# Editorial:
# Policy and Research on Aging:
# Connections and Conundrums

This joint issue of the *Canadian Journal on Aging* and *Canadian Public Policy* is one of the tangible results of a Symposium on Bridging Policy and Research on Aging held in Aylmer, Quebec in March 1996, funded by Health Canada through the Seniors Independence Research Program (SIRP), the Division of Aging and Seniors (DAS), the Research and Policy Program Directorate, the Health System and Policy Division (HSPD), the Health Care and Issues Division, and by the National Advisory Council on Aging (NACA). The Symposium, which forwarded workshop recommendations to Health Canada, was organized by Professor Douglas Angus of the University of Ottawa; the Symposium Organizer and SIRP Coordinator, Ms. Francine Leduc of DAS; and members of a SIRP Advisory Sub-committee, including representatives from SIRP's federal partners. A *Proceedings*, providing more complete and detailed coverage of the Symposium, is in preparation.

Following the Symposium, Professor Anne Martin-Matthews, Editor of the *Canadian Journal on Aging* and acting on behalf of the SIRP Advisory Committee, of which she is a member, initiated discussions with Professor Charles Beach, Editor of *Canadian Public Policy*, for the production and publication of a joint issue of the two journals focussing on the bridging of policy and research on aging. All presenters at the Symposium were subsequently invited to submit manuscripts, as were other researchers noted for their policy-relevant work. All submissions were subject to the standard peer-review process of the two journals, with the added requirement that they address at least one of the key questions that guided the Symposium. These questions are:
- Has research made a difference to policy choices on aging issues?
- What must be done to better link research and policy for the benefit of Canada's seniors?
- What are the key policy issues that need to be addressed, and what options can be suggested?

Anne Martin-Matthews and I, as the *Canadian Public Policy* appointed guest co-editor, shared the editorial work.[1]

Before beginning my substantive comments, I will make two prefacing remarks. First, given that a Symposium *Proceedings* providing considerable specific details on the bridging of research and policy in the area of aging will be published, as well as the eleven articles in this joint issue, many of which address quite specific research-policy concerns, my remarks here will be of a general nature. Second, I will "position" myself to the readership of the two journals. I am an academic researcher, formally trained as a

sociologist/demographer, who has been directly involved in aging policy-relevant research, sometimes with my colleague and good friend Susan McDaniel. However, I have also conducted research that is totally unrelated to aging policy, and even to aging. I have considerable editorial experience with academic journals and with research grant proposals, as well as administrative experience at various levels in the university. In other words, I am a firmly entrenched academician, a fact that affects "where I am coming from" on the topic of bridging policy and research. Indeed, the gap between research and policy that exists so often and that is the *raison d'etre* for this special issue of the two journals reflects, to some degree, the important role that positioning plays.

When turning our attention to "bridging the gap between policy and research on aging," it is easy to focus on "research" and "policy," and take "*aging*" more or less for granted. After all, the concern is obviously older persons (or elders or seniors) – usually operationalized by an arbitrary age cut-off, typically 65 – is it not? Well, not quite. As studies employing the life course perspective (Elder, 1985; Hagestad, 1990) show, what happens to people in old age is a reflection of, and indeed an exaggeration of, what happened to those same people when they were younger, or throughout their life course. And that, in turn, reflects the effects of public policy directed at people who are not yet old. For example, women who have interrupted job histories due to their taking on of family responsibilities throughout their lives – child care, "husband care," and/or elder care – end up poor or near-poor in later life because of employment/labour, family, health, and pension policies based on a male-employment model that implicitly denies domestic work as a social and economic contribution.

Policies that are seemingly not aging-related in objective often have aging-related consequences. Thus, today's elders live with the effects of earlier policies as well as current "aging" policy. Also, the lives of tomorrow's elders (our children) will be affected by present-day public policy that, at first glance, has little or nothing to do with old age. We can add to this that old-age policies may have ramifications for the kin of elders (e.g., health/community care policy) that can subsequently impact on seniors. This is not an attempt to make a case for the hegemony of gerontology, but rather to highlight that research and policy on aging, and attempts to bridge them, encompass more than a narrow focus on the elderly. This recognition is essential if we hope to make real strides in improving the lives and independence of seniors.

Turning to *policy*, there is probably nothing more vague for most academic researchers, even those who wish to do research that is socially relevant. McWilliam (this supplement) refers to the policy process as a "black box" that needs to be opened for those of us not directly engaged in it. How are policy decisions actually made? Who are the major decision-makers? What are the relative roles of politicians and career bureaucrats in the policy process? How do the different levels of government deal with policy on matters of overlapping concern? What is the difference between policy

and legislation? How are policy and practice related? What are the differences among policy-relevance, practice/practitioner-relevance and service delivery-relevance? How does policy planning differ from strategic planning? What does Division x do in a given Ministry, and how does that relate to what is done in Division y? These questions do not even begin to address the wider forces at play in the formulation and implementation of policy, but focus only on the "nitty-gritties" of the internal policy process. One could respond that these questions are answerable, indeed that they are the stuff of POLICY 101. However, my experience/observation is that a good proportion of academic researchers, at least in the social sciences, do not know the answers, and, just as importantly, they do not know how to find them (or perhaps lack the time). This, then, leads to the commonly-found concluding paragraph or two in a research article that discuss in a rather vague way the "policy implications" of the research.

With *research*, the problem is less a matter of vagueness about the process than it is its multiple (and often conflicting) objectives, and the results of this. Research may be performed: to advance careers (hence, the phenomenon of fragmented or "shingle" research reports and articles published to increase the number of publications to be counted in tenure and promotion considerations); for the love of it, the love of the process of enquiry; out of altruism and a genuine concern for improving the lives of others; and out of a sense of obligation, in which passion is substituted by "the routine." To a degree, these reasons correspond with the rather tired dichotomy between basic and applied research. That is, the lover of the research process is more likely to be engaged in basic research, while the altruist is more likely to be involved in applied research. However, these reasons correspond even more to the quality of research. While passion alone does not guarantee high quality research, its absence is a likely harbinger of the opposite. So, we end up with lots of "run of the mill" research, or worse. This is, to me, a bigger problem than an imputed shortage of applied research (especially in gerontology, which has a long history of applied research). Many examples come to mind where basic research has ended up having important consequences for policy. Perhaps one of the best illustrations is the basic research of Watson and Crick that led to the discovery of DNA and RNA, which, in certain ways, changed our world. Poor quality research will have no such consequences. If our research does not "change the world," we have to first ask ourselves if we are doing the best research that we can.

However, even the best research has to be communicated for it to have an impact. And, here academic researchers fall down. We have a tendency to disseminate our findings to fellow academics only; this is due in part to the reward structure of academe, to be sure. However, even worse is the way we write. Can we really expect persons outside our particular academic niches to pay attention? Another stumbling block is academics' adherence to the myth of value-free research. Many of us believe that doing research that even appears to be not at arms-length from government creates bias. But, we should keep in mind that *any* research reflects values; the very

questions that we seek to answer reproduce our beliefs and values about what is important, and thus contain inherent biases. A more legitimate consideration is potential loss of autonomy if our research agendas are guided, funded, and – some would say – dictated by government-defined problems. I understand this concern, but argue that ways can be found to deal with autonomy/control issues.

I agree with Black (1997) that *structures and processes* need to be put into place to facilitate the bridging of policy and research. Structures and processes will be far more effective than individual efforts, however well-intended and however immense, although individuals will have to marshall their creation. My experience with "partnering" (albeit in a different context) leads me to strongly assert that the success of bridging structures and processes depends more than anything else on the *interaction* of persons from both "sides" of the bridge. This interaction must be non-hierarchical, sensitive to the perspective and constraints faced by both sides, and goal-oriented. Such interaction would go a long way to solving some of the above mentioned barriers: the mystery of policy/policy process for academic researchers; the difficulties currently experienced in the communication of research results; and researchers' fears of loss of autonomy. In addition, the (often implicit) *expectations* of the two parties need to be examined and perhaps altered to some degree; this is, fortunately, a likely consequence of increased interaction. Researchers cannot expect that their results will always have a policy impact – we are not making policy, after all, as Shapiro (1997) reminds us. Policy-makers, on the other hand, cannot necessarily expect results that will support policy directions and have to be willing to accept research-based critique. In a related vein, policy-makers cannot expect bridging to be a one-way process only, i.e. that the question is only that of doing more research with direct relevance to policy, or, in other words, that the process always goes from research to policy. While research should inform policy, policy must also inform research. The bridging must benefit both policy-makers and researchers.

However, in discussing the bridging of policy and research on aging, we cannot focus only on policy-makers and researchers. We also need to place seniors and their organizations into the equation, and perhaps in a different way than is typically the case. More often than not, seniors are either research "subjects" or, through their politically-oriented organizations, commentators/reactors to government policy/policy directions. They need a more centre-stage place, I would argue – as direct and active participants (and not persons who are just "consulted," if that) in the structures we put into place to facilitate the bridging of research and policy. In that way, the aged can have direct input into the framing of research problems/questions with policy relevance. As long as tokenism is avoided, this would greatly enhance the power of seniors; choices about what to study, and how, are crucial in determining results.

Other actors are important to the bridging of policy and research on aging. These include the corporate sector, private providers of care, unions,

and NGOs without a direct seniors focus. Some actors may not realize their importance; others may realize it, but may not desire involvement for any number of reasons, including economic self-interest. A real challenge is to get their involvement in the facilitating structures and processes, and, once obtained, to figure out how to best use it. The latter may involve the establishment of sub-structures/processes to deal with logistics and to ensure the primacy of interaction.

Another crucial set of actors is the federal funding councils. Apart from increasingly reduced resources available for research is a change in focus from applied to directed research (Béland, 1997). How are these directions decided? How can we ensure that the bridging of research and policy on aging is facilitated? Whichever side of the bridge we are on, we must work to assure that funding is sufficient and appropriate.

None of the above is easy, and we may well stumble and make mistakes along the way. Making connections involves conundrums of various kinds. Apart from the logistical and commitment difficulties involved, these kinds of solutions to breaking down the barriers between research and policy involve some important epistemological considerations. In terms of epistemology, the bridging process forces us to ask ourselves what kinds of knowledge "count"? On the one hand, policy-makers are recognizing the need for evidence-based decisions, and in the process, reinforcing the power of the paradigm of research as the basis of knowledge. But the call for bridging structures and processes, involving participants with varying backgrounds, experiences, and knowledge, strongly suggests the incorporation of knowledge based on criteria other than those of research. How do we reconcile this? Will researchers, in particular, be willing to accept the validity of other ways of knowing? And, if they do, who will "own" that knowledge, particularly if it finds its way, perhaps implicitly or covertly, into research? I cannot answer these questions, but raise them because I feel that they are fundamental underlying issues involved in bridging.

Turning to the articles in this issue (which have been ordered from the more general to the more specific, as much as was possible), I briefly summarize them, and try to place each in the context of my above comments and/or with regard to the three questions guiding this joint issue. The article by Susan McDaniel focusses our attention on the role of intergenerational transfers in relation to social policy. This is an important topic because while intergenerational transfers are an essential feature of resource distribution (and hence, the welfare state), they have been little studied (partly due to lack of appropriate data) and have not figured prominently in policy considerations. McDaniel draws our attention to the distinction between public and private intergenerational transfers, a distinction that is fundamental to her typology and that provides a base for answering policy questions that we have been unable to as yet address.

Norah Keating, Janet Fast, Ingrid Connidis, Margaret Penning and Janice Keefe examine the bridging of policy and research on eldercare. They outline the text, and sub-text, of a new paradigm for eldercare policy, and

illustrate the important role that social theory (in their case, human ecology theory) can play in making the implicit policy assumptions explicit. They identify three key policy issues regarding continuing care, and provide suggestions for bridging research and policy that include ways to demystify policy.

Barbara Payne, Joan Dawe, Robert Evans, Victor Marshall, Philippa Clarke, Douglas Norris, Janice Hagey, Evelyn Shapiro, Russell Wilkins and Betty Havens focus on population health, identifying the issues that come to light in making the conceptual shift from individual health to population health (and, at the same time, a shift away from the bio-medical model) as the basis for health(y) policy decisions. The authors make recommendations concerning data/measurement needs and improvements; the education of health care professionals and the public; the reallocation of resources to meet community needs and the provision of senior participation in health policy concerns.

The importance of appropriate data is also a theme in the article by John Hirdes and Iain Carpenter, as is the significance of conceptualization. In their case, the emphasis is on the development of effective measures of health (and quality of life) for frail elders that can be used in policy development and service delivery. This article stresses the importance of service providers, as well as researchers and policy-makers, to the bridging process, given that service providers (albeit in different settings) are the persons routinely involved in collecting assessment data.

The article by Lynn McDonald shifts our attention to the pension policy arena. She outlines three proposals that are currently on the public pension policy reform agenda – raising the age of eligibility, adopting partial retirement/redistribution of work time mechanisms, and shifting pension costs to the private/semi-private sector – and shows how social research, not just research by economists, can be fruitfully brought to bear on the pension debate and help sharpen policy choices. McDonald provides original data analysis on persons who return to work after "retiring" – a growing phenomenon – to provide a concrete example of the usefulness of social research for pension policy issues.

Carol McWilliam reports on a case study providing a concrete example of how research *has* made a difference to policy choices. She describes a SIRP-funded research project designed to shape policy concerning the promotion of the independence of seniors with chronic health conditions through the use of community-based health care. Key to this research is the involvement of numerous stakeholders – seniors, informal caregivers, professional providers and the public – in the research itself. McWilliam's research provides an example of the development and implementation of a structure and process allowing for interaction in bridging policy and research.

A series of articles address issues of medication use/drug policy. Articles by Chappell et al. and by Maclure and Potashnik address the controversial new (implemented in 1995) medication benefits policy in British Columbia.

The article by Neena Chappell, Malcolm Maclure, Howard Brunt, Jennifer Hopkinson and Jennifer Mullett is an evaluation of Reference Based Pricing policy – based on the views of seniors, the people most affected by the policy. How do seniors feel about a shift away from physicians as the sole authority on prescribing medications? The authors' finding that seniors are over-whelmingly supportive of the new policy raises an important question – would this (or any) research make any difference to policy *if* the findings had been different?

Malcolm Maclure and Tanya Potashnik, also examining British Colum-bia's new drug benefits policy, focus on the use of evidence in policy formulation and development. In the B.C. case, evidence was used differ-ently for new drugs (less rigorous standards) versus existing drugs, based on: time pressures; structures and processes that were put into place; and tasks and outputs needed. Like Keating et al., Maclure and Potashnik emphasize the importance of paradigm (in this case, evidence-based medi-cine) in bridging the research-policy divide.

Robyn Tamblyn's article completes the set of drug-related papers in this issue. It deals with drug-related illness, particularly with reference to potentially inappropriate prescribing (and misuse by seniors) of cardiovas-cular and psychotropic drugs. The mechanisms she outlines for ways to overcome existing problems require the development or refinement of policies concerning: patient confidentiality; the generation of infrastructure for computerization in health care; and the improvement of the quality of knowledge of the effects of drugs on seniors.

This issue concludes with two articles dealing with policy and research bridging in reference to specific diseases. Ann Clarke provides an economic evaluation (cost-effectiveness analysis) of patient education regarding ar-thritis, given the increasing significance of health promotion policy, using the Arthritis Self-Management Program as her "case study". She describes a method of assessing direct costs, indirect costs, and effectiveness (opera-tionalized in terms of quality of life measures).

Jean Parboosingh, Sylvie Stachenko, and Suzanne Inhaber address the theme of bridging policy and research for women with breast cancer. Their bridging focus is women with this disease, and not older women (although there is considerable overlap between the two). They describe policy and research currently being undertaken by Health Canada and its partners with regard to the Canadian Breast Cancer Initiative, with a particular focus on the participation of consumers.

Given the scope of the issues involved in the bridging of research and policy, it is neither unexpected nor surprising that the articles here differ in focus, approach, and type of analysis. In closing, I highlight some of the issues that emerge in these articles that are important to the bridging process, at least from my point of view: the involvement of seniors (and other stakeholders) (Chappell et al., McWilliam, Parboosingh et al., Payne et al., Tamblyn); setting up appropriate structures and processes (Maclure and Potashnik, McWilliam, Parboosingh et al.); the importance of concep-

tualization in this "applied" process (Keating et al., McDaniel, Payne et al.); the need for better data (Hirdes and Carpenter, McDaniel, Payne et al.); recognition of the increasing diversity in aging (McDonald); the need to problematize aging as a concept/variable, using a life course perspective (McDaniel); the need to demystify policy (Keating et al.); and the importance of disseminating research findings (Clarke, Maclure and Potashnik, Payne et al.). Together, these articles illustrate that we are beginning to make the necessary connections, but that conundrums of various sorts remain to be sorted out and worked on.

## Note

1   I thank Charles Beach for inviting me to participate in this process, even though I was unable to attend the Symposium. Anne Martin-Matthews was, as always, a joy to work with.

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