

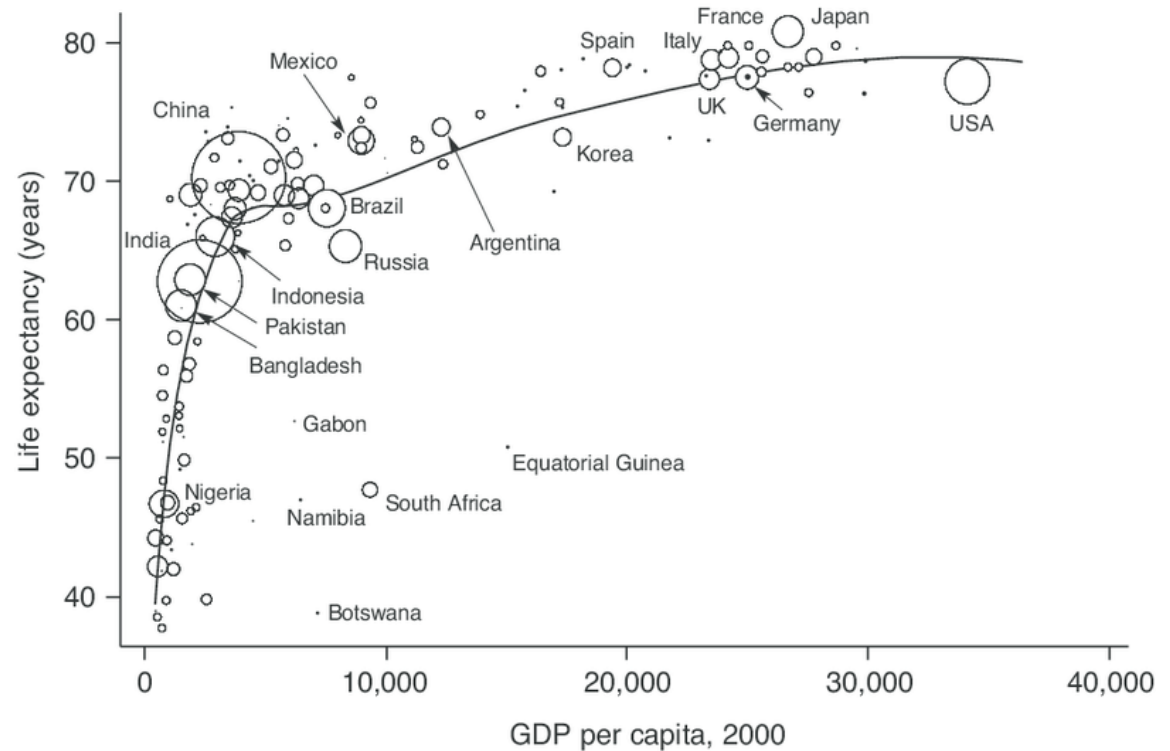
Aging research in LMICs: context and generalizability

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Context and health research in LMICs



Deaton, A. (2006)



Broad themes from recent evidence

- Functional health across different contexts
- Development and trends in health over time
- Met and unmet need for care
- Moving beyond population-level approaches—social inequalities in LMICs
- Policy changes and health
- Determinants of disability

Functional health across different contexts

- **Economic development and health**
 - In a set of eight LMIC countries, no clear relationship between economic development and DFLE (Prina et al. 2019)
 - Absolute number of limited older adults in LMICs will grow massively in next 30 years; disability prevalence not linked to economic development (Weber and Scherbov 2020)
 - DFLE not substantially different between US and a set of LAC countries, despite wide economic differences (Payne 2018)



Development and trends in health over time

- **How does life-course exposure to rapid social, contextual, and policy changes shape health among older adults in LMICs?**
- Disconnect between early- and later-life conditions may lead to successive cohorts at higher risk of obesity, diabetes and mortality (Palloni and Beltrán-Sánchez 2017, Beltrán-Sánchez et al 2022)
- Empirical work finds an expansion of morbidity occurring over cohorts in Mexico (Payne and Wong 2019), and among less advantaged groups in the US (Payne 2022)
- Investigation of life-course SES and DFLE in China found that adult SES plays a substantial role in shaping healthy longevity (Payne and Xu 2022)



Met and unmet needs for care

- **How do needs for functional health support among older adults in LMICs match up with available care?**
- Unmet needs are determined by complex factors connected to development, family structure, and institutional supports
- Both who cares for older adults, and the quality of this care, matter for meeting care needs (Zhu 2015)
- Some indications that unmet need may be higher among younger-old individuals with physical limitations (Harling et al. 2020, Brinkmann et al 2021)



Social inequalities in health in LMICs

- **How unequal is health in LMICs?**
 - Inequality in disability by income is much greater in high-income countries than in low-income countries (Li et al. 2023)
 - Comparing across countries in the Asia-Pacific, mortality gradients by education, wealth, and occupation were lower in middle-income countries as compared to high-income ones (Xu et al. 2023)
 - Effective healthcare systems may limit inequalities in LMICs (Rosero-Bixby and Dow 2016)

Policy changes and health in LMICs

- **How has the introduction of public health insurance impacted health in LMICs?**
 - Lots of heterogeneity in how national health insurance reforms are designed, making direct comparisons difficult (Lagomarsino et al 2012)
 - Health insurance expansion in Mexico increased healthcare utilization and diagnostic testing, but limited impacts on treatment (Parker et al 2018, Rivera-Hernandez 2016)
 - Increased care utilization for those with subsidized insurance in Indonesia and Thailand (Erlangga et al 2019, Limwattananon et al 2015)

Determinants of disability in LMICs

- **What health conditions and health behaviours contribute most to disability in LMICs?**
 - Cross sectional analysis in 11 countries found dementia to be a major factor, 2/3rds of disability associated with chronic diseases (Sousa et al 2009)
 - Diabetes seems to be a major contributor in MICs—studies in Mexico and South Africa found large shortfalls in LE and DFLE among those with diabetes (Andrade 2009, Payne et al. 2023)
 - » Especially pertinent given rising rates of diabetes and the poor state of diabetes care in many LMICs (Flood et al. 2021)

What else needs to be done?

- Measurement and comparability
- The role of policy in shaping later life health
- NCDs and NCD care as a determinant of population health in LMICs
- Life-course exposures at micro and macro level
- Translating findings to other contexts

Measurement and comparability

- **Do measures developed in HICs serve the needs of LMICs?**
- Subjective and objective measures of health may not align closely in LMICs (Capistrant et al. 2014, Payne et al. 2018)
- Accounting for physical performance leads OADR measures to increase in LMICs and decline in HICs (Kämpfen et al 2020)
- Simple vs complex measures—would we be better off using more data reduction techniques (IRT, factor analysis, etc) to more comprehensively measure health?
- Approaching “health” from multiple angles rather than each facet in isolation



Policy contexts

- **Limited research tying micro-level wellbeing in later life to macro-level policy changes in LMICs**
- Literature on health/insurance policy changes focuses largely on utilization, not effectiveness
 - » Are we building systems that meet the complex needs of older adults?
- Drawing cross-national conclusions is extremely difficult given complexity of policies
 - Need for something like the Social Policy Archive for SHARE (SPLASH) database for HRS sister studies in LMICs?



NCDs and NCD care

- **NCDs are a major determinant of health in aging in LMICs, but are we asking the right questions to inform policy?**
- Comparability of NCD questions and biomarkers in longitudinal studies in LMICs is pretty poor, especially on NCD care/risk factor control
- NCDs are currently, and increasingly, a major determinant of late-life well being in LMICs—so we need to be able to measure & compare how health systems are (or are not) keeping up with these challenges
 - » And do this in a way that we can compare across contexts



Life-course exposures

- **Focus on both contemporary changes (environmental/policy) and life-course history.**
 - » E.g. changing food systems and diet in LMICs as a potential driver of adverse trends in disability via obesity?
- Life-course processes in contexts where rapid development has occurred—expand life history surveys into more HRS sister studies in LMICs
 - » Allows for retroactive investigation of how policies impact long term health
- We need better theories of how social inequalities emerge and change alongside economic and political development



Translating findings on healthy aging in LMICs

- **How can research on health in aging in LMICs inform our knowledge of other contexts?**
 - Improving understanding of what relationships are contextual, and what relationships are causal
 - » E.g. social inequalities in health in many LMICs don't align with those in HICs
 - We know that many established relationships in HICs don't translate to LMICs
 - » But still a ways to go to understand whether/how results from LMICs are generalizable across geographies, social contexts, and levels of development



THANK YOU

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