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Introduction

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Introduction

1.1 TILDA data collection

TILDA is a large-scale longitudinal study that collects information on the health, economic and social situation of a nationally representative sample of 8,504 older community-dwelling adults in Ireland and looks at how their circumstances change, with ten years of data gathered so far. Data collection waves occur once every two years. When the COVID-19 pandemic reached Ireland in March 2020, TILDA was uniquely positioned to document the impact the pandemic has on the lives of older adults. With the support of the Health Research Board, TILDA surveyed 4,000 of its existing participants between July and November 2020. This report describes the information collected in this survey.

1.2 The TILDA COVID-19 study

The TILDA COVID-19 study report covers a range of aspects of the lives of adults aged 60 years and older during the first few months of the pandemic. As well as information on changes to normal day activities due to social-distancing and other restrictions on social interactions, we examine how these alterations to peoples' lives have impacted on their physical and mental wellbeing. The report also describes peoples' exposure to the virus as well as that of their families and friends.

1.3 Structure of this report

This report begins with a description of the TILDA COVID-19 Self-Completion Questionnaire (SCQ) and the methodology used to collect information on the experiences of adults aged 60 years and older during the COVID-19 pandemic.

In Chapter 3, some of the changes to older adults' lives are described as well as their hygiene practices and social distancing during the pandemic. This chapter also examines the information sources people used to inform themselves on COVID-19 and, importantly, their levels of trust in different media platforms.

Chapter 4 describes the level of concern about SARS-CoV-2 among different sociodemographic groups before examining exposure to SARS-CoV-2 among adults aged 60 years and older. The demographic profile of participants infected by SARS-CoV-2 is described as well as their medical treatment. This chapter also discusses infection exposure and mortality among older adults' families, friends and other close contacts. As well as the risk of and exposure to the SARS-CoV-2 virus, public health responses to restrict the spread of the virus have had a dramatic impact on the everyday lives of the entire population, including older adults.

Chapter 5 focuses on levels of loneliness reported during the pandemic. Firstly, levels of loneliness reported during the pandemic are compared to levels recorded in 2018/2019 among the same older adults. We also show the importance of loneliness to older adults' quality of life, and self-rated physical and mental wellbeing.

In Chapter 6, changes in physical activity and sedentary behaviour during the COVID-19 pandemic are described. The association between these behaviours and mental health are also examined. The mental health indicators included are: Self-rated life satisfaction, Perceived stress, Anxiety, and Depressive Symptoms.

Non-COVID-19 related health services have been severely curtailed since the beginning of the pandemic with many elective services and routine appointments postponed or cancelled. In Chapter 7, we examine the impact of the COVID-19 pandemic on healthcare utilisation among adults aged 60 and older in Ireland. Specifically, this chapter discusses delays in medical care appointments; the type of services delayed; reasons why health appointments were delayed; use of online and telephone consultations; access to protective hygiene products; and medication and supplement use.

TILDA has previously described the extent of caregiving that older adults provide, including care for grandchildren and their spouses. In Chapter 8, caring during the pandemic are described, and changes to care since the beginning of the pandemic are described. The final section examines wellbeing and mental health outcomes by caring status.



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Methodology

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Methodology

Key Findings

- This COVID-19 study was carried out by The Irish Longitudinal Study on Ageing in Ireland.
- TILDA participants were recruited from the nationally representative sample of community-dwelling adults aged 60+ in Ireland.
- The sample size for this report was 3,677.
- Self-Completion Questionnaires (SCQs) were posted to participants home addresses and returned by pre-paid post.
- TILDA is co-funded by the Government of Ireland through the Department of Health, by Atlantic Philanthropies, and by Irish Life PLC. The COVID-19 study described in this report is funded the Health Research Board under the Rapid Response Research and Innovation Fund.

2.1 Introduction

Due to restrictions on household visits and face-to-face interactions in response to the COVID-19 pandemic, it was not possible to conduct in-person interviews for this COVID-19 study. Therefore, SCQs were mailed to TILDA participants at their home address. Once completed, participants then posted the questionnaires to TILDA using a prepaid envelope provided by TILDA. Data collection began in early June 2020, while the first national lockdown was in place. In September and October 2020, TILDA contacted by telephone all outstanding participants who had not yet returned a questionnaire in order to encourage participation. The final completed questionnaires were received by TILDA in November 2020.

At each of the previous five waves of TILDA data collection, participants were provided with a Self-Completion Questionnaire (SCQ) which they completed in their own time and returned to TILDA using a pre-paid envelope. Previous SCQs were used to collect information on topics deemed to be more sensitive such as quality of life, interpersonal relationships, ageing perceptions and alcohol consumption. Details of the sampling methods used in each of the five previous waves of TILDA are described elsewhere. (1–6) In this Chapter, we describe the survey instrument and other important features of the methodology, and provide an overview of the characteristics of the participants.

2.2 Funding

TILDA is co-funded by the Government of Ireland through the Department of Health, by Atlantic Philanthropies, and by Irish Life PLC. The COVID-19 study described in this report is funded the Health Research Board under the Rapid Response Research and Innovation Fund (Ref. COV19-2020-070). Further details about the study can be found here: <https://www.hrb.ie/news/latest-news/news-story/article/covid-19-tilda-project-to-survey-and-protect-older-people-in-ireland/>

2.3 Ethical approval

Ethical approval for the wider TILDA study was granted by the Faculty of Health Sciences Research Ethics Committee in Trinity College Dublin. TILDA adheres to the guidelines set out in the 1964 Helsinki declaration and its later amendments. Ethical approval for this COVID-19 study was obtained from the Irish National Research Ethics Committee COVID-19 on 17th June 2020, Application number: 20-NREC-COV-030-2.

2.4 Survey instrument

Participant information was collected by Self-Completion Questionnaire (SCQ). Questionnaires were first posted to TILDA participants in early July 2020 and data collection continued until November 2020. Once completed, participants returned the questionnaire to TILDA by pre-paid envelope.

The design of the questionnaire was guided by three important considerations. Firstly, where possible we included indicators that are routinely collected by TILDA and worded questions identically. By doing this, we can examine how the pandemic has changed the lives of older adults over time. Secondly, TILDA is part of the Health and Retirement Study (HRS) family of cohort studies, and as such we aimed to collect information that was comparable to similar studies being conducted in other jurisdictions such as the English Longitudinal Study of Ageing (ELSA); the HRS; and the Survey of Health, Ageing and Retirement in Europe (SHARE). Data harmonised between these and other studies will be available at a later date from the Gateway to Global Aging (<https://g2aging.org/>). Thirdly, our choice of indicators included in the questionnaire was informed by the World Health Organisation's COSMO (COVID-19 Snapshot MONitoring) toolkit. This toolkit provides guidance for the development of survey instruments to capture insights into changes due to the COVID-19 pandemic. The toolkit is available to download from here <https://apps.who.int/iris/handle/10665/333549>

The TILDA SCQ contained nine sections that capture information on many aspects of people's lives during the pandemic. The contents of each section are summarised in Table 2.1.

Table 2.1. Content of the TILDA COVID-19 SCQ

Domain	Measures
Preventative behaviours & Precautionary measures	Marital status; marriage history; education; migration history; childhood.
Social contacts, activities & health behaviours	Usual daily activities; social distancing; adherence to preventative hygiene behaviours; change in behaviours; living arrangements; access to outdoor spaces.
Health and well-being	Eye colour; self-rated physical health; self-rated mental health; life satisfaction; UCLA loneliness measure; CES-D8 depression scale; CASP-12 quality of life; Ryff Purpose in Life sub-scale; PSS-4 Perceived Stress Scale; GAD-7 Anxiety Scale; sleep patterns; quality of relationships.
Economic well-being	Employment situation; receipt of Pandemic Unemployment Payment; income; household spending; household expenses; savings; general financial situation.
Caring	Caring for others; receipt of state services; help received.
Healthcare utilisation	Healthcare needs; unmet healthcare needs; telephone and online healthcare appointments; medications; health supplement use.
Information sources	News sources, frequency and level of trust; understanding of government guidance; knowledge of COVID-19.
Ageism & discrimination	Perceived ageism; experience of ageism; agreement with cocooning policy.
COVID-19 exposure and testing	Concern with COVID-19; symptoms and diagnosis of COVID-19

2.5 Response rates

A total of 5,535 booklets were posted to the participants aged 60 and older and 3,677 of those responded, achieving a response rate of 66% during a turnover period of less than four months. Table 2.2 shows the response rates for participants aged 60 years and older by age and gender. The highest response rate (72%) was among the female group aged 60–69 years.

Table 2.2. Response rates among TILDA participants aged 60 years and older, by age group and gender

Age Group	Male % (n)	Female % (n)	Total % (n)
60-69 years	66 (739)	72 (973)	69 (1717)
≥70 years	65 (898)	63 (1067)	64 (1965)
Total	66 (1637)	67 (2040)	66 (3677)

2.6 Dataset

The results presented in this report were generated from TILDA dataset C19SCQv1-1-1. The dataset contains survey information from 3,677 TILDA participants aged 60 years and older. An anonymised dataset will be made publicly available in 2021 via the Irish Social Science Data Archive (ISSDA) at University College Dublin: <https://www.ucd.ie/issda/data/tilda>

2.7 Statistical methods

The results presented in this report are largely descriptive. Percentages are reported for categorical variables, while means or medians are reported for continuous variables. As a probability sampling method was used, there is a quantifiable degree of uncertainty in all point estimates. To account for this, all point estimates in this report are presented with 95% confidence intervals (CI). The 95% CI can be interpreted as the range within which there is a 95% chance that the true population parameter lies.

2.7.1 Weighting

Although TILDA is nationally representative of the older community-dwelling population in Ireland, patterns of response to this COVID-19 SCQ component of the study may vary across certain subgroups of the sample. Participation in later waves of the study is also influenced by levels of participation at earlier waves and by sample attrition. To account for these systematic differences in responses and to ensure that the estimates derived from the sample remain representative of the original target population, two weights were calculated. Weighting ensures that for the estimates calculated, subgroups within the sample are represented proportionate to the number of that subgroup present in the population of Ireland. Weights were calculated by multiplying the base 2011 CAPI weight by the reciprocal of the probability that a participant completed the COVID-19 SCQ Wave (following participation at Wave 1). The probability was calculated using a multivariate logistic regression model, with the following baseline predictors: age, gender, level of education, marital status and urban or rural residence. A second longitudinal weight that included attrition between Wave 1 and the COVID-19 SCQ (participation in Wave 5 and in the COVID-19 SCQ), was also calculated. All of the analyses presented in this report have been weighted accordingly.

2.7.2 Software

All analyses in this report were conducted using Stata 14.2 or 15.1. In-house Stata functions and style sheets were used to create the tables and graphs.

2.8 Other resources

Since the start of the COVID-19 pandemic in March 2020, TILDA has produced numerous research publications to inform the public health response to the pandemic. These, along with previously published TILDA reports, can be accessed here: <https://tilda.tcd.ie/publications/reports/>, here: <https://tilda.tcd.ie/CovidData/reports/> and here: <https://tilda.tcd.ie/CovidData/briefs/>

2.9 Characteristics of participants

The sample included in the analysis presented in this report are TILDA participants aged 60 years and older who returned a completed COVID-19 SCQ. As shown in Table 2.3, the average age of participants is 71 years and 53.5% are aged 70 years or older. There is a higher percentage of women (55.3%) than men (44.7%). Over 40% of participants had attended third level education, while 18.7% left the education system before secondary school. Just over one-in-four participants live alone, while the remainder lived with at least one other person, typically a spouse. Finally, one quarter of those who completed the questionnaire live in Dublin City or County, 29.1% live in another town or city, and the remaining 44.3% live in a rural area, as defined by the Central Statistics Office.

Table 2.3. Sociodemographic characteristics of TILDA COVID-19 study participants

	N	%
Mean age	3,614	71.2 (range 60 to 98)
Age groups		
60 to 69 years	1,682	46.5
≥70 years	1,932	53.5
Gender		
Men	1,612	44.7
Women	1,993	55.3
Education		
Primary	676	18.7
Secondary	1,438	39.8
Third level	1,497	41.5
Household status		
Living alone	990	27.4
Living with others	2,624	72.6
Household location		
Dublin City or County	960	26.6
Another town or city	1,051	29.1
Rural	1,599	44.3

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