Commentary

Commentary by Chris Todd and Jane Griffiths

The article by Gallagher and Truglio-Londrigan (2004) addresses issues of access to community support for older adults living in two senior citizen housing complexes in the United States. It is unclear from the article where in the United States, presumably in the vicinity of New York. The issues raised by the article are familiar to a United Kingdom audience. More than a decade of legislation has led to increasing numbers of frail older people living the majority of their remaining years in the community. Although, in the main, services in the United Kingdom are not directly paid for by the older people themselves, with the introduction of Health Act flexibilities, older people are now able to exercise more control over the kinds of services they can access and how their individual packages of care will look. As in North America, however, a major source of support for older people remains their friends, family, and acquaintances. Other sources of support are available as health and social care needs become more acute and are identified by services, which is usually as the older person becomes more disabled. There are parallels between the United Kingdom and United States, therefore, perhaps increasingly so.

In preparing our commentary on this article, we found it useful to use a critical appraisal tool. The published literature is vast and it is difficult for us to read everything of relevance in our specialist area, let alone more generally. To help us sift the evidence, appraisal techniques have been developed to help focus and improve effectiveness of reading. The essence is to do this by applying explicit rules or criteria. Critical appraisal tools have been developed that allow readers to be systematic in their reading to draw conclusions that are based on the
work's relevance and rigor rather than extraneous issues. Such tools are essentially checklists of questions about the study used to decide on explicit grounds whether the study in question is sound. Clearly, the checklist will differ depending on the sort of study—the criteria for deciding if a randomized controlled trial was done well will differ from the criteria used for a focus group study. Such checklists are available on the World Wide Web (http://www.phru.nhs.uk/~casp/appraisal.htm, retrieved on December 11, 2003), and the checklist we have used for reviewing the present study is the one for qualitative studies developed in the United Kingdom by the National Health Service Critical Appraisal Skills Programme, itself based on the Users’ Guides to the Medical Literature published in the Journal of the American Medical Association, the most relevant one being Giacomini and Cook (2000). Such critical appraisal of articles is central to the development of evidence-based practice. The Critical Appraisal Skills Programme (CASP) Screening questions appear below in italics, as subheadings.

Was there a clear statement of the aims of the research?

Yes, Gallagher and Truglio-Londrigan clearly indicated that they were aiming to determine older people's perceptions of facilitators and barriers to use of community support, although we will discuss later whether the aim of the research could have been more narrowly defined. Gallagher and Truglio-Londrigan clearly indicate the use of a descriptive exploratory design. Such work is of importance because there are increasingly large numbers of older people in our populations, and many older people will need access to services and community support as they become frail. We are likely to see more older people comprising a greater percentage of our population in years to come, and many of those will live in communities rather than as residents of institutions. Thus, it is important that accessible and useful support services are available for older people and that they provide the necessary support. If there are barriers to access of that support, then we should identify ways of overcoming those barriers and facilitate greater access for older people who need services.
Is a qualitative methodology appropriate?

Given the aims of the study to investigate older people's perceptions of facilitators and barriers to the use of community support services, a qualitative methodology is appropriate. Clearly, the aim is to illuminate and interpret why older people may have difficulties in accessing community support services. The authors also present a theoretical model, the Convoy model, which places the individual within a series of concentric circles of support from family to acquaintances to formal community support. It is not clear that this theoretical model is particularly useful, nor that the research design is able to add to the model. Perhaps what is most important is whether the qualitative question posed by these researchers is the right question? It seems to us that it would be more important to map access to community support services as they exist within a district, region, or other unit of service provision. Such mapping may, for example, use case study methods with the unit of service provision acting as the case. Such an approach may use quantitative and qualitative methods to investigate the amount of provision of services and the ways in which older people access those services. Such straightforward mapping would provide the bedrock for understanding issues about access. The current researchers appear simply to have assumed that access is a problem without carrying out a needs assessment. They do not establish that older people are failing to access services that would be of use to them in the first place. To a reader from outside the immediate area of this research, it is not self-evident that such services would be useful to older people. A clear description of the services available and modes of access would be very useful as there is a presupposition that all readers will know the way in which services are organized in this part of the United States.

Was the research design appropriate to address the aims of the research?

The authors report that a descriptive exploratory design incorporating focus group methodology was used. They indicate that this method was selected because it would "facilitate the
sharing and comparing of ideas among all participants in an attempt to explore and discover older adults' perceptions of facilitators and barriers to community support." It would have been useful if Gallagher and Truglio-Londrigan justified the choice of these methods. There are disadvantages in the use of this technique, particularly perhaps with older people who may have hearing impairment or who may be unfamiliar with group discussion. Gallagher and Truglio-Londrigan simply report that they chose a focus group exploratory method, and no discussion is provided of the range of potential methods and how and on what basis the authors chose their approach.

Was the recruitment strategy appropriate to the aims of the research?

To identify participants in their study, Gallagher and Truglio-Londrigan contacted a local community Department of Senior Programs and Services. This agency assisted them in gaining access to older adults by putting them in touch with two senior citizen apartment complexes. Within these complexes, they identified key contact people who lived in the building and who then helped the researchers contact other participants within the buildings. Gallagher and Truglio-Londrigan described this process as "purposive sampling," but alternatively referred to this shortly thereafter as a process of "snowballing." It is clear that these apartment buildings are not representative of all such apartment buildings in the United States. Perhaps the aim of the research should have been stated more clearly as access to services for older people living in this type of apartment complex. Gallagher and Truglio-Londrigan refer to the fact that the older adults had to have a cap on income, be cognitively intact, and functionally independent to qualify to live in the apartment building. No indication of how high or how low the cap is, however, was given. Were these wealthy older people, or were they poor, and what is meant by wealthy?

Although Gallagher and Truglio-Londrigan refer to this as purposive sampling, it is not purposive sampling as normally understood or described in the literature. Purposive sampling involves seeking out those people who will be able to provide the greatest insights into the issues under investigation. There
seems to have been an element of convenience in the selection of these participants who all come from one relatively narrow group. No attempt seems to have been made purposively to find people who are very different from one another or who might represent different positions or viewpoints. To improve recruitment, the investigators undertook a series of educational programs within each of the buildings to get to know the residents. No discussion of what effect this direct approach to potential participants may have had on their recruitment procedure is undertaken. As a strategy to facilitate purposive sampling this is questionable, as participants will be self-selected to those people who are interested in the topics of discussion. The final sample comprised 15 individuals: 10 from one apartment building and 5 from a second one. The vast majority (n = 14) were female and White (also 14). All reportedly had supportive family members in the local community and were from lower to middle social-economic strata. However, we are given no information about the age distribution of the sample, other than they were aged 65 years and older; nor are we given any information about their health or functional status. Old age is not a homogeneous category; indeed, this is an ageist assumption (Laslett, 1989), and health, functional status, and service use is not heterogeneous among the aged (Fried, 2000). Different age groups and, indeed, different health and functional status groups at similar age are likely to have very different concerns about access to services. Yet we are given none of this information about the sample and so we are unable to judge how the sample may relate to other groups of older people. The use of flyers given out to all residents in the housing complexes is also mentioned. No indication of what effect this had on recruitment, nor of what sort of people came forward is provided. Again, the sample is selecting itself rather than being purposively selected by the researchers. The question has to be asked, How generalizable/transferable are data from such a specific sample especially when the sample characteristics are not clear?

_Were the data collected in a way that addressed the research issue?_

The data collection is based on two sites, two apartment blocks for older people. No justification of this is given other than convenience. The focus groups undertaken are well de-
scribed. The investigators reveal, for example, the nature of opening questions used during the focus groups and describe generally how the focus groups were conducted. The central problem is that the data collection is restricted to such a small and specific sample of American older people. No indication is given that data saturation was achieved, nor of what this might look like in this particular context.

Has the relationship between researcher and participants been adequately considered?

Little indication is given by Gallagher and Truglio-Londrigan of awareness of their relationship with the participants. Gallagher and Truglio-Londrigan do not consider the way in which their interaction with these older people either during the interviews or in their interactions prior to the interviews may have influenced the way the older people spoke during focus groups. Much more reflection is required in this kind of research.

Have ethical issues been taken into consideration?

The study was reviewed and approved by the Institutional Review Board of the investigator's university. It seems that the researchers explained the study to the participants and obtained written consent; however, little further discussion of ethical issues is provided.

Was the data analysis sufficiently rigorous?

Gallagher and Truglio-Londrigan described how they both read transcripts independently of the focus groups and coded these transcripts using categories or essentially a content analysis approach. Gallagher and Truglio-Londrigan then shared their preliminary coding with each other and compared and contrasted the two coded data sets and report that "little difference was noted between both coded sets." It seems then that both Gallagher and Truglio-Londrigan reread the text for a third time and then assigned final codings. These final codings were then fed back to participants for clarification and checking of accuracy such that participants agreed with the investigators' analysis. The use of member checking is questionable,
however, and is now largely discredited in the qualitative research literature. Although it appears that the themes that emerged were consensual, the analysis and data presented are largely descriptive, with little evidence of in-depth analysis. There is no evidence that the data presented in the text are representative of the data collected, and on occasion, quotations presented do not really strengthen the point being made. Little or no contradictory data (negative cases) are presented, which gives the impression that the data were homogenous.

Is there a clear statement of findings?

The authors present their findings clearly if a little superficially. They argue first that knowledge of services can be a facilitator and perhaps arises from the life experience or learning from another person and lack of knowledge can act as a barrier to accessing services. In essence, what they appear to be saying is that the participants indicated that they had to know about services to be able to access them and to find out about the services they would either ask other people or use prior experience. The second area or category identified was described as systems: Participants had to be, in some way, connected into services already to continue to access services—that is, once some access into service had been made, more services became available. On the other hand, there was a barrier in that the system was often very complex and they could not understand how to navigate the system even once it had been entered. They also make a criticism of the system, which they call the “cookie cutter connection.” This phrase is not used outside the United States but presumably means that one service fits all. This is a simple criticism of the system that is provided and it is believed to be a barrier. Although the findings’ credibility may be strengthened by the claim that the analysis is undertaken by more than one analyst and has been fed back to participants for validation, the analysis is essentially rather lacking in depth and superficial. One could summarize the findings as follows:

You have got to know what you need and know where to find it in order to get it, and even if you know what you need, sometimes it is very hard to get it because the system is so complex or does not provide the specific things you thought you needed in the first place.
This seems somewhat atheoretical and it is difficult to see how this observation contributes to in-depth understanding of access to services for older people in America and how it adds to the model set up in the introduction—the Convoy model.

How valuable is the research?

Gallagher and Truglio-Londrigan relate their findings back to the Convoy model and claim that it extends this model by indicating how important formal support can be. It is by no means clear that these data really can simply give us information about the Convoy model. There is no critical analysis of the findings or reflection on relevance of their findings to the model. The authors mention almost in parting that affordability was not discussed in the focus groups. No indication is given that this may in fact relate to the sample, rather than being truly a transferable result. In overview, the findings presented in this article have little transferability outside the two apartment blocks in which the study was undertaken and most certainly do not transfer to systems of health care outside of the United States. We clearly need to understand a great deal more about community support services for older people, and mapping community support services would be a useful first step. Understanding what older people think of services, what they believe could be useful for them to access or what gets in the way of their access to services is, or at least could, be a useful exercise. Regrettably, we feel that this article provides little further insight into the process, which can be transferred beyond the site in which it was undertaken.

In conclusion, then, this commentary—using the critical appraisal approach—has to conclude that Gallagher and Truglio-Londrigan's article is not able to generalize beyond the context in which it was conducted. As the population distribution of the world undergoes transition so that larger proportions are in the oldest age strata, we have a collective responsibility to ensure that adequate services are available to support these older people. We already know that services not only have to exist but also have to be tailored toward the needs of the population at which they are aimed. Such tailoring must make services accessible to the individuals, which does require understanding the psychological, social, and cultural context within which services are provided, otherwise we will find that the
Inverse Care Law (Tudor Hart, 1971) will yet again dominate access.

REFERENCES


Chris Todd is professor of Primary Care and Community Health, and dean of Research in the U.K. Research Assessment Exercise 5 (top) rated School of Nursing, Midwifery and Health Visiting at the University of Manchester. Chris has two substantive areas of research: (1) palliative care and (2) health care in an aging society and a cross-cutting methodological interest in the study of service delivery and organization. His central expertise is study design (including but not limited to randomized controlled trials), quantitative process and outcome measurement, quality of life and health status measurement, and qualitative methods. He passionately supports the integration of quantitative and qualitative methods in research, and works to break across professional boundaries (and professional lay boundaries) to facilitate multidisciplinary research aimed at improvement of care. His psychological work focuses on falls and fall prevention among older people and psychological issues in palliative care. He has authored more than 100 publications in peer-reviewed journals.

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