

*Towards making Ireland the best
place in the world to grow old*

tilda

Staidéar Fadaimseartha na
hÉireann um Dhul in Aois

The Irish Longitudinal
Study on Ageing

The Irish Longitudinal Study on Ageing

October 2011

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The Irish Longitudinal Study on Ageing
(TILDA) is supported by the Department of
Health and Children, Irish Life and the
Atlantic Philanthropies.

www.tilda.ie

What is TILDA (The Irish Longitudinal Study on Ageing)?



Nationally-representative study of people aged 50+ (and their spouses or partners of any age) resident in Ireland

Work started in 2006: 2 pilots + data collection for wave 1 started in October 2009

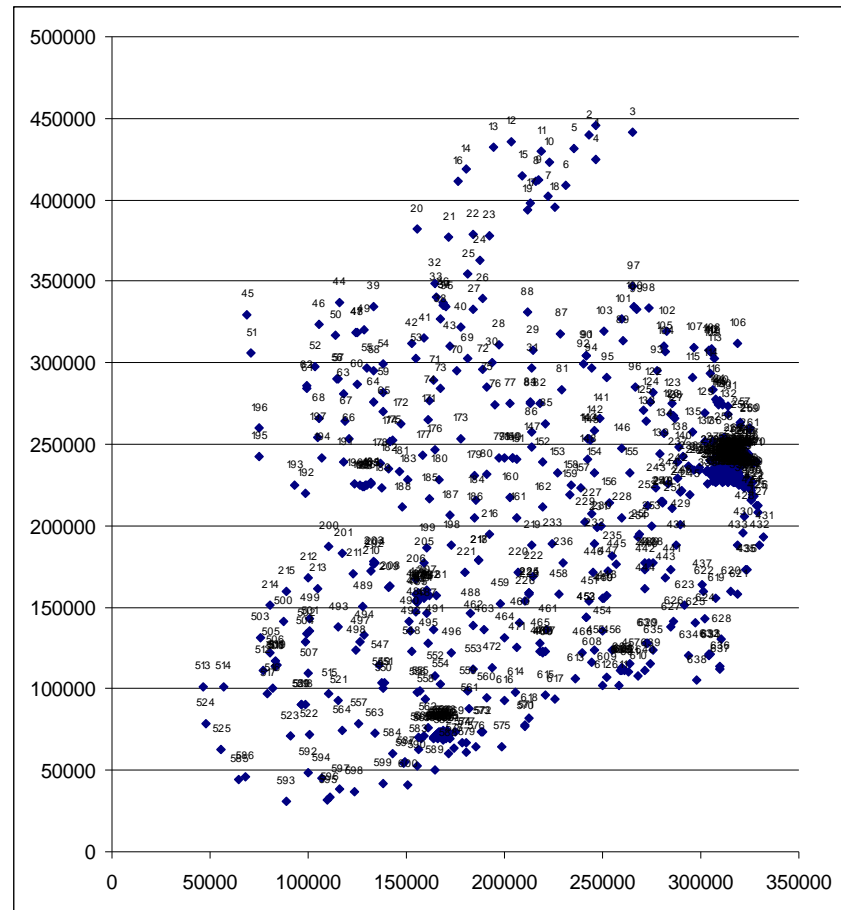
10 year study (5 waves)

Funders: Irish Life, Atlantic Philanthropies, Department of Health and Children

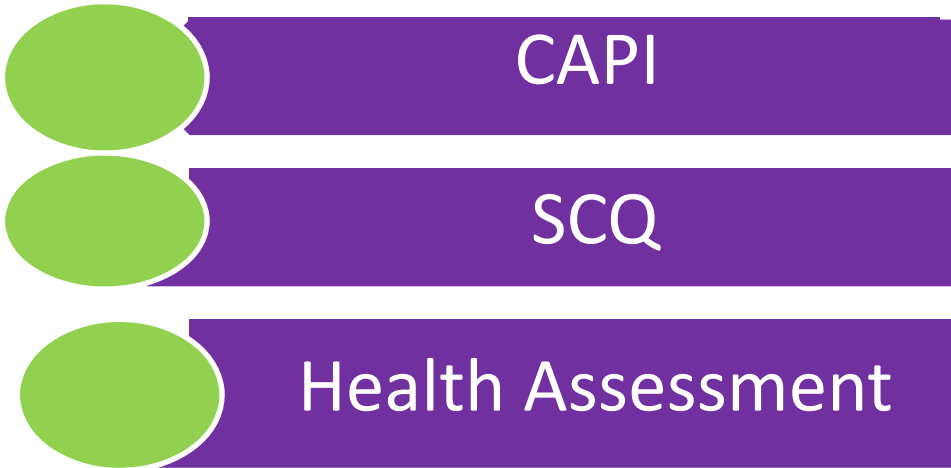
Questions asked in such a way that TILDA is comparable with other international studies on ageing (HRS, ELSA, SHARE) + Qs relevant to Ireland (e.g. impact of recession)

TILDA Sample

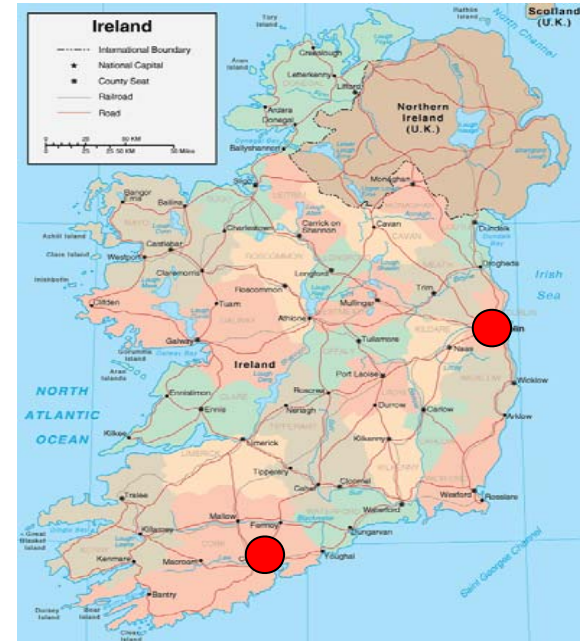
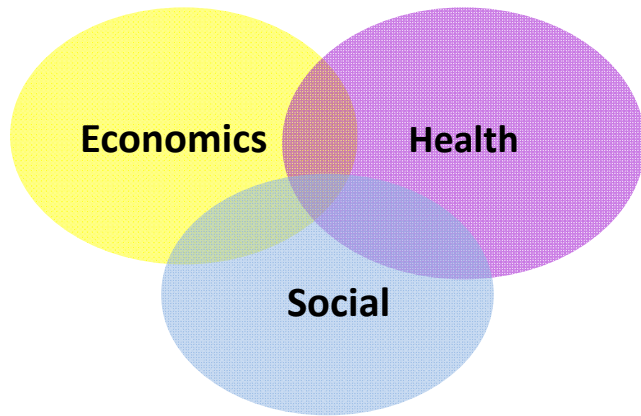
- Scientifically designed random sample
- Geo Directory - **640 clusters** of addresses randomly selected (out of 3,155)
- 40 households per cluster were selected
- Initial households=25,600 (40*640)
- Selection of eligible respondents within dwellings



Overview of design



Interdisciplinary study :



What is TILDA (The Irish Longitudinal Study on Ageing)?

Data collection is finished → N = 8,507

CAPI response rate: 62%

Of those who completed the CAPI:

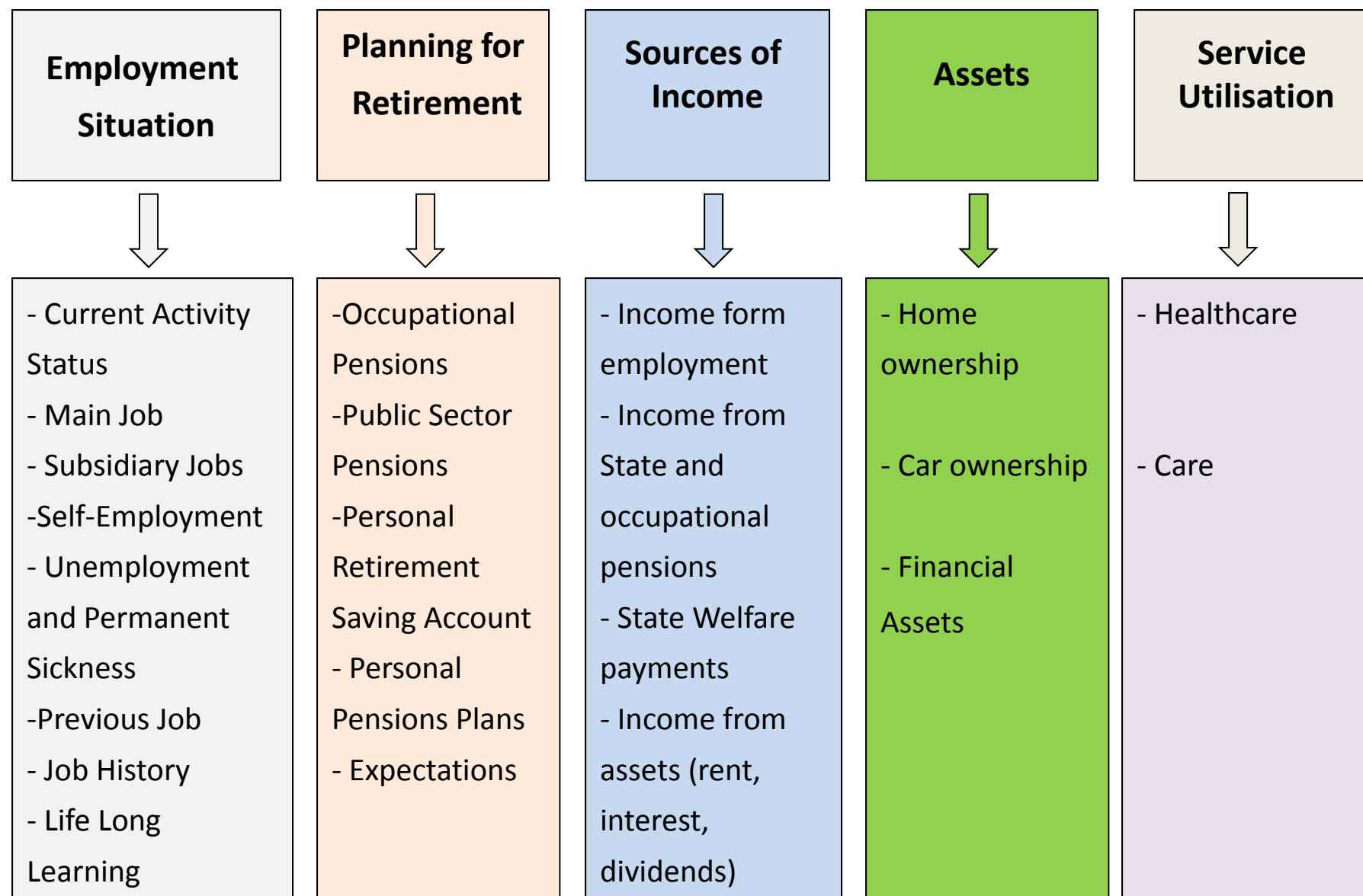
84.5% have completed the SCQ

72.4% have done the HA

“Small” financial incentive for respondents: €20

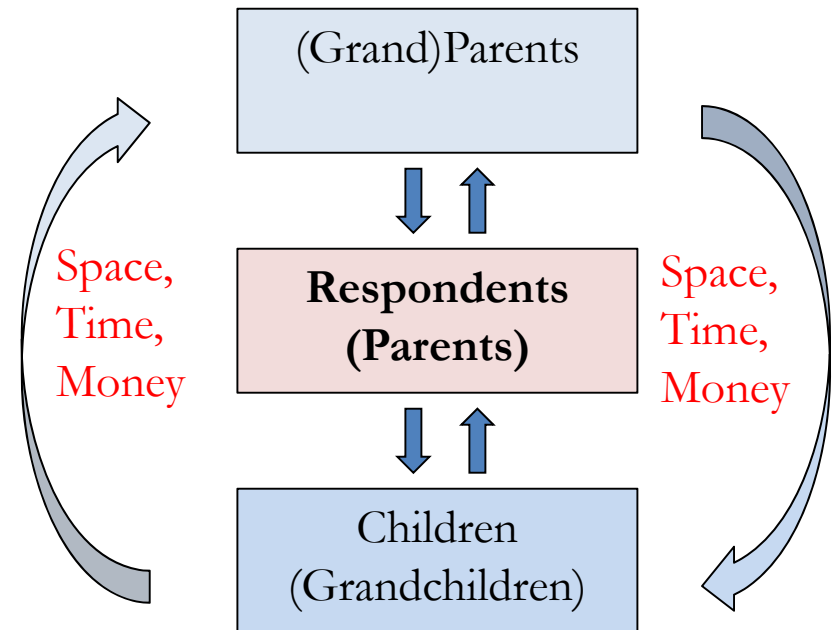
If 2 respondents were married/cohabiting a ‘financial respondent’ and a ‘family respondent’ were identified

Economic domain (CAPI)



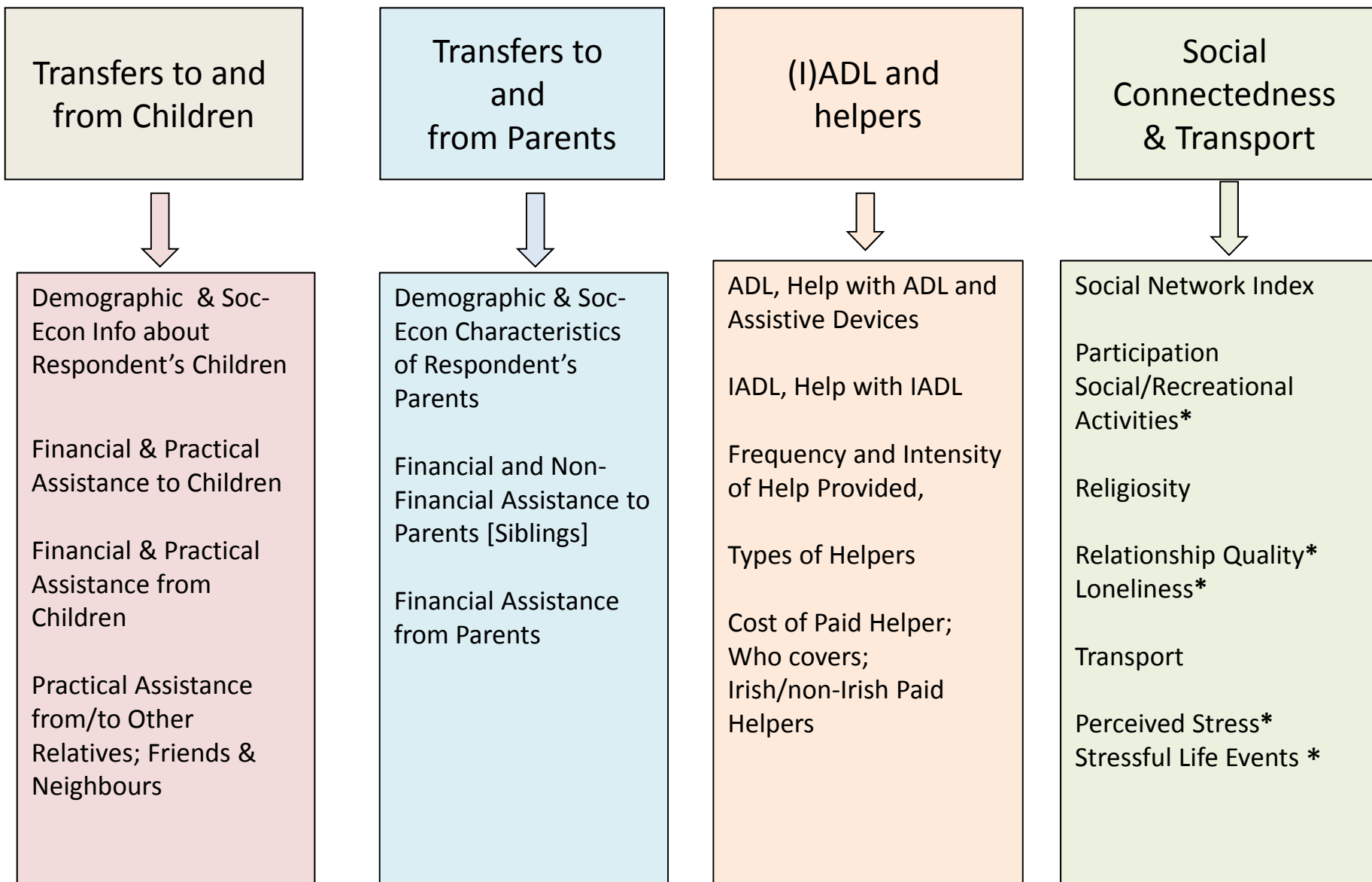
Social Domain

- ❖ Demographics; Household & Family Structure
- ❖ Transfers (to and from) Children (Grandchildren)
- ❖ Transfers to (and from) Parents
- ❖ (Instrumental) Activities of Daily Living and Helpers
- ❖ Social Connectedness & Transport
- ❖ Perceived stress & Stressful Life Events

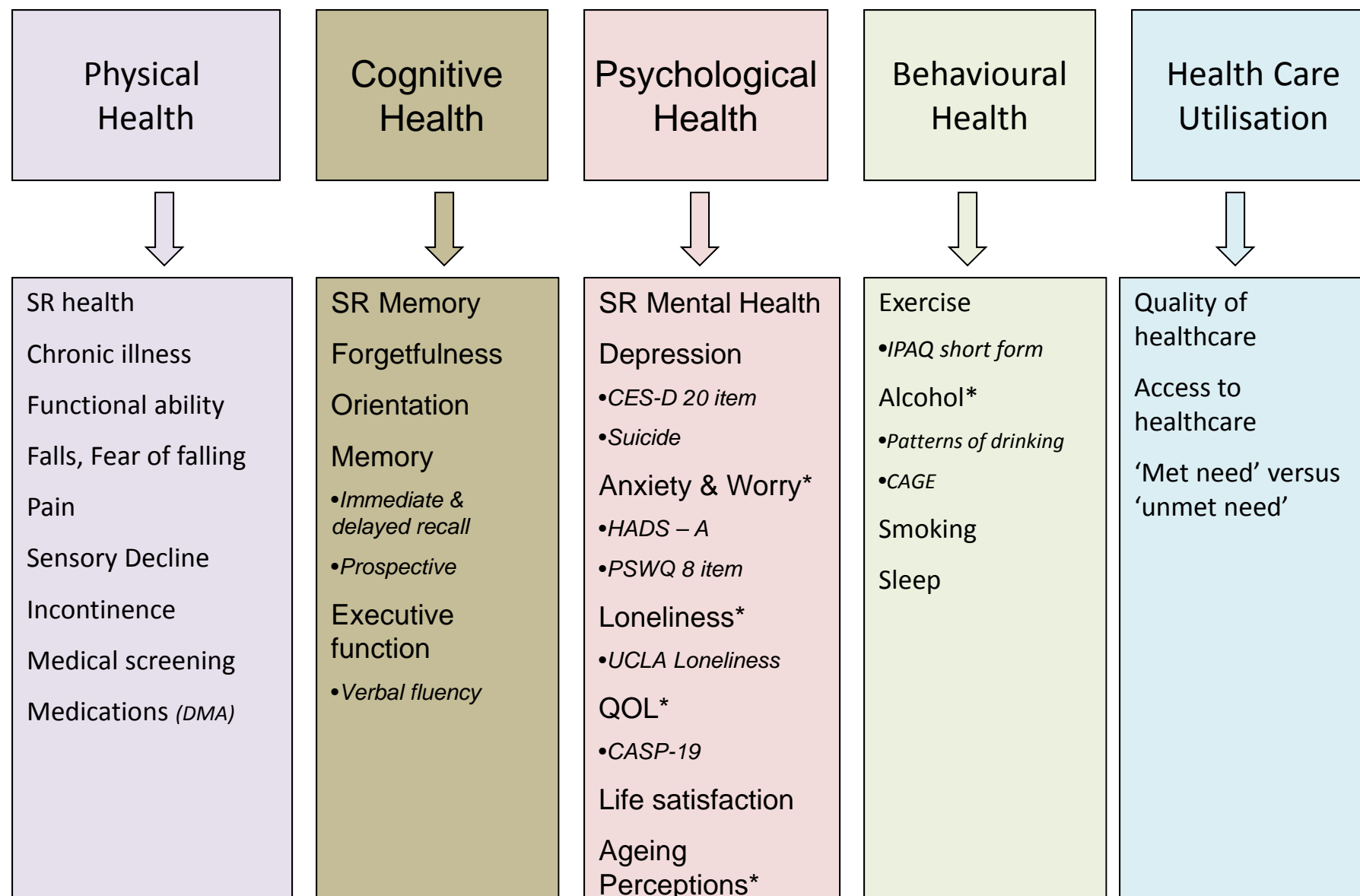


Social domain: CAPI & SCQ

*SCQ

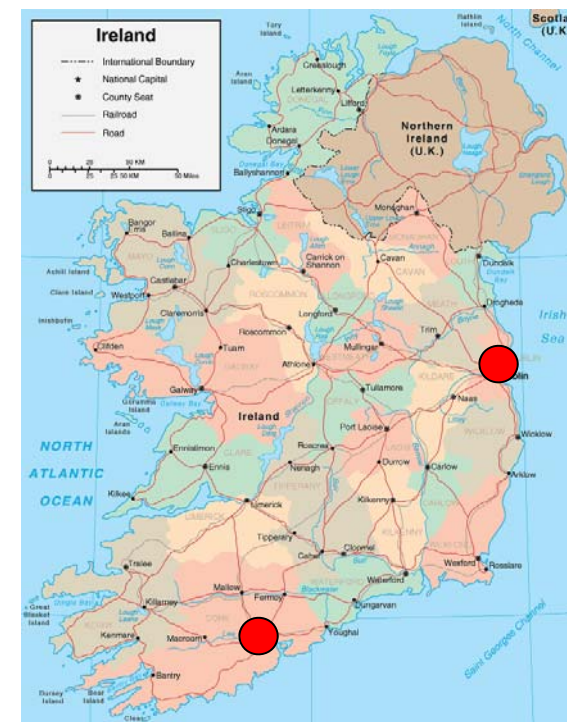
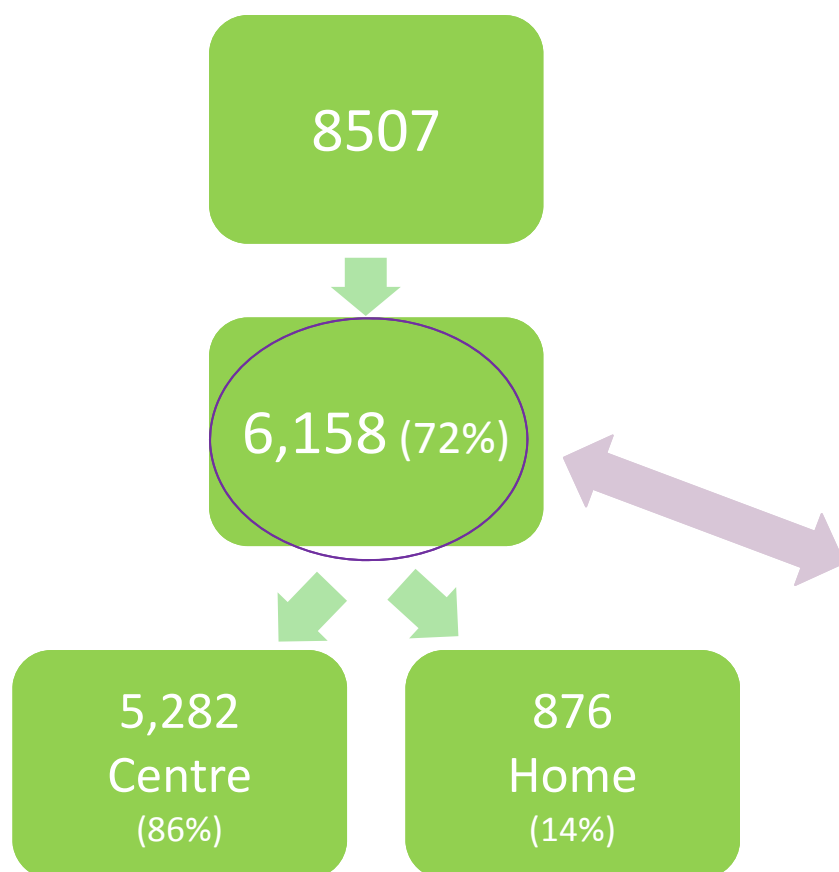


Health domain: CAPI & SCQ



HEALTH ASSESSMENT

- ❖ All respondents offered HAC assessment
- ❖ If unable/unwilling, offered home assessment*



1. Well timed PR & media
2. Reimbursement for 'out of pocket'
3. Novelty / Feedback
4. Social interviewers underwent a TILDA health assessment

*Shortened version of the HAC assessment

HEALTH ASSESSMENT

Cognition

Global cognition Sustained attention CRT Executive function Memory

Gender: M Age: 47 Left - Leg - Right: 103 103

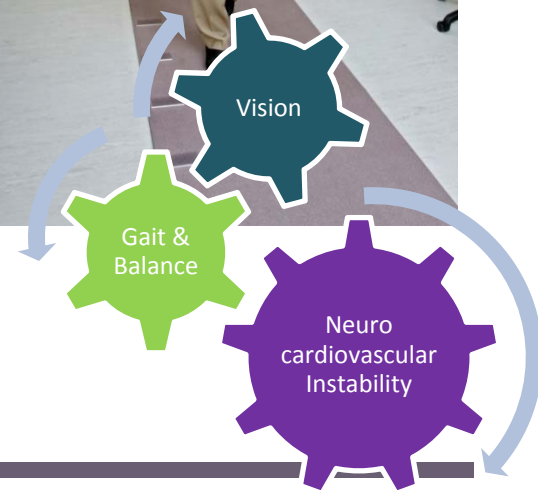
Standard w/o Cane or Crutch Pattern Level of Assistance FAP: 74

Bilateral Parameters		Left	Right
Step Time (sec)	.58	.62	
Cycle Time (sec)	1.19	1.20	
Step Length (cm)	43.47	45.38	
Stride Length (cm)	88.14	89.29	
H-H Base Support (cm)	17.67	18.09	
Single Support (%GC)	37.3	27.2	
Double Support (%GC)	35.7	35.6	
Swing (%GC)	27.3	37.2	
Stance (%GC)	72.7	62.8	
Step/Extremity Ratio	.42	.44	
Toe In / Out (deg)	3.9	11.6	

Parameters	
Distance (cm)	311.9
Ambulation Time (sec)	4.21
Velocity (cm/sec)	74.1
Mean Normalized Velocity	.72
Number of Steps	7
Cadence (Steps/Min)	99.8
Step Time Differential (sec)	.03
Step Length Differential (cm)	1.90
Cycle Time Differential (sec)	.00

Sample Normal Values

Replay Temporal Show 1st Pass Show 2nd Pass Import 1st Pass Save Memo Exit



* HAC only

Interdisciplinary team

Researchers have background in:

- Economics
- Social
- Health

But also...

1 bioengineer (HA equipment)

1 statistician

1 data manager

1 survey manager



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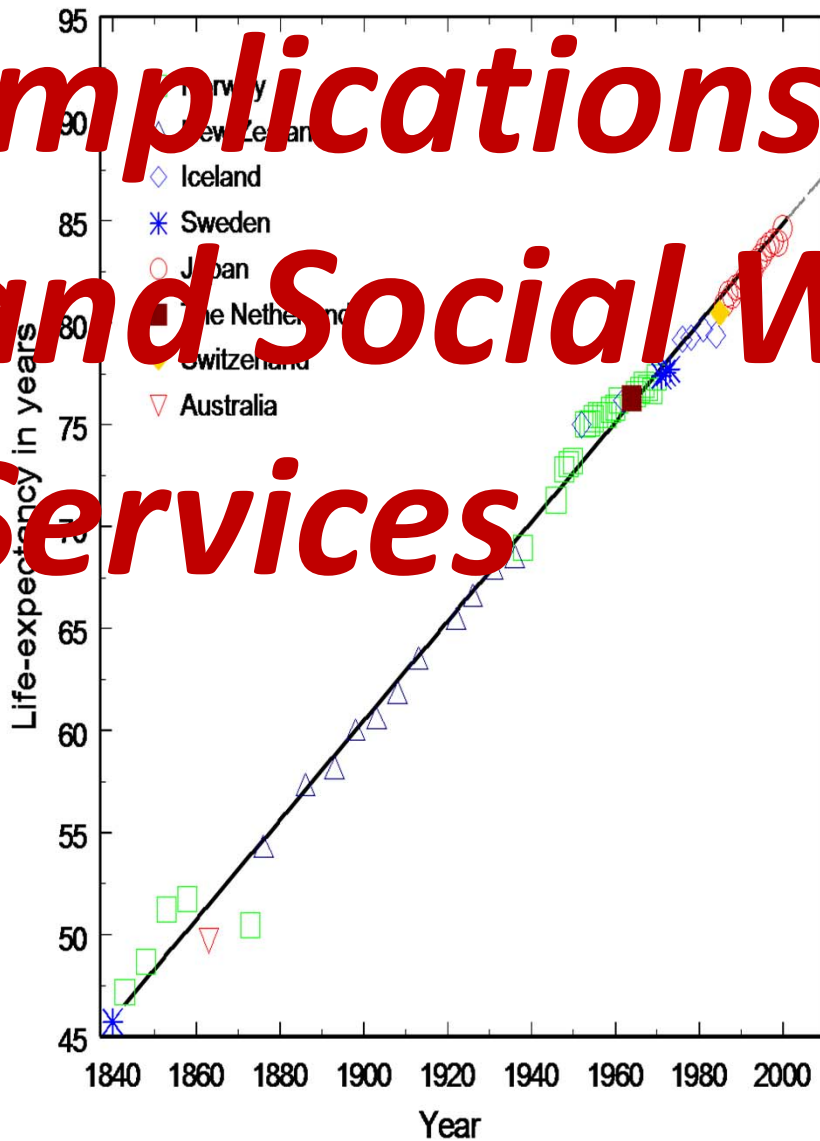
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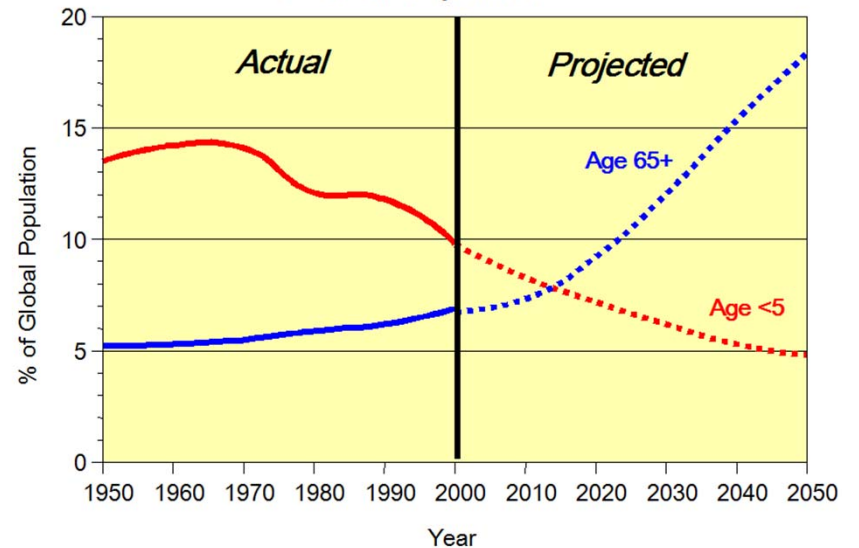
Unprecedented increase in
Life expectancy
World wide



Implications for Health and Social Welfare Services



United Nations Projected Percentages of Global Population



Source: World Population Prospects: The 1996 Revision, Annex 2 (low-variant projection). UN Population Division.

- Cross Sectional

- Longitudinal

dynamic processes, patterns, causal

*Plan on time- EU 2 yrs **Healthy** 2020*

Burden to Bounty

- **Contribution, Unmet need, Education**

profiling and target need

- **Ireland Global Centre Ageing Research :
Innovation, Commercialisation**

Technologies, Services, Products

TILDA platform generate Employment



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ECONOMICS

1

- The economic elements of the report focus on two issues – labour force participation and income/assets
 - The labour market participation of older people is important from a broad range of perspectives
 - For the individual, participation in the labour market can be associated with increased resource and enhanced levels of life satisfaction
 - For the macro-economy, higher levels of participation among older people translate into a bigger labour force and hence increased output
 - If higher participation is combined with later payment of pensions, reductions in pensions can be achieved
-

- Among those aged 50 to 64, 62% of men and 46% of women are at work
 - For those aged 65-74, 16% of men and 8% of women are at work
 - Labour supply of older adults aged 50 to 64 in Ireland is concentrated amongst the healthiest, most educated, wealthiest and most satisfied with life
 - The average number of hours worked decreases as workers move closer to age 65, suggesting some form of 'wind-down' in advance of retirement
 - 96% women and 98% of men report that they are not affected by any kind of workplace discrimination
-

- The average weekly household disposable income is €767 but for a half of the sample, weekly household disposable income is under €400 per week
 - About one in eight of older households have weekly disposable incomes of €1,000 or more
 - A quarter of the households depend on state transfers as their sole source of income
 - A majority (about 70%) own their home and have finished paying off their mortgage.
 - Savings and financial assets (other than property) vary with level of education from an average of €14,000 for those with primary education to €60,000 for those with tertiary education
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SOCIAL

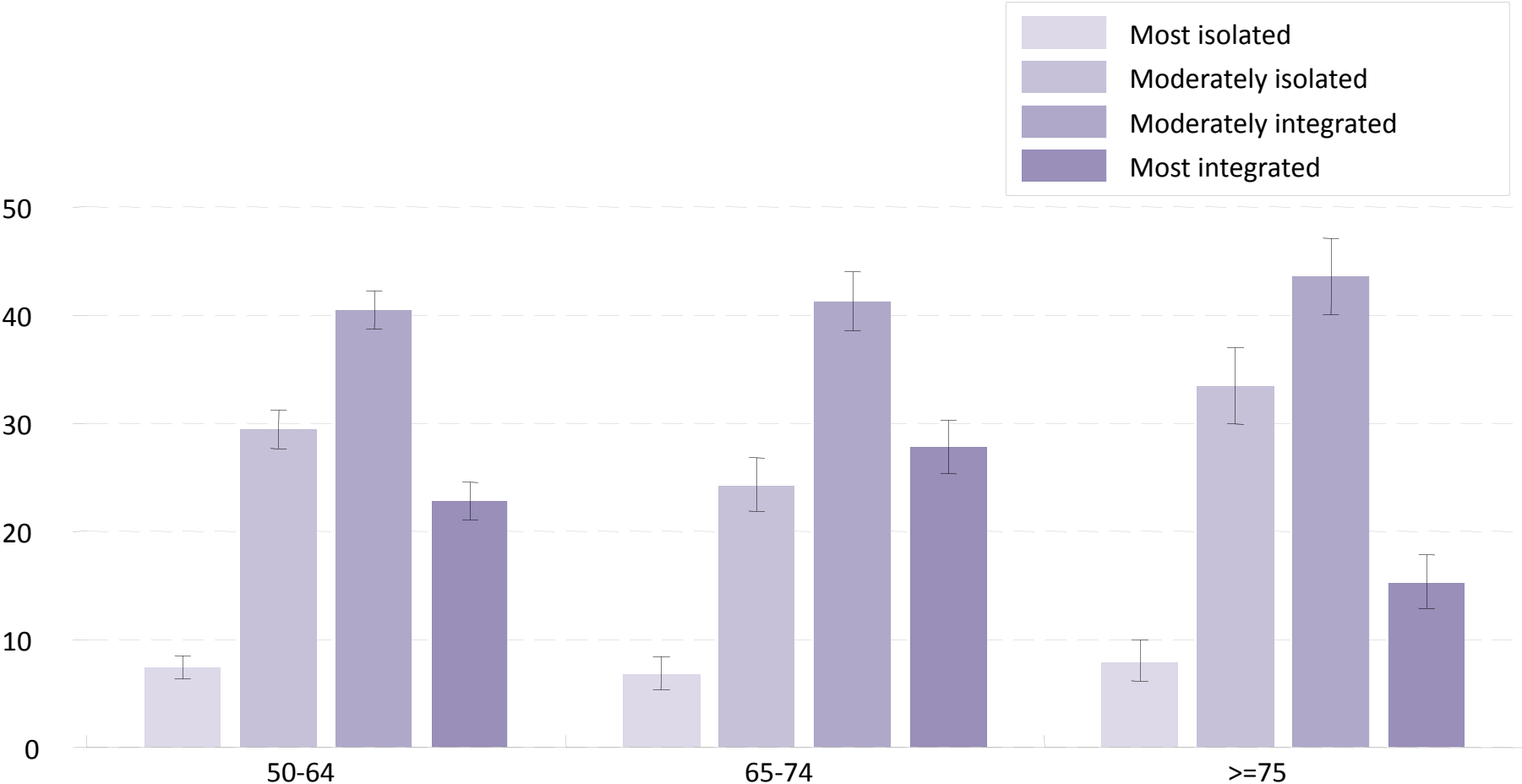


2

Stereotypes

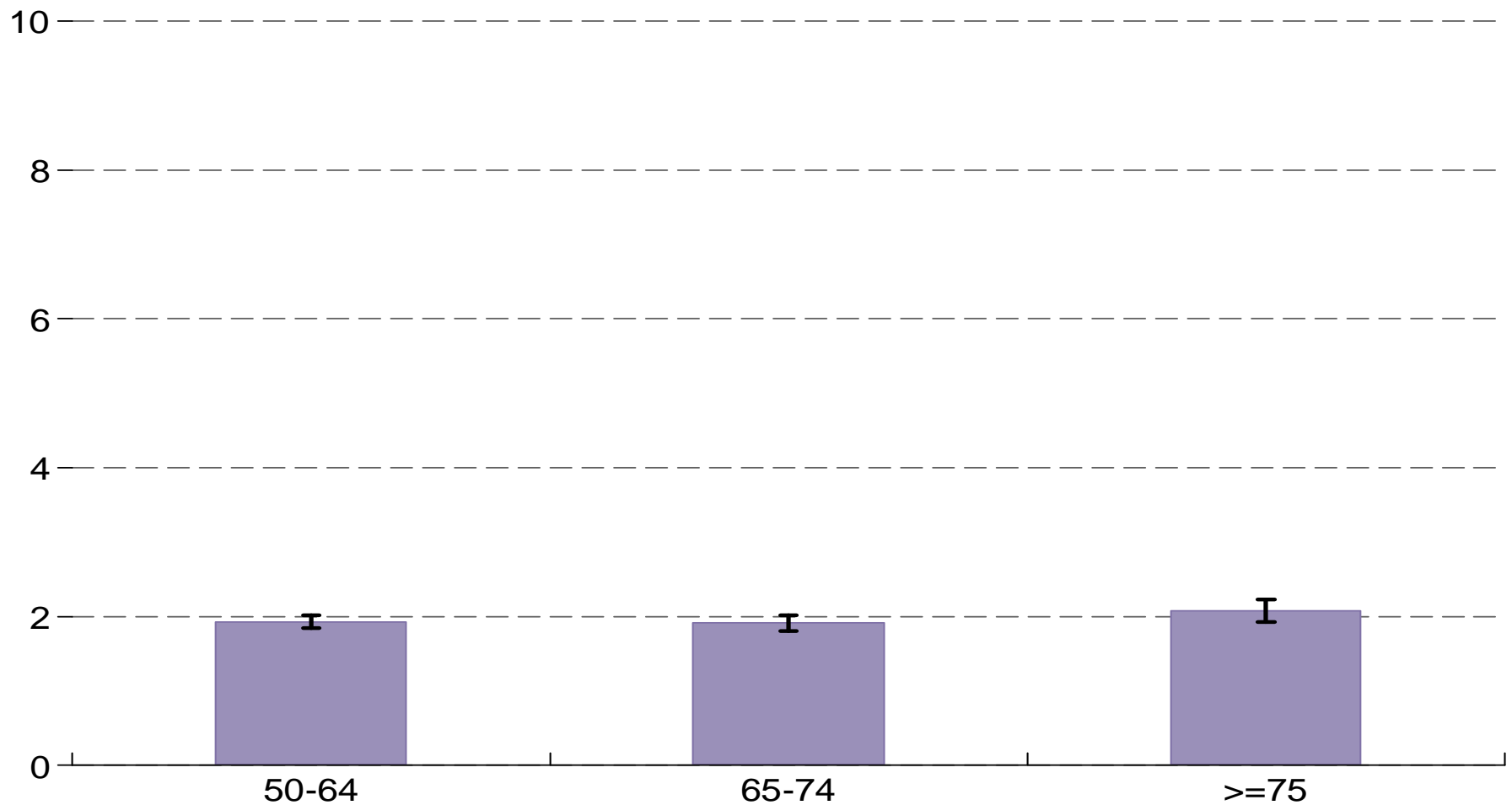
- ❖ ‘Older people are lonely’
 - ❖ ‘Older people don’t enjoy life’
 - ❖ ‘Older people are a drain on their families and society’
-

Social connectedness (Berkman SNI)



Loneliness by age

(average score on modified UCLA loneliness scale)



Note. N = 6055; Missing obs = 2123; Error bars correspond to 95% confidence intervals

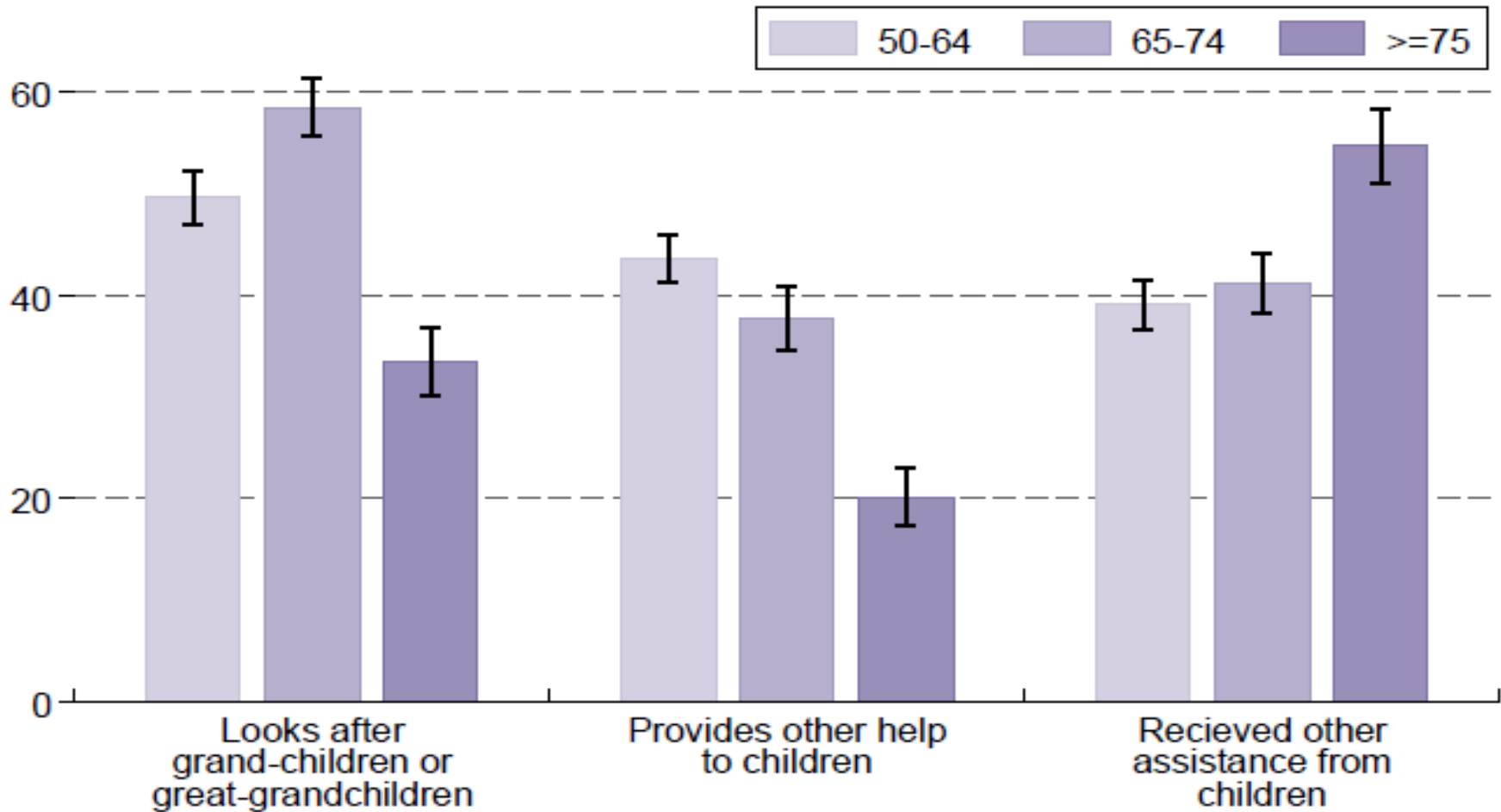
‘Older people are lonely’

- Only 6 % are socially isolated
 - Loneliness increases only very slightly with age
-

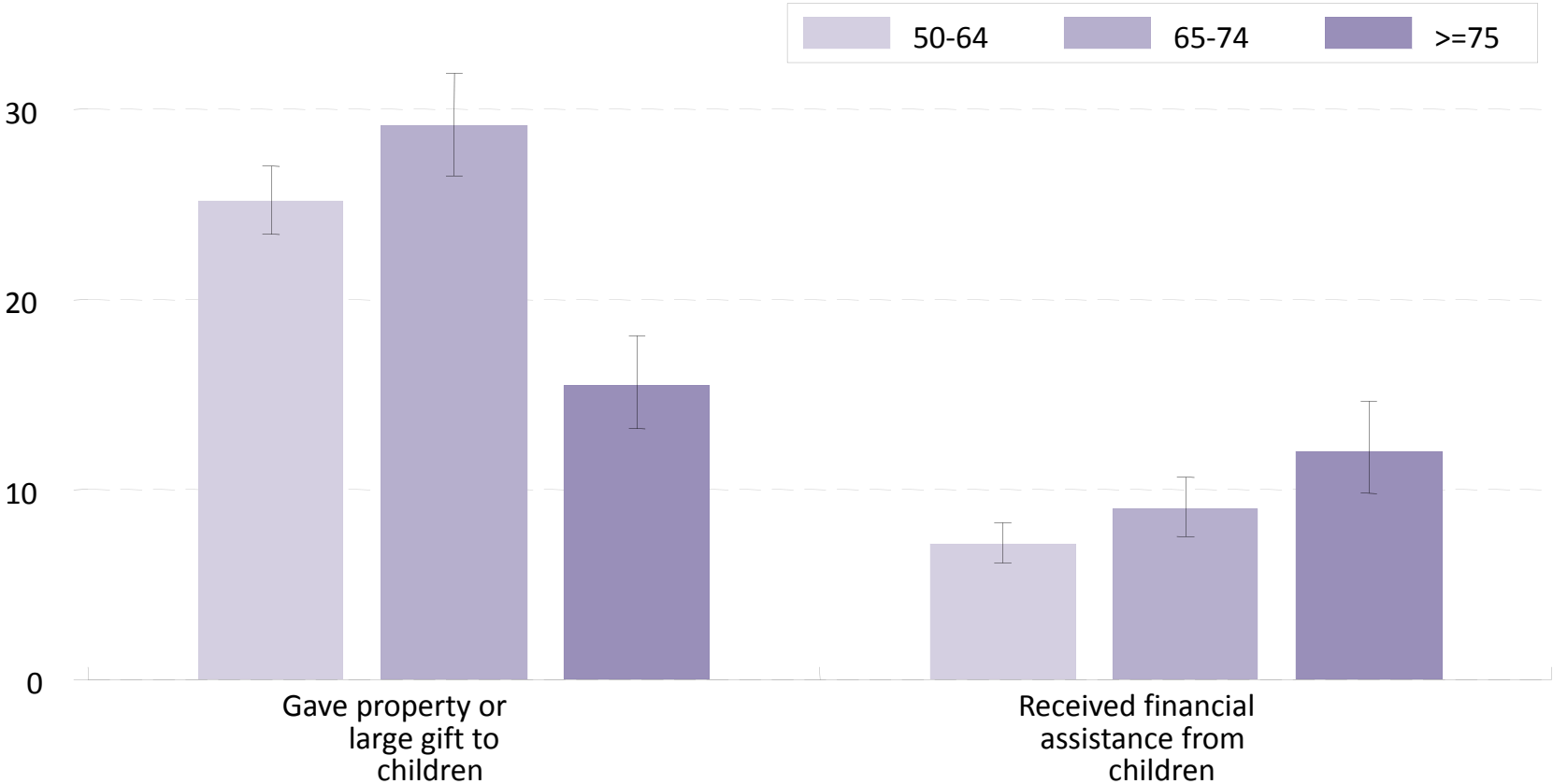
‘Older people don’t enjoy life’

- The older population as a whole experiences a high quality of life
 - 9 / 10 agree that they appreciate things more as they get older
 - 9 / 10 agree that they have control over their ability to live life to the full
-

Providing help to & receiving help from children



Material and financial gifts to / from children



‘Older people are a drain on their families and society’

- Quarter of older households have given large material gifts to their children
 - One third help children with household & other practical tasks
 - One half regularly help with grandchild care
 - 15 % are very active volunteers
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HEALTH

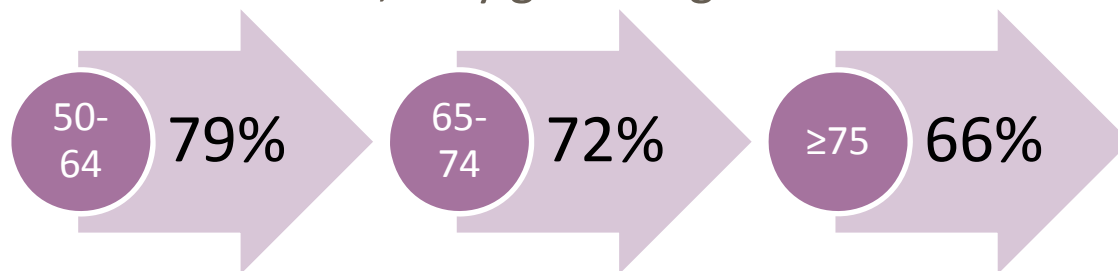


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SR Health & Prevalence of disease

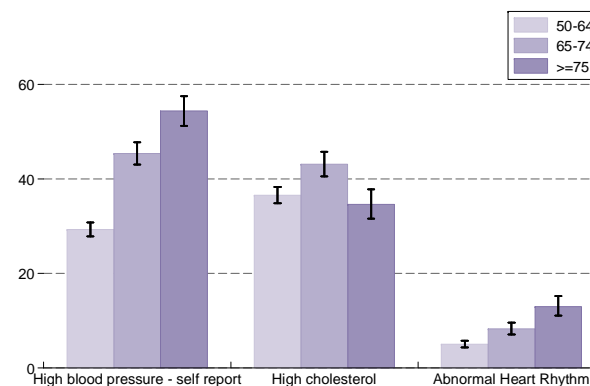
❖ 75% of older adults rate their health as excellent, very good or good

❖ SR Health declines with age



❖ Cardiovascular and non cardiovascular diseases are common in older adults with the prevalence of most chronic conditions increasing with age

❖ One in three older Irish adults report a diagnosis of high blood pressure



- Hypertension
- Angina
- Stroke

Men

- Osteoporosis
- Arthritis
- High cholesterol

Women

Mental Health

❖ High prevalence of anxiety and depression

- 10% of population have clinically significant depressive symptoms
- 18% report 'subthreshold' depressive symptoms

❖ Only 5% of respondents reported a 'doctor's diagnosis' of depression

❖ Only 22% of respondents who were depressed (according to CES-D) reported a 'doctor's diagnosis of depression

Significant under-diagnosis and un-met need

❖ Depression associated with higher levels of disability, polypharmacy, reduced labour force participation and higher levels of health service utilisation

* Subthreshold: a person has depressive symptoms but does not meet the criteria for a depressive disorder

Objective Health

- ❖ High levels of obesity - Three quarters of older Irish adults are overweight (44%) or obese (34%)
- ❖ 1 in 4 older Irish adults has objective hypertension
- ❖ Significant discrepancy between self reported and objective disease

	Not diagnosed	Diagnosed
Male		
Not hypertensive	67%	33%
Hypertensive	58%	42%
Female		
Not hypertensive	64%	36%
Hypertensive	49%	51%
Total		
Not hypertensive	66%	34%
Hypertensive	54%	46%

Unrecognised
disease



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HEALTHCARE UTILISATION

4

Key Messages 1

- Nearly 60% of people between 50 and 69 have private medical insurance (46% for those in their 70s and 32% of those over 80).
 - 97% of those aged 80 or over have medical cards (91% for people in their 70s and 30% of those in their 50s).
-

Key Messages 2

- The likelihood of being a user of GP care rises slightly with age, but is similar for all those over 70.
 - The likelihood of having a hospital admission is similar for different ages over 60, but the length of stay increases slightly with age
 - People over 80 are lower users of outpatient services than those in their 60s and 70s.
-

Key Messages 3

- Prevalence of disabilities rises with age (less than 10% of those between 50 and 64, nearly 30% of those over 75)
 - Chances of receiving home help services higher for those with some disability, as it is for meals on wheels and personal care services.
 - People with impairments in ADL and IADL receive on average 118 hours of help per month.
-

Key Messages 4

- Most common primary helper is the recipients' spouse representing large contribution by older adults to care of older adults.
 - Only 3.5% of people over 50 receive state provided home help services.
 - Of those with both ADL and IADL impairments, 12% do not receive formal or informal help - potentially a very vulnerable group.
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