Video/Audio 1

Directions: Summarize the talk following the outline provided..

The growing concer for Americans as evidenced by the survey

Blanchard's Recommendations about planning Healthcare Cost and Retirement

Results of the report form the EBR

Blanchard's comments of EBR report

Long term care

Script

Rebecca Fox: The time we spent enjoying retirement has often been referred to as the golden years but for an increasing number of people the reality is there's too little gold in the bank to stop working. Welcome to icyou on topic. Several recent surveys indicate the cost of retirement and in particular health care custom retirement is a growing concern for Americans. According to 2008 survey from the Employed Benefit Research Institute 43 % of workers are increasingly not confident about having enough money for Medical Expenses to help you become better prepared for Healthcare Cost and Retirement. We have on our studio today an adviser with the Common Wealth Financial Group, Jennifer Blanchard and Jennifer thank you so much for being here.

Jennifer Blanchard: Thank you so much for having me, I'm happy to be here.

Rebecca Fox: I'm really want to start with the basics what recommendations do you have for a person who maybe thinking towards planning for their Healthcare Cost and Retirement.

Jennifer Blanchard: Well everyone's situation is unique depending on your age and your health then your family history and your family situation, there are a lot of different options that you can consider, the important thing is to have a conversation with your family whether it's you talking with your parents, that you'll one day be taking cared of or you talking with your children that may one day be taking care of you. It's just important to have that open conversation with your family.

Rebecca Fox: From my prospective the numbers can seem very intimidating and I wanted to show our viewers this another report from the EBR where I calculated that a 65 year old men with Medicare and retiree health benefits who pays his own premiums will need $1200.00 in current savings to have a 50% chance of having enough money to cover health care expenses and retirement. For a woman in the same situation she would need $137,000.00 to have a 50% chance of having enough money. So in your opinion are these estimates reasonable?

Jennifer Blanchard: Well they do seem reasonable because they've certainly done their research thoroughly but what they don't take into account our Custodial Care Cost what this study takes into account are Medical Care Cost and those are things like short term hospital stays, doctor visit co- pays, medications, medical procedures, things of that nature but again when it doesn't address is the cost of custodial care which is often referred to as long term care and with people requiring anywhere from two to five years of this type of care and retirement perhaps longer if they suffer from a disease such as Alzheimers the cause of this type of care can greatly impact what someone needs to having savings in retirement to cover their total Healthcare costs.

Rebecca Fox: I hear a lot about long term care and I went online and I pulled up some numbers and the Department of Health and Human Services said at leas 70% of people over 65 will need some sort of long term care services sometime in their lifetime so what exactly is long term care?

Jennifer Blanchard: Long term care refers to health with a routine activities of daily living or ADLs that its due to a physical impairment or a CAD impairment that's expected to last longer than a specific period of time like 90 days. Those activities of daily living are bathing, eating, dressing, toileting, continents and transferring and there are three different levels of care that you can receive, skilled, intermediate and custodial and skilled care is care that's provided by licensed or skilled professional its considered medically necessary but it does an address those activities of daily living. Intermediate care is for more stable patients that require less specialized procedures than patients that require skilled nursing care. And then lastly custodial care you can think of as informal care giving that can be performed by a certified caregiver but often times as performed by family member and that is care that refers specifically to the activities of daily living.

Rebecca Fox: I understand people can by long term care insurance to cover the cost, why should someone consider this option?

Jennifer Blanchard: Well again everyone's situation is unique there are lot of different options that they can consider to meet these needs. The important thing is to work with a specialized professional that can help give some guidance in this area and regardless of what this statistics say the chances are of someone needing this type of card, the reality is that if they do the results can be quite emotionally and financially devastating to the family.

Rebecca Fox: All right so start the conversation now.

Jennifer Blanchard: Absolutely.

Rebecca Fox: Jennifer thanks so much for being here we appreciate your time.

Jennifer Blanchard: You're welcome, thank you.

Rebecca Fox: And you could find more stories featuring Jennifer Blanchard and videos about long term care here on icyou.com for icyou on topic I'm Rebecca Fox.

Video/Audio 2

Lyle Hurd: Now, one of my favorite topics, I would like you to give us your opinion of what kind of changes are going to take place in healthcare once the baby-boomers hit Medicare?

Hyla Cass: That's a great question. Well, Medicare is on its way to bankruptcy, the government is on its way to bankruptcy. We are doing this cover-yourself medicine, where far too much testing, far too much expensive testing is going on. A lot of very expensive treatments and not a lot of great results. And the boomers are smart and they would take charge, and they are going to revolutionize health. They are going to take it on and demand that things work better, and more appropriately. I mean, we started the health food revolution, the nutrition revolution, nutrients, supplements. We got DSHEA passed in 1994, the Dietary Supplement Health and Education Act, which enabled us to keep supplements on the shelves. So we are actually very self-motivated. We are not going to just put up with status quo. Changes have to happen and people have to learn about their own health, ask the right questions, educate, educate, educate themselves and have really educated smart conversations with their doctors, where they are being partners, they are using doctors the as partners, not as an authority, as a God-like distinct figure, oh yes, my doctor said this, so this - I mean that's ridiculous. I really ask people to be partners with me. I am the expert. I don't expect them to know as much I do. But they are going to know more about who they are and what they need, and they use me a resource. And then I have written all these books, and I also give a lot of references that people can look things up. So I think it behooves people and the boomers know this to really learn as much as they can so they can ask the right questions and get the right things for them, and work with their physicians as partners.

Lyle Hurd: So you are saying, you really need to be captain or co-captain of your own healthcare team. You need to know what you can do to avoid the system, and you know what you should expect when you have to access the system.

Hyla Cass: Right and then besides that, there is a whole preventive aspect. Exercise, I mean that's huge, huge and diet huge, in terms of longevity and quality of life. And it's no longer a matter of eating what you want and watching TV all night and then going to a doctor and getting a pill. That's passé, that's history, doesn't work. So people are also exercising, eating better. I mean look what they baby boomer restaurants now. I mean you can have healthy meals in many, many places. So we are making a difference.

Lyle Hurd: So we need to take arms against the sea of troubles and by opposing, end them. Thank you.

Video/Audio 3

HECTOR PEÑA: I woke up. I saw blood all over the blankets. And my hands and my feet were bitten by something. I didn't know what it was. Then we realized that there had been bats.

SCOTT DOWELL: We can help countries to pick up new threats, to confirm them in the laboratory, to investigate clusters of disease, and ultimately to treat patients and contain a new disease threat before it spreads around the world.

ISABELLA DANEL: Diseases cross borders and what happens in these small countries…what happens in one country may affect the other countries.

KIM LINDBLADE: And of these new emerging infections, zoonotic diseases play a huge role. And zoonotic diseases are those that are transmitted from animals to humans.

PATRICIA JULIAO: Bats are all-found all over the world and they've been associated with different diseases all over the world so what information we find here will give us an idea of what sort of infections they can harbor and what is the likelihood of those infections being transmitted to humans.

DAVID MORAN: Right now, right here, we are trying to get some samples from the bats because there's an outbreak right now. . . there's a current outbreak of rabies in cattle in this area. We find bats in the net. We check what kind of species because there's some protected species. We take and put in some small bags and then we took all the captured animals and go to a facility here in the village. We anesthetize the animals and take blood samples and samples from ectoparasites.

KIM LINDBLADE: The reason for having the program here is to understand more about the kinds of infections and diseases that are occurring in Central America which helps us to understand and prepare better in the United States to counter, to prevent and to treat these important infectious diseases.

SCOTT DOWELL: SARS was really the wake-up call for GDD.

ROB BREIMAN: Where it occurred locally. It was a local problem…recognized as a local problem, but over a period of time became an international problem.

JEFF MCFARLAND: U.S. CDC started an emerging infectious disease program here in China, largely in response to the 2003 SARSepidemic.

JAY VARMA: Through the work that we do with the Chinese government to build modern surveillance systems, we were able to detect an outbreak that they never would have picked up before, because it was occurring in a large area over a long period of time.

BAO-PING ZHU: We are making a big impact in that country, because we are training their workforce and training their disease detectives.

JAY VARMA: We were specifically focused on one pathogen called salmonella. And within just a few months of data that we were analyzing side-by-side with our partners in China, we were able to see that there were a number of cases with a very specific molecular fingerprint that were occurring only in infants.

SCOTT DOWELL: There's no doubt in my mind that we are better prepared in 2010 for a pandemic than we were in 2003. We knew even when people questioned, "Is central Africa sort of a dark window with the pandemic H1N1? How would we even know if it was there?" Well, we had respiratory surveillance in place in Kenya.

ROB BREIMAN: We have a very unique project going on in Kibera. We have a group of what we call community interviewers. They're basically field workers. And they carry personal digital assistants, you know, PDAs. And these PDAs are programmed with the questions that we're trying to get answers for.

JANE ALICE OUMA: Like, we can talk of cholera. H1N1 was found in the community.

ROSELYN ATIENO ODENGO: She wanted to know how we are going on…anybody who has been sick, anybody who has been hospital.

ROB BREIMAN: And this is an area of about thirty thousand people…about eight thousand households. And they go to every single household every two weeks. And if someone's very sick, they encourage them to go to the field clinic.

ROSELYN ATIENO ODENGO: Like one day I fell sick of pneumonia. I couldn't walk. I couldn't do anything. So my neighbors carried me up to CDC.

ROB BREIMAN: When they go to that clinic, if they have a condition that we're surveying for, that we're concerned about -- let's say it's pneumonia, as an example -- then we collect information about that illness in the clinic by one of the well-trained clinicians that we have working there. Because of market practices, because of air traffic, it's very possible for disease to move from one corner of the earth to another within a day.

SCOTT DOWELL: There's no better way to protect the American population against new disease threats than by strengthening our partners in public health institutions around the world.

KIM LINDBLADE: It's not a profession that you get into for the money. You really get into it because you feel like you can make a difference.

DAVID MORAN: I really love this job. I really love…go to the field and catch the animals and find the samples.

JAY VARMA: When we are seen as people that are not political, that are conveying information because it's in the best interest of the public health in the United States or somewhere else, I think that's when we're really at our best.

SCOTT DOWELL: We've learned that we need to be prepared for the unexpected, and the better we understand the background of pathogens emerging from animal reservoirs, the better prepared we’re going to be to respond to the next surprise.