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## Book Review / Compte rendu

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Marier's new book is a treat for gerontologists as well as for policy-oriented readers who might appreciate this study of how different provinces have implemented policy responses to issues arising from population aging. The book is a tremendous accomplishment based on more than 10 years of research in 10 provinces, including analyses of public documents and 125 key informant interviews. As a social gerontologist, I learned about the complexity of policy making and how civil servants in different departments approach issues related to population aging.

One of the key strengths of the book is its consistent takeaway message about the need for long-term planning. Marier illuminates the predominance of ad hoc, incremental, and piecemeal policy responses, and offers an in-depth analysis of why this is the case, and how provinces can better equip themselves to engage in long-range planning.

Marier also reports on the persistence of apocalyptic demographic thinking (Gee & Gutman, 2000) about population aging among civil servants, particularly in relation to health care costs, despite evidence that population aging is “not the only nor the most important” determinant of rising costs (p. 138). This is not surprising for critical gerontologists, and leads one to wonder whether this belief persists because of civil servants' ignorance of evidence or because the idea is helpful for political purposes because it aligns with widely held public assumptions.

Marier presents four different theoretical lenses through which policy makers approach issues related to aging populations: an intergenerational (inequity) lens, a medical lens, a social gerontological lens, and an organizational lens. The organizational lens is focused more on concerns about process, especially horizontal coordination. I also wondered whether the intergenerational (inequity) lens might be a red herring for conservatism or neoliberalism. There is also some tendency towards a reification of the lenses. At times I desired a clearer grasp on which particular actors and interests were involved in mobilizing the lenses in policies and practices, and for what strategic purposes.

Marier concludes that (with the exception of pensions) a medical lens dominates policy discussions around population aging. Social gerontologists will likely be nodding in agreement. Marier's critique of the implications of medical dominance can be read as a call to reclaim social approaches as well as non-medical supports for older adults (social-emotional care, support with activities of daily living, social services). There is less guidance about how this might be done, but Marier does address the (albeit limited) role of Seniors Secretariats, and highlights New Brunswick's positioning of long-term care in its Department of Social Development. The book itself also provides a helpful educational function in this regard, prompting reflexivity among students, civil servants, and policy makers.

Marier reinforces the value of a comparative approach. For example, New Brunswick and Manitoba are identified as leaders in access to home care services, contrasted against British Columbia and Québec. The limits and possibilities of a federal role are also addressed, and there is a much-needed description and analysis of pension reform debates that helps explain where we are at today in Canada and why. To complement Marier's text, I recommend Meghan Joy's *The Right to an Age Friendly City* (2020), which focuses on place-based policy making at a more local level.

In the chapter on home care, Marier explains the gap between aging-in-place policy rhetoric and investment with reference to medical lens dominance and the Canada Health Act. He also connects the gap to poor planning and budgeting processes, and a lack of clarity about home care's definition and purpose. Readers might also consider the role of neoliberal political concerns and vested interests that results in the underfunding of this sector, because affluent older adults and families may be more likely to supplement publicly funded home care with private services and care technology. I would add that institutionalized ageism, ableism, sexism, and racism also contribute to underfunding and low pay for workers. At the very least, monetary gaps signal what, and who, our society does or does not value.

Marier also identifies a gap between rhetoric that recognizes and acknowledges unpaid family caregivers and tangible investments to support them. Marier finds that “measures to support [caregivers] remain fairly marginal,” ad hoc, insubstantial, difficult to access, and relying heavily on the non-profit sector (p. 183). Marier does not explain the family caregiving rhetoric-investment gap. Poor planning and long-term thinking are again possible culprits, as well as the tendency in systems dominated by a medical lens towards what Marier refers to as the “instrumentalization of caregivers”.


In addition to the lack of supports for caregivers, the marginality of older adults' non-medical needs has been amplified during the COVID-19 pandemic. Marier's text was largely completed before the pandemic, but it does include a few paragraphs that address it, particularly its impact on long-term residential care.

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I believe that Marier's overall analysis reinforces the need for a life course approach to policy making for an aging population. This could help us move beyond narrow conceptions of population aging as only about older adults, and of aging as a health issue, and could prompt the consideration of how a more comprehensive range of policies and programs would shape cohorts' trajectories as they age in changing socio-historical contexts. Although this would necessitate longitudinal data and provincial comparisons informed by policy analyses, it may help inform the long-term thinking that Marier has so clearly argued for in this important book.

## References

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Review by Laura M. Funk 

University of Manitoba

Department of Sociology and Criminology  
Manitoba, Winnipeg, R3T 2N2 Canada

[Laura.Funk@umanitoba.ca](mailto:Laura.Funk@umanitoba.ca)