

## **Short Seminar Report**

### **Seminar on Aging in Developing Countries: Building Bridges for Integrated Research Agendas.**

Santiago, Chile, 23-24 April 2007

#### **Local Host: Center for Latin American Demography (CELADE)/CEPAL**

This seminar was organized by the IUSSP Scientific Panel on Ageing in Developing Countries, the Latin American Demography Center (CELADE), the University of Wisconsin, the Network for Research on Aging in Latin America and the Caribbean (REALCE), and the Network of Researchers on Aging in Developing Countries (University of Michigan), with financial support of the NIA (National Institute on Aging), CELADE and UNFPA.

The purpose of the seminar was to bring together scholars from a variety of countries across the globe to promote discussion on cross-cutting issues of ageing processes, compare alternative study designs for data collection, share information and approaches to key problems, disseminate and encourage the use of existing data sources, and foster the development of new sources capitalizing on past research findings in the developed and developing world. Sessions were organized around common themes, to facilitate discussions and the emergence of new, revised integrated agendas for aging research in the *developing* world. The themes discussed were: ageing in different regions of the world, health inequalities, life course influences on later life health, health expectancy and use of health services, measures to test theories about health and mortality, intergenerational transfers, intra-family exchanges and residential arrangements, and study designs for cross-national comparability of studies. Approximately 50 participants from developed and developing countries attended the meeting, including demographers, sociologists, economists, epidemiologists, public health specialists, and anthropologists.

Participants presented results based on a variety of population-based studies conducted in Latin America, Africa, Asia and the Middle East, Europe and North America. The discussion revealed that aging is a process that may take different paths in low income countries and that while this leads to complications and the need to adapt old tools to new problems it also represents an advantage since it forces researchers to study specific problems from a different angle. For example, the coexistence of chronic and infectious conditions, a characteristic largely absent from the ecology of disease in high income countries, presents us with new challenges. In light of these peculiarities, advantages and disadvantages of key survey methods and strategies that have been used in existing studies were discussed, such as vignettes, biomarkers, life histories, and self-reported data.

Participants agreed that harmonization of surveys was clearly needed. This was particularly true with regard to dimensions having to do with self-reported health and conditions (and the need to implement vignettes or similar strategies), collection of biomarkers to complement self-reports (and the need to agree on and to standardize collection of biomarkers reducing them to a small number that have proven to be effective markers for disease), production of life histories (with particular emphasis on effectively and reliably eliciting early conditions), anthropometry (and the need to target a few that can be easily compared across populations). Participants also agreed that

new studies need to be planned only after having learned from existing projects, their failures and successes, and only after assessing well the contents of tools of data collection. There was emphasis on the need to preserve comparability without jeopardizing the ability to enhance data collection that reveals unique aspects of a country setting and their stage in the epidemiologic and demographic transitions.