Hi Everyone,

Thank you to everyone for sending in the information about study findings.

Selma and I had a talk today to work through how to do the qualitative study in a way that generates some meaningful data in relation to the methodology studies underway. As well, if we do this right, we can position the study to contribute to current conceptualizations of aging and health/wellness (“successful aging”).

As a summary:

We discussed the information sent in by the groups. We also talked about the dominant model of successful aging (Rowe and Kahn) and positioning our work in relation to the model. The study (overall WPs) takes a determinants of health perspective. We thought that in the qualitative study, it would be an opportunity to bring the concepts together from these theoretical stances.

Stefan's group seems to have some definite results and we wondered if there might be a few articles that Stefan would recommend our reviewing to understand the studies (the perspectives of the authors). For example, are there particular theories that are mentioned in the papers he has reviewed? Do they consider determinants of health, or theory related to successful aging?

**Possible questions for the interviews with older people (plan a):** Who/which groups in society are most affected by disability in later life? Why?

Ricardo's group also shared some results, and we wondered if these are preliminary or if there are more results to come soon (it sounded as if these are the first of a group of findings?). The focus is on a life transition (social status - marriage) + activity limitation enhances the probability that the individual will receive care (long term care?) and is more likely (or, only evident?) for women (v men).

[Question: Is it that with the same limitations, women are more likely to get access to long term care?]

Ricardo has suggested that there are a few reasons for the differences in care use - for example, lack of an informal caregiver, financial, psychological, the spouse acting as advocate to access care. We were not sure if these are based on findings, other literature, or whether they are suggestions for reasons that Ricardo’s group has developed as a way to explain the findings.

[We think that these are explanations that Ricardo’s group has developed – please correct us if not!]

**Possible questions for the interviews with older people (plan a):** What effects does widowhood have on access to care? Which effects does divorce have on access to care? Do you think that there are differences between women and men?

Bringing it together:

Stefan's work is focused on sex differences in disability (and mobility impairments) and how these can be attributed to gendered differences in socioeconomic conditions. We talked about how the common ground between Ricardo and Stefan's work is a focus on the role of determinants of health. The qualitative study can be a way to get feedback on the data that is currently collected, and may identify a need to collect other data (examine other indicators). Perhaps we can position the findings in relation to the Rowe and Kahn conceptualization of successful aging and make a contribution to the conceptualization of successful aging.

**Possible questions:** If we use ageing well as a framework, we can ask about resources for ageing well (related to social inequalities/determinants of health) and include questions on disability and access to LTC.

Perhaps Susan/Afshin's work is more about background for the work, and if we wanted to reflect their findings to policy makers or researchers (at the PhD workshop) in relation to the findings of the other studies then we can consider that option.

Next steps include:

-Janet/Selma to check in with the group to see if the way we are thinking about their work in relation to a qualitative study resonates (think about Rowe and Kahn, determinants of health; bringing the study findings to older adults and saying this is what was found, do these findings resonate - why or why not. How do you define successful aging etc).

-Janet/Selma to ask - was Ricardo meaning to imply that there will be more findings that we need to consider for the qualitative study? And - are the details for the findings (about reasons for based on evidence or are they suggestions - meaning, the differences in care use - for example, lack of an informal caregiver, etc)

-Janet/Selma need to get a sense of the literature that the studies are situated within (can Stefan and Ricardo provide examples of how the researchers are defining successful aging - do they look to the Rowe and Kahn framework?)

-we talked about a timeline with interviews starting in Sept(?)