

Long-Term Supports and Services Planning for the Future: Implications From a Statewide Survey of Baby Boomers and Older Adults

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Purpose of the Study: Little is known about adults' future planning for long-term supports and services (LTSS), and no studies have examined how LTSS planning compares between Baby Boomers and their parents' generation. The primary aim of this study is to examine the potential influences of birth cohort and gender on LTSS planning. Drawing on Andersen's Behavioral Model of Health Services Use, birth cohort and gender are viewed as predisposing characteristics, and several additional predisposing, enabling, and need characteristics are included as independent variables. **Design and Methods:** Cross-sectional design; data obtained from a statewide survey of 2,522 randomly selected Baby Boomers (born between 1946 and 1964) and older adults (born before 1946). **Results:** Two thirds of respondents expected to need LTSS, but few reported saving for such services. Controlling for other independent variables, compared with older adults, Baby Boomers were significantly more likely to plan to move to an apartment, live in a retirement community or assisted living, and live with an adult

child. Conversely, women were more likely than men to report planning to use specific LTSS such as home care, but specific LTSS plans did not vary by birth cohort. **Implications:** Policymakers and providers should prepare for a shift in community planning to accommodate the changing plans and expectations of Baby Boomers, large numbers of whom plan to age in existing homes and retirement communities, or live with adult children, with increasing demand for informal family support. The LTSS industry should also adapt to meet the need for formal services, which will likely continue to grow.

Key Words: Long-term care, Home- and community-based services, Housing, Nursing homes, Medicaid/Medicare, Public policy

States and municipalities express increasing interest in developing livable communities to enable residents to age in place. Grass-roots community organizations, such as the "Village" model, have expanded rapidly in recent years (Scharlach,

Graham, & Lehning, 2012). These community planning initiatives should be informed by residents' plans and expectations for where they will live as they age and for what services they expect to use. Upcoming cohorts of older adults may share the same vision as the current cohort or they may have significantly different plans and expectations for their future long-term supports and services (LTSS). Plans may also vary by sociodemographic factors, financial and social resources, or personal or family experience with the current array of LTSS. Yet, there has been very little published on how different birth cohorts compare in terms of anticipated use of LTSS to provide insights into policy and service development for future needs in the older population. This paper examines plans and expectations for LTSS among a representative statewide survey of 2,522 older adults and Baby Boomers to help policymakers at local, state, and national levels prepare for future generations to age in place.

LTSS Overview

LTSS (traditionally and sometimes still referred to as long-term care [LTC]) is provided to people who need assistance to perform routine daily activities over an extended period due to disability or chronic illness. It includes a broad range of medical and nonmedical services and supports provided by professionals as well as informal, unpaid care provided by family and friends. LTSS may be provided in community-based or institutional settings, with the goal of integrating supports and medical care to maintain health, improve functional capacity, enhance physical, social and emotional well-being, and maximize autonomy (Kane, Kane, & Ladd, 1998). Older people with disabilities who require LTSS increasingly live in the community, with high levels of disability (Redfoot & Houser, 2010).

Two broad sources finance LTSS: personal resources and public programs. Personal resources include informal care provided by family and friends, out-of-pocket spending, and private insurance. LTC insurance covers services in both institutional- and community-based settings. Despite the growing need for LTSS, demand for LTC insurance has been modest; only between 7 and 9 million Americans had LTC insurance in 2010 (LifePlans, 2012). Public funding sources include Medicaid and Medicare, Veterans Administration, and state-funded programs such as those administered through the Older Americans Act. Medicare

covers limited postacute LTSS for up to 100 days, but does not fund ongoing LTSS. Approximately, 43% of all LTSS funding comes from Medicaid, Medicare payment for postacute care covers 24% of the costs, LTSS users pay for 19% out of pocket, private insurance pays for 7%, and other public and private sources pay the remaining 7% (Kaiser Family Foundation, 2012).

Although estimates of the population with functional impairment needing LTSS vary depending on the study and the definitions used, approximately 12 million Americans receive some kind of LTSS; of these, about 80% are aged 50 and older and about half are older than 65 (Kaye, Harrington, & LaPlante, 2010). U.S. population aging trends will significantly increase the demand for LTSS (Houser, Fox-Grage, & Ujvari, 2012). Future LTSS should meet the needs of people with a range of physical and mental disabilities within the context of an increasingly racially and ethnically diverse population.

Planning for LTSS

LTSS planning decisions are complex and involve financial, behavioral, and psychosocial factors (Bradley et al., 2002; Curry, Robison, Shugrue, Keenan, & Kapp, 2009). In the absence of a crisis, it is relatively rare for older adults to proactively plan for their LTC needs by seeking information or making decisions (Friedemann, Newman, Seff, & Dunlop, 2004). Eighty-five percent of respondents to an AARP survey of 2,001 homeowners aged 45 and older considered themselves planners, yet only 33% had given a great deal of thought to where they would like to live in their later years and only 23% had given this much thought to the kinds of services they would need to live in their homes (Greenwald, 2003).

In 2005, the Department of Health and Human Services piloted a LTC awareness campaign called "Own Your Future" in five states. An evaluation of the campaign compared people who took the first recommended step of ordering the free planning guide to those who did not order it. People who ordered the guide were older and more educated, in worse health, and either had very few or considerable assets. They also more often reported personal or family experience with someone who used all of their savings paying for LTSS (Long Term Care Group & Life Plans, 2006). A study in Washington State that examined the impact of the "Own Your Future" awareness campaign

found a significant lack of knowledge about basic LTSS-related information such as cost, need, and payment method, in a random community sample and among Washington State employees (Iwasaki, McCurry, Borson, & Jones, 2010).

A few researchers have identified characteristics of people classified as planners for LTSS contrasted with nonplanners (Black, Reynolds, & Osman, 2008; Lusardi & Mitchell, 2007). In a random sample of older Florida residents, women, older respondents, and those with more years of education were more likely to plan for various aspects of LTC in social, environmental, health, and financial domains, but those with more chronic conditions were less likely to plan (Black, Reynolds, & Osman, 2008).

The gerontology literature has examined planning for some specific needs or behaviors such as end-of-life planning (Su, 2008) and residential moves. Using a vignette design, one study identified five distinct dimensions that influence the decision to move to a retirement community: functional status, features of current housing, social networks, features of retirement communities, and financial considerations (Caro et al., 2012). Another qualitative study found that parents' experiences influenced older adults' decisions about their own residential adjustments in later life (Gottlieb, Stoeckel, & Caro, 2009). Much of the research on LTSS planning centers on the decision to purchase LTC insurance as a pivotal planning behavior. Although the planning behaviors examined in this study are much broader in scope, the literature on purchasing LTC insurance provides a useful background. LTC insurance purchasers are more likely to have prior experience with LTSS and to be married, highly educated, and financially well-off than their counterparts in the general population aged 50 and older (LifePlans, 2012; Stum, 2008), as well as to be non-Hispanic white (Caro, Porell, & Kwan, 2011).

Cohort, Gender, and LTSS Planning

Since January 1, 2011, 10,000 Baby Boomers have turned 65 every day. What preparations have current older adults and Baby Boomers made for their future LTSS needs? What services do they expect to use, who will provide it, and how will they pay? There has been far more speculation and opinion than research about Boomers' future LTSS plans (Quine & Carter, 2006). Much has been written about the multitude of differences between

Baby Boomers and the preceding cohort, and it is reasonable to examine whether these contrasts may affect LTSS planning behavior. According to the ancient Arab proverb, "Men resemble their times more than their fathers." Although age alone can account for some differences in behavior, the shared life and historical experiences of a cohort are likely to heavily influence values and preferences throughout the life course (Karner, 2001). Other types of planning behavior relating to decisions in later life, such as financial planning and retirement (Brucker & Leppel, 2013; Coughlin & D'Ambrosio, 2009), appear to differ by birth cohort, and it is possible that LTSS planning has similar influences.

As noted in the introduction to the recent Special Issue of *The Gerontologist* devoted to Baby Boomers at 65:

"Baby Boomers redefined each stage of life as they experienced it. . . . They will make demands on the services and institutions designed to provide health care, transportation, and housing to previous cohorts of older people. Everything that we think we know about the aging process — from . . . the extent to which families will provide support to the decisions that people will make about retirement — has the potential to be altered" (Pruchno, 2012, pp. 149, 152).

A number of Boomer characteristics that distinguish them from earlier cohorts could influence their LTSS planning behavior. Boomers have greater income and wealth, lower rates of marriage and fewer children, but more siblings than older adult cohorts (Easterlin, Shaeffer, & Macunovich, 1993; Pruchno, 2012). Despite increasing longevity, Boomers also report worse self-rated health than older cohorts and faster declines in self-rated health over time (Chen, Cohen, & Kasen, 2007). Their heavy emphasis on individualism may lead to more demand for greater options in living arrangements, including retirement communities and assisted living (Berkowitz & Schewe, 2011). The cohort that was raised in good economic times, created the drug culture, and perpetually seeks to retain its youth can be expected to spend heavily on health and wellness, including alternative medicines, organic food, health clubs, cosmetic surgery, and a pharmacological approach to aging (Berkowitz & Schewe, 2011). Of course, in the context of these general trends, Baby Boomers, like all birth cohorts, display wide individual variation in socioeconomic status, race and ethnicity, and other sociodemographic factors.

One recent study found significant cohort differences in the availability of informal caregivers and suggested that over and above the effects of age alone, Boomers are likely to have less access to both spouses and children as caregivers as they age (Ryan, Smith, Antonucci, & Jackson, 2012). Another Australian study noted that the Baby Boom cohort's independence and desire for lifestyle choice makes them more willing to downsize, to move, and to live with extended family or children as they age (Judd, Bridge, Davy, Adams, & Liu, 2012).

Another characteristic likely to affect LTSS planning behavior is gender. Women on average live longer than men, are more likely to live alone in their later years, and are more than twice as likely in later years to live in poverty (Harrington Meyer & Herd, 2007). Whereas wives play the primary informal caregiver role for men who need LTSS, children are more likely to provide that care for women (Katz, Kabeto, & Langa, 2000). Yet, declining family size and increasing childlessness limit the number of potential family caregivers for women (Johnson, Toohey, & Wiener, 2007).

Several studies have estimated average remaining years of disability for men and women after age 65, and though exact estimates differ, all concluded that there are dramatic differences, with women facing up to twice as many years of LTSS need, including disability, cognitive impairment, and institutional care, as men (Kemper, Komisar, & Alexcih, 2005). Women are also more likely to need residential and home health care. Using an actuarial model of care transition probabilities widely used by insurance companies and government agencies, Brown and Finkelstein (2008) computed gender-specific transition probabilities across five care settings for the 98% of 65-year-olds who are medically eligible to purchase LTC insurance. They concluded that women were more likely than men ever to use a nursing home (44%–27%), assisted living (20%–12%), and home

health care (35%–29%; Brown & Finkelstein, 2008).

Baby Boomer women as a cohort have increased both their education levels and their labor force participation compared with previous cohorts, thus earning greater income and pensions (MetLife Mature Market Institute, 2011), but have also experienced more divorce, and thus are less likely to have access to their husbands' pensions or Social Security. They are also less likely to have done retirement planning (Brucker & Leppel, 2013), which is one important element of a LTC plan.

Guiding Conceptual Model

Most literature on LTSS planning to date is descriptive, and little is known about how Baby Boomers compare with older adults in terms of their LTSS planning. Therefore, a guiding conceptual model was designed for this study to account for a variety of factors that might influence LTSS planning (see Figure 1). This conceptual model is based on the version of Andersen's Behavioral Model of Health Services Use that accounts for both individual-level factors and environmental factors (Andersen, 1995). Among individual-level factors are *predisposing characteristics* that exist prior to onset of illness but may influence behavior related to health service use, *enabling resources* that may facilitate or inhibit health service use once illness has begun, and *need* or illness-related variables that might directly influence health service use. The *environment* in this conceptual model is represented by unique external influences occurring in society at the time individuals are born and as they age that lead to shared lives and historical experiences. Such environmental influences may account for differences in behavior between individuals from different birth cohorts, such as Baby Boomers and older adults, as discussed by Karner (2001), but the inclusion of external environmental measures is beyond the scope of this

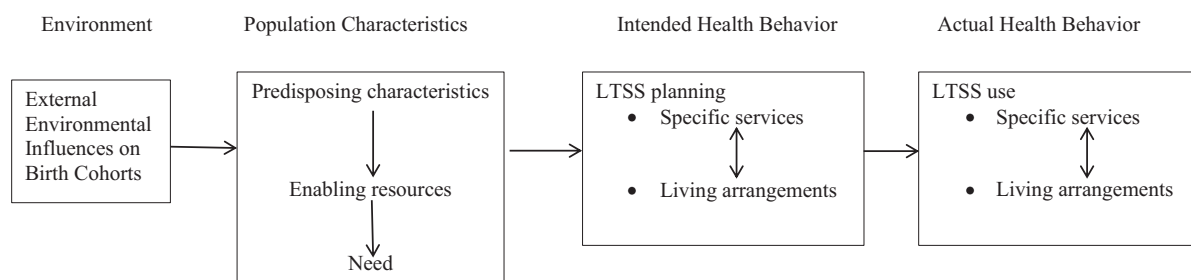


Figure 1. Conceptual model guiding inquiry. Adapted from Andersen, 1995, figure 7, and Bradley et al., 2002, figure 1.

study. Instead, for purposes of measurement and analysis, the focus of the paper is on individual-level factors (independent variables) and intended, or planned, LTSS use (dependent variables), where the predisposing characteristic “birth cohort” represents the contrast between Baby Boomers and older adults. Finally, this conceptual model adopts the distinction between intended and actual health behavior, in this case LTSS use, set forth by Bradley and colleagues (2002) in their enhancement of the Andersen model. These authors make a persuasive argument for creatively expanding the Andersen model to improve understanding of a range of understudied factors that might influence LTSS use (Bradley et al., 2002).

Study Aim and Hypothesis

The primary aim of this study is to examine the potential influences of birth cohort and gender on LTSS planning. The overarching hypothesis is that reported LTSS plans will differ by birth cohort and gender after controlling for other predisposing, as well as enabling and need, characteristics of study participants.

Design and Methods

This study draws on data from the 2007 Connecticut Long Term Care Needs Assessment. The data were collected via a self-administered, written survey mailed directly to a sample of Connecticut residents (Robison, Fortinsky, Kleppinger, Shugrue, & Porter, 2009). The survey included eight major topics: current and future plans, health and functional status, Home and community-based services (HCBS) use and unmet need, social support, employment and transportation, demographics, financial resources, and caregiving. The study was funded by the Connecticut General Assembly and approved by the University of Connecticut Health Center Institutional Review Board.

Participants

Two groups of community-dwelling residents received the randomized mailed survey: older adults ($n = 5,000$) and Baby Boomers ($n = 5,000$). At the time of the survey, the Baby Boom cohort, born between 1946 and 1964, were between 42–60 years old. The older adult cohort, born before 1946, were aged 61 or older at the time of the survey. Contact information was obtained

from state voter registry and Department of Motor Vehicles (DMV) records, including DMV-issued nonlicense identification cards. Residents were over-sampled from towns with larger populations of African Americans and Latinos.

Recruitment

Each of the randomly selected 10,000 residents received a personalized introductory letter, survey booklet, response card, and self-addressed, postage paid return envelope. After approximately 4 weeks, a second packet containing a personalized reminder letter, survey, response card, and return envelope was sent to nonresponders. These methods are well-documented strategies shown to increase the response rate to a mail survey (King, Pealer, & Bernard, 2001; Yammarino, Skinner, & Childers, 1991).

Response Rate

A total of 2,522 surveys were received from the randomized mailing: 1,497 from older adults and 1,025 from Baby Boomers. Adjusting for ineligibility results in an overall response rate of 29%: 34% for older adults and 24% for Baby Boomers. This rate is well within the acceptable mail survey range of 10%–60% (Harbaugh, 2002). The respondents represent the population sampled in age and geographic distribution; though Baby Boomer respondents included more women (59% vs. 50%) than the total sample who received the mailing. Compared with 2005 U.S. Census data for Connecticut, survey respondents are similar in gender distribution, household income, and disability status, but have higher levels of education. African American respondents are underrepresented (3% of survey respondents vs. 7% of Census population), and fewer Latino Baby Boomers completed the survey (5% of survey respondents vs. 8% of Census population). (Robison et al., 2009). With these exceptions, survey respondents reflect the Connecticut population in these birth cohorts, and results may be generalized.

Measures

Independent Variables.—Consistent with the conceptual model in Figure 1, predisposing characteristics include *birth cohort* (Baby Boomers or older adults), *gender*, *race* (white vs. any other race), *marital status* (married or living together vs. not married), and *education* (high school or less vs. more than high school). Enabling

resources include whether or not respondents reported having *money left over* at the end of the month for discretionary spending, whether or not respondents could afford to pay annually for LTSS for a 5-year period, whether or not respondents reported having *instrumental support* in the form of family or friends who could help them if needed with daily activities (Cornoni-Huntley et al., 1993), and whether or not respondents reported having *caregiving responsibilities* for others for health-related reasons. Need is indicated by the presence of a *disability*, measured by asking if respondents had either a specific physical, intellectual cognitive, mood, or sensory impairment, or needed help with activities of daily living (need a little or a lot of help, or cannot do, any of seven activities; Katz, Ford, Moskowitz, Jackson, & Jaffee, 1963).

Dependent Variables.—LTSS planning is the conceptual dependent variable in this study. Operationally, LTSS planning was separated into measures of anticipated need for LTSS, anticipated future living arrangements, anticipated use of a range of home- and community-based services associated with independent living, the preferred model for managing services and plans to pay for LTSS.

Anticipated need for LTSS was determined by asking survey respondents a global question: “Do you think you *will ever need long-term care*, including care at home, assisted living, or nursing home care?” Statistical analyses excluded respondents already receiving LTSS.

Respondents described their expectations about future living arrangements when asked “As you grow older, how likely are you to move to, or live in, each of the following arrangements?” with 10 living arrangements and response categories of very or somewhat likely versus not at all likely to have the arrangement. These 10 arrangements were reduced into six general categories: *remain in your home, live in retirement housing, sell your home and move to an apartment or condominium, live with an adult child in his/her home, live in assisted living, or live in a nursing home*. Participants coded as expecting to remain at home indicated they were very or somewhat likely to remain in their own homes with or without modifications or with homecare. Participants coded as expecting to live in retirement housing stated they were very or somewhat likely to live in senior housing, a retirement community, or a continuing care retirement community. The remaining four living arrangements

represented one item each from the original list and comprised participants who were very or somewhat likely to: sell their home and move to an apartment or condominium, live with an adult child (this measure only included participants with children), live in assisted living, or live in a nursing home. Respondents who had already made any of the arrangements were excluded from analyses of that particular arrangement. The combined categories were used for statistical analyses; Table 1 displays descriptive statistics for participants who described themselves as very or somewhat likely to live in each of the original 10 arrangements. The arrangements were not mutually exclusive.

Respondents could endorse up to five specific services they would use as they grow older: home care (encompassing homemaker, shopping, and cleaning, as well as home health care); transportation; home-delivered meals; home maintenance and handyman services; and lawn care/snow removal. Participants already using each of these specific services were excluded from analyses of that particular service.

All respondents, whether or not they had ever used any formal or informal LTC services, were asked their *preference regarding arranging and managing LTC services*, including finding, training, managing, and paying their workers. Three approaches described the management of services: (a) an agency primarily handling all aspects of their care, (b) working jointly with an agency, or (c) managing their own care independently without any agency involvement. To assess financial planning regarding possible LTSS needs, respondents were asked, “How do you plan to pay for any long-term care services?” where they could endorse each of nine items. Many respondents

Table 1. Expected Future Living Arrangements (Very or Somewhat Likely)

	% (n)
Remain home without modifications	67.2 (1,581)
Remain home with modifications	69.3 (1,588)
Remain home with home care	73.2 (1,707)
Sell house, move to apartment/ condominium	48.4 (1,062)
Live in senior housing	34.9 (809)
Live in retirement community (55+)	51.2 (1,189)
Live in a continuing care retirement community	51.2 (1,195)
Live in assisted living	48.0 (1,123)
Live in a nursing home	24.3 (571)
Live with adult child in his/her home	35.4 (703)

who indicated they would never need LTC on the global question also indicated they had at least some expectation to move to various living arrangements (including nursing home) and to use various services, demonstrating the importance of asking both the global and specific questions about planning for LTSS use.

Data were missing for less than 7% of respondents on the expected living arrangement measures, for 18% of respondents on their preferred model for arranging LTSS, for 6% on disability status and has money left over, and for less than 5% of respondents on all other measures.

Analyses

The first set of analyses examined variations in LTSS expectations and plans by four combined gender and cohort groups: older men, Boomer men, older women, and Boomer women. Pearson Chi-square tests indicate significant differences for each LTSS measure. Tests with a *p* value of less than .05 were considered statistically significant.

Next, we examine multivariate relationships among the independent variables of interest and two sets of LTSS indicators: future expected housing plans and future expected service use. Logistic regression models identify correlates of expectations to live in each of five potential future living arrangement categories: living in a retirement community, selling one's home and moving to an apartment or condominium, living with an adult child, living in assisted living, or living in a nursing home. Due to the high percentage of

participants who expect to stay at home with or without modifications or homecare (90%), no logistic regression model was run for this measure. Logistic regression models for future expected services follow for expected use of homecare, transportation, and home-delivered meals.

Models for each of the outcomes included a common set of factors to facilitate comparisons across the models. Independent variables include birth cohort, gender, marital status, race, and education (more than a high school diploma), having money left over at the end of the month, whether participants could afford to pay for any LTSS, instrumental support, caregiver status, and disability. Several other independent variables were excluded because of multicollinearity (subjective health, availability of emotional support, depressive symptoms, and owning a home). Odds ratios and 95% confidence intervals indicated the effect of each predictor and whether it met statistical significance. Chi-square tests and log likelihood indicate whether the set of factors in each model reliably predicts the outcome. Nagelkerke's statistic (pseudo R^2) shows the total variance accounted for in the models. Statistical Package for Social Sciences software was used to analyze all data (version 19).

Results

Demographic Characteristics

Table 2 displays demographic characteristics of the statewide sample comparing across categories

Table 2. Demographic Characteristics of the Sample

	Total	Older adult men	Boomer men	Older adult women	Boomer women
	<i>n</i> = 2,522 ^a	<i>n</i> = 687	<i>n</i> = 408	<i>n</i> = 785	<i>n</i> = 609
	%	%	%	%	%
Married***	71.8	77.9	85.2	53.6	79.1
White**	92.7	95.1	90.2	94.0	90.1
More than high school***	72.2	70.4	82.2	59.6	83.8
Has money left over**	61.4	66.5	63.5	57.6	58.9
Cannot afford any LTSS**	22.1	17.6	21.8	23.2	25.8
Has instrumental support	83.4	82.5	86.8	83.7	81.8
Is a caregiver***	18.0	11.2	21.5	13.6	28.8
Has a disability***	22.2	26.8	12.9	30.7	13.0
Mean age*** (range)	63.9 (41–100)	72.1 (60–98)	52.1 (41–60)	72.3 (60–100)	51.6 (41–60)

Note. Numbers for each indicator vary minimally due to item-specific missing data; exact numbers available from the authors.

^aThirty three of the 2,522 total sample were missing gender.

p* < .01. *p* < .001.

of the composite indicator of cohort and gender. Of the total 2,522 respondents, 28% were older adult men, 16% were male Baby Boomers, 32% were older women, and 25% were female Baby Boomers. The sample was 72% married, 93% white, and 72% had more than a high school education. Although 61% reported having money left over at the end of the month, 22% felt they could afford to pay nothing for LTSS, if they needed it. The majority of respondents (83%) had instrumental support available. Eighteen percent were currently caregivers and 22% of respondents had a disability. All factors differed significantly

by cohort and gender except availability of instrumental support.

LTSS Plans

Comparisons by birth cohort and gender for anticipated LTSS needs appear in Table 3, statistically significant differences are described here. Overall, two thirds of respondents did expect to need LTSS, but expectations differed by cohort and gender: 72% of Baby Boomer women expected to need LTSS, whereas Boomer men were least likely to expect it (63%). Older adult women expressed

Table 3. LTSS Plans by Birth Cohort and Gender

	Total	Older adult men	Boomer men	Older adult women	Boomer women
	<i>n</i> = 2,489 ^a	<i>n</i> = 687	<i>n</i> = 408	<i>n</i> = 785	<i>n</i> = 609
	%	%	%	%	%
Will you ever need long-term care, including care at home, assisted living, or nursing home care?*** (<i>n</i> = 2,383)					
No	29.0	32.8	34.8	24.8	26.1
Yes	66.3	63.7	62.9	66.0	71.6
Don't know	4.8	3.5	2.3	9.2	2.4
As you grow older, how likely are you to move to, or live in, each of the following arrangements?					
Remain in your home (<i>n</i> = 2,315)	89.5	90.7	89.1	88.3	90.2
Live in retirement housing*** (<i>n</i> = 2,294)	67.7	60.3	69.4	64.7	78.8
Sell home, move to apartment/condominium*** (<i>n</i> = 2,178)	48.3	38.9	58.9	36.9	65.0
Live in assisted living*** (<i>n</i> = 2,324)	48.1	43.9	47.8	44.7	57.5
Live with my adult child in his/her home*** (<i>n</i> = 1,982)	35.4	27.1	42.3	32.5	44.6
Live in a nursing home (<i>n</i> = 2,332)	24.4	22.8	21.0	25.3	27.1
Services you would use as you grow older					
Homemaker or home health care*** (<i>n</i> = 2,425)	52.5	45.5	43.8	61.2	55.5
Transportation*** (<i>n</i> = 2,467)	44.6	38.7	35.9	53.4	46.0
Home-delivered meals* (<i>n</i> = 2,474)	30.4	29.2	25.5	32.5	32.5
Home maintenance/handyman*** (<i>n</i> = 2,309)	71.3	64.2	70.0	69.7	81.8
Lawn care/snow removal*** (<i>n</i> = 2,184)	67.4	62.1	73.0	59.2	78.5
Preferred involvement in planning services*** (<i>n</i> = 2,043)					
Agency driven	6.5	7.8	4.9	8.0	4.4
Joint	56.7	47.7	62.6	54.9	64.0
Consumer directed	36.9	44.5	32.6	37.0	31.6
How do you plan to pay for any long-term care services? (<i>n</i> = 2,489)					
No plans or do not know***	31.0	23.7	38.5	27.4	38.9
My family will pay for it	1.9	0.9	2.7	2.5	1.8
Savings or investments*	41.3	46.1	40.4	37.7	40.9
Sell my home*	22.4	21.1	17.9	23.6	25.3
Reverse mortgage	10.0	9.5	8.1	10.8	10.7
Long-term care insurance*	20.3	23.7	16.9	20.9	18.1
Private health insurance*	16.9	14.8	13.7	20.3	16.9
Medicare***	39.2	45.1	30.4	44.7	31.2
Medicaid	10.6	9.8	12.0	10.3	11.0

Note. Numbers for each indicator vary due to item-specific missing data; exact numbers available from the authors.

^aThirty three of the 2,522 total sample were missing gender.

p* < .05. **p* < .001.

a much higher level of uncertainty (9%) than the other three groups.

The vast majority (90%) of respondents expected to remain in their homes either with or without modifications or home care with no significant variation by cohort or gender. Sixty-eight percent of respondents described themselves as either very or somewhat likely to live in senior housing, a retirement community with various amenities, or a continuing care retirement community that provides a range of LTSS levels. Baby Boomer women were most likely to expect to live in retirement housing, whereas older men were least likely to see themselves in retirement housing. Clearly, based on the overlap between the categories, many Connecticut residents did not consider living in their own homes and living in retirement housing as mutually exclusive options, and may envision more than one move as their health and circumstances change.

Almost half of respondents expect to sell their homes and move to an apartment or condominium, and the same number expect to live in assisted living. Boomer women endorsed both of these items more often than the other three groups, though more Boomer men also planned to sell their homes compared with either older men or women.

In contrast to the first 4 living arrangements, relatively few respondents foresaw living with adult children (35%) or in a nursing home (24%). Again, Baby Boomer women (45%) believed themselves more likely to live with adult children than their counterparts; only 27% of older men considered living with adult children a likely scenario. Expectations to live in a nursing home did not differ statistically by cohort or gender.

Expected use of all five services differed significantly for the gender by cohort comparisons. Older women most often planned to use home care, transportation, and home-delivered meals, followed by female Baby Boomers, older men, and finally male Baby Boomers. On the other hand, home maintenance and lawn care/snow removal appealed most to female Baby Boomers; older women were least likely to expect to use outdoor maintenance help perhaps reflecting their lower expectations of living someplace that requires these services. Considering the whole sample, these home and outdoor maintenance services were endorsed most frequently (about 70%), whereas under a third of survey respondents planned to use home-delivered meals.

A purely agency-driven model of service planning and delivery did not appeal to many respondents (7%), though older people liked this model

significantly more than Baby Boomers did. Joint planning and implementation, with agency assistance for paychecks, tax forms, and financial paperwork, appealed to the majority (57%) and to Baby Boomers particularly. Just over a third (37%) of respondents preferred a purely consumer-directed model, which older men preferred more than the other three groups.

Respondents endorsed many sources to finance their future LTSS needs. However, almost a third (31%) of respondents, with the highest proportion in Baby Boomers, had no plans or did not know how they would finance LTSS. Less than one fourth of older adult men had no plans. Very few people (2%) in either cohort or gender group expected family members to contribute to LTSS expenses. About 10% planned to use a reverse mortgage and 11% planned to rely on Medicaid; neither of these options varied by cohort or gender. People most often planned to use savings or investments (41%; especially older men), to have Medicare pay (39%; especially for older men and women), or to sell their homes (22%; especially for older and Baby Boomer women). Twenty percent planned to use LTC insurance, which was more common for older adults than Baby Boomers. Finally, 17% planned to use private health insurance, endorsed most often by older women.

Future Housing Plans: Multivariate Analyses

Table 4 displays the results from the logistic regressions examining correlates of expectation to live in each of five living arrangement categories: live in retirement housing, sell one's home and move to an apartment or condominium, live with an adult child, live in assisted living, and live in a nursing home. Significant model Chi-square statistics show that the set of factors in each model reliably predicts the outcome in all four models, although the percents of variance explained are quite low, particularly for the nursing home model.

Birth cohort related to four of the five options, with Baby Boomers more likely than older adults to expect to live in retirement housing, sell their home, live with an adult child, and live in assisted living. Women were more likely than men to plan to live in retirement housing, assisted living, or in a nursing home. Compared with their widowed, divorced, or single peers, married respondents more often expected to sell their home and move to an apartment or condominium. Race/ethnicity predicted plans only for living in a nursing home,

Table 4. Logistic Regression Models of Future Housing Plans

Independent variables	Retirement housing (<i>n</i> = 1,998)	Sell house and move to apartment/condominium (<i>n</i> = 1,876)	Live with an adult child (<i>n</i> = 1,743)	Live in assisted living (<i>n</i> = 2,009)	Live in a nursing home (<i>n</i> = 2,017)
	Odds ratio	Odds ratio	Odds ratio	Odds ratio	Odds ratio
	95% CI	95% CI	95% CI	95% CI	95% CI
Predisposing					
Baby Boomer	1.58*** 1.28–1.96	2.41*** 1.97–2.95	1.68*** 1.35–2.09	1.37** 1.13–1.66	1.05 .85–1.31
Female	1.52*** 1.25–1.86	1.20 .99–1.46	1.19 .97–1.47	1.32** 1.10–1.59	1.47*** 1.19–1.81
Married	1.26 1.00–1.58	1.62*** 1.28–2.05	.87 .68–1.13	1.17 .94–1.45	.96 .76–1.23
White	.83 .56–1.23	.91 .62–1.33	.76 .52–1.12	.95 .67–1.35	1.63* 1.05–2.53
More than high school education	1.53*** 1.22–1.92	1.51*** 1.20–1.91	.85 .67–1.08	1.62*** 1.30–2.02	1.16 .91–1.49
Enabling					
Money left over	.85 .68–1.07	.88 .71–1.10	.92 .73–1.15	.93 .76–1.15	.94 .74–1.17
Can't afford any LTSS	.66** .51–.85	.62*** .48–.80	1.64*** 1.26–2.14	.56*** .44–.71	.79 .60–1.05
Instrumental support	.52*** .39–.70	.89 .68–1.16	2.85*** 2.04–3.98	.63*** .49–.80	.71** .54–.92
Caregiver	1.10 .85–1.45	1.06 .83–1.36	1.14 .88–1.49	1.16 .92–1.47	1.11 .85–1.45
Need					
Disability	.93 .73–1.18	.75* .58–.96	.81 .62–1.05	1.29* 1.02–1.62	1.36* 1.06–1.76
Constant	1.55	.39	.21	.59	.14
Model summary					
Chi square (<i>df</i> , <i>p</i> -value)	106.26 (10, <.001)	189.65 (10, <.001)	103.40 (10, <.001)	99.05 (10, <.001)	35.34 (10, <.001)
-2 Log likelihood	2353.23	2410.83	2176.16	2685.41	2232.57
Nagelkerke <i>R</i> ²	.07	.13	.08	.06	.03

Note. CI = confidence interval; LTSS = long-term supports and services.
p* < .05. *p* < .01. ****p* < .001.

with white respondents more likely to expect this arrangement. Education related to retirement community living, selling the home, and assisted living: respondents educated beyond high school more often planned on these three options than those with a high school degree or less.

Having money available beyond that needed for basic expenses did not influence participants' expectations about any housing types, but respondents who could not afford to pay for any LTSS had lower expectations to move to a retirement community, sell the home and live in assisted living, and were more likely to plan to live with an adult child. Available instrumental support increased the expectation to live with an adult child, but decreased the expectation to live in a retirement community, assisted living or a nursing home.

Current caregiver responsibilities did not relate to any future expected housing plans. Finally, having a disability increased the expectation to live in assisted living or a nursing home and decreased plans to sell the home and move to an apartment.

Future Expected Services: Multivariate Analyses

Results of logistic regressions examining correlates of expectations to use three common LTSS services, home care, transportation, and home-delivered meals, appear in Table 5. Here too, significant model chi-squares demonstrate that the factors in the models reliably predict the outcome variables, though the explained variance is low in each model.

Service use expectations did not differ between older adults and Baby Boomers, but more women

Table 5. Logistic Regression Models of Future Expected Services

Independent variables	Homecare (<i>n</i> = 2,079)	Transportation (<i>n</i> = 2,114)	Home-delivered meals (<i>n</i> = 2,121)
	Odds ratio	Odds ratio	Odds ratio
	95% CI	95% CI	95% CI
Predisposing			
Baby Boomer	.91 .75–1.10	.85 .70–1.03	.93 .76–1.14
Female	1.93*** 1.61–2.32	1.80*** 1.50–2.16	1.41** 1.16–1.71
Married	1.03 .83–1.27	.89 .72–1.09	1.20 .96–1.51
White	1.24 .88–1.75	1.23 .87–1.74	1.55* 1.04–2.31
More than high school education	1.15 .93–1.43	1.24* 1.00–1.53	1.18 .94–1.48
Enabling			
Money left over	.85 .70–1.04	.93 .76–1.13	.84 .68–1.04
Can't afford any LTSS	.65*** .51–.82	.84 .66–1.06	.78 .61–1.02
Instrumental support	.64*** .48–.79	.69** .54–.87	.62*** .49–.80
Caregiver	1.38** 1.09–1.74	1.30* 1.03–1.63	1.23 .97–1.57
Need			
Disability	1.52*** 1.21–1.92	1.40** 1.12–1.75	1.30* 1.02–1.64
Constant	.47	.36	.21
Model summary			
Chi square (<i>df</i> , <i>p</i> -value)	105.09 (10, <.001)	80.81 (10, <.001)	47.03 (10, <.001)
–2 Log likelihood	2773.38	2828.52	2545.44
Nagelkerke <i>R</i> ²	.07	.05	.03

Note. CI = confidence interval; LTSS = long-term supports and services.

p* < .05. *p* < .01. ****p* < .001.

expected to use all three services compared with men. Marital status did not predict any expected service use; white respondents more often reported interest in home-delivered meals compared with non-whites. More highly educated participants expected to use transportation services than those who at most graduated from high school. Having money left at the end of the month did not relate to expected service use, but those who cannot afford LTSS were less likely to expect to use home care in the future. People with instrumental support had lower expectations of using home care, transportation, or home-delivered meals, whereas caregivers more often expected to use home care and transportation than noncaregivers. Having a disability was a strong predictor of expected use of all three types of service.

Discussion

Planning for LTSS encompasses a range of indicators including general anticipated need for LTSS, future living arrangements, future service use, management preferences for services, and financial planning. Analyses of factors related to these varied aspects of LTSS planning demonstrate both similarities and differences in the pattern of results. Andersen's Behavioral Model of Health Services Use (Andersen, 1995) presents a useful framework for examining personal predisposing, enabling, and need factors related to planning for different aspect of LTSS. The analyses focused particularly on two of the predisposing characteristics, birth cohort and gender, examining them individually and in combination.

Birth cohort and gender significantly influenced all five aspects of LTSS planning. Both cohort and gender related strongly to expectations about future living arrangements, with Baby Boomers and women expressing more interest in several particular arrangements compared with their respective counterparts. Cohort is particularly important for plans regarding management preferences, whereas gender, but not cohort, appears to drive the general sense of anticipated need for LTSS and preferences for specific services. Baby Boomer women had the strongest expectations to need LTSS, as predicted in previous research based on their longer life spans as women, and their reduced number of children and increased divorce rates as Baby Boomers (Easterlin, Shaeffer, & Macunovich, 1993; Harrington Meyer & Herd, 2007). Financial plans vary by both cohort and gender, depending on the financial strategy under consideration. For example, women, particularly Baby Boomers, more often expected to finance LTSS through selling their home, whereas older men were the most likely to plan to use savings.

Many predisposing, enabling, and need factors previously identified in the literature as correlates of LTSS planning replicate expected findings, whereas others do not. Supporting previous research linking education to LTSS planning (Black, Reynolds, & Osman, 2008; LifePlans, 2012), respondents with more education more often expected to move to an apartment, retirement community, or assisted living, and to use transportation services. Except for a decreased likelihood for racial and ethnic minority members to purchase LTC insurance, previous research did not report on racial or ethnic differences in planning for LTSS. This study's white respondents were more likely to expect to live in a nursing home and to use home-delivered meals. However, marital status did not consistently relate to LTSS expectations in this study, contrary to other studies (Caro, Porell, & Kwan, 2011; LifePlans, 2012).

Turning to enabling resources in the conceptual model, general financial adequacy did not relate to expectations about any housing or service type, contradicting previous studies' findings (Caro et al., 2012; LifePlans, 2012). However, people who stated they could not afford to pay anything for LTSS were less likely to foresee moving to several housing arrangements or using homecare, but more likely to expect to live with an adult child. Availability of instrumental support was a strong predictor of all three services and four of the five

housing types. Respondents without social support resources will depend more heavily on paid LTSS in the future and may have fewer ties to the current home, precipitating a move to another living arrangement with more opportunities for social interaction and assistance (Caro et al.).

While acting as a family caregiver did not predict any specific future housing plans, caregivers do have higher expectations of using home health and transportation services if they need LTSS, which aligns with other studies' findings that parents' LTSS experiences influence respondents' own expectations (Gottlieb, Stoeckel, & Caro, 2009; Stum, 2008).

Disability represents an indicator of need in the conceptual model. One previous study found that people in worse health or with more chronic conditions were less likely to plan (Black, Reynolds, & Osman, 2008), but in this population, having a disability increased expectations to use multiple services, as well as to live in assisted living or a nursing home.

Current evidence regarding lifetime risk for LTSS need and use help to contextualize the study findings. Kemper and colleagues (2005) used a microsimulation model with multiple data sources to determine lifetime need for LTSS, homecare use, and assisted living and nursing home residence. The 66% of this study's respondents who expected to need LTSS were similar to the 69% predicted in the microsimulation. These respondents estimate a somewhat lower likelihood of nursing home residence (24% compared with 35% in the simulation) and a greater use of home care (53% compared with 42%) and assisted living residence (48% compared with 13%).

Implications for Policy and Practice

Consistent with the literature demonstrating relatively low levels of concrete plans for future LTSS needs (Friedemann, Newman, Seff, & Dunlop, 2004; Greenwald, 2003), a sizeable group (31%) had no plans at all to pay for LTSS, though two thirds expected to need it. Although Medicare does not fund LTSS beyond short-term rehabilitation, almost a third of Baby Boomers and 45% of older adults reported planning to rely on Medicare for these costs. Further, 20% of Baby Boomer women and about 15% of the other three groups, plan to use private health insurance, which also covers very limited amounts of LTSS. The survey did not ask respondents to indicate only their primary

source of expected funding; therefore, it is reasonable for respondents who understand the limits of Medicare or private insurance to include these options among others, as they do provide limited coverage under particular conditions. Further analyses demonstrated that 15% of respondents who selected Medicare or private insurance did not select any additional options. Despite this caveat, the high percentage of respondents who endorsed Medicare indicates a potential need for education about LTSS funding sources, particularly among current Medicare beneficiaries, but also for near-future Medicare beneficiaries so they are more knowledgeable about how much and what types of LTSS their health insurance(s) will pay for if needed. These findings should concern LTSS planners and policymakers, especially at the state level where Medicaid shoulders a large LTSS expenditure burden. Both older adults and Baby Boomers need access to clear information about what comprises LTSS, the settings where people receive it, and the associated costs and funding sources. Additional training and resources should be provided to those who are the most frequent sources of LTSS information and advice, such as social workers, senior center directors, and health care providers, as well as Probate Court officials and conservators.

State and municipal planners and LTSS providers should prepare for a large proportion of the current and upcoming generations of older adults to age in place in their existing homes, based on the 90% of these respondents who expected to do so. Policies to support aging in place need to address a wide array of topics including housing and zoning, transportation, nutrition, home health care options, tax incentives, and protection from fraud and abuse ([Connecticut General Assembly, 2012](#)).

Baby Boomers are open to more housing options than older adults in general, consistent with other studies predicting Baby Boomers' LTSS plans ([Berkowitz & Schewe, 2011](#); [Judd et al., 2012](#)). This difference may reflect a true cohort difference between generations or it may simply reflect Baby Boomers' longer life span. They may anticipate multiple moves such as an initial move from home in Connecticut to a sunbelt state retirement community, to moving in with adult children when they need assistance, as noted in [Litwak and Longino's \(1987\)](#) seminal work on later life moves. Older adults, by contrast, have a shorter life span and therefore may anticipate fewer moves.

Expectations to live in assisted living or a nursing home vary by gender, with women more likely to expect these arrangements, perhaps reflecting an awareness that they will likely outlive their spouses and may need to seek care in a setting with more support.

As the Baby Boomers age into their 70s and beyond, they will likely also be interested in a wide variety of retirement housing that provides on-site services such as 55+ communities, continuing care retirement communities, senior housing, and assisted living. Based on reported savings, some of these options will be out of reach. Further, Baby Boomers' ideas about how retirement communities should function will differ in some regards from today's current residents. [Roth and colleagues' \(2012\)](#) ethnographic study demonstrates the potential for intergenerational clashes in one such community.

The higher expectations to live with an adult child among Baby Boomers carry interesting implications. Following the advent of Social Security in 1935, the likelihood of older adults coresiding with their adult children declined, but during recent decades, coresidence has risen ([Shugrue & Robison, 2009](#); [Taylor et al., 2010](#)). The number of Americans in multigenerational household nearly doubled between 1980 and 2010, for reasons that include demographic and cultural shifts, immigration, and more recently high unemployment and foreclosures ([Pew Research Center, 2010](#); [Spivak, 2012](#)). Such households jumped by 14% just during the recession years of 2007–2010 ([Spivak, 2012](#)). Longer-term trends such as declining defined benefit pension plans decrease economic security and may motivate increased coresidence ([Hacker, 2006](#)).

Another important reason for the recent increase in coresidence is the trend of Boomers' young adult children (ages 18–25) living at home while they pursue education or start careers ([Taylor et al., 2010](#)). Although many of the Baby Boomers rebelled from their own parents, embracing different attitudes about women's roles, racial and ethnic stereotypes, military service, music, and arts, they later formed the first generation of "helicopter parents," spending more time with children and providing more support than they received from their own parents. The Millennial generation, largely comprised of Baby Boomers' children, report much closer relationships with their parents than Baby Boomers did with their own parents ([Fingerman, Pillemer, Silverstein, & Suito, 2012](#)), perhaps paving the way for a continued increase in multigenerational

households. This survey explicitly assessed expectations for respondents to move in with their adult children, rather than bringing their adult children into their existing homes. Baby Boomer respondents' openness to this option in the survey likely reflects their increased comfort with intergenerational coresidence compared with the older adults, regardless of who moves in with whom.

Reliance on family for support with care needs will likely not diminish, and Baby Boomers may actually choose to live with adult children more often than the current older generation has. Planners should anticipate the need for more, and more varied, multigenerational housing, as well as expanded definitions of "family" caregivers to include nonblood relatives and significant others not married to LTSS users. These expanded family arrangements are already more characteristic of older minority populations compared with whites, and the older population is projected to grow steadily more racially and ethnically diverse for decades to come (Gonzalez Sanders & Fortinsky, 2012). Further, caregivers face increasing demands to carry out complex medical and nursing tasks in addition to personal care and household chores for their family members with chronic illnesses and disabilities (Reinhard, Levine, & Samis, 2012). Family caregivers need assistance with training, education, emotional support, and respite to ensure they can continue to provide the vast majority of LTSS.

Although they have longer predicted life expectancies, compared with the prior generation at the same age, Baby Boomers have higher rates of disability and chronic illnesses (King, Matheson, Chirina, Shankar, & Broman-Fulks, 2013). Much of the responsibility of paying for the LTSS needs of the current cohort of older adults already falls on government and will likely increase with the aging of the Baby Boomers. Encouragement by government for people to obtain LTC insurance as one way to lessen that burden has met with only limited success as take-up is low, premiums are high, and many insurance companies are exiting that business. This study shows that the next cohort of older adults favors the less expensive noninstitutional routes to LTSS, but will have trouble affording even those options. A broad-based and actuarially sound social insurance model for LTSS should be explored.

Limitations

This study has several limitations. The survey respondents represent one New England state and

LTSS options vary across states; however, federal standards ensure basic similarities across states in access to and design of services. This state's proportion of people served and dollars spent on HCBS versus institutional care fell in the middle range of all states, and the findings are, therefore, likely generalizable to other states. The findings may not fully represent less educated or minority populations, but less than 10% of Connecticut's older and Baby Boomer population were African American or Latino, so the results do represent a large majority of Connecticut residents in this age group. Prior research shows that people with more education have done more LTSS planning, so these results may overestimate some types of planning for the general population. Race and ethnicity have not been addressed in other research on LTSS planning outside of LTC insurance purchasing, thus speculation on the impact of under-representing these groups would be premature. Future research should certainly address LTSS expectations of members of minority populations more fully.

The study presents cross-sectional data, therefore some differences between the older adult and Baby Boomer respondents may represent age effects, in which case the Baby Boomers' responses could become more similar to the older adults' as time passes, or the differences may be true cohort effects. Dividing the sample into only two age groups may mask differences within each group; in some cases, Baby Boomers born before 1955 could more closely resemble the older adults in the sample than the Boomers born in the next decade, as they have lived through the same historical periods although at different ages (Longino, 2005; MetLife Mature Market Institute, 2009; Pruchno, 2012). However, further exploration of this data showed consistent similarities between older and younger Boomers, and differences from the older adults, across the LTSS-planning dependent variables (data available from the authors). Future research on LTSS planning within the Baby Boomer cohort could explore differences by age, socioeconomic status, race and ethnicity, and other demographic indicators.

The cross-sectional data also preclude direct inquiry into whether Baby Boomers' current attitudes and plans will change in the future as they near relevant decision points. Borrowing from the field of economic theory, the validity of their current expectations regarding distant decisions can be viewed through the lens of "rational expectations theory," in which a wide variety of economic

outcomes depends in part on people's expectations of the future (Sargent, 2008). The theory holds that although individuals can make forecasting errors, they do not persistently occur in one direction, and therefore, outcomes do not differ systematically from what people expect (Sargent). Therefore, to the extent they differ from older adult plans and expectations, Baby Boomers' plans are directionally useful to policymakers preparing for future generations.

The multivariate models explain a low proportion of the variance. Clearly, other factors aside from the individual characteristics examined here influence expectations about future LTSS. Future research should explore characteristics of the environment such as housing and neighborhood conditions or availability of various housing types and services, as well as additional individual factors such as history of moves, attitudes about relocation and service use, or propensity to plan in general. Although these models do not fully capture the array of predictors that influence these decisions, they identify a key set of significant factors that policymakers and municipal planners can use to refine aging in place initiatives.

Finally, data were collected before major policy changes in rebalancing were under way in Connecticut, which are increasing the visibility of home- and community-based LTSS options and the need for LTSS in general. Once these policies have been fully implemented, future research should assess changes in population expectations and attitudes about LTSS.

Conclusion

Because little is known about adults' planning for their future LTSS needs, state and local policymakers and planners may be designing service support structures and residential options without sufficient knowledge of their clients' or constituents' likely future behavior. Assumptions that future older adults will have the same supports needs and residential preferences as the current cohort could lead to inadequate systemwide planning.

This study fills in a piece of that puzzle by examining the potential influence of birth cohort and gender on LTSS planning in a large statewide sample. It demonstrates Baby Boomers' increased expectations to select a variety of future housing arrangements and women's particularly strong expectations to use multiple services. Of course, factors in addition to cohort and gender also influence LTSS plans, and

this study examines several of these inter-relationships. Having money available specifically for LTSS, but not availability of disposable income in general, significantly influences expectations for LTSS, as does available social support and, to a lesser degree, caregiving experience. Living with a disability also influences people's expectations about where to live and what services to use. States and municipalities that plan community-based services based on their residents' preferences and expectations, and provide ready access to reliable and unbiased information, will be better equipped to efficiently meet consumer LTSS needs.

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