

LIVING CONDITIONS AND SOCIAL NEEDS OF THE VERY OLD IN ISRAEL : IMPLICATIONS FOR POLICY

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The large percentage of healthy, active octogenarians in Israel suggests that social services should reconsider whether they do address the appropriate population. There clearly is and will be a large group of fairly active, financially secure and well-educated individuals who have moved out of the labor market and whose ages fall along a relatively broad upper range.

INTRODUCTION

It has been amply reported that social consequences of technological changes and progress in physiologic and medical science and techniques have contributed to changes in the age structure of populations and dependency patterns. The oldest old (85 +) are the fastest growing portion of the population in America and in most other industrialized nations.¹ The growth of this age group will have a significant impact on health and social service systems. Binstock cautions that the elderly cannot be categorized as one group and that old people are likely to be as different in the future as they are today as new cohorts with different life experiences enter the category of old age, particularly the oldest-old. Moreover, old people differ among cultures and much can be learned from studying different cultures.²

Suzman and Riley state that "a summary review of the literature confirmed . . . that at almost all levels, from the physiologic to the demographic little valid or reliable information exists on this

population."³ A large portion of those over 75 do not meet routinely at one place (such as a work place). Consequently, for research purposes each person must be traced individually. Such scientific method is time-consuming and expensive. However, it is not sufficiently employed with regard to the very old.

Despite these difficulties, we still need to know who the very old are and how they live. For example, it has been known for some time that, as people over 65 grow older, the number of social programs designed to meet their needs decreases.⁴ Additional data on the very old are needed as a basis for adequate policy-making, and, of equal importance, for relevant and appropriate services to be designed and installed. Most of the existing knowledge in this field comes from the United States and very little is known of these age groups in other cultures.

This paper reports the findings of a unique study on a relatively large sample of octogenarians in Israel. The paper concentrates on the subjects' demographic char-

1. I. Rosenwaike, "A Demographic Portrait of the Oldest Old." *Milbank Memorial Fund Quarterly*, (1985), 63, 187-205.

2. R. H. Binstock, "The Oldest Old: A Fresh Perspective or Comparison Ageism Revisited?" *Milbank Memorial Fund Quarterly*, (1985), 63, 420-451.

3. R. Suzman and M. W. Riley, "Introducing the 'Oldest Old.'" *Milbank Memorial Fund Quarterly*, (1985), 63, 177-186.

4. J. H. Britton and J. O. Britton, *Personality Change in Aging*. New York: Springer, (1972), also, C. F. Brockington and M. S. Lempert, *The Social Needs of the Over 80*. Manchester: Manchester University Press, 1986.

acteristics, their living conditions, and their social needs. Finally, policy recommendations are discussed.

METHOD

Sample: The sample included the entire population residing in one central region of Israel (the Rehovot area). The region includes five medium-sized cities and many villages and kibbutzim (collective settlements). The Israel National Insurance Institute (NII) provided the list of all area residents the list of all area residents who would turn eighty during the calendar year of this study. Eighty was the benchmark age chosen to represent the very old, because this age represents heroism in the Jewish heritage and is traditionally celebrated as "a passage to wisdom in Jewish tradition." This seemed a reasonable response to the many old people who protested not being included in the study. On the other hand, taking a random sample instead of all of people 80+ would have created a protest and demands from those not included that the Institute could not have withstood. The interviewers were volunteers from the Institute-affiliated Centers for Counselling and Advice for the Elderly. The volunteers, highly committed retired persons aged 60-80, were instructed in interview techniques. They met weekly to report on their progress. The 43 volunteers interviewed 328 of the 368 subjects listed by the Institute. These respondents were the study population.

Of the 40 not interviewed, 17 had moved away. Six others were found to be younger than 80. Seven others were not home at any of three visits. Four refused to be interviewed and three could not be interviewed due to physical disabilities. The remaining three were away on vacation. The 40 persons who were not interviewed had similar background characteristics to those who were interviewed.

Instrument: The basic demographic data were drawn from the octogenarians' files in the Institute. These data were verified by

the interviewers. The main portion of the questionnaire was designed to assess living conditions and social needs. Finally, space was provided for interviewers to record their own impressions, observations regarding housing, and recommendations for help by social agencies.

Procedure: The subjects were notified by postcard that a volunteer (interviewer) would come at a certain time. If they were not at home, two additional visits were scheduled. The volunteers invested a good deal of time and energy in tracing as many people as possible. They found many who moved within the region of study and traced incorrect addresses. The interview began with a presentation of a congratulatory gift in honor of the interviewee's 80th birthday and an explanation of the purpose of the study was provided. Each individual was then asked to participate in the interview.

In some cases, the interview was held in a foreign language, such as Arabic or Polish. Efforts were made to match subjects with interviewers who could speak their language. In addition to the interview, the interviewer recorded a description of the subject's dwelling and noted, when necessary, any need for immediate assistance. The interviewers were qualified to make such needs assessments since they had served as counselors and advisors to other old people. Requests for help were referred to the relevant social agencies.

DEMOGRAPHIC CHARACTERISTICS

Gender

Most studies in other countries have shown significant imbalances in gender ratio among the very old.⁵ The gender ratio in this study however was fairly

5. K. Davis and P. Van Den Oever, "Demographic Foundations of New Sex Roles," *Population and Development Review*, 8 (1982), 495-511. Also, Rosenwaike, *op. cit.*

balanced: 52.1% of the sample were males and 47.9% were females, (a ratio of 1.087), although the average life expectancy is longer for Israeli females (76.2) than for males (72.8).⁶ The study, while somewhat underrepresentative for women of the sample age, is not as biased as would be expected from a comparison with American or other data, since gender imbalance among Israel's population is less than that of many other modern societies. In Israel, the total population of those aged 80 years and over consisted of 24,200 men and 29,300 women; a gender ratio of .826.⁷ Thus, the Israeli gender imbalance of very old men and women is less dramatic than that of the U.S.A.⁸ Additional probable cause for this unique gender ratio in the sample, is that more males than females were eligible for NII old age benefits and those not eligible were automatically excluded from the study. Consequently, the study's population is slightly biased towards males. Another Israeli study on the very old also suffers from the same limitation to an even larger degree. Bergman and Bar-Zuri studied pensioners 80+ of age through mailed questionnaires and received a sample of 75% males.⁹

Marital Status

Almost half (45.7%) of the sample were married and 50.4% reported they were widowed. The remainder were never married (1.5%) or divorced (2.4%). Among men, 56.1% were married compared with only 34.4% of the women. Among women 59.2% were widowed compared with only 42.1% of the men. This difference is most likely due to the longer life expectancy of women and to age

difference at marriage, since men, on the average, are three-and-a-half years older than their wives. The national data regarding people 75+ years of age show that 71.4% of men are married and only 23.9% of women are married.¹⁰ Thus, this sample does not overrepresent the married as compared to the widows.

Length of Residency

One third of the sample had immigrated to Israel at age 55 years or older. Most of these individuals came from Eastern Europe and could not have purchased pension rights or eligibility for old age benefits. They do, however, receive old age benefits, due to a special arrangement between the NII and the Israeli government. Most in this group depend on supplementary income for their only income, as they have no assets. Another 28.5% lived in Israel prior to 1948 (the year of independence), of them 42% were either born in Israel or came to the country as children. The remaining 37.5% immigrated to Israel after 1948 but were younger than 55 years of age at the time.

Living Arrangements

Rosenwaike found that in the United States marital status was a significant factor determining the living arrangements of those aged 85 years and over.¹¹ This study found similarly with regard to Israel. Most of the married octogenarians in the sample lived only with their spouses (39.6% of the entire sample and 86.6% of the married), while most of the remaining married octogenarians lived with an offspring of one of the couple (5.5% of the sample and 12% of the married). Over 25% of the sample lived alone. Table one indicates that the numbers of men and women who lived with offspring were almost equal, but it was primarily women who lived with relatives who were not

6. Central Bureau of Statistics, *Statistical Abstract of Israel—1984*. Jerusalem: State of Israel, 1985.

7. *Ibid.*

8. See Rosenwaike, *op. cit.*

9. S. Bergman and R. Zuri Bar, *Survey of Pensioners of the Central Fund: First Stage*. Tel Aviv: The Histadut, 1985.

10. Central Bureau, *op. cit.*

11. Rosenwaike, *op. cit.*

Table 1
LIVING ARRANGEMENT BY MARITAL STATUS

	Males (N = 171)		Females (N = 157)	
	married (96)	non-married (75)	married (54)	non-married (103)
Married living with spouse (39.5%)*	90	n.a.	39	n.a.
Living with children (25.1%)	5	30	13	34
Living alone (no companion) (27.0%)	1	37	2	49
Living with other relatives (5.5%)	0	2	0	16
Someone (paid) come to sleep over (.8%)	0	1	0	2
Institutions (2.2%)	0	5	0	2

*Percentage of total sample population.

offspring. Table one also shows that the proportion residing in congregate facilities for the elderly was 2.1 to 100. This closely approximates the actual proportions in all of Israel and is lower than the residential rate documented in the United States.¹²

Education

About two fifths of the octogenarians (39.5) had no formal education. Another 43% had completed high school. Only 10.5% had graduated or attended higher academic institutions. Twenty-five percent of the men had no formal education, while among women, that proportion was more than double (55.4%).

Area of Residence

The overall majority (80.1%) of the sample resided in one of the five major cities in the region. Of the remainder, 10.5% lived in villages, 5.9% on a moshav, and 2.5% on a kibbutz. Although Israel is a small country, some of the problems characteristic of the rural elderly worldwide, such as a remote location of residence, low economic status, and social and cultural remoteness do exist in the small towns and some moshavim.¹³

12. G. K. Manton and B. J. Soldo, Dynamics of Health Changes in the Oldest Old. *Milbank Memorial Fund Quarterly*, 63, (1985), 206-285.

13. A. Lion, "Aging in Remote Rural Areas: A Challenge to the Social and Medical Services, Results

Summary

In general, the population of this study were octogenarian, urban residents, largely community-based with a relatively high level of education. They differ somewhat from the general population, in that more men were sampled. In all other characteristics they fully represent their age group.

LIFE CONDITIONS AND SOCIAL NEEDS

This section profiles the needs and living conditions of the Israeli octogenarians in the sample. The following data, together with the demographic characteristics presented above, can provide a preliminary basis for drafting new social policy regarding the very old.

Health Status

A relatively large group (39.5%) reported no illness or disability. Among those who reported health disorders, 38.1% reported cardiovascular problems; 23.8% reported impaired hearing or eyesight, and 14.8% reported other disabilities including ar-

from Eymoutiers International Expert Group Meeting," *Eurosocietal-Newsletter No. 32/83* (1983), 1-5. Also, J. Mueller, R. Engel, Y. Kind and J. Barnstein, "Caregiver on the Moshav," *Long Term Care for the Elderly*, J. Habib, ed. New York: Praeger, 1987.

thritis and chronic rheumatism. Diseases of the digestive system, including diabetes, were reported by 12.7% of the respondents; urological problems, by 7.4%; cancer by 6.9%; and less common health problems, by 6.4%.

Only 29 (8.8%) reported more than one health ailment. The others were either healthy or had only a single ailment. These findings tend to support other studies which have found that the very old are a highly selected population who have survived due to distinctive attributes.¹⁴ Accordingly, their health status is relatively good; while their more vulnerable peers may have deceased earlier (and before age 80).¹⁵ This hypothesis which appears anomalous requires further and more careful study.

Mobility

Mobility is among the most important predictors of need of help or institutionalization among old people.¹⁶ The majority of the study sample (57.4%) had no mobility limitations, while 27.2% reported restriction to the immediate environment of their block. Among the remainder, 7.2% used some type of aid or prosthesis (walking stick, artificial limb or crutches), 4.8% were restricted to their homes, and 3.4% were confined to their beds.

Of those who reported no health problems, only 10% were not fully mobile and of these, most could walk about in their block. The respondents were divided between those who were both healthy and mobile and those who were neither.

Types of living arrangements, marital status, and education were not associated with health status or with mobility or in combination. Gender, however, was significantly associated with mobility. Two-thirds of the men reported no mobility restrictions, compared with only one-half of the women. Similar findings were reported by Feller and Manton and Soldo.¹⁷

Social Contacts

In this study, the variables of social contacts were divided into two: contacts with relatives (not living with the octogenarian) and contacts with friends. Table two indicates that social contacts, measured by the frequency of face-to-face contacts, were significantly higher with relatives than with friends. Those who had daily and weekly contacts with relatives tended also to have frequent contacts with friends, while those with occasional or no contact with relatives had little contact with friends.

Somewhat surprisingly, health status and mobility were not statistically associated with social contacts. Living arrangement was associated, since those who live with relatives or their offspring naturally have more social contacts. Still, the difference was less than expected. Men had more social contacts with friends, but

Table 2
FREQUENCY OF SOCIAL CONTACTS
(IN PERCENTAGES, N = 328)

	<i>With Relatives</i>	<i>With Friends</i>
Daily contacts	29.9%	21.9%
Weekly contacts	34.6%	24.5%
Monthly contacts	13.5%	10.6%
Only for holidays and ceremonies	5.3%	6.6%
Very few contacts	2.1%	10.6%
No contacts	7.6%	25.8%

14. M. W. Riley and K. Bond, "Beyond Ageism: Postponing the Onset of Disability," *Aging in Society: Selected Reviews of Recent Research*. M. W. Riley, B. B. Hess, and K. Bond, (eds), Hillside, N.J.: Lawrence Erlbaum Associates, 1983, 243-252.

15. Manton and Solo. *op. cit.* Also, S. Wing, K. G. Manton, E. Stallard, C. Hames, and R. Tyröler. "The Black/White Mortality Crossover: Investigation in a Community Based Cohort," *Journal of Gerontology*, 40, 1985, 78-84.

16. Manton and Solo, *Ibid.*

17. B. A. Feller, "Need for Care Among the Non-institutionalized Elderly," *Health in United States*, 1983; 133-141. D.H.H.S. Pub. No. 84-1232, Washington, D.C., 1983. Also, Manton and Solo, *Ibid.*

an equal number of social contacts with relatives, when compared with women. Controlling for both mobility and gender provided a picture of mobile men who actively socialize, as compared to all other subgroups.

Loneliness

Loneliness and isolation appear to be major problems of the elderly. Harris et al. ranked loneliness fourth in urgency after poor health, financial difficulties, and fear of crime;¹⁸ however, Creecy et al. found that increased age did not contribute to the level of loneliness.¹⁹ About two-thirds (65.5%) of study respondents reported that they did not feel lonely, 11.7% reported feeling loneliness infrequently, while 28.2% reported feeling loneliness frequently.

Married persons reported lower incidence of loneliness. Another variable which was positively associated with feelings of loneliness was contacts with relatives, while extent of contacts with friends was not significantly associated with loneliness. Living arrangement was also significantly associated with loneliness, unless it was controlled for by contacts with relatives. Health status, mobility, education, and the other demographic variables under study were not significantly associated with feelings of loneliness.

Occupation

Morris and Bass²⁰ and Riley and Riley²¹ argue that many of the elderly who have been forced to retire are still capable of fulfilling an active role in society.

However, as most studies on this age group use census data or other national data banks (such as that of Medicaid) which do not collect data on social or vocational pursuits, there is little information about how the very old occupy themselves.

In our sample, we found 2.4% actively employed. Two even had jobs requiring physical labor. All wished to continue working for as long as possible. Another 2.8% reported that they wished to work on a regular basis. A larger group (13%) were active in social clubs or volunteer activities. Another 9.5% reported that they wished to add new activities to their daily lives. A large group of the study participants were occupied primarily with self-care (see below), while 19.6% reported that they helped care for younger relatives (mostly grandchildren).

Income

Atkins concluded²² that "those who survive to the oldest ages appear to have limited economic resources. Cash income is particularly low as there are few who work, pensions of most kinds were eroded by inflation and in many cases benefits were lost with the death of a primary wage-earner spouse." Income clearly is an important contributor to the quality of living conditions of the elderly. It was found that those who perceived themselves as financially better off than others, particularly when the "others" were their relatives, had greater life satisfaction.²³ In our sample, 65.1% of the respondents reported (and it was later verified) that their only source of income was public subsidy programs, such as old age benefits

18. L. Harris, et. al., *The Myth and Realities of Aging in America*. Washington, D.C.: National Council on Aging, 1975.

19. R. F. Creecy, W. E. Berg, and R. Wright Jr., "Loneliness Among the Elderly: A Causal Approach," *Journal of Gerontology*, 40, 1985, 487-493.

20. R. Morris and S. A. Bass, "The Elderly as Surplus People: Is There a Role for Higher Education?" *The Gerontologist*, 26, 1986, 12-18.

21. M. W. Riley and J. W. Riley, "Longevity and

Social Structure: The Added Years," *Daedalus* 116, (1986), 51-75.

22. G. L. Atkins, "The Economic Status of the Oldest Old," *Milbank Memorial Fund Quarterly*, 63, (1985), 395-419.

23. W. M. Usui, T. J. Keil, and K. R. During, "Socioeconomic Comparisons and Life Satisfaction of Elderly Adults," *Journal of Gerontology*, 40, (1985), 110-114.

and supplementary social security benefits. Assistance with income was also designated a special need by 12.2%. This finding reflected a high level of poverty among the octogenarians, since public resources provide a very low level of income at a time in life which is usually associated with increasing economic needs.

It was found that those living in small towns were in greater economic need than those living in all other areas. The prevalence of poverty among women was greater than that among men (79.9% and 58.7% respectively). Similarly, poverty was higher among the unmarried (83.2%) than among the married (58.3%). Length of residency in Israel was found to be strongly associated with income: the longer the length of residency, the lower the incidence of poverty. All other variables were not significantly correlated with income. Thus, the very poor are primarily widowed women living in small towns who immigrated to Israel at a relatively old age and who could not acquire pension rights or assets.

Housing

A housing unit which was suitable for a young-old person may over time become unsuitable for the very old. Examples are large houses requiring heavy cleaning or apartments on upper stories with no elevators available. This issue was examined in our study; it was found that the majority of the sample did not have housing problems. In terms of accessibility, 12.7% lived on a third floor or higher and only one fourth of them had an elevator. As most (83.3%) owned their own residences, few wished to undertake the grueling task of moving to a more appropriate one. The major concerns regarding the quality of housing, as reported by the octogenarians and verified by the interviewers, were inadequate sanitation (5.8%), inadequate furniture (5.5%), insufficient heating (4.3%), problems with access within the home (4.2%), overcrowded housing units

(3.7%) and problems regarding lighting (0.7%). Some of the above reported problems overlapped and represented a major problem among one sixth of those interviewed. Chi-square tests found that health status and income were the two variables most strongly associated with problems in housing.

Performance of Daily Activities

It is when activities of daily living become a problem for an individual that a nursing home becomes a viable option. However, less costly community services can often help those who need only limited assistance. Thus, it is important to know which problems are most prevalent. Table 3 summarizes some problem areas. With the exception of "doing laundry" and "cleaning the house", i.e., physically taxing activities, the majority of respondents managed very well. In many instances, the spouse or relative who lived with them helped with the daily activities. For example, only three persons reported not eating hot food due to their inability to cook. All the others who reported a need received some sort of assistance with cooking. When the ability to perform was combined with spousal help, chi-square tests found, as expected, that widowed women living alone are the most vulnerable group.

Table 3
PROBLEMS OF ACTIVITIES OF DAILY LIFE
(IN PERCENTAGES, N = 328)

	<i>No problem or can manage by themselves</i>	<i>Severe-problem/ chronic dependency</i>
Preparing meals	73.1%	26.9%
Cleaning the house	57.5%	42.5%
Bathing	88.2%	11.8%
Getting to/or using toilet	92.3%	7.7%
Doing laundry	48.2%	51.8%
Managing money	82.4%	17.6%
Getting dressed	91.8%	8.2%

*Activities of Daily Living

IMPLICATIONS FOR POLICY

A major finding of this study of the very old is confirmation of the diversity of this age group. While approximately 40% of the sample were very well off with regard to most studied variables, another 40% had a broad variety of problems. Similar findings about the relative good health and the considerable personal variations among older persons are also reported by Williams in his summary of various health studies.²⁴ It is also indicated that deteriorating health and social conditions are not necessarily age-induced but are rather an outcome of the incidence of diseases and accidents over a life time. For those who manage to avoid these, health status continues to be good and life satisfaction high.

No one policy can be relevant for all octogenarians. This study's findings show how varied the needs and characteristics of this birth cohort are. Any policy for this age bracket, as for any age group, needs to be specifically addressed to a clearly defined and designated subpopulation. The only generalization that can be made concerning this older population in most industrial societies is that it is itself aging. Now, increased longevity and early retirements are producing a large group of people who have 15 to 30 years of potentially full activity before them.²⁵ This poses an important question for the labor market since, as was found in Israel, many (40%) of the octogenarians are still capable of work and, given the opportunity, many people can continue to work beyond 60-65 years of age and thereby improve

their financial security for true old age.

In the 1950's and 60's, social scientists observed and identified a phenomenon known as "prolonged childhood," characterized by years of schooling and economic dependence. Thus, young people today generally enter the labor market at a later age than in previous generations. They spend longer years as children and adolescents in the process of socialization into adult life. Similarly, many elderly of the 1970's and 1980's have found they had 15 to 30 years of post-retirement time to fill as fully able adults. This is "prolonged aging," a period in which most old people are fully active but usually out of the competitive mainstream labor market. Riley and Riley²⁶ state that, although lifestyles have changes, changes in society's compensatory structure lag behind. They conclude that new roles and norms for a healthy capable elderly population are urgently required, the findings of this study support this notion.

This is an area which unquestionably requires social planning. Policies regarding employment for old people, the new meaning and policies of retirement, adult education, employment of retirees by their former employers, and recreation programs are expected to proliferate. Such policies will have a recognizable and deep impact upon society as able-bodied old people increasingly constitute the majority of those over 75 and continue to be independent and functional into very old age. The increased proportion of these people, along with advances in technology and the transition to a "service society," may combine to redefine the meaning of work and leisure. Policy redefinition should have as consideration increasing the socially rewarding roles for older people whose capabilities may be equal to or better than those of the younger population, while taking into account the high level of

24. T. F. Williams, "Geriatrics: The Fruition of the Clinician Reconsidered," *The Gerontologist*, 26, (1986), 345-349.

25. B. B. Torrey, "The Lengthening of Retirement," M. W. Riley, R. P. Abeles and M. Teitelbaum, (eds.) *Aging From Birth to Death, Vol. II: Sociotemporal Perspectives*. Boulder: Westview Press, 1982, 181-196. Also Morris and Bass, *op. cit.*

26. *op. cit.*

diversity among these older people. Public attitudes and care systems will have to be revised to correct many misperceptions regarding the very old. Neugarten identified the rise of the young old as a group.²⁷ However, the "discovery" of the oldest old, a decade later, suggests that the terms "young-old" and "old-old" need to be redefined. The large percentage of healthy, active octogenarians in Israel suggests that social services should reconsider whether they do address the appropriate population. There clearly is and will be a large group of fully active, financially secure and well-educated individuals who have moved out of the labor market and whose ages fall along a relatively broad upper range. These people will require a wide variety of services that will not necessarily be age-based.

It is possible that new agencies will target their concerns to subgroups of the elderly not only according to previously addressed needs, but also according to evolving ones.²⁸ Brubaker, for example, identified as a possible target population old parents who have had to adjust to the death of an adult child. There is a case for abandoning the traditional patterns of services based on age group in favor of blended age groups who are served according to specific type of need. The findings of this study show that even one very specific birth cohort is characterized by diverse needs and life conditions of individuals. As Neugarten and Neugarten noted,²⁹ the "age or need" issue may become more salient in the near future, but it is not a simple either-or issue. Various complex combinations of age and

need may be required.

The role of the family is an important policy issue with regard to the very old. Hagestad reports³⁰ that multi-generational families are becoming more common and that relationships within generational cohorts are decreasing in number based on changes in fertility and mortality. Accordingly, Hagestad concludes that when a few generations of each family live concurrently, intergenerational relationships are not only more extensive, but they may also become more intensive.

A large percentage (27.4%) of the study sample resides with relatives, mostly with offspring. In Israel, this is a more common way of caring for the very old, while resort to nursing homes and community life centers is less prevalent. It should be emphasized that this sample is economically somewhat better off than the elderly in the general population as those who were excluded are non-insured persons and it is not likely that they command the resources to afford other residential facilities for the elderly. Now, as people need care primarily when they are very old, their offspring themselves are of an advanced age (50-60) and both men and women may be working. Some adult children may themselves need community care before, or at the same time that, their very old parents need care. This issue of informal vs. formal long term care for frail elderly is still inclined toward informal care in Israel, although continuing studies in this area are required.

Another important policy issue has to do with the cost of care for needy old persons. Atkins questions "whether the oldest old have the resources to pay a greater share of the high health care costs they experience in later life or whether they have depleted their resources as they have aged."³¹ In addition, other questions, such

27. B. L. Neugarten, "Age Group in American Society and the Rise of the Young-Old," *Annals of the American Academy of Political and Social Science*, 415, (1974), 187-198.

28. E. Brubaker, "Older Parent's Reactions to the Death of Adult Children: Implications for Practice," *Journal of Gerontological Social Work*, 9, (1985), 35-48.

29. B. L. Neugarten and D. A. Neugarten, "Age in an Aging Society," *Daedalus*, 116, (1986), 31-49.

30. G. O. Hagestad, "The Aging Society as a Context for Family Life," *Daedalus*, 116, (1986), 119-139.

31. *op. cit.*

as the cost of community services and the cost of home help, must be considered. Due to inflation, the lowering of the age of retirement, and the improved standard of living in the larger society, the very old are doing poorly with regard to their capability to secure the care they need. In our sample, the majority were experiencing economic hardships.

Economic status, however, like other features of this age group is obviously not uniform. Quite a few elderly people have more than sufficient income and property while many others barely survive. Nelson argues that most benefits and services are going to those older persons in the top third of the income distribution.³² In Israel, over one-half of octogenarians are living on public sources which are inadequate to assure a reasonable quality of life. Such findings are reported by Bergman and Bar-Zuri (1985) on 80+ -years-old Israeli pensioners.³³ Trade unions, employers, and the government should cooperate in designing means by which pensions and old age benefits, when combined will be able to retain their purchasing power not just for one decade but for three or more decades. Such a policy may affect the current known life insurance models and the com-

mon structure of employment fringe benefits. The government may have to recalculate social security programs to reassess age of retirement.

Our findings indicate several important areas for future research. These include more cross-cultural studies on the very old and longitudinal comparisons regarding gender and aging, as well as long-range studies of the very old in Israel to determine whether sex ratios will fluctuate over time. More studies are also needed to assess the meaning of prolonged aging on various subpopulations. After the age of 60, people tend to recede from visible areas of public life and most are identified only at the point they need care. Thus, most of our ideas and knowledge about the elderly come from those who are in need, and our data are clearly biased toward the vulnerable.³⁴ It is recommended that future studies either concentrate on one specific group or if a generalization is to be made, include all old people, including the many who need no immediate help. This study also calls for many cross-cultural studies as to the lifestyle and activities of the very old and as to what can be done to help them utilize their last three decades of life more comfortably, enjoyably, and productively.

32. G. M. Nelson, "Social Class and Public Policy for the Elderly," *Social Service Review*, (1982), 85-107.

33. *op. cit.*

34. Williams, *op. cit.*