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FUTURE CLIENT PERCEPTIONS OF PRIVATE ADULT DAY CARE CENTER: A STUDY IN THE URBAN AREA OF LISBON

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A PERCEÇÃO DOS FUTUROS CLIENTES SOBRE CENTRO DE DIA PRIVADO: ESTUDO NA ZONA URBANA DE LISBOA

Dissertação apresentada à Universidade de Aveiro para cumprimento dos requisitos necessários à obtenção do grau de Mestre em Gerontologia, realizada sob a orientação científica do Doutor José Ignacio Guinaldo Martín, Professor Auxiliar da Secção Autónoma das Ciências da Saúde da Universidade de Aveiro e co-orientação do Doutor Óscar Manuel Soares Ribeiro, Professor Adjunto Convidado da Escola Superior de Saúde da Universidade de Aveiro.

Dedicatória

Dedico este trabalho à minha avó por me despertar a consciência para os problemas dos mais velhos.

O júri

Presidente	**Professora Doutora Daniela Maria Pias de Figueiredo** Professora Adjunta da Escola Superior de Saúde da Universidade de Aveiro
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Palavras-chave

Pessoas Idosas; Centros de Dia; Marketing Social; Respostas Sociais para a Terceira Idade

Resumo

O início do século XXI foi marcado por um aumento significativo da esperança média de vida nos países desenvolvidos. A longevidade trouxe novos desafios para os serviços de saúde e comunitários, desencadeando a criação de respostas sociais para pessoas idosas (*Adult Care Services* ACS). O Centro de Dia (CD) apareceu, assim, como um serviço comunitário que visa a melhoria da qualidade de vida dos indivíduos mais velhos e sua a permanência, de forma continuada, no próprio meio sócio familiar.

O presente estudo teve por objetivo analisar a perceção das pessoas com +55 anos, residentes em áreas urbanas, sobre os CD com fins lucrativos. Foram realizados 3 *Focus Group* (FG) entre estudantes de universidade seniores *(n=21)* residentes em Lisboa (meio urbano).

Os principais resultados apontam para a existência de lacunas significativas na informação pública sobre ACS, o que influencia a disposição dos potenciais consumidores para a procura desses serviços. As perceções das participantes relativas ao CD são geralmente céticas e associadas a estereótipos negativos. Os participantes têm falha de informação geral sobre o CD e ADS; são recetivos ao CD com abordagem médica e correlacionam mensalidades elevadas a CD privados e a estruturas residenciais para idosos. "Serviços de qualidade" são associados a instituições privadas ou a públicas fora da área urbana.

Este estudo pretende dotar os *marketers* sociais, gestores e investidores do setor com informações úteis para o planeamento e criação de respostas socias adequadas. É imperativo compreender as necessidades e perceções que os idosos têm sobre os serviços de saúde disponíveis por forma a criar programas e serviços adequados ao público-alvo.

Keywords

Elderly; Adult Day Care Centres; Social Marketing; Adult Care Service.

Abstract

The beginning of the 21st Century was marked by a significant increase in life expectancy in developed countries. Lifespan boost brought new challenges to the community and health care, triggering the creation of Adult Care Services (ADS). Among them, Adult Day Care Centers (ADCC), emerged as a long-term care community service aiming to improve the life quality of the older people. The overall aim of this study was to analyze the perceptions held by people aged 55+ and living in the urban area towards profitable private ADCCs. For this purpose, three focus groups were conducted with clients of senior universities (n=21) living in Lisbon (city center). The main results pointed out to the existence of significant gaps on the available public information on ADS which may affect the willingness of potential consumers to search for these services. Participant´s perceptions of ADCC tended to be unfavourable and embedded in negative stereotypes. The review identified an overall misinformation and misconceptions about ADCC and ADS services. Participants were receptive to ADCCs with a medical approach and associated high monthly fees to private ADCC and NH services. Moreover, the respondents linked "quality services" to private or public institutions located outside the urban area.

Further research is needed to examine in detail the perceptions held by target of ADCCs. Recommendations for social marketers, ADCC managers, investors and other decision makers are outlined. Generally, they need to improve their understanding on the needs and perceptions about products and services for the elderly, so that programs and health care services for older people will be properly tailored.

Abbreviations

ADCC - Adult Day Care Centers

ACS - Adult Care Services

HCS - Home Care Services

NH - Nursing Homes

TV- Television

UTA - Universities of the Third Age

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1. INTRODUCTION

Demographic ageing is a global phenomenon. It refers to the shift in the age distribution of a population toward older ages due to lower fertility, increased child survival and health improvement (Fernandes, 2001,Gavrilova and Gavrilov, 2009, UN, 2013). From 1950 to 2012, the number of older people (aged 65 years or above) quadrupled. This number is expected to triple by 2050, surpassing the two billion mark worldwide. In Portugal, in 2011, according to the last Census report, 19% of the population was 65 years old or above (INE, 2011). Over the last decade, the index of aging population (defined as the ratio of economically inactive elderlies, who are aged 65 or over, to the number of young people, under age 15) increased from 102 to 129, and the old age dependency rose from 24 to 29. It is projected that by 2060, 32.2 % of the population will belong to the older age group and for each 100 younger people there will be 271 older individuals (INE, 2009).

The world population is getting older, with the demographic shift having important socio-economic and health consequences. Aging represents a challenge for public health and for economic development (Gavrilova and Gavrilov, 2009). The elderly who live alone are at greater risk of experiencing social isolation and economic deprivation and may therefore require special support (UN, 2009). This need triggers the creation of personalized and decentralized facilities and services such as Adult Day Care Centers (ADCC) that aim to improve the older adults' quality of life. In the developed world, the elderly consumer generally enjoys a purchasing power that turns him into a consumer likely to demand products and services suitable to his age, needs and lifestyles. The elderly consumer market is set to grow in importance. Thus, companies will need to understand their consumption needs and to develop new products or modify the existing, namely the elder-care programs design (Moschis et al., 1997).

In Lisbon, the capital of Portugal, the share of older people has significantly increased over the last years whereas the total share of young people decreased (Eurostat, 2013). Such changes reflect the overall demographic situation in the country. As such, it seems imperative to understand the perspective of the older people living in Lisbon toward the ADCCs. This study aims to assess the receptiveness and attractiveness of ADCCs to potential users and to identify an appropriate service design that meets the elderly needs.

2. CONCEPTUAL FRAMEWORK

2.1. COMMUNITY-BASED CARE

With people living longer, the society has developed a range of services in response to the perceived needs and problems of the elderly population. The integration of health and social services has generated services of institutional and community-based care. An ADCC is a community service based on long-term care support to the elderly and their caregivers (Arrazola et al., 2003), providing transitional care [between Home Care Services (HCS) and Nursing Homes (NH)] and an interactive, safe and secure environment for participants requiring supervised daily care. ADCCs offer a wide range of services, including social activities (interaction in planned activities), transportation (door-to-door service), adequate and personalized meals, personal care (help with toileting, grooming, eating and other personal activities of daily living) and therapeutic activities (exercise and mental interaction) (NADSA, 2014a).

In general, there are three types of ADCC: (i) those that provide a supervised program of social activities and custodial care (social model), (ii) those including medical and rehabilitation care through skilled nursing (medical model) and (iii) those that are characterized by a junction of services (mixed model) or specialized services for patients with dementia (Weissert et al., 1989).

The primary aim of ADCC is to prevent premature and inappropriate institutionalization of older adults by providing socialization, health care, or both. Older adults maintain their mental and physical wellbeing longer and at a higher level when they continue living in their homes and communities (Arrazola et al., 2003). Furthermore, for those who depend on family caregivers on a regular basis, ADCCs can provide time-off for the caregiver as well as therapeutic social contacts for the care recipient (Sultz and Young, 2011).

The basic client profile of an ADCC has been described as *"an elderly who has some limitation, receives home care services and only needs attention with certain necessities of daily life; a handicapped elderly who may need help to Activities of Daily Living, this one with urgent needs of nursing care, physiotherapy, occupation therapy; or an elderly with a high dependence level but who could stay at home however with insufficient formal and informal care"* (Arrazola et al., 2003, p.26).

The majority of ADCC clients are women-widows, living alone, aged 70+ years old (Wagner, 1995, Waker and Roberto, 2008, Weissert et al., 1989) with mid-economic status

and a high school level education (Waker and Roberto, 2008). In Portugal, in 2012, the ADCC users' average age was 80 years old, out of each, more than 50% were women (EEP, 2012). According to the National Adult Day Services Association (NADSA), in the 70´s, there were nearly 300 ADCCs in the United States (NADSA, 2014b), whereas in 2012, approximately 4,800 ADCCs were already operating across the country, serving more than 273,200 users and family caregivers (Harris-Kojetin et al., 2013). In Portugal, in line with the US, the number of new ADCCs is rising. Back in 1985, the total number of institutions of this kind amounted 400 (Fernandes, 1997), while in 2010 there were 2000 (Social Charter, 2014). Presently, these services have a total capacity for 62218 users but they are only used by 42084, which gives an overall utilization rate of 68% (Martin and Letra, 2012).

2.2. SOCIAL TRANSFORMATION

As a result of the social changes across the industrialized countries, future clients of senior services (particularly those from the baby boomer generation) have a different user profile than their current older peers. This group tends to be more active, with greater ethnic diversity and higher expectations regarding services' quality, accessibility and availability (Wagner, 1995, Yokum and Wagner, 2011). The market range for certain types of products has grown exponentially (Kotler, 2001c) and therefore a strong social network is emerging, mostly carried out by private institutions and organizations.

In 2002, the US, 22% of the total of ADCCs belonged to profit organizations. In almost one decade, till 2010, this number grew to 27%. Private non-profit institutions have a share of 56% and the remaining 16% are affiliated with the public or governmental sector (MetLife et al., 2010). In Portugal, community care services are predominantly organized within the non-profit sector (CEDRU, 2008) and, traditionally, the state has been governor and financier of the non-profit private sector, in order to provide better facilities for the elderly (Carvalho, 2009, Pereira, 2011).

In 2009, out of the total of available services for elderly, only 9.4%. were profitable private ADDCs, NHs and HCSs. In which concerns the NHs only, in 2010, 27% were of private profitable type. During 2011 there was a growth of approx. 6% in the number of profitable institutions while the non-profit sector rose only 1% (RSES, 2011).

Private profitable organizations have been growing and are expected to increase their share of services in the upcoming years. When compared with the public institutions, private services put a greater effort on the design and attractiveness of their facilities, and prepare tailored offers so that their services meet the needs of the target group.

The challenges arising from how to better respond to the users demand have been the object of marketing studies and gerontological research. The most evident concerns are financial (fund raising opportunities) but there are other challenges including the need to meet the projected needs of the future potential users, satisfying care needs and market ADDC services to the community, i.e., tracking, reaching and educating the general public towards ADDCs (Anderson et al., 2012, MetLife et al., 2010).

2.3. MEETING THE ELDERLY NEEDS

Marketers need to understand the specific needs of older consumers since the lifestyle of tomorrow's retirees is unlikely to be similar to those of today's. In particular, marketers need to acknowledge and analyse why the needs differ among consumers belonging to older generations. The biophysical aging process must be well interpreted so that the market products and services are designed in a way that enables the enhancement of customers' satisfaction and well-being**.** Each generation has its own specificities that arise from different life circumstances and environments and which have shaped their mind-sets and lifestyles during the life course, as well as future expectations. While consumers are trying to adjust to life changes (e.g., retirement, widowhood), they are more likely to re-evaluate their consumption priorities and their needs for specific products (Kotler, 2001b, Moschis et al., 1997). Along with ensuring a correct target and optimized marketing responses, community healthcare services should be sized to meet the expected demand and designed to respond to all stakeholders' wishes and needs (White and Griffith, 2010).

One of the challenges that senior services need to overcome is the ability to meet both the expectations of the most active customers as well as of the dependent users. ADCC users have different backgrounds, preferences and abilities. Therefore, ADCCs must offer a range of activities focused on the users' abilities and not on their disabilities (Henry et al., 2000). In order to prosper and attract new customers, these institutions must modernise and adapt their structures, rethink their working methods and redesign their services. Only

by doing so they will are able to respond to user's expectations and needs (Fitzpatrick and McCabe, 2008, Militiades et al., 2006).

According to a recent study about innovative and emerging models of Adult Care Services (ACS) (Pardasani and Thompson, 2012), in a near future, six types of facilities for older people can emerge, having as base the ADCC concept, but with different naming (without reference to elderly), and providing services and activities appealing to the new baby boomers in different aspects. Henry and his affiliates (Henry et al., 2000) had suggested that ADCCs should be opened 12 hours a day, from 7 a.m.-7p.m., seven days a week. Operating hours, localization and source of funding are also variables to be taken into consideration before moving ahead with a new concept of ADCC (Pardasani & Thompson, 2012).

It is important to highlight that the need of a service does not necessarily imply its acquisition since personal variables and service characteristics influence the consumer behaviour. Some of these variables can be of personal nature (such as personal needs, attitudes and motivation), while other are related to group characteristics like living status, behaviour standards, reference groups and social class to which the consumer belongs (Lindon et al., 2000). The image that consumer has of himself/herself directly influences his choices. As described by Rosenberg (1989) self-concept is *"the totality of the individual's thoughts and feelings with reference to self as an object and the self-image is one of its main constituents"*. The self-concept is, according to this explanation, significant and relevant, and is associated with strong feelings or motivations that command the consumer's behavior (Onkvisit and Shaw, 1987, Zinkhan, 1991).

When we deal directly with the product image, we can identify at least four different approaches, such as when the product image refers to the stereotypic image of the generalized product user or when the product image is directly associated with the self-concept (Sirgy, 1986). Along with these personal variables, a client's search for a service or a product is also based on attributes such as functionality, price and image. Nevertheless, marketers often try to develop brand images that match the target market's self-image. In fact, the psychological factors are the fourth major element of influence on consumer in regard to their shopping behaviour: buying choices are influenced by motivation, perception, learning, beliefs and attitudes (Kotler, 2001a). The three remaining

factors which have impact on the consumers' behaviour are the cultural, social and personal variables.

In light of the above, it seems a forgone conclusion to carefully listen to the potential clients of ADCC in order to try to understand what are their perceptions, preferences, needs and future care-receiving expectations, and how all of these variables can influence the decision-making process and their behaviour as future service consumers.

3. METHODOLOGY

3.1. TYPE OF STUDY

This exploratory study aimed to investigate the perceptions that individuals aged 55 years old and above have of ADCC. The research undertook a qualitative approach to data collection and analysis since it represents a closer correlation with the everyday life and experiences of the participants (Fortin et al., 2009). Three Focus Groups (FG) were conducted and data analysis was performed continuously throughout the course of the study. Emerging data was examined according to an interactive process that served to establish categories of concepts for subsequent analysis. In order to fulfil the purpose of this work (i.e. to study ADCC future clients' perceptions about an innovative service of ADCC), strict measures were put in place throughout FG participants' selection to ensure that only baby boomers (the target group) were chosen. Bearing this aspect in mind, informants were purposely sampled (Fortin et al., 2009) and only individuals who attended Universities of the Third Age (UTA) were considered.

3.2. FIELD OF STUDY

The research was carried out between January and March 2013, in Lisbon, using a sample of seniors participating in lifelong learning and socio-occupational activities, typically UTAs. Out of the 32 universities registered on the Portuguese Network Association of Senior Universities (RUTIS) and located in Lisbon, 15 were approached. The UTAs were contacted by e-mail and phone, and the purpose of the research was exposed in detail. Only three of the contacted UTAs agreed to cooperate.

3.3. POPULATION SAMPLE

The sample was composed of individuals who agreed to take part in the FG and fulfilled the admission criteria, i.e., were 55 years old or over and lived in Lisbon metropolitan area. The students of UTIs are mainly retired women. Generally, these are persons who attended medium high school (59%) or who have a college degree (18%) (NIS, 2088). Each FG included a maximum of 10 participants. Main characteristics of each FG are summarized in Table 1.

Table 2- Composition of participants and FG

	N of students (n of participants)	Age (range)	SD	Sex	Living alone	Length of the FG
FG1	200 (11)	71.50 (62-81)	6.7	3M,6F	5F (1M*)	1hour, 26min
FG2	150 (8)	68.75 (60-74)	5.3	3M,5F	1M ; 2F (1F)*	55min
FG3	10 (4)	61.75 (56-66)	4.6	4F	1F	47min
Total	360	69 (56-81)	6.6	6M,15F	1M; 8F	3h, 08min

Legend: M=Male, F=Female; *missing value

The sample was comprised mostly of women living alone. The average age of participants was 67 years (SD=6.6). The sample was composed of people who attended to middle or high school and the university, and overall belong to medium class. The participants' characteristics were obtained by observation during the FG. The Veloso (2011) study corroborates the participants' characteristics by the way that UTIs' participants are mostly frequented by former teachers and in general the participants belonged to the medium and high social class. This information was obtained from the participants during the FG and these personal characteristics and are in line with Jacob´s (2007) study. The profile of the participants resembles, therefore, the profile of ADCCs' customers, except for the age, with the participants being younger than standard ADCC users. No gender quotas were put in place when selecting informants, and once in the field the cohort was found to be especially female dominated. The unequal gender ratio of the sample remains consistent with literature, which suggests a strong female ratio among Senior Centers´ participants (Wagner, 1995). Any missing data/value arose from the lack of response to a specific topic. Some were considered as a private matter and therefore, participants didn't want to reveal their personal living circumstances to the group.

3.4. DATA COLLECTION

FG was chosen as data collection method. This is a popular method used in qualitative healthcare research as it allows to collect descriptive opinions and open-ended feelings within a group of potential consumers/ADCC users. The venue chosen for the meetings was a university classroom. The choice is self-explanatory: a quiet and comfortable place, and must of all, familiar to all the participants. Each session lasted between 50 minutes and 1 hour and 30 minutes. Each FG was conducted by a trained researcher with help of an

assistant, and followed a semi-structured dialogue guideline (Annex 1). After initial considerations, the group presentation aimed at obtaining information on overall daily personal and social activities. The FG sessions were designed in order to achieve rich insights of the expectations for ADCCs such as facilities, costs and services that the client would like to receive, and differences between UTA, NH and HCS services. Throughout the group discussion on a topic included in the FG guidelines, the researcher ensured that all relevant conceptual areas were explored. Although these guidelines provided orientation and structured the FG, they were flexible enough to allow the inclusion of emergent themes as they arose. The discussion in each FG was intended to follow a natural flow, while providing the researcher with an adequate level of control over what was being discussed (Hammersley and Atkinson, 1995). In a nutshell, the FGs led to the identification of the ADCC users' profile and stereotypical images of social equipment for the older population, as well as to the participants' overall opinions and perceived future needs of the service. The researcher, who assumed the moderation role, ensured that everyone got the chance to speak and share opinions with minimal interference. Each FG ended with a small meal (snack).

3.5. DATA ANALYSIS

All sessions were audiotaped and subsequently transcribed verbatim. Data was analysed using the QSR NVivo 10 software, which helped to manage and analyse the FG transcriptions by identifying themes, gleaning insights on the transcriptions, and developing meaningful conclusions. NVivo main function is text encoding and storage in specific categories which are managed by three entities: documents (where the interviews are stored), nodes (where encoding is saved - categorization), and attributes (where are stored the characteristics of the subjects, e.g., gender, age, profession) (International, 2014). The program also allows the identification of the frequency of citations per category. In this study, transcriptions were analysed to identify both previously established themes and emergent topics (grounded theory approach), which were then grouped into major categories and subcategories.

3.6. ETHICAL ASPECTS

Prior to each FG, full information about the purpose of the inputs collected was provided to each participant who was asked to sign an informed consent form. Participants were informed that they could abandon the research at any time if they wanted. Their names were omitted and coded during the data analysis procedure. The electronic data, including the digital recordings, were saved on a secure online location and password protected computers.

4. FINDINGS

Generally, the FGs participants were actively engaged in the discussions that focused on what they thought was important on elderly care and on how different aspects of ADC services could impact their role as potential future clients. Data analysis allowed the identification of three main themes: (1) the available knowledge of the existing adult care services and its overall functioning, (2) the receptivity and attractiveness of an innovative medical model of ADCC, located in Lisbon, and the first in the country to be of private profitable nature, (3) the costs associated with the range of services such innovative ADCC provides. A selection of excerpts taken from the FGs is provided for each theme.

4.1. KNOWLEDGE AND AWARENESS OF ADULT CARE SERVICES' EXISTENCE

To evaluate the participants' perceptions and knowledge about the theme, FG discussions started with a brief presentation about the different types of care services available for older people at a national level. The participants revealed some confusion about the existing community services for the elderly in Portugal. Some services, particularly those related with ADC and NH, were described as being "alike", whereas others, like senior HCS were totally unknown. Along with this first finding, we have noticed a significant misinformation about specific services and products offered by ACS, namely, about issues related with their financial nature, i.e., if these were financed by the government or by private groups.

"What is my opinion about it [ADCC] ?!? (…) *I don´t know what that is!"* (FG3) *These kind of services are offered by the social security (from the Portuguese government)?"* (FG1) "*This kind of places* (ADCC*), do they offer transportation?"* (FG1) "*After knowing the definition of ADCC, what I associated with it? I*

don´t have a clear notion… Is the image that I have or what I would like that this service to be?"; *"I know what we would like it to be*." (FG1)

A relevant finding was the general negative opinion regarding the service delivery. There was an ongoing association between "elderly services", "dependence" and "poor quality services", which reveals the importance of pre-conceived images and their influence for elderly services' choice. Such misconceptions regarding ADCC can be found in the following transcriptions that illustrate the negative opinion on ADCC services:

"ADCC, senior spaces (…) is something to which I am not yet prepared" (FG1) "*I know a NH which is a human deposit (...) is the antechamber of death."* (FG1)

Today's seniors see these services as a response for those who have no family or autonomy, and believe that there is a relationship between institutionalization and gradual loss of capacity.

"*It depends if the old person has family or if not. I have my mother's case, for instance. She is 92 years old and she begs not to go to a nursing home or even an ADDC because we know… we know how nursing homes and ADDC are."* (FG3) "*One person of my family has been in a nursing home for 20 years. They just sleep; they are always in the bed!"* (FG1)

When applying for an ACS, the participants are willing to acquire a service only if it satisfies their needs. A service that responds to their perceived needs influences positively the decision-making process. This is shown in the following statements describing the need of specific services like rehabilitation, nutrition, and daily hygiene, as well as socialization activities.

"*But, if someone is there every day, are they giving bath every day?* (…) *A bath every day is fundamental, it is a need!"* (FG1) "*Occupational therapy and personalized rehabilitation is crucial and that does not exist!"* (FG3) *(in the NH) "The food is artificial!"* (FG1) *"I know an ADCC and people are there just looking at the sky or staring in front of the television."* (FG1)

During this part of the FG, words as "bed", "sofa", "chair" and "wheelchair" were often used. The association between elderly care services, dependence, and loneliness reveals

negative images about both its users and services. The negative opinion with regards to ADCCs was general, with except from one participant who works in an ADCC and who shared her positive testimony.

"*I work in an ADCC and better than anyone else I can say that what they do it differently. On my ADCC we have computers, physical education (…) we also have HCS services. People do what they want. But we don´t do bathing there. (…) Sometimes there are people with Alzheimer's disease that really are just looking around. There are two clients who can´t speak so we can´t interact. I know spaces with good quality. The quality depends on the people who work there".* (FG1)

Some participants saw ADCC as a response for their needs, and as such, they looked for services that match their preferences and believe that their own opinions were relevant during the decision-making process. A participant indicated that he already noticed that his family would not be available to care for him and one day he would need one service to meet his needs. So, he had already chosen a service, in a small town in the surroundings of Lisbon.

"*I already know that my daughter will not put up with both me and my grandchildren. I know I'll need it [referring to an ADCC] one day. I have already chosen it and everything..."* (FG2)

The services offered by social facilities are inherently associated with the prevailing stereotypes that serve the target population, the elderly. Although the FG participants are equally elderly, they do not consider themselves as a potential target of these services, because they are still independent and most have a good proximity to their family and relatives. The degree of dependence and the low quality which associated with these services contribute to disinterest in searching for information, lack of demand, and exchange of initial experiences in this area in an offhand way.

4.2. AN ADCC WITH MEDICAL SERVICES

In each of the three FGs, the researcher presented an ADCC with medical services, which strongly differs from the traditional Portuguese ADCC. The facilities, services and staff of the ADCC were shown and described in detail, as well as its overall operations (e.g. client reception, medical preliminary diagnosis, multidisciplinary preparation of an

holistic and person-centred plan to improve the clients' abilities and to reduce/control any health problem). This comprehensive approach combined with modern facilities and furnishings (presented with visual material), the variety of interior and exterior activities and the possibility of having a part-time model (consisting in attending the service three times a week) are the main differences between this innovative ADDC and the traditional model.

Firstly, the reactions towards the medical model of ADCC were negative, and to some extent even of anger. At a first glance, all participants seemed to reject the model. The urban areas are classified as having inadequate senior services, which do not match the users needs, and therefore, the presented services were perceived as unreal. One participant ironically referred to the assisted bath service, alluding to a notice of a private and illegal NH where hygiene was performed under inappropriate conditions, as it is shown in the following statement.

"Such place does not exist in Lisbon! (…) I do not know any place which has all those things. Where is it?" (FG1) "*I don´t know any ADDC like that."* (FG3) *"Someone in my family was in a nursing home 20 years and it was nothing like that."* (FG1) *"Assisted bath with a garden hose?"* (FG2)

After realising that this ADCC exists and once acquainted with its exact location, all participants expressed their willingness to visit the space, and some of seemed to be keen to eventually become clients. The existence of such a space meant that there is a service that could actually meet their needs and be an asset to the community. The receptivity of the participants to the presented ADCC model concept and image is proved by the following statements.

"Do I want to be in a senior space or in that senior space?! Yes! Hard to say, I don´t know if that it is a SC or a paradise (...); "*I will schedule a visit now!"* (FG3) *"At this point, I believe I wouldn't add anything… [to the ADCC model]"* (FG2) "*This is an asset to the senior community."* (FG2)

Some participants, however, argued that is widely believed that the ADDC model presented as a soulless vacuum. They stated that it would be very important to have a space which promotes leisure activities and, above all, familiarity between the staff and clients. It

is important to refer that, due to a matter of image rights use and to ensure the user's privacy, the visual presentation of the ADCC did not feature any client.

"Familiarity! Familiarity is missing! (…) People in there!" (FG2)

Regardless of the critics, it became evident that the present model, thanks to its distinctive characteristics, was attractive and could respond to the elderly needs. For Zeithaml (1988), the quality perceived by the consumer comprises assessments carried out by the same services, giving their superiority or inferiority when compared to other alternatives. It was the perceived quality of the presented ADCC that determined the estimated cost for this service. Therefore, the topic concerning the monthly fee was introduced without need to be presented as per the initial script.

4.3. COSTS ASSOCIATED WITH THE SERVICES

After the presentation of the ADDC model, participants were keep to ask for the price of the services. Most participants claimed beforehand that the price would be high and impossible for them to pay. It seemed logical for them that the tuition fee would be high, and that the price would be an indicator of quality, highlighting the notion that "good value goes for a high price". Quality services were seen as being targeted for a specific group of clients who belong to the high class. For such reasons, FG participants rejected the ADCC from the beginning and stated that it would be outside the scope of their financial possessions. As it is shown in the following statements, they commented that the enunciated ADCC explicitly had a target population belonging to a social group above theirs. Furthermore, the participants who were interested in this type of services studied their financial availability, trying to assess whether they could or not afford such an institution.

"*And the price? How much does it cost? (…) I'm wondering how much it must cost per month."* (FG1)*"You must have money to do something like this. In this country, people are used to the fact that what is good is expensive. Looking at the picture, it tells me that it is good. And the space is good as well* (…) *It must therefore be expensive. With the amount of services they offer it can´t be cheap..."* (FG1)*"It isn´t appropriate to our lifestyle, it is just for rich people. Among us, just a handful of rich people would be able to pay for it. It is too expensive (…) We have to assess whether we can afford it or not (…)* "*I still have to pay for the rent, light, gas.."* (FG2)

In line with this discussion, the elderly financial capacity was strongly debated. Regarding the monthly fee, two ranges were considered as fair to pay for the presented services: the first, between 300€ and 500€ and, another, between 700€ and 900€. Occasionally, some considered this fee to be fair only if would comprise a personalized care service:

"One question, I'll be very honest. I would not mind paying 900€, but for that amount of money I would have to have a personalized daily care." (FG1)

It is noteworthy that these two values are susceptible to error. Although it was indicated in the FG that the amount suggested by them should refer to ADCC services, its seems from the results presented above, that this service may have been confused with the NH service.

The role of the Portuguese government as a social promoter of social services for the elderly was also discussed. Participants stated the need for governmental financial support to the maintenance of community care services. Some participants highlighted the role of Portuguese elderly people who are financial backers to their relatives. According to the participants' statements, the admission to an ADDC is impossible since the earnings of Portuguese elder people are often low. Consequently, they could only have access to the public services and pay a lower monthly fee, or pay the services according to their financial capabilities.

"Nowadays, the elderly are those who help their relatives - their children, their family." (FG1); *"There are people who can pay X and others Y."* (FG2)*"I think that ideally, but utopia, those 300/400€ most people have per month, would be enough to cover for all expenses. The State must finance it because it is a social issue. The thing is that either they [the state] like it or not, we paid taxes…. And a lot!! In some cases, a person has a history of 40 or 50 of contributions for the social security! Therefore, in the last years of our lives, we must benefit from it!"* (FG2)*! So, in the last years of our lives, we must benefit from it!"* (FG2)

Some nursing homes outside the metropolitan area which have the state as a financier, were mentioned as examples of good equipment. In urban environments, senior services are generally inferior with regard to quality, except for those belonging to the private

sector. These were particularly well-known institutions and widely-known national brands considered to be of high quality but expensive

"But the countryside services are better than in Lisbon. Lisbon is a disaster (…) I know a nursing home in the countryside and people pay what they can. With the 300 and 400€ they paid as monthly fee they still can keep some money for themselves. I think that is a low and fare price!" (FG1) *"For example, Montepio(a well-known bank agency that has nursing homes and is associated with heath care agencies) has many nursing homes where users can be at home, but stay there for a few days in convalescence. There, each person has his own apartment, his own space. It's like being in a hotel."* (FG2)

Overall, participants associated high fees both with private institutions and medical services. On the contrary, public institutions located in rural areas were perceived as good care promoters with adequate fees.

5. DISCUSSION

The interpretative approach and the qualitative analysis performed in this study provided a new understanding of the over 55s' perception about ADCCs. The methodology used with on this research allowed us to capture attitudes, feelings, beliefs, experiences and reactions of the respondents which would be hardly captured using other methods (Powell et al., 1996, Macintosh, 1993).

In general, the main findings indicate that, within this group, ADCCs are perceived in an undifferentiated manner. Such services were seen as the last resource of community care services for the elderly. This is explained by the negative connotation this services have. Those ADCCs perceived as "good" were identified as being expensive and with high monthly fees. The fee indicates that the price may be perceived in a positive way, as an indicator of quality, but also in a negative manner, as it may represent a financial sacrifice (Doods et al., 1991). The perceived value, a cognitive trade-off between the alleged benefits or quality of the product, and the sacrifice (both monetary and non-monetary) perceived as necessary to acquire it, were analysed by the majority of the participants. We observed that the negative image held about ADCCs was a barrier to the search and willing to buy these services. This is explained by the fact that participants do not consider themselves fitting in the image that they hold of the clients of an ADCC. When the target group has a superficial knowledge, allied with a negative perception about a service, there is no motivation to engage on searching ADCC services. As such, it seems crucial to develop actions that provide both sustained and appealing information of what such services are about. In the following topic, some suggestions are presented for both social and commercial marketers.

5.1. LESSONS FOR COMMERCIAL MARKETING

According to the concept of marketing segmentation, if consumers share particular tastes, needs and lifestyles, and this group can be identified, targeted and profitable served, marketers will respond with appropriated marketing mix. Considering what has been discussed about ADCCs, we can assume that older individuals may tend to patronize ACS tailored to their specialized needs, which constitutes a legitimate strategy. However, if marketing is truly concerned about the consumers' needs, campaigns should be organized to suit the segment and help the customers in their decision-making process.

Our findings revealed that participants assumed that they would need the service, but that it does not answer appropriately to their needs. This finding is of extreme importance as it gives ADCC managers an indicator on how to design the services that can serve as a connection between acute care and long-term care and respond to the segment's needs. ADCC should include more health care services and a variety of program activities designed to meet the individual needs and interest of the participants. Adjustments may be made to the type of activities for fun, stimulation and therapeutic aims that ought to be offered, based on the functioning levels of participants. Staff training would be in line with the increased responsibility for health care needs. The insights offered by this qualitative study suggest that there may exist an opportunity for marketers to develop adequate ADDCs that are designed to satisfy the personal needs of the elderly and to help the society to respond to the aging process.

It also became clear that services associated with well-known and respected companies, with strong marketing campaigns, are well accepted by the elderly and perceived as "good". An example is the "Montepio Residences and Services" given as a benchmarked by the participants. A study, financed by the Aga Kahn Portuguese Foundation, which evaluated the needs of the Portuguese elderly, refers that, in 2008, only four private corporate operators were working in the elderly care sector. Some of those investors considered that the sector had a low potential and did not plan future investments. On the other hand, "Montepio Residences and Services" was optimistic and designed an aggressive expansion plan with an investment of 50 million € to construct seven new residences (CEDRU and BCG, 2008). As we can observe, the strategic plan of the brand was effective after five years, since the target group recognizes it and the brand is perceived a service that meets their needs and match their self-concept.

As for the cost of such services, participants broadly emphasized the extent or limitations of their own budgets. The major question was the relation between their monthly income and the price of the presented services. They first kept in mind their own fixed expenses, then the money flow to help their family and, thirdly, the remaining budget to pay for other services such as ADCC. As we could see throughout the results, participants made several suggestions and questions related with the role of the government as a funding injector. In their opinion, institutions should be financially supported through protocols, and in case of high fees, clients' payments should be co-

participated via financial aid. Participants also referred the relevance of having some type of discount due to medical insurances or health systems' benefits. Private ADCCs could attract clients through strategic partnerships that would provide them with significant discounts in other relevant services and/or products targeting elderly.

Summing up, the price of the service is one of the major factors influencing the decision making process. In face of this finding, marketers should promote campaigns in which the government contribution (financing) is openly communicated. So should be the lowest and the highest monthly fees. Price information, in this case, would target those who discard these services, thinking that they can't afford it.

5.2. LESSONS FOR SOCIAL MARKETING

As the findings reveal, the barriers for the use of ADCCs are associated with the perception that these are static services, lacking stimulating and interesting activities. Due to this prevailing opinion , the clients' profile is perceived by the potential users as being inactive and lonely people who do not have informal caregivers, or whose family members work and don't have enough time for appropriate caregiving. By extending the results presented in the literature, this study stresses an imperative need to change the external perception and image of ADCCs. In what concerns NHs, participants associated this equipment with death. In fact, they considered it as the last available resource. Such mental barriers to NH and ADCC are associated with the perception of depersonalized services that lack basic services. Participants reinforced the idea that the clients of this type of services are those who do not have an effective care support from their relatives or any other source of informal support. Equipment's qualities, location and juridical nature are also reinforced by the participants as being highly relevant during the decision making process. Facilities located in an urban area are associated with low quality while those located in rural areas are seen as better and with higher quality. The same applies for the juridical nature of the service, with private institutions seen as being better in terms of the quality of services provided.

In Portugal, traditional media and social networks are a powerful disseminator of information and tend to expose a negative image of NH, mainly reporting cases of illegal institutions or clients' negative testimonies. Both online and offline channels influence the participants' perception of the NH. Broadcasted testimonials or interviews contributed to

the construction of a prevailing negative opinion among the elderly. There is a commonly negative image of nursing homes, which are consequently associated with repulse and low quality. Our findings indicate that ADCCs are directly associated with NHs, and are considered as the first step into institutional care. This means that a customer using this equipment is automatically labelled as "dependent", "inactive" and/or "lonely".

These findings are extremely important and should be acknowledged when developing a proper communication/marketing strategy when the final scope is to capture new clients. One of the first steps to be considered is to eliminate the misconception of the service. By informing influential individuals about adult care services during social events, in the media, etc., this information could be transferred from peer to peer. Social marketers should engage on identifying the channels used by older individuals (or potential clients) and use them to communicate their message. An integrated marketing strategy should include the traditional 'Above The Line' channels. The over-50s make up the largest share of TV audiences, spending 30-40% more time in front of the TV than the remaining groups (Senior Agency, 2014). In Portugal, in in which concerns activities undertaken during elderly's free time, it appears that the watching TV (95.4%) is the most common activity, surpassing the household tasks (70.9%) (Cabral et al., 2013). As such, advertorials and television (TV) programs, featuring a famous elderly person as an ambassador of the service could be considered by marketers.

In addition, there must be a wider dissemination of information about all ACS (public and private). Marketing campaigns, aiming to inform about the different types of services, activities and skilled professionals, should be launched. It should be noted that these actions must target the segment. Users with a positive feedback about the services could serve as service ambassadors and thus be a good starting point to demystify the existent negative stereotype on this kind of services.

6. CONCLUSION

Several conclusions can be drawn from this study, the first being that older individuals perceive ADCCs as an important community facility but not as a place where they would like to be. This type of facility is not well known among the elderly though they seem to have a clear pre-conceived perception about these kind of institutions. The feelings associated with the available ADCC services are those of negation, loneliness, dependency and inertia. Many choices made by consumers are directly influenced by the image they hold about themselves (Sirgy, 1986), and if potential clients do not feel themselves reflected in the service's client profile, they will not be interested in the product. Some of the participants of our study confirmed the (potential) need of the service, but consider that the current ADCCs do not fully serve their needs, nor fulfil their expectations. The qualities of a service which would meet the clients' needs and expectations would be: of private profitable nature; located in the rural area; with good infrastructure, appealing facilities and with reshuffled structures. The number of services provided, and the diversity/abilities of the staff (personalized therapeutic, occupational, educational and leisure activities with specialized helping professionals) are equally taken into account by the consumers.

Decision makers (including politicians) and service planners should take into consideration the opinions of the future clients before designing any service/equipment. ADCC services should be carefully planned according to studies performed on the target group while marketing campaigns should develop different financial sponsored types and adequate the staff and working hours to clients' needs. The communication plan must take into account the best channels to be used. In the case of the over 50s, they are mainly offline channels, since these tend to reach the pretended target as highlighted in previous studies (Smith and Clurman, 1997). Sample trial, via giving away free entrances (eg. once a month) to clients' friends to private ADCCs could also be a way to attract new clients and an opportunity to show the service, the ADCC, to attract the potential client.

The ADCC model presented by the researcher was accepted positively by all FG participants. The equipment offers a wide range of care services and presents modern facilities, so the majority of the participants associated this type of ADCC with quality and with a high monthly price rate. The most negative factor biggest obstacle to the success of

the model was the price, even when they are not yet aware of the range of monthly fees. When the client is searching for a service, this must suit personal needs and provide a good result in terms of building self-image. The challenges mentioned in end of this research result from the stereotypic image of ADCC and may be described as how to appeal to the specific target market. Social marketers must to plan attractive campaigns to catch the attention of the segmented market, and need to develop national educational campaigns to demystify the negative image of ADCC and NHs. Service planners and managers need to gather information from the perspective of current and potential consumers in order to ensure that they are able to deliver a range of appropriate services to the matching target.

With regards to the limitations of this study, they mainly concern the sample used. We have reached the target group of ADCCs, trying to find the closest sample of future clients. Further research may consider users who are actively searching for this kind of service. It could be interesting to consider informal caregivers for a further research. Other study directions could include a comparative analysis of the quality of urban and rural ADCCs or focus on the differences between urban and rural elderly consumers.

As the population of the elderly is set to grow social marketing studies may provide marketers with tools to stimulate demand among older consumers.

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ANNEX TABLE

ANNEX I

Guidelines	Stages	Purpose
1. What have I done yesterday and with whom have I been? **2.** My daily life activities are…	Pre discussion	Icebreaker questions; social network evaluation and performance of BDLA and IADL
1. Introducing the potential client profile of ADCC **2.** The cards game: • The senior universities, home care services, ADCC and nursing homes. Do they suit you? Black Or red; yellow Or brown; hot Or cold; energetic Or non-energetic; sour Or sweet? • Which animal and object do you associate with the senior universities, home care services, ADCC and nursing homes?	Introduction	Perceive participants' self-image Gather information on perceptions and emotions, evaluate knowledge of services
1. Showing a profit ADCC in Lisbon, the services, equip and holistic approach. **2.** What do you think about Miss Mary being a client of the ADCC? **3.** What would you change in the shown ADCC (services, venues, equipment's, etc.)?	Main discussion	Evaluate services' necessity, programs; approach of social self-image ideal
1. How much do you think that the ADCC services could cost?	Closing	Evaluate knowledge about services' costs, financial capacity and opinion on private facilities