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Ageing Update

Current thinking in gerontology in Canada

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ABSTRACT
The beginning of the new millennium seems a good time to reflect upon issues in gerontology as many Western countries are experiencing population ageing and the challenges it entails. In comparison to Europe's 14 per cent average (Population Reference Bureau 2000), Canada is a relatively young country with only about 12 per cent of the population over age 65 (Statistics Canada 1999). Nonetheless, population ageing is a driving force in Canadian gerontology. In this paper we discuss current thinking in gerontology in Canada and how it reflects our approaches to research and development of public policy. We begin with an overview of national policy and research perspectives. We provide examples of research programmes addressing key issues: population ageing and the welfare state, rethinking independence, and quality of life issues from the Canadian perspective. Finally, we discuss the values that provide the context for the development of approaches to funding which affect the scope and direction of our research. Information sources include national policy documents, recent publications by Canadian gerontologists, and articles from the *Canadian Journal on Aging* 1998–2000.

National perspectives on gerontology

In 1999, the International Year of Older Persons, the federal government published a document outlining 'the issues, challenges and opportunities facing public policy makers and all those interested in the issues raised by the aging population' (National Advisory Council on Aging 1999). The Canadian Association on Gerontology (CAG) responded with a research agenda (Connidis *et al*. 2000). In combination, these two documents provide a view of the thinking of two main constituencies in gerontology in Canada.

The list of topics in the federal government document is illustrative of issues of national concern from the perspective of the National Advisory Council on Aging (NACA) which is advisory to the federal

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Minister of Health. Not surprisingly, health/illness issues predominated in the document with a focus on chronic illness, falls and injuries, abuse and neglect and palliative care. However, the authors challenged governments to move beyond a narrow definition of health and focus on the population health approach – that health has social, economic, physical and environmental determinants. The authors also identified related issues that warranted policy attention: quality of life and maintenance of autonomy, involvement in productive activity and securing financial wellbeing after retirement. An important emerging issue concerned addressing the needs of an increasingly diverse group of Canadian seniors especially those who are immigrants, aboriginal or live in rural and remote areas. They noted that while immigrants comprise 26 per cent of seniors in Canada, they often lack access to culturally sensitive health and social services. Aboriginal peoples on and off reserves have lower life expectancy and higher rates of poverty and morbidity than other seniors. Seniors living in rural and remote areas often have poor housing and transportation problems exacerbated by distance and severe climate.

The CAG research agenda authors expressed concern that the health agenda in the NACA document would be narrowly interpreted. They acknowledged the national relevance of finite health care resources, but argued that research agendas have been driven toward viewing elderly people as 'caring problems'. They cautioned that the Canadian research agenda needs to include critical analyses of areas in which values and assumptions are strongly held and which have contributed to the belief that seniors are disproportionate users of scarce resources. For example, while families are viewed as the main support system for seniors, little is known about seniors' social construction of family membership nor about the variety in the size and activity of their informal support networks. Similarly, they argued that the inadequate provision of acute medical care to seniors is based on flawed assumptions that such care is not cost-effective. Finally, the authors questioned the paradigm that good quality of life necessarily emerges from independence and control over decision-making, and suggest a critical examination of whether self-sufficiency is always best, given the diverse cultural, economic and social situations of Canadian seniors.

Population ageing and the welfare state

One of the liveliest debates in Canada today is around the economic impacts of population ageing. Researchers argue that 'apocalyptic

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demography' (that we cannot afford an ageing population) is a powerful ideology used to justify drastic reductions in the welfare state that have had profoundly negative consequences for seniors (Gutman and Gee 2000). They agree that high dependency ratios can be expensive but point out that Canada's highest population dependency burden in the past century occurred during the childhood and adolescence of the baby boomers (in the 1950s and 1960s) and will not recur even when that cohort reaches old age (Denton and Spencer 2000). Clearly in Canada there are opportunities for systematic investigation of how successful strategies used by countries with older populations might be applied to benefit older Canadians while also being fiscally responsible.

These opportunities may not be realised. During the last decade, with government debt high and the value of the Canadian dollar low, major cost-cutting measures have been implemented in the public sector. In health, provinces responded to reductions in federal government transfer payments by downsizing the acute care sector and reassigning responsibility for service delivery to regional health authorities. The number of long-term care beds was reduced and some resources were transferred into community care (Shapiro and Havens 2000). While health care restructuring was intended to be neutral in its impact on any subgroup in the population, changes have placed seniors at increased risk of poor health outcomes. Researchers have noted, for example, that early discharge from acute care can lead to increased risk of falls (Gallagher *et al*. 1999) and self-medication difficulties (Patrick and Howell 1998) that can lead to readmission. Furthermore, reduced funding of provincial pharmacare programmes has impeded access to needed medications by low-income seniors (Tamblyn and Perreault 2000). Cuts to social services have had disproportionately negative consequences for older Canadians (Wilson and Kerr 1998).

Rethinking independence

Concerns about population ageing and the need for cost containment have been closely linked to discussions of maintaining seniors' independence. From a public policy perspective, the argument has been that seniors are best served if they remain in their own communities, with support from family and friends, and from community-based services as needed. An additional assumption is that community-based rather than institutional service provision is less costly (Williams *et al*. 1999).

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Canadians place high value on independence and Canadian gerontologists have devoted much effort to research that enhances understanding of how to maintain, support or restore independence (Chappell 2000). Yet, while Canadian researchers agree that independence is important, many are also cynical about its centrality in Canadian research and policy. Public sector involvement in health and social services to seniors can be viewed as antithetical to high levels of independence, self-determination, and self-regulation (Clark 1999).

These concerns have led researchers to challenge the value of the goal of independence in several ways. One comes from the fact that the shift from acute care to community-based care means that services that support seniors increasingly are outside the jurisdiction of the Canada Health Act with its principles of accessibility, portability, comprehensiveness and universality (Canada Health Act 1984). Thus researchers have begun to investigate whether seniors have access to the services that they need. A focus of recent research has been the evaluation of models of community-based care for efficiency and effectiveness (HSURC 2000) and testing of strategies to improve supportive service delivery and prevent costly complications (Weir *et al.* 1998). Results indicate that community-based care can increase personal costs of seniors and members of the informal sector (Keating *et al.* 1999). Movements to community care and changing ideas about responsibility have shifted accountability for those who cannot be autonomous primarily to family members and friends regardless of personal and career costs (Guberman and Maheu 1999). Further, restructuring also may have placed increased burdens on those who provide informal care to seniors and on the seniors themselves because of the withdrawal of formal supports (Penning and Keating 2000). The phrase 'downloading onto the community' has entered the vernacular.

Questions have been raised as well about ethical issues concerning the high value placed on decision-making autonomy for people whose capacities are deteriorating (Pullman 1999). Cognitive impairment can present extreme challenges for independence and for care in the community. A great deal of research effort is being expended on the creation of knowledge about cognitive impairment and on the application of that knowledge to dealing with cognitively impaired seniors in the community (Roberts *et al.* 1999, Bédard *et al.* in press). It seems we hold some conflicting values about cost containment, independence and high quality of life for seniors and their caregivers.

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Quality of life issues

Research programmes focusing on quality of life are in the minority in Canada. Yet those involved in such research are pushing the boundaries of our understandings of the potential for a 'good old age' as well as challenging assumptions of seniors as 'caring problems' (Clarke *et al.* 2000). Areas of enquiry illustrative of approaches to enhancing quality of life for seniors include lifelong learning, involvement in physical and social activity and in productive activity in paid and unpaid work. Findings from research on physical capabilities of older Canadians are being used to encourage seniors to be more physically and mentally active and thus reap health and psychological benefits associated with living full and satisfying lives (O'Brien Cousins 1999, Williams and Montelpare 1998).

There has been a shift in Canadians' values toward recognising productive activity as inclusive of unpaid work such as voluntary activity and caregiving as well as employment. The federal government's interest in this activity can be seen in the inclusion of questions about unpaid work in the 1996 Canadian Census, and in establishing the Voluntary Sector Task Force which is considering the place of the voluntary sector in Canadian society. Gerontologists are addressing the question of productive activity through research on retirement and on various domains of unpaid work. Researchers studying labour force involvement of older Canadians have found that while retirement is viewed positively by most Canadians, involuntary retirees are especially likely to experience negative lifestyle changes such as economic hardship (Klassen and Gillen 1999). They point out that the move toward early retirement means that retirees often must wait for an extended time for public pensions to take effect and that those who drop out of the workforce for caregiving will have reduced benefits from the Canadian Pension Plan (Gee and McDonald 1998). Complementary research on activity in the voluntary sector has shown that unpaid work increases after retirement (Fast and Zukewicz, forthcoming), suggesting that older people themselves believe that productive activity is important.

A new approach to evaluating quality of life outcomes for seniors is a 'report card'. The Biennial Report on Seniors (National Advisory Council on Aging, forthcoming) will include indicators of positive aging, such as whether seniors are healthier, have improvements in their economic wellbeing, live more independently, receive the services they need, and participate as fully in society as they desire without age discrimination.

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The research funding context

Major changes are taking place in the direction and structure of research funding in gerontology in Canada. The most significant is the recent establishment of the Canadian Institutes of Health Research (CIHR), which resulted from a major restructuring of governmental health research funding agencies in Canada. The CIHR reflects the broadened definition of health that has been widely adopted in Canada. Under the CIHR umbrella, health research will include biomedical, clinical, health systems and services, and population health approaches. Importantly for gerontologists, the CIHR has created a national Institute of Healthy Aging, one of 13 Institutes across a variety of health domains. The Institute of Healthy Aging will support research promoting healthy ageing and will address causes, prevention, screening, diagnosis treatment, support systems, and palliation for a wide range of conditions associated with ageing. While increased levels of funding through CIHR are enhancing opportunities for health research, some members of the gerontological community are skeptical about that promise being fulfilled. They wonder whether non-medical gerontology researchers will benefit from the new structure, or be left scrambling for more limited resource dollars from the other funding Councils (Martin-Matthews, in press). The CIHR structure is too recent for an evaluation at this time of its impact on the gerontology research community.

Conclusion

In this overview of current thinking in gerontology we have presented Canadian views on the importance of population ageing, the place of the welfare state in support to seniors and issues framing quality of life of older Canadians. Policy initiatives are good indicators of which values are being implemented. Analyses of gerontology policy and research such as those undertaken by the National Advisory Council on Aging and the Canadian Association on Gerontology, and the new report card on ageing, show the importance given to the needs (or perhaps demands) of seniors. We in Canada look forward to sharing our vision with colleagues from around the world at the upcoming conference of the International Association of Gerontology to be held in Vancouver, British Columbia in July 2001.

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