



CANADIAN RESEARCH ON POPULATION AGING

Knowledge and Data Gaps in Social Statistics

This report summarizes the main knowledge and data gaps identified during the 2011 annual conference of the Canadian Research Data Centre Network (CRDCN) on the policy impact of an aging population.

The 2011 CRDCN conference “Coming of Age: The Policy Impact of an Aging Population” which was held in Edmonton, Alberta in October 2011 engaged researchers, policymakers and practitioners from across Canada in a critical examination of the many health, social and economic issues arising from population aging. This report summarizes the main knowledge and data gaps identified during this conference.

KNOWLEDGE GAPS

• Older Workers

There is an increasing interest in issues such as the attachment of aging individuals to the labour market and the competencies and skills of older workers currently in the labour force. But audience members thought there was a need to further investigate **working once retired** and the influence of labour demand on retirement. It was noted that there is little research on the participation rates of **older persons with disabilities** especially that of women age 65 to 69 and on the transitions in and out of the labour force of these older workers.

• Retirement

Given that the average age of retirement will likely increase rapidly during the next decade, it was pointed out that we need to investigate the complex nature of **retirement transitions** and to explore who are the older individuals who cannot and do not want to work longer. In particular, more research is needed into what is the “normal” **age of retirement** and on retirement as a repeat event.

Though there is some evidence that retirement delays are significantly associated with health and economic reasons for men, further research is needed to better understand the health, social, and economic reasons for retirement. In general, we need to know more about Canadians’ experiences after the age of 65. Research is also needed on young adults’ plans for retirement (such as their savings).

• Health

Coronary heart disease, diabetes, and hypertension are the leading causes of morbidity among older adults, and obesity, cholesterol, age, and gender are key determinants of these diseases. The **role of religion** has not been thoroughly investigated as a determinant of these diseases, but preliminary findings showing that church attendance may be related to morbidity suggest that there is a need to further examine this question. For instance, does participation in other social groups capture the same results than church attendance? Are there rural-urban differences? What are the influences of different religions? The use of **qualitative methodology** to address some of the limita-

The Canadian Research Data Centre Network (CRDCN) was established in 2000 to strengthen Canada’s social research capacity. Now comprising more than 25 centres located on university campus across Canada, the CRDCN provides secured access to approved researchers to a vast array of social, economic and health confidential micro-data from Statistics Canada population and household surveys. The CRDCN is operated through a partnership with the Social Sciences and Humanities Research Council (SSHRC), the Canadian Institutes of Health Research (CIHR), the Canada Foundation for Innovation (CFI), Statistics Canada and a consortium of universities.

To capture knowledge and data gaps identified during the conference, including pre- and post-conference workshops and the discussion periods after each sessions, students were appointed to take notes. We wish to thank them for their assistance. These notes were analyzed for key themes that then served as a framework to prepare this report. The manuscript was edited by Sarah Fortin and approved by Janet Fast.



tions of quantitative research (e.g. direction of causality – does church attendance decrease prevalence of disease, or does diagnosis pre-date regular church attendance?) was encouraged.

New investigation into the prevalence and impact of **depression** in patients with age related macular degeneration (AMD) found that patients at higher risk for depression did not have significantly different AMD status. One gap identified in the literature is whether **smoking** could possibly offer a protective effect against depression and, if so, why. Researchers did find that patients who smoked were less likely to experience depression. More generally, information on the **prevalence of certain disorders** in the aging population is missing. For instance, we lack knowledge about the prevalence of chronic pain or hearing loss among older Canadians.

In terms of the relationship between population aging and **health care costs and policy**, more information is needed about: the impact of economic and social inequality; the costs related to the oldest age group (80 years and over); system-wide impacts, not just the hospital-based system; and the opportunities, and not only the challenges, associated with a growing aging population and health care.

There is a growing literature on health disparities by **socio-economic status**. However, questions remain around how these disparities play out over the life course and culminate in later life. For example, a comparative analysis of Canada and the US found that lower socio-economic status increases the odds of getting a preventable disease in the US but not in Canada. **Gender differences** (with the U.S. demonstrating a lesser gender effect than in Canada) will also need further exploration.

- **Housing**

There is a lack of systematic research on **involuntary stayers** – seniors who indicate they would like to move but are unable to. The research results presented at the conference show that involuntary stayers have significantly higher levels of distress, greater odds of lower self-rated health, deficits in economic resources, and lower levels of social support. Developing this line of research may yield evidence that **aging in place**, currently held up as the gold standard for healthy aging, may not always be the right choice. Further, there are gaps in our knowledge about whether it is better to age in urban, suburban or rural places.

Though the majority of seniors live in private houses, seniors over the age of 80 are more likely to be living in **collective dwellings**; this is especially true of women. In fact, there is a diversity of living arrangements for seniors and their respective advantages and disadvantages need to be investigated in greater depth. In particular, the census is currently not doing a good job of collecting information about collective dwellings and changes are necessary in order to understand senior homes and other types of residences in which they reside. In general, we need to know more about how seniors' experiences differ across dwelling types, whether individual or collective.

- **Transportation**

Regarding **public transit** within communities, we need to further investigate the accessibility, convenience, flexibility, safety and security, knowledge and understanding, and partnerships with public transit. Further knowledge is needed about how to address suburban sprawl and how public transit can better meet senior clients' needs. For instance, when planning bus stops and bus routes planners should keep the location of seniors' homes and common destinations in mind (seniors' centers, seniors' housing, medical centers, retail centers). The resource requirements and the capacity of public transits to meet these needs should also be investigated.

- **Service delivery**

There is a gap in knowledge about **baby boomers' service delivery preferences**: we should learn more about how they compare to previous generations of seniors, and how to best increase their awareness and understanding of programs, services, and benefits available to them. Additionally, there is a need to examine the **training of front line staff** so that they are better able to address and identify the special needs and preferences of different groups of seniors and to communicate effectively with them—especially the most vulnerable seniors (e.g. displaced/homeless seniors without a fixed address). Related concerns were also raised about how to develop or create enhanced structures/communication between front line workers, service planners, and policy makers.

Presenters identified an additional knowledge gap about how to inform and engage seniors and their families regarding long-term care transitions and available income such as Old Age Security (OAS) program and other pension related services. An adequate **retirement income system** was defined as one that avoids poverty/low income, supports the continuity of consumption, and provides “safe” pensions.

It was observed that approximately half of the baby boom population will experience a 25 percent drop in their net disposable income. This may not be a problem as needs also decline in retirement but more needs to be known about how much income is required to maintain standard of living and insure income security in later life and about inter-generational equity. The role that may be played by policy reform such as expanding the Canadian Pension Plan (and Quebec Pension Plan), long run indexing of the OAS and raising the age of entitlement must also be further investigated.

- **Later life families**

It was noted that the structure of families has changed, creating a need to investigate implications of these trends for seniors and their families. For instance, researchers reported an increase in the number of unions during the life course of older individuals and in the occurrence of **common-law unions** among seniors. It also was observed that the baby boom was followed by a baby bust and that, as a result, there will be fewer adult children available to care for the baby boomers as they age.

In general, the need for more research about how **caregiving roles** are changing in response to changing family structure was identified. It was noted that currently 20 percent of eldercare providers are friends and neighbors. Questions were raised regarding the implications of this trend in caregiving within the larger social networks of baby boomers, notably the role of siblings. For instance, what proportion of siblings in the baby boom cohort assist in the caregiving roles, and are there gender-specific caregiving roles that siblings take on?

- **Immigration/Immigrants**

It was argued that there is limited information on the employment choices of **female immigrants** (due to a dominance of data on male immigrants' experiences) and the effects of age on occupational choice. Questions were also raised regarding whether immigration may provide a **solution to labour force and care shortages** associated with population aging. The presenter argued that immigrants may help fill this gap but that this would require knowing more about how to improve the economic chances of immigrants through education and training.

In terms of **aging immigrants**, questions were raised about whether immigrant seniors face unique challenges in comparison to non-immigrant seniors, or younger immigrants. For example, are there

differences in health status between immigrant seniors and non-immigrant seniors? Research to date suggests that such differences are small, but we don't understand why this is the case. Existing evidence also suggests that there are differences between recently-immigrated seniors and those who have lived in Canada for several decades but the magnitude and reasons for these differences are not well understood. Finally, it was suggested that further research is needed on the well-being and adjustment of *immigrant seniors* to Canada.

Knowledge gaps were also identified with respect to how immigrant or minority status impacts *seniors' incomes*. Additional questions were raised about whether and how it is possible to improve the economic well-being of immigrant seniors by investing earlier in their lives in Canada. Audience members also asked whether researchers and policy makers should evaluate the effectiveness of Canada's immigration policies for seniors' well-being since seniors' employment experience and life histories are quite diverse and contribute to existing inequality.

- **Caregiving**

In general, it was observed that most Canadian research on family/friend caregiving is cross-sectional in nature (care responsibilities at a single point in time), and that we need to know more about episodes and patterns of caregiving across the life course. More specifically, knowledge gaps were identified in two areas: the cumulative lifetime economic costs of caregiving and the effects of caregiving on employment.

In relation to the *economic costs of caregiving*, several knowledge gaps were identified including the types of economic costs that caregivers experience and the factors that influence the nature and extent of costs associated with caregiving, *out-of-pocket expenditures* by caregivers notably. For instance, little is known about how much is spent and about the factors that increase or decrease these expenditures. We don't know how these costs are shared (or not) among family members and how they feel about these expenses.

But the knowledge gaps are especially wide when it comes to the *long term economic consequences* of caregiving to the caregivers. Many questions were raised about the effects of public policies such as tax credits, home care, etc. on those economic outcomes. Overall, people were puzzled by the fact that there is such limited research on the costs associated with caregiving.

Additional knowledge gaps were identified around how *informal caregiving* influences retirement, though good evidence was offered that those who had been caregivers retired earlier and those who were caregiving at an age when they were nearing retirement were more likely to retire than their counterparts without care responsibilities. Presenters argued that comparisons need to be made between individuals who retire to care for a family member or a friend, and those who retire for health reasons, asking which group is the most disadvantaged.

Finally, knowledge gaps were identified regarding the effects of caregiving on *employment* (notably self-employed or precariously employed individuals) and subsequent wages and benefits over the life course. More evidence is also needed about the effects of workplace flexibility and public policy on caregiving and whether/how they moderate the relationship between caregiving and employment.

DATA GAPS

In addition to knowledge gaps, the conference participants identified several challenges related to data collection, the representativeness of our surveys and the importance of qualitative analysis.

- **Data collection and availability**

Throughout the conference, concerns were raised about the discontinuation of the **mandatory long-form census**. Due to this decision, some surveys (e.g. The Participation and Activity Limitations Survey) will be discontinued and data will be lacking in the future to investigate several critical questions such as those related to health conditions of older Canadians. It was felt that additional resources will be needed to compensate for this loss of information.

Researchers also identified a lack of recent/current data on certain issues related to aging. For example, there is no comprehensive Canadian survey on hearing loss, and the majority of the information on this topic is coming from the United States.

Several presenters noted that we could do research and draw public-policy relevant evidence by using **administrative files** from the public sector (eg. Canada Pension Plan, Employment Insurance, tax files) as well as from the private sector. Most notably, important research insights could be drawn by linking these files with data from large population surveys. It was argued that administrative data are under-utilized in informing public debate and should be made more readily available to those engaged in program and policy development and research. It was suggested that holders of provincial-level administrative data and Statistics Canada should seek to develop partnerships to facilitate analysis at the provincial and sub-provincial levels (for example to address gaps on the health and health care service utilization of Canadians).

Lack of **adequate infrastructure** to facilitate survey and administrative data linkages was pointed out as an obstacle to improve the situation in this regard. The fact that administrative data often lack contextual variables and the un-timeliness of data availability were identified as two further difficulties. Indeed, the window of opportunity for evidence to inform policy is typically short while the time lag between data collection, availability of processed and cleaned data for analysis, and release of evidence from analyses of these data is typically much longer.

- **Representativeness**

Some **surveys exclude individuals in institutions**, those without telephones (and increasingly those without landlines) and those in the northern territories notably. Particularly problematic for aging-related issues is the inability to follow older adults who move from community living to institutions, resulting in a bias in favour of individuals who are healthy enough to continue to live relatively independently. While the proportion of the older population who live in institutions is small, it also is concentrated amongst **the oldest old**, who are under-represented in national surveys, despite being the fastest growing, and arguably the most needy and at-risk, sub-population.

There was a consistent emphasis throughout the conference on the need for data that reflect the **current and emerging concerns of the older population** (behaviours, conditions, etc.) rather than relying on those of past generations. Given many lifestyle changes across the generations, drawing on past data to explain current and future trends (for example retirement) may result in poor forecasts and inadequacy of future policies and programs relative to needs.

- **Qualitative research and definitions**

Participants also noted a lack of in-depth knowledge of **aging individuals' own experiences**. The diversity of profiles and life courses and the changing characteristics and experiences of new cohorts of seniors require a deeper understanding than that that may be afforded by survey data only. Opportunities to enhance our understanding with targeted qualitative interview data should be explored.

There was also some discussion calling for clarification, perhaps even reconsideration, of some concepts. For instance, it was pointed out that the concept of **dependency ratio** as normally operationalized is too broad and imprecise to be useful, and could even be misleading. A similar criticism was leveled regarding the **marker for old age**, in light of increasing life expectancy. Researchers further argued that there is a need to obtain aging person's perspectives on when older age starts and to acknowledge the fact that older individuals may not think chronological age is important to their identity.

CONCLUSION

Population aging presents one of the most profound social challenges of our time, especially when considered in the context of other social, economic and demographic trends. Collectively these trends have crucial implications for social, economic and health policy and practice, as well as for intergenerational relationships and the well-being of aging adults themselves. Apocalyptic rhetoric about the "silver tsunami" and entrenched views of older adults as dependent are rampant, yet they are rarely challenged.

The Coming of Age Conference provided an excellent venue to put things in perspective based on some of the most recent statistical research evidence available in Canada and to take stock of the knowledge and data gaps we still need to fill to tackle this formidable challenge.

But even the best access to the best data will not allow much action if we are unable to analyze them properly. The **lack of graduate training** in the optimal use of increasingly complex data such as those from longitudinal surveys remains a key issue for the future. It was observed that this may diminish the capacity of more recent cohorts of students and graduates to engage with rich new data sources. This is especially important given that, in several sessions, participants identified longitudinal research as a key condition to capture changes across time. For instance, the research exploring involuntary stayers could not determine with cross-sectional research designs whether lower levels of health and emotional well-being are a cause or consequence of being an involuntary stayer or what happens to involuntary stayers across time. In addition, data limitations often constrain our ability to engage in **international comparative analysis**. Efforts to standardize selected variables across countries would facilitate our ability to learn from other countries' experiences.

In other words, while we should aim at facilitating access to data, be they longitudinal, transversal or administrative, and at collecting quality and representative data, we must not forget that we also need to develop the capacity to analyze them in a national and international meaningful way.