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# Introduction

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# 1

# Introduction

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## 1.1 Introduction

In 2011, we published our first summary report 'Fifty Plus in Ireland 2011: First Results from the Irish Longitudinal Study on Ageing' (1). In that report, we described the lives of the over 50s population in Ireland using data from the first wave of The Irish Longitudinal Study on Ageing (TILDA), carried out between October 2009 and February 2011. A wide variety of information on the lives of the over 50s in Ireland was presented, covering areas such as marital status, migration history, incomes, wealth, employment status, physical and behavioural health, mental health and cognitive function, health and social care utilisation, social engagement and quality of life. The report painted a picture of a diverse over 50s population, with marked differences in many domains of life between young old and older old, and between different socio-economic groups. There were also some differences between men and women, in particular with respect to health and pensions coverage. Older people were found to enjoy a high quality of life and to make important contributions to their families and communities. Childhood circumstances were found to exert strong influences on later life outcomes. A key finding was the large discrepancy between subjective and objective indicators of health, with substantial rates of undiagnosed illness observed for many health conditions (e.g., hypertension).

In this, our second summary report, we use information from the second wave of data collection for TILDA, which lasted from April 2012 to January 2013, to document how the lives of the over 50s in Ireland have changed over the intervening period. As described in greater detail below, the period since TILDA began at the end of 2009 has been one of considerable social and economic change, both as a result of, and in response to, the most severe financial and economic crisis in the State since the second world war (2). The purpose of this report is to document how the lives of the over 50s in Ireland have changed over this period, with a particular focus on economic circumstances, physical and behavioural health, health and social care utilisation and quality of life. Other domains of life such as mental health and migration are not discussed directly in this report but will be subject to more in-depth analysis in forthcoming reports from the TILDA research team.

The population of Ireland is ageing. By 2046, approximately 21% of the Irish population will be aged 65 years or older, and approximately 7% will be aged 80 years or older (the corresponding figures for 2011 were 11.6% and 2.8% respectively).<sup>1</sup> A growing older population will require innovative policy approaches to enable healthier, happier and economically solvent extended life spans. The EU has set a target for its member states to increase healthy life years by two years by the year 2020. In recognition of the importance of good quality data as an input into the design, monitoring and evaluation of such strategies, many countries have established longitudinal studies on ageing. TILDA is modelled closely on ‘sister’ studies such as the US Health and Retirement Survey (HRS) and the English Longitudinal Study on Ageing (ELSA). Just as these longitudinal datasets inform policies and strategies in relation to healthy ageing in the UK and US, TILDA continues to provide information for evidence-based policy in Ireland.

As described in the wave 1 report (1), the specific aims of TILDA are 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.

In common with other longitudinal studies of ageing, TILDA is a multidisciplinary study with three principal domains: health, economics and social circumstances. It is now well established that these domains interact with each other to determine the process of ageing, and to fully understand one, researchers and policy makers must better understand these complex interactions. The TILDA research environment encourages such cross-disciplinary exploration of the data.

In addition to the wave 1 and wave 2 summary reports, the TILDA team have published widely in academic journals. They have also produced a number of more in-depth ‘topic’

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1. Authors’ calculations from CSO Database ([www.cso.ie/px/pxeirestat/](http://www.cso.ie/px/pxeirestat/)) [last accessed 16 December 2013].

reports based on the wave 1 data. To date, these reports have focussed on issues such as caring responsibilities, health care utilisation and polypharmacy. The full list of TILDA publications is detailed in Appendix 1.

TILDA is also to the forefront of new research into the ageing process, into disorders which dominate disability and research into pension, health care and social care reforms. This work is creating inward investment into 'ageing' in Ireland and new employment opportunities. TILDA has thus become an invaluable infrastructure in the Irish research and development landscape. To further facilitate research on ageing in Ireland and elsewhere, the anonymised data from wave 1 has been archived at the Irish Social Science Data Archive at University College Dublin (UCD) (and the anonymised data from wave 2 will follow shortly). In addition, the data are also being prepared for deposit at the National Archive of Computerized Data on Ageing (NACDA) at the University of Michigan, which will facilitate international research using TILDA. In 2013, the Journal of the American Geriatrics Society published a special supplement on the TILDA study with a view to assisting researchers in the interpretation of the TILDA data, and to encourage widespread use of the TILDA data, both nationally and internationally (3-8).<sup>2</sup>

## 1.2 Description of TILDA

TILDA is a population-based, representative, longitudinal study of 8,504 community-dwelling adults in Ireland aged 50 and older and their partners. The sample was derived from a clustered random sample of all households in the Republic of Ireland. Surveyors called on selected addresses to ascertain whether occupants were eligible for study inclusion, i.e., aged 50 years or older and free from dementia. Eligible participants (and their partners or spouses of any age) were invited to take part in the survey every two years, initially for a ten year period. The response rate at wave 1 was 62% (4).

The response rate at wave 2 was 86%. Of the 7,610 participants interviewed in wave 2, 78 were carried out by proxy (i.e., when participants were incapable of responding in person to the survey questions) (see Table 1.1). The average age at wave 1 was 63 and two years later, at wave 2, was 65 years. Chapter 7 in this report contains further details on the methodologies used in this report.

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2. The papers described the TILDA study, methods of data collection (including the health assessment), established normative values of cognitive and physical function in older adults, compared TILDA data on health outcomes with that from the ELSA and the HRS, and described quality of life among older Irish adults.

Table 1.1: Wave 2 interview types

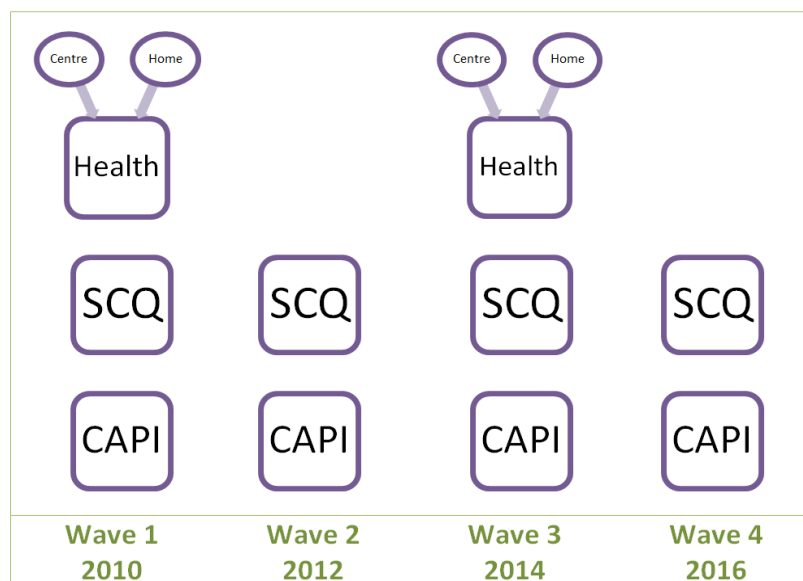
Wave 2 Interview Type	Number
Self	7353
Proxy	80
End of life	155
Institutional	22
<b>Total</b>	<b>7610</b>

As illustrated in Figure 1.1, the data for wave 1 were collected in three steps:

1. A computer-assisted personal interview (CAPI), conducted by a trained interviewer;
2. A self-completion questionnaire (SCQ) for the collection of more sensitive information;
3. A physical and cognitive health assessment, conducted by trained research nurses in dedicated health assessment centres in Dublin or Cork or in the participant's home.

Further details on the TILDA data collection process are described elsewhere (4, 5, 9). In wave 2, steps 1 and 2 were repeated, while in wave 3 (to be collected in 2014), the physical and cognitive health assessment will be repeated. The data collected by TILDA have replicated core health, social and economic data from the other principal European and US studies thus enabling important cross-country comparisons and harmonisation across studies. However, TILDA has further capitalised on a unique opportunity to incorporate a battery of objective measures of physical and cognitive health in addition to self-reported status aided by the involvement of health care professionals from the leading third-level institutions in Ireland. As noted, the detailed physical and cognitive health assessment is only carried at on alternate waves, i.e., waves 1 and 3. Therefore, in wave 2, additional objective tests of mental health, cognitive function, locomotion and muscle strength were included as part of the CAPI interview process to ensure that measures of physical and cognitive function are captured at each wave and facilitate comparisons with other studies.

Figure 1.1: TILDA Data Collection



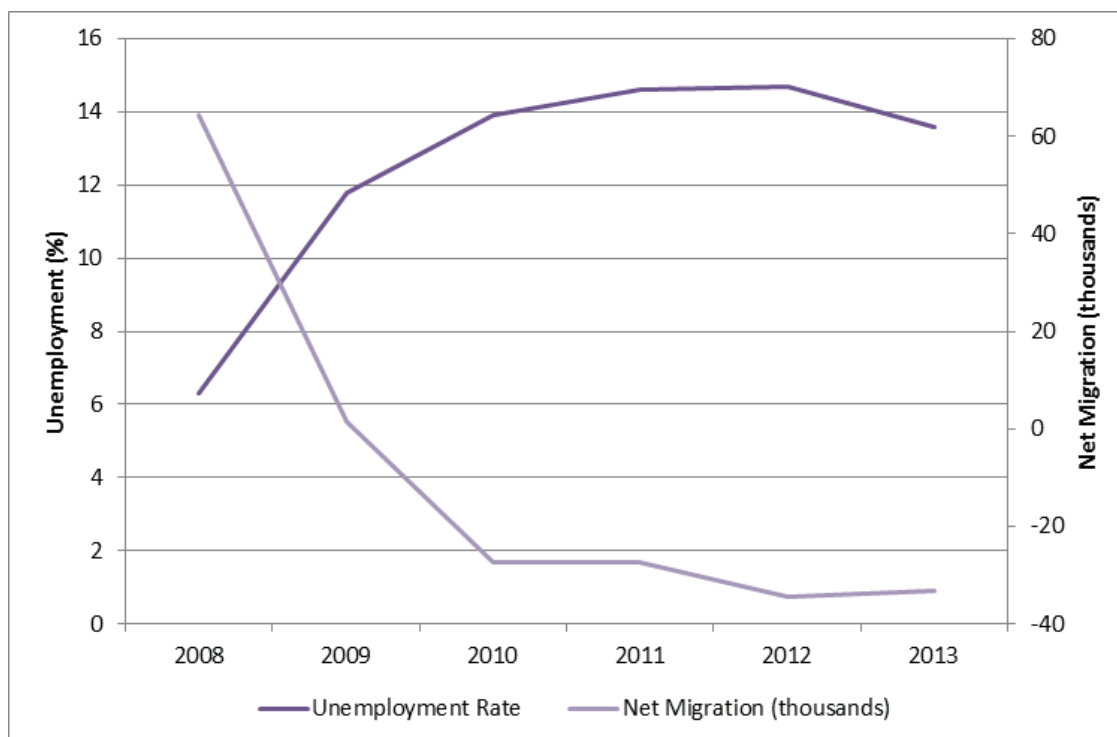
### 1.3 Macroeconomic and Policy Context

As noted, in this report, we document how the lives of the over 50s in Ireland have changed over the period between wave 1 and wave 2 of TILDA (i.e., 2009-2013). This was a period of considerable social and economic change in Ireland. The Irish economy officially entered recession in 2008 (10), and so the economic downturn was already well-established by the time TILDA began interviewing participants for the first time in October 2009. The current economic recession in Ireland is the worst since the second world war (2), both in its severity and its duration. While the Irish economy continues to perform poorly, in recent months there have been some positive signs emerging (11).

Unfortunately, the economy showed little sign of improvement in the period between waves 1 and 2 of TILDA. Unemployment and net emigration continued to increase between 2009 and 2013 (see Figure 1.2). Unemployment is now approximately 14 per cent. The current rate of net emigration of approximately 30,000 is comparable with levels last observed in the late 1980s (when the population was considerably smaller). Consumer prices have remained relatively stable over the period, although house prices have continued their sharp decline, albeit with some recent signs of stabilisation (see Figure 1.3). Of particular interest to the older population who may be more reliant on income from savings are trends in interest rates, which have been falling since 2008 and are now approximately 1%.<sup>3</sup>

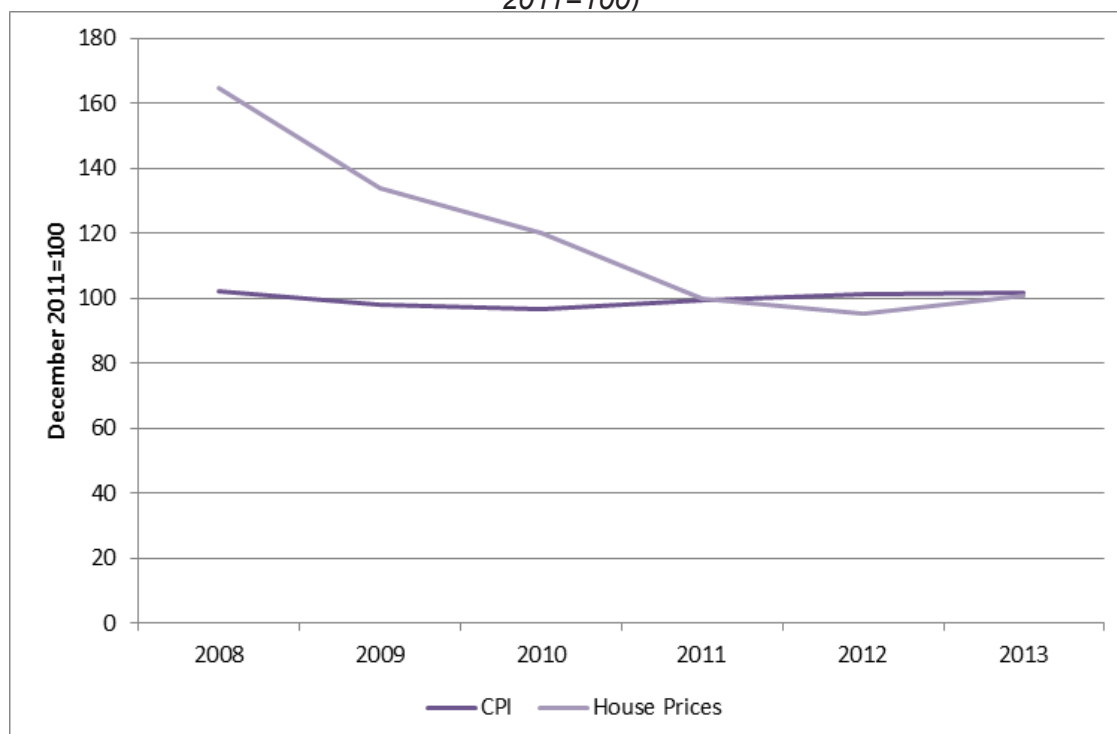
3. ECB marginal interest rate; see CSO Database ([www.cso.ie/px/pxeirestat/](http://www.cso.ie/px/pxeirestat/)) [last accessed 16 December 2013].

Figure 1.2: Unemployment Rate (%) and Net Migration (thousands), 2008-2013



Sources: (11); CSO Database ([www.cso.ie/px/pxeirestat/](http://www.cso.ie/px/pxeirestat/)) [last accessed 7 December 2013]

Figure 1.3: Overall Consumer Prices (CPI) and House Prices, 2008-2013 (December 2011=100)



Source: CSO Database ([www.cso.ie/px/pxeirestat/](http://www.cso.ie/px/pxeirestat/)) [last accessed 7 December 2013]

In November 2010, the Government accepted an EU-IMF Programme of Financial Support worth €85bn for the period 2010-2013, after a period in which Government borrowing costs had become unsustainable. This introduced a period of strict oversight of Irish economic policy, with the continuation of previous public spending cuts and taxation increases. The full extent of the policy changes introduced in each of the seven ‘austerity’ budgets are illustrated in Figure 1.4. Many of these policy changes are directly relevant for the over 50s population, in particular the changes announced in relation to pensions and public healthcare entitlements.

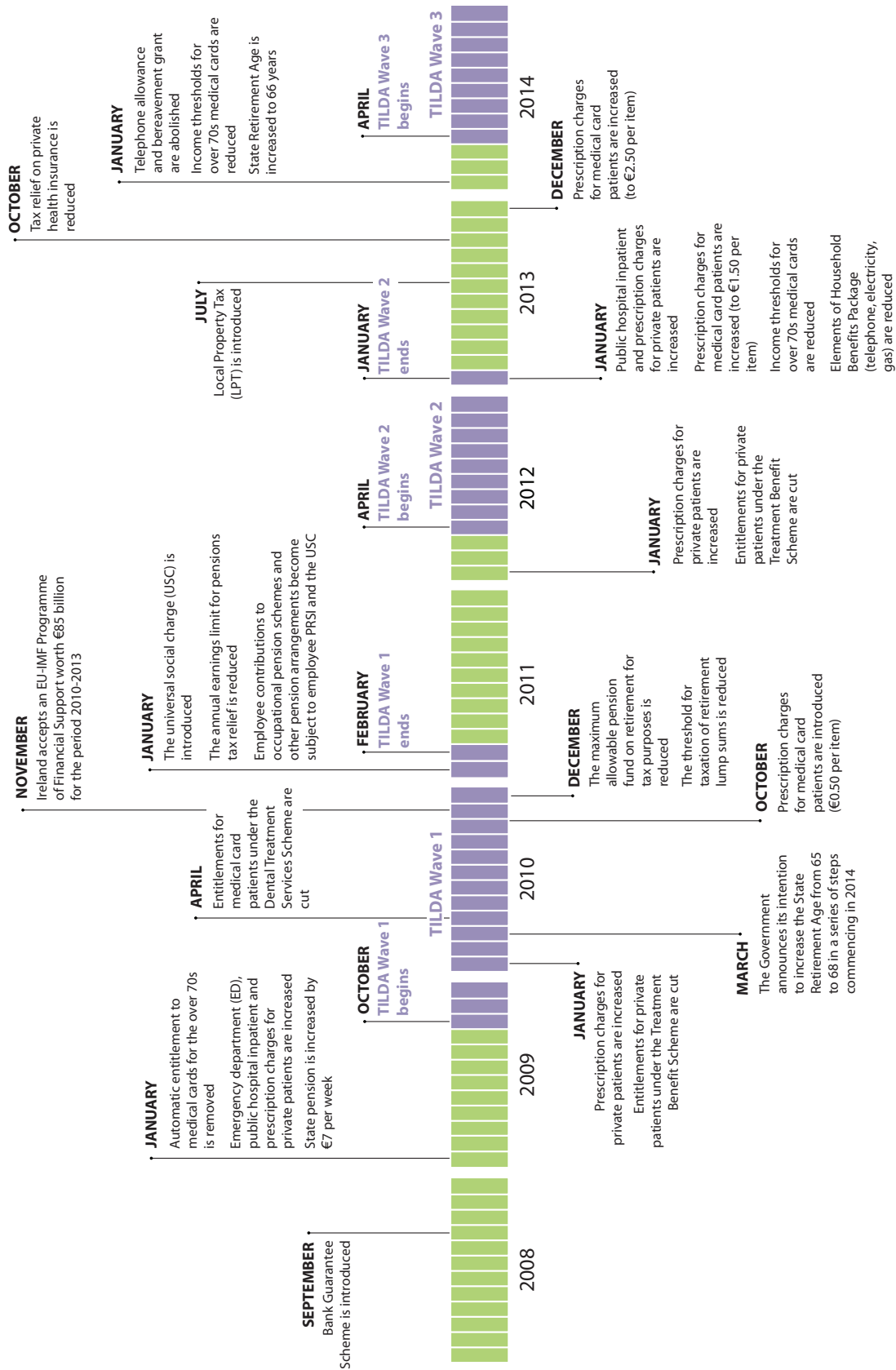
While the state pension has remained at the same rate since January 2009, automatic entitlement to a medical card for all over 70s was removed in January 2009. A prescription charge per item of 0.50c was introduced in October 2010 (towards the end of wave 1 of TILDA), and has been subsequently increased twice (to €1.50 from January 2013 and to €2.50 from December 2013). Hospital and prescription charges for private (i.e., non-medical card) patients have been increased, the latter on four occasions since January 2009. Other significant policy developments of relevance to the older population include the announcement of the increase in the State Pension Age (SPA) in March 2010, with the first phase (i.e., the increase in the SPA from 65 years to 66 years) taking effect from January 2014. Between wave 1 and wave 2 of TILDA, a number of taxation changes with respect to pensions were introduced, such as the reduction in the threshold for the taxation of pension lump sum payments in December 2010. Since the end of wave 2 of TILDA in early 2013, income thresholds for medical cards for the over 70s have been reduced, and certain social benefits have been cut (e.g., the household benefits package) or abolished entirely (e.g., the bereavement grant).

## 1.4 Structure of the Report

We begin in Chapter 2 by examining how the economic circumstances of TILDA participants and their children have changed between wave 1 and wave 2. Chapter 3 focuses on changes in physical and behavioural health, while Chapter 4 focuses on the issue of obesity and its association with various health outcomes. Chapter 5 analyses patterns of public healthcare eligibility and health and social care utilisation between waves 1 and 2 of TILDA. It also examines the characteristics and experiences of those who died between waves. Chapter 6 focuses on quality of life, its determinants and its relationship to changes in circumstances (e.g., marital status, employment, disability) between waves. Finally, chapter 7 provides further details on the methodologies used throughout this report. As noted in Chapter 7, the analyses in this report are essentially descriptive. More detailed analysis of the issues in this report using multivariable statistical analysis



Figure 1.4: Selected Policy Changes, 2008-2013



techniques is currently being undertaken by the TILDA research team and will be published on an on-going basis throughout 2014. Each chapter begins with a set of key findings.

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## Appendix 1: TILDA Reports and Publications

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1. “Profile of the Sandwich Generation and Intergenerational Transfers in Ireland” by Christine McGarrigle & Rose Anne Kenny. 2013.
2. “Patterns and Determinants of Health Care Utilisation in Ireland” by Aoife McNamara, Charles Normand & Brendan Whelan.
3. “Polypharmacy in Adults Over 50 in Ireland: Opportunities for Cost Saving and Improved Healthcare” by Kathryn Richardson\*, Patrick Moore\*, Jure Peklar, Rose Galvin, Kathleen Bennett & Rose Anne Kenny. \*joint first authors.
4. “Supplementary Pensions and the Income of Ireland’s Retirees” by Sanna Nivakoski and Alan Barrett
5. “Profile of Community-Dwelling Older People with Disability and their Caregivers in Ireland” by Yumiko Kamiya, Catriona Murphy, George Savva and Virpi Timonen.
6. “Fifty Plus in Ireland 2011. First results from The Irish Longitudinal Study on Ageing.” Edited by Alan Barrett, George Savva, Virpi Timonen and Rose Anne Kenny.
7. “TILDA Design Report 2010”. Rose Anne Kenny, Brendan Whelan, Hilary Cronin et al.

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14. Killane I, Donoghue OA, Savva GM, Cronin H, Kenny RA, Reilly RB. What Gait Task is Appropriate to Assess Community Dwelling Older Adults? Investigation over the Executive Function Spectrum. [In Preparation].
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16. King-Kallimanis BL, Jensen R, Kenny RA. Investigating Differences in Quality of Life Across Age, Aging Perceptions and Frailty. [In Preparation].
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18. Leahy S, Kenny RA. Obesity is associated with poorer sustained attention in middle-age. [In Preparation].

19. Leahy S, O'Connell MDL, Kenny RA. Obesity, grip strength and functional ability in older adults. [In Preparation, abstract accepted for ICFSR 2014]
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34. Peklar J, Henman MC, Kos M, Richardson K, Kenny RA. Concurrent use of drug and food supplements in a community-dwelling population aged 50 years and more: potential benefits and risks. [In Preparation].
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### **Other publications**

1. Barrett, A and Mosca, I. 2013. Learning more about the causes and consequences of migration through the Experiences of Ireland's older people. ESRI Research Bulletin.
2. Barrett, A and Kamiya, Y. 2012. Childhood Sexual Abuse and Later-Life Economic Consequences. IZA Discussion Paper 6332.
3. O'Sullivan, V. The Long Term Health Effects of Education. ESRI Working Paper 429.