**RQ4.2)** **What is the distribution of health behaviours and resources in future cohorts of older adults across sex/gender and other social categories?** We will compare the gendered distribution of health behaviors and resources among current (60+) and coming cohorts of older adults (ages 50-60) (**Task 4.3**) and assess to what extent future cohorts of older adults differ from current cohorts in ways that affect health and sex/gender inequalities in health and care-giving/receiving.

 WP4: We had proposed something forward looking in our proposal (see
text below) and I would like us to start a discussion on how to
address the RQ presented below (30 minutes)

"RQ4.2) What is the distribution of health behaviours and resources in
future cohorts of older adults across sex/gender and other social
categories? We will compare the gendered distribution of health
behaviors and resources among current (60+) and coming cohorts of
older adults (ages 50-60) (Task 4.3) and assess to what extent future
cohorts of older adults differ from current cohorts in ways that
affect health and sex/gender inequalities in health and
care-giving/receiving. We will use data from international surveys
(European Social Survey, EU-SILC, SHARE, CCHS and CLSA). There is
quantitative evidence that individual and social determinants (e.g.
employment rate) vary across birth cohorts and across sex/gender of
adults in Sweden [23]. A key issue in these analyses is the difference
in response rates between cohorts, as differences in selective
non-response may bias findings. We will address this by using weights
that give underrepresented groups a balanced weight in the sample, and
through sensitivity analyses to assess robustness of findings.
We will build on findings from WPs 1-3 and from RQs 4.1 (perceptions
of older people) and 4.2 (resources and health behaviours of future
cohorts) to make recommendations on development of policies to help
tackle gender inequalities in health and care-giving/receiving and
achieve SDG3 and SDG5 (Task 4.4). Initial policy implications from
WPs1-3 will be critiqued and validated by the SB and interviews with
older people."

**SPP on WP 4.2** I apologize for sending this at the last minute.

Re WP 4.2

I may be missing the point of this research question but here goes . . .

I am struggling with the research question, as predicting the future from the past is, as Stefan said, very imprecise and likely to be erroneous. We suggested we would look at current behaviours as predictors of future health and care needs, and how these are gendered. I suspect that there is a literature saying that health behaviours at age 40 do not predict behaviours decades later. Nor is it possible to predict future events that will affect health and behaviour (COVID is the perfect example of this). Lived social realities may be better predictors of future health and needs, unless they change unexpectedly. So, for example, SEP at age 45 may well predict SEP at age 65. If we consider what we have found re eg care needs and SEP at present maybe we can predict future needs. But again, to what end – we have already found that there are care gaps for current cohorts (or I think we have) and so we can predict the same for the future unless more resources are put into care. Will dissecting who will be most in need of the care that isn't available change that?

**Looking Back, Looking Forward: Ideas for addressing RQ4.2 from team Sweden**

*The basic idea*

We quite like the basic idea, the way it is presented in the proposal. That is, to study the gendered distribution of living conditions and resources in the coming birth cohorts of older adults in Europe and Canada and compare it to the situation of previous cohorts at the same ages (e.g., ages 50-65).

It is true that we cannot predict the future from the past in the sense that we can never be sure that it is the same things that will matter in the same way in the future. Nevertheless, we think that this exercise could give some important clues as to what may present challenges for the coming cohorts of older adults in terms of functional independence and care (e.g., obesity, living alone).

If we decide to take this route, we think that the two main challenges are to find suitable data and a suitable analytical strategy – in order to make the results reliable and meaningful

*Data*

As this is essentially a descriptive study, it is of great importance that we have data that is representative of the target populations. Thus, representative sampling and high response rates are crucial. Moreover, in order to compare cohorts at the same ages, we need data that encompasses repeated cross-sectional waves. Do we have access to data that lives up to these criteria? For which countries?

*Ramping it up a bit*

One risk with this approach is that it easily becomes a comparison across cohorts of extensive laundry lists of variables. Some may remain stable; some may change a little in one direction while others change a little in another direction. This might make it difficult to get a helicopter view of the situation and – in the end – to come up with concise and meaningful conclusions.

This is not an easy issue to solve, and it requires some serious thinking and discussion. One way of doing it could be to use some kind of data-driven method to find clusters or classes of individuals in the data that share common features. As a second step, we could then explore to what extent the probability of belonging to these different classes/clusters vary by sex.

**A few thoughts in response to question**

Would it be important to have a strong background and discussion points that relate to the context within which the study is situated. The Swedish team has done a great job laying out some thinking for the question/proposed line of thought. Perhaps the following could complement their approach.

-background section on conceptualization of sex/gender

-comment on cohorts etc and that these cohorts are situated in a changing context (‘context matters’ as an interactive component of human experience)

-in our societies, there are changing views on populations and their health - for example, greater focus on health equity and inequity, the causation

-a determinants of health approach is a way to think about the experience and explain health outcomes (think about the use of the PROGRESS+ framework in our work as background)

-use of a determinants of health approach means looking at many factors that impact opportunities for health equity and that intersect or are impacted by sex/gender

-there are also changing conceptualizations of sex/gender within populations as there are more opportunities within our societies to figure out how to understand the experience of people, and openness to people expressing who they are

- could be important for both the set up and discussion points

**Janet Jull, OT Reg (Ont), PhD**