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Supplement Article

Cross-National Comparisons of Social and Economic Contexts of Aging

Jennifer Ailshire, PhD[1,*] and Deborah Carr, PhD[2,]

[1]Davis School of Gerontology, University of Southern California, Los Angeles, USA. [2]Department of Sociology, Boston University, Massachusetts, USA.

*Address correspondence to: Jennifer Ailshire, PhD, Davis School of Gerontology, University of Southern California, 3715 McClintock, Los Angeles, CA 90089-0919, USA. E-mail: ailshire@usc.edu

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Cross-national research offers a unique opportunity to improve our understanding of how social and economic contexts influence health and well-being among older adults. Examining the role of social factors in aging across countries with different sociocultural and policy contexts can help us understand which elements of the aging experience are universal, and thus more likely to be "normal" or fundamental aspects of aging, and which most likely reflect broader macrosocial and economic contexts specific to one country or region, rather than aging per se. Better aging outcomes in one country may provide evidence for the efficacy of the country's social and economic policies and programs for supporting health and aging. Comparative research also can be used to identify social and economic determinants of aging that are common across countries, thus highlighting important directions in which to focus our efforts to improve health and well-being at older ages. The relative importance of factors such as family, work, social relationships, and economic resources to aging outcomes may depend largely on the social, political, and economic contexts in which individuals are aging. The role of the family in the care of older adults, for instance, may be a larger factor determining health and well-being at older ages in countries that lack public social and economic provisions for supporting older adults.

Despite the potential knowledge gained from global comparisons of health and aging, conducting cross-national comparisons can be challenging and as other researchers have noted, it is "not for the faint hearted" (Gardner et al., 2012; Teagarden et al., 1995). Harmonized surveys provide unprecedented opportunities for cross-national research as they were designed with cross-national comparisons as an explicit goal. The Gateway to Global Aging Data (Gateway; g2aging.org), which is described in detail by Lee et al. (2021), is a data resource that facilitates cross-country research on aging. Of particular interest for this issue is the potential for cross-national comparisons of social and economic contexts and healthy aging. Lee et al. (2021) use the Gateway data visualization tools to show significant cross-country heterogeneity in several measures of family, social environment, and health.

The papers featured in this issue use harmonized data from the Gateway to answer key questions, fill knowledge gaps, and advance our understanding of social and economic influences on aging. The papers examine social and economic factors across the life course, from early life and midlife to later life and end of life, including employment, family caregiving, social engagement, and urban/rural residence. The papers cover a broad range of aspects of the aging experience, such as physical and cognitive health, successful aging, institutionalization, and place of death, across a number of countries in Asia and Europe as well as England, Mexico, and the United States. This research both shows the promise of cross-national comparative research on aging with harmonized data and highlights potential new lines of inquiry for the research community.

Health in Context

Researchers have found substantial variation in aging across western countries, but less is known about how

populations are aging in other regions such as Asia, which have different approaches to health care and are in different stages of economic development. To fill this research gap, Nakagawa et al. (2021) used harmonized data from three countries—China, South Korea, and Japan—to determine the prevalence of successful aging, as defined by Rowe and Kahn (1997), in East Asia. They found the lowest prevalence of successful aging in China and the highest in Korea and Japan. Country-level differences were not explained by a range of individual-level factors, which the authors conclude suggests the importance of macrolevel factors such as health care systems and economic conditions that differ markedly across these three countries. The analyses also showed differences in successful aging across rural and urban areas within these countries, providing more support for the need to consider the broader contexts in which people age and both between- and within-country differences.

One such context that differs substantially by country and that has been identified as a key factor shaping aging outcomes is employment. Wahrendorf et al. (2021) examined adverse employment experiences over the life course and their relationship with physical and mental health among older adults in England and Europe using harmonized life history data. They found that older adults who faced precarity and disadvantages in employment between ages 25 and 50 had worse health in later life. Although they also considered the role of national labor policy, they did not find any evidence that it was linked with poor health outcomes at older ages. The study highlights the universal importance of efforts to improve working conditions earlier in adulthood and suggests that more contemporaneous policy contexts may be less relevant for older adults.

Social Environment and Cognitive Function

Two papers in this issue leverage cross-country comparisons to provide novel insights into the familial and socioeconomic contexts of cognitive functioning among older adults. Howrey et al. (2021) use actor–partner interdependence models to evaluate the extent to which husbands' and wives' social engagement was associated with each other's cognitive function as well as their own. Comparing married couples in the United States and Mexico enabled the authors to leverage societal differences in gender roles between the two countries to provide additional insights into the patterns observed in each country. They found that in Mexico wives' social engagement benefited their husbands' cognitive function as well as their own, but husband's social engagement was unrelated to either their own cognition or that of their wives. In contrast, in the U.S. both wives' and husbands' social engagement benefited their own cognition, but not each other's. They suggest these findings highlight more traditional social roles of women and codependence within couples in Mexico, compared to the United States, where there is more independence within older married couples.

Cognitive decline is one of several health outcomes observed at older ages which likely has origins earlier in life. Using data from England and the United States, Faul et al. (2021) examined the impact of socioeconomic position from early life through adulthood on trajectories of cognitive functioning in later life. In both countries, they found that older adults with more early-life socioeconomic resources had higher levels of cognitive function, and in England, higher childhood socioeconomic position was associated with slower rates of cognitive decline. The link between early-life conditions and later-life cognitive function was largely explained by adult socioeconomic factors like educational attainment and, particularly in the United States, wealth. But even after accounting for adulthood socioeconomic factors, childhood socioeconomic position was associated with cognitive function among older adults in England. The authors attribute this difference between the two countries to the fact that England has social programs and a health care system that buffer against the adverse health consequences of life course socioeconomic disadvantage.

Family and Care

The global aging of the population, combined with shifts in the structure and composition of families, has led to increased attention to the role of family in the aging experience. The final three papers focus on receipt of informal caregiving and implications of family caregiving for institutionalization and place of death. Kwak et al. (2020) compared gender differences in the receipt of informal care among older adults in the United States, Korea, and China, three countries that emphasize family-oriented systems for providing care to older adults. They found higher receipt of informal care in Korea, particularly among men, whereas in the United States and China older women were more likely to receive informal care than men. There was also cross-country variation in family organization of informal care. Importantly, U.S. women's higher receipt of care was dependent on their marital status and disease burden, and the gender difference in informal care in China was mainly among those with no activities of daily living limitations. Kwak et al. (2020) propose some social and cultural explanations for cross-country variation in informal care receipt by gender and underscore the importance of considering the broader social context in which family care is organized.

Although family is a key focus of research on end-of-life experiences, family caregiving as a factor associated with place of death has been largely overlooked in population-level research. Ailshire et al. (2021) use newly available harmonized end-of-life data, from proxy surveys conducted after the death of a respondent, to determine the extent to which family caregiving is associated with dying in a hospital or care home instead of in one's own home among older adults in the United States and 18 European countries. They found that older adults who received care from a family member were more likely to die at home and conclude that the availability of informal care is a key factor in determining the place of death. They also examined the importance of family caregiving across regimes defined by the national level of generosity of long-term care and found that associations were consistent across different country

contexts. Ailshire et al. (2021) conclude that family-based support is universally important at the end of life and that families should be a priority in policies aimed at improving death and dying.

End-of-life data also can be used to improve our inferences about the determinants of health events in later life. Longitudinal data have been used, for instance, to understand the factors associated with nursing home entry among older adults. However, surveys often lack information about what happened in the interval preceding death, and analyses are necessarily limited to respondents who were alive during the survey period. Casanova (2021) used information from end-of-life data in the United States to determine whether previously reported gender and marital status differences in nursing home entry are robust to the inclusion of individuals who died in the study interval and may have thus had different patterns of nursing home admission than those who survived the survey period. Consistent with prior research, the findings showed that divorced and widowed older men and women were at higher risk of nursing home admission, regardless of whether the information from end-of-life surveys was considered. But while men and women had the same risk of nursing home entry using data from surveys of living respondents, with the additional information from end-of-life surveys on institutionalization that occurred in the last 2 years prior to death, women had a lower risk of nursing home entry than men. Casanova (2021) concludes that gender patterns in nursing home entry are sensitive to the inclusion of respondents who died in the study interval. This study shows how incorporating end-of-life data can change our conclusions about the role of gender in institutionalization and suggests additional applications of end-of-life survey data in aging research.

Challenges in Comparative Research

The Gateway affords unprecedented opportunities for researchers to carry out cross-national analyses on core questions in social gerontology, using consistent and comparable measures across countries. The papers published in this special issue provide new and innovative insights into the complex ways that micro- and macrosocial factors shape the experiences of older adults worldwide. Despite these strengths, researchers using the Gateway data—and those carrying out cross-national research, more generally—continue to face challenges in their work.

First, despite efforts to develop crosswalks of comparable measures for most or all variables in participating Gateway surveys, each data resource nonetheless obtains some measures and modules unique to their own study, limiting comparability. The Health and Retirement Study (HRS), for instance, collects more information on end of life than other surveys included in the Gateway. Ailshire et al. (2021) could not examine preferences for end-of-life care or the type of care received in their study of the place of death because this information was only available in the HRS. Furthermore, the time frame defining receipt of caregiving from a family member differed between the U.S. and European surveys, highlighting the additional challenges of reconciling differences in timing and duration even among seemingly comparable measures.

A related constraint on cross-national comparisons is that some constructs or social phenomena are sufficiently different across sites that they are not amenable to a single consistent measure. For example, both Nakagawa et al. (2021) and Howrey et al. (2021) were limited to measures of cognitive domains that were common across surveys and thus could not fully capture the multidimensional nature of cognitive function in older adults. Harmonization data are, therefore, inherently constrained by the availability of comparable measures across surveys. Fortunately, there has been more attention to *ex ante* harmonization, particularly with respect to cognitive assessments. The Harmonized Cognitive Assessment Protocol, which was designed to facilitate cross-national comparisons of cognitive impairment and dementia, has been administered in most of the surveys included in the Gateway (Langa et al., 2020). The move to harmonize measures before conducting surveys is a promising new direction in cross-national comparative research in aging.

Second, due to differences in study design, the samples are not wholly comparable across settings. For instance, some studies are limited to community-dwelling older adults only, whereas others also include those living in long-term care. This lack of sample comparability is the primary reason why Casanova (2021) focused on the United States only; there was too much variability across studies both in obtaining end-of-life interviews and following respondents into nursing homes to conduct comparative analyses of nursing home entry. Additionally, Faul et al. (2021) noted that there are differences in response rates, use of proxies, and interview mode that exist between surveys that might affect comparisons of cognitive function.

Third, researchers carrying out cross-national research must provide a compelling theoretical or substantive rationale for their work, beyond mere data availability. The studies published in this issue are exemplars providing a clear and compelling rationale for the nations selected for inclusion. For instance, Kwak et al. (2020) compared gender differences in the receipt of informal care among older adults in the United States, Korea, and China and motivated this selection on the grounds that each of the three nations maintains a family-focused model of care. Some researchers (Sieber et al., 2020) move beyond individual-level national comparisons and instead focus on clusters of countries based on some unifying characteristic, such as whether the type of research regime—like Bismarckian versus Scandinavian—moderates the linkage between childhood adversity and later-life health.

Finally, analyses of cross-national survey data, like the analyses of any survey data, often lack direct measures of macrosocial factors like culture and policy contexts. As such, differences between countries that cannot be explained by the inclusion of individual-level covariates often are attributed post hoc to sweeping factors like "culture."

We encourage researchers working in the survey tradition to creatively supplement individual-level data with other resources that might help to pinpoint the macrolevel factors (e.g., national levels of end-of-life care expenditures, caregiver-to-recipient ratios, health care access, and capacity) implicated in the cross-national differences detected. A unique challenge in research on aging, however, is that it may be difficult to obtain data on macrolevel factors at key points in the life course of current cohorts of older adults. Wahrendorf et al. (2021), for instance, included information on national-level labor policies in their study of employment histories and later-life health. This study represents a novel contribution to the literature as previous studies had not investigated the role of policies in the association between adverse employment histories and health. However, although they used country-level data spanning decades, due to constraints on the availability of historical data on macrolevel factors, they did not have information about policies in place during the early adult life course for most of their sample. The role of national labor policies in the employment–health relationship in later life, therefore, remains murky. Despite these challenges, this article is an exemplar for cross-national comparative research and a model for integrating micro- and macrolevel data to better understand how macrosocial and economic contexts may modify the relationship between individual-level exposures and experiences and health and well-being in later life.

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Conflict of Interest

None declared.

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