

Methodology for the Country Diagnostic Studies

Purpose of the Country Diagnostic Studies

To contribute to building a knowledge base to inform emerging LTC policies, programs and systems, including:

- demographic projections (disaggregated by age and sex)
- policy and regulatory frameworks
- stakeholder mapping
- institutional arrangements and capacity
- the need for services
- human resources (constraints and development)
- existing programs and coverage
- financing

And to identify where there are gaps in knowledge and data



Six very different countries across the region

Planning for the Country Diagnostic Studies



- HelpAge first prepared a draft plan of the methods to be used
- ADB commented on the plan
- At the Inception meeting in January 2017 - discussion about methods with national consultants, international consultants, and members of the HelpAge and ADB project teams

Review of relevant literature



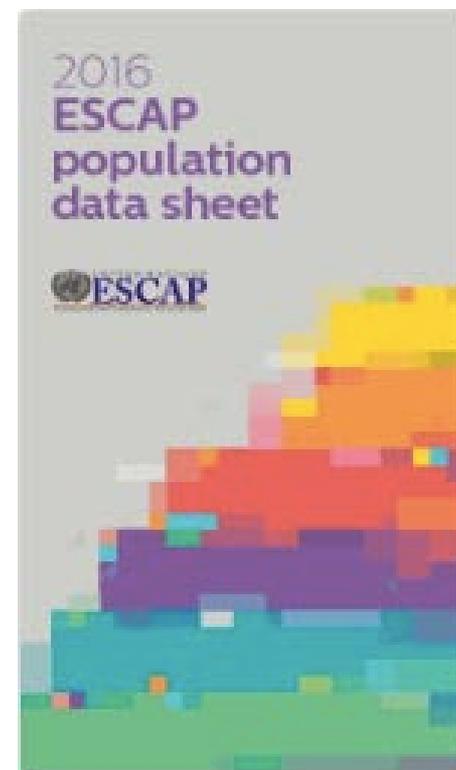
- Multi-disciplinary scoping review (rather than systematic review)
- Aimed to explore what research relevant to long-term care and to the contextual domains, and in which settings, has already been done in each country, and to identify gaps
- Included searching research databases such as Pubmed and Popline for peer-reviewed articles, and a search for grey literature, including PhD theses and media articles
- Findings synthesised for Country Diagnostic Study
- Also a basis for a register of relevant research articles and research agenda for each country

Identifying recent population, health and disability data

Useful for modelling future need for LTC services

Suggested sources:

- National census data
- Demographic and Health Surveys
- ESCAP 2016 population data sheet
- Population Division of Dept of Economic and Social Affairs of the UN Secretariat. 2017 Revision of World Population Prospects.



Review of national policies, plans and legislation



- Often available at websites of relevant government ministries, or from national government stakeholders

Also - two reports from HelpAge International:

- Review of good practice in national policies and laws on ageing. HelpAge East Asia/Pacific, 2015
<http://ageingasia.org/eaprdc0024/>
- Overview of Available Policies and Legislation, Data and Research, and Institutional Arrangements Relating To Older Persons - Progress Since Madrid. Report compiled in preparation for *The State of the World's Older Persons 2012* HelpAge International. UNFPA.

<http://ageingasia.org/overview-of-available-policies/>

Mapping of stakeholders

HelpAge

International

ADB

Broad range of national, provincial and local stakeholders:

- Ministry of Health - Family Health; Elders' health; Non-communicable chronic diseases; Mental health; Eye health; Disability; Planning; Human resources planning; Health promotion
- Ministry of Social Welfare
- Finance Ministry
- Ministries of Local Government, Industry, Transport
- Private sector, including small and micro enterprises
- Civil society
- Academics and researchers
- WHO, UNFPA, ADB, World Bank Country Offices

Consultation meeting with stakeholders



Objectives:

- Inform key stakeholders about the project
- Share the outline and methods of the Country Diagnostic Study
- Gather information about current and planned initiatives
- Check initial stakeholder mapping
- Gather suggestions about priorities for the data analysis, and additional studies

There will be a second stakeholder consultation meeting to discuss the findings and their implications for policy and planning

Additional small studies

Depending on the gaps found - for example:

- The Sri Lanka team undertook a postal questionnaire survey of 300 + residential care homes
- Tonga undertook culturally appropriate 'Fono group discussions' with elders and family caregivers, and in-depth interviews with a range of stakeholders

Sample qualitative question guides were shared for consultations with stakeholders, and for interviews or focus group discussions with elders, their families and / or service providers.

Ethical considerations



In a situation analysis, often lack of time to seek approval from Institutional Research Ethics Committee

Nevertheless, there is an obligation to think through the ethical issues and address them to minimise the possibility of causing harm.

- Informed consent and assurance of confidentiality
- Ensure comfort of elders - provide childcare and refreshments; comfortable seating; signs for toilets
- Treat elders and caregivers with respect and appreciate their contribution
- With their consent, refer participants who had revealed problems to appropriate health or social welfare services

Challenges and learnings

- Lack of clarity in concepts and definitions – where are the boundaries of a long-term care system?
- Tendency to equate long-term care with residential care
- Dependence on self-reports for health and ADL/IADL data
- Research studies often report findings using different age groups – lack of consistency - we proposed 60–69 (young old); 70–79; (medium old) and 80+ (oldest old)
- Most literature is from OECD countries – limited relevance
- Tendency to focus on demographic and health research – but sociology and health consultation data also valuable

Definitions of LTC

There are many definitions. At the Inception meeting we decided to use the WHO 2015 definition:

“The activities undertaken by others to ensure that people with or at risk of a significant ongoing loss of intrinsic capacity can maintain a level of functional ability consistent with their basic rights, fundamental freedoms and human dignity”.

With a focus on service provision, financing and quality mechanisms specific to long-term care

Estimating need/ demand for long-term care

Proportion of elders with difficulties in performing ADLs and IADLs often used to estimate and project demand.

WHO World Report on Ageing and Health - this approach results in underestimates of those that could benefit from care and support.

Activities of daily living:

- Bathing / showering
- Grooming
- Dressing
- Going to the toilet
- Transferring in and out of bed, and into and out of a chair
- Self-feeding

Instrumental activities of daily living:

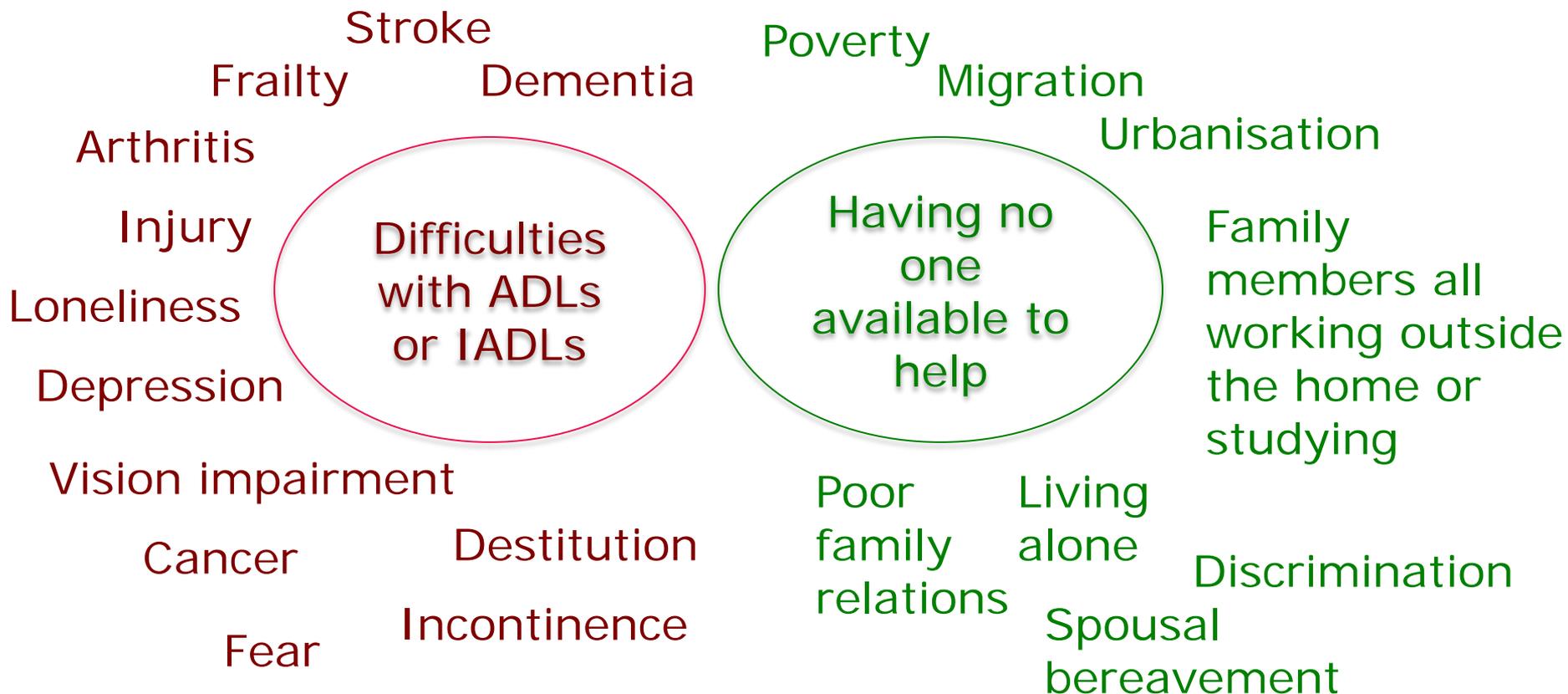
- Using telephone
- Shopping
- Laundry
- Travelling by public transport or driving car
- Preparing food
- Maintaining / cleaning house
- Taking medicines properly
- Handling finances

Chatterji S, et al. Health, functioning, and disability in older adults – present status and future implications. *Lancet*. 2015 Feb 7; 385(9967):563-75.

“Patterns of limitations in functioning vary substantially between countries and within countries over time, with no discernible explanation.”

“We especially need studies that focus on refining measurements of health, functioning, and disability in older people, with a core set of domains of functioning, that investigate the effects of these evolving patterns on the health-care system and their economic implications.”

Influences on need/ demand for long-term care



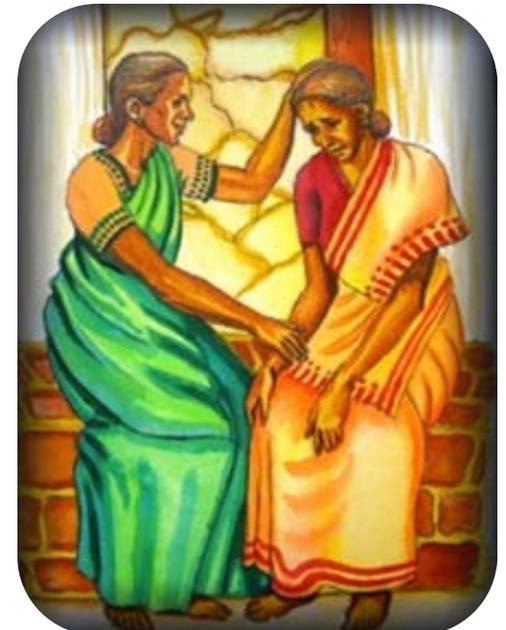
Also: Lack of availability of assistive devices; home modification; age-friendly environments; rehabilitation

“Someone for everyone”

In a study of 1,125 rural elders in the Sri Lanka hill country, (2013) 20% said they would have no one to look after them if they became dependent.



Need efforts at community level, through civil society groups, to bring elders and volunteers together for mutual support – before care is needed.



Thank you



Holbrook estate Elders' Club, Sri Lanka