

Note: Acronyms stand for the Name-Surname of each present SB member. AL –Andreas Laupacis, AV – Andres Vikat, IY – Isabel Yordi, KL – Kai Lechsenring, FB – Francesca Bettio, ES – Elina Suzuki, SY – Stecy Yghemonos

Sounding Board – Key questions, comments on FUTUREGEN

(FB, AL, KL) What do we mean by long-term care? There are different understandings of the term e.g. in Canada.

(AV, AL) What is the theory underlining FUTUREGEN? What geographical scope?

(IY) What gender framework and what social determinants framework is used? Clear definitions are needed from the start of the project.

(ES) How the policy context influences gender and health and care outcomes?

(KL) How life course events are investigated?

(FB) How demographics of family evolving (magnitude of changes in different countries)? How increasing pension age affect care-giving in old age? Role of technology?

(SY) What are the main drivers for health and care? Are these common or different for health and care?

Sounding Board #1 – Highlighting key issues in terms of societal/policy relevance

(AL) Ethnicity / migration status as a social determinant of health / care. Caring for family members is different in immigrant communities from the local population, but also varies by length of stay in the country (i.e. difference in care-giving btw recent and more established migrants).

(IY) Impact of migrant carers on supply and demand of care both in sending and in receiving countries. What is the gender impact of home care policy design? - e.g. does home care policy in certain European countries reinforce gender gaps and roles in care-giving? Does the introduction of cash benefits increase availability of informal care at the cost of reinforcing the gender gap in caregiving?

(AV) Migration patterns within and into Europe crucially affect the availability of informal care provision, with countries experiencing out-migration facing a future with insufficient informal supporting for their aging populations. This trend is further reinforced by changes in living arrangements and the increases in nuclear families.

Important to reflect on labor market implications of informal caregiving – e.g. How can we help women/men return to employment after caregiving spells?

Would be important to be able to present results on the economic impact of caregiving / receiving patterns now and in the future. This would ensure more attention from policy-makers to the project results.

(ES) It is very important to differentiate between different types of caregiving because the policy implications and advice are going to be different.

(AV) Is self-care long-term care? Will the project be able to reflect on what self-care is and what patterns are emerging?

(AL) The issue of the rising prevalence of dementia and the associated care burden should feature in the project results somehow – it offers a perfect link between WP1 and WP2 and is a highly policy relevant topic globally.

(IY) The more relevant policy concept is that of inequity rather than inequality. The project should focus on differences in the determinants/ drivers of inequity not so much on differences in outcomes – that would render it more policy relevant and would lead to clear recommendations for policy-making.

(ES) Was the group's focus on care rather than health by chance or because it holds more policy relevance currently?

(AV) In the sense that care patterns are more amenable to change through policy interventions, it makes sense to focus on the care results for policy dissemination. But not a reflection of the importance of health- vs. care –related issues.

Sounding Board #2 – Defining the project scope: how do we operationalize health outcome, ageing and social determinants of health?

Health outcomes

(IY) Interesting to look at gendered patterns of unhealthy behaviors in linking health and care. Health outcomes in terms of functional health/impediments. Different models of caring and health behavior, gender stereotypes learned in early childhood and how these affect behaviors in later adult life?

Agreement during Stefan's presentation and in other discussion that a focus on functioning (physical and cognitive), disability and well-being makes sense in the context of the project.

Social determinants

(AV) should focus on upstream indicators that are most relevant to policy-making.

(IY) If at all possible you should try to always pick some indicators in each of the three categories – that would render the results more credible / valuable.

Should consider the accessibility/availability of formal care services as a determinants of informal care provision.

(FB) Should try to consider that in many European countries current younger cohorts are working poor – this will impact their health in the future. It should be incorporated as a social determinant in the analyses.

(SY) Income gender gap and gender pay gap should be acknowledged in the analyses.

Ageing

(AV) the UN Working Group on Ageing uses the 55+ definition. Could be then further broken down into age categories (e.g. younger older / older old).

(FB) Endorses 55+ definition of older age.

(KL) Overreliance on chronological age – this is a poor indicator both between cohorts and between countries- e.g. 65 year-olds today are more functional than 55 year-olds 2 decades ago.

(SY) Some differentiation in terms of age-groups use is crucial for policy relevance. There should be dedicated analyses and policy recommendations for different groups of older people.

Sounding Board #3 – data and ethics

(AV) Generations and Gender Program (GGP) – can use the retrospective life-history components.

(SY) European Cohort Health Indicators / EIGE database – Gender Equality Index / Joint Assessment framework on the use of health indicators.

(FB) time use surveys are a powerful tool but difficult to access – applications must be made to national statistics offices for micro-data.

(ES) Work with SHARE is powerful because it is important to have the potential for a global extension of the analyses. Is there any possibility for using harmonized datasets in Canada?

OECD reports and databases also offer a rich repository of information on pension, employment, social policies.

(IY) European Health Equity status report to come out in June 2019 – will be a rich source of policy level analysis and will offer access to an interactive data atlas.

Important to include some indicators of gender-based violence – a good source is the FRA violence against women survey (can be accessed from the Essex website).

(AL) In some places like Manitoba (CAN) and possibly Sweden, there are now linked administrative datasets available for research. Multi-level analysis would be interesting to use.

(AV) Be realistic what you can do in the research in terms of data limitations, look for data that are best to answer the research questions. Go beyond SE, CA, and AT in geographic scope.

Sounding Board #4 – Role and expectations of SB members

(SY) Natural role in dissemination and exploitation of results. Would welcome early involvement in research planning, particularly in providing input on terminology, definitions, refining research questions to respond to policy agenda.

(AV) can bring in commentary from a high-level policy perspective on what the project can achieve. Would welcome consultation on milestones and key decision, however, he does not see himself or any SB member as a decision-maker within the project. Welcomes contact with a respectful/ common-sense frequency.

Offered to act as a link between the project and the statistical offices community, as long as the process start early on.

(FB) Will be available for intermediate SB meetings, ideally as part of smaller, more focused groups. She has considerable expertise on micro-data in the EU and would be happy to share this knowledge with the team.

(ES) Would welcome having a timeline of the project, indicating the main milestones. She would gladly give input on all these key-decisions/ milestones.

Once more refined research questions have been defined she can see to what extent these overlap with the professional interests of members of the OECD team. She does not exclude collaborating/ participating based on personal interest alone.

She can try to act as a link for the project team into wider professional networks, through the OECD.

(IY) Can act as a facilitator for the project within the WHO/ UN system and processes. She can counsel the team on how to increase their impact in different policy circles and will offer her reflections on how the project output could be improved (and potentially translated into policy guidance/ guidelines).

Once a geographical scope for the research has been defined she can try to link the project team into local policy networks. Particularly through the Healthy Cities network, where she can help disseminate results.

(AL) Would see himself commenting and advising on work in progress, particularly if generous but precise timelines are included in all communications. He cautioned the team that not all relevant stakeholders are represented in the SB and we should think already about how we will reach them sooner rather than later. He offered help with organizing the PhD workshop in Canada through his wide network of contacts.

Sounding Board #5 – Terms of Reference

During the meeting, the project team proposed a Terms of Reference (TOR) for Sounding Board membership, which was discussed. Based on input from SB members attending, the TOR is to be revised excluding reference to the decision-making role of the SB.

Sounding Board #6 – Next meeting of the Sounding Board

The next meeting is scheduled to take place in Stockholm in the second quarter of project year 2 (April/May 2020).