

Editorial

Beyond 1999: A Research Agenda

It is now almost a year since the close of The International Year of Older Persons (IYOP). IYOP provided a focus for increasing awareness of population aging and the status of older people in various parts of the world. Canada hosted the conference of the International Federation on Aging which brought together in Montreal a diverse group of people from around the world whose interests in aging encompassed advocacy, policy and seniors' issues. At the Canadian Association on Gerontology (CAG) annual conference in Ottawa, the theme "Challenges for the Next Millennium" was used as a forum for developing a vision of upcoming policy, practice and research questions needed to address the next cohort of Canadian seniors. The National Advisory Council on Aging (NACA) took this heightened awareness of aging as an opportunity to write a document reflecting their views of important issues in aging for the next decade (NACA, 1999). These included a recognition of the diversity of seniors' needs and resources, economic and health status and living situations.

As part of its IYOP activities, the CAG undertook the development of a research agenda on aging, using the NACA issues document as a basis. The work began with the development of research issues papers by representatives of CAG divisions. Authors were asked to consider what the components of a national research agenda might look like from their disciplinary perspectives in health and biological sciences, social policy, psychology and social sciences. Papers were presented at a symposium at the CAG conference in Ottawa.

Issues raised in these papers were remarkably similar. They included the belief that a research agenda on aging must be built on a systematic analysis of the contexts and theories that shape our research questions; that there are key topics that must be addressed across disciplines; and that new research structures must be adopted. In this editorial we present our perspective on the three main issues comprising a national research agenda on aging: research contexts, research topics, and research structures and approaches.

Research Contexts

An important issue to emerge from the symposium was the need to address the ideological contexts of gerontology research. Researchers as experts are powerful definers of which aging issues are worthy of being examined. The questions asked or not asked shape the knowledge base of gerontology. "Curiosity driven" research has been a mainstay of academe, defining

research areas as diverse as normative cognitive changes with age and the nature of family relationships of older people.

Yet, researchers do not stand above the influences of prevailing public values and institutional priorities. For example, a close reading of the NACA issues document (NACA, 1999) suggests that health concerns predominate. There is reason for this predominance since the financial and human resources involved in health care are vast, visible and the focus of much public debate. However, the power of the health agenda in the past decade can be seen in the shaping of the research agendas on elderly persons as “caring problems” and of “family care” as the solution.

The academic discourse on directions to be taken in gerontological research must address the issue of how research agendas influence the types of questions asked, and those that are left unaddressed, and the interpretation of findings. One approach is critical policy analysis in which values and assumptions about a particular domain of aging are addressed. A second approach is analytical literature reviews, especially in areas of immediate policy concern. Such stocktaking can benefit researchers and policy makers by consolidating existing information, clarifying future directions and elucidating the values inherent in the work reviewed. A current example is the special issue of the *Canadian Journal on Aging* (19, suppl. 1, 2000) which is devoted to systematic reviews of literature on domains of seniors' independence. Such efforts reveal both considerable depth in the facts on aging now at our disposal and limits to our understanding of what produced these facts. Facts do not speak for themselves. Understanding what produced them requires good theoretical frameworks that in turn advance explanation.

Research Topics

Here we identify three main substantive areas in the research agenda on aging. Areas were informed by topics in the NACA issues document and by our collective assessment of topics that cut across our disciplinary boundaries. They were chosen because they represent new perspectives on key topics related to individual and population aging and because they warrant reassessment in light of the influence of current research contexts. The topic areas are family contexts of aging, management of complex disease states and quality of life.

Family and Social Contexts of Aging

Demographers and other social scientists have tracked the substantial changes in family structure resulting from divorce, remarriage and fertility patterns. Nonetheless, we know remarkably little about the family lives of older Canadians. Research on normative family issues such as seniors' social construction of family membership is critical to our understanding of isolation, loneliness and variations in membership of primary support systems. Similarly, research on how families negotiate normative transi-

tions from work to retirement and living arrangements in later life are basic to development and refinement of income security and housing policies to address the needs of older families.

Caregiving occurs within the context of the daily lives of older Canadians and their families. Together they manage the giving and receiving of care and negotiating with the formal care system along with their other work and leisure activities. It is time to move beyond the study of giver-receiver dyads, a focus which limits our understanding of the capacity of families to deal with these multiple demands. The next step is to study the development and activities of informal caregiving networks as we work toward the development of systems of home and community care for frail seniors. This work must be conducted with an eye to challenging prevailing assumptions about untapped capacity in the informal sector. Historically, Canada has taken a collective approach to the provision of social services. Individuals, families and volunteers cannot substitute for public services.

Clinical Gerontology: Recognition and Management of Complex Disease States

Great strides have been made in clinical gerontology and geriatric medicine in the management of acute and chronic illness relevant to frailty, in mental health and in health measurement. A priority lies in the further investigation of the aetiology and management of cognitive impairment. Among the chief concerns that underly the assumption of a "demographic crisis" are the expected and disproportionate increases both in dementias, and in complex disease states associated with frailty.

There seems to be considerable public appetite for the application of life-saving technological interventions to older people who are otherwise well, even when they are carried out at very advanced ages. By contrast, when older people have multiple, complex, medical and social problems, and especially when those problems compromise function, we see what amounts to widespread public intolerance of the provision of acute medical care. Such intolerance is expressed through the use of denigrating and dismissive terms such as "bed-blockers," "chronics" and "social admissions," which now have entered media and policy parlance. New models of care for patients with complex disease states must be made routinely available. A research focus on chronic multi-organ system failure is also necessary. It is a mistake to attempt to reduce these complex disease states to merely the sum of their individual organ parts. It is equally a mistake to assume that research into the complex disease states associated with aging is best done simply by funding agencies which conduct research into individual diseases.

We need to develop better tools to identify disorders associated with dementia, such as Alzheimer's disease, and disorders of cognitive impairment with no dementia. Accurate diagnoses early in the course of these disorders increases our ability to maximize the benefits of pharmaceutical agents and other treatment modalities.

Basic research in the pathophysiology of dementia also needs to continue, and must include psychopharmacological studies and their application in drug trials. There is need for development and evaluation of improved behavioural approaches to the care of cognitively impaired older persons with behavioural disturbances. Contexts of this research include family and ethnic diversity in responses to managing dementia, rural delivery of services to the cognitively impaired, and the integration of health, social and housing sectors and services.

Quality of Life

Changes in older individuals' biological, sensory, perceptual and cognitive status can have profound effects on their quality of life. We have made great strides in understanding the basic mechanisms of normative and non-normative changes in these domains and this work must continue. However, a research priority lies in enhanced understanding of the important moderators of the impact of these changes on the quality of life of older people. Cross disciplinary collaboration is critical to this question since moderators may include lifestyle factors (such as eating habits and exercise regimes), concurrent chronic illness or disability, social context (such as contact with friends and meaningful social activities), and spatial relations (such as rural-urban differences in ease of access to services).

At the centre of this research priority is a set of philosophical questions concerning the definition of quality of life. Current research is based on assumptions that good quality of life emerges from independence and control over decision-making in domains such as living arrangements, receipt of services and interaction with family and friends. This research priority on quality of life must be grounded in questions concerning the circumstances under which self-sufficiency is the best model of quality of life and considered in the context of the diverse economic and social situations of our multi-cultural society.

Research Structures and Approaches

Public values and institutional priorities influence how research is conducted, as do research structures and approaches. The recent development of the Canadian Institutes of Health Research (CIHR) and related reorganization of national funding bodies will have a powerful influence on research. Through the CIHR, the federal government aims to support collaborative programs of health research with the goal of creation and application of knowledge about health systems. Debates about approaches to interdisciplinary research, definitions of health and the balance between policy driven versus investigator or curiosity-driven research will continue.

The move toward national health research agendas and funding strategies opens an opportunity for an approach to research on aging that has been notably absent from the Canadian research scene, namely the development of longitudinal data sets. Our knowledge of aging is based almost

exclusively on a cohort of people with unique economic, historic, health and family experiences. We know little of how upcoming cohorts may experience age-related diseases such as dementias; how their families will be structured; what access they will have to informal support; what types of housing or support services will be attractive/acceptable to them; what kind of health care/home care system might meet their needs; what kinds of social and economic disparities affect the aging process. To understand the processes of aging we must conduct longitudinal research.

Canada now has research expertise in health and social aspects of aging. Collaborative efforts to design a national longitudinal study on aging could capitalize on their respective areas of expertise, avoid the problems of limited generalizability associated with smaller studies and cover a broad range of inter-related topics. A longitudinal data set needs to be constructed so that it spans a long enough period of time to truly qualify as longitudinal (at least 20 years). As well, it should cover a sufficiently diverse set of topics to make it an important resource to researchers across the disciplinary interests in gerontology. Statistics Canada's cycles of social and health surveys provide an excellent template. A small number of complementary longitudinal studies should be an important part of any rational aging research program.

We believe that a comprehensive gerontology research agenda in Canada must incorporate the three areas identified here. Substantive priorities can serve to move forward our collective knowledge. Recent examples such as the Seniors' Independence Research Program and the Canadian Study of Health and Aging (the latter focussed on dementia) illustrate how a collective focus by a range of researchers can expand our understanding of complex questions. However, such priorities must be accompanied by the work of critiquing our contexts and building our theories. If we are to be more than "hewers of data and drawers of blood" we must look beyond our individual projects toward the broader settings in which we labour. We believe that finally it is time for us to make a national commitment to longitudinal research in order to study the processes of aging.

References

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