

Editorial: Setting an Evidence-Based Policy Agenda for Seniors' Independence

A major *raison d'être* of gerontological research is to maintain, enhance, support and restore independence in old age. Independence and autonomy is a theme that runs throughout this literature. The use of the terms dependence and independence persist despite frequent acknowledgements that interdependency is the reality in which we live (O'Bryant, 1991; Wenger, 1987). The terms dependence, independence, interdependence and autonomy vary in their use from researcher to researcher but are also sometimes used interchangeably and sometimes interchangeably with the terms well-being and quality of life.

Independence is valued among seniors themselves. The Canadian National Advisory Council on Aging reports that the most important component of quality of life, as stated by seniors themselves, is independence (Wigdor & Plouffe, 1992). Dependence is to be avoided; it is synonymous with weakness and burdensomeness; it is dreaded and often denied. Dependency is often equated with the use of health care services. Institutionalization is at one end of the continuum, involving total dependency. The receipt of services is seldom discussed as an aid to remaining independent.

In a review of the literature, Chappell (1998) reports that the vast majority of authors refer to independence as mastery, sense of control, decision making in one's life, and freedom from the control and influence of others. One of the reasons why this definition emerged as dominant was that the search process included the terms autonomy and empowerment. This meaning of autonomy is used by virtually everyone. Autonomy and independence are sometimes distinguished in terms of the ability to make decisions and the lack of physical limitations that allow independence (Arber & Evandrou, 1993). For Collopy (1988), this would be a distinction between decisional autonomy and autonomy of execution. For some, interdependence allows autonomy with dependency, that is, it allows for self-determination in which the individual negotiates the terms of help given (Bould, 1990).

Much of the literature focussing on independence and dependence rather than autonomy refers to physical disability, especially functional ability, usually in relation to activities of daily living and instrumental activities of daily living (Branch & Ku, 1989; Chipperfield, 1996). There is disagreement over whether an individual can be independent in functioning while receiving assistance either through assistive devices or from

others. There is also research that examines the relationship between self-mastery and physical decline, and finds the two related; physical ability is related to feelings of more control (Agich, 1990; Horowitz, Silverstone, & Reinhardt, 1991). There are as well, authors such as O'Bryant (1991) and Keating (1991), who incorporate both dimensions within their definitions. However, most refer to independence and autonomy either in relation to physical incapacity or decision-making, that is, as unidimensional.

While the terms are often discussed as multidimensional, they tend to be measured as unidimensional. Some authors, such as Gignac and Cott (1998), argue for a multidimensional approach. While their research targeted the domains of personal care, household tasks and mobility, one can also view the different conceptualizations as different domains of dependency: autonomy, functional ability, and, to a lesser extent, external resources or structural constraints such as income and social support. Whether external resources should be considered a type of independence, or as structural conditions that affect independence, requires further thought. However, viewing independence as multidimensional allows the discussion of an individual who is dependent in some areas of life but independent in others. It also avoids the difficulty of using different concepts for the terms independence and dependence, such as dependence as help with activities of daily living and independence as decision making and control.

The Seniors Independence Research Program (SIRP) of the federal government recognized the importance of the concepts of independence and autonomy for seniors and launched programs of research throughout the country that focussed on this topic. In total, 14 programs of applied research on health, social and economic issues related to seniors' independence were funded in four theme areas: financial income and fiscal issues; evaluation and comparison of programs, systems, models of care and activities designed to support independence of seniors; medication use in the seniors population; and mutual aid/self-help, self-care. This special issue presents state-of-the-art reviews of existing literature in various areas relating to independence and autonomy of seniors that arose from this program of research.

The paper by Denton and Spencer on "Population Aging and Its Economic Costs: A Survey of the Issues and Evidence" presents in clear, understandable English, the major conclusions that can be drawn from this literature. Taking into account all categories of government expenditures associated with younger age groups, such as education, privately provided goods and services, and the economy's productive capacity, they conclude that demographic effects (the aging of the population) by themselves will increase by no more than the rate of growth of the population and by less than the rate of growth of the gross domestic product. Even when the baby boom generation retires in large numbers, the overall dependency ratios

will not reach the 1950s and 1960s levels. They argue that while population aging requires adjustments in federal/provincial cost sharing, the effects are predictable and manageable.

The paper on "Self-Care Among Older Adults" by Morrongiello and Gottlieb defines this concept in terms of preventive behaviours and responses to illness performed by lay people on their own behalf. They note that the research demonstrates a number of benefits of self-care, specifically when it is oriented towards health promotion. The benefits include not only physiological, but also psychological affects. Nevertheless, it remains an area in which there is yet much to be learned, including differences among elders in this regard, how to tailor self care programs to older adults within different subcultures, and identifying and understanding spontaneous and creative ways in which older adults compensate for functional limitations due to aging or due to specific illness conditions. The next paper is by Gottlieb and focusses on "Self-Help, Mutual Aid and Support Groups Among Older Adults". Self-help groups and mutual aid groups can be seen as an aspect of self-help generally. They are a distinctive form of voluntary human association in which the individuals are both helpers and recipients of help simultaneously. Older adults are under represented in these groups as they are generally as users of mainstream psychosocial services. Gottlieb argues that professionals must be educated about these groups in order to pass information along to older adults. He points out, however, that these groups are not necessarily universally attractive or beneficial to older adults and that we must learn more about which types of groups are beneficial for which types of older adults.

Penning and Keating's paper on "Self-, Informal and Formal Care: Partnerships in Community-Based and Residential Long-Term Care Settings" examines research focussing on partnerships among these three sectors. They conclude that the relationship between formal and informal services is complementary and supplementary, not one of substitution or displacement. They argue, furthermore, that less attention should be paid to the creation of these partnerships and protecting against unnecessary substitution, and more attention should be focussed on ways to support existing partnerships.

McWilliam, Diehl-Jones, Jutai and Tadrissi's paper reviews "Care Delivery Approaches and Seniors' Independence". They argue for a focus on partnership and enabling approaches in health care as potentially enhancing the effectiveness of programming without adding additional costs. They argue further that enabling approaches can potentially overcome unwitting ageism inherent within the expert model of health care delivery. They call for greater attention to the psychosocial aspects of independence arising within the relationships of seniors in the process of receiving health care.

The paper on "Medical Services Utilization Patterns by Seniors" by Rosenberg and James notes that while there is consensus that seniors are

disproportionate users of medical services, there is no consensus on the explanation. While, at the current time, they remain disproportionate users of hospital services, their use is declining during health reform. Seniors, however, do not appear to be inappropriately using emergency room hospitals.

Tamblyn and Perreault integrate knowledge on "Prescription Drug Use and Seniors". They note that increasing expenditures for prescription drugs have placed seniors in the spotlight of health reform. Seniors are the primary users of prescription drugs, but there are many problems of over- and under-use of drug therapy, prescribing errors, treatment compliance and cost ineffective prescribing. The paper also reviews many of the options to improve these problems, arguing for integration of key policies and interventions into a comprehensive solution for optimal drug use.

This Special Issue concludes with a commentary by Shapiro and Havens in which they address policy and practice issues, comment on unexplored areas and on research questions needing further investigation. Together, the papers in this volume provide integrated literature reviews in a number of areas related to seniors' independence and autonomy. They demonstrate the vibrancy of research on aging in Canada, while at the same time, revealing a multitude of questions that still require answers.

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