

*Defines what terms you should be familiar with and what questions to ask, such as services, staff and costs.*

**“Hiring a Home Care Worker,” Dave Gross & Susan Lutz, Outreach & Services**  
*Tips on how to hire a high-quality Home Care Worker – the search, the interview, checking references.*

**“Public Benefits that Can Help,” Dave Gross & Susan Lutz, Outreach & Services**  
**“Medicare Basics: What You Need to Know,” Dave Gross & Susan Lutz, Outreach & Services**

**“Long-Term Care Insurance: Do You Need It?” Dave Gross & Susan Lutz, Outreach & Services**

**“Caring for Those You Care About,” Tip Sheets, Dave Gross & Susan Lutz, Outreach & Services**  
*Assist current and future caregivers with tips to make informed decisions about quality caregiving.*

**“Caring for Your Parents: The Complete AARP Guide,” 2005, Hugh & Elinor Ginzler, AARP Books**  
*Provides a practical road map for family caregivers through the complex emotional terrain of caregiving.*

**“Caregiving in the U.S.,” 2004 Research Study, Knowledge Management/National Alliance for Caregiving, Executive Summary**  
*Provides overview of description of caregiver activities, the impact of caregiving on daily lives, caregivers’ impact on society as a whole, and the needs of this population*

**“When Employees Become Caregivers: A Manager’s Workbook,” Outreach & Services/Medicare, December 2004**  
*Stresses importance for employers to make LTC and Medicare information available to employees who are caregivers.*

### **Crisis**

**“Medical Expenses May Break Boomers,” Mike O’Neal, Chattanooga Times, McClatchy – Tribune Business Week, June 1, 2008**  
*Only 30 percent of workers in private industry have long-term disability insurance coverage, according to U.S. Department of Labor. There is a need for awareness campaigns to increase consumer demand for LTCL.*

**“The \$400 Billion Income Shortfall: Baby-Boomer Women Have Tougher Road to Retirement,” Robert Powell, Market Watch (WSJ.com), May 31, 2006**  
*Baby-boomer women must and should take retirement-planning matters into their own*

*hands and not wait on government or business to solve the looming problems that await three-quarters of the 40 million women born between 1946 and 1964.*

**“As Medical Costs Soar, The Insured Face Huge Tab,” John Carreyrou, Wall Street Journal, November 29, 2007**

*“As spending on health care has climbed to \$2 trillion a year, or 16% of the U.S. economy, the number of Americans burdened with massive medical bills has soared as well. According to a Commonwealth Fund, an estimated 34% of adults aged 19 to 64 face problems with medical bills or have accrued medical debt. A majority of those people – 62% had health insurance...” Health insurance isn’t doing the job it’s supposed to do – protect people from the burden of unmanageable medical debt.*

**“Heading Toward a Crisis in Geriatric Care,” Kristen Gerencher, Health Matters, Market Watch (WSJ.com), April 18, 2008**

*An Institute of Medicine report says the nation rapidly needs to ramp up its health care workforce to avert widespread problems by 2030, when the last of the boomers crosses the Medicare-eligible age of 65. A crisis looms in regard to both the unmet needs of unpaid family/friend caregivers as well as professional care providers.*

**“Supply of Nurses Needs Urgent Care,” Don Colburn, The Oregonian, McClatchy – Tribune Business Week, May 28, 2008**

*Demand for basic nursing care is rising as baby boomers hit age 60 and require more medical attention. Shortage of nurses ranges across the board, and the situation is exacerbated by the fact that the nursing population itself is aging and retiring. So not only is there an LTC crisis as it pertains to the general population, but also to care providers themselves.*

**“Safeguard Finances After Alzheimer’s Diagnosis, Bob Moss, Dallas Morning News, McClatchy – Tribune Business Review, June 3, 2008**

*“Someone with Alzheimer’s may require years of care that could cost hundreds of thousands of dollars so a diagnosis needs to prompt a review of private insurance and government benefits.”*

**“Another Media Flap Over LTC Insurance,” National Underwriter Life & Health, 112(6), March 3, 2008**

*Cites WSJ article that claims: Many states are pushing LTC insurance because they see it as a way to curb the soaring costs paid under Medicaid. Critics contend that LTCI offers few if any benefits for many lower-income people and state endorsements should therefore be qualified. Other allegations include: high commissions to agents; denial of legitimate claims of policy owners; and that partnership programs don’t really save Medicaid much at all.*

**“How to Tackle the Entitlement Crisis,” Paul D. Ryan, The Wall Street Journal, May 21, 2008**

*Argues that Congress is doing nothing to address the explosion of entitlement spending. “By doing nothing, we are shackling our future with unsustainable debt and taxes.” According to the Congressional Budget Office, Social Security, Medicare and Medicaid, and the rest of government will consume nearly 40% of the economy over the next three decades. Offers “A Roadmap for America’s Future” that centers on universal health care through a refundable tax credit for individuals (\$2,500 for individuals and \$5,000 for families) to purchase coverage. Modernize Medicaid by giving states more flexibility to tailor Medicaid to the specific needs of their populations.*

**“70% of U.S. Voters Oppose Administration’s Cuts to Medicare-Financed Nursing Home Care,” PR Newswire, American Health Care Association (AHCA)/Zogby International, June 3, 2008**

*The AHCA released a study finding 70% of likely U.S. voters oppose an Administration effort that includes \$5 billion, five-year cuts to Medicare-financed nursing home care; 67% say they are less likely to re-elect their member of Congress if he or she voted for these Medicare cuts.*

**Protect the Weak: As Americans Age, More of Your Clients Will Be Living With Chronic Illness – And You’ll Need Techniques to Help,” Martin Shenkman, Financial Planning, June 1, 2008**

*Wake-up call to the financial services industry that its current and potential client base will be dealing with chronic illnesses (5 million Americans have Alzheimer’s disease; more than 400,000 are living with MS), and wealth managers will need to address those difficult personal issues.*

**Employers**

**“Employers Should Take Care When Making Decisions About Caregivers,” Margaret Pinkham, Employee Relations Law Journal, Summer 2008, Vol. 34, Issue 1, pg. 35**

*Discusses an Equal Employment Opportunity Commission enforcement guidance, Unlawful Disparate Treatment of Workers with Caregiving Responsibilities, and provides suggestions as to how employers can use lessons from the past as a guide to prevent caregiver discrimination claims from being the next wave of discrimination cases in the future.*

**“Backup Eldercare Helps Caregivers Balance Work and Family Responsibilities,” Lydell Bridgefjord, Employee Benefit News, June 1, 2008**

*Need for awareness campaigns to inform caregiver-employees that companies offer robust eldercare programs and services. A survey by the MetLife Mature Market Institute, found that two-thirds of employee-caregiver respondents did not know that their employer had those programs.*

## **Changing Culture**

### **“Elderly Living Long and Well – With Assistance – Focus, Gaye Bunderson, The Idaho Business Review, June 2, 2008**

*Discusses the growing popularity of Continuing Care Retirement Communities (CCRCs), where a variety of housing options are available. People can move from an independent setting to an assisted-living unit to skilled nursing unit when skilled care is needed.*

### **“Nursing Home’s Changes Help Residents Feel More at Home, Steve Vantreese, The Paducah Sun, McClatchy – Tribune Business News, May 18, 2008**

*Argues that the “institutional” or “clinical” image of nursing homes needs to change as long-term care facilities adapt to person-centered philosophies.*

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Eisnebeis, Hans. Owing more than it’s worth: Here’s how homeowners can just walk away. Iconoculture. 3.13.08

McCree, Cree. Energizer amps Boomers about their health. Iconoculture. 2.20.08

McCree, Cree. Mediation could boost memory, could help prevent Alzheimer’s. Iconoculture. 1.9.08

Smith, Hillary. The high price of health illiteracy. Iconoculture. 12.13.07

Barker, Sarah. Against advice, cancer insurance is on the rise. Iconoculture. 12.11.07

Henderson, Tim. End of life planning of a summer’s eve. Iconoculture. 5.30.07

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National Underwriter Life & Health. To Reach Women Entrepreneurs, Talk about LTC. Feb. 21, 2005

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