Paper of Merit

Who Will Take Care of Me? Perceptions and Expectations of Future Long-Term Care Needs Among Middle-Aged and Older Israelis

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Abstract

The study presented in this article examined perceptions and expectations of future long-term care (LTC) needs among middle-aged and older Israelis. The sample consisted of 43 participants who were interviewed in five focus groups. We conducted constant comparisons in an attempt to find thematic commonalities and differences and identified three major themes. The first theme related to the participants' challenges perceiving themselves as old and to their difficulty with the concept of old age. The second theme related to the participants' perceptions of similarities and differences between them and their parents' generation in terms of aging and future needs. The third theme related to the participants' perceptions of their future LTC service needs. The findings provide important insights for public policy and health care professionals, and suggest that despite the general preference to age in place, most individuals acknowledge that this may not be a feasible option for them. LTC preferences are discussed in light of sociocultural changes in Israel.

INTRODUCTION

The present study aimed to identify the specific needs and expectations of middle-aged and older Israelis regarding long-term care (LTC) services. LTC services vary widely in terms of the setting in which they are provided, services offered, and target populations. Whereas some LTC services, such as adult day centers and home care services, are provided in the community, other services, such as nursing homes or assisted living facilities, are considered institutional. In addition, there are services like continuing care retirement communities (CCRCs) that represent a mix between community and institutional care. There also is a wide variation in the nature, frequency, and intensity of services provided by different LTC providers. Some services are recreational (e.g., adult day centers), whereas others provide direct personal care (e.g., home care services) or medical care (e.g., nursing homes). Another classification relates to domains of services: assistance with activities of daily living and instrumental activities of daily living, medical services, and housing services (Agency for Health Care Effectiveness and Quality, 2012). Whereas some LTC services are provided around the clock (e.g., live-in migrant home care services in Israel), other services, such as adult day centers, provide fewer hours of care. The target populations of LTC facilities also vary substantially in terms of their age range and cognitive and physical functioning. Some older adults are completely independent (e.g., CCRC residents upon their initial transition), whereas others (e.g., nursing home residents) are physically or mentally dependent (Zimmerman et al., 2003). Common to all services is their provision over prolonged periods of time (Kane, Kane, & Ladd, 1998).

Increased life expectancy and growth in the older adult population have been accompanied by a greater demand for LTC services (Spillman & Lubitz, 2000). For example, a European commission on LTC expenditures in Germany, Italy, Spain, and the U.K. projected that between 2000 and 2050, LTC expenditures will more than double (Comas-Herrera et al., 2006). In the U.S., researchers have projected that most of the increase in LTC services for older adults will be for home and community-based care. In their projections for the next decade, researchers have argued that the demand for LTC services will increase by 20% to 25% (Kinosian, Stallard, & Wieland, 2007). Similar trends have been identified in Israel, with a projected increase of 30% in LTC expenditures by 2019 (Bank of Israel, 2012).

LTC Services in Israel

Israel is a unique setting for examining perceptions of future service needs in old age because it represents a society in transition between tradition and modernity (Khazzoom, 2003; Sered, 1990). To some extent, Israel is characterized by high levels of familism and collectivism, with family members living in proximity to each other and demonstrating high levels of contact (Lavee & Katz, 2003; Lowenstein & Daatland, 2006). At the same time, there are strong Western influences, as reflected in increased individualization and modernization (Fogiel-Bijaoui, 2002). As a result, older Israelis often experience a conflict between the desire to rely on family members for support and companionship on the one hand, and the realization that paid support and extra-familial relationships are slowly replacing family ties on the other (Ayalon, 2009). Whereas the Israeli welfare system was once portrayed as universalistic and comprehensive, it is currently characterized by low levels of benefits and an extensive use of means testing (Rosenhek, 2002).

The majority of older Israelis reside in the community. Enacted in 1988, the LTC community law was specifically designed to allow older adults the opportunity to age in place (Asiskovitch, 2013). The law provides a variety of services to older adults with disabilities in order to help them stay in the community; among the services are adult day care centers, home care services, incontinence services, laundry services, or an emergency button. About 17% of all older Israelis are currently supported by this law,

with 98% of them receiving support in the form of home care services (National Insurance Institute of Israel, 2011). The Israeli government subsidizes up to 22 hours of home care services provided by Israeli workers and up to 18 hours of care by migrant home care workers. Both local Israeli and migrant workers are paraprofessionals. Workers are responsible for the provision of light household care and personal care. More than one-third of all home care services are provided by live-in migrant home care workers, and live-out Israeli home care workers provide the remaining two-thirds. Eligibility for home care is a function of age, financial status, and functional disability, with those at the highest levels of dependency being eligible for a live-in migrant home care worker (National Insurance Institute of Israel, 2011; Natan, 2011).

Only a little more than 3% of older Israelis live in LTC institutions. These institutions can be classified as: a) LTC institutions for independent or physically frail older adults who need partial assistance (e.g., CCRCs). Similar to the American model (King, 2004), these institutions are primarily geared toward older adults who are independent at the time of entering the institution. Most CCRCs are privately owned, and they tend to offer luxurious services, such as a swimming pool, golf club, or pub. Consistent with the American model (Sherwood, Rucklin, Sherwood, & Morris, 1997), most CCRCs offer nursing care units to meet older adults' evolving needs; and b) nursing homes for older adults with substantial physical or cognitive disabilities. In Israel, nursing homes are specifically designated for extended stays for older adults with substantial physical or cognitive disabilities (Iecovich, 2000). These two categories of institutions operate under different laws and regulations. Whereas some public funding is available for older adults with substantial physical or cognitive needs, when they need financial assistance in order to obtain institutional care, no such assistance is available for independent older adults. According to some estimates, there are currently 21,315 age-segregated residential units in Israel. Of these, about 11,950 are privately owned (Brodsky, Shnoor, & Be'er, 2010).

The Present Study

The present study aimed to evaluate perceptions and expectations of future needs for LTC services among functionally independent middle-aged and older Israelis. A qualitative research design was employed in order to give participants an opportunity to freely explore future service needs, even if these services were not available under a current umbrella of services.

The present study was based on the ideology of consumer-directed care (Buntin et al., 2006), which argues that individuals should be able to determine their own care rather than have another agency or institution do it for them (Batavia, 2002). Consumer-directed care advocates for the consumer's choice as well as for the consumer's control over the provision of care (Batavia, 2002). Whereas older adults who are cognitively intact and independent in their activities of daily living most often have the opportunity to exercise their health care choices, this is less often the case among older adults with physical or cognitive decline. Nevertheless, there is growing support for the concept of consumer-directed care, even in cases of older adults with disabilities (Kane & Kane, 2001).

Another important factor in the present study was the marketing industry (Moschis, Mathur, & Smith, 1993). Marketing and advertising campaigns are specifically geared toward understanding older adults and their needs in order to provide them with products and services of their choice. As a result, both academic and business-oriented research have focused on marketing products and services for older adults so that they can cope with their evolving roles and role transitions (Schewe & Balazs, 1992).

Even though older adults are targeted as potential LTC consumers, research has shown that they tend to have limited awareness and knowledge of LTC alternatives (Matzek & Stum, 2012). For example, studies on financial LTC knowledge tend to charac-

terize older adults' awareness as inadequate (Matzek & Stum, 2012). Other research has shown that older adults struggle to differentiate between LTC alternatives and tend to cluster the entire LTC spectrum as "nursing home" (Ayalon & Green, 2012). Ethnic minority status and low socioeconomic status have been particularly associated with lower awareness of LTC services (Moon, Lubben, & Villa, 1998).

In general, studies have found that older adults have diverse opinions and preferences regarding LTC services (Kane & Kane, 2001). Nonetheless, there is an overall consensus regarding the preference to age in place as opposed to use institutional care (Ahn, Beamish, & Goss, 2008). Another common desire frequently expressed by older adults is to maintain their autonomy and independence for as long as they possibly can (Ayalon & Green, 2012; Shippee, 2009). The provision of person-centered rather than staff-centered care is another trend that reflects the preferences of older adults (Calkins & Brush, 2009).

Although perceived need for services plays a major role in whether or not formal services are used, beliefs, attitudes, and knowledge also are considered important determinants of service use. In a qualitative study aimed to expand Andersen's model of service use (Andersen, 1995), the authors argued that both attitudes and knowledge are important determinants of LTC service use (Bradley et al., 2002). Following this rationale, the present study represents a bottom-up approach to identifying LTC perceptions and expectations among middle-aged and older Israelis. This study is much needed given the scarcity of research on the topic not only in Israel but worldwide, the increasing prevalence of older adults worldwide, the unique characteristics of Israeli society, and the tendency of the majority of past research to rely on a top-down approach to evaluate perceptions and expectations toward LTC rather than let future consumers define their own LTC expectations. In light of past research (Ahn et al., 2008; Ayalon & Green, 2012), we expected participants to report a strong preference to age in place and for services that encourage autonomy and independence.

Methods

Five focus groups were conducted between April and October 2012. Focus groups are a particularly common setting for examining beliefs and attitudes about health and health behaviors. The focus group methodology was chosen on the assumption that group processes facilitate participants' exploration of the phenomenon in question (Jenny, 1995). In the present study, the sample consisted of 43 focus group participants between the ages of 49 and 77 (20 men). The group size ranged between five and 14 participants who were recruited in several ways. Three groups consisted of adult children of parents residing in CCRCs located in the central region of Israel (hence, all were familiar with LTC alternatives). Each CCRC catered to a slightly different population, ranging from high to middle-lower socioeconomic status. These focus groups were conducted within the premises of the CCRCs. Recruitment to these focus groups was facilitated by the CCRCs' social workers, who approached family members and invited them to participate in the project. The fourth group consisted of retired persons. This group was recruited through our contacts with a social activist, who invited her colleagues to participate in the study. The fifth group consisted of individuals who participated in a pre-retirement workshop designed to encourage early retirees to plan for their retirements. This workshop addressed a variety of issues, including leisure time activities, financial considerations, and health care choices. To recruit this group, the organizer of the group approached potential participants and invited them to participate in the study. The latter two groups were conducted in recreational centers that are not age restricted and represent a population of potentially lesser familiarity with LTC alternatives. The variety of recruitment methods allowed for a relatively diverse sample (Patton, 1990) in terms of

Table 1. Sample Characteristics.

	Age range	Number of women	Geographic region	Socioeconomic status based on geographic region	Familiaity with the CCRC system
FG1 (n = 6)	49-59	3	Center	Low middle class	Familiar
FG2 (5)	47-54	3	Center	High middle class	Familiar
FG3 (6)	50-58	4	Center	High middle class	Familiar
FG4 (14)	62-67	8	North	Middle class	Not
FG5 (10)	75-77	3	Center	Middle class	Not

age, gender, socioeconomic status, and familiarity with LTC services (**see Table 1**).

We sought diversity because we were interested in learning about common perceptions and expectations across demographic variability, such as age, gender, or income. Bar-Ilan University's ethics committee approved the study.

Interviews

The original interview guide started by explicitly asking respondents about their desired LTC preferences in old age. Additional questions, such as major considerations that guide the decision to stay in the community or move to an institution, followed. Because participants had difficulty responding to an explicit discussion of housing alternatives in light of the aging process and increasing disability, the interview guide was modified so that the initial discussion dealt with current differences between participants and their parents. Afterward, once a rapport was established, the discussion addressed specific topics relating to age, such as perceived future needs.

The interview guide followed a funnel approach, starting with a relatively broad open-ended question: "What is the difference between your generation and your parents' generation?" This item was followed by questions that became increasingly specific: "In what way are your current needs different from your parents' needs at your age?" "How do you think your future needs will differ from your parents' needs?" "Where would you like to live when you grow older?" "What are the important determinants that will impact your decision to stay in the community or move to a more institutional setting?" "What services would you like to have available to you when you grow older?" All interviews were conducted by a social worker with at least a master's degree and who had prior training in qualitative research. Interviews lasted between one and two hours. All interviews were recorded and transcribed verbatim.

Analysis

Two independent raters analyzed the interviews. We coded data categories in stages, with each stage representing a more complex conceptual level (Strauss & Corbin, 1998). Each interview was first coded thematically for major content areas. Rather than force data into preconceived themes, we used an open coding approach. In that way, the interview data guided the formation of the categories (Creswell, 1998). Afterward, commonalities and differences across interviews were evaluated, and themes were regrouped to represent major content areas that were emphasized across participants (e.g., axial coding). In the search for inter-theme consistencies and contradictions, descriptive and then

interpretive categories were formed to represent interview data. The final stage was selective coding, which involves the identification of core categories to create a storyline (Strauss & Corbin, 1998).

Sources of Trustworthiness

All stages of this study, including the development of the interview guide, recruitment of participants, data analysis, and reporting occurred at the team level, which consisted of both researchers and practitioners. The team maintained an audit trail (Rodgers & Cowles, 1993) by recording the data analysis process and keeping records of all stages of the analysis. To establish the rigor of the study and to ensure its conformability (Guba & Lincoln, 1989), interviews were analysed independently by two raters (Ayalon and Lev) who resolved differences of opinion through consensus. All analyses were supported by direct quotations from the text.

Results

Three major themes emerged from the data. The first theme concerned perceptions of age and the aging process. The most common reaction to our initial inquiries about perceptions of future needs was the denial of old age and the separation of participants' own identity from the concept of old age and aging as experienced by past generations. Nevertheless, throughout the interviews, some respondents became more at ease with identifying signs of aging in their own experiences. This, in turn, made their discussion of LTC perceptions and expectations more open and direct. The second theme concerned perceived similarities and differences between participants and their parents in relation to their aging processes and needs. Even though the participants readily acknowledged generational differences in lifestyle and values, many of them concluded that the overall experiences and needs of the older generations are similar to those of their own generation. This again demonstrates the ambivalence experienced by respondents, who, on the one hand, struggled to differentiate themselves from the "old generation," but on the other hand, they are forced to acknowledge similarities between the generations. This ambivalence also is reflected by their description of future LTC services. On the one hand, participants hope for different LTC needs and experiences from their parents, but on the other hand, they realize that their LTC needs may end up being similar to those of their parents. The third theme related to specific service needs identified by participants, which ranged from the location of the services to the types of populations served. Most respondents readily stated their preferences to age in place and argued that this has become more feasible in today's world. Nevertheless, respondents also were able to acknowledge circumstances under which aging in place may no longer be possible.

Am I Old? Will I Ever Be Old?

Most of the participants were uncomfortable with the overall purpose of the study and perceived questions about future needs in old age as highly intimidating. The first reaction related to the term "old age," which participants claimed did not apply to them. This reaction was expressed by both the middle-aged and older participants but was stronger in the older group. This is clearly documented in the following statement:

> *The word "older adult" is very annoying. True, it is used by law enforcement agencies; anyone over age 65 is considered an older adult, but there is now a trend to change the law and to take the word "old" out of the lexicon. [People should] use the word "mature adults" or "adults" but not "older adults." [FG5]*

There also were participants who argued that in light of the current trend toward longevity, the term "old" may never apply:

> *Even if there is something called "successful aging," not everyone wants to get there. They think, "I*

will be fine [I will not age]…"[FG2]

Other participants had difficulty with the concept of old age. They argued that it is a highly variable concept that represents subjective experiences that may not be consistent with chronological age. The following is a statement made by one of the participants:

…To say that I look and feel a lot younger than my parents when they were in their 50s or 60s, I can say this, but I don't really know how they felt. They did look old to me back then...I didn't ask them then if they saw themselves as old. It is all subjective. Now, at age 60, I do not see myself as old. Maybe 60 is younger in this generation than it was in previous generations…[FG3]

A participant in a different focus group reached the exact same conclusion:

I remember when my parents were my age. They looked old and seemed to be disabled even though they were not sick then. They hardly ever went to a doctor, they functioned at home, but they looked really old to me. It might have just been my feeling, but I remember my mom when she was 71. That's the age I am now. I think she functioned much less adequately. I don't feel old enough to start thinking about nursing homes or CCRCs. On the contrary. [FG5]

Other participants highlighted the role of physical functioning and health status as important indicators of age. This is clearly illustrated in the following statement:

I never saw her [mother] as an older person until she got sick. [FG5]

In the same vein, a different participant described his father's own distinction between chronological age and health status:

I picked him [father] up many times after he was discharged from the hospital and saw the list of medications he needed to take…I told him, "It is hard to be an old person," and he said, "No, it is hard to be a sick old person." [FG2]

These conceptualizations emphasize the stigma associated with old age and the aging process. The participants had difficulty discussing their perceptions of future needs and immediately attempted to avoid the topic by claiming that it was not relevant to their current and future states. This clearly demonstrated the prevalence and pervasiveness of ageism and internalized ageism among the participants in this focus group. This also alluded to potential challenges faced by policy makers and health care professionals who may wish to tailor future LTC services to potential audiences that refuse to self-identify as old.

Am I Different From or Similar to My Parents?

In order to ease the participants' difficulty with our primary request to consider their future aging needs, they were instructed to discuss their perceptions of the differences between their generation and their parents' generation. This resulted in an avid discussion of perceived differences and commonalities between the two generations, which alluded not only to the participants' struggle to identify themselves as the future target audience of LTC services but also to the fact that services would have to be retailored given expected differences between the generations.

One major perceived difference between the two generations was attributed to the role of family in one's life. Whereas the parents' generation had relied on the assistance of their children, the participants in this study were not likely to receive the same level of support from their own children. This is illustrated in the following statement:

I think we are a little more prepared [than our parents to move to institutional care]. We are busy with a lot of things, while their life centered around

their family. We have learned to live outside of the family unit. Even though the family unit is still very important to us, I think they weren't well prepared for this [institutional care]. [FG2]

A participant in a different group reached similar conclusions:

Our parents had lots of children, so they had help [when they grew older]. There is nothing like this nowadays. We have two or three kids—so when we get older, we will go to a nursing home. Who will take care of us? Everything is much harder nowadays. [FG4]

A similar conclusion was clearly articulated by another participant who argued that nowadays people tend to experience insecurity in a variety of spheres because both family support and governmental support are declining:

You cannot trust your country; you cannot trust your kids. We no longer live with our brothers and sisters; we cannot support each other, and our generation lives in anxiety. What will happen when we grow older and become incapacitated? Who will take care of us? [FG4]

According to the participants, extracurricular activities and social ties with friends have become more important in this generation, and there is a greater tendency to rely on friends rather than on family for support and company. This is clearly illustrated by the following statement, which demonstrates the participants' desire to relocate to a CCRC together with a group of friends rather than as individuals:

…If we want to move to a CCRC, will there be enough room? We [my friends] all want to be together—not one in Haifa and one in Beersheva (different cities in Israel). [FG5]

The same idea was expressed in a different focus group:

We have a group of friends that we hang out with for years. If we go to a CCRC, we will go as a whole group. We talk about this as a group, so that we will have a secured social base. [FG3]

There also were those who contrasted their financial situation with the financial situation of their parents' generation. The following statement highlights their sense of financial instability in comparison with their parents' generation:

I think that when we get to the point where we need nursing care—if we need it, heaven forbid—it will be so expensive that it will be impossible to use the service. Even today, it is so expensive. [FG3]

Another participant expressed a consistent idea concerning financial differences between the generations:

Our parents were happy with what they had. It is true that their budget was lower and their needs were different. Nowadays, we want to travel, we want to read, we want to see the world, and we want to take care of our health. And health costs money. If you want to take care of your health, you have to get recommendations from various places, you need extra insurance, you have to pay extra, etcetera. [FG4]

In a different focus group, a participant stressed the different use of money in their parents' generation relative to their own generation:

I assume our point of view is different from our parents'. We had a lot more exposure (to the outside world) than our parents. I believe that if we had money and had opportunities, we would want to go abroad more. We would want to do things more independently because we go through things differently. Our point of departure was different from our parents'. [FG1]

Some argued that even though their current financial situation is more unstable than that of their parents' generation, they live in a more affluent society that offers a variety of opportunities and options. As a result, they believed they would probably be more demanding and less acquiescent than their parents' generation in old age:

My parents and their friends took everything that the authorities said at face value. We are more rebellious. We have learned how to speak up, how to demand things… we do not take anything at face value. [FG3]

Despite these noteworthy differences, several participants argued that in old age, everyone ultimately has the same needs irrespective of what generation one belongs to. This was clearly summarized in the following statement:

The needs are all the same [across generations]. Everyone loses their independence at a different stage. We hope we will never get there. Perhaps we feel as if we are much more independent than our parents, but nobody really knows how things evolve. [FG3]

This theme illustrates how perceived differences from the parents' generation translate to perceived differences in terms of future LTC needs and preferences. In light of social and financial instability, services will have to be retailored to support this generation that advocates for autonomy and independence yet has limited available resources for support other than peers.

Perceived Needs for Future Services in Old Age

This theme clearly reflects respondents' vacillation between their expressed wishes to age in place and their realization that aging in place may not always be a feasible option for them. As a result, in their discussion, respondents emphasize recent sociocultural developments that may ease their aging in place (e.g., technological developments, supportive community models, an emphasis on independence in old age, etc.) and also acknowledge circumstances where aging in place may no longer be possible. When faced with the potential need for institutional care, respondents are discouraged by current options and tend to identify specific service needs, which are not currently addressed by existing services.

Aging in Place As a Preference

Most of the participants reported a preference to age in place. Several of them argued that today, technology has made everything more accessible, and it is now possible to purchase services without physically leaving one's home. This is clearly shown in the following statement:

I will do the maximum [to age in place]—via computer, television, or whatever else I can do. I'll order things, have things delivered to me at home, or I'll call a cab. But I will not give up. This is why I think institutional care will be less applicable for my needs. [FG3]

In a different group, a participant concurred with this line of thinking and added:

Even prepared food. Today you can buy good food, quality food, and it is not expensive at all. [FG1]

There also were those who identified supportive communities as a preferred alternative, which ensure that older adults age in place on the one hand and provide them with supportive services on the other, without putting excessive financial demands on them, as shown in the following statement:

Once a person enters a CCRC, they look around and see that some people are a little better off than they are, whereas others are worse off. But this is the last stop. A person must feel as if their life is over. People have thought about this and arranged accommodations similar to those of the CCRC. But it's at your own home, what's called a supportive community...You have it in many places. They have all the activities, but each of the residents lives in their own place. You get all of the services you might need, but you feel at home. [FG5]

Some participants mentioned the role of community centers in maintaining older adults in their communities for as long as possible by providing the recreational activities that older adults are lacking as well as connections with the community and a sense of independence:

In community centers, you can compare prices; you can compare the level of classes they offer. So I think that community centers really meet my needs…Younger adults also use community centers, so you see younger people here and there…It doesn't feel as if we are in one box and they

[young people] are in another box. [FG5]

Institutional Care As an Inevitable Default

Nevertheless, several participants portrayed their future needs for formal services in old age as a natural part of life. They argued that just as young adults go through predetermined developmental stages, older adults inevitably end up moving to institutional care once their disability level requires them to do so. The following statement illustrates this well:

I want people my age to get used to thinking that just like we were in kindergarten at one point in our lives and then went to school and university, we should move on to an institution, if only to relieve our kids. [FG3]

Still, those who advocated or at least accepted the possibility of institutional care tended to view proximity to the community as an advantage, with some advocating for geographical proximity and others for social engagement of community residents, particularly younger generations. One of the participants made the following statement:

I hear many advertisements [for CCRCs] now—"The North is pastoral, Raanana [name of a city] is very quiet…" But there is nothing around those centers. I think this is a disadvantage. You should have access to public transportation; you should be part of the community [when you choose institutional care]. [FG3]

This same idea was expressed in a different group:

Let the house be part of the community, not disconnected from it. [FG1]

Desired Changes in Institutional Care

Many participants indicated that given the characteristics of their generation, any type of institutional arrangement would have to allow them more freedom than they are currently being offered:

If someone had locked me up in a CCRC, I would have suffered. Not because of the luxury—I would have liked that—but because I don't like being told what to do. I find it quite threatening to have my entire life prearranged... [FG5]

Similarly, a participant in a different focus group stated:

This is individualistic. For 46 years I work in a certain system, in the army I was in a system. I finally got to the age of retirement, thank God. I do not want any more systems. What do I need a system for? I want to wake up and do what I want to do. I do not need another system. [FG3]

In line with this view, some of the participants expressed a desire to create their own system of LTC services together with their lifelong friends. This was based on their strong reliance on social ties rather than family ties, which reflects the independent and free-spirited nature of their generation. One participant stated:

I think the best thing for retired people like us is to set up our own retirement village. We will have a commercial center, an intercom, a physician, a nurse at night…[FG5]

Others argued that even though they would have liked to see themselves aging at a CCRC, the prohibitive cost makes this unlikely. They further mentioned that they would be willing to compromise on more modest services if this resulted in lower costs:

It [the institution] does not need to be a five-star hotel. The doors and tiles can be a lot simpler. It needs to be clean and aesthetic, but there has to be supervision…[FG2]

The same idea was expressed in a different focus group:

The CCRC is for rich people. Middle class cannot get there. Only dream about this. So lower the stan-

dards. Dancing, a gym, you can get that for much cheaper. Even the haircutter is expensive there. Why would you need an expensive haircutter at this age? [FG5]

Nursing units were portrayed as particularly problematic, and many participants complained of real neglect in these units:

I came to the nursing unit and was ashamed of what I saw: people sitting in their rooms, screaming in their beds, asking for help. Nobody goes there; nobody bothers to look at them. [FG5]

Another participant commented:

I have the impression that everyone is more worried about nursing units than about CCRCs, because in nursing units there is no other choice, we will all need nursing care at some point. [FG5]

A similar idea was expressed in a different focus group:

From my point of view, I do not plan to go to a CCRC, with all the good things that come with it. Because if we ever need nursing care, it will be so expensive that it will be impossible. [FG3]

There also were those who argued that there is a shortage of available solutions for those who are transitioning from being completely independent to being physically dependent. Even though services for independent older adults are readily available at CCRCs, and even though services for dependent older adults also are available at nursing units, services for those who are between the stages of complete independence and complete dependence are not readily available and are costly. For example, many older adults require more supervision and assistance than is currently available at the independent unit of the CCRC, but they do not necessarily have to move to a nursing unit. One participant summarized this as follows:

The problem is with those [CCRC residents] who are independent but need some assistance with medications and similar tasks…Not everyone can walk to classes. So, think outside the box, come up with solutions. [FG2]

The same idea was expressed in a different focus group:

I don't have an answer how to do this supervision. There are people who are not very independent. They will not let you come over and see what they eat, what medicine they take because they are independent and they have their pride. You cannot hurt this. The decline…if there was a way to catch it on time. [FG3]

Another participant stated:

The sick room is something you can find at most CCRCs. It is true that if you have a headache, you go to the nurse, ask for a pill, and move on. But if I am coughing all night, and if my partner gets sick because my coughing keeps her awake, then she has to be moved away and she is taken to the sick room…That costs five, six hundred shekels a day (approximately $120). And according to what Zvika (pseudonym, another participant in the focus group) said, if you add this to the monthly rent, the cost becomes substantial. [FG5]

Discussion

The overall goal of the present study was to identify perceptions and expectations of future needs related to LTC services among middle-aged and older Israelis. The study is particularly important in light of the nature of Israeli society, which is in a process of transition between tradition and modernity (Lavee & Katz, 2003; Lowenstein & Daatland, 2006). In the past, care for older adults in Israel was provided within the realm of the family. Today, however, Israeli society is shifting to shared care of family members and paid caregivers. This trend is expected to have a considerable impact on the future need for LTC services among older adults.

Even though the original goal of the study was to evaluate perceptions and expectations of future LTC needs, the participants chose to discuss other

topics, which were clearly relevant to the overall theme of service needs and had to be addressed before examining the specific topic at hand. In light of the focus group discussions, three major themes were identified. The first theme related to the term "old age," the participants' different views of old age and attempts to dissociate from the term, which in their own eyes largely reflects their parents' generation rather than their own generation. The second theme related to the participants' perceptions of differences between themselves and their parents. The third theme related to the participants' perceptions of needs for future services in old age. Vacillating across these three themes clearly reflects respondents' ambivalence about seeing themselves as future candidates for LTC services.

A noteworthy finding of the present study concerns the discomfort that the participants experienced when they were asked to project their future needs in old age. Our findings clearly reflect the challenges involved in being asked to think of oneself as an old person in need of LTC services. Although the tendency to view oneself as younger than one's chronological age may be considered adaptive, it also makes it more difficult to plan for future LTC services. Previous studies have addressed the issue of ageism and argued that ageism results from prejudice against one's future self (Nelson, 2005). The difficulty that the participants experienced with the concept of old age was evident in all the focus groups and particularly in the older group. This can be explained by social identity theory, which argues that group identity plays an important role in self-identity. When group identity is devalued, as in the case of older adults, individuals actively engage in dissociating themselves from the devalued group (Bodner, 2009). No matter what the source of internalized ageism is, its consequences in the present context are clear. Our findings demonstrate how difficult it is for middle-aged and older adults to think ahead and plan their future LTC needs because they actively refrain from defining themselves as being old in the present or even as "future candidates" of old age.

The difficulty that the participants experienced when they were asked to think of themselves as old was manifested by their direct attempts to "conceal" or "eliminate" the concept of old age from their everyday experiences and linguistic use. With regard to LTC services, it appears that the participants adopted an approach that coincides with current efforts to conceal chronological age from the various services offered to older adults. The present findings could potentially explain why many older adults fail to purchase LTC insurance (Pauly, 1990) or make a living will when they still can (Fagerlin & Schneider, 2004).

A different way to view these findings is by adapting a more elaborated definition of what old age and aging mean for participants. According to some researchers, the term old age imposes false homogeneity on the diverse experiences of older adults (Cruikshank, 2009). Instead, old age identity is reconstructed in relation to the social context in which aging takes place (Gamliel & Hazan, 2006). Possibly, participants found it difficult to relate to the term old age because they equated it with the aging experiences of past generations, which were perceived as being very distinct from their own. Similar to baby boomers in the U.S., who are portrayed as being proactive in their own aging process (Pruchno, 2012), the participants in this study were able to clearly articulate an active stand in the face of aging, which was perceived as divergent from the stand taken by previous generations.

It is interesting to note that despite the wide age gap between the participants (some were in their late 40s and others in their late 70s), there was a broad consensus regarding perceived differences and similarities across generations. Participants acknowledged several differences between their own age group and their parents' age group, with the most notable difference being the lack of stability that characterizes contemporary society. Even though they viewed their lives as more luxurious than the lives of their parents, they also perceived themselves as having a weak safety net in comparison with previous generations. This was largely attributed to social welfare reforms, which no longer provide adequate

support for older adults. Notably, whereas the Israeli welfare system was once portrayed as universalistic and comprehensive, it is currently characterized by low levels of benefits and an extensive use of means testing (Rosenhek, 2002). These perceived discrepancies between the parents' generation and the study participants are potentially informative for the design of future LTC services. Hence, current efforts to market certain LTC arrangements as luxurious alternatives to aging in place may not meet the needs of the present generation of middle-aged and older adults who currently experience financial turmoil and uncertainty.

An additional source of insecurity was identified in family ties, which the participants claimed do not provide the same degree of support as in past generations. As a result, participants tended to rely primarily on social support provided by friends. This led some of them to realize that LTC options should accommodate not only their own needs but also the needs of their friends. Because they also perceived themselves as more outspoken and courageous than previous generations, some of them proposed that they should initiate their own LTC settings. The participants also emphasized that social engagement and participation in extracurricular activities is unique to their generation and different from their parents' generation; their parents' generation's life was largely centered on the family not only as a source of physical assistance but also as a source of emotional support and pleasure. Although changes in filial piety appear to be taking place in many of the more "traditional" societies (Lee & Hong-kin, 2005; Ng, Phillips, & Lee, 2002), societal adaptation to these changes is largely based on the context in which changes take place.

Consistent with the findings of previous research (Ahn et al., 2008; Wiles, Leibing, Guberman, Reeve, & Allen, 2012; Wolff, Kasper, & Shore, 2008; Wolff, Weisbrod, & Stearns, 1988), most of the participants expressed a clear preference for community care. Many of them expressed a strong belief in their ability to remain in their community in old age. They attributed this belief to the increased availability and accessibility of services resulting from technological advancement. In addition, they emphasized the availability of community services, such as community centers and supportive communities, which support older adults in their efforts to age in place. This explicit wish to remain in the community for as long as possible could also be attributed to the participants' emphasis on the importance of autonomy and self-determination in their lives, which reflected their general frame of mind. Nonetheless, some of the participants were able to view the transition to institutional care as a normal part of life. These participants were primarily concerned with the limited institutional services available to individuals who are in a transitional stage between independence and dependence. They argued that although CCRC services are available for completely independent older adults and nursing units are available for dependent older adults, there is a shortage of services for individuals who are neither completely independent nor completely dependent. In light of their explicit desire to remain in the community, the participants also expressed a clear preference for institutional services that facilitate connections with the community, and they argued for the importance of locating CCRCs within the community as well as for allowing community members into the CCRC.

The Israeli government has an active policy toward helping family members care for older adults in the community. As a result, institutional LTC services are primarily available to the most severely disabled older adults. Nevertheless, caring for older adults in their own home clearly takes a toll on the lives of family caregivers (Ayalon & Green, 2013). Reportedly, many of the participants in the present study actively provided caregiving services to their own parents. This could have affected their realization that affordable institutional services are insufficient for older adults at medium levels of functional impairment. In Israel, these individuals often are not entitled to financial assistance in institutionalized care yet they are no longer capable of living independently, even in a place like a CCRC.

Despite the evident discomfort to discuss old age, most respondents explicitly acknowledged that they too may need support as they age. Hence, individuals tended to vacillate between two competing sets of beliefs. On the one hand, they viewed themselves as somewhat "undefeatable" by the chronological changes that come with old age, but on the other hand, the inevitable decline that comes with aging was explicitly acknowledged. These findings can potentially be explained by the theory of cognitive dissonance (Festinger, 1957). As a way to resolve this dissonance and help people better prepare for their future LTC needs, it may be helpful to explicitly point to its existence and to the potential discomfort it creates.

It is noteworthy that the focus groups' discussions evolved primarily around CCRC settings, with lesser attention given to other LTC alternatives. This is partially due to the fact that three focus groups were composed of children of older CCRC residents; however, this could also be explained by the fact that CCRCs are intended for independent older adults and that these settings offer a variety of leisure and social activities, similar to the U.S. (King, 2004). These qualities of the CCRC would make it more attractive for independent middle-aged and older adults than adult day centers or assisted living facilities, which are intended for older adults with disabilities and, thus, were probably viewed as less relevant for the participants in the present study.

Conclusion

The results of the present study demonstrate some of the inherent challenges associated with future LTC planning. These challenges appear to be a direct result of the participants' difficulties incorporating future decline and disability into their self-concept; however, this could also reflect the active attempt of participants to build an "old age identity" that reflects their own experiences and not only the experiences of past generations. Nonetheless, once participants overcame these difficulties, they tended to report a direct preference for community-based LTC services. They also were able to clearly articulate that even though they have different resources and expectations compared to their parents' generation, when it comes to needs that arise in situations of illness and disability, there are many similarities between the two generations. In light of the aging of society and the expected increase in LTC services, the findings of the present study provide important insights for LTC policy makers and health care professionals.

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