

Editorial: Canadian Research on Aging: Two Decades of Growth; Time of Change

With the publication of this issue, the *Canadian Journal on Aging* reaches a significant milestone: the completion of 20 years of publishing a broad array of research in the field of aging in Canada, covering the full spectrum of gerontological enquiry, from the biological aspects of aging, to educational gerontology, health sciences, psychology, social sciences, and social policy and practice in relation to aging and elderly persons. It also signifies a personal milestone for me as well, for with this issue I complete my four-year term as Editor-in-Chief of the *CJA*. The Editorship now transfers to Carolyn Rosenthal of McMaster University. As was the case when the *Journal* celebrated its first decade (Béland, 1991), such anniversaries and moments of transition typically occasion reflection on the continuities and changes in the *Journal* over time; the broader status of research on aging in Canada in terms of challenges and opportunities; and speculation as to the future of the field.¹

The Challenges and Achievements of the Past

Upon taking office as Editor in late 1996, I asked my predecessor, François Béland, to write an editorial reflecting on his six years as Editor of the *CJA*. At that time, he noted that while the research climate of the 1980s enabled the *Journal* to flourish, significant funding cuts and retrenchment at the national level threatened gerontology in the early to mid 1990s (Béland, 1997). He specifically identified the ending of SSHRC's strategic initiative in population aging, and shrinking federal and provincial funds for gerontology research as sources of concern for the future of gerontology in Canada, particularly in terms of the shift toward funding of selective, "strategic" topics and general lack of funding for investigator-driven research.

Some of Béland's concerns were very well-founded. Among major national funding programmes, the Seniors Independence Research Program (SIRP) of Health Canada, announced in 1988 and renewed for a second phase in 1993, remained the only one dedicated to aging research. The SIRP initiative was terminated in 1998. In recent years, provincial governments have rationalized health care services and decreased funding to health and higher education to help control deficits in response to declining federal transfer payments (Brochu, 1995). The research environment has been highly variable throughout the past decade, with some provinces providing little or no money for research on issues such as aging, while

others, such as Quebec's FRSQ (Fonds du recherche en santé du Québec) operated under a model of multidisciplinary research centres (Chappell et al., 1999). During this period, where research dollars "targeted" to aging were available, they were typically directed toward multi-site co-ordinated initiatives, such as the Canadian Study of Health and Aging (CSHA), with its focus on the prevalence of dementia, and the Canadian Osteoporosis Study.

Nevertheless, other of the worrisome trends noted in 1997 have not continued. Challenged in its quest for funding, the gerontological research community has shown innovation in its collaborations; where possible, community partnerships have become important elements of the research agenda. These achievements are noteworthy, especially in light of the fact that the Canadian research community continues to have inadequate research infrastructure in gerontology and geriatrics.

The funding of CARNET: The Canadian Aging Research Network (1990–1995), through the federal Network of Centres of Excellence Program, was an especially noteworthy achievement in the past decade. As Victor Marshall, the Network Director, has noted, "[in 1990] the idea that researchers should work in active collaboration with the corporate and governmental sectors to develop research with a potential to enhance Canada's economic productivity was highly innovative . . ." (CARNET, 1996).

Also throughout the 1990s, Statistics Canada has continued its involvement in the creation of data sets that are, with increasing frequency, being developed in collaboration with and accessible to the gerontological community; these include the General Social Surveys and successive waves of the National Population Health Surveys. The role of Statistics Canada in working co-operatively with the gerontological research community in the future will be further enhanced by the Canadian Initiative on Social Statistics (CISS). The CISS seeks to promote research and training on issues (such as aging) that make full use of social statistics; facilitation of access to detailed micro-data; and maximizing the research and public policy interface. Nine Statistics Canada Research Data Centres, announced in July 2000 and currently being established across the country, will permit analyses of longitudinal data in master file format and enable the training of a cadre of researchers with exceptional data analysis skills. Among the first five datasets to be released by Statistics Canada in this format are the National Population Health Surveys; gerontological researchers are poised to avail themselves of this opportunity for analyses of longitudinal data relevant to population aging.

In 1991, Béland noted the "spectacular" rate of progress of the *Journal* since its founding in 1981. As mentioned above, the *Journal's* second decade has taken place in a much more challenging climate in terms of research funding to gerontology. Nevertheless, despite some of the concerns expressed four years ago, the number of manuscript submissions to

the *Canadian Journal on Aging* has increased and stabilized in recent years. The enhanced international stature of the *Journal* is evident in the increase in the number of published articles by one or more authors from outside Canada: from 8 per cent of articles published in the period 1990–1994 to 14 per cent of all articles published between 1995 and 1999. The bilingual nature of the *Journal* has not only been retained but enhanced in recent years: while 11 per cent of manuscripts published between 1990 and 1994 were in French, that figure rose to 17 per cent in the second half of the decade.²

A review of the past decade of articles in the *CJA* reflects a number of trends in the nature of the manuscripts received for editorial review. One of these is the steady and consistent increase in the number of submissions and publications in the area of health sciences; this fact is noted in a recent editorial by Connidis et al. (2000), who observe the “predominance” of health research concerns in Canadian gerontology. They attribute this to the fact that “the financial and human resources involved in health care are vast, visible and the focus of much public debate” and to the “power of the health agenda” in Canada. It remains the case that, although there are six “sections” in the *Journal*, approximately one-third of all manuscripts submitted are reviewed by the Health Sciences Section.

There has also been an increase in the number of submissions focussed on methodological issues, ranging from assessments of the reliability and validity of well-known survey instruments translated into French, to discussions of the methodology of especially significant studies, such as the Aging in Manitoba 20-year longitudinal study, and the Canadian Osteoporosis Study. Conceptual and methodological issues have also been advanced in special supplements, such as the issue on aging and the humanities (1993) and in editorials on such topics as the challenges to basic biological research in Canada (1996). Editors of the *Journal* have also been proactive in advancing a variety of methodological approaches, through the publication of special supplements on qualitative methods (1993), quantitative methods (1994), methodological diversity (1995), and contributing to the dialogue on the research applications of administrative data, such as the Minimum Data Set (2000).

Over the past decade, there have also been shifts in the substantive foci of manuscripts submitted for editorial review. Manuscripts examining issues of diversity in the experience of aging, including ethno-cultural diversity, and aging in “marginalized” groups, such as those who are cognitively impaired and individuals with one or more disabilities, remain comparatively rare, but are being submitted more frequently than in the past. Analyses of large national datasets, such as the National Population Health Surveys, are, with increasing frequency, the basis of studies of such health issues as falls and injuries. Published articles also represent a wider range of disciplines than was the case 10 years ago, with more research being reported in such fields as economics and geography. However, the

Journal continues to have a very low rate of submission of articles on biological aspects of aging, and the rate of growth of submissions in educational gerontology has been slow since the introduction of this new "section" of the editorial board in 1999.

Over the past decade in particular, the *Journal* has assumed an increasingly pro-active role in promoting dialogue on policy-relevant issues on aging in Canada by publishing CAG position papers on pensions (1998), home care (1999) and seniors and prescription drugs (2000). There has also been a consistent increase in the number of articles dealing with the interface between research and policy, and which provide critical and rhetorical political analyses. These range from individual papers examining provincial changes to social service delivery policies affecting seniors, to entire supplemental issues on "Long-term care in five countries" (1996), "Re-writing social policy in an aging society" (1997), and "Setting an evidence-based policy agenda for seniors' independence" (2000). In 1997, the *Journal* reached its widest audience in advancing policy discussions through its joint publication, with *Canadian Public Policy-Analyse de Politiques*, of a special issue on "Bridging policy and research on aging". That volume, which Ellen Gee and I co-edited, examined the role of research in influencing policy choices on aging issues; the requisite steps to better link research and policy for the benefit of Canada's seniors; and the identification of key policy issues needing to be addressed (Gee, 1997, p. i). Its publication remains the most personally satisfying achievement of my seven years on the Editorial Board of the *CJA*.

The Promise of Tomorrow

The Canadian Institutes of Health Research

The greatest change in gerontological research in Canada in the past decade has been the establishment earlier this year of the Canadian Institutes of Health Research (CIHR), replacing the Medical Research Council (MRC) and the National Health Research and Development Program (NHRDP) of Health Canada. Established by an Act of Parliament, the CIHR is based on a substantially broadened definition of health research than was the MRC, and includes in its mandate not only biomedical and clinical research but also health systems and services research and population health research.

The CIHR will redefine research on aging in Canada in several important ways (Martin-Matthews, 2001). For one, the CIHR will significantly enhance the funding resources available to researchers in gerontology and geriatrics in Canada. It will make available to researchers outside what has traditionally been defined as "medical research" a range of personnel and health career awards previously only accessible by researchers in programs associated with medical schools. In the initial round of adjudication of Health Career Awards in the spring of 2000, researchers in aging were well represented among recipients of awards to post-doctoral fellows

and to new, mid-career and senior researchers. The research areas funded in these career awards include topics well outside the “traditional” MRC mandate: for example, the relationship between emotional well-being and incidence of and recovery from chronic disease in older Canadians; the relationship between remarriage and well-being in later life; self, informal and formal care in relation to chronic illness and disability in middle and later life; health informatics for an aging society; health beliefs and practices in the context of population aging; aging women’s health; mental health older persons; and health, health care and the distribution of income over the life course. CIHR funding has already been provided for multi-disciplinary research on the social and interpersonal implications and understandings of dementia; and on best health practices in midlife.

The CIHR stands to transform the infrastructure of aging research in Canada through the creation of a national Institute of Healthy Aging, one of 13 “virtual” Institutes to be established in the next few months. A national Institute of Healthy Aging will provide something we have never before had in Canada: “a national focal point to synthesize . . . research efforts [in aging] and act as a catalyst for . . . [aging] research” (Chappell et al., 1999).

The creation of a CIHR Institute dedicated specifically to research on aging was the result of active involvement and input by the Canadian gerontological community. The Institute will support research to promote healthy aging and to address causes, prevention, screening, diagnosis, treatment, support systems, and palliation for a wide range of conditions associated with aging. The diverse range of research topics potentially eligible for funding support by the CIHR and the inherent multi-disciplinarity of the mandate of the Institute of Healthy Aging reflect a vision of geriatric and gerontological research that has been central to the mission and focus of the *Canadian Journal on Aging* since its founding 20 years ago.

How CIHR will transform aging research in Canada remains to be seen. At the time of writing, the Institute of Healthy Aging’s founding Scientific Director and Institute Advisory Board had not as yet been named. While the creation of the Institute of Healthy Aging has generated high expectations in the national research community, there is also caution. There is scepticism that the promise of the CIHR might not be realized and that the broad health research community of “non medical” researchers, which gerontology largely represents, will not benefit from this initiative. A second concern is that valuable gerontological research not fitting neatly within the rubric of even the broadened definition of health research will be left to scramble for the more limited resource dollars remaining in the other funding Councils and funding agencies. Time will tell.

Conclusion

The past two decades have seen significant change in the climate of gerontological research in Canada. The decade of unprecedented growth in the 1980s was followed by a decade characterized by many challenges and fewer opportunities. As research resources were reduced throughout the 1990s and as the public policy agenda changed to include more demands for accountability and relevance, researchers increasingly have had to turn to innovative solutions in order to address critical research questions. On the one hand, this has led to more inter-institutional collaboration and multi-disciplinary research teams, increasing connections outside government for research funding, and new partnerships; on the other hand, a decade of funding cuts has left the Canadian research community with inadequate research infrastructure. It is well known that Canada's investment in research and development as a proportion of gross domestic product is less than that of most other major industrialized countries (Brochu, 1995). The creation of the Canadian Institutes of Health Research and of the Institute on Healthy Aging in particular; the substantial increase in research funding associated with the establishment of the CIHR; the funding of the Statistics Canada Research Data Centres; and the recent federal announcement of increased research funding (as part of the election platform) all bode well indeed for the next decade of Canadian gerontological research.

Notes

- 1 Anniversaries are also occasions for acknowledging those who have provided invaluable assistance along the way. My Editorship was greatly facilitated by the consistently conscientious and ever thorough work of the *Journal's* Managing Editor, Rosemary Vanderkamp, assisted by Christa Parson. I thank them both most sincerely. Louise Plouffe of the Division of Aging and Seniors at Health Canada volunteered her help in so many ways: checking for accuracy of French translations, promoting the *Journal* wherever possible, finding support for initiatives on repeated occasions. Her support for, and advocacy on behalf of, the *Journal* have made it possible to turn several ideas into reality. I am immensely grateful to her. I also thank Éric Jenkins who has assisted in the translations.

The *Journal* could not function without its Editorial Board, a team who give considerable volunteer hours in effecting a thorough and rigorous peer review process for each manuscript submitted. Over the past four years, our Editorial Board has included John Carlson, Elaine Gallagher, Ellen Gee, Verena Haldemann, Réjean Hébert, Daphne Nahmiash, Sheila Neysmith, Joan Norris, Norm O'Rourke, Louise Plouffe, Karl Riabowol and Bernadette Ska. I thank them for their commitment to this *Journal* and for their dedicated giving of their time on its behalf.

My role as Editor-in-Chief was made easier by the work of my predecessors: Blossom Wigdor, Victor Marshall, and François Béland. Blossom Wigdor and Victor Marshall "created, developed and secured the future of the *Canadian Journal on Aging*" (Béland, 1991). François Béland further enhanced its stature, giving the *Journal* an international profile and reinforcing its reputation for scholarship and rigour. My four year at the helm benefitted enormously from the care with which my predecessors had charted the course.

- 2 I thank Joan Sims Gould for her assistance in compiling these statistics and other comparative analyses in this report.

References

- Béland, F. (1991). The *Canadian Journal on Aging* enters its tenth year. *Canadian Journal on Aging*, 10(1), 4–5.
- Béland, F. (1997). Building Canadian gerontology: A springboard for international recognition? *Canadian Journal on Aging*, 16(1), i–vi.
- Brochu, M. (1995). *Support for research on aging*. Prepared for the Seniors Independence Research Program. Ottawa: Division of Aging and Seniors, Health Canada.
- CARNET: The Canadian Aging Research Network. (1996). *Into the age of aging: Selected findings*, Toronto: Centre for Studies of Aging, University of Toronto.
- Chappell, N.L., Joannette, Y., McDonald, L., Neysmith, S., Rockwood, K., Stones, M., & Tuokko, H. (1999). *Canadian Institutes of Health Research: The Canadian Institute on Aging/Institut canadien de vieillissement (Concept of operations)*. Victoria: Center on Aging, University of Victoria.
- Connidis, I., Keating, N., Neysmith, S., Powell, C., Rockwood, K., & Tierney, M. (2000). Beyond 1999: A research agenda. *Canadian Journal on Aging*, 19(3), i–v.
- Gee, E.M. (1997). Policy and research on aging: Connections and conundrums. *Canadian Journal on Aging and Canadian Public Policy-Analyse de Politiques*, Special Joint Issue, CJA, 16(suppl.), i–viii.
- Martin-Matthews, A. (2001). Gerontology in Canada: A decade of change. *Contemporary Gerontology*, 6(1): In press.

Anne Martin-Matthews