

1

Introduction

Rose Anne Kenny and Alan Barrett

Contents

1.1	Background.....	14
1.2	Objectives and Design.....	17
1.3	Key Findings.....	18

1

Introduction

TILDA is the most comprehensive longitudinal study of adults and ageing ever conducted in Ireland. The study is led by Trinity College Dublin (TCD) in collaboration with a majority of the other principal academic institutions in Ireland. A wide range of experts from many disciplines have been involved from the outset in the development and execution of this complex strategic research study.

The purpose of TILDA is to bring about a step change in the quality, quantity and prominence of information and research about ageing in Ireland. This will add substantially to the scientific knowledge about the ageing process in general and highlight the effects of Irish public policy on all domains of older peoples' lives. By providing robust, in-depth research based on a large, representative sample¹ the project will empower policy-makers, researchers, NGOs and citizens with the information needed to help to make Ireland a better place to grow old. The detailed characterisation of the population provides a rich and unique research resource for Ireland. TILDA data contains high quality health and socio-economic data that will facilitate highly innovative multi-disciplinary research, in addition, to single discipline research in areas such as early detection of disease, development of medical and social interventions and the identification of novel bio-markers. In this way, TILDA will contribute to the broad national policy objective of enhancing Ireland's research and development capacities and reputation. The research generated will provide critical inputs into policy design in areas such as healthcare delivery, the labour market and income support.

TILDA is designed to maximise comparability with other well-established international longitudinal studies, in particular the Health and Retirement Survey (HRS) in the US, the Survey of Health, Ageing and Retirement in Europe (SHARE), and the English Longitudinal Study on Ageing (ELSA), and thereby to facilitate cross-country comparisons. Because it is a 'new' longitudinal study, TILDA has been designed to address questions raised by these other studies and will, therefore, help to fill the gaps in international knowledge.

The promotion of active healthy ageing is a global societal challenge. In recognition of this, the European Union has recently set a target for researchers and policy-makers to increase average healthy life span by two years before 2020. TILDA is designed to meet this challenge by incorporating novel and comprehensive

¹ As the sample is large and representative, results can be generalised to the population.

assessments of health and well-being together with social and economic measures. These will allow a better understanding of the multidimensional causality of age-related diseases and disabilities. Detailed characterisation of the older Irish population will thus inform new prevention strategies, new interventions, new models of health and social care delivery and ultimately contribute to societal changes for better quality of life for all.

As will be seen in the chapters that follow, a large amount and wide variety of data on the lives of Ireland's older people has been analysed for this report. The data is collected in the context of Ireland's fast changing demographics – a projected 44% increase in the number of people over 65 in the next ten years, a doubling over the next 30 years, with the greatest increase occurring in the over 80s. This is coupled with projected dramatic falls in the ratio of 'working age' relative to retired persons from 5.7 in 2011 to 2.6 in 2041, all culminating in enormous challenges in ensuring extended healthy life span, pension provision, labour market participation and the macro-environment. TILDA affords Ireland an opportunity to prepare efficiently for change in order to shape our new society.

Results from TILDA emphasise that the over 50s are not a homogenous group – there are marked divergences in most domains between young old and older old, although there are very few differences between rural and urban dwellers. Men and women have different experiences of ageing, in particular with respect to health status and pension cover. Ireland's older adults generally experience a high quality of life and make significant contributions both within their families and their communities. A persistent finding is the importance of childhood education on lifelong health, wealth and happiness. This is coupled with important lifelong influences of childhood events and of socio-economic gradients across many outcomes. There are major differences between self report and objective health measures, which may have methodological implications for other countries' longitudinal studies.

In the next section we set out the broad context providing the rationale for undertaking TILDA. In particular, we discuss population projections for Ireland which show how the population structure is likely to change in the coming years with the proportion over the age of 65 rising from its current level of 11.4% to 22.4% in 2041. We also discuss the associated policy issues that are likely to arise across economic, health and other domains. One such issue is the forecast increase in public spending on pensions, with a possible doubling in spending as a proportion of GDP by 2060 envisaged. Section 1.3 provides a very broad overview of some of the key findings from this first analysis of the data. Included here are positive findings such as the generally high quality of life experienced by Ireland's older adults but also the variation across education and wealth groups in areas such as health status and social participation.

1.1 The background

Population ageing is now generally understood to be one of the major challenges which is confronting, or will confront, many countries in the world. Ireland is no exception to this and will face the full set of ageing-related issues in the coming years. To understand the magnitude of the challenge which will unfold in Ireland, it is helpful to outline some key features of the most up-to-date population projections from the Central Statistics Office.²

The projected number of people aged 65 and over in 2011 is 535,716, or 11.4 per cent of the total population. This number is projected to increase to 796,484 in 2021, or 14.1 per cent of the total population; an increase of 44 per cent in the number of people in this age bracket. The number of those aged 80 and over is expected to rise by 45 per cent over the next ten years from 130,598 (2.8 per cent of the population) in 2011 to 189,051 (3.5 per cent of the population) in 2021 (see table 1).

This trend in population ageing is expected to continue well beyond 2021. The number of people aged 65 and over is projected to double between 2011 and 2031. The projected increase from 2011 to 2041 is 160 per cent (that is an increase in absolute numbers from 535,716 in 2011 to 1,396,585 in 2041). As a proportion of the population, this represents an increase from 11.4 per cent in 2011 to 22.4 per cent in 2041. While the projected changes in the population aged 65 and over are striking, changes for the group aged 80 and over are even more dramatic. Over the same 30 year period, the number of people aged 80 and over is projected to rise from 130,598 to 457,962 – an increase of 250 per cent.

Table 1: Projected population ratios

	2011	2021	2031	2041
Over 65	535,716	769,484	1,060,496	1,396,585
% of population	11.4	14.1	18.0	22.4
Over 80	130,598	189,051	311,312	457,962
% of population	2.8	3.5	5.3	7.3
Dependency ratio (popn 65+/popn 18-64)	0.18	0.23	0.30	0.38
Inverse of the dependency ratio	5.7	4.4	3.3	2.6

² Given the economic downturn and the resulting population outflows, actual population figures are likely to differ from projections in the short run. However, on the assumption that economic recovery eventually takes hold, these outflows may be reversed and so the broad trends projected in Table 1 are still highly relevant.

Data on population structure are often presented in terms of dependency ratios as these provide an insight into the impact of population ageing. The projected ratio of those aged 65 and over to those in the 'working age' bracket of 18 to 64³ rises from 0.18 in 2011 to 0.38 in 2041. The inverse of the dependency ratio can give a more intuitive sense of what these figures mean as it can be interpreted as the number of people of working age who "support" those aged 65 and over. This figure is expected to fall from 5.7 in 2011 to 2.6 in 2041.

A change in the structure of a population along the lines suggested by Table 1 will have many implications. Among the topics most often discussed in the context of ageing societies are the likely increased demands on pension, healthcare and long-term care systems.

The typical model of state pension provision within Europe (including Ireland) is a pay-as-you-go system, through which the pensions of today's pensioners are paid out of revenue which is paid by today's workers⁴. As long as the ratio of workers to pensioners remains somewhat stable, and with all else remaining equal, this system is sustainable. However, when the ratio of pensioners to workers increases, existing levels of payments and retirement ages can only be maintained if current workers make higher contributions.

According to the European Commission/Economic Policy Committee (2), state spending on pensions in Ireland could rise from 5.2 per cent of GDP in 2007 to 8 per cent by 2035 and to 11.3 per cent in 2060. Of course, such projections are subject to many assumptions and these particular projections were produced before the publication of the National Pensions Framework (3) and without factoring in the proposals that are contained in that document. Even so, the scale of the public pensions challenge is clear.

The issues surrounding healthcare are numerous and complex but, as with pensions, can be addressed in terms of needs and systems of delivery. In general, healthcare needs increase with advancing age and so systems of healthcare delivery will have to evolve to cater for the changing age structure of the population. Information on the prevalence of diseases and disabilities, a better understanding of both patterns of healthcare need and of utilisation among older people are essential for policy planning. It is important to understand how our system of healthcare delivery is currently performing in the specific context of older people and to gather evidence on the likely cost implications and effects on health and well-being of possible extensions, modifications and improvements.

3 We place inverted commas around the term working age in recognition that many people retire before 65 while many other work beyond 65 (see Chapter 7).

4 Payments out of the National Pension Reserve Fund will not commence until 2025 at which time it is expected that the fund will make a contribution towards paying social welfare pensions and public sector pensions.

It is only through detailed information on health and healthcare use that we can accurately project how healthcare spending might evolve as the population ages. Spending on pensions can be projected based on somewhat mechanical exercises, partly because we can say with a degree of certainty how many people will start collecting state pensions at the state pension age. However, in the case of healthcare there is a much greater degree of uncertainty. Although it is often asserted that healthcare spending will rise in an ageing population, the processes linking population ageing and healthcare spending are complex. To take one example, lower mortality rates are one factor giving rise to population ageing. As lower mortality rates imply that fewer people of a given age are in the last year of life, it is possible that this will result in lower healthcare costs because healthcare spending tends to be concentrated in the last year of life (4).

According to the European Commission/Economic Policy Committee (2), healthcare spending in Ireland was projected to raise from 5.8 per cent of GDP in 2007 to 7.6 per cent in 2060 as a result of population ageing. This increase is relatively modest and reflects in part the uncertainties discussed in the preceding paragraph. However, in proportionate terms, the European Commission/Economic Policy Committee (2) projects a bigger rise in spending on long-term care. Starting from a base of 0.8 per cent of GDP in 2007, the 2060 figure is projected to be 1.3 per cent. Institution based long-term care is not dealt with in this report as people in nursing homes were not included in the Wave 1 survey for reasons of sampling technicalities⁵. However, a critical objective of Wave 2 and subsequent waves will be to interview people (or close relatives) who have moved into nursing homes, thereby generating information on the process of entry and the nature of care. This information coupled with objective measures of disability will inform new paradigms for health and social care delivery.

Issues such as pensions and healthcare spending are often presented as problems of an ageing society. To the extent that population ageing results from lower mortality rates and an associated improvement in the health status of older people, extending working lives offers one route through which the costs discussed above can be made more sustainable. By postponing retirement, people draw on public pensions for shorter durations thereby lowering costs. In addition, by remaining in the labour force people increase the productive potential of the economy, thereby helping to reduce spending as a proportion of GDP.

Extending working lives is a potentially appealing solution to the cost element of population ageing. It may also be of benefit at the individual level if it is the case that extended employment has positive benefits in terms, for example, of social participation and mental health. However, rates of labour force participation vary across groups of older adults and this is likely to reflect factors such as the fact that

5 As discussed in the methods chapter, the sampling framework is based on a register of private houses and so extending to institutional care would make it difficult to draw inferences from the data collected.

for some occupations longer working lives are more feasible. Much research in this area has also highlighted the importance of the incentives provided by pension systems and will feature in future research on this area (5).

While much of the discussion above has focussed on the 'needs' of older people, it is also important that the contribution that older people clearly make to society is understood and appreciated. Ireland's older adults generally experience a high quality of life and make significant contributions both within their families and their communities. As will be seen from our results, older people are frequent providers of care within their families and across all generations. They not only often care for grandchildren but also for spouses, siblings, neighbours and friends. In addition to transfers of time, they also transfer financial resources within families. Many continue to work for pay but also in a volunteer capacity. As society ages, a failure to fully capture the societal contribution which older people can make based on their skills, knowledge and experience will amount to a huge loss to current and future generations. Furthermore, an ageing society will afford new opportunities for restructuring of society as a whole and for new employment opportunities and for development of novel models of service delivery. A better society in which to grow old is a better society for all.

Ireland, like many other countries in the world, is in the midst of a process of population ageing. This process is the result of both declining fertility and longer life expectancy. Focussing on the latter element, the process of population ageing will have profound implications for the individuals who will live longer than earlier generations. In addition, there will be profound implications for Irish society in terms, for example, of how we organise the delivery and financing of many public services, particularly pensions, healthcare and long-term care. We may also have to rethink our concepts of working age and retirement and, more broadly, to re-imagine our understanding of older peoples' lives and of ageing.

1.2 Objectives and design

TILDA was designed to provide the evidence base for tackling the current and emerging policy issues described above. The specific aims of TILDA were to:

- Provide comprehensive internationally comparable baseline data on older people in Ireland, leading to improvements in policy and planning;
- Provide new insights into the causal pathways underlying the ageing process;
- Add to the prominence of ageing as an issue of public interest and allow the voice of older people to be heard more clearly, by effectively disseminating results to various audiences;
- Lead to further extensive analysis by academic researchers both in Ireland and abroad, helping to create an enhanced infrastructure for ageing research in Ireland and to attract international scholars and funding, by making its anonymised dataset openly available.

The specific objectives and rationale for the design and methodology of TILDA are described in the TILDA design report (6). The selection of the cohort, the fieldwork process and the analytical methodology used in the creation of this report are described in Chapter 11. In brief, a nationally representative sample of 8178 individuals aged 50 or over underwent a detailed interview including questions on many aspects of their lives including but not limited to their physical and mental health, family and financial circumstances, social activity, working life, and use of healthcare services. Each was then invited to undertake a comprehensive health assessment, and to complete and return a questionnaire including questions deemed too sensitive for face-to-face interview. Findings from each of these data sources are presented in this report.

1.3 Key findings

As will be seen in the chapters which follow, a large amount of data on the lives of Ireland's older people has been used in preparing this report and the variety of the data, in terms of topics covered, is wide. As a result, any overview will be highly selective. With that caveat in mind, we would draw attention to the following findings. For a more detailed summary of key findings we refer you to the Executive Summary.

Ireland's older adults are a heterogeneous group and so statements about them in aggregate should be treated with caution. With that qualification in mind, the data suggest that Ireland's older adults generally experience a high quality of life (see Chapter 10). Older people derive considerable enjoyment from life – 85 per cent report that they often enjoy the things they do, while 81 per cent often look forward to each day. Over 80 per cent feel that life is full of opportunities.

We also find that Ireland's older adults make significant contributions both within their families (Chapter 3) and their communities (Chapters 3 and 4). Over one-third provide practical household help including shopping and household chores to their non-co-resident children and nearly half provide care to grandchildren. Twenty-seven per cent of those aged 50-64 have at least one living parent and child (including minor and adult children) and so are part of the 'sandwich generation' with potential care demands from both children and parents. Over one quarter of older households report giving a financial or material gift worth €5,000 or more to one (or more) of their children within the last ten years. Of those households that gave money to children, the mean value is €60,512 while the median value was €20,000. In contrast, only 9 per cent of the older population received financial transfers from their children. Hence, while public policy related transfers may flow disproportionately from middle-aged to older households, this appears to be partially offset by within-family transfers.

For those with limitations in daily activities, the principal source of help is the family. The most common primary helper is the care recipient's spouse, representing a large

contribution by older adults to the care of older adults. However, 12% of people with significant disability receive no formal or informal care and are potentially at risk.

With respect to communities, nearly one-quarter of older people in Ireland provide some form of help to their neighbours and friends, on average for 8 hours per month. Over a quarter of older adults do voluntary work at least once or twice a month. Two-thirds of this group do voluntary work once a week.

One unusual feature of Ireland's population of older people is that almost a quarter are returned migrants who have lived outside of the country for a period of six months or more. This feature of the older population is due to Ireland's historic experience of emigration and subsequent return, and is not evident in many other countries (Chapter 2).

While these findings provide a positive picture of the lives of community-living older people, it needs to be stressed that there is a high degree of variation within the group across the variables discussed and across many aspects of life. Unsurprisingly, the experience of being over 50 varies considerably with age within that group. Based on a broad measure, quality of life is higher for those aged between 65-74 years relative to those aged between 50 and 64 and is lowest for those aged 75 years and older (Chapter 10). Self-reported health declines across age groups, with the oldest adults less likely to report their health as excellent, very good or good when compared to their younger counterparts (79 per cent of those aged between 50 and 64 versus 66 per cent in those aged 75 and older). Again as expected, this pattern of variation by age is also found in the burden of chronic disease. For example, the prevalence of high blood pressure increases from 29.7 per cent in those aged 50-64 years to 53.7 per cent in those aged 75 and over. Similarly, the prevalence of an abnormal heart rhythm increases with age, effectively doubling with each decade (Chapter 5). We find relatively few differences between urban and rural dwellers in most areas of life, although lower levels of satisfaction are expressed by rural dwellers regarding the quality of public transport (Chapter 4).

Other notable factors which give rise to variations in the patterns observed are education and wealth. Echoing findings from studies based on, for example, the English Longitudinal Study on Ageing (ELSA), the findings from TILDA show that those with higher levels of education and wealth are likely to enjoy better outcomes later in life based on indicators such as health, social participation and labour force participation. As an example, within the health domain, we find that individuals with a primary education or less report substantially higher levels of chronic lung disease (5.5 per cent) compared to individuals with second or third level education (3.6 per cent and 2.7 per cent respectively). Also for chronic lung disease, there is a clear wealth gradient with adults in the lowest wealth quartile reporting almost three times the rate of chronic lung disease than adults in the highest wealth quartile (6.5 per cent versus 2.5 per cent).

Looking at the labour market issues, we find that more educated older adults are more likely to be in employment, and that the strength of the association appears to be particularly strong for women. For men, the proportion aged 50-64 who are employed rises from 53% among those with primary education to 65% for secondary and to 70% for those with third level education. For women, this employment-education gradient starts at 28%, increases to 47% for those with second level education and then increases to 62% for those with third level education (Chapter 8).

Among the more troubling findings from this first analysis of the data are those concerning mental health. Overall, 10% reported clinically significant depressive symptoms while a further 18% reported 'sub-threshold' depression (Chapter 6). However, only 5% reported a doctor's diagnosis of depression. These figures suggest a significant under-diagnosis of depression in older Irish adults and hence an unmet need for mental health services (Chapter 6). The comparison of self-reported hypertension and osteoporosis with actual measurements provides similarly worrying evidence that under-diagnosis of these conditions is also highly prevalent (Chapter 5).

Many, and possibly all, of these findings have policy implications. Further policy implications arise from a range of other findings and we list some of them here. We find that state transfers are the only source of income for a high proportion of less educated older people. In that group, around 35 per cent of people aged 50-64 have no other source of income and this rises to 53 per cent for those aged 75 and over (Chapter 9). This illustrates the vulnerability of this group to reductions in the levels of state transfers.

TILDA shows that female employees aged 50 to 64 are less likely to be covered by occupational and private pension schemes than their male counterparts. Amongst women at work, 41 per cent are not covered by an occupational, PRSA or private pension scheme compared to 20 per cent of men. Pension coverage also varies significantly by socioeconomic group. For example, 74 per cent of managers and 78 per cent of higher professionals are covered by an occupational pension, compared to 48 per cent of semi-skilled and 32 per cent of unskilled workers (Chapter 8).

We find that among older people in poor health, attendance at either GP clinics or emergency rooms is lower for those without medical cards or private cover (Chapter 7). This raises questions over access to care for those who may be too well off to qualify for medical cards but not well off enough to purchase private cover.

According to the data, people with disabilities, defined in terms of having difficulties with activities of daily living (ADL) or instrumental activities of daily living (IADL), receive on average of 118 hours of help per month. As the most common primary helper for this group is the care recipient's spouse, this translates into extensive inputs by older adults into the care of other older adults (Chapter 7).

In conclusion, much has been learned from this first analysis of the data that has emerged from Wave 1 of the TILDA study. However, substantially more will be learned in the coming years as TILDA becomes a truly longitudinal study and the second and later series of interviews are conducted with the TILDA respondents. By following the same people over time, we will be able to develop a much clearer picture of the process of ageing and to disentangle many of the causal relationships which underpin the observations which we have made from Wave 1.

References

1. Central Statistics Office. Population and labour force projections. Dublin: Stationery Office; 2008.
2. European Commission/Economic Policy Committee. The 2009 ageing report: economic and budgetary projections for the EU-27 member states (2008-2060). 2009. Available from: http://europa.eu/epc/pdf/2009_ageing_report.pdf
3. Department of Social and Family Affairs. National pensions framework. Dublin: Stationery Office; 2010.
4. Lee R, Miller T. An approach to forecasting health expenditures, with applications to the US medicare system. *Health Serv Res.* 2002;37(5):1365-1386.
5. Gruber J, Wise DA, editors. Social security and retirement around the world. Chicago: University of Chicago Press; 1999.
6. The Irish Longitudinal Study on Ageing. The design of the Irish Longitudinal Study on Ageing (TILDA); 2010. Available from: <http://www.tcd.ie/tilda/assets/pdf/DesignReport2010.pdf>

