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The Uses of Cross-National Research in Developing Policies for the Elderly

Jack Habib

In cooperation with
The Special Program for Research on Aging
of the World Health Organization

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Abstract

Typically, policymakers make decisions with only a small part of the information they really need. Given the serious nature of the gap between the need and availability of information, it is important to strategize and prioritize research efforts. Therefore it is important to identify where cross-national research can make the greatest contribution.

This paper addresses the question of how cross-national research can best be used to promote policies for the elderly, by considering a number of general issues:

- 1) The information needed to establish public policies - nine basic categories of data that provide a basis for policymaking and planning.
- 2) Five methodological issues that need to be addressed in order to expand our capacity to obtain data.
- 3) Three strategic considerations of primary importance to research design.
- 4) The unique contribution of a cross-national framework for examining policy issues.
- 5) Some of the specific substantive areas in which the need for cross-national data is particularly pressing.

In conclusion, this paper emphasizes the importance of developing comparative methodologies that lead not only to the standardization of data collection but also to tools that facilitate the use of comparative data from other countries in policymaking.

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1. Information Needed to Establish Public Policies

Nine basic categories of data can be distinguished that provide a basis for policymaking and planning (Chart 1).

- a) **Extent and nature of needs.** Data on needs can be provided in a number of forms. The data can be in terms of the problems that generate a need for assistance; in terms of the kinds of assistance or services that may be required to address those problems; in terms of the quantitative units of services; or in terms of the cost of providing them. Each of these ways of presenting needs has implications for the data that is required and the methodology that is used to obtain it. For example, elderly informants may be able to provide information on their problems but not on the type or quantity of services required to address them. An additional dimension of data on needs is the unit of analysis. Are we addressing the needs of the elderly individual, the household in which he resides, or the broader family network? The broader the question, the more diversified the sources of information required.
- b) **Existing sources of help and the role of various formal and informal providers.** Who helps with various kinds of needs and how much help is actually provided? The full picture might be very complex and it is often necessary to compromise in terms of the degree of detail that can be obtained.
- c) **Unmet needs, priorities and measures of wellbeing.** It is very important for the policymaker to have an assessment of unmet needs and of the importance to the elderly of addressing these gaps. Both areas pose a number of methodological problems and are often neglected in surveys of the elderly. One issue in defining unmet needs is how to take into account the fact that the elderly may be cared for at the

expense of an overburdened informal support system. It would also be very useful for making policy inferences to explore the reasons why the needs are not being met: Is there an attempt to secure help, for example, or do the elderly know where to turn?

- d) **Degree to which patterns of service utilization are appropriate, effective and efficient.** Included here, for example, is an examination of whether the populations receiving services are consistent with the intended target groups; whether those most in need are receiving priority; and whether there might be lower-cost alternatives for at least some portion of service recipients.
- e) **Regional, cultural and social group variations.** In all societies there may be important regional differences in the nature of needs and the way they are met. They could be related to the nature of the region (rural/urban, industrial structure) or the diversity of the individuals in the region. Similarly, there may also be variations among cultural groups and among groups distinguished by social class, political affiliation and occupation. These kinds of data are helpful in evaluating existing policies and addressing regional and intergroup inequalities. This perspective is particularly important in developing countries where insurance coverage under various health and social schemes may be minimal.
- f) **Factors influencing the development of needs.** If we are to prevent needs and not only respond to them, we need a better understanding of their causes. A problem in one area may be the cause of a whole range of related problems. For example, chronic diseases are problems for which we need to ascertain the cause, as well as causal factors in a range of disabilities. In this regard, it is important to establish priorities with respect to what we hope to prevent, and among primary, secondary and tertiary intervention points. This will very much influence the type of data that we need to collect. The integration of

self-reports and clinical data may be of crucial significance in addressing this objective.

- g) **Projections of changes in future needs and in potential resources to meet them.** Such projections require the development of models that can forecast the implications of changes, with a reasonable degree of accuracy, in factors such as the demographic composition of the elderly. These models may be used to project indicators of need, such as health status, and to project resources available to meet needs, such as informal support or income levels. For example, it would be important to project rates of widowhood to ascertain the availability of spouses as a primary source of care. Typically, these projections will be based on naive models which assume constant within-group parameters. To adjust for possible changes over time in these parameters, it is important to develop a database which includes a series of comparable cross-sections. This will at least make it possible to update the parameters, even if no clear trend factor can be estimated.
- h) **Projections of needs by region.** Whether the initial study is based on national or regional populations, it is important to develop models that can project the findings for various geographical sub-units or sub-populations. These models will be similar to those used for making projections of future developments, but may be able to include a broader range of variables.
- i) **Identifying the menu of possible interventions.** By examining how different countries have responded to needs, we take fuller advantage of the range of human ingenuity that has been used in addressing these problems.

In addition to the kinds of data that may be required, a further key issue is: When is it sufficient to obtain data on the needs of the elderly alone, as compared with an evaluation of their needs alongside the degree to which the needs of other age groups are being met?

Chart 1. Information Needed to Establish Public Policies

- * Data on the Extent and Nature of Needs
 - * Existing Sources of Help and the Role of Various Providers (Formal and Informal)
 - * Unmet Needs, Priorities and Measures of Wellbeing
 - * The Degree to which Service Utilization Patterns Are Appropriate, Effective and Efficient
 - * Regional, Cultural and Social Groups Variations
 - * Factors Influencing the Development of Needs
 - * Projections of Changes in Future Needs and in Potential Resources to Meet Them
 - * Projections of Needs by Region
 - * Identification of Possible Interventions
-

2. Critical Methodological Issues

There are a few key methodological issues that may be singled out in addressing the substantive questions that have been raised (Chart 2).

- a) **Translating needs into service units and costs.** This generally requires a more complex research design in which the survey of a population is combined with a case-by-case review of the data by profes-

sional care planners capable of making the translation into service units. Moreover, the methodology for making such translation has to be standardized.

- b) **Assessing priorities.** There are many approaches to establishing priorities among needs or unmet needs. These methods need considerable validation and refinement.
- c) **The meaning of disability responses and the role of culture, particularly as it relates to homemaking activities.** The need for help may not only be related to physical conditions. It is also very much influenced by cultural norms with respect to male-female roles, as well as norms of obligation to serve parents or elders that may be independent of the actual need for help. Thus a comparison between Sweden and Israel indicated that differences in disability rates are correlated with differences in male-female roles in the two societies (Habib et al., 1989). Furthermore, it was found that among Arab populations in Israel, the process of retirement of older women from housekeeping roles affects their concept of needs (Weihl, 1988; Weihl, 1989).
- d) **The importance of including both community and institutional populations** in order to compare the overall distribution of key variables across populations.
- e) **Reliability of self-reports on morbidity and service utilization and ways of effectively integrating self-reports and clinical data.**

Chart 2. Critical Methodological Issues

- * Translating Needs into Service Units and Costs
 - * Assessing Priorities
 - * Understanding the Meaning of Disability Responses and the Role of Culture
 - * Including Both Community and Institutional Populations in Order to Compare the Overall Distribution of Key Variables Across Populations
 - * Determining the Reliability of Reports on Morbidity and Service Utilization and Ways of Effectively Integrating Self-Reports and Clinical Data
-

3. Strategic Issues in Research Design

We would single out three areas of primary importance in research design:

- a) **The choice between longitudinal and cross-sectional or repeated cross-sectional designs.**
- b) **National versus local samples.** Aside from the fact that local samples may be less costly, they provide the opportunity to integrate data on the specific nature of the service context with population characteristics and facilitate the inclusion of supplementary clinical data. On the other hand, there is the problem of the generalizability of the results. Of importance here is the ability to project from local samples

using synthetic techniques to make estimates for other regions or at the national level.

- c) **Over-sampling of the long-term care population.** A general survey is not likely to provide sufficient observations on those elderly with severe disabilities and thus it may often be necessary to oversample these groups in order to address a number of the issues of importance. This will be particularly true if we are interested in examining the factors associated with disability for making projections or for establishing the etiology.

4. The Unique Contribution of Cross-National Research (Chart 3)

Cross-national research can have three basic objectives:

- a) To share resources in the development of effective research strategies and in determining their application to different cultural and social contexts;
- b) To assess how countries can learn from each other. To what extent can countries utilize research findings from other national and cultural contexts, given that each country cannot do all the research it needs? What are the conditions that facilitate cross-national use of data such as controlling for differences in age and sex composition?
- c) To learn about specific key questions from differences in the experience and in the outcomes and processes across countries.

We also need to distinguish among comparing service patterns, comparing population patterns, and comparing the interaction between the two. As Dieck (1984; 1985) has emphasized, one of the major contributions of cross-national research is in establishing what findings are specific to the population studied and what may be generalizable to aging processes and populations in a range of contexts. James Coleman (1972) makes the distinction between research which is designed to advance knowledge in a scientific discipline (discipline research) and research which is designed as a guide to social action (policy research).

Clearly, the question of generalizability is very important in discipline research; however, how important is it to policy research? Why should we not be developing research strategies specific to the needs of each individual country without necessarily paying much attention to the comparability of our results across countries and cultures? There are several possible responses. One is that we are very often interested in understanding the potential impact of policies not yet implemented, or of alternative directions for policy. Thus the international variation in existing policies offers us an opportunity to gain insight into what might be the potential impact. This requires us, however, to understand to what extent the underlying circumstances may be similar or different across countries and thus dictates a comparative framework. Moreover, we are able to obtain cross-nationally not only a broader range of policy variations but also a broader range of variation in the underlying conditions. These include factors such as educational levels, or lifestyle factors such as nutritional patterns or degrees of social support.

Broadening the range of observation of underlying conditions may be important in ascertaining the root causes of a range of problems and thus establishing strategic preventive interventions.

A second response is that we are attempting to measure concepts that are often elusive and subject to many interpretations by those from whom we

seek to elicit information. By comparing the distributions of responses across countries, and identifying similarities, we begin to gain confidence in the validity of our attempts at measurement. Unusual configurations should give us cause for alarm and can guide us as to where we need to look further in terms of understanding why a particular society is truly unique or in understanding why a particular methodology may have a different meaning in that society.

Cross-national research also expands our understanding of what the policy alternatives themselves may be by making us aware of the responses that have been developed in various contexts. It also helps to expand our concept of what is possible in terms of outcomes. Is it possible to reduce morbidity below certain levels? Is it possible to avoid the disabling consequences of morbidity patterns? Is it possible to effectively provide employment for workers at older ages or to engage large numbers of elderly in volunteer activity? What is possible in terms of service provision? Is it possible to absorb the economic costs of population aging? Is it possible to run a day-care center largely on the basis of volunteers? Can para-professionals perform various roles as well as professionals?

We would also point to the role of cross-national comparisons in providing standards for evaluation, particularly when there are no direct measures of adequacy that may be available or measurable. What rate of service utilization or staffing ratios in providing a service are likely to be adequate?

Beyond the role of cross-national research in national policymaking it has an even more obvious role to play in international policy formation. It may help international organizations focus their efforts and identify their priorities. Moreover, policymakers serving in international organizations that develop policies for a range of countries or serve as consultants to individual countries need to know how much they can generalize their advice and how much they need to adapt it to variations in national circumstances.

Chart 3. The Unique Contribution of Cross-National Research

- * Broadens the Range of Observations of Underlying Conditions so as to Identify Causal Factors
 - * Helps to Identify and Suggest Interesting Hypotheses
 - * Identifies Elements Common to Aging Populations or Aging at the Individual Level
 - * Expands our Concept of what are the Limits and Possibilities for Healthy Aging
 - * Builds Confidence in the Reliability and Validity of Measurement Instruments
 - * Introduces Standards for Evaluation
 - * Expands our Awareness of Possible and Practice Policy Alternatives
 - * Provides Insights into the Potential Impact of Policies
 - * Identifies Socioeconomic Trends which Give us a Possible Glimpse of the Future
-

5. Illustrative Topics for Cross-National Research

We shall mention a few areas in which it would be important to establish a cross-national perspective. We offer them as illustrations rather than as an exhaustive list of priority areas. All are of importance both for developed and developing countries (Chart 4). Selected cross-national studies are listed in the Bibliography.

- a) **The pattern of disability in activities of daily living and homemaking.** In contrast with the significance of this data for planning and policymaking, the absence of reliable national data for most countries is quite striking. Very few countries have comparable data on trends over time. It is therefore not surprising that there are very few cross-national comparisons.

Studies have shown that disability rates are affected by age, sex, ethnic group and various indicators of socioeconomic status. The developing countries are achieving levels of life-expectancy and a degree of population aging that were achieved in the developed world at much higher levels of per capita income. We therefore need to understand whether as a consequence they can expect much higher age-specific levels of disability in order to understand fully the implications of population aging in the developing world. Interestingly, there have been several serious efforts to develop comparative data for some developing regions (Latin America: Anzola-Perez, 1989; Far East: Andrews and Rungle, 1983), however, not for developed and developing areas.

- b) **The role of the informal system in providing care for the elderly.** We have learned a great deal about the role of the informal support system in recent years. Still, the range of countries for which we have comparable data is quite small and there is a particular need to relate the extent of informal support to the degree of development of the formal support systems, the basic kinship networks, female labor-force participation, and other underlying factors. Priority needs to be given to establishing the degree to which the informal support system may be breaking down in developing countries, particularly against the background of rapid migration that is occurring from rural to urban areas and the form which this migration takes. At the other extreme, we need to determine the extent to which the informal system has been replaced in countries such as Scandinavia which provide almost

unlimited care (Habib et al., 1989; Shanas et al., 1968; Shanas, 1973). Studies of intervention programs within countries have tended to suggest that an increase in formal support does not reduce informal care (Kemper et al., 1987; Moscovice et al., 1988). Cross-national variation in the interaction between these two variables can provide an important opportunity to explore this relationship even further.

- c) **Work capacity by age and its relationship to retirement policies.** There have been limited attempts to measure work-related disability among the elderly. A significant percentage of the elderly reports being unable to work, but we have very little understanding of the meaning of these responses. The age-specific incidence of work-related disability may be quite different depending on the nature of employment opportunities and vary significantly between developing and developed countries. A better understanding of this phenomenon is important for understanding the implications of population aging in the developing world and in the formulation of retirement age policies.
- d) **Major sources of disability that should be the focus of prevention-oriented activities.** Studies are needed that will provide integrated information on disabilities, morbidity and underlying conditions such as health habits, environmental factors, and links with the health services. There are very few surveys that provide this kind of integrated data (Beregi, 1989a, 1989b; Manton, 1986, 1987; Manton et al., 1986; Manton et al., 1987; Heikkinen et al., 1983). Comparison of analyses by Manton (1987) of the determinants of disability in developing countries with similar analysis from the United States reveal quite different groupings of morbidity and disability. It may be necessary in developing countries to look beyond chronic disability to short-term disablements associated with acute infectious conditions that are much more prevalent. An analysis of this kind has not yet been carried out.

Chart 4. Illustrative Topics for Cross-National Research

- * The Pattern of Disability in Activities of Daily Living (ADL) and Homemaking
 - * The Role of the Informal System in Providing Care for the Elderly
 - * Work Capacity by Age and its Relationship to Retirement Policies
 - * Major Sources of Disability as the Focus of Prevention-Oriented Activities
-

6. How to Facilitate the Use of the Data

In conclusion we would emphasize that in developing comparative methodologies there is room not only for standardizing the design and the way in which the data are collected, but also for developing tools and ways for standardizing how it can be used in policymaking. That is, developing protocols and algorithms that can help policymakers to use the data. The absence of an understanding of how the data can be used can often be the missing link in ensuring that enhanced knowledge will actually lead to improved policies, or at least that the data will be used in the policymaking process. While this is certainly important with respect to the use of national data, it is even more difficult to know how to make use of comparative data from other countries. Thus efforts to structure the use of comparative international data are all the more important.

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מכון בינלאומי פורום בינלאומי מכון פורום בינלאומי פורום ב

השימוש במחקר בין-ארצי
לפיתוח מדיניות לגבי הקשישים

ג'ק חביב

בשיתוף התכנית המיוחדת לחקר הזיקנה
של ארגון הבריאות העולמי

פב-18-92

ג'וינט ישראל
מכון ברוקדייל לגרונטולוגיה
והתפתחות אדם וחברה

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המכון

הוא מכון ארצי למחקר, לניסוי ולחינוך בגרונטולוגיה והתפתחות אדם וחברה. הוא נוסד ב־1974 ופועל במסגרת הגיוינט האמריקאי (ועד הסיוע המאוחד של יהודי אמריקה), בעזרתן של קרן ברוקדייל בניו־יורק וממשלת ישראל.

בפעולתו מנסה המכון לזהות בעיות חברתיות ולהציב להן פתרונות חילופיים בשירותי הבריאות והשירותים הסוציאליים בכללם. אחד מיעדיו הוא להגביר שיתוף הפעולה של מומחים מהאקדמיות והממשלה, עובדי ציבור ופעילים בקהילה כדי לגשר בין מחקר לבין מימוש מסקנות מחקר הלכה למעשה.

סידרה בינלאומית

המאמרים מציגים מימצאי מחקר והשקפות מקצועית של מומדים אורחים בחו"ל, של אנשי אקדמיה בארץ ושל חברי סגל המכון המאמרים בסידרה מציגים דיונים החורגים מעבר להקשר האמפירי הישראלי, או עוסקים בסוגיות מושגיות ומתודולוגיות בעלות ענין בינלאומי כללי. בכך משמשת הסידרה במה שבה נבחנים בפרספקטיבה בינלאומית ההלכה והמעשה של נושאי ההזדקנות.

המימצאים והמסקנות המוצגים הם של המחבר או המחברים וללא כוונה ליצג את אלה של המכון או של פרטים וגופים אחרים הקשורים למכון.



השימוש במחקר בין-ארצי לפיתוח מדיניות לגבי הקשישים

ג'ק חביב

**בשיתוף התכנית המיוחדת לחקר הזיקנה
של ארגון הבריאות העולמי**

עבודה זו מתבססת על הרצאה שניתנה בכנס קדם-קונגרס שנושאו מחקר
בין-ארצי על הזיקנה, שערכה האגודה הבינלאומית לגרונטולוגיה (IAG)
בחסות ארגון הבריאות העולמי (WHO) והמכון הלאומי לחקר הזיקנה (NIA)
אקפולקו, מקסיקו, 18 ביוני 1989

אלול תשנ"ב

ירושלים

ספטמבר 1992

ג'וינט - מכון ברוקדייל לגרונטולוגיה
והתפתחות אדם וחברה
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תקציר

קובעי מדיניות עושים את החלטותיהם בדרך כלל על סמך חלק קטן בלבד של המידע שלו הם נזקקים באמת. בהתחשב בחומרת הפער שבין הצורך במידע לבין זמינותו, חשוב מאוד לקבוע אסטרטגיה וסולם עדיפויות למאמצי המחקר. לפיכך, חשוב לזהות היכן עשוי מחקר בין-ארצי לתרום את התרומה הגדולה ביותר.

מאמר זה דן בסוגיה כיצד ניתן להשתמש בדרך הטובה ביותר במחקר בין-ארצי כדי לפתח מדיניות למען הקשישים, וזאת תוך התחשבות בכמה נושאים כלליים, ובחם:

1. תשע קטגוריות נתונים עיקריות המספקות בסיס לקביעת מדיניות ולתכנון.
 2. חמש סוגיות מתודולוגיות הדורשות דיון לשם הגברת יכולתנו להשגת נתונים.
 3. שלושת השיקולים האסטרטגיים הראשונים בחשיבותם לעיצוב המחקר.
 4. תרומתה הייחודית של מסגרת מחקר בין-ארצי לבחינת נושאי מדיניות.
 5. התחומים הספציפיים העיקריים שבהם במיוחד דוחק הצורך בנתונים בין-ארציים.
- בסיכום, מאמר זה מדגיש את הצורך בפיתוח מתודולוגיות השוואתיות, המובילות לא רק לתיקנון של איסוף הנתונים, אלא גם ליצירת כלים שייקלו על השימוש בנתונים השוואתיים ממדינות אחרות לצורך קביעת מדיניות.

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סימן הפירסום

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Habib, Jack

שם המחבר

THE USES OF CROSS-NATIONAL

שם הספר

RESEARCH IN DEVELOPING...

[illegible]

מכון ברוקדייל: הספרייה

תוכן עניינים

1	1. המידע הנחוץ ליצירת קווי מדיניות ציבורית
4	2. סוגיות מתודולוגיות מכרעות
6	3. סוגיות אסטרטגיה בעיצוב המחקר
7	4. התרומה הייחודית של מחקר בין-ארצי
10	5. נושאים להדגמה במחקר בין-לאומי-השוואתי
13	6. כיצד להקל על שימוש בנתונים
14	ביבליוגרפיה