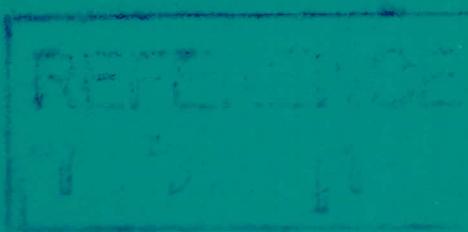

APPROACHES TO LINKING POLICY AND RESEARCH IN AGING: ISRAEL AND FLORIDA REPORT OF A CONFERENCE

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Approaches to linking policy and research



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Sponsored by:

**Aging and Adult Services Program Office
HRS, State of Florida**

**International Exchange Center on Gerontology
University of South Florida, Tampa**

**Southeast Florida Center on Aging
Florida International University, North Miami**

**JDC-Brookdale Institute of Gerontology and
Adult Human Development, Jerusalem**

June 1988



PREFACE

In this volume we are pleased to present the highlights of the proceedings of a conference on Approaches to Linking Policy and Research in Aging: Israel and Florida.

The conference represents part of an ongoing effort to share experiences between the State of Florida and the State of Israel. Both Florida and Israel had a particular interest in efforts to enhance the link between policy and research and in both contexts special efforts had been made to promote these links. It was also felt that this topic had been particularly neglected in the international gerontological literature and there was very little concrete documentation of the efforts to make this link that could serve as a basis for learning from the experience of various countries.

A key principle in organizing the conference was that it was designed to be a dialogue between researchers and policymakers and this is fully reflected in the proceedings of the conference in this volume. The conference included both general presentations and specific case studies. It was felt that obtaining the perspective of different societal contexts would prove to be particularly fruitful.

The volume does not contain the full proceedings. Some of the presentations could not be included for technical reasons, and therefore what is provided here is a selection of the presentations made at the conference.

The conference itself was made possible by a special grant from the Department of Health and Rehabilitative Services of the State of Florida and supplementary support by the International Exchange Center on Gerontology and the Brookdale Institute of Gerontology.

There was broad consensus among the participants that the conference had significantly enriched the understanding of how to promote the links between policy and research and had provided many practical insights. We hope that the readers of this volume will find it equally useful.

OPENING REMARKS

Overview

After months of planning and anticipation, the sponsors of "Approaches to Linking Policy and Research in Aging: Israel and Florida" and their guests assembled in Miami for the opening night banquet and inaugural session of the conference. More than eighty persons listened as Max B. Rothman, Executive Director of the Southeast Florida Center on Aging and convenor of the conference, welcomed the Israeli visitors and officially opened the conference.

Rabbi Dr. Haskell Bernat, from Temple Israel, Miami, gave the invocation and Modesto Maidique, President of Florida International University, welcomed participants to Miami and to Florida International University. Following Maidique's presentation, several other distinguished visitors were asked to address the group.

Many of the speakers at this opening session reflected upon the similarities between the elderly populations of both Israel and Florida, including the rapid growth of the old-old; the experience of migration; the multi-ethnic backgrounds; and the increasing pressures on current services. In the days ahead, participants would struggle to sort out both the similarities and the differences and to search for fresh answers to mounting problems.

Mordechai Tsipori, Director General of the National Insurance Institute in Israel, told those assembled, "Our experience has been that we cannot begin any programming without prior research; we know that research is the only way to ensure successful programming".

Yet experience has also shown that policymakers do not pay attention to or use the products of research as often as researchers would like them to, and the transformation of research findings into policy and influence remains an elusive process.

Heinz Eppler, President of the American Jewish Joint Distribution Committee, welcomed the Israeli visitors and noted the relevance and importance of such a unique international partnership. Harold Sheppard, Executive Director of the International Exchange Center on Gerontology at the University of South Florida, added his welcome and expressed hope

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that this international collaborative effort would take on an even broader scope during the months and years to come.

Shimon Bergman, Deputy Director of the JDC-Brookdale Institute of Gerontology and Adult Human Development, spoke of the universality of aging. "We need to find the common denominators, those things that reflect the globality of aging, and we need to search for solutions.... Cross-national dialogue in the field of aging must be more than vogue, more than a matter of fashion. In today's world, it is a scientific necessity", said Bergman.

Bergman then quoted George Bernard Shaw: "When I have an apple, and you have an apple, and we exchange apples, we gain nothing", Bergman said. "But that is not the situation with ideas. If I have an idea and you have an idea, and we exchange ideas, we each go away with twice what we started with. I am sure that all of us here will leave this conference with many more than two ideas and much more than twice what we bring here".

Modesto Maidique*

I would like to thank Max Rothman and others assembled here for their efforts in coordinating this fortuitous event, which unites the endeavors of the Southeast Florida Center on Aging at Florida International University and the Brookdale Institute on Gerontology and Adult Human Development in Israel. These efforts are welcome evidence of the commitment of both institutions to the international concepts of education and understanding.

During FIU's very brief history, we have experienced remarkable growth. We now have nearly 17,000 students from 89 different countries. We are the fourth largest university in the State of Florida, with 153 educational programs and nearly 1,000 faculty members, two-thirds of whom are full-time faculty. We have a \$200 million budget, and we are one of the largest employers in Dade County. The University's annual economic impact on Dade County is in excess of \$250 million.

The region served by FIU is larger than that of half of the states in the Union, and our commitment to South Florida and its population con-

* President, Florida International University, North Miami, Florida

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tinues to grow. I am especially pleased to have so many Israeli participants for this important conference. As president of Florida International University, it is my hope that, like the State of Israel, the intellectual and moral impact of FIU will one day reach far beyond our geographic boundaries.

In the brief two years since the Southeast Florida Center on Aging was established, it has had a remarkable impact here. Through education and training programs, research, educational opportunities for older people, and program development and technical assistance, the Center has proved itself as a valuable resource to the community and has emerged as one of our true centers of excellence.

FIU is a public university and as such, we are deeply committed not only to education, but also to social justice. We are very pleased to host this meaningful collaboration. Again, I welcome all of our Israeli friends and I congratulate all of you as you continue your work on behalf of the elderly, both in Israel and in South Florida.

Max B. Rothman*

I wish to add my voice to the welcome expressed by President Maidique. We are extremely pleased by the honor bestowed on our young Center by the coming together of this group of scholars, public officials and warm friends of Israel.

As the President has indicated, our Center has only recently celebrated its second birthday. We were formed as a partnership between this university and the State of Florida. We were supported by the Florida State Legislature because a group of our senators and representatives believed that this university had a critical role to play in contributing to the well being of Florida's older citizens. They were struck by the dramatic statistic that 110,000 persons over age 60 lived within five miles of our Bay Vista campus and that 40,000 of these people lived alone. They gave us their first vote of confidence and we have worked diligently to live up to their hopes and expectations as well as those of the many persons who have supported us by their attendance and

* Executive Director, Southeast Florida Center on Aging, Florida State University, North Miami, Florida

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participation in our seminars and classes, those who have helped in our research efforts and those who have come to us for guidance and technical assistance.

I want to express my appreciation to Governor Graham's staff, and particularly to Margaret Lynn Duggar and her superb team of professionals. You will shortly be hearing from Margaret Lynn. She is one public official who really understands the relationship between academicians and the public sector. It is because of her leadership and support that we are able to convene this unique event.

This workshop arises from development of a growing relationship between the JDC-Brookdale Institute and the Southeast Florida Center on Aging. It began as a gleam in the eye of Harold Sheppard of the International Exchange Center, who accompanied Jack Habib on a visit to FIU one year ago. He recognized the shared interests of our institutions and the potential that lies before us. He is the person who, along with Jack Habib, deserves the credit for vigorously pursuing and supporting the consummation of this relationship. Indeed I would have to characterize him as having the persistence of a "shtetel" marriage broker.

I, and my colleagues, Martha Pelaez and Edgar Cahn, have each had the privilege of being guests of the Brookdale Institute in Israel on separate occasions this year. We participated in conferences, delivered papers, helped develop joint projects, including this one, and visited with a broad spectrum of government officials, researchers and others engaged in the design and delivery of services to older Israelis. I believe those of you who have visited Israel will empathize with us and appreciate how much of a truly exhilarating experience such a visit and sharing can be. Martha, Edgar and I wish to publicly thank our Israeli colleagues for the stimulation, hospitality and friendship extended to us. We have this week continued to collaborate on potential research projects of mutual interest, most notably on Israeli technology for assessing quality of care.

This conference, then, was born out of the growing awareness on the part of both Israelis and Floridians that there is a remarkable confluence of interests between us. We are both concerned about the future of public policy and its impact on older people, and we will now begin to explore approaches to linking policy and research.

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SECTION I

DEVELOPMENTS IN AGING AND THE NEED FOR RESEARCH

CHAPTER 1

A COMPARATIVE LOOK AT NEW DEVELOPMENTS IN AGING RESEARCH NEEDS FOR EFFECTIVE PUBLIC POLICY DEVELOPMENT

*Margaret Lynn Duggar**

This seminar provides a welcome opportunity to present our observations on the condition of research and policy in the area of long-term care and to seek information linkages between our countries on the issues presented by the aging of our citizens.

This paper will discuss, in the broadest context, the impact information has on our ethical and moral commitment to long-term care, the effect information has on policy-setting in a politically charged environment, the relationship between knowledge and information, the value of policy research in supporting decisions, the complexities and cost of information collection and the impact all these factors have on clients seeking support in the home.

Ethical questions concerning the long-term care of older persons are more than ever being framed in the context of affordability, cost and cost effectiveness. There is reason for concern. The cost of health care is no longer affordable to persons not covered through private risk pool arrangements, such as health insurance, or covered through publicly sponsored programs such as the U.S. Medicare or Medicaid programs. Access to quality health and long-term care, a long-standing problem of minorities and the poor, is now affecting middle-income taxpayers, with dire consequences for older persons on fixed incomes.

Cost effectiveness is a relatively new consideration in the delivery of health care and social services. It is a concept that compares the

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complexities of service outcome, or the effect of service provision on measurable improvements in functional status, with the complexities of measuring the actual cost of care. We have found the measurement of cost to be difficult in our current fragmented, decentralized care system. Cost effectiveness is the tool of cost containment, and cost containment, or affordable health care, is the driving force behind today's policy research.

Cost effectiveness is woven throughout our planning, resource development and service system development in long-term care. I will also attempt to link the issue of cost with what I believe to be the broader, more important policy agenda for long-term care, that is the complex mix of adequate access to care and the quality of care offered by our systems. We at the state government level are becoming more interested in achieving a proper balance among the elements of access, quality and cost because, as we view the future, we see dramatic shifts in the relative responsibilities of government, with more responsibility directed at state and local governments, at small informal communities and at families. With a decade of ambitious policy research in long-term care behind us, largely funded through the federal government, it is difficult to foresee how states will address the future policy research agenda. One aspect of the future is clear, however, there *will* be greater emphasis on precise targeting of limited service resources, and, with states having more responsibility for policy research, there will be fewer resources to utilize for this purpose.

At a time when the responsibility for long-term care is shifting, or beginning to shift more to the states, other aspects of our system are also changing. There is greater emphasis on informal caregiving relationships, usually involving family members or friends who provide care without compensation. In fact, reliable research estimates that 80-90% of the care of the frail elderly in the United States is provided by families and other informal caregivers. There is greater emphasis on home care, which is growing even more with cost-containment strategies that discharge patients earlier from hospitals. There are new service delivery models for providing long-term care in the community that was formerly offered in hospitals and nursing homes, and mergers of health and social service systems with new emphasis on care in the home. One model project, TEACH, Teaching Elderly and Caregivers at Home, is testing models of caregiver training and is being evaluated by a noted researcher at the University of South Florida in Tampa. As these systems undergo change,

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policy research will help us determine which systems work effectively in delivering desirable client outcomes.

With the stage set for policy change, it is helpful to look at key areas of policy development that we at the state level have relied upon. Our policy development includes several areas in which research is a vital component.

The first of these areas is the targeting of resources. This is a broad and important policy area that encompasses subjects as diverse as intra-state distribution of funding, selection of clients and the ethical issues associated with such selection, developing resources through grants or state budgeting procedures, shifts in population that affect service need, needs assessment surveys and utilization of services by sub-groupings within the older population.

Research activity includes: population studies or surveys which determine the universe of potential clients; cost studies which determine reasonable cost for services; evaluative research which determines whether the service outcome is favorable; and use of our own client information to determine service use patterns.

The second area is the study of new service models. Experimentation and demonstration of new approaches to service delivery is particularly important now because of the changes in health care systems brought about by federal cost containment strategies. In the health-care area, the new models that are emerging have close ties to research conducted in the 1970s and early 1980s by prominent organizations, such as the Rand Corporation and the Health Policy Center at Brandeis University.

Most of the major research in service delivery models has focused on models that prescribe cost containment as a central element. The combined effect of this research, however, has created renewed interest in home-based care and provided the opportunity to test and refine these approaches. One of the most widely acclaimed models developed from this research is the health maintenance organization. This health-care delivery model is applied more generally today as a concept called managed care.

Managed care refers to a continuum of health care provided at a flat or capitated rate by or on behalf of an enrolled client. A skilled, professional case manager "manages" the client's health care, attempting to minimize utilization of more expensive in-patient hospitalization.

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Social Health Maintenance Organizations (SHMO) are the newest version of managed care and include optional social support services usually delivered in the home of the client. A four-year national demonstration project, sponsored by our federal health care financing administration, is currently testing four different SHMO models. The research component is focused on organizational capabilities, cost and quality of care, approaching these issues from a very complex evaluative research design. The effects of SHMO research are already being felt. Florida state government has sponsored its own demonstration research in the Miami area in anticipation of more widely spread adoption of this concept in the future. A great deal more research is needed in applying the SHMO model to smaller agencies, including mergers between SHMOs and case management agencies in the aging network.

Medicare's prospective payment system for hospitals, or commonly called "Diagnostic Related Groups" (DRGs), is an example of extensive policy research that did not adequately address the complexity of the health care delivery network. Policies adopted by the federal government in light of this research led to the adoption of extensive changes in the way hospitals charge for their services. Unfortunately, federal policy (or the research, it is not clear which) did not consider the collateral impact of DRGs on clients suffering from a severe illness or the shifting of early discharged patients to nursing homes and home health agencies, ill prepared to handle severely impaired persons.

Further research on these negative impacts of DRGs, urged by Congress, resulted in congressional action requiring federal agencies to add a severity of illness scale to the diagnostic groupings and, in another action, tabled agency plans to limit cost reimbursements to home health agencies until further study of the DRG impact could be conducted.

Research of the magnitude described here is clearly designed to emphasize practical application as well as policy. The emphasis on cost containment as a goal of the research directs it more toward practical application. As such, the research attempts to predict the effects of specific policy changes, for which there already exists consensus over desirability. In an equally important area of research in aging and long-term care, the focus of the research may produce important information for the policymaker, while not serving as the direct link to policy formulation. Information from varied sources may have the cumulative effect of

influencing policy decisions without the direct line from research findings to policy directive. A running debate in Florida's community care for the elderly program, for instance, surfaces on the issue of targeting to clients with or without caregivers. One side of the debate suggests that clients with caregivers are more severely impaired and the services prolong the caregiving arrangements and, thus, the home placement. On the other side of the debate, those without caregivers may quickly deteriorate without services, requiring nursing home or other institutional placement. Neither side has a compelling argument, yet both approaches have distinctly positive aspects. Addressing the positive effects of both arrangements, with the assistance of information from several sources, a broader policy of resource development has been initiated to support caregivers through direct programs and training, and to emphasize the development of informal care networks for persons without a live-in caregiver.

The state level evaluation of community care for the elderly that addressed both sides of the caregiver debate, also produced unique findings on caregiver stress. Supportive care in the home, it was found, significantly reduced the stresses associated with providing care for an impaired older person. These findings, combined with research on caregiver training, caregiver support groups, respite care, case management, and the emphasis on informal networks, prompted policy discussions and proposed changes in case-manager training, development of informal community support groups and proposals to develop programs directed toward family members.

Shifting the responsibilities for long-term care to the states may not dramatically reduce the investment in expensive longitudinal research of national caliber, but it leaves in question the resources available to states for empirical policy research. It is probable that state general revenue dollars will not be available for this purpose, with the exception of specialty areas where there is particular interest by a state legislature. Three such areas emerged in Florida in the last two years, and I believe they present three different perspectives on the link between research and policy.

Florida's Alzheimer's Disease Initiative, initially funded through enabling legislation in 1985, specifically links the research component of the program to model service components called for in the same legislation. This initiative developed from concerns that the special care needs

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of Alzheimer's victims were not being addressed in federally sponsored research; that models of treatment, such as family-respite care and day care were not being adequately tested; that providers of care were not properly trained for assisting Alzheimer's victims; and that Florida's rapidly growing elderly population would create an increasing demand for such assistance.

Our Alzheimer's initiative, therefore, began with a three-part emphasis on service, training and research. Florida's three medical schools and Mount Sinai Medical Center are the sites for the program, where research in memory disorder clinics is tightly linked with the development of model day-care and respite-care programs associated with the clinics. Knowledge gained in the study of the disease, mostly directed toward accurate diagnosis of Alzheimer's, is directly applied through training for staff at the day-care and respite programs. Drawing together the research and training expertise in our university program with the practical application of treatment techniques at the service sites has proven effective. Before returning to our relationship with university research programs in gerontology, I would like to briefly discuss another of our initiatives, in this case a demonstration program, that addresses the very practical areas of service coordination and access.

Florida's Community Service System program was authorized by proviso language in the 1985 Legislative Appropriations Act, and permits the Aging and Adult Services Program to utilize a limited amount of general revenue funding in its community care for the elderly program to sponsor demonstration projects. The goal of our community service systems is to improve service access to and utilization of existing resources through the integration and coordination of services to high risk populations of older persons. We have funded four different demonstration models which are piloting coordinated information and referral, case management, client tracking and rural outreach, involving regional medical centers, life care communities, area agencies and consortiums of service providers. Evaluation designs will determine the success of the models in meeting project goals and objectives, and successful models will be considered for implementation on a statewide basis. Directly influencing the development of research and demonstration initiatives, such as CSS and the Alzheimer's Disease Initiative, places control of policy studies in the purview of the agencies with public policy responsibilities. This ar-

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angement clearly enhances the use of research findings in formulating or adjusting statewide or local policies.

The third model we proudly showcase is a recommendation of the Florida Committee on Aging that was adopted by the 1986 Florida Legislature. The project is a long-term care study that is being conducted by Florida International University under contract with the Office of Aging and Adult Services. This landmark study will first define the problems with the planning and execution of Florida's current long-term care system, at state, regional and local levels. It will then articulate the essential criterion for an effective long-term care system at each of those levels. Finally, the study will design the optimal system, drawing upon the best resources available nationwide.

These three current, dynamic projects reflect very accurately the partnerships we enjoy with Florida universities. Another example is a study of the attitudes of local elected officials on the needs and services for the older persons in their communities, conducted by the University of Florida in Gainesville. We value the research and evaluative skills of university faculty and consider them to be integral partners in the development of Florida's aging program.

The international participants of this seminar are invited to join us in the development of a research agenda for future directions in aging services. We have long anticipated the opportunity to create a dialogue with you — to explore mutually beneficial projects, to learn from you, and to offer you our expertise.

Finally we wish to express our gratitude for the dedication and leadership of the pioneers in our Florida relationships with you, Max Rothman, Martha Pelaez of Florida International University (FIU) and Hal Sheppard of International Exchange Center on Gerontology with the University of South Florida (USF).

CHAPTER 2

POLICYMAKING IN THE AREA OF SOCIAL SERVICES

*Yitzchak Brick**

The Aged Population

The aged population in Israel has grown sixfold since the establishment of the State. In the 1983 census, there were 363,000 aged in Israel, which is close to 10% of the total population. The percentage of elderly will remain nearly stable in the future, but the proportion of 75 and above will continue to grow and will reach 40% of the elderly population by 1990.

This rapid demographic change has had a serious impact on Israeli society. The realization that a large elderly population had developed gradually emerged and we found ourselves without the services required to meet their needs.

During the last ten years, a major effort was made by the Government, ESHEL, and other agencies, to develop and expand the services for the aged. The latest manifestation of these efforts was the passing of the Nursing Law which provides home care for the elderly.

A sizable gap between needs and the available services remains. There are long waiting lists for institutional placement and an even wider gap exists for community services. For example, it is estimated that about 15,000 elderly need meals-on-wheels, while only 3,500 are provided. The need for institutional beds and most community services will grow by almost 50% over the next decade.

Documentation of the wide gap between needs and services has led the Government to give high priority to the disabled elderly. This is also consistent with the more general social philosophy prevailing in Israel of

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universal humanistic values. There is a very strong commitment to meeting social needs rooted in the Jewish tradition and Zionist ideals.

It is believed that the government has a major responsibility for developing comprehensive programs to provide assistance to the needy elderly. However, this is coupled with a persistent belief that the family should bear a major share of the responsibility and that as long as they are able, both economically and physically, to provide assistance, they should continue to do so. Only if it is beyond their capacities should the public agencies step in. Indeed, it has been estimated that about 90% of home care is provided by family members.

Current Israeli policies have a number of major thrusts that I would like to briefly highlight.

Priority to Maintaining the Elderly in the Community

We believe that the elderly should be able to remain at home and in their own community as long as possible, even when they need intensive care. This requires an emphasis on the development of home care services and community services focused particularly on the frail. The elderly should be referred to institutional care only when there is no other choice.

Institutional Care

Until four years ago, the policy was to build multilevel homes for the aged which provide for the full range of disability levels and have wards for the independent elderly who require or desire a residential environment. The policy was based on two considerations:

- a) Continuity — if a person's functional situation changes, he does not have to move to another institution;
- b) Social environment — the mixture of more independent and disabled elderly was viewed as contributing to a more positive overall environment.

There has been a shift in this policy in that every effort is now being made to encourage the more independent elderly to remain in their homes or to enter sheltered housing. Thus the new institutions no longer provide

wards for the independent and many of the existing wards are being converted. There has consistently been a major effort to expand subsidized sheltered housing units which increased by 60% between 1981 and 1986.

In the future we expect the growing private sector to meet a large portion of the need for sheltered housing.

At the same time the public sector is continuing to develop beds for the frail elderly at a rapid pace.

Day Centers

Day centers are viewed as an integral component of the network of services that should be available in each community. These centers are primarily designed to meet the needs of the disabled elderly and adequate transportation facilities are required.

Fifty centers have been opened in the last five years and the development of this service is continuing at a rapid pace. In some cases the centers also serve the well elderly and function as multipurpose service centers. However, for the most part the well elderly are served by a separate network of social clubs and the policy is to encourage the voluntary sector to develop and operate these clubs.

Using Institutional Facilities to Provide Community Services

There is a trend to open the homes for the aged to the community. The general idea is to utilize the existing facility of the home in order to provide service to the elderly living in the community, particularly day care and respite services.

Coordinated Health and Social Care

The integration of health and social care and the introduction of a comprehensive coordinated approach to the care of the elderly is a major challenge for service systems throughout the world. We are now in the

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process of introducing a new system of coordinated care and case management that builds on the professional infrastructure now existing in Israel. This infrastructure includes universal and comprehensive health insurance, a network of primary care clinics in every neighborhood, and a network of local social welfare bureaus with social workers that specialize in the care of the elderly. The case management system for the elderly will be based on a team consisting of a nurse from the clinic and the geriatric social worker with responsibility for the same geographic area. These teams have responsibility to assure comprehensive assessment and care and to link up with all other professionals and service providers. The teams will also serve as the basis for care planning under the Community Care Insurance Law. The system was developed by an interorganizational committee with the active participation of the Brookdale Institute. The implementation will be evaluated by the Institute in five demonstration sites.

Home Care Services

The Community Care Insurance Law that goes into full effect in April 1988 will bring about a major expansion in home care resources for the most severely disabled. In addition to increasing the available finance, the law introduces for the first time an entitlement under social security. It also contains the unique provision that the elderly may receive a cash grant if services are not available. We face the major challenge of assuring that adequate services are available so as to take full advantage of the new finance. Moreover, we shall need to closely monitor the impact of the law on the overall demand for home care in Israel.

Policymakers and Research

The theme of this unique conference is the link between policy and research. We firmly believe that effective policymaking requires a systematic data base that is developed through applied policy-relevant research. In Israel, the field of aging has proved to be in the lead in devel-

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oping an adequate knowledge base and applying it to the policymaking process.

This has been in large measure due to the fact that only in the field of aging do we have a policy institute as represented by the Brookdale Institute with an ongoing commitment to developing the knowledge required for planning and policymaking.

Brookdale is more than a research center, it is an important and crucial partner at every step in the process of policymaking and planning of services for the elderly in Israel.

SECTION II

OVERVIEW OF THE LINKAGES BETWEEN POLICY AND RESEARCH: LONG-TERM CARE AS AN EXAMPLE

CHAPTER 3

IMPROVING THE LINKAGES BETWEEN POLICY AND RESEARCH: THE SPECIAL CASE OF LONG-TERM CARE

*Milan J. Dluhy**

Introduction

The central purposes of this paper are to identify the major reasons why applied policy research and practice are not more closely linked and to suggest both the formal and informal mechanisms that can be used to connect them in a more satisfactory way in the future. Joining knowledge and policy is not always a straightforward task, since the formulation and implementation of public policy is fundamentally and inherently political (Lynn, 1978). As one historical account has stressed, applied policy research has had minimal impact because research and analysis have been less important than values and beliefs as a basis for policymaking (Nathan, 1985). Even though applied policy research is often available, the supply of this kind of research rarely matches the demand for it. In particular, there is a strong possibility that many researchers generate research that answers to their own interests rather than to the interests of practitioners (Leff, 1985). Often, research products that practitioners do not find helpful will not be used. Unless attention is paid to the dynamics of how and why policy research is produced and to the mechanisms which will coordinate practitioner demand and research supply, the potential for market failure is considerable. Market failure in this context is the non-adoption or non-utilization of research findings by decisionmakers. It is the assumption of this paper that the primary goal of applied policy research is to assist decisionmakers in their choice process. Despite the fact that it is more desirable to have applied policy re-

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search used to solve a specific problem or make a critical decision, it is also acceptable to have policy research provide the decisionmaker with a new or modified framework for decisionmaking (Weiss and Bucurals, 1980). This distinction between the use of research for direct, immediate and instrumental effect on concrete decisions and the use of research for indirect purposes such as a source of ideas, general information, and different conceptual orientations to problems is documented in the literature. The principal observation from the literature is that there is an advice-giving paradox. On the one hand, there has been an explosive growth in the resources available for the generation of scientific knowledge, policy analysis and policy interpretation. On the other hand, there has not been a substantial increase in the direct and immediate use of this kind of knowledge in concrete decisionmaking situations (Dluhy, 1981). This paradox offers a clear challenge to both knowledge producers and knowledge consumers in the policy arena. How can more informed decisions be made and how can knowledge producers and consumers coordinate their energies more closely? Their perspectives and work cultures are usually different, but a thesis of this presentation is that their purpose — better decisionmaking — is the same.

The Case of Long-Term Care

The need for a closer connection between applied policy research and decisionmaking is very evident in the area of long-term care for the aging population in the U.S. The problems in long-term care are particularly critical for the states since the costs of long-term care are the most rapidly rising component of most state budgets (Curtis and Bartlett, 1984). Apart from cost considerations, the "demographic imperative" has presented a challenge to the American health and social services system. As all the statistics indicate, the population is not only growing older, but its need for help with chronic physical and mental health problems continues to increase especially beyond age 80. For example, in 1980 in Florida, 23.1% of the population was over the age of 60. By the year 2000, 24% of the population will be over 60. By the year 2000, 24% of the population will be over 60. In absolute terms, this population will grow from 2.2 million to 3.5 million in just twenty years, an increase of 59%. More to the

point, the 80 and over age group in Florida will increase from 299,209 to 726,000 (an increase of 121%) during the same time period. The 80 and over age group will also grow from 3.1% of the population to 4.9% (Florida Statistical Abstract, 1985). It is estimated that the total population in the U.S. will not reach these percentages until the year 2030. Florida is the "bell-weather" state for the rest of the country. With Medicaid expenditures accounting for approximately 50% of all the expenditures on long-term care, the states, especially ones with demographics like the state of Florida, are at risk for these long-term care costs unless alternative or new ways for financing long-term care can be developed. One of the major features of the long-term care field is that public financing (Medicaid) accounts for a higher percentage of the total costs than for other types of health care (Shaughnessy, 1985). And since Medicaid is a jointly funded federal-state program, there are strong incentives to contain costs in long-term care while at the same time developing other financing mechanisms. For a variety of reasons, long-term care issues are critical to the states. The opportunity for use of applied policy research by decisionmakers has never been better. Decisionmakers are motivated to undertake policy information searches because of the salience of the policy problems in long-term care (Webber, 1984).

A recent survey of 32 states indicates that a majority of the key informants from these states agree that there are five key issues in the long-term care field that need immediate attention. Resolution of these issues would be enhanced by well-targeted applied policy research. Briefly the five key issues are:

1. How can increasing Medicaid costs be contained?
2. How can we develop better methodologies for determining nursing home bed needs and how can we measure the quality of care in nursing homes?
3. How can we improve coordination and overcome the current fragmentation of long-term care services? In particular, how can coordination be improved at the state level, between the state and local levels, and between services at the local level?
4. How can a clearer definition of needs be developed and how can the cost-effectiveness of current services and programs be determined so that a more efficient allocation of resources can be made?

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5. How can funding sources other than Medicaid be developed and used to finance long-term care costs?

The commonality of these issues across the states suggests that a well-targeted research agenda could provide information that will have utility beyond the interests of an individual state. An in-depth analysis of each of these issues will also demonstrate the kinds of applied policy research that can be generated for decisionmaker use.

The Organization of Research Efforts

Applied policy research can take many forms but seven types of studies are most useful to decisionmakers. Table 1 lists these seven types of studies, describes their central focus, and gives current examples of the kinds of studies which have been undertaken or have been completed in Florida. One critical issue is: How are these types of studies generated? Are they stimulated by decisionmakers searching for better information or do they usually evolve in a more idiosyncratic way depending on the interests and motivations of individual researchers and organizational agendas, or in other cases incidentally? The literature provides very few answers to this question, yet a better understanding of the linkages between policy and research necessitates that insight into this process be gained. For example, one challenge in long-term care is to understand conceptually the interaction between the supply of applied policy research and the demand for such research.

Are there any mechanisms currently existing which facilitate the match between the supply and demand for applied policy research? In Florida and elsewhere in the United States, there are a number of settings in which applied policy research is undertaken. The most common settings are: research and evaluation units within government; government commissions or task forces; university departments or centers; non-profit research organizations; and for-profit research corporations. In each setting, the norms and standards for research are different, the incentives and rewards for this research vary, and the subsequent legitimacy and credibility of the research products are very different. With so many producers of research, how does the decisionmaker or research consumer understand and use the research for decisionmaking? Also how does

TABLE 1: CLASSIFICATION OF APPLIED POLICY RESEARCH

TYPE OF STUDY	DESCRIPTION	CURRENT EXAMPLES FROM FLORIDA
Needs Assessment Studies	Includes clinical assessments of clients, standard assessments of clients, and community-wide assessments of need. Generally these are quantitative assessments of either clients or community conditions.	<ul style="list-style-type: none"> -Florida State University statewide survey of people over 75. -Florida International University's Needs Assessment studies of Little Havana and Dade County. -University of South Florida's development of assessment instruments.
Evaluation Studies	Includes after-the-fact evaluations of policies, programs, services, and demonstration efforts.	<ul style="list-style-type: none"> -HRS evaluations of the Community Care for the Elderly Program and Adult Congregate Living Facilities. -Florida International University's evaluations of the Community Service System Demonstration program and the impacts of budget cuts on aging programs.
Forecasting Studies	Development of forecasting models to project the need for long-term care services especially the need for institutional versus non-institutional care. These are quantitative, model-building approaches to long-range planning.	<ul style="list-style-type: none"> -Combined modeling efforts of Aging and Adult Services Program Office (HRS) and the University of Florida.

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(Table 1 contd.)

TYPE OF STUDY	DESCRIPTION	CURRENT EXAMPLES FROM FLORIDA
Cost Benefit Analysis Studies	This technique carefully weighs the economics and social benefits of different policy or program options. The emphasis is on analytical comparisons.	None
Evaluation of Best Practice Studies	A modified type of evaluation research where organizational, planning, financial, and programmatic approaches in other states and localities are assessed and the elements capable of being transferred to other states or localities are isolated.	-Florida International University Long-Term Care Study
Descriptive or Analytical Studies	These quantitative and qualitative studies provide background information on trends, behavior, and the attitudes of the elderly and decision-makers. They are not directed specifically to concrete decision-making.	<ul style="list-style-type: none"> -University of Florida Study of Local Government Officials. -Florida International University Study of elderly mobile home owners. -University of Miami study of migration patterns of the elderly. -Department of Community Affairs and Miami Jewish Home Study of Elderly housing.

(Table 1 contd.)

TYPE OF STUDY	DESCRIPTION	CURRENT EXAMPLES FROM FLORIDA
Demonstration Studies	Assessment of policy changes that are proposed for wider application.	-None

he/she make a qualitative judgement about whether that research is valid and reliable? While the staff of the decisionmaker may help to judge the research, the decisionmaker needs to have confidence in the researcher or the organization producing the research. In short, the research enterprise in most states and the country is a marketplace and the conscientious decisionmaker is forced into the role of being a more educated consumer. Unless more attention is to be paid to the mechanisms that coordinate practitioner (decisionmaker) demand and research supply, the potential for market failure is high. The non-adoption or non-use of research findings are evidence of waste and misdirection of limited research resources.

Models of Research Utilization

The literature examining the use of applied policy research by political decisionmakers has developed quickly in recent years even though none of it deals directly with long-term care as a field (Webber, 1984). Three specific models of research utilization have emerged which shed light on how the connections between policy and research are or are not made. The first is referred to as the "Knowledge Driven" model. It asserts that basic research discloses some findings that may have relevance for public policy. However, the driving force is the researcher, his/her interests, and the more academic pursuit of knowledge. Since the research is not directly commissioned by the decisionmaking community, there may or may not be much interest in the product. The second model is referred to as the "Problem Solving" model. Here decisionmakers have identified an

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agreed-on goal and the researcher identifies and analyzes the appropriate means to achieve the agreed-on goal. This research may be discovered by staff or the decisionmaker because of its salience, or it may be directly commissioned by the decisionmaking community. Under these circumstances, timing is critical. Either the decisionmaking community is searching for an answer that the applied policy research just happens to have obtained, making the match a good one, or the decisionmaking community deliberately solicits and facilitates the research enterprise. The third model is referred to as the "Enlightenment" model. The process underlying this model is less formal and rigid. Here, research is diffused widely through professional journals, mass media, and personal communications, and it slowly alters the way the decisionmaker sees the world. In this context, the impact of the research is indirect and long-range and it gives the decisionmaker a backdrop of ideas and orientations that may ultimately have important consequences (Weiss, 1977).

Each of these models illustrates the different ways in which research is used. It is clear, however, that while the "Knowledge Driven" and "Enlightenment" models are helpful and useful, more attention should be paid to the "Problem Solving" model since it offers the most organized and structured way of directly linking policy and research.

Problems Encountered in Linking Policy and Research

It is quite accurate to say that the world of the decisionmaker and the researcher are very different. This has been coined as the "Two Cultures" problem (Verdier, 1984). At the heart of these two cultures are some fundamental differences. Decisionmakers inhabit a world in which they must constantly bargain for outcomes that never wholly satisfy them or anyone else. Decisionmakers also gather information and do not use it, ask for more, and ignore it, make decisions first, and look for the relevant information afterwards (March, 1982). Other more critical accounts suggest that many decisionmakers operate in a surveillance mode, not a problem solving one. Rather than gathering information to resolve choices among alternatives, decisionmakers scan their environments for surprises and solutions. Therefore, they do not solve problems, they apply rules and copy solutions from others (March, 1982). While this account

may be harsh, most writers on political decisionmakers do make the point that the decisionmakers are prisoners of their calendars, their egos and their sense of responsibility. Decisionmakers are prisoners of a system that runs people ragged for 12 to 18 hours a day and that means that their perspectives become narrow, and creativity and imagination are squeezed out (Adams, 1979). Short time frames, busy days and constant political pressures force many decisionmakers into what Adams calls an incremental style of decisionmaking where:

"The question before them is not: What is the best policy for the nation — but rather — What is the best policy I can come up with by Tuesday that Congress would take seriously?"

Of course, the researcher is equally vulnerable to criticism. Many researchers often find the policy process messy, hard to understand and irrational. They yearn for more order and most of all more time to do their work (Verdier, 1984). Often the researcher becomes more preoccupied with standards and norms for doing research than completing an applied research study in a timely fashion so that the decisionmaking community can make use of it. The major differences between the knowledge producer and the knowledge consumer are that their time frames are very different and different peer groups evaluate their products. A decisionmaker may be in office only two or three years while a researcher may have a career that spans decades. The sense of urgency for the researcher is often of less importance than their attempt to establish credibility among their peers based upon a body of careful research done over a long period of time. Analyzing the different cultures or worlds within which the researcher and the decisionmaker operate, five major problem areas emerge.

The problem of timing

As mentioned above, decisionmakers operate according to annual legislative and budget cycles, where their time frames are often twelve months or less. They prioritize a problem, they search for answers to that problem, they make choices, and they move on to something else. Realistically, a call for research can go out and the turn around time for the proposal may be 30, 60 or 90 days. After the proposal is accepted, the research may have to be completed within a 6-12 month period. These time frames are tight and require the researcher to push everything else aside to be able to meet these unrealistic deadlines. Government-sponsored pol-

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icy research is often eschewed by researchers because of these unrealistic time frames and the one-shot nature of this kind of research. Researchers prefer two- to three-year time frames with adequate funding that allows the use of careful research designs and longitudinal data analysis. Foundations, institutes and some governmental units occasionally have longer time frames, but they are the exceptions. Short-term policy research often suffers as a result of these short time frames and the term "Quick and Dirty" has been used to describe applied research done under these circumstances (Dluhy, 1981).

The problem of credibility

Researchers want their reputations to be enhanced and decisionmakers generally want to commission research only to credible researchers. Many for-profit research firms will accept contracts for short-term policy research because they are in the business. They often are geared to short time frames and they sub-contract a lot of their work. However, despite a few exceptions, these firms do not have much credibility. They do meet deadlines, but they rarely produce the type of research that sets the standards for the research industry. Academic researchers and non-profit organizations usually have more credibility, but they have constant financial problems unless they have some kind of endowment or constant funding. Research units within government are usually the first to be cut in austere budget times. It is a rare situation in which such units have sufficient resources to attract high caliber researchers into these units. Nevertheless, many evaluation units within government have strived to establish their independence and autonomy.

The problem of action orientation

Researchers are often good at diagnosing problems, examining their consequences, and theorizing about underlying causes of the problems. However, many researchers lack an action orientation, particularly one which takes research findings and translates them into specific policy or program alternatives. Decisionmakers, on the other hand, have by definition a built-in action orientation, and may find it more difficult or may decide that it is a luxury to think more conceptually and theoretically. There are certainly exceptions to this generalization on both sides, but

the issue of action orientation gets at the heart of one of the major differences between the two cultures or worlds.

The problem of feasibility

An action orientation does give one a focus on solutions. However, another dimension of action is how to choose feasible alternatives. Feasibility in this context means balancing such factors as research findings, values and beliefs, cost and political support. It is the decisionmaker who has the best perspective on how to balance these conflicting interests. Few researchers pursue their studies with an eye on potential political support, cost or even what common values or beliefs exist in the problem area. As a result, feasibility for the researcher is not often a central concern, though for the decisionmaker it may be paramount.

The problem of continuity

Finally, just when a decisionmaker begins to relate comfortably to a problem or issue area, he may return to private life. While again there are exceptions, the decisionmakers in a policy area, such as long-term care, turn over more rapidly and quickly than those who are doing applied research. Consequently, new relationships must be built and trust and confidence developed between new actors in the system before closer links between policy and research can be forged. Most will marvel at the few decisionmakers who have been around for 10 or 15 years and who know the political agenda, who know the research findings, and who know the researchers. This is ideal.

Improving Linkages between Policy and Research

Now that some of the issues of long-term care have been touched on and the realities within the worlds of the decisionmaker and researcher have been identified, it is important to speculate as to how closer and better linkages between policy and research can be established. Ideally, bringing the two worlds together involves: more joint identification of the problems and issues; development of the research agenda; prioritization

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of the research agenda; development of acceptable time frames for the conducting of research; and designing and disseminating of the products of research. In short, the two worlds need to be brought together in a more conscious and organized way. The mechanisms that can be used are both informal and formal. Some suggestions for improving these links are discussed below.

Informal mechanisms

Decisionmakers should block out time for long-range thinking. Even with the urgency of the calendar, reading, reflecting, and informal contacts with the research community are needed. The responsibility for this contact must come primarily from the decisionmaker since it is their time which is controlled by the calendar. Retreats, seminars and frequent visits to research settings will help bridge the gap and keep the two parties talking on a regular basis. Some decisionmakers do this, but it must be done more deliberately. Also, the decisionmaker may have to forego a measure of short-term influence or effectiveness because of the time spent on these activities. Another suggestion is that legislators, in particular, attend pre-session seminars or workshops such as the ones held at the Kennedy School of Government and Public Policy at Harvard University.

On the other hand, the researcher needs to take the time to expose himself/herself to the world of the decisionmaker. It is imperative that he/she learn about the history of the issue, find out who will be making the decisions, and determine the various interests and arguments. He should think like a researcher but write like a journalist, take into account implementation and administration when he/she develops solutions, and read the newspapers to keep in touch with public perceptions and interests (Verdier, 1984). This is a long list, but if it is followed, the potential for better understanding is possible.

Formal mechanisms

While there are a number of more formal or structural ways of connecting the researcher and the decisionmaker, the most promising are:

1. The regular use of advisory commissions, task forces and councils. These groups should be appointed and include both researchers and decisionmakers. They should also have a fixed duration and

they should be problem-focused. In Florida, the Florida Committee on Aging and the Elderly Housing Advisory Council serve as two good examples of this approach.

2. University Consortia should meet regularly with decisionmakers to mutually develop research priorities and identify gaps in knowledge. These Consortia should pull together the resources and the leaders who are interested in applied policy research from the universities and they should meet regularly with decisionmakers who are formulating public policy on critical issue or problem areas.
3. Government should think seriously about providing modest annual subsidies to universities, university centers and non-profit research organizations. These subsidies would guarantee work products for decisionmakers within their time frames, but these subsidies would also allow the research organizations to hire permanent staff to complete the research projects in a timely fashion. These applied policy research bureaus could be located inside or outside of universities. These subsidies should be reviewed periodically, but not annually. Periodic review assures accountability but less frequent review facilitates the development of independence.
4. The use of research foundations also offers some promise. These foundations might receive modest start-up funds from the government, but, in time, they should develop an independent funding base. However, the foundation would fund applied policy research. The board for the foundation should include present and former decisionmakers, established researchers, and community representatives. The use of foundation resources would then be directed at applied and timely topics.
5. There should be more widespread use of research and evaluation units within governments. However, these units should be autonomous and independent of operating program units so that their work can be done without the need to satisfy a particular political constituency, which is often the case of research units within operating programs or departments. The model of GAO (General Accounting Office) at the national level comes to mind since its

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- integrity and capability have rarely been challenged.
6. Finally, it makes a great deal of sense to plan for periodic (five-year intervals) conferences which aim toward establishing more futuristic agendas. These conferences would not be modeled after the White House conferences and political resolutions would not be encouraged. Rather, these conferences would be purely interactional. The best ideas, the best thinking, the best practice and the best solutions, would be presented. These regularly planned conferences would be consciousness-raising in purpose and would be attended by both decisionmakers and researchers.

Conclusion

The connections between policy and research are often tenuous, yet the interest in forging closer ties periodically stirs some actors in both the decisionmaking and research worlds. Long-term care provides a case example of an area where the policy process wants and needs more information and careful research. The area of long-term care would be served well by having the leaders in both the decisionmaking and research worlds develop more effective mechanisms for matching the supply and demand for applied policy research. Choices and alternative course of public action may ultimately be determined by the major beliefs and values held within a democracy, but the value of research in crystallizing the debate and clarifying the trade-offs between these choices and alternatives cannot be overlooked. Research will never dictate policy completely, but it can improve our knowledge about what the possibilities are.

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CHAPTER 4

MAKING THE LINK BETWEEN POLICY AND RESEARCH IN THE FIELD OF AGING: SOME LESSONS FROM ISRAEL

*Jack Habib**

Introduction

There has been a significant development of policy-related research on aging in Israel over the last 10-15 years. Indeed, in many respects the field of aging has become a leading sector pioneering in the development of policy-relevant research and in linking that research with the development of policy and practice. These developments have begun to serve as a stimulus in other areas of social policy.

There have been a number of contributing factors. As the Israeli population rapidly aged and the interest in aging increased, it was only natural that more attention should be devoted to expanding the knowledge base required to help develop an effective response. Legislative initiatives focused on expanding entitlements for services to the elderly played an important role in spurring research of a policy-relevant nature that could assist in developing this legislation.

An additional factor was the growth of new organizational frameworks for both policy and research. In 1969, the Association for the Planning and Development of Services for the Aged in Israel (ESHEL) was established as a partnership of a consortium of government ministries and the American Joint Jewish Distribution Committee (AJJDC). The AJJDC is a voluntary organization based in the United States that plays a major role in the finance and development of social and health services in Israel. ESHEL became a major framework for coordinating the service development decisions among the participating organizations and indeed a

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large percentage of the total service development budget in Israel is channeled through ESHEL. As ESHEL served to rationalize and integrate the decisionmaking processes as well as to formalize and structure those processes, it became a very convenient partner and link with research and researchers.

A second development was the creation of a strong research division within the National Insurance Institute which is Israel's Social Security Administration. This unit pioneered in developing approaches to monitoring social service developments and evaluating policy options and also became an important source of funding for more basic research of a policy-relevant nature. It contributed to the development of a tradition of linking research and policy.

Finally, the establishment of the Brookdale Institute in 1974 was a direct expression of the belief that research could contribute to the development of public policy and professional practice.

The Institute was established in partnership by the Government of Israel and the AJJDC with the assistance of a grant from the Brookdale Foundation of New York. From the beginning it was hoped that it would be a resource for the development of policy and practice.

In this paper we shall analyze some of the factors that have influenced the development of the link between policy and research in Israel. We shall distinguish between factors emerging on the supply (research) and demand (policy) side and point to the interaction between these two sets of factors. The analysis relates particularly to the development of the Brookdale Institute as a factor whose objective was to strengthen the link between policy and research. We evaluate the structural and operational components of the Institute that proved important in developing this link and attempt to draw some general conclusions that may be relevant in other contexts as well.

There are three general points that we wish to emphasize at the outset:

- a) The nature of the structures governing the production of research and of policy play a critical role in establishing the link between the two. All too often the structures in which we operate are self-defeating.

- b) How we use these structures also plays a critical role. Thus the attitudes and operating principles of both parties to the process are important elements in determining its success.
- c) Making the link between policy and research is hard work and requires a serious commitment from both sides.

I would like you to view my remarks as an interim report on an ongoing effort to link policy and research and indeed this conference is part of that process. We hope to learn from the experience in Florida and from the opportunity to expose our own experience to the review of others.

The Experience of the Brookdale Institute as a Bridge Between Policy and Research

The structural factors and operating principles that influence the ability of the Institute to make the link between policy and research are set out in Chart 1.

Chart 1

RESEARCH PRODUCTION FACTORS

1. BLOCK AND SECURE LONG-TERM FINANCE
2. COMMITMENT TO PUBLIC DISCLOSURE AND NO POLITICAL INTERFERENCE
3. CRITICAL MASS AND COMMON INFRASTRUCTURE
4. RELEVANT AND SIGNIFICANT AGENDA
5. FULL-TIME CORE STAFF
6. DEVELOPMENT OF TRUST AND CREDIBILITY
7. LONG-TERM COMMITMENT TO ISSUES
 - A. FOLLOW THROUGH AND CONTINUITY
 - B. COMPREHENSIVE AND STRATEGIC
 - C. FLEXIBILITY

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8. SYSTEMATIC PROGRESSION FROM NEED ASSESSMENT TO DEMONSTRATION AND TO SYSTEM-WIDE CHANGE
9. INVESTMENT IN DISSEMINATION AND IMPLEMENTATION
10. INPUT OF FIELD INTO RESEARCH DESIGN AND INTERPRETATION
11. RESPECT FOR DIFFERENTIAL ROLES OF RESEARCHER AND POLICYMAKER
12. SENSITIVITY TO DEMANDS OF THE FIELD BUT INDEPENDENT ROLE IN AGENDA SETTING
13. FLEXIBLE TEAM APPROACH

Three features were built in into the initial structure of the Institute:

1. Block and secure long-term finance

The availability of internal core finance is a critical enabling factor that has multiple ramifications for the links between policy and research. These ramifications will emerge at various points in our discussion of the operating principles of the Institute.

2. Critical mass and infrastructure

The level of funding was designed to maintain a critical mass of research and support staff that could operate independent of external funding and that would enjoy the benefits of an infrastructure of shared support services. At the same time this infrastructure could support a broader level of activities as external finance became available.

3. Commitment to public disclosure and freedom from political interference

The organizational independence of the Institute from government bureaucracy and the partnership between the AJJDC and the Israeli government in the governing board, was designed to assure the intellectual integrity and independence of the Institute. Its findings were to be available to all interested parties as part of a general commitment to inform the public debate.

While these basic structural elements may be necessary, they are by no means sufficient conditions for success. Despite these structural features that should have been very favorable to making the link between research and policy, very little interface and impact with the policymaking process emerged during the early years of the Institute. What was missing was a concept of how to effectively use the structure to make the link with policy. As a result there emerged, over time, increasing criticism of the Institute within policymaking circles for not having fulfilled its mandate. Moreover, there was a sharp decline in the purchasing power of the core budget of the Institute due to inflation which generated an accelerating budgetary crisis. There thus emerged a crisis of both substance and finance.

In light of these difficulties and consistent with its general practice, the AJJDC set up a blue-ribbon international review committee.¹ The committee conducted extensive interviews in Israel of all agencies and individuals that related to the Institute's mandate. Its particular concern was with strengthening the links between policy and research and this was the major focus of the recommendations issued in 1982 which became the basis for a reorganization of the Institute (Recommendations of the Committee, 1982). The Institute subsequently began a process to implement the committee's recommendations and elaborate a set of operating principles.

We shall elaborate on each of the principles that are listed in Chart 1, in items 4-13.

4. Relevant and significant agenda

A prerequisite for any policy impact is that there be an agenda that is relevant to major immediate or potential future concerns of the service system. This perhaps seems trivial but yet the failure to adopt such an agenda was an important factor limiting the Institute's effectiveness for a number of years. The development of such an agenda was related to a more general shift from a program that was motivated primarily by the interests of individual researchers to a program that was motivated by the major issues of concern to the service system. The shift required that the

¹ The members were Robert Morris (Chairman), Henning Friis, Victor Halberstadt, Robert Kane, Shlomo Kugelmass and Moshe Sicron

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Institute invest a great deal of time identifying those concerns and in conducting a dialogue with the service system around its agenda. This effort was crystallized around the decision to develop a five-year plan.

The first five-year plan was adopted in 1983 and was preceded by a process of agenda-setting involving researchers, policymakers and service professionals. Within the framework of the five-year plan there is an annual process of priority setting that also involves a dialogue between researchers and policymakers. This dialogue is in part an outgrowth of the various contacts between the Institute and the field. These contacts include participation of Institute staff on a broad range of ongoing committees and special commissions in which critical issues are defined. However, the Institute also initiated several more formalized opportunities to generate ongoing input into its program. There is an informal meeting of the Board of Directors each June, at which time the Israeli members are asked to make suggestions for annual priorities that are finalized in December. In addition, a series of luncheon meetings with the major partners of the Institute is held with the express purpose of reviewing the Institute's proposed program and priorities. The senior staff of organizations such as the Ministry of Health, or the Treasury participate in these luncheons. These meetings also play a very important general role in mobilizing cooperation and disseminating information about the Institute's program.

The general point is that you have to have something of relevance to say before you can expect anyone to listen.

5. Full-time core staff

A major recommendation of the Review Commission was that the staffing of the Institute should be based on a full-time core staff. This core was to serve as the backbone of the Institute in that its members would have a primary allegiance to the development of the Institute, would view their own careers as tied to that development, and would therefore be willing to devote their time to the goals and priorities of the Institute. The Institute was seen as offering a career option that was alternative to that offered by the universities: applied researcher and policy analyst. This represented a significant shift from the reliance of the Institute on part-time people with full-time academic affiliations. While university-affiliated academicians continue to play an important role in the

Institute's program, they no longer define the agenda, command most of the resources, or coordinate the projects that are of the most interest for policymakers. There are several elements of the structure of academics in Israel that may have lent particular significance to this shift. One is that Israeli universities do not permit academics to buy their time and reduce their teaching loads. A second factor is that as a small country, there is very little in the way of academically recognized domestic publication forums. As a result, Israeli academicians publish primarily in the international literature, which means they publish in languages other than Hebrew and have little incentive to pursue themes of more purely local interest. By contrast the Institute provides a very different incentive structure for its full-time staff, focused on publication in Hebrew with international publication as a secondary concern.

An additional consequence of the shift was to facilitate the development of a strong emphasis on dissemination and implementation-related activities. Whereas full-time academicians have little direct incentive to engage in such activities, an internal incentive structure could be created for the full-time staff placing a high value on such activities. Moreover, their time was available to the Institute on a much more flexible basis.

6. Development of trust and credibility

For research to have an impact, it has to be viewed as reliable. Reliability itself is a complex concept. It involves the soundness of the data collection and data-processing procedures. However, it also involves the process by which conclusions are drawn on the basis of the data analysis. It is not infrequent that very sophisticated methodological work is, in essence, abused by a rather careless process of drawing conclusions, influenced, in part, by the biases of the researcher. In the absence of the knowledge required to fully evaluate research, policymakers must often rely on the reputation of the individuals conducting the research. Thus it is obviously important that the Institute as an organization and the individual researchers develop a reputation of reliability.

There are additional elements of reliability that play a critical role in developing a constructive partnership with policymakers. Researchers need to demonstrate that they are capable of, and willing to address the complexities of the real world as experienced by field personnel and

policymakers. In other words, to step out of the ivory tower and see things "as they are". Research efforts are often dismissed by policymakers when they fail to meet this criterion. Beyond the question of how reality is seen, there is a question of how it is presented. All policy-relevant research is, in some sense, an "expose", that obviously entails the willingness of those involved to be the subject of public disclosure.

In order to ensure their cooperation and interest in research, it is therefore important to present the field in a balanced and fair perspective. Policymakers are very often turned off by a tendency of researchers to overdramatize their criticism or to assume a self-righteous and condescending stance: "Well, what do you expect from field people" or "how could you let such a situation emerge" or "things are the way they are because field professionals put their own interests above that of their clients". Such statements are particularly damaging when they are made without any attention to the constraints faced by people in the field.

There are times at which findings need to be dramatized. However, it can be done in a way which will be viewed as fair and that will consider the legitimate sensitivities of people in the field. The development of trust in the capacity and willingness of researchers to be fair, has proved, from our experience, to be a critical element in the development of a link between policy and research. This is particularly true if there is an interest in an ongoing relationship as opposed to a one-shot, hit-and-run impact on the policy process.

7. Long-term commitment to issues

We have attempted to implement a long-term commitment to issues as opposed to a focus on individual projects that address only a limited aspect. This has had a number of implications for the organization of work in the Institute:

a) Follow-through and continuity. The time period that is devoted to an issue is dictated by the imperatives of the situation rather than artificially imposed time schedules. We attempt to follow through on important questions that arise during the course of a project up to the point at which the marginal product of investing additional time and resources does not warrant further pursuit.

b) Comprehensive and strategic. The approach to issues can be com-

prehensive and strategically planned. When there is a long-range perspective, it is possible to address the overall components of the problem, to develop a plan to pursue each of them and to strategize the sequence. The way in which individual projects feed into a broader attempt to address an issue is an ongoing and critical focus.

c) Flexibility. It is possible to make strategic deviations that take advantage of opportunities that arise to apply the findings to developments in the field. In other words to diverge from the planned sequence and not necessarily leave implementation-related activity to the end. At the same time, there is the knowledge that one will be able to return to the original plan at a later date.

8. Systematic Progression from Need Assessment to Demonstration and to System-wide Change

A comprehensive approach to issues requires attention to the various potential phases involved in bringing research to bear on an issue. We distinguish four phases:

a) Assessing the nature of the problem: projects that review the status of a particular population group, service system, or problem area;

b) Clarifying possible solutions: projects that focus on specific issues that have been identified in order to understand the sources of problems and ways of addressing them;

c) Demonstrating the effectiveness of solutions: projects that translate the lessons learned from previous research into the formulation of demonstration programs designed to test possible approaches to improving the present situation;

d) Promoting and abetting system-wide diffusion: projects that assist in the process of diffusion of best practice models on a national basis. The design of effective approaches to diffusion and the monitoring and evaluation of the process of diffusion are examples of activities of this nature.

A research effort can be initiated at any of these phases. Yet, at the same time, they represent a continuum with an inherent logic. The adoption of a long-range commitment to issues makes it possible to plan developments along such a continuum when this is viewed as necessary and strategic. Indeed, the Institute has proceeded along this continuum with respect to several major issues. One example is the quality of institutional

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care as described by Rachel Fleishman in Chapter 10. In other cases we have been able to build on existing work to enter the process at some later phase of the continuum.

9, 10. Investment in Dissemination and Implementation; and Input of Field into Research Design and Interpretation

The investment in dissemination- and implementation-related activities is a critical factor in linking research and policy and has to become a major preoccupation rather than an afterthought or stepchild of the research process. Yet, ironically, there is generally little willingness on the part of funding sources to finance the time or resources required to enable researchers to take this seriously. Thus, one of the major justifications for block non-project-related funding is to assure the resources required for dissemination. The Institute has, over the years, received considerable funding from a range of sources that has supplemented the core funding of the Institute. Indeed, most of its projects benefit from external funding. However, in almost every case, the Institute has used its core funds to finance additional time and inputs required to assure an aggressive effort to disseminate and help promote the utilization of its results.

Dissemination is a catchall term for a range of activities that have a number of functions and take a variety of forms. We shall attempt to elaborate on some of these elements.

Functions of dissemination and implementation (DI)

Dissemination and implementation obviously serve the purpose of informing potential users of the results of research; however, they serve additional functions of equal importance. Rather than being viewed exclusively as a process by which researchers inform others, they need to be viewed as a process by which researchers are also informed. Thus, they can perform the important function of helping to identify sources of resistance to the acceptance of research findings or sources of misunderstandings about the findings or their implications. There are a surprising number of interpretations of findings which need to be clarified in order to prevent misuse of results.

Another major role of DI is that of a component of critical review and quality control of research findings and, even more so, of their proper interpretation and clarification of policy implications. This reflects the

recognition that any study is a partial snapshot of reality and sometimes a distorted one. While methodological review can be received from academic peers and can be abetted by efforts to publish in professional journals, there is a need to create forums to obtain the critical review of field personnel.

We believe this to be one of the most important lessons we have learned over the years and we now include dissemination-related activities as part of the process of the finalizing research reports. This is sometimes provided by project steering committees which, from the outset, include a wide range of the potential users, and sometimes by bringing together groups of field and policy personnel for pre-publication presentation of results. The interest of researchers in this kind of input and exposure to the field also plays a very important role in establishing the kind of trust in the reliability and fairness of the research process.

Aspects of Dissemination and Implementation

1) *Publication.* An effective publication strategy is the obvious cornerstone of dissemination and has two major facets: the type of publication and the effectiveness of publicity. There are some rather mundane factors that often impede dissemination, such as the failure to print a sufficient number of copies and the price charged. The Institute typically produces between 200 and 400 copies of any publication with provision for reprinting when required. All publications are automatically distributed to a small minimum list of key persons within the policy establishment or centers of general dissemination, such as libraries. Over the years we have developed a strategy for more widely publicizing our publications and also for meeting the needs of those who have relatively little time or perhaps even the need to read the complete publication. One component is the preparation of executive summaries of some of our more important and lengthy reports. A second component is the preparation of a publication announcement that is sent to over 1200 addresses in Israel and 300 addresses abroad. It provides a description of the report, highlights some of the findings and their significance, and includes an order form. At times, the full report is sent to selected audiences beyond the minimum list. To facilitate this process a computerized and key-worded address system has been developed so that general or targeted mailings require a minimum of staff time.

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It has proved difficult to routinize the preparation of these summary materials. Researchers do not like and have difficulty in writing the publication announcement and to get them done we have made a rule that no publication is released until the publication announcement is ready. This reluctance arises from the ongoing pressures to progress in their research, the inherent difficulties in writing effective synopses, and the fact that we attempt to gear them to a wider audience so that a style of writing somewhat foreign to researchers is required. This difficulty is heightened by the fact that all our publication abstracts are issued in both Hebrew and English creating additional demands on the researcher's time. One response to this difficulty has been the investment in the development of an effective publications unit that can provide maximum support to the research staff in these efforts.

2) *Oral presentation.* We encourage our staff to explore a wide range of forums for direct oral presentation of results. This includes seminars that we initiate at the Institute, national conferences, appearances before standing committees, such as those of ESHEL, and participation in *ad hoc* committees.

Dissemination is not necessarily a process that begins after the research has been completed. For example, most of our major studies have advisory committees that are involved in all phases of the research process. These are comprised primarily of policymakers, field personnel and selected academicians. As noted, these forums provide important input into the study design and interpretation of results. They also provide an opportunity to maintain an ongoing dialogue with key potential users with respect to both the definition of the issues and the findings of the study. Thus important elements of dissemination take place well before publication.

There are several forms of dissemination that have proved particularly effective and that are gaining in importance:

- a) We have begun to make focused efforts to translate our research findings into special programs of education and training or to have them included in existing programs.
- b) A second vehicle is the use of our findings by national commissions. It has now become common practice for Brookdale staff to participate on such committees, or to serve as resource persons or for the Institute to be

asked to provide background material, and a number of our studies have been undertaken at the request of such commissions. The Institute's input often includes a synthesis of research findings relevant to the work of the commission. These syntheses serve an internal Institute function in that they are opportunities for consolidation and evaluation as to what we have learned. They are also made available for much wider distribution and often prove particularly valuable to policymakers.

c) More and more frequently our research projects lead to the establishment of working groups in cooperation with policy and field personnel to jointly explore the translation of the results into new programs or changes in policy that will be either tested in demonstration programs or implemented nationally. These working groups obviously provide the most direct opportunities for relating research to policy. They require a considerable input of time by the staff of the Institute, however when successful they have very high payoffs.

Creating an atmosphere conducive to DI activities has required a focused effort. It implies the input of a great deal of time on the part of the research staff. It is necessary to create an atmosphere that will serve to facilitate this effort. This involves an incentive structure that organizationally rewards such efforts by making them part of the criteria for advancement. It also requires a policy that recognizes the implications that the time devoted to these ends will have for other obligations. This is particularly the case if opportunities for effective dissemination are taken advantage of. Therefore the whole approach to project time-schedules and deadlines must be tolerant of these strategic deviations. This can most easily be accomplished when projects are internally financed and deadlines are internally established. However even when externally financed, the funding sources may themselves be directly interested in these DI efforts and be willing to extend deadlines, particularly when the funding source is a service agency. However they will rarely extend the finance to cover the cost of maintaining the project staff over a longer period so that the Institute's ability to supplement the finance from its own resources again plays a crucial role.

Finally one needs to provide concrete assistance to the researchers in their DI efforts in order to make sure that their research functions are not unduly affected, as well as to pool experience and make these efforts less painstaking. We do this by creating an infrastructure that helps in the

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writing of publications abstracts and summary reports, handles distribution, organizes seminars, and even helps with presentations and lectures. This may also involve providing them with additional research assistance. This assistance has symbolic as well as practical significance in conveying the message as to where priorities lie.

11. Respect for Differential Roles of Researcher and Policymaker

Given a commitment to actively pursuing DI-related activities, the question arises as to the appropriate role of the researcher in the policy-making process, and to what extent should he take a stance and recommend specific policies and directions.

We have adopted for the most part a neutral position, reflected in the care we take to distinguish between what unambiguously emerges from the findings and what is a matter of subjective evaluation or value judgement. An example would be the distinction between identifying gaps between needs and services and recommending that these gaps be closed. This issue has posed one of the most serious dilemmas for the Institute. We have been subject to conflicting pressures from the field in this regard. The question of the role of the researcher has come to the fore in municipal planning projects where the Institute has been pressured to provide a bottom line, i.e. to make specific recommendations that can be used to influence the political process. The Institute has by contrast insisted that there be a clear separation in such cases between its role in evaluating needs and defining options and the role of decisionmaker. There is a tendency to measure the degree of applicability of a research project by the length of the list of recommendations. The approach suggested here would focus more on the number of policy-relevant findings and the quality of the analysis of options.

The Institute has adopted a much more extreme and purist approach to this distinction than is often the case among researchers. The reluctance to become involved in this ultimate implementation phase has ironically strengthened, in our opinion, the Institute's influence on the decisionmaking process.

It has served to develop the Institute's reputation as an honest broker and a neutral meeting ground and thus promote the willingness of all

groups to work with the Institute. It has enabled the Institute to play a mediating role between the conflicting interests that emerge among those involved in service development.

12. Sensitivity to Demands of the Field but Independent Role in Agenda Setting

Given the need for a relevant and significant agenda how does it get established? We have found that if there are close working relationships with policymakers, the process of agenda setting almost happens automatically and it is difficult to untangle who initiated a particular proposal.

The development of the program is heavily influenced by the findings of earlier research which not infrequently get translated into demands for further research from the field. Developments in the field and in the policy agenda are a further source of influence.

However the Institute's program always includes some elements that do not necessarily reflect the priorities of policymakers or field personnel. These elements foresee issues that eventually prove to be of prime importance or develop methodologies that facilitate conceptual and empirical breakthroughs that have major impacts. The independent financial base of the Institute makes it possible to maintain an independent component of the program. The Institute's program thus avoids the biases inherent in the perspectives of both researchers and policymakers by allowing for the influence of both in defining the agenda.

13. Flexible Team Approach

The ability of the Institute to make the link between policy and research is also facilitated by the team approach that characterizes the Institute's work. The boundaries between projects and responsibilities are not rigid so that specific skills can be brought to bear and points of overlap can be exploited. Moreover, it is possible to reinforce projects at short notice when they run into difficulties. This provides further backing to the researcher and enables him to more flexibly exploit opportunities for linking policy and research.

Demand Side Factors

We now turn to an analysis of policymaking factors. These are outlined in Chart 2.

Chart 2

POLICYMAKING FACTORS

1. COMMITMENT TO KNOWING AND WILLINGNESS TO BEAR POSSIBLE COSTS
2. WILLINGNESS TO ACCEPT RESEARCHERS AS PARTNERS IN SERVICES DEVELOPMENT
3. IDENTIFICATION OF THE MEDIATORS WITH THE RESEARCH ESTABLISHMENT
4. WILLINGNESS TO INVEST TIME
5. FAMILIARITY WITH RESEARCH AND ITS USES
6. STRUCTURE OF POLICYMAKING PROCESS

1. Commitment to Knowing and Willingness to Bear Possible Cost

Decisions can be made without information and plans can be made without real planning. It is not possible to know all that it might be useful to know. Thus, the policymaker is faced with the constant dilemma — what to try to know and what to do without. In addressing this dilemma, it is necessary to come to terms with the question: how much is one willing to pay for more or better information? The costs of the information are not only monetary. They also find expression in the degree of control over events. Additional information may either confirm or challenge the decisionmaker's own views. He has to be willing to take that risk in the interest of more informed decisions and a more open debate. The commitment of policymakers in Israel to a more informed decisionmaking process has grown considerably.

2. Willingness to Accept Researchers as Partners in Service Development

A related issue is the role that policymakers are willing to assign to

researchers in the policymaking process. One role of a more passive nature is the provision of information that is then used in the policymaking process. A second, more active role, is to be viewed as a partner in policy or service design. This implies a much more active process of interaction between researchers and policymakers. Over this period, there was a gradual shift in the kind of cooperation sought by policymakers with a growing interest in the involvement of researchers in the design process.

3. Who are the Mediators with the Research Establishment

Another feature affecting the dynamic between policymakers and researchers is the way in which this liaison role is built into the policymaking structure. A major feature of the Israeli scene is that very often this liaison role is not assigned to specialized personnel but is carried out by persons directly involved in the policymaking process. This is in part due to the small size of the country. In general, the bureaucracy is smaller and there tends to be less specialization of function. It is in part due to the absence in some of the ministries of strong research departments that can perform this mediating function. This arrangement obviously has advantages and disadvantages. The time available for such liaison activities is more limited and the persons involved may have a weaker background in the research skills that can facilitate the dialogue. On the other hand, it means that there is a direct flow of information between researchers and policymakers, and policymakers are very actively involved in defining the questions and reviewing the answers that are generated in the research process.

A further dimension is the degree of continuity or turnover among the policymakers making the links with research. A very low turnover rate in the Israeli civil service contributes to the process of developing stable relationships and contributes to the development of multi-year programs with sufficient time for initiation, completion and utilization of the research program.

4. Willingness to Invest Time

In order to make links between research and policy there needs to be a commitment to investing time in this effort not only on the part of researchers but on the part of policymakers as well. This willingness is in turn affected by both the time available to policymakers and the degree

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of importance they attach to these links. The input of time is required at all phases of the research process in helping to define the research agenda, in reviewing the findings and in engaging in a mutual process of drawing out the practical implications. Over the years there has been a marked increase in the time that policymakers invest in such links with the Institute and this has been a critical element in our ability to bridge the gap between research and policy.

5. Familiarity with Research and its Uses

Familiarity may breed contempt as Oscar Wilde put it, however it can also contribute positively to strengthening the links between policy and research. This familiarity with research methodology and with the uses of research can overcome "fears of the unknown", can promote a more meaningful dialogue and can encourage policymakers in taking the initiative in fostering the link. There has been over time an increasing level of sophistication among policymakers with respect to research. This has in part been related to the enhanced training of civil servants in key positions with the expansion of the university frameworks capable of providing that training. It is also an outgrowth, however, of a learning process based on an ongoing involvement with Institute projects over a number of years. This process has been facilitated by the fact that, as mentioned, turnover in the key positions within the civil service is quite low so that there is considerable continuity of experience. An additional element that has contributed a great deal to the learning process, is the Sabbatical Scholar Program for Civil Servants. This program enables senior civil servants to spend a year at the Institute involved in a specific project and participating in the full range of Institute activities. A number of key policymakers in the field of services for the elderly are graduates of this program.

6. Structure of Policymaking Process

The structure of the policymaking process can influence the ability of research to integrate into that process and to make contact at critical points of influence. The more ordered and organized the process, the easier it is to build in research input. There were several structural developments in Israel that facilitated the links between research and policy.

Of primary importance was the establishment of ESHEL. As noted in

the introduction, ESHEL is a consortium of the major ministries and organizations involved in developing services for the elderly. As an interorganizational body, it had to develop a very structured decisionmaking process based on a committee system and clearly defined rules. This served to promote the links between research and policy in several ways. Just as ESHEL served to coordinate service planning and generate consensus about service needs, it also served to coordinate efforts to integrate research into the decisionmaking process and generated consensus around the areas of required research. Such research could then become the common possession of all the participating organizations rather than serving more fragmented needs or becoming the possession of selected players in the decisionmaking process. The pooling of resources also meant that more significant funds were available to finance research and by avoiding duplication those funds could yield a higher return. The avoidance of duplication relates to an additional obstacle that can sometimes limit the links between policy and research. Policymakers are sometimes disenchanted when confronted with numerous research reports providing conflicting findings. Very often too little attention is paid by researchers themselves to the clarification of these differences and to integrating findings across the various studies. Because of Israel's size it is seldom that there will be numerous studies of any one issue, so that this problem arises less frequently. The pooling of resources by ESHEL served to further reduce the likelihood of conflicting findings. It also meant that any given research project would receive much more attention as it often represented the only major statement on the issue. The lack of competing estimates obviously has its disadvantages in that errors could be very costly. This enhanced the motivation of both researchers and policymakers to invest in quality control and to ensure the relevance of the research to the needs of policymakers.

A second advantage offered by ESHEL is that the formal and structured decisionmaking frameworks provide natural forums at which research findings can be presented and integrated into the decisionmaking process. This was further enhanced by the direct participation of researchers in its various committees.

Another structural element of the policymaking process was the frequent use made during this period of national committees or commissions established to review major policy issues. The establishment of such bod-

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ies implies a decision to structure the policymaking process and broaden the range of inputs. These bodies thus offer opportunities to mobilize research input and to focus the attention of policymakers on these inputs. Of particular significance was the commission established to design national legislation for the finance of home-care services in Israel (Report of the Committee, 1983). The National Insurance Institute, which had responsibility for staffing the commission, promoted a broad program of research as input into its deliberations. Also of importance were commissions established to define five-year plans at the national and municipal levels (Jerusalem Municipality, 1985; Tel Aviv-Jaffo Municipality, 1986). On a somewhat less formal basis joint, working groups were established between Institute staff and policymakers to develop models for the more effective organization of public services. As mentioned earlier, these working groups provided a particularly fruitful context in which to mobilize research inputs and review their implications. Several such groups led to the emergence of major new systems for regulating the quality of institutional care and for coordinating health and social services in the community (Report of Inter-Agency Committee, 1986; Brodsky et al., 1987; and Chapter 10 of this book).

Research in Long-Term Care

The focus of this paper has been on the factors that facilitate and encourage a link between policy and research. Yet in keeping with the general focus of the conference on the application of research to the specific area of long-term care, we shall provide a brief substantive overview of the kind of research that has been carried out. This will serve to illustrate how the policy and research agendas overlapped, as well as how the infrastructure created in Israel made it possible to pursue a comprehensive approach to long-term care research.

In 1983 long-term care was included as one of the major areas to be addressed in the Institute's new five-year plan. From the outset the objective was to address the issue from a comprehensive perspective. Thus the following four major sub-areas were defined and initiatives undertaken in each: Estimating and Projecting Needs, the Organization of Care, Quality Assurance; and Resource Allocation and Appropriate Channelling.

During this same period the NII began to gear up for the development of new legislation to finance long-term care services and for a supporting program of research.

These two independent yet mutually reinforcing and mutually related initiatives were to yield a broad spectrum of research outputs.

I shall highlight some of the major contributions.

One major outcome was the extensive documentation of the existing network of long-term care provision (Factor et al., 1982) and of how effectively the delivery of care was organized (Brodsky et al., 1987).

A second set of studies addressed the complex issue of needs and unmet needs. These studies (Morgenstern, 1984; Habib et al., 1986; Factor et al., 1986; Habib and Factor, 1987) were based on community surveys that had the unique feature of including a professional assessment of care needs and of the appropriate division between formal and informal care for each and every case in the samples.

On the basis of these unique data it was possible to provide national estimates of unmet needs for a range of long-term care services and to cost out various approaches to financing long-term care. In addition these studies were used to develop multivariate projection models that were used to project the implications of demographic change for the growth in needs or to estimate needs for different areas of the country.

A very different thrust was the evaluation of the quality of care. Such evaluations were carried out for a number of selective services. These evaluation efforts included extensive study of the quality of institutional care, an evaluation of day-hospital programs, and the evaluation of the adequacy of the relative costs of institutional and community care (Cohen and Schwartz, 1985; Fleishman and Tomer, 1986; Habib et al., 1986).

All of this research was fed directly into the policymaking process. In addition to the impact on the Nursing Law and service planning in ESHEL, they directly led to the adoption of major new national systems to bring about more effective coordination of care between the health and social services and to establish a national case management system.

Moreover, their cumulative effect was not only to help in service planning but also to help create a consensus with respect to the need for change and provide the impetus for introducing change.

Finally the approaches used in the national studies were also applied in microcosm to the more integrated evaluation of long-term care

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needs and their translation into an overall long-term plan for service development at the municipal level (Jerusalem Municipality, 1985; Tel Aviv-Jaffo Municipality, 1986).

Conclusion

There is much that is fortuitous in the process of linking policy and research. It is never possible to predict in advance what piece of research will actually have the greatest impact. There is no one set of conditions that will be sufficient to ensure success or that can be viewed as a necessary prerequisite for success. The more relevant question is whether it is possible to maximize the probability of a successful link.

Neither policymakers nor researchers are fully satisfied with the existing links. Yet there is a broad consensus that the basic conditions for a productive relationship between research and policy have been established. As the system continues to learn how to most effectively exploit these conditions, we can look forward to a growing contribution of research to policy in the years ahead.

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SECTION III

THE USE OF RESEARCH IN POLICY FORMULATION - NEEDS ASSESSMENT: FLORIDA AND ISRAEL EXAMPLES

CHAPTER 5

DEVELOPING AN INFORMATION BASE FOR PLANNING SERVICES FOR THE ELDERLY IN ISRAEL: A RESEARCHER'S PERSPECTIVE

*Haim Factor**

The increase in the total number of elderly and the changes in their demographic composition are affecting service needs throughout the world. Although the following is an example of a planning process for services for the elderly in Israel, the issues which arise are common to all societies. The process involves the creation of a data base to assist service providers and policymakers in developing services for the aged.

Rather than merely report on the present state of this research effort we will attempt to give a sense of how the development of the research program and of the policy debate were intricately related. The dynamics of this process will highlight a number of general issues with respect to the link between policy and research.

As of the late 1970s, the information base in Israel for quantitative estimates of the need for community and institutional services for the elderly was minimal. In looking ahead to the 1980s, policymakers were misled by the projected decrease in the growth of the over-65 population to a rate that was no different from that of the general population. Up to this point, there had not been a tradition of need projections that took into account changes in the composition of the elderly population. However, in 1979, as part of a Brookdale Institute project evaluating manpower needs, the first crude projections that allowed for differential growth in the young and old-old, using institutionalization rates by age, were made (Bergman et al., 1980). This revealed that in contrast to the expectation of "business as usual", there was to be a dramatic increase in the needs of the elderly, resulting from a projected 70% increase in

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the over-75 age group. It was estimated that the need for institutional beds would grow by 50% in the decade of the '80s (Habib et al., 1987).

This compares with a projected 38% increase in the needs of the elderly for the same period in the United States (Manton and Liu, 1984). The findings received wide attention in professional circles and in the media and led to the development of a sense of urgency. The findings also stimulated interest in further work on need projections and in expanding the data base for planning.

The major push for expanding the data base came from two sources: one was ESHEL, (Association for the Planning and Development of Services for the Elderly in Israel), representing the Ministry of Health, the Ministry of Labor and Social Affairs, the Treasury and the Joint Distribution Committee, who were all interested in data that would help national decisionmakers to develop institutional and community services; and the second was the National Insurance Institute which was interested in developing legislation to assist in the financing of community services for the elderly, and in developing a data base on the potential need and existing adequacy of these services.

Both organizations asked the Institute to play a major role in the development of the data base, and given the nature of the challenge, the Institute decided to commit more of its own resources to the development of the infrastructure for planning. This eventually became a major component of the Institute's five-year plan, approved in 1983. In addition to this involvement at the national level, the Institute was also called on to assist several municipalities in their planning process.

All of these endeavors involve finding answers to basic questions facing service planners in all countries:

What is the gap between needs and service?

In what services is this gap most acute?

How much will the needs grow, and which needs will grow the fastest?

Is the relative division of care between formal and informal sources of care likely to change?

What are the cost implications of the growth in needs?

What are the relative needs in the different regions of the country?

As the program proceeded and new data became available, we were

gradually able to expand the breadth, depth and accuracy of the projections. A number of projects were carried out to address these questions. One basic thrust was to identify the relationship between sociodemographic features of the elderly and the needs for community and institutional services.

Initially, a multivariate analysis on data from the 1972 national census was used to model the links between demographic characteristics and the propensity of the elderly to be in LTC institutions. The census data did not provide sufficient detail to distinguish different types of beds. To fill this information gap a census of all residents in LTC institutions and sheltered housing was conducted in 1983. This census enabled us to link the demographic characteristics with the level of required institutional care (Bergman et al., 1985).

The data on the pattern of institutionalization was taken from the 1983 National Population Census to calculate specific institutionalization rates by type of bed and demographic characteristics.

In the next step, we applied the 1983 institutionalization rates to projections of the size and composition of the elderly population. This data enables us to estimate the number of beds needed in the future if the existing patterns of institutionalization are to be maintained. Separate estimates were made by types of beds and region (Habib et al., 1987).

The findings (as illustrated in Table 1) indicated that the number of beds required to maintain present institutionalization rates will increase by 37% from 1985 to 1990, although the total elderly population will increase by only 13% in this period. This implies that the institutionalization rate will increase by 21% from 42 to 51 per 1000 elderly.

In order to estimate the future gaps between the demand and supply of beds, data on LTC beds, planned beds and those under construction is updated annually.

We also collect data on costs, fees, sources of referral and financing of institutional care in order to project public expenditures in this area.

Although the results demonstrate the need for increasing the number of institutional beds due to demographic change, they do not provide answers to a number of additional questions posed by policymakers. We are frequently asked: "How many beds does the system need today?" This is a particularly difficult question to answer for a number of methodological

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TABLE 1

ACTUAL BEDS IN 1985 AND PROJECTED
NEED FOR BEDS IN 1990 AND 1995

	<u>Actual</u>	<u>Projected Needs¹</u>		<u>Percent Increase</u>	
	1985	1990	1995	1985 1990	1985 1995
<i>Type of Bed</i>					
Total	14,821	20,320	23,568	37	59
Independent	6,684	8,555	9,863	28	48
Frail	2,280	4,388	5,152	92	126
Nursing	5,857	7,377	8,503	26	46
<i>Rates for 1000 Elderly</i>					
Total Beds	41.8	50.6	55.0	21	32

¹ Based on maintaining present patterns by age, sex and country of origin.

reasons. The limitations of our ability to respond are a source of disappointment to policymakers and of their impatience with researchers. In the absence of a comprehensive methodology, various additional and partial needs, including the length of waiting lists for institutionalization were employed.

This gave rise to the question of the validity and appropriate interpretation of the data on waiting lists. This issue arose in particular due to anomalies in the pattern of waiting lists by region. Thus in Jerusalem the rate of available beds was the highest in the country, as was the rate of receipt of community services and yet the rate of elderly on the waiting lists was much higher than in any other area.

To examine the extent to which waiting lists constitute an indicator

of insufficient institutional services, ESHEL initiated a comprehensive study that examined elderly on waiting lists in three cities. This study showed that not only do these waiting lists indicate insufficient institutional services, they also suggest insufficient community services (Habib et al., 1986).

Community Services

In 1980 the Israeli Parliament passed legislation that established a community-care services financing branch within National Insurance (the Israeli Social Security System) and a public commission was established to recommend the specific form of the new law (LTC Insurance Law). In order to determine the cost of alternative design options, the commission needed basic information regarding both existing services and needs. The National Insurance Institute and the Brookdale Institute cooperated in developing the necessary data base. This effort also served the need of ESHEL for information required in its development of community services.

A major first step was comprehensive mapping of community services for the disabled elderly as they existed in 1981 (Factor et al., 1982). Data was collected from all agencies which provide home care services such as personal care, housekeeping, meals-on-wheels, and any community services provided outside the homes of the elderly, such as day care. Information was collected on the volume of services, the costs and the sources of financing. The data on the volume of services was then used to calculate utilization rates, both at the national level and by specific geographic areas.

Special community-based surveys were launched and used to document the extent of unmet needs and to develop models for projecting these needs for different areas and into the future as a function of the demographic characteristics of the elderly. Several unique surveys were conducted in which, in addition to self-reports by the elderly with respect to their functional, health and social status, professional assessment teams reviewed each case and prepared a comprehensive community care plan (Silverstein et al., 1981).

The care plan was prepared on the assumption that the needs of the elderly are to be fully met and involved three essential steps. The first

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was the translation of functional disabilities into hours of required assistance in personal care and homemaking. Next the assessment teams recommended the optimal "division of labor" between the family and formal providers of care. These recommendations took into account the existing role of the particular family but recommended a reduction in that role when there were indications of an excessive burden of care.

Finally, surveys of this kind are expensive, and it is therefore difficult to carry them out on a representative sample of the entire population or to repeat them for each specific geographic region. Therefore, the next task was to develop a model that would predict both disability and service needs on the basis of demographic characteristics. The model could be used to estimate needs for other regions in the future. Multivariate models to predict the probability of service needs and the average number of hours required for persons who needed the service were developed using the survey data. Demographic variables, such as sex, age, family status, ethnic background, and living arrangements were found to contribute to the explanatory power of the model and proved to have a significant relationship with functional status and service needs (Factor et al., 1984 and 1987).

The demographic relationships were found to differ by type of service, so that the results emphasized the importance of examining the determinants of each particular community service separately.

The advantage of a community-wide survey is that it provides estimates of total community needs. The disadvantage is that, unless the sample is quite large, the actual number of disabled participants tends to be very small. As a result, the reliability of the estimates of disability and service needs is limited, particularly when one is interested in establishing a relationship between demographic traits and service needs. To overcome this obstacle the community-wide surveys were supplemented by a much larger and more detailed survey of disabled elderly who received services from one of the major organizations involved in service provision (Habib et al., 1986). Indeed, the data from the subsample of disabled elderly on the units of need differed from the data in the general community survey. As the subsample data was considered more reliable, it was used to adjust the estimates of service needs for each of the respondents in the community-wide survey.

Projecting the Need for Community or Institutional Services

Having developed projection models of community and institutional services, it was then possible to apply these models to develop consistent estimates of source need. In doing so, it is necessary to allow for the interaction between the extent of institutionalization and the size and nature of the population remaining in the community.

We proceeded by first projecting the institutional population based on age, sex and origin-specific patterns in 1983. We then subtracted these estimates from the total elderly population to generate the size and composition of the community population living at home at various points in time. The community models were then employed to estimate the number of disabled and the extent of service needs for the total population. (Habib et al., 1987). The results are illustrated in Tables 2 and 3.

TABLE 2

PERCENTAGE OF ELDERLY POPULATION WITH ADL LIMITATIONS

	1983	1985	1990	1995
Elderly in Community with ADL Limitations	8.3	8.6	9.8	10.6
Disabled in LTC Institutions	2.1	2.2	2.7	3.0
Total Disabled	10.1	10.6	11.9	13.0

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TABLE 3

PERSONAL CARE SERVICES IN 1983 AND ESTIMATED
NEED FOR FORMAL SERVICES IN 1983 AND 1990.

	Existing Services 1983	Full Needs 1983	Full Needs 1990	Percent Increase 1983-90
Recipients	5,084	11,361	16,000	315
% of Recipients	1.6	3.5	4.2	263
Average hours/week	5.9	8.9	9.1	154
Total cost (thousands of \$)	4,600	16,100	23,243	505

In 1983, 8.3% of the elderly in the community had ADL limitations. If the specific age-sex rate of institutionalization is maintained in the future, the disabled in LTC institutions will increase from 2.1% in 1983 to 3.0% by 1995. Given these institutionalization rates, the percentage of elderly with ADL limitations living in the community will increase from 8.3% to 10.6% over the same period (see Table 2).

At the time of the study, personal care services designed to meet ADL needs were received by only 1.6% of the elderly. To meet the full needs for this service in 1983 the number of recipients would have needed to more than double to 3.5% of the elderly.

Meeting full needs would also require an increase in the number of hours of service per recipient. In cost terms, the implied increase is from 4.6 million dollars to 16 million dollars per year (see Table 3).

As a result of expected demographic changes, the percentage of the elderly population needing these services in the future will grow to 4.2%, while the average number of weekly hours needed will increase from 8.9 to 9.1 hours. If current expenditure is compared to the expected cost of meeting full needs by 1990, there is an increase in required expenditures of more than 500%.

These projections are based on particular assumptions about the balance between institutional and community care. The assumed increase in

institutional care will require a considerable investment in infrastructure and increase in current financing. These considerations led to considerable interest in exploring other options that would allow for lower rates of institutional care.

To what extent could services in the community provide a viable alternative to institutional care for at least some of those applying for institutionalization, and what would be the nature and the extent of the community services required?

This became a major and highly controversial issue that was heatedly debated among policymakers. The study of the elderly on waiting lists commissioned by ESHEL to which we have referred was also concerned with an attempt to answer these questions (Habib et al., 1986).

The study focused on the elderly population on public waiting lists for institutional care in three cities. In Israel, all those who apply to institutions via public assistance are screened by multidisciplinary teams. Being on an approved waiting list, therefore, is a matter of considerable significance.

Three key informants – the elderly persons, the families and the professional case managers – were asked to assess the possibility of the applicants' remaining in the community and the services that would be required.

A majority of the elderly on the waiting lists even in the most severe need categories, were evaluated by all three informants as being capable of remaining in the community and, in most cases, the cost of care in the community was found to be less than the cost of institutional care. The study also generated a set of parameters defining the community services required on average to replace an institutional bed (substitution parameters). While this study altered the nature of the debate it did not resolve it.

This has led in turn to intensive discussion as to how this data should be taken into account in the planning process and the extent to which initiatives to expand community services such as the Nursing Law will make it possible to reduce plans for institutional construction.

We may summarize the process of estimating and projecting needs as discussed here:

1. Community-wide survey of disability
2. Translation of disability levels indicated in survey into units of

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- required care by key informants (professionals, family and the elderly person).
3. Division of required hours between formal and informal providers, and determination of units of need for formal services by key informants.
 4. Estimation of links between demographic traits and disability (projection model).
 5. Estimation by type of service of links between demographic traits and need for formal services.
 6. Estimation from census data of links between demographic traits and institutionalization.
 7. Projections of the elderly population by major demographic characteristics at the National and regional level.
 8. Projection of disabled elderly and service needs by area or, at various points in time, based on projection model and demographic composition.
 9. Evaluation of the community services required to prevent institutionalization and the degree to which institutionalization can be prevented based on key informants' evaluations of elderly awaiting institutional placement (substitution rate parameters).
 10. Application of substitution rate parameters to alternative assumptions about increase in institutional beds. Generation of alternative combinations of community and institutional services.

Comments on the Link Between Policy and Research

We have given a brief overview of a multi-year and complex research program that was closely linked to major policy debates and developments within the service system in Israel. The process has been viewed as a highly positive and successful example of efforts to link policy and research.

We shall briefly highlight some of the elements that we feel contributed to its success.

What we have described is not a single project but an ongoing process which involved a multitude of separate initiatives with a variety of

motivations which, in the end, were integrated into a whole that was greater than the sum of the parts. There was no overall plan for the planning process, and many of the pieces were eventually used in unexpected and unplanned ways. What made it possible to assure an ongoing cumulative progression to a broader knowledge base was the Institute's long-term commitment to the development of the infrastructure of planning and, as part of that, to the ongoing synthesizing of what was learned.

Policymakers were directly involved in all phases of the research, from the detailed specification of the questions through the planning and implementation of the field work and finally to the verification and subsequent dissemination of the results. This involvement was achieved in large measure through the instrumentality of a steering committee set up for each of the major projects, with broad representation from the various ministries with an interest in the results.

The process of defining goals and objectives was characterized by a great deal of mutual exchange. As noted, much of the research was initiated by policymakers in response to perceived needs. However, important components of the overall program were often initiated by the researchers and conducted without any direct support from the field. The independent financial base of the Institute made it possible to undertake such initiatives even when the field was not yet interested. Further, within the context of the projects that were initiated by policymakers, we were able to include and to finance components that were not necessarily of immediate priority to those who initiated the research, but that, nonetheless, proved to be very important at later stages. We have emphasized the fact that the program of research developed over time and integrated the findings from a number of disparate projects.

The independent finance available to the Institute also served to maintain the project staff and infrastructure during the lapses between externally financed projects.

Very intensive efforts were made to disseminate the findings, using a broad spectrum of channels. Summary reports were presented to various committees involved in decisionmaking, such as the ESHEL executive board and committee on institutional care; the five-year planning commission of ESHEL and interministerial *ad hoc* planning groups. Reports were also presented to the national commission developing the long-term

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care law, various planning groups associated with the law, and the Labor and Social Affairs Committee of the Knesset, which was responsible for its legislation. Each of the client organizations in turn made its own use of the data in presentations at numerous forums, including meetings with the Prime Minister on social priorities. Another component of the dissemination process relevant particularly to the ESHEL-sponsored project was the presentation of the findings to field professionals who had been involved in the process of data collection. Those presentations served both as a means of dissemination and as a means of verifying our interpretation of the findings. The findings were also eventually used in several municipal initiatives to develop long-term plans with the assistance of the Institute. Two such efforts have been completed for Jerusalem and Tel Aviv. Finally, there was an attempt to make the findings generally accessible to wide audiences, both in Israel and abroad, based on the preparation of short fact sheets.

Another function of the dissemination process was the creation of consensus among a variety of organizations with respect to the importance and use of a common data base. Some of the findings and estimates were challenged at various stages, and there was a reluctance to accept the data emerging from the initiatives of other organizations. As a result, however, of the dissemination process, there has gradually developed a readiness to establish a common set of facts, and substantial consensus has emerged.

An additional element affecting the relationship between researchers and policymakers, particularly at the local level, was the highly technical nature of parts of the methodology. This element raised problems with respect to the willingness to accept some of the estimates and to the proper interpretation and understanding of the limitations of the findings. For example, the meaning of a projection based on maintaining existing utilization patterns was not so readily grasped. The implication is that a serious commitment of time from both sides is required to clarify the methodology and the meaning of the results.

With the development of the data base and the positive experience of policymakers as consumers of the data, the demand for such information on an updated basis by policymakers has increased. This has led to an interest in creating systems that will update data on a regular basis and has also led to the demand for similar kinds of information for addi-

tional services and client groups. The process of addressing these new challenges is continuing.

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CHAPTER 6

RESEARCH AND POLICYMAKING: THE EXPERIENCE OF THE NATIONAL INSURANCE INSTITUTE IN ISRAEL

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Israel's National Insurance Institute is the state's central agency for redistributing part of its national income. The Institute carries out this function by transferring incomes from the economically stronger strata to the weaker ones. Thus, for example, the two lower deciles on the income scale pay approximately 5 to 6% of all the insurance contributions collected by the Institute but they receive approximately 40% of the payments transferred by the Institute to those entitled to them.

The uniqueness of the National Insurance Institute lies in the scope of its coverage of the population. The entire population is ensured, by law, against a long list of situations in which a person is liable to find himself in the course of his lifetime.

Being charged with such a wide range of functions has turned Israel's National Insurance Institute into a social and economic factor of supreme importance, since the Institute's payments amount to 7 - 8% of the total GNP and it must naturally be a full partner to any national program having implications for the country's economic and social fabric.

The National Insurance Institute is first and foremost an executive agency. Its task is to implement the policy determined by the government, following its approval by the Knesset (Israel's Parliament) and its inclusion in the National Insurance Law. However, the Institute's considerable public reputation, its rich experience in executing policy in the field, its legal status as a public and independent corporation, rather than a government ministry or a body dependent on the State budget, grant the Institute a serious role in the crystallization and formulation of the State's social policy, through its professional advice to the responsible

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minister and its considerable influence on the legislative process in the sphere of social security.

The proper execution of this task is made possible thanks to the existence of a professional, skilled and reputable research function which was established as a separate department in the Institute. This integration of a research and planning system into a body of an essentially executive nature may give rise to a number of fundamental questions with regard to patterns of contact and mutual relationships between these two systems:

a. Maintaining a reasonable standard of objectivity when the evaluation of the executive body's activities is made by another unit of the same body. This issue has occupied the Institute for many years in the knowledge that pure scientific truth is liable to suffer, even subconsciously, as a result of the researchers' identification with and integration into the executive systems and policy lines of the Institute. The solution that was found to this problem was the separation of research from implementation by having all research carried out by a separate department, outside the executive branches and without any administrative or organizational subordination between them. Furthermore, research of a basic character aimed at outlining long-term policy is also carried out in the research department by independent researchers who have no connection whatsoever with the Institute's day-to-day activity.

Research projects of a broader and more comprehensive nature, with implications for other systems outside the National Insurance Institute's sphere of responsibility, are generally carried out jointly with other governmental bodies and by means of neutral research bodies such as the Central Bureau of Statistics and the Brookdale Institute of Gerontology. This system, even if it does not guarantee absolute scientific objectivity, has proved itself in the course of time to be a reliable professional system whose data, information and know-how constitute the main professional and empirical basis for decisionmakers and social policymakers.

b. Another basic problem arising from the existence of a research body within a large executive body is that of the relationships and cooperation between them. The executive sometimes feels that it is subject to the scrutiny of researchers who are not always familiar with the problems of implementation. This problem is liable to be more serious if these feelings are accompanied by a basic lack of understanding on the part of the executive level with regard to the importance, contribution

and role of research in changing and improving systems and in formulating short- and long-term policy. Conflicts and misunderstandings between the two levels in the Institute have existed for many years, but in recent years, as a result of numerous efforts, tension has diminished considerably and the research function has achieved respect and recognition for its potential contribution to improving the work of the organization.

Nevertheless, at times of severe manpower shortages or budgetary cuts, the opinion is often heard on the part of the executive level that preference should be given to implementation needs and service to the public at the expense of research which, despite its importance, can be temporarily reduced until the situation improves. Yet the National Insurance Institute has managed to prevent any serious reduction in the research system and to preserve a high professional standard. However, conflicts remain in access to computer resources where priority has been rightly granted to implementation needs. This is one of the disadvantages of the existence of a research function within an executive system.

c. Another factor of special significance for the relationship between research and policymakers coexisting under one roof is that of the access to data. An integrated system has a great advantage and can make a considerable contribution. The Institute possesses a tremendous personal data base on the whole population in various fields — demographic, medical, employment and the like — which provides many opportunities for research. All this information is at the disposal of the Institute's research function and, for reasons of individual privacy, cannot always be transferred to any external body. Furthermore, since these data bases are based on personal data received from each insuree applying for benefits, researchers have the opportunity to include in the administrative forms data which they need for research. This is done, of course, within strict limits in order to avoid encumbering the administrative system and affecting the nature and quality of the service to the public.

The experience of the National Insurance Institute shows that the cooperation of research staff in drawing up forms and various administrative instruments has enriched the Institute's data bases, and has helped to improve the quality of decisions and to facilitate follow-up of the quality of implementation. Unfortunately, the possibilities of transferring personal data to external agents are very limited for legal reasons, but analyses which do not identify the individual are produced

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from the Institute's files for the purposes and needs of various research and executive bodies and make an important contribution to the development of research and welfare services in Israel.

d. One of the principal issues raised in every discussion and in every decision on the allocation of resources to research is the possibility of using or applying the research findings to the formation of policy and their contribution to the efficient operation of this policy. Researchers are often attacked for enclosing themselves within the narrow confines of their theoretical research without being able to foresee the practical needs of the user due to their lack of acquaintance with the implementation system or with the "rules of the game" in forming policy. The result is liable to be the existence of a quantitatively and qualitatively rich research system with limited practical use.

In my opinion, there is a grain of truth in this argument and in certain cases there is indeed a rift between researchers and policymakers. This is due in part to the mistaken concept of researchers that too close a connection between them or identification with implementation processes are liable to affect the professional purity of research and distort its results. Nevertheless, it appears that this concern is exaggerated. The fact that much research is not utilized is not due to a lack of relevance, but rather the unwillingness or perhaps inability of policymakers to invest the required resources and initiative to exploit the possibilities suggested by the research. I believe that the strengthening of the ties between the researcher and the user, greater familiarity with the needs, limitations and possibilities of each, involvement and cooperation between them in the course of the research as well as readiness to make changes in accordance with developing needs, can improve applicability and utilization.

Other factors that determine the extent to which research data are used are the *nature-of-the-research* and the *initiating-body*. Research which accompanies the implementation process or is focused on a limited and defined problem, has the greatest chances of being used, in contrast to long-term research in which the element of uncertainty regarding the future is greater. Research initiated by policymakers in order to study an issue or problem defined by them has a greater chance of being used. On the other hand, research projects carried out on the initiative of researchers are often based more on theoretical professional models which are not always understood by policymakers. Thus, their utilization is li-

able to be more limited, even though from a professional viewpoint they may be highly relevant.

To sum up this section, I would like to stress that it is not possible to expect the full and unequivocal use of research in policymaking. There always were and always will be considerations in the decisionmaking process which may be in conflict with objective professional findings. Yet despite these limitations, there is no doubt that research helps at least to enhance the role of professional considerations. The research efforts of the National Insurance Institute are varied.

They may be divided into several main groups, of which the following are the most important:

1. Information on Institute activities on the national and regional level. Detailed monthly information is generated whose purpose is to provide the Institute's various branches with an operative tool for examining current changes in the demand for the Institute's services and the emergence of bottlenecks in meeting these demands. This information has penetrated deeply into the consciousness of all levels of management and contributes considerably to improving the standard of management. This work is carried out by the Institute's research staff, without the participation of external researchers.
2. Information to the general public and the professional community on the scope of beneficiaries of the National Insurance Institute's services by various demographic and socioeconomic characteristics at the national and local level. This information is disseminated in periodical publications, and serves as a useful and readily available tool for policymakers and service providers. The scope and framework of this work is determined jointly by researchers, the policymakers and the managers at the executive level. It is carried out entirely by the Institute's researchers on the basis of its internal sources of information.
3. Special research to evaluate the effectiveness of the National Insurance Institute's activities both from the viewpoint of the aims of the Institute as an instrument for a more just distribution of the national income and from the viewpoint of the provision of services of a quality and quantity prescribed in the National Insur-

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ance Law, regulations and procedures. The initiatives for this research activity generally come from the policymakers within and outside the Institute. The most notable effort is regular reporting of inequality in the distribution of incomes and the incidence of poverty in Israel that receives a widespread response among the public and within government and political circles. The findings are often debated in the Knesset and its committees and their impact on changes on the tax and transfer policy is considerable. The processing and publication of the data are the responsibility of the Institute, but are based on current Income Surveys carried out by the Central Bureau of Statistics and financed jointly by the Institute and other government bodies.

4. Special research to enrich the store of information on populations in need which can assist in the planning of the Institute's future activities. Research of this kind *creates* new information and requires high-cost field surveys which cannot be carried out solely by the Institute. An example of such a survey is the National Survey of the elderly being carried out at present by the Central Bureau of Statistics at the request of the N.I.I., the Brookdale Institute, the Ministry of Health, ESHEL¹ and the Ministry of Labor and Social Affairs. Research of this type is generally carried out at the initiative of researchers without initially defining a fixed set of applications. The importance of the results may not be apparent in the short run, and does not always meet with the understanding and appreciation of policymakers who sometimes cast doubt on the profitability of investing the required resources.
5. Research which accompanies the experimental development of services. This type of research is very common in the Institute which is permitted, according to law, to assist in the development of service models in cooperation with the community organizations responsible for these services. Each such development must, according to the law, be accompanied by an evaluation of its scope and framework depending on the nature of the experimental service. The findings of the research influence whether the model will be replicated. The wide scope of such experimental models in

¹ Association for the Planning and Development of Services for the Aged in Israel

all spheres of welfare calls for considerable research resources which are not available in the National Insurance Institute. Therefore, many experimental projects are accompanied by research done by external researchers.

6. Research to analyze options for social policy and legislation is perhaps of singular importance and complexity. It requires the synthesis of all the types of research mentioned earlier.

Research and Long-term Care Policy

The State of Israel is presently in the process of implementing a new Long-Term Care Insurance Law which was passed in April 1986 after five years of preparation. We are still faced with the major task of ensuring the effective implementation of the Law in accordance with its objectives. The evolution of this law embodies all the elements relating to the mutual relationships between researchers and policymakers. We shall briefly describe these links as they expressed themselves in the process of planning legislation and deployment for the implementation of the law.

The initiative to address the problem of the elderly with serious functional disabilities within a national framework began in the mid-1970s with the National Insurance Institute and with the inspiration of the Minister of Labor and Social Affairs. The lack of basic and systematic data led the N.I.I. to the conclusion that it was necessary to carry out a comprehensive survey to identify the problem of functional disability, its dimensions, available services, unmet needs and the division of responsibility for care among formal and informal services.

The study was carried out in two representative settlements in Israel under the auspices of local health system personnel. The findings of these surveys became, in the course of time, the main source of data on disability and were extensively used in the process of developing the law.

In 1980 a multiprofessional public commission was established with the participation of representatives of the government, the public and experts in the field of long-term care. The committee was appointed to formulate rules, principles and procedures for the introduction of a Long-Term Care Insurance Law in Israel. The professional needs of the committee which were coordinated by the National Insurance Institute gave a

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tremendous impetus to research in the field of long-term care. At times the committee ceased discussions for long periods while it waited for the results of research which had been commissioned and without which it was impossible to advance. Research projects were carried out jointly by the National Insurance Institute and the Brookdale Institute in the spheres of the distribution of long-term care services, the process of care of the disabled aged in the community, costs of services in the community compared with their costs in institutions, and quality of care in institutions. These projects and surveys of the experience of other countries in the field of long-term care of the aged supplied the committee with a stream of important data and determined to a large extent the final recommendations.

The preparations for the Long-Term Care Insurance Law can serve as a model of the influence of research on the decisionmaking process. Thus, for example, what was initially accepted as self-evident by most of the participants, namely that the Long-Term Care Insurance Law should concentrate mainly on providing institutional care, gave way to an entirely opposite approach focused on community services. This turnaround was the result of research findings which clearly demonstrated the lack of balance between community and institutional care. Other research led to the conclusion that the Law should regard the family as a central link in the elderly's care in the future, while formal services should be used to encourage and reinforce the family's ability to continue to bear the burden of the care.

Much research effort was invested in the development of organizational models for the process of implementation. The study of existing systems and patterns of cooperation between the various agencies led to the conclusion that the Law should be based on existing local systems while strengthening and promoting the ties between them.

The Long-Term Care Insurance Law, in its final form, is not fully consistent with the recommendations of the public committee. It constitutes a compromise between the committee's purely professional approach, and the more pragmatic approach, influenced by budgetary considerations, which aimed at reducing the amount of public expenditure to a minimum. However, it should be noted that in the course of all the discussions held by the Knesset's Labor and Welfare Committee, great weight was attached to research findings, and the researchers of the Brookdale Insti-

tute, the National Insurance Institute and the University were active partners in all the discussions. There is no doubt that the strong research base developed over the years helped to preserve the basic principles of the Law as recommended by the public committee, even if economic constraints caused a reduction in the number of beneficiaries and the level of benefits provided by the Law.

Today, the Long-Term Care Insurance Law is being implemented. Deployment towards operation of the system of personal rights to come into effect in April 1988 must be accompanied by ongoing research to provide feedback to the system as it develops. This monitoring will be carried out mainly by means of the researchers of the National Insurance Institute. Implementation of the Long-Term Care Insurance Law will also open the way to more basic research activity, evaluating the contribution of the Long-Term Care Insurance Law to changes in the overall system of long-term care in Israel. Research bodies such as the Brookdale Institute and the Central Bureau of Statistics will contribute their professional skills to improving the systems.

To sum up, the experience accumulated in the National Insurance Institute as a body which generates information and at the same time uses it to set and implement social policy indicates the tremendous importance of the existence of a strong scientific basis. Necessary conditions for realizing these benefits include a direct connection between the researcher and the decisionmaker, the openness of the researcher to the needs and considerations of the decisionmaker and a degree of flexibility in adjusting the findings of research to the needs of the user while preserving basic professional principles.

CHAPTER 7

RESEARCH AND POLICYMAKING: THE EXPERIENCE OF THE ASSOCIATION FOR THE PLANNING AND DEVELOPMENT OF SERVICES FOR THE AGED IN ISRAEL

*Uri Laor**

The name of ESHEL — the Association for the Planning and Development of Services for the Aged in Israel — reflects its major roles. From its inception, planning was central to ESHEL's mode of operation. It is very important to create a commitment to serious planning, as there is always the temptation to develop services quickly so as to answer immediate needs and produce results.

The organization of ESHEL is unique. The Board of Directors comprises representatives of four government agencies — the Ministry of Health, the Ministry of Labor and Social Affairs, the Treasury and the National Insurance Institute — and also representatives of the Brookdale Institute.

In my opinion, the best way to determine the ideals of an organization is to examine what it does and not what it claims to do. In the Appendix we have listed the "Research, Evaluation and Systematic Data Collection Initiated or Supported by ESHEL, 1980-1986". There are four categories: The first is basic data collection: ESHEL, together with other agencies, participated in the collection of basic data on the elderly in collaboration with the Central Bureau of Statistics. The second category is the collection and analysis of data supporting specific efforts to develop services at the local level. Since 1980 we have strengthened our co-operation with the Brookdale Institute to develop a national data base on services and manpower in order to determine priorities. After a broad

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in-depth survey in 1980, we are converting to an ongoing system, gradually expanding it to include more and more services.

The third category is the evaluation of services developed by ESHEL. We have been trying to make it a regular practice to evaluate all major programs. There have been ten such evaluations during the last six years. We have also evaluated our own organizational structure (see C.8) to determine its consistency with our mission.

The fourth category is research aimed at defining problems and suggesting priorities, and includes two major projects. One focused on the adequacy of care for elderly receiving community services and for elderly awaiting institutionalization. This ambitious project was carried out by the Brookdale Institute and has contributed a great deal. The second focused on health-related self-care of adult and elderly persons: Doctors' attitudes and perceptions. We commissioned this research in the belief that it is important to enhance and promote self-care. Since the attitude of members of the medical profession can encourage self-care, we needed to determine their attitude in order to be in a better position to influence them or enlist their support.

It is of significance to describe the "geography" of the relationship among ESHEL, Brookdale, the Ministry of Social Affairs and the Treasury. We are all located within an area the size of this university campus. Geographic proximity and personal relationships play an important role in encouraging informal contacts and overcoming formal organizational barriers. There are some very important formal relations that further contribute to cooperation. First, both ESHEL and Brookdale were created as an initiative of the AJJDC with the close cooperation of the government, and both organizations are financed by them. Brookdale staff participate as members of the Executive Board of ESHEL and its various committees. Collaborative seminars and conferences are conducted regularly.

Over the years, Brookdale's ability to address the needs of policy-makers has grown. The Institute now has the capacity to analyze needs relatively easily compared to other agencies, based on their cumulative experience. So it is only natural that if ESHEL wants to develop services in the city of Tel Aviv, we refer the Tel Aviv municipality to Brookdale for help in developing a plan. To induce the municipality to take our advice, we offer to pay half the costs of the plan.

Along with the growth in the capacity to plan, we also believe that the need for planning has increased because the decisions have become more complex. Ten to fifteen years ago the level of services was minimal. Whatever we did we knew was vitally needed, so our efforts could not be mistargeted. Services in the community and in institutions have now developed substantially, so that we have a much more difficult job in defining priorities and in avoiding the duplication of efforts of other agencies. The data provided by the Institute has thus become all the more crucial. In addition to national planning efforts, we organize local forums that engage in ongoing planning, service development and coordination of efforts at the local level. The process of planning on the local level involves representatives of ESHEL, all the local organizations that are involved with the elderly such as Kupat Holim (the National Sick Fund), the Ministry of Social Affairs, and also, local representatives of the elderly population. They are part of the process and they are impatient to see the results.

Appendix to Chapter 7

Research, Evaluation and Systematic Data Collection Initiated or Supported by Eshel, 1980 – 1986

A. Basic data collection

1. A Survey of Elderly in Households, 1982
(a "trailer" to the labor-force survey)
Central Bureau of Statistics – 1985 (E)
2. Elderly People (60+) in Israeli Households
Central Bureau of Statistics, to appear (E)

B. Data collection and processing as a basis for planning services and helping to prepare master plans for developing services for the elderly on the local level

1. Master Plan for Developing Services for the Elderly in Ramat Hasharon, February 1985

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2. Indicators of the Need for Institutional Services in the Southern District.
Nahum Steigman, Brookdale Institute, April 1984
3. Meeting the Needs of the Elderly in Jerusalem in the Years Ahead – a Five-Year Plan for Developing Services for the Elderly.
Brookdale Institute, October 1985
4. Master Plan for Developing Services for the Elderly in Tel Aviv-Yaffo.
Brookdale Institute, December 1985
5. Master Plan for Developing Services for the Elderly in Haifa.
Brookdale Institute, under implementation
6. Manpower in Services for the Aged in Israel – Principal Findings and Implications.
S. Bergman and others, Brookdale Institute, June 1980
7. Evaluation of the Needs of MISHAN (a large network of non-profit sheltered housing and long-term care institutions), in Training and Development of Manpower.
N. Ben-Elijah, April 1986
8. A Survey of Syllabus and Curricula in Gerontology and Subjects Related to Aging and Universities.
J. Rezazake, June 1983
9. Guidelines for ESHEL's Fourth Five-Year Plan.
ESHEL, in cooperation with Brookdale Institute, November 1985 (E)
10. Elderly People in Area 542 in Tel Aviv - Number, Characteristics and Evaluation of Needs.
G. Naveh, N. Ben-Elijah, March 1983

C. *Evaluation of services developed by ESHEL and follow-up studies*

1. Organizational Evaluation of the Day Centers in Zahalom.
G. Naveh, N. Ben-Elijah, December 1984

2. Gilo: A Model of Community Age-Integrated Living for the Elderly - Does it Work?
Jean-Pierre Bendel, Yaron King,
Brookdale Institute, November 1984 (E)
 3. Evaluation Study of Day-Care Programs within Long-Term Care Institutions.
D. Guttman and others, Haifa University, August 1983
 4. Evaluation of Recreation Camp for the Aged.
A. Herzberg, October 1983
 5. Experimental Program of Preventive Care for the Aged.
 - 1) N. Cohen, August 1980
 - 2) N. Ben-Eliah, May 1984
 6. Evaluation of Local Associations for Developing Services for the Elderly.
A. Hochstein, M. Weil, August 1983
 7. Integrating of Elderly within a High School - the "Kugel" Project.
A. Herzberg, July 1982
 8. Organizational Examination of ESHEL.
M. Shifman, February 1985
 9. Evaluation of Neighborhood Service Centers for the Elderly (in Tel Aviv).
G. Naveh, N. Ben-Eliah, March 1982
 10. Guidance for Families who Care for their Disabled Elderly at Home.
B. Morgenstein and others, NII, December 1985
- D. Research aimed at defining problems and suggesting priorities
1. Adequacy of Care for Elderly Receiving Community Services and for Elderly Awaiting Institutionalization.
J. Habib and others, Brookdale Institute, April 1986

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- 2. Health-Related Self-Care of Adult People and Elderly – Doctors' Attitudes and Perceptions.**

J. Shuval and others, Brookdale Institute, under implementation

CHAPTER 8

THE USE OF NEEDS ASSESSMENTS AT THE LOCAL LEVEL

Milan Dluhy and Paul Hunt***

We will begin by describing the different types of needs assessments that are normally completed at the local level. First, there are needs assessments that simply profile the population. Second, assessments are made that describe the target population and its specific needs. Third, the available services that exist in the communities are assessed. Fourth, unmet needs are identified, and fifth, these unmet needs are prioritized. These are the different kinds of information that are usually needed to complete a comprehensive needs assessment. However, most organizations only engage in two or three of these kinds of assessments and rarely all five.

We also use various methods to gain information on needs. The most typical methods are surveys of the older population, use of secondary census data, interviews with key informants, analysis of the results of public meetings or other group processes, and examination of service utilization statistics. Each of the methods used has its advantages and disadvantages, and therefore should be carefully weighed with regard to the resources actually available to implement the use of the method.

Let us turn now to two case examples to demonstrate the use of needs assessments at the local level in Dade County, Florida. We will be discussing two studies, one the "Little Havana Needs Assessment", completed in 1985, and second the "Dade County Needs Assessment", completed in 1986.

The Little Havana Activities and Nutrition Center is one of the most diverse agencies serving the older Hispanic population in Dade County. Currently, the Little Havana agency has 10 different sources of funds and

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a Board comprising of many of the influential people in the Hispanic community. The background of this needs assessment really began when the Little Havana Activities and Nutrition Center requested money from the State of Florida for a new building. The State of Florida attached proviso language to a Senate Appropriation bill for money allocated to Dade County under the Older Americans Act. The language called for a needs assessment prior to putting money into or making money available for a new building for the Little Havana Activities and Nutrition Center. The initial plan was to complete the study in a year. The Director of the Little Havana Activities Center decided early in the process to employ the assessment for working with the Board to plan programs for the future, in addition to its original purpose of determining whether there was a need for a new building. The study was completed within six months and the principal methodology was a telephone survey of the older Hispanic population residing in the geographic area labeled "Little Havana", which is within the city of Miami. Use was made of secondary census data and of service utilization statistics provided by the Little Havana Activities Center.

Very briefly, the findings indicated a population greatly in need. Most of the older Hispanic population residing in the Little Havana area had come to the United States at a rather old age, averaging 58. Many of these people had no pensions, could not draw Social Security, and therefore had to rely upon friends, relatives, local community agencies or the SSI program for support. Without going into the individual statistics generated by the study, it was clear that the population was indeed in need. Poor health was the central problem reported, and lack of sufficient income the major barrier to maintaining good health. Other problems including crime, inadequate transportation, and social isolation were reported in the survey conducted by the Southeast Florida Center on Aging. In all, 250 people were interviewed by telephone using a survey instrument that took about 40 minutes to complete. The survey instrument covered a full range of demographic questions as well as detailed questions on problems and unmet needs.

After the report was completed, a press well attended conference was held in the community. Newspaper, television and radio coverage were good. A very well organized presentation was developed for the press conference. Besides reporting the results of the study, there was a panel

consisting of a local university professor, a local community person, and a State Senator. Each member of the panel commented on the implications of the findings of the study. In short, the dissemination of the results of the study was carefully planned ahead of time by the Center on Aging and the Little Havana Activities Center to justify the need for a new building for the Little Havana Activities Center.

Even though the needs assessment study was not the sole reason for the State of Florida's providing money for the new building, it did present a more well-documented rationale to the state in support of the funding decision. Interestingly enough, one of the by-products of the study was that the Director of the Little Havana Activities Center used the study results at a Board retreat in developing an agenda for the future for the agency. To date, an agenda has been developed and prioritized by the Board based upon the needs assessment study and steps have been taken to both develop and fund programs that were recommended in the study.

In conclusion, from the results of the Little Havana Activities Center Needs Assessment, it is clear that a carefully designed needs assessment conducted in conjunction with a local agency and coordinated with state level decisionmakers can result in very clear and strong linkages between research and policymaking. *The lesson learned in this case study is that working closely together with the community from the start can result in research being utilized very effectively and can facilitate a direct impact on policy and programs in the community.*

The second case study involves the "Dade County Needs Assessment". Again, this study relied very heavily upon a telephone survey of people over 60 years old in the Dade County area. A total of 1448 older people were interviewed. This represented a random sample of all noninstitutional households in Dade County. The results of this study showed, in particular, that older people in the Dade County area had a major need for a better health program, more social service programs of all kinds, financial assistance, and a range of recreational and other social programs geared to overcome social isolation. There was considerable interest in the survey which was designed carefully. While there was no direct involvement on the part of the community in the design of the study, the project was a joint endeavor of the Southeast Florida Center on Aging at FIU and the Area Agency on Aging which is a part of the United Way of Dade County.

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The lesson to be learned from this case study is that the process of designing a study must involve the different groups and agencies in the community to ensure that the questions included will address a wide range of problems that are of interest to the community. Therefore, in addition to including information on demographics, problems, perceived needs and issues that were troubling the older population, this survey also included information on consumers' knowledge and utilization of the service system and their specific recommendations for this system in the future. The time frame for the study was one year, and the effort that went into the design of the instrument, the drawing of the sample, and the care and training of the interviewers paid off in the end. The aim was that this study, rather than making specific recommendations, would set the agenda for the future in Dade County in terms of service priorities.

SECTION IV

STATE OF THE ART IN LINKING POLICY AND RESEARCH

CHAPTER 9

RESEARCH LESSONS FROM THE GREAT SOCIETY

*Richard P. Nathan**

One of the by-products of the Great Society was the creation of the public policy research industry. It was well fed and grew large. Now, like the social programs of the same period, it is on a greatly reduced — some would say, starvation — diet. There is, moreover, growing skepticism about the contribution of social science research in the field of domestic policy. Conservatives have long mistrusted social science research, even if they sometimes use results favorable to their viewpoints. On the other hand, liberals generally like and support social science research but increasingly worry about its results and applications. What should researchers do to improve their standing?

Social science is one among many inputs to social policy. It was never otherwise. Yet there was a period of wistful expectation in the mid-1960s — a Camelot for social science — when many practitioners believed it could be more than that. Research was touted as a determinant in and of itself of new policy directions, or at least an input with a presumed special claim and higher standing than others in the policymaking process. This was the highwater mark for policy-oriented social science.

This expectation was too high to be fully realized. Social science methods have fallen short, for a variety of reasons: for example, because analysis is less important than values and beliefs as a basis for policymaking; because research focuses, not on moral commitment, but on dry analytical problems that seldom yield straightforward solutions; and because research often takes a narrow disciplinary and quantitative approach. Some observers conclude pessimistically that social science research cannot advance social reform, but instead plays a "corrosive role" by undermining faith in the public capacity for constructive change.¹

My own belief, based on evaluative research in the aftermath of the

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Great Society, is more optimistic. *Social science can be both useful and used.* To make this happen, we must build on the broad-based analytical approach embodied in the tradition of political economy. Specifically, for applied social research to have greater impact, it must avoid being either too prosaically practical or too highly methodological, technical and removed from institutional reality.

Researchers should emphasize empiricism and opportunities for replication, as opposed to the kind of policy studies undertaken by social scientists that, in reality, are very similar to what politicians and their aides do in order to make an argument. This does not mean that social scientists should avoid becoming involved as participants or experts in government policymaking. My view is that the two roles — policy expert and policy researcher — can be distinguished, and at the same time that greater priority should be assigned to the role of social scientists as applied researchers.

As social scientists, researchers need to get out of their cubicles, step back from their printouts, and give greater attention to real-world conditions. In particular, social scientists who do applied research in domestic affairs need to give more attention to large, interdisciplinary evaluation and demonstration studies that link quantitative techniques and data with qualitative research. Furthermore, they need to view such major interdisciplinary undertakings as agents for institutional change. It is not enough to apply sophisticated quantitative models to the study of behavioral impacts if we do not have a deep understanding of the real-world nature of the public activities that produce or fail to produce the behavioral impacts being studied.

There are a number of major types of applied research in social science. Some social science research is *analytical*, that is, research on social and economic conditions and how they have evolved and can be understood. Other studies examine how particular programs work, that is, *evaluation* studies. Still other studies are *demonstrations* to test new approaches to social problems. The people who do research differ in their disciplinary equipment, epistemological mindset, and political preconceptions. And, very importantly, researchers working on these three basic types of projects often differ in their relative emphasis on quantitative or qualitative data and methodologies. These differences provide the basis for a typology of studies composed of six basic categories shown in the

Chart. Those categories can serve to classify the major studies that have been conducted in recent years in the field of domestic policy.

CHART
TYPOLOGY OF STUDIES

Type of study	Number-Crunchers (quantitative)	Noncrunchers (qualitative)
<i>Analytical studies</i> (assessments of conditions)	Type 1	Type 2
<i>Evaluation studies</i> (assessments of policy changes that have occurred)	Type 3	Type 4
<i>Demonstration studies</i> (assessments of policy changes that are proposed for wider application)	Type 5	Type 6

IMMUTABLE BOUNDARY

Analytical studies of conditions and trends (Types 1 and 2) are often seen as "defining the problem". I urge instead that we formulate their objectives in more neutral value terms, as assessment of conditions. Without this more neutral mindset, there is always the danger that analysts will give way to a subtle (and often not-so-subtle) bias when they publicize a "problem", as a way of building up a head of steam to support a proposed solution. Not surprisingly, social scientists who specialize in domestic policy studies tend to believe in government, though there are more exceptions to this generalization now than in the heady Great Society days.

Analytical studies may be highly quantitative, intended to produce systematic, objective statements about social and economic conditions and trends. These I classify as Type 1, whether they use existing information or rely on their own primary data. Similar studies may be more qualitative; these Type 2 studies typically combine insightful reasoning and straightforward exposition with data that number-crunchers frequently deride as "impressionistic". I contend that in practice the two types blur into each other — hence the Chart's wavy line between the boxes. Heavy-duty crunchers may claim that their work is clearly different (and, naturally, superior). The real world, however, provides numerous counterexamples. Since Adam Smith introduced modern economics, its practitioners have usefully blended insights from both numbers and words. As Donald McCloskey so cogently argues, "genuine, workaday" economic practice is actually highly qualitative and diverges sharply from the "official rhetoric" of the profession (numbers and quantitative methods).²

However one draws the line between the two types of analytical studies, it is apparent that this research genre has grown substantially. The annual Brookings book on *Setting National Priorities* provides a good example. Once a media event, its release now causes little stir amid the large volume of similar works, not just from other think tanks, but also from universities and governments. Such studies have been institutionalized in the Office of Management and Budget, the Congressional Budget Office and elsewhere.

Evaluative studies constitute the second main category in the Chart. The Great Society spawned some massive studies of this type. The deficiencies of many of these studies have contributed to the prevailing pessimism about applied social science. Often their focus has been too narrow, their statistical data very limited and their methods inappropriate; strong mathematical techniques have been used to assess the effects of small programs, relying on weak data. As Albert Einstein once said, "I have little patience with scientists who take a board of wood, look for its thinnest part, and drill a great number of holes where the drilling is easy".³

The key problem in evaluative studies is the "Immutable Boundary", shown in the Chart, between the number-crunchers and the noncrunchers. Type 3 number-crunching studies downplay the importance of institu-

tional knowledge and are often marked by an almost complete absence of behavioral information.⁴ At its worst, as Wassily Leontief lamented in 1982, this type of study produces "page after page of professional journals...filled with mathematical formulations leading the reader from sets of more or less plausible but entirely arbitrary assumptions to precisely stated but irrelevant theoretical conclusions".

On the other side of the "Immutable Boundary", scholars do more qualitative studies, in which number-crunching plays a much less important role. Understanding programs in their operational framework is given priority, often through field work or case studies. Alas, the no-man's land in between is a region of intellectual and professional danger; battles rage among the researchers on each side of the divide, both between disciplines and within them. The best policy evaluations combine the two approaches: Strong institutional knowledge should inform Type 3 econometric modeling. Likewise, statistical analyses can confirm and broaden the more intuitive results of well-done case studies and field work.

The last major group in the Chart is demonstration studies. The gulf between Type 5, the number-crunchers, and Type 6, the qualitative studies, is especially wide. Behavioral and institutional knowledge is indispensable for the execution of any valid demonstration study.

On the other hand, any demonstration study that lacks a strong quantitative component is of little value. Many such studies actually are little more than an attempt by some public entity to use research money and a research justification in order to begin implementing a favorite idea in some selected geographic setting.

This generation of social scientists has learned a great deal from its experience with policy research. These lessons must now influence our practice. Several such lessons seem obvious to me: Type 1 studies with their heavy reliance on quantitative analysis suffer from overkill and should be de-emphasized. Likewise, researchers should not get involved in Type 6 studies, when they masquerade as demonstration studies but are actually politically targeted programs; such efforts merely use research as a cover for political action.

Evaluation and demonstrations research should get more emphasis, especially research that straddles the critical boundary between quantitative and qualitative studies. Such studies should combine quantitative

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and qualitative research designs and techniques. The subject areas for demonstration studies should be carefully chosen, with major attention given to their policy relevance and potential application.

In order to achieve shifts such as these in the conduct of social policy research, the government agencies and foundations that pay for the research will have to play a more active role. Skillfully developed strategies on their part could have an important effect on the social policy research produced at universities and non-profit institutions. Although projects should be conceived and designed as a whole, researchers should be encouraged to formulate their analysis in a way that would lead to co-ordinated, individually authored articles and books suitable for professional review. The object should be to bring applied work more into line with the standards of academic social science departments that award advanced degrees and tenure.

I am fully aware that the terrain is difficult. But the payoff would be appreciable for public policy and public management. Research quality would improve as funding agencies attract greater numbers of capable social scientists to applied work. The contents of the principal disciplinary journals in the social sciences attend to the need for promoting a better balance between theoretical and applied work.

Notes

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3. *Science News* 1979. 115:213.
4. Rivlin, A. 1971. *Systematic Thinking for Social Action*. Washington, D.C.: The Brookings Institution.
5. Letter to the Editor. 1981. *Science* 217:104.

SECTION V

POLICY FORMULATION AND EVALUATION RESEARCH: FLORIDA AND ISRAEL EXAMPLES

CHAPTER 10

EFFECTIVE REGULATION OF THE QUALITY OF INSTITUTIONAL CARE: A RESEARCHER'S PERSPECTIVE

*Rachel Fleishman**

We would like to share with you the experience we have had in working with policymakers and fieldworkers in applying the findings of a study on the quality of care in LTC facilities.

The impetus for this study came simultaneously from the Brookdale staff and policymakers, who jointly identified a need for a study which would document the state of care and develop methods to reliably measure the quality of institutional care. Thus the study was intended from the start not only to provide basic information on what was going on in institutions for the elderly, but also to develop tools which could be used by field workers to identify inadequate care, assess the root causes and identify strategic points of intervention.

The project we shall describe became part of a long-run commitment made by the Institute in its five-year plan adopted in 1983. We were thus committed to a research agenda that would develop in stages and that would be guided by the implications of the findings at each phase. The project has followed the general pattern set out by Jack Habib in Chapter 4 of this volume: progressing from evaluating needs and problems to identifying solutions, to field testing and to national dissemination. Even now as new needs are identified, the project is expanding to address additional issues.

We begin with a description of the original research study and then turn to the demonstration project to which it led. Funding for the study came in part from the Institute's internal budget and in part from the National Insurance Institute. In this respect, it is noteworthy that the ministries most directly involved did not contribute to its finance. The

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funding from the NII reflected its general interest in promoting long-term care and was in part related to its involvement in the development of a long-term care insurance law.

As is Brookdale's practice, a steering committee was formed of representatives from the various governmental agencies involved in institutional care for the elderly, including the Ministry of Health, the Ministry of Labor and Social Affairs, the Ministry of Finance, the National Insurance Institute and selected experts. The role of the steering committee was to help focus the research on the needs of the government agencies, assure the cooperation of field units, and generally to oversee the project. The committee was chaired by a leading and highly respected geriatrician.

The study was conducted in 1983-4, and used a unique approach for the assessment of the quality of care (Fleishman and Tomer et al. 1986). Rather than relying on indicators of structure, the study focused on the actual processes of care and on outcomes. To this end the tracer approach was utilized as first used by Kessner in 1973 to assess the quality of medical care in an ambulatory care setting.

A tracer is an identifiable problem — for example, high blood pressure, incontinence or loneliness — that has several characteristics: well-defined and easy to diagnose; highly prevalent; definite impact on well-being; the management of the condition is well-defined for at least one of the following processes — prevention, diagnosis, treatment, or rehabilitation; and the care given can influence the outcome. The tracer method was chosen because it made it possible to focus on process and outcome variables with structural elements brought in, in relation to the specific problems and was potentially adaptable for use not only by researchers, but also by surveyors and care providers. Care was defined as being of poor quality when the staff was unaware of the existence of a problem and/or when a problem was untreated or inadequately treated.

The tracer approach was tested in an assessment of the quality of care for a sample of 136 residents in nine units dealing with various levels of dependency. The sample was designed to include units previously assessed by government surveyors as "good" and units previously assessed as "poor". Eleven tracers from the medical, nursing, and psychosocial areas were investigated.

Data was collected by a multidisciplinary team consisting of a

physician, nurse, oral epidemiologist, occupational therapist and lay interviewers. They examined and interviewed elderly residents and key staff members, conducted on-site observations and reviewed medical and social records.

The main conclusions of the study were:

- The tracer approach was found to be useful in that it enables a quantitative and objective evaluation of quality, focuses on specific aspects of care, facilitates the identification of deficiencies in the provision of care, and, if applied over time, enables monitoring of trends in care delivery.
- There are areas of care that are seriously deficient in all institutions.
- There is substantial variation on the quality of care for many problems with the care ranging from adequate to highly inadequate.
- The good care observed in some of the institutions illustrates that it is possible to overcome deficiencies.

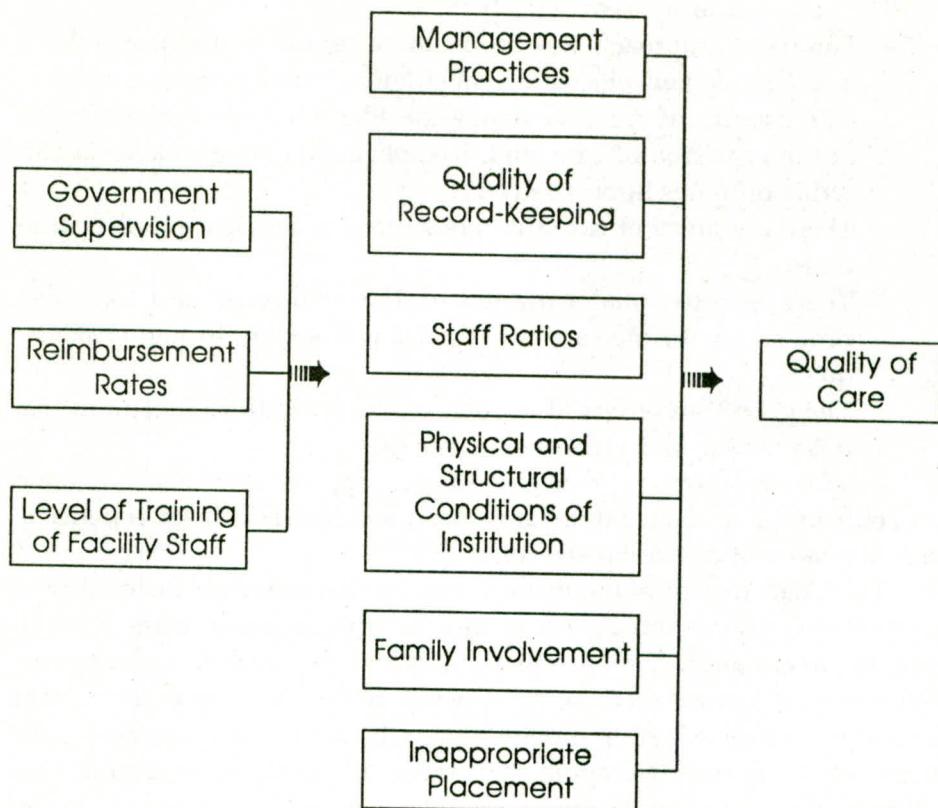
Because the tracer approach investigates aspects of structure, process and outcome, it enabled a number of direct and indirect causes of deficiencies in quality of care to be identified.

The Chart describes the major factors which influence the quality of care. Three major external factors were identified: government supervision or surveillance, reimbursement rates and the level of staff training. Interventions focused on these three factors could lead to changes in other important factors affecting quality of care including: management practices, quality of record-keeping, staff ratios, physical and structural conditions of the institution, family involvement and inappropriate placement.

Upon concluding the research phase, the next major phase in the process was the initiation of extensive efforts to disseminate the findings. The process of dissemination had three thrusts: the verification and clarification of the findings; informing those in a position to make use of the results; and the clarification of possible ways of addressing the deficiencies in care that were recorded. A number of approaches to dissemination were employed. Prior to the publication of the final report, seminars and meetings were held with surveyors, key policymakers involved with long-term care facilities, and key field personnel.

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Chart: Factors Influencing Quality of Care



The findings regarding each facility were sent to the respective facility for comments and reactions. The study report was published in a national journal devoted to social security issues and reprints were broadly distributed (Fleishman and Tomer, 1985). A Publication Announcement was sent to a mailing list of about 1200. Following the publication of the study, further presentations were made to a wide range of groups involved in long-term care. These included: nurses, physiotherapists, occupational therapists, geriatricians, directors of facilities and volunteers. The findings were reported in the press and resulted in a question in the Israeli Parliament requesting the Minister of Health's response to the findings.

After some initial resistance in some quarters, the findings came to be generally accepted. The most serious resistance came from some highly placed geriatricians in the health establishment and from some directors of facilities. The utilization of every opportunity for dialogue — to inform, explain and to listen — eventually led most home directors to express their acceptance of the findings and a desire to introduce improvements.

Concurrent with the dissemination process, we began to explore at the Institute the possibility of applying the approach used in the study to the process of governmental surveillance in the field.

The head surveyor of institutions for semidependent and independent elderly of the Ministry of Labor and Social Affairs had actively participated in the Steering Committee and coauthored the section of the study report on governmental surveillance. The Ministry of Labor and Social Affairs had already begun a review of its regulations for LTC facilities and had, during the course of the study period, come to recognize the need for improvement in their surveillance system. After a series of meetings exploring how the tracer method developed in the study could be applied in the surveillance process, the Ministry of Labor and Social Affairs requested the Institute's assistance in designing a surveillance system based on the tracer approach and implementing it on an experimental basis.

There began a process of mutual learning to develop the program. This included a review of the experience of other countries. One step was the joint visit by the head of the research team and the head of the surveillance team to the U.S. (Bar Giora and Fleishman, 1987). During this visit a link developed with the surveillance system of the Depart-

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ment of Health in the State of New York. A senior surveyor from the State of New York was invited to share N.Y.'s experiences and assist in the training of our surveyors. While in Israel, she conducted two training seminars for surveyors from the Ministry of Social Affairs and the Ministry of Health. The fact that similar changes were attempted by other people in other countries helped to make the ideas more acceptable and seem more feasible to field staff. As a follow-up two nurses, one from the Ministry of Labor and Social Affairs and one from the Ministry of Health have been sent to New York to study the system first hand. The diffusion process has also been influenced by positive competition among the surveyors of the Ministry of Labor and Social Affairs and the Ministry of Health.

A five-year program was adopted by the Ministry of Labor and Social Affairs with the objective of increasing the effectiveness of the regulatory system and thereby improving the quality of care (Fleishman, Bar Giora et al., 1986).

The aims of the program are to:

- Improve ability to detect deficiencies (via new surveillance instruments and methods).
- Improve ability to ensure that deficiencies are corrected.
- Test appropriateness of tracer method for governmental supervision.
- Create a computerized data bank for follow-up, planning, policy-making and research.
- Enhance cooperation between the Ministry of Health and the Ministry of Labor and Social Affairs.

The program involved a number of significant changes in the system:

1. Employment of tracer method evaluation, including a range of medical, nursing and psychosocial dimensions, facilitating focus on process and outcome dimensions of care.
2. Teamwork — nurse and social work supervisors jointly visit and assess need for changes, replacing a system of separate visits which often resulted in overlapping responsibilities, mixed and contradictory signals to facility staff.
3. Information regarding institution and individual residents supplied to surveyors prior to supervisory visits.
4. Standard set of questionnaires used by all supervisors with clear

criteria for identifying deficiencies and their causes; annual inspection to include:

- (a) questionnaires to staff and selected sample of residents,
 - (b) forms to assist review of each resident's file, and
 - (c) questionnaires to be completed by surveyors on general aspects of care. (Until now, each surveyor examined different aspects of care, usually without the use of defined instruments.)
5. Systematic reporting to institutions of supervisory findings and rigorous, computer-assisted follow-up regarding correction of deficiencies.
 6. Anticipated development of realistic standards of care based on the accumulated data.
 7. System to be implemented within context of existing manpower available for surveillance, approximately four and-a-half positions to cover 90 institutions in Israel (as compared to about 18 positions for 40 institutions in each surveillance area in New York).

Upon embarking on the actual program, it became clear that despite the "smooth sailing" into the decision to undertake the project, there were many obstacles to overcome. Although the head surveyors had accepted the need for change, neither they, nor the researchers were totally prepared for everything that the change involved. To assist in the implementation of change it was necessary that the researchers gain a full understanding of the workings of the governmental surveillance process. This was also important in developing an appropriate approach to the project's evaluation. This implies that the researcher recognize the need for, and be willing to spend a lot of time in, working with people in the field.

There is a certain lack of symmetry in the researcher-field relationship in that those in the field ultimately bear the consequences for the success or failure of the program. They take the real risks. The researcher has to appreciate how that may affect the decisions by field staff, and not become impatient and assume a self-righteous stand. Field staff may be suspicious that the researcher does not understand the true situation or the obstacles to implementation and he has to work hard both to achieve that understanding and to establish his credibility in the field. Surveillance staff was sometimes defensive about having outsiders evaluate

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their previous work and were not always cooperative in making materials available. This conflict which was eventually resolved reflected in part the different perspectives of researchers and fieldworkers. The surveyors were interested in improving their work but could not see that they had anything to gain from having a pre-intervention evaluation. Researchers on the other hand felt that it was essential for them to have before and after measures of the intervention in order to properly evaluate the effectiveness of the new system. As it turned out the assessment of the existing surveillance system proved vital to the development of the program itself.

It was only through getting to know the existing surveillance system that researchers came to understand the constraints of the field and formulate reasonable expectations. These constraints included the very limited manpower available for surveillance: four and-a-half positions for over 90 facilities, as compared with about 18 positions on 40 institutions in each of the four surveillance areas in New York. Other constraints are the difficulties in making excessive demands on facilities and the difficulty of enforcement. Shortages of beds, low reimbursement rates and a backed up and complicated legal system were found to be significant constraints on the ability of surveyors to make demands of the institutions to correct deficiencies.

Even after researchers had become well acquainted with the existing surveillance system, and had adjusted their expectations to the constraints of the system, problems were still encountered along the way. They centered on the changes demanded by the program in the actual work processes of the surveyors, especially concerning the distribution of tasks, implementation of team work and the amount of work involved in annual inspections. To a certain extent surveyors perceived researchers as intruding on their territory. This was a source of ongoing tension for the researchers who found themselves in a dilemma. On the one hand, it was their job to design an effective surveillance method. On the other hand, it was the surveyors who had the authority to decide which parts of the method would be implemented. The problem was often one of communication. Surveyors did not always understand why certain changes were deemed necessary by the research team and researchers did not always understand why surveyors were unable or unwilling to implement certain changes.

The process of researcher-policymaker interaction has been difficult for both sides and only a firm commitment has ensured its success.

With time, most of the obstacles have been overcome. In the course of a year the surveyors had committed themselves to a major change in their mode of operations. Initially the objective was to implement the program gradually over a two-year period. After each of the surveyors tested the method and the new instruments in one institution, there was a decision for immediate national implementation. This reflected a real impatience for change. It became impossible, once the changes were recognized as positive, to tell the supervisors to wait. Thus, the evaluation and testing of the system will proceed simultaneously with national implementation.

In summary, the major obstacles have been:

- Defensiveness of surveyors about the assessment of their previous work.
- Researchers started with a lack of understanding of the field constraints which resulted in problems of communication with field workers.
- The increased burden of work for surveyors.
- Difficulty in achieving an agreed and workable division of labor in developing the program.

On the other hand, the aspects which have contributed to developing a link with the field have been:

- The study was user-oriented. From the beginning surveyors were seen as potential consumers.
- Surveillance staff were involved in the study itself.
- Findings were actively disseminated.
- Head surveyors recognized the need for change.
- Surveyors were willing to invest time and effort.
- Researchers made an effort to understand the surveillance system and its constraints.
- Supervisors and researchers worked closely together in developing joint solutions.
- Efforts were made to learn from successful programs in other countries.
- Active attention was paid to the need to mobilize the support of the field staff and to address their training needs.

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The program can boast a number of important accomplishments to date:

- Commitment to new approach to external supervision.
- Initiation of training process for field surveyors.
- Acceptance of directions for change by field surveyors.
- Acceptance by directors of homes of need for improvement.
- Changes in regulations.
- Introduction of teamwork into surveillance and a clear division of responsibilities between nurse and social work surveyors.
- Preparation and pretesting of instruments with full participation of field surveyors.
- Discovery of previously undetected deficiencies, during field testing.
- Indirect contributions to the development of the Ministry of Health's Surveillance Program.
- Commitment to national implementation in 1987 well ahead of original schedule.
- Initiation of international cooperative links, with the N.Y. State Department of Health and with FIU in conjunction with Florida's Department of Health and Rehabilitative Services. A joint research project will be undertaken in which FIU and HRS will replicate the study of the quality of care that served as the basis for the development of the new system in Israel (Fleishman, Tomer et al., 1987).

The program to improve the governmental supervisory system represents one successful application of the quality of care study. Additional applications either underway or under consideration include:

- The implementation of a similar project with the Ministry of Health to improve the effectiveness of surveillance in nursing homes. This project has already begun.
- The development of training programs for institutional staff.
- The development of an internal quality assurance program for long-term care units.

However, we cannot rely on belief alone and we shall evaluate the program in terms of its validity, reliability, ability to detect deficiencies, and ability to bring about improvements in the quality of care. In this process, we shall be creating a computerized data base relating to

quality, a data base which can be used to explore the specific sources of deficiencies revealed, and in turn to develop additional programs targeted on these causal factors.

This kind of ongoing interaction between research and field demonstration is what the Brookdale Institute is all about.

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CHAPTER 11

POLICY AND RESEARCH ON QUALITY OF CARE IN ISRAEL: THE EXPERIENCE OF THE MINISTRY OF LABOR AND SOCIAL AFFAIRS

*Shmuel Friedman**

Introduction

The Division of Services for the Aged, in the Ministry of Labor and Social Affairs, is involved in policy development and care for the elderly in Israel. Its efforts are concentrated in two main areas: long-term institutional care, and home-care and community services.

I want to begin my remarks with a brief description of our responsibilities and activities.

The Ministry of Health has ministerial responsibility for services for the elderly in institutions for the severely impaired or mentally frail, referred to as nursing cases, as well as for the provision of personal-nursing care at home. The Ministry of Labor and Social Affairs is responsible for all aspects of the care system which serves semi-independent and moderately impaired, referred to as the frail elderly, in homes for the aged and in the community as well as all homemaking services.

In 1984, four percent of the elderly in Israel lived in one of the various types of long-term care facilities. There were 14,200 long-term care beds, 5,000 under the supervision and control of the Ministry of Health and 9,200 under the supervision and care of the Ministry of Labor and Social Affairs.

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Future Needs for Beds

The population aged 65 and over is expected to increase by 26% between 1980 and 1990.

However, elderly aged 75 and over will increase much faster so that their proportion among the elderly will increase from 30 to 40% between 1980 and 1990.

These changes will increase the need for all types of institutional beds. According to the projections of the Brookdale Institute, a 50% increase in beds will be needed, in just this 10-year period. Given projected plans for new beds by the public and private sectors, these needs will not be met.

Auspices

The Ministry of Labor and Social Affairs currently supervises approximately 100 licensed homes for the aged. Some of these are only intended to serve the population of moderately impaired elderly, while others include a skilled nursing department. The general operating license for homes of all levels is issued by the Ministry of Labor and Social Affairs, while the specific license for the skilled nursing department is issued by the Ministry of Health.

There are four principal forms of auspices:

Government-owned homes are the largest homes and include all levels of care. A second type includes semi-governmental homes, those homes built by ESHEL (Association for the Planning and Development of Services for the Aged in Israel) which traditionally include all levels of care. The third type includes public-voluntary homes, i.e. those homes operated by voluntary non-profit associations. Some of these service a particular ethnic group or country of origin while others are open to the population at large. And finally, there are private commercial homes, homes operated on a commercial, profit-making basis. These account for almost 50% of all the homes but only 22% of the total institutionalized elderly reside in private commercial homes.

The Activities of the Ministry of Labor and Social Affairs

The Ministry of Labor and Social Affairs maintains about 2,500 elderly in homes for the aged. The elderly apply to local social welfare agencies for assistance in placement and financial aid.

Decisions are made after a local multidisciplinary committee evaluates the person's needs, examines the possibility of community alternatives and makes its recommendation. A national placement committee must approve the local committee's recommendation. The Ministry of Labor and Social Affairs refers elderly to homes under all types of auspices, including those in the private sector, in accordance with specific rates and terms signed between the Ministry and each home.

As of 1987 there were 700 elderly waiting for placement after having been determined eligible by assessment review boards.

The Legal Basis for Regulation of Homes for the Elderly

The Ministry of Labor and Social Affairs derives its authority to regulate the homes for the aged from the "Law for Regulation of Homes for the Aged - 1965" and its accompanying by-laws.

The law requires the Minister of Labor and Social Affairs to appoint surveyors to oversee the law's implementation. These surveyors are employees of the Ministry of Social Affairs and are subject to the administrative and professional directives of the Director of Services for the Aged who is responsible for all institutional, community and home-care services which are provided by the Ministry of Labor and Social Affairs.

The law establishes the obligation of every institution to apply to the Ministry to obtain an operating license according to the conditions as specified in the law. The accompanying bylaws specify the services that must be provided to the elderly in a home for the aged.

On March 30, 1986 new regulations were published which add new requirements suited to the needs of the elderly who will reside in homes in the 1990s.

The regulations include: definition of the population; physical struc-

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ture and facilities; admission procedures; transfer of the elderly within the home and from the home; safeguarding the rights of the elderly in the home; and specifying the services that the elderly must receive, including health services, social work, recreational activities, cultural and religious activities and staffing requirements.

The Demonstration Program and the Implications for the Quality of Care in Institutions

We have seen how the dramatic growth of the elderly population in Israel and the increase in the proportion of those elderly 75 and over, has created a rapidly growing demand for institutional services. This demand has had many ramifications: heavy pressure to expand the network of institutional beds, difficulties in raising the necessary development funds, serious difficulties in finding suitable manpower, emergence of organizations that attempt to build institutions without the requisite financial or manpower infrastructure or the necessary understanding of the needs of the elderly in institutions, and, the most difficult problem of all, the construction of substandard institutions by developers whose main concern is quick financial gain. However, the standards for institutional construction developed by ESHEL and the regulations and standards established by the government ministries have helped to raise the level of care in Israel.

As a result of the study carried out by the Brookdale Institute (Fleishman, Tomer et al. 1986) in cooperation with representatives of the Ministry of Labor and Social Affairs and other agencies, the Division of Services for the Aged decided to reform the regulatory system so as to provide regulators with more sophisticated tools to monitor the quality of institutional care. The system will be based upon the tracer concept. As presented in the study, a tracer is a well-defined medical, nursing or psychosocial problem of high frequency which is treatable, and can therefore be used to evaluate the quality of care.

In order to use this method to evaluate the quality of care, a joint planning team of the Brookdale Institute and the Ministry of Labor and Social Affairs was created with senior staff members of the Department of Service for the Elderly (national head supervisor and head nurse) par-

ticipating. The system developed by the team is now being tested in the field.

Expected Changes

The supervisory system currently employs very limited forms. Forms are open-ended and as a result, in many cases, assessment reflects the personal style of the particular supervisor. Consequently there is a lack of uniformity in both content and method. Evaluations are short, incomplete, and do not address in detail the routine operations of the institution.

It is our hope that the development and use of the new tools will introduce uniformity into the reporting system with regard to both content and method. There will be a standard method of recording all aspects of care by the homes. More extensive recording will make it possible to more systematically follow up the quality of care provided.

In addition, the system will be computerized. Thus, it will be possible to efficiently monitor the homes and provide incentives or employ sanctions in response to the home's performance.

The original study found that the homes' owners and staff are insufficiently aware of changes in residents' functional condition, deterioration in health, etc. Moreover, many caregivers are not properly trained for work with the elderly and consequently are not sensitive enough to the frequent changes which can occur in the condition of an elderly person. The measurement tool which is to be developed will, in our opinion, sharpen the perceptions and raise the sensitivity of caregivers, making it more difficult to ignore or overlook problems.

Problems Related to the Implementation of the New Method of Regulation

Notwithstanding the earnest efforts by the Brookdale Institute and the staff of the Division of Aged of the Ministry of Labor and Social Affairs and their agreement on basic objectives, differences of opinion arose with respect to the means of implementation. These often stem from the fact that there are differences between a research institute and an opera-

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tive government office with respect to their understanding of policy, the system's constraints, the government office's responsibility, the legal aspect of the regulatory system and relationships with other agencies. Problems yet to be solved include the following:

The Service for the Aged currently has 3.5 regulatory positions for homes for the aged (100 homes). Because the government sector has had to reduce the number of employees over the last three years due to economic conditions, there is no possibility of increasing the number of surveyors. There is even the danger that when an employee leaves, it will not be possible to fill his vacant position. Therefore, the current manpower problem is significant.

Problems of Enforcement

The new regulations which were recently published are consistent with the concept of care that we want to ensure in the years ahead. On the other hand, the means to assure enforcement are inadequate. This is all the more problematic, given the serious shortage of institutional beds. The alternative to substandard institutions is almost nonexistent. Thus some compromises must be made, even if the new regulatory system is more effective in identifying deficiencies that cannot all be immediately remedied.

It is sometimes difficult for researchers to understand the problems in overcoming the opposition or unwillingness of the institutions to cooperate. This opposition can be due to complicated problems related to daily operations or to an unwillingness of an operation to expose its weak points. Cooperation needs to be encouraged by offering many incentives. This sometimes requires a serious investment of time, an investment which does not suit the researchers' timetable. Our job as surveyors is to keep the channels of communication with the home open and maintain a good working relationship.

The Problem of the Researchers' Over-Identification with the Problems Observed in the Homes

In the course of the research and the development of the new system, the researchers were exposed to the daily problems faced by the homes. This exposure created an earnest desire on the researchers' part to help

solve these problems but it also created conflicts between the research team and the surveyors. The research team found it difficult to stay in the realm of research, and became a sort of supervisor of the supervisors.

Problems Related to the Presentation of the Research to Outside Agencies

There is a natural tendency for the researcher to want to emphasize elements of change, and they sometimes overstate the problems of the existing system. By contrast, policymakers prefer to view change as part of a process of ongoing improvement. It was very important for both the research team and the policymakers to reach an understanding as to how the program should be presented and understood.

Summary

This document describes the importance of the relationship between a research institute which collects data, performs research and develops instruments and approaches, and a government office which is responsible for determining care policy for the elderly.

The conflicts, disagreements, and problems which arise during the joint effort do not diminish the importance of this relationship.

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CHAPTER 12

EVALUATING FLORIDA'S COMMUNITY CARE FOR THE ELDERLY PROGRAM

*Nancy Ross**

I have been concerned with the issues of this conference for many years. I would like to start by first describing in general the office I work for and then switch to discussing our research on the Community Care for Elderly Program. I will describe factors influencing use of evaluations and conclude with a discussion of the advantages and disadvantages of in-house evaluation.

I work for an evaluation unit in an umbrella state agency that covers a broad range of programs including health, mental health, developmental disabilities, delinquent and dependent children's services and welfare. The evaluation unit was formed with grant funds at the agency's inception. In a 1975 reorganization the role was formalized by the Florida Legislature which statutorily mandated that 20% of the departments program be evaluated annually. In the aftermath of Reagan cutbacks staff in the evaluation unit was cut by half. Subsequently, the Legislature's mandate was reduced to 10%. All evaluations by law must be submitted to the Legislature.

When first formed statutorily, the evaluation unit was placed at a lower level in the organization. This was not effective and later the unit was moved to the head of the agencies staff. Currently, evaluations are carried out by nine professional career service staff which are occasionally supplemented with special grant staff. The evaluations to be conducted are selected annually.

Some are specifically mandated by the Legislature. Others are selected after discussion with program administrators. Selections are finalized by the agency head. After an evaluation is selected, a lead evaluator is assigned to develop a concept paper and has full responsibil-

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ity for all aspects of a project with direction from a supervisor. Teams are seldom used. The evaluation literature suggests that this approach is most effective, as a key to a successful product is the credibility of a specific evaluator.

I feel that the development of the concept paper which is from three to six pages long is the most important step in an evaluation. Concept papers are generally developed after 1) talking to all groups with an interest in the program, 2) conducting a literature review, and 3) spending a day or two visiting or doing a work day in the program. After the concept paper is reviewed by the supervisor and identified agency users of the evaluation, the analyst proceeds to complete the evaluation usually using low cost unobtrusive types of measures if possible. Generally, some original data collection is required, as routine data are insufficient, of poor quality or inaccessible. Generally more than one source of data is used to provide for triangulation.

All users have an opportunity to review the product before it is finalized. A frequent criticism of the work of our office is that little direct observation is done. Reasons for failure to use this data collection technique include a lack of travel and personnel resources.

Having given an overview of the office I work for, I will describe the work my office has done in the general area of the Community Care for Elderly Programs. Basically, the Community Care for the Elderly (CCE) Program was an outgrowth of the Florida Legislature's desire to keep expenditures for nursing home care low and the program was sold as a cheaper alternative to nursing home placement. CCE is a state financed program to provide community-based services such as care management, homemaker, and day care to the frail elderly.

Several studies had been done nationally by university-based staff that indicated many nursing home residents did not need to be in a nursing home. Although research in Florida was not as well done as that nationally, the Florida Legislature saw a need to fund the community-based program as an alternative to nursing-home care. Because new state revenue was involved, the Legislature required annual evaluations of the program and funded the program incrementally, based on receipt of positive results. The Legislature made the evaluation stipulation without providing funds for evaluation. Seeking added resources, the director of the program came to our office to meet the legislative mandate. It was a

major advantage that the director came prior to program implementation and the evaluation was able to get in on the ground floor. I think this was an important key for preventing the development of the "two cultures" phenomena, which can be a very real problem particularly for established programs. In my experience, it is most likely to occur when the program being evaluated is not under a perceived threat or when the evaluation challenges existing norms without meeting a perceived information need. In the long run, an evaluation conducted under these conditions can be influential but the short run is usually quite discouraging.

Thus, based on our experience with other programs, it seems that one key to our success with the CCE program was being involved at the start.

A second factor which made our success with CCE possible was the additional resources we received to evaluate a Medicaid Waiver Demonstration Program. These additional resources were important. A disadvantage to in-house research is the constant push to do more evaluations faster. Outside evaluators can be more realistic in specifying time frames. (For example, when a request for a proposal requires a product in too short a time frame, qualified bidders do not respond.) When time frames and staff are limited, corners are cut. For example, literature reviews are not conducted or are less thorough. The validity of measures are not examined. Insufficient time for these activities is particularly important for our office as the evaluation staff is small and most are generalists. Luckily we are located in a university town and can tap experts fairly easily when needed. However, resources through receipt of this grant helped enormously in gaining sufficient staff time to conduct literature reviews and determine the adequacy of instruments.

A third key to our success was use of an assessment instrument.

Previous work I had done on nursing home issues had indicated a need for reliable data sources. Client demographic and need data were so poor it was difficult to construct profiles of those entering nursing homes. Thus, I required, as part of the CCE program design, that standardized assessment instruments be used for all services. Most instruments available at this time, such as the OARS, were formidable in length and program staff said that the field workers would not use them. In order to get a standardized instrument I had to design a new one (or at least format one in a more acceptable way to workers). The assessment instrument is used in all aging continuum programs except for nursing home placement. Other

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states, such as Texas, which also have substantial capability for in-house research, went in the same direction of developing easy-to-use assessment instruments. In fact, I like Texas's instrument better than the one I developed as it includes range of motion, better mental status measures and is more clearly presented in an interview style. Although the Florida assessment instrument's reliability is questionable due to lack of training by staff, it works from a research perspective in that there is good internal consistency.

A fourth variable in the success of our CCE evaluation was that a series of studies were done, not just one study. In fact, so far a total of 13 different studies have been completed. A handout lists these studies and major findings. The first few studies conducted primarily addressed the legislative issue of cost effectiveness. In these studies a variety of techniques were used to determine who would meet nursing home eligibility criteria. Techniques used included applying rating scales, asking nursing home eligibility workers to determine the eligibility of a sample of the community clients and comparing profiles of nursing home entrants to non-entrants using discriminate analysis. The Medicaid Waiver Study was the only study to use a control group. Basically, CCE was felt to be cost effective because costs were so low that, even assuming that only 20% of those who met nursing home criteria would actually enter a nursing home, costs for the whole did not equal nursing home costs for the 20% of those who met the criteria. The 20% figure was used as a survey of the general population; only 20% of those over 65 indicated that they would ever consider going to a nursing home. The control group study, which cost more to complete, did not show cost effectiveness although recipients were more active after receipt of service and they lived longer. It also showed that if those who were less impaired received too many services they tended to become more impaired. Thus, too much service may increase dependence. Each study was built on the last study's questions. Based on a finding of lack of cost effectiveness, but apparently greater quality and length of life of the client, the focus of subsequent evaluations switched to what was the impact of providing services on the informal caregivers who are often as impaired as the clients themselves and who provide the majority of care. Florida switched to this focus several years before national research suggested this change. For example, a recently released report (costing millions of dollars) on a federal community care demon-

stration (channelling) also concludes that it is more important to measure the impact of service on the caregiver. The serial approach also led to our delving into why adult day care and respite services are underutilized. Basically, we found adult day care served the less impaired of the continuum although it was originally thought to be a deep end service because it is a high cost service. Other efforts sought to look at how CCE clients compared to clients being served in other programs in the continuum of services such as home care, foster care and domiciliary care. The three sources of ideas for research came from staff in the Legislature, the aging administrative unit and the research unit. No one group dominated. Timelines and research methods were primarily developed by the lead evaluator working with the supervisor with emphasis on getting products done by legislative session or budget preparation deadlines. Efforts to involve the users in this process were made as potential users were identified and their input solicited through interviews. Users always had an opportunity to review designs and instruments before adoption. However, users were often not really sure of what they wanted and meetings served more to function as a means for the evaluator to learn program details and to establish credibility and obtain cooperation. The primary limitation of designs was the lack of personnel resources beyond the evaluator and the supervisor. This generally meant that reliance was placed on unobtrusive measures or getting field staff to cooperate in administering special data collection forms. On-site observation was limited. Quality control over data collection was also weaker than one would like. Our office is expert in designing inexpensive methodologies.

After the design is adopted, users are generally briefed periodically at the discretion of the evaluator. Generally, but not always, contact is fairly limited until the report is drafted. Contact increases if a decision is being considered for which evaluation information would be helpful. Primary users are always given an opportunity to review the draft report. Dissemination of the report is fixed. Copies are sent to district program staff, state office staff, the top departmental managers, the Legislature, the Governor's Office and any other group who has expressed an interest. Report formats are fairly standard and always include a brief three to four page abstract. A survey of primary users gave high marks to our reports (i.e., 86% said the reports were readable; 73% felt the reports were of high quality). We are considering more active dissemination of find-

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ings to newspaper editorial boards, and formal verbal briefings of key decisionmakers.

What made the evaluations useful? I think there are three types of use. The first is instrumental use which is defined as the degree to which recommendations are implemented. The second is persuasive use or the degree to which the evaluation is used to convince others of a course of action. The third is conceptual use or the degree to which the evaluation influences thinking in general about a program.

Some studies on the use of research have not found much instrumental use. More recent theoreticians felt the primary impact of evaluation may be in the conceptual or persuasive areas. Actually, a study of our office conducted as part of a doctoral dissertation by Nina Barrios found reasonably high use in all domains. The study found that 80% of all recommendations were adopted. Furthermore, key informants felt that the evaluation was at least partially responsible for the adoption of the recommendation in 44% of the cases. Eighty-two percent of primary users and 69% of the secondary audiences felt the evaluations increased their conceptual understanding of the program. Forty-six percent of primary users and 20% of secondary users reported using evaluation information to persuade others of a course of action.

Some evaluations were considered more useful than others. To explicate why this was so, evaluations with high effectiveness ratings were contrasted to those with low effectiveness ratings on dimensions covering:

1. Formulation of questions (degree of participation)
2. Production quality;
3. Communication style, timing, etc.

Findings were as follows:

1. Contrary to expectations, recommendations that focused on broad policy issues were considered more useful than more operational recommendations, even though they were harder to implement.
2. Evaluations were considered more useful when there was a perceived need for new information or when consideration was being given to new policy direction, the information was new or the recommendation had not been previously considered.
3. Users predisposition to the report was important (i.e., if the "two cultures" phenomena was present, use was considered lower, even if the other factors were present).

Timing was not as important as previous research had found, although a perceived need for information was important.

The degree of involvement of users in the process or the amount of selling of the evaluation by the evaluator did not appear to impact usefulness ratings.

Highly credible reports were not necessarily useful if a perceived need did not exist. With a perceived need, credibility became important. Credibility was usually associated with the particular evaluator's character. Evaluators perceived as more open (less rigid) and politically aware were seen as more credible. Feeling toward the evaluator was not a factor as highly liked evaluators had low success ratings if the other factors were not present.

Two CCE evaluations were included in the sample studied. Interestingly, the most technical of the evaluations had the lowest use ratings. Users even rated the quality of this study higher than any other study in the sample but because a decision had been made, due to budget cuts, not to continue the particular program, most gave the evaluation low use ratings even though much effort was made to sell the findings and implications for other programs. Thus, it is clear that to have a recognized impact it is often better to do more focused, less complex studies. These conclusions have also been suggested by others who have examined the issues.

What does my experience suggest for research? First, there is a need for both in-house and outside research. University or center-based research units are better suited for developing instruments and conceptual frameworks. This is because these researchers can specialize more easily or the particular specialities needed for a project can be obtained for a brief period. Outside research is also best for highly politicized situations where opinions are polarized. This was not the case in the studies I described.

In-house research is often better for quick studies as the evaluators are more familiar with the bureaucracy and can act more rapidly. Outside groups often do not know where to look for information and have to spend more time up front and are often more likely to see only what the administrator wants them to see.

There are biases to both types of research. Outside groups rely on good rapport to get future contracts and are not as likely to upset those paying for the evaluation as internal evaluators and are thus more likely to be

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co-opted unless the funder has no vested interest in the program.

Internal evaluators are under pressure from on-going relationships but each job is not so dependent on a specific previous product. This independence is costly as evaluators seldom can expect to gain promotion within their organization. Internal evaluators also do not get bonuses for good work so other types of moral incentives are needed.

In-house research units are also in a position to build on previous work. Other advantages of in-house research units are that results need not be disseminated, and unfavorable situations can be changed without advertising problems to the world. This can also be a disadvantage if the agency is not responsive to research but so far this has not been a problem for our office. I think both types of research capabilities are needed.

Another recommendation for improving research utilization is to always present findings verbally as well as in writing.

A third recommendation is to have a journal that reports more routine evaluation or research findings which would not necessarily meet research journal criteria. This is important, as journal criteria often differ from those that make research usable. For example, the one CCE study which would meet current publication standards was seen as the least useful. Accepted practice must be followed. However, a series of less comprehensive or definitive studies may achieve the same or greater level of confidence in findings as one large study.

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Excerpts from the Discussion

Dluhy (FL): The kind of superior research that we have been talking about, research that is truly credible, requires more than the 60-90 days that we are usually given, and there is always the problem of insufficient funding. On the other hand, even though we do not like to do the kind of research that can be classified as "quick and dirty", careful, long-term research does not always correspond with the urgency of decisionmakers. How much time can and should we take to put together a piece of what we would call "valid" research? And how do we get the decisionmakers to buy into the research, to feel that they are part of the research process, part of the question and the solution?

Habib (Israel): We must all work to develop trust and credibility with decisionmakers, and realize that this is a two-way street. Decisionmakers think researchers over-dramatize, have a condescending attitude, and do not understand the realities of the field.

Friedman (Israel): It is true that researchers sometimes overstate the problem to get attention for a particular project or topic. To a policymaker, that project is only one of many decisions that have to be dealt with. *Quick* (FL): I do not think that negative implementation is due to decisionmakers not buying into the research. Many times it is just a lack of resources. Researchers need to remember the realities of the political situation.

Laor (Israel): Yes, it is unrealistic to expect that any particular piece of research will be fully implemented; but research can help to moderate and to refine public policy. I think that the conditions that are absolutely necessary for linkages between researchers and policymakers are direct interaction between those parties, an openness to the needs of policymakers, and recognition of the necessity for compromise.

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Fleishman (Israel): We have to involve those in the field in the definition of the question, the methodology, if we are to gain trust and credibility. The researcher must be willing to spend a great deal of time with those in the field. These are the people who take all the risks.

Quick (FL): We should also remember that policymakers have to look at public opinion as well as the findings of research. If we are to have influence, we need to determine who the opinion leaders are, as well as who the policymakers are (elected officials or bureaucrats) and target our message carefully.

Morris (U.S.A.): There is a diffusion of responsibility for policymaking among a variety of important players. So there are multiple target groups.

Duggar (FL): We need very precise targeting if we are to get the best results from limited resources.

Michaeli (Israel): Training for those who work with the elderly is imperative if we are to get full benefit from research.

Dluhy (FL): It is imperative to write very good executive summaries. Policymakers do not have time for summaries that are not written very well or not written carefully. Prepare documents that are easy to get in and out of. Leave the tables, etc., for appendices. Stay away from professional or intellectual jargon and social scientist language.

Habib (Israel): At Brookdale, we have a large pool of resources in a central location, and the process of linking research and policy is very clearly defined. There is a commitment to public disclosure of our findings, whether those findings are what we would like them to be or not. We try to find out which are the relevant and significant issues on the public agenda, not our own agenda, and then we make those issues our own. And the ideal, of course is to have long-term commitment to long-term issues, not just a series of "projects". It is important to make your findings available as widely as possible through aggressive dissemination.

Selected Lessons from the Conference

The dialogue between policymakers and researchers as reflected in the papers and the discussion brought to the surface a broad spectrum of issues surrounding the link between policy and research and a number of practical examples of successful efforts to make this link.

We briefly highlight some of the points of general agreement that emerged.

Contrasts between Florida and Israel

While there were many points of similarity between the context of research and policymaking, there were also several differences worthy of note. The marketplace for research in the United States is far more diverse. The demand for research generally comes from a variety of independently operating decisionmakers. The number of people doing the research and the settings in which it is done are more like a private marketplace where there is a large and varied supply of researchers. In Israel, by contrast, there are fewer producers of research and these tend to be more concentrated and organized. Similarly the decisionmakers themselves tend to be more organized in the formulation of their demands from the research community and use of the data. In short, the system is more well defined and less complex.

The difference in the organization of the research marketplace is in part related to the establishment in Israel of a central research organization (Brookdale Institute) with the express mandate of serving as a resource in developing policy and practice and with a defined role in mobilizing the input of researchers throughout the country. This organization also serves to coordinate the demands by policymakers as all the major ministries dealing with the elderly are represented on the board of directors and have to approve an agreed research program. A second key feature of this arrangement is the guarantee of long-term bloc finance to the Institute so that a comprehensive, long-term and in-depth approach to policy-related research is facilitated. In addition, stable finance makes it possible to support an organizational climate that places a major emphasis on dissemination- and implementation-related activities.

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A third difference relates to the structure of policymaking in Israel. There are fewer intermediaries between policymakers and researchers in that the key policymakers are often those who directly negotiate and monitor research contracts. This is due primarily to the small size of the country and the bureaucracy. A second characteristic is the more stable nature of the personnel in key policymaking roles. The rate of turnover is much lower in Israel and the same individual may easily hold the same position for 15-20 years or more. This holds true up to the level of general director of major ministries. This situation obviously contributes to the development of ongoing links between researchers and policymakers. It also enables policymakers to assume a longer-run view of the payoffs from research. On the other hand, it exacerbates the role that personal idiosyncrasies can sometimes play as obstacles to these links.

Lessons and Issues

The importance of involving policymakers in the research process

As emphasized by many participants, one way to enhance the utilization of research is to involve decisionmakers in the research process from the beginning: In the formulation of the questions, the design of the research and, ultimately, the evaluation of the results. There seems to be a general consensus that successful linkages between research and policy are often based on the strategy of involving decisionmakers from the start.

At the same time there are situations in which decisionmakers initially will not be interested in a particular piece of research, but will eventually realize its importance or find themselves forced to come to terms with the results. It is important that any system provide opportunities for such research as well.

The importance of effective presentation and packaging of research

It clearly emerged that in both countries decisionmakers do not spend a great deal of time reading, have little patience for poorly written materials and long elaborate documents, and most prefer crisp, executive summaries that highlight the findings. As was pointed out in a number of the presentations, decisionmakers want material presented to them that

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are timely, action-oriented, and policy relevant. While methodological issues are and must be of concern to the researchers and their peers, they are of less interest to decisionmakers. These considerations dictate the organization of research reports so as to meet the needs of all the different parties. Various approaches were suggested.

Similarly a range of target groups must be kept in mind including not only policymakers but field professionals and the general public. One suggested way of reaching a wider group is by use of brief publication announcements that can be widely distributed. Focused efforts to integrate research findings into in-service training programs can also prove effective.

The importance of mobilizing support for in-depth, long-term and comprehensive research

There are pressures both on the side of policymakers and researchers that obviate a more in-depth, long-term and comprehensive approach.

Policymakers prefer studies that are completed in a short time period and meet their most immediate and compelling needs. They are often willing to settle for "quick and dirty" research if it is quicker and less costly. Researchers are by contrast more concerned with assuring the methodological validity and reliability of the results, with addressing issues in a more in-depth fashion, and may have difficulty meeting short-term and urgent demands on their time. At the same time researchers have their own incentives for taking an in-depth view of a small piece of the elephant rather than taking a more comprehensive view of issues. While it was felt that there is room for both short-term as well as highly specialized research, more comprehensive and long-term research has been neglected. A number of suggestions for overcoming this difficulty were made during the conference. It was felt that only through a dialogue could policymakers and researchers come to appreciate each others' viewpoint, thus more retreats and conferences such as this one would be helpful. Participation of policymakers on the boards of research organizations is another way to involve them in long-range thinking about the research agenda. However the key element is perhaps the assuring of special funding that would be set aside to address issues on a long-term and comprehensive basis. This would also make it possible to structure incentives for researchers to undertake this kind of effort.

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Importance of developing trust and confidence between researchers and policymakers

There was widespread agreement among the participants that lack of mutual understanding and even mistrust often serve as barriers to linking policy and research.

Therefore direct efforts need to be made by both sides to overcome these barriers. As brought out in several papers it is important that researchers avoid self-righteous attitudes that ignore the constraints confronted by policymakers. Moreover it is important that policymakers and researchers engage in a real dialogue about the interpretation and implications of research findings. This provides an important additional review of the validity of the findings and avoids a situation in which research findings are ignored because they are misunderstood.

Defining appropriate role of the researcher in the policymaking process

Although no consensus was reached on this issue, it was agreed that the role assumed by the researcher has a major influence on the link between policy and research. The question is whether researchers should make specific recommendations or whether their role is confined to describing problems, identifying causes and presenting options. Recommendations rarely emerge unequivocally from research findings and generally involve some additional positive leaps of faith or normative judgements. Thus the question arises as to whether the researcher is any better equipped than policymakers to make such judgements or whether s/he has a mandate in the role of researcher to do so. Moreover, in straying from the realm of academic objectivity s/he runs the risk of being viewed as biased or as a protagonist and thus the objectivity of his/her methodology and data may itself be questioned. On the other hand, there are those who argued that no research can in any case be fully objective and policymakers often pressure researchers to make recommendations. It was agreed that the true test of the policy-relevance of research was not in the list of recommendations but in the relevance of the findings to the decisions that ultimately must be made by policymakers and the political process.

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Holistic view of how research affects policy

In the various papers and the discussion it was possible to identify a range of ways in which research had influenced policy. Whereas the conferees agreed that it is possible to create conditions more favorable to a meaningful link between the two, there is not a unique or singular way to influence policy. Research results that may be rejected in the short run may in the long run have a major impact. Research that is not directly accepted by policymakers may influence public opinion which will in turn impact on the decisionmaking process. Research in which policymakers are not willing to initially participate or finance may eventually be used by them when the results are in and prove to be relevant. The specific lessons that emerged from the conference for maximizing the link need to be viewed within this broader and more pluralistic perspective.

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List of Participants from Israel and AJJDC

Panelists:

- Shimon Bergman – Deputy Director, Brookdale Institute
- Yitzchak Brick – Deputy Director, Ministry of Labor and Social Affairs,
Responsible for Social Affairs
- Shlomo Cohen – Deputy Director, Planning and Research Division,
National Insurance Institute
- Haim Factor – Deputy Director, Brookdale Institute
- Rachel Fleishman – Senior Researcher, Brookdale Institute
- Shmuel Friedman – Director, Services for the Aged, Ministry of Labor and
Social Affairs
- Moshe Haba – Deputy Director, Department of the Treasury Responsible
for Budgets
- Jack Habib – Director, Brookdale Institute
- Uri Laor – Director of Health and Aging Program, JDC
- Erez Litan – Deputy Director, Amidar Housing Authority, Ministry of
Housing
- Dan Michaeli – Director General, Ministry of Health
- Mordechai Tsipori – General Director, National Insurance Institute
- Dan Simon – Director, Department of Geriatrics, Central Health Fund

Special Guest:

- Heinz Eppler – President, American Jewish Joint Distribution Committee,
New York

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List of Participants From the United States

Panelists:

Milan J. Dluhy – Associate Director, Southeast Florida Center on Aging,
Florida International University

Margaret Lynn Duggar – Program Staff Director, Aging and Adult
Services, Department of Health and Rehabilitative Services

Margo Helphand – Gerontologist, Oregon

Paul C. Hunt – Director, Area Agency on Aging, Dade and Monroe County

Sanford Kravitz – Distinguished Professor of Public Affairs, Florida
International University

Bentley Lipscomb – Majority Staff Director, U.S. Senate Finance
Committee

Robert Morris – Research Associate, Southeast Florida Center on Aging,
Professor Emeritus, Florence Heller School of Advanced Studies in
Social Work, Brandeis University

Richard P. Nathan – Professor of Public and International
Affairs, Woodrow Wilson School, Princeton University

Nancy Persily – Research Associate, Southeast Florida Center on Aging,
President, Nancy Persily and Associates

Larry Polivka – Planning and Budgeting Office, Executive Office of the
Governor

Linda Quick – Executive Director, Health Council of South Florida, Inc.

Nancy Ross – Supervisor, Office of Management and Evaluation,
Department of Health and Rehabilitative Services

Max B. Rothman – Executive Director, Southeast Florida Center on Aging,
Florida International University

Harold Sheppard – Executive Director, International Exchange Center on
Gerontology, University of South Florida, Tampa

Elliott Stern – Associate Director, Stein Gerontological Institute, Miami
Jewish Home and Hospital for the Aged

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John Stokesberry – District Administrator, Department of Health and Rehabilitative Services, District 10 (Broward County), Florida

Special Guests:

Doris Bass – Director, Elders Institute, Southeast Florida Center on Aging, FIU

Lois Blume – Director, Corporate Volunteer Program, Southeast Florida Center on Aging, FIU

Edgar Cahn – Director, Service Credit Program, Southeast Florida Center on Aging, FIU

Ann Clapper – Southeast Florida Center on Aging, FIU

Martin Coyne – American Federation for Aging Research, Boca Raton

Coleen Cuervo – International Exchange Center on Gerontology, Tampa

Ellie Ganz – Southeast Florida Center on Aging, FIU

Rosa Jones – Chairperson, Department of Social Work, FIU

William Leffland – Dean, International Affairs, FIU

Martha Pelaez – Director of Education and Training, Southeast Florida Center on Aging, FIU

Arthur Rosichan – Miami

Florence Rosichan – Miami

Florence Safford – Associate Professor, Department of Social Work, FIU

Background on Participating Organizations and Their Representatives

American Jewish Joint Distribution Committee (AJJDC) is a voluntary organization, active in meeting the health and social needs of Jewish communities throughout the world. Representing the AJJDC is Heinz Eppler, President of the AJJDC.

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JDC-Israel and ESHEL. JDC-Israel represents the activities of the American Joint Jewish Distribution Committee (AJJDC) in Israel. JDC-Israel makes a very important contribution to the financing of services in Israel and to the efforts to introduce innovative approaches and enhance the effectiveness of the service system. ESHEL (The Association for the Planning and Development of Services for the Aged in Israel) is a combined venture between JDC-Israel and the government of Israel which equally share in the financing of its activities. It is a moving force in the development and planning of services for the elderly in Israel. Its board includes representatives of three ministries - The Ministry of Labor and Social Affairs, The Ministry of Health, and the Ministry of the Treasury - and most recently, the National Insurance Institute, and functions on a consensus basis. The major share of all developmental expenditures in Israel for both community and institutional care is channeled through ESHEL. In addition, a major function of ESHEL is the development of innovative programs. Associated with ESHEL is a network of local service development associations which include representatives from both the service system and local citizenry. The JDC-Israel and ESHEL are represented by Uri Laor, the Director of ESHEL and the Director of Health and Aged Services at JDC-Israel. He was formerly in charge of Social Budgets at the Finance Ministry.

Ministry of Labor and Social Affairs is the major organization responsible for social welfare services for the elderly in Israel. It operates through a network of municipal social welfare offices, many of which have special departments serving the elderly, with social workers specializing in the care of the elderly. It provides a range of social welfare services, including homemaking, personal care, transportation, sheltered housing and day care. It has responsibility for financing the institutionalization of the moderately impaired elderly and supervises their care in a network of 80 institutions. The Ministry of Labor and Social Affairs is represented by Yitzchak Brick, Deputy Director of the Ministry, who is responsible for social affairs. Dr. Brick is also Chairman of the community care services committee of ESHEL and a member of ESHEL's executive board. He is a graduate of the Florence Heller School for Social Work in the United States. Also representing the Ministry is Shmuel Friedman, Director of

the Division of Services for the Aged in the Ministry of Labor and Social Affairs and Chairman of ESHEL's Committee on Sheltered Housing.

National Insurance Institute is Israel's equivalent of the Social Security Administration in the United States. In addition to responsibility for all branches of social security, it has now assumed responsibility for a new community care insurance law, referred to as the Nursing Care Insurance Law which will finance access to community services on an entitlement basis. In addition, it operates a service of information and counseling to the elderly and is involved in a number of demonstration programs throughout the country which relate to innovations in the service system. Attending from the National Insurance Institute is the Director, Mordechai Tzipori, who assumed office in July 1986. Mr. Tzipori is a former Cabinet Minister. Also representing the Institute is Shlomo Cohen, Deputy Director of the Division of Planning and Research with major responsibility for ongoing policy analysis. Mr. Cohen was one of the major architects of the new Nursing Care Insurance Law and has been involved in all aspects of policy development with respect to the elderly within the National Insurance Institute.

Ministry of Health has overall responsibility for health care in Israel. It supervises the administration of sick funds. In addition the Ministry is directly responsible for financing certain key services, such as institutional care for the severely impaired elderly, and is the direct provider of some services, particularly in the areas of mental health and health promotion. Moreover, it is directly responsible for the operation of a number of hospitals, including geriatric long-term care centers. Attending from the Ministry is Dan Michaeli, who was formerly Director of one of Israel's largest government hospitals serving the Tel Aviv area, a region in which 20% of the population is over 65 and the elderly account for 48% of all hospital days. Dr. Michaeli has also served as the Chief Medical Officer of the Israel Army.

Kupat Holim, the General Sick Fund. Health insurance in Israel is provided in the context of sick funds, the largest of which is the General Sick Fund, which was founded by the Histadrut, Israel's largest, nearly mono-

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lithic labor union. The funds not only finance but also directly provide services. The General Sick Fund is organized primarily on the basis of a national network of neighborhood clinics, which integrate medical, nursing and para-medical staff. In addition, there are regional extended care units that have particular responsibility for supervising and facilitating the care of the chronically ill and dependent elderly within the clinics. The General Sick Fund is represented by Dan Simon, who is the physician in charge of the Department of Geriatric Services within the Division of Community Medicine of Kupat Holim.

Finance Ministry is responsible for the preparation of the annual budget and for developing Israel's overall economic policy. The Ministry is represented by Deputy Director Moshe Haba, who is responsible for Social Budgets. He is a member of the Executive Committee of ESHEL and is directly involved in all major decisions involving the allocation of resources to the elderly throughout the governmental and public structure.

Ministry of Housing and Amidar. The Ministry of Housing has responsibility for public assistance in meeting the housing needs of the elderly. This includes the provision of sheltered housing, subsidized public housing, and assistance in housing adaptations. Closely allied with the Ministry of Housing is Amidar, a public company responsible for the network of public housing units and much of the sheltered housing. The Ministry is represented by Erez Litan, Deputy Director of Amidar, who has been closely involved with the development of programs for the elderly within the public housing network and the development of sheltered housing.

JDC-Brookdale Institute of Gerontology and Adult Human Development is the national center on aging and human development in Israel, responsible for promoting policy, field practice and education on a national basis. It provides a meeting ground for policymakers, researchers and professionals throughout the country. The Institute is devoted to interdisciplinary applied research and to the development of a creative partnership with policymakers in the field. It was established in 1974 by the JDC-Israel and the Government of Israel with the assistance of a grant from the Brookdale Foundation of New York. Administratively it

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operates under the auspices of the AJJDC. An AJJDC-Brookdale Committee, with representation from the Government of Israel (Ministries of Finance and Health, and the National Insurance Institute), determines overall policy, reviews the program and budget, and makes recommendations to the AJJDC Executive Committee. Attending from the Institute are Jack Habib, Director since 1983 and Senior Lecturer at Hebrew University, Shimon Bergman, Deputy Director for Education and Professor Emeritus of Social Work at Tel Aviv University, Haim Factor, Deputy Director with a background in economics, and Rachel Fleishman, Senior Researcher with a background in nursing and medical sociology.