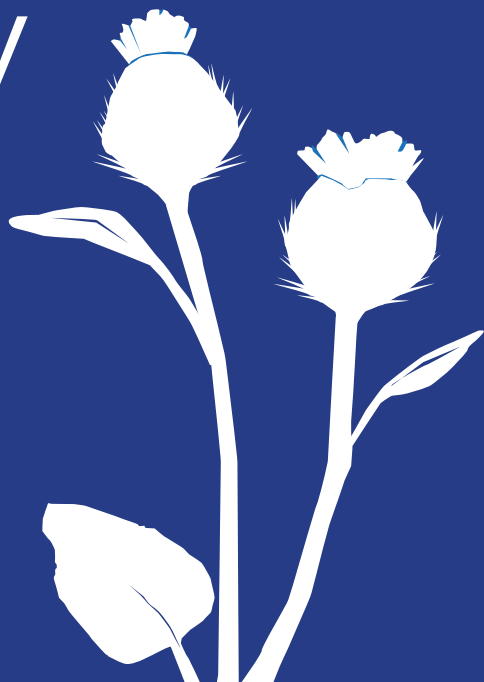




Healthy Ageing in Scotland: the pilot survey summary

**Editors: David Bell,
Tanya Wilson, Elaine Douglas**





Healthy Ageing in Scotland: the pilot survey summary

Why does Scotland need a longitudinal study of ageing?

Scotland has poor health and low life expectancy



Scotland's population structure is changing

we expect a higher proportion of older people than other parts of the UK – and we need to learn more about the effects of these changes to support policy debate



What does HAGIS add to current global ageing research?



Scotland has a unique ability to link to administrative data sources, including NHS health records

Scotland has different policies

for health and social care compared to the rest of the UK – which supports unique opportunities for 'natural experiments'

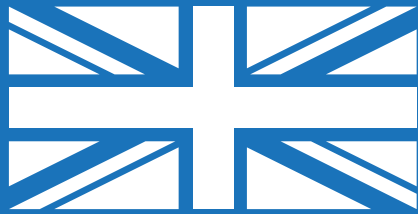


HAGIS survey questions are harmonised with other global ageing studies – which supports cross-country comparative research

HAGIS Sample Demographics



the weighted HAGIS sample is representative of Scotland's population at mainland Health Board level



most participants were born in the UK

(96%)

84%

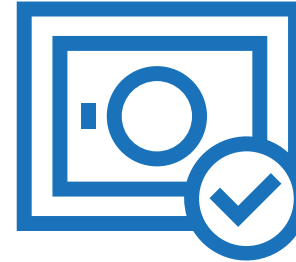
identified themselves as equally or more Scottish than British



a substantial proportion (34%) of older people live alone, with women more likely to live in a single household than men (30% men, 44% women)

Administrative Data Linkage

Participants were asked for their consent to link their survey responses to administrative data. Consent rates were as follows:



NHS Health Records – **85%**

Social Care Survey - **81%**

Education – **80%**

DWP & HMRC – **77%**

Help and Unpaid Care



11% of participants spent over 50 hours a week providing care

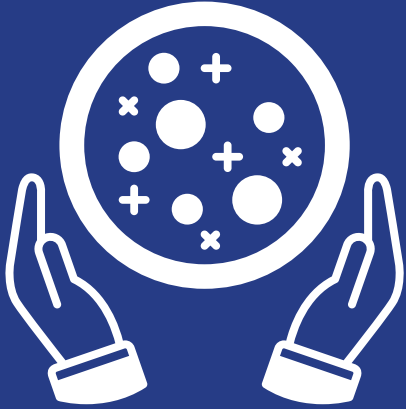


10% of carers were 'sandwich carers' caring for both an adult and a child



Those in most deprived communities are more likely to provide long hours of care than those in less deprived communities.

Physical Activity



Active participants have significantly higher odds of several other positive health behaviours such as cancer screening



active participants claim to have fewer self-reported health problems than inactive participants

Sitting time is positively associated with age, and is highest in people living in the most deprived areas

Cognitive Ability

- Inspection of the psychometric properties of the cognitive tests and the personality measure in HAGIS showed that the test characteristics, distributions, and associations with other tests and demographic variables are as expected.
- General cognitive ability was strongly associated with performance on both health and financial literacy.
- The personality disposition of higher intellect had a small association with higher health literacy, and agreeableness with financial literacy, when controlling for cognitive ability.
- Participants with a desire to learn are associated with higher performance on health literacy.

Participation in Bowel Screening



The HAGIS data suggest that single males are significantly less likely to participate in bowel screening tests. There are no significant differences in participation rates between men living with a partner and women living either alone or with a partner.



Increasing the participation rate of single males to the Scottish average would save around 3.2 lives per year, based on Scottish Government estimates of the effectiveness of the screening programme

Uptake is also lower in deprived communities. Raising participation rates in the most deprived quartile of Scottish households to the average for Scotland as a whole would save around the same number of lives as raising the participation rates of single men.

Internet Use



Sending and receiving emails was the most common internet activity reported by the HAGIS respondents

Compared to the English Longitudinal Study of Ageing results (wave 8, May 2016 to May 2017) Internet and email use seems to be more prevalent in Scotland than in England

Older Workers

68% of men and 55% of women aged 50-64 in the HAGIS study are working, around 20% are retired, with the remainder unemployed, unable to work through illness or disability, caring or looking after the family home.

Only 18% of individuals who identify themselves as being in poor health are in work.

Hours of work decline gradually from age 50 onwards as individuals cut their working hours as they approach retirement. Women are more likely to be in part-time employment prior to retirement than men.

Retirement

Almost **40%** of older people expect to retire before the State Pension Age (SPA), **30%** plan to retire when they become eligible for the state pension, and **30%** after they have passed the eligibility criterion.

42% of HAGIS respondents do not have any pension arrangements in addition to state provision. **49%** are enrolled into an occupation pension scheme. **23%** have a private pension. **14%** have both an occupational and a private pension.

There is some evidence to support the finding that those in the middle of the income distribution are likely to remain in work longer than the relatively poor and the relatively rich.

Volunteering



The transition between employment and retirement is a key time for volunteering participation

Volunteers have more positive expectations of their life expectancies than non-volunteers, and also rate themselves with higher subjective wellbeing.



Volunteers were more likely to be enthusiastic about participating in HAGIS, and were also more likely to consent to administrative data linkage

Disability Benefits

- The Scottish government is due to take control over a number of disability-related benefits in the near future.
- Disability is age-related: our results show that the share of our “high” measure of disability increases from 11.9 % to 48.8% of the population between the ages of 50-59 and 80+.
- The prevalence of disability is much higher in deprived areas, even among the “relatively young” old. However, the main differences lie between those in the most deprived 25% of Scotland’s data zones and the rest of the country.
- The measure of disability derived from the survey does not map exactly onto eligibility for disability benefits. For example, they do not take account of mental disability.
- Nevertheless, the finding that a significant proportion of those experiencing “high” levels of disability did not appear to be claiming disability-related benefits warrants further investigation, given the Scottish governments need to accurately project the demand for these benefits.

Wellbeing

- HAGIS collects a number of measures of individual well-being in its self-report questionnaire. These cover life satisfaction, whether individuals feel their life is worthwhile, their happiness and their level of anxiety.
- The distributions derived from the HAGIS data is quite similar to the distribution of well-being among older Scots drawn from other sources.
- The different measures of well-being are positively correlated, though not always that highly, implying that they capture different aspects of individuals' feelings of latent well-being.
- Typically, life satisfaction increases with age and is higher for those living as a couple than those living alone.
- Health has a very significant impact on well-being: compared with someone in excellent health, poor health reduces life satisfaction by 2.5 points on a 10 point scale.
- There are no clear patterns in well-being that depend on the type of area in which HAGIS respondents reside. Thus, there are no significant differences in life satisfaction between those living in the most deprived 25% of Scotland's data zones and those living in the most affluent 25% of Scotland's data zones.
- Using validated life satisfaction questions enables comparisons with other datasets. The ONS Annual Population Survey (APS) asks the same life satisfaction question as HAGIS. Estimating the same model of life satisfaction in HAGIS and APS shows that individual characteristics typically influence life satisfaction in the same direction. However, the much larger APS sample means that estimates from the APS model are likely to be much more precise.



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University of Stirling

Tel: +44-

Fax: +44-

Email: mailbox@

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This report is dedicated to the memory of

Richard M. Suzman

Director, Division of Behavioral and Social Research

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