



POSITIVE AGEING

2016

NATIONAL INDICATORS REPORT



ACRONYMS

ADL	Activities of Daily Living
AFI	Age Friendly Ireland
APQ	Ageing Perceptions Questionnaire
BMI	Body Mass Index
CES-D	Centre for Epidemiological Studies - Depression
CSO	Central Statistics Office
DCYA	Department of Children and Youth Affairs
DOH	Department of Health
EQLS	European Quality of Life Survey
EU	European Union
EU-28	European Union 27 countries with the addition of Croatia
Eurofound	European Foundation for the Improvement of Living and Working Conditions
HADS-A	Hospital Anxiety and Depression Scale - Anxiety
HaPAI	Health and Positive Ageing Initiative
HSE	Health Service Executive
ICT	Information and Communication Technologies
ILO	International Labour Organisation
IPAQ	International Physical Activity Questionnaire
EU-LFS	European Labour Force Survey
NPAS	National Positive Ageing Strategy
OECD	Organisation for Economic Co-operation and Development
PIAAC	Programme for the International Assessment of Adult Competencies
QNHS	Quarterly National Household Survey
EU-SILC	European Survey of Income and Living Conditions
TILDA	The Irish Longitudinal Study on Ageing
WHO	World Health Organisation

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FOREWORD

As the numbers of older people in society increases more of us can expect to see and enjoy our old age. Getting older should be seen as a time of opportunity and our society and communities benefit from the skills, generosity, and experience of older people. The factors that influence successful ageing are multidimensional. The way older people perceive themselves and how they are viewed by others can have a measurable effect on health and wellbeing.

Our ageing demographic has implications for public policy, service provision, long-term planning, and society as a whole. The Healthy Ireland framework published in 2013 sets out a vision to improve the health and wellbeing of the entire population of Ireland. Its main focus is on prevention and keeping people healthier for longer.

At the same time, the National Positive Ageing Strategy sought to develop an Ireland that celebrates older people and supports them to continue to live happy, healthy and fulfilled lives. This Strategy highlights that ageing is not just a health issue, and that we need a collaborative response to address a range of social, economic and environmental factors that affect the health and wellbeing of our ageing citizens. This remains our vision for improving the lives of older people and making Ireland a great place in which to grow old.

Research was identified as one of the four national goals of the Strategy, and focuses on the need to support and use research about people as they age to better inform policy responses to population ageing in Ireland. To fulfil this commitment the Healthy and Positive Ageing Initiative (HaPAI) established with funding from the Department of Health, the HSE's Health and Wellbeing Division and The Atlantic Philanthropies has developed a set of 56 National Positive Ageing indicators which can used to monitor changes in older people's health and wellbeing at a national and local level.

This first Positive Ageing National Indicator report presents findings from a wide range of existing resources on what matters for older people. It sets out the evidence under the three pillars identified in the National Positive Ageing Strategy i.e. Participation, Health and Security as well as the cross-cutting objectives of combating ageism and increasing access to information. As the report provides evidence on Positive Ageing in Ireland it offers us a benchmark for the future which will allow us to measure the progress we have made and the challenges that lie ahead. This will allow us to better understand not only what impacts on our health and wellbeing, but how the various factors interact with each other.

I would like to take the opportunity to thank all those who took part in the preparation of this report and all who gave generously of their time over the past two years. I hope that this report becomes an important evidence resource to understand and monitor the issues that matter in the lives of older people.

Helen McEntee TD
Minister of State for Mental Health and Older People

The National Positive Ageing Strategy (NPAS¹) sets out a vision for Ireland as

“...a society for all ages that celebrates and prepares properly for individual and population ageing. It will enable and support all ages and older people to enjoy physical and mental health and wellbeing to their full potential. It will promote and respect older people’s engagement in economic, social, cultural, community and family life, and foster better solidarity between generations. It will be a society in which the equality, independence, participation, care, self-fulfilment and dignity of older people are pursued at all times.”

This vision suggests that a range of interconnected social, economic and environmental factors can have an impact on the health and wellbeing of older people. The focus on Positive Ageing aims to overturn the view of older people as sick or disabled non-contributors to society. It recognises the diversity of older people and seeks to focus on the enormous demographic bounty available from older people through their continuing contribution as consumers, as parents and grandparents often acting as child minders and carers and as volunteers working in their communities.

BASED ON THIS COMPREHENSIVE VISION, THE STRATEGY OUTLINED 4 GOALS:

- 1 Remove barriers to participation and provide more opportunities for the continued involvement of people as they age in all aspects of cultural, economic and social life in their communities according to their needs, preferences and capacities.
- 2 Support people as they age to maintain, improve or manage their physical and mental health and wellbeing.
- 3 Enable people to age with confidence, security and dignity in their own homes and communities for as long as possible.
- 4 Support and use research about people as they age to better inform policy responses to population ageing in Ireland.

Healthy Ireland² has also identified four high level goals, along with 64 actions grouped under six broad themes. To achieve the vision of these strategies, the implementation of the NPAS is framed within the implementation of Healthy Ireland, in recognition of the fact that “health and wellbeing is a multi-dimensional concept...determined by a range of interconnecting social, economic and environmental factors” [1]. Implementation of the NPAS is an essential part of the vision for creating a society in which...“every individual and sector of society can play their part in achieving a healthy Ireland” (Healthy Ireland Goal 4).

These two interlinked Government strategies, have committed to the development of indicators to monitor and evaluate progress. Indicators are regarded as playing a vital role in the identification of trends and issues while contributing to the process of priority setting, policy formulation and the evaluation and monitoring of progress.

MONITORING PROGRESS

The National Positive Ageing Indicators will be used to assess the level of progress being made through the implementation of the Strategy to improve the lives of older people over time, ideally benchmarked against other countries.

The Healthy and Positive Ageing Initiative (HaPAI) was established to play a key role in the implementation of Goal 4 of the NPAS. Led by the Department of Health, it is a joint national programme with the HSE and Age Friendly Ireland (AFI) and commits to develop the indicators necessary to facilitate good planning and policy development for older people in Ireland, now and into the future.

The HaPAI commenced in 2015 and is operational in a number of different areas of activity.

The project has committed to the following key activities:

- Development of national indicators of older people’s health and wellbeing, leading to the publication of a biennial report on the health and wellbeing of older people in Ireland;
- Establishment of a research fund to commission targeted additional research to fill identified data gaps required to cover all indicators, relevant to the design or configuration of future services and supports for older people; and
- At a local level, developing indicators using either national data broken down to the county level where possible, or additional data collected locally and published in a series of county reports in selected counties.

¹ http://health.gov.ie/wp-content/uploads/2014/03/National_Positive_Ageing_Strategy_English.pdf

² <http://www.hse.ie/eng/services/publications/corporate/hieng.pdf>

Following the collaborative approach taken to the development of the National Positive Ageing Strategy, the HaPAI used a detailed methodology called the 'Delphi technique' which is described in the next section, to achieve consensus on set of key indicators to measure positive ageing in Ireland. This approach ensured that older people and those who are considered experts in the lives of older people were given the opportunity to decide on the indicators to be used to monitor positive ageing. In keeping with international best practice, the development of these indicators followed an approach involving a number of steps:

- 1

Defining the issue: the HaPAI team carried out a literature review to identify key areas that impact positive ageing, based on existing research and evidence. The goals and objectives of the National Positive Ageing Strategy were used as a guiding framework for this review.
- 2

Identifying the potential data sources and indicators: a Steering Group made up of experts in the area of Irish data sources, statistics and older people reviewed the data from both international and national sources.
- 3

Preliminary report: a report was published setting out the existing data within the framework identified by the NPAS [2].
- 4

Developing a consensus process: the HaPAI team adopted the Delphi technique, an internationally recognised methodology, to develop consensus around indicators of positive ageing in Ireland. This mirrored the adoption of a similar approach by the Department of Children and Youth Affairs (DCYA) in the development of the first set of Child Health and Wellbeing indicators, but was tailored to the needs of a positive ageing indicator set.

Based on a Framework developed to encompass the goals and action areas of the NPAS, a set of key indicators has now been agreed and are presented in this report. These include indicators under each of the National Positive Ageing Strategy's three pillars and two crosscutting objectives which will serve as proxy measures to monitor progress towards the outcomes. The 56 key indicators reflect the wider socioeconomic and environmental determinants of health as well as indicators of individual health and behaviours and are displayed opposite.

NATIONAL KEY INDICATORS OF POSITIVE AGEING

IDENTIFIED USING A CONSENSUS PROCESS INCLUDING A PANEL OF 73 RESEARCHERS, POLICY MAKERS AND OLDER PEOPLE

The 56 indicators focus primarily on adults aged 50+ living in Ireland using multiple data sources such as: Census of the Population; European Quality of Life Survey (EQLS); Programme for the International Assessment of Adult Competencies (PIAAC); Quarterly National Household Survey (QNHS); European Survey of Income and Living Conditions (EU-SILC); European Labour Force Survey (EU-LFS); The Irish Longitudinal Study on Ageing (TILDA); Health Service Executive (HSE) Elder Abuse Services; Health Service Executive (HSE) National Screening Service



KEY FINDINGS:

PARTICIPATION

- In the first quarter of 2016 the employment rate for adults aged 50-64 was 63%
- 6.5% people aged 25-64 participated in further education and training in 2015
- Less than one in 10 people (8.0%) aged 50+ participate in informal education and training
- More than three out of five (61%) people aged 55-65 have low literacy skills
- Almost two thirds (63%) of people aged 55-65 have low numeracy skills
- More than one in five (22%) people aged 50+ engaged in political activities in the past 12 months
- More than one in four (26%) people aged 50+ volunteered in the past 12 months
- Almost one third (32%) of people aged 50+ provide care to a child or grandchild at least weekly
- More than one in eight (13%) people aged 50+ provide care to a parent or relative on a monthly basis
- Five in seven (85%) of people aged 50+ engage in at least one social leisure activity on a weekly basis
- 7.1% of people aged 50+ often feel lonely
- More than nine out of 10 (93%) people aged 50+ have at least one supportive relative or friend
- Almost three-quarters (72%) of people aged 50+ have driven themselves in the past 12 months
- Almost half (49%) of people aged 50+ rated public transport in their area as good or excellent and 59% of people aged 50+ rated private transport in their area as good or excellent

HEALTHY AGEING

- At age 65 in Ireland, women have a life expectancy of 21.1 years and men have a life expectancy of 18.4 years
- At age 65 in Ireland, women have an expected 12.3 healthy life years ahead and men have an expected 11.4 healthy life years ahead
- Eight out of 10 people (80%) aged 50+ rates their health as good or very good
- More than one in seven (15%) people aged 50+ have a physical disability
- Almost half (48%) of people aged 50+ have a slow walking speed that indicates they may be frail
- Just over one in four (27%) people aged 65+ have fallen in the previous two years
- Six out of 10 people (61%) aged 50+ have a chronic disease
- One in four people (25%) aged 50+ reports that they often have moderate or severe pain
- More than one in three (36%) people aged 50+ show evidence of mild cognitive impairment
- More than one in seven (15%) people aged 50+ have difficulty attending further education, work, or participating in social activities due to disability
- Almost one in 10 (9.5%) people aged 50+ have difficulty going outside their home alone to shop or visit a doctor's surgery, due to disability
- Less than one in 10 (6.8%) people aged 50+ have difficulty with activities of daily living (ADLs)
- 17% of people aged 50+ currently smoke
- More than one in eight (14%) people aged 50+ report problematic alcohol use
- Over two thirds (67%) people aged 50+ report low levels of physical activity
- More than one third (35%) of people aged 50+ are obese
- Almost one in 10 (9%) people aged 50+ report severe depressive symptoms
- Eight out of 10 (82%) people aged 50+ report high life satisfaction

- Over two thirds (67%) of people aged 50+ feel that they have freedom or control over their lives
- One in 10 (9.2%) people aged 50+ have moderate or severe levels of anxiety
- More than three quarters of women eligible for screening (77%) received a mammogram in the previous two years
- Over two thirds (69%) of people aged 50+ have had a flu vaccine in the previous two years
- 18% of people aged 50+ have difficulty seeing a doctor
- 28% of people aged 50+ are taking 5 or more medications
- Almost one in five (19%) people aged 50+ report unmet need for a community care service
- 14% of people aged 70+ living in the community have received home care services in the previous 12 months.
- More than one in four carers (27%) aged 50+ report a high level of stress or distress

SECURITY

- In 2014 the consistent poverty rate among adults aged 65+ was 2.1%
- Almost one in five (19%) of people aged 50+ reported a shortage of money stopped them from doing the things they want to do
- More than one in eight (12%) people aged 50+ have housing facility problems
- Almost half (48%) of people aged 50+ have a housing condition problem
- Almost one in 10 (8.8%) households containing an adult aged 65+ is unable to keep their home adequately warm
- One in seven (14%) people aged 50+ have difficulty accessing essential services
- One third (33%) of people aged 50+ have difficulty accessing social facilities
- Almost one in 10 (9.2%) people aged 50+ have difficulty accessing a recreational or green space
- Two thirds (66%) of people aged 50+ reported high neighbourhood social capital
- Almost three quarters (72%) of people aged 50+ feel that it is safe to walk alone after dark in their local area
- A total of 437 cases of elder abuse reported in 2014 were substantiated (32%)

CROSS-CUTTING OBJECTIVES

COMBATING AGEISM

- 45% of people aged 50+ reported that they felt discriminated against because of their age in the past two years
- Almost three quarters (73%) of people aged 50+ agreed that ageing was a time of personal growth

ACCESS TO INFORMATION

- Almost half (48%) of people aged 50+ used the internet other than for work

In 2015, the HaPAI team completed a five-phase process to develop and measure consensus on the indicators to be used for monitoring progress towards Positive Ageing, using the Delphi technique.

The Delphi technique involves engaging experts in a series of intensive email surveys, with controlled opinion feedback provided between each survey round [3,4]. Administered electronically, Delphi panel members do not meet face-to-face. However, throughout the process they are able to access and consider the opinions of others, and are encouraged to express and react to ideas, free of pressure or rebuke from other participants. The key features of this approach are therefore anonymity, iteration with controlled feedback, statistical group response and expert input. The Delphi technique has been described as the most reliable method for achieving consensus because it allows for the positive attributes of group interaction, while controlling the most negative effects of group dynamics [5]. This electronic method has a number of advantages: it is environmentally friendly; cost-effective; time-efficient; it enables respondents to participate from diverse geographical locations; it allows direct import into software for data analysis; it enables quick turnaround between rounds; and it improves data quality.

The Delphi technique has been applied in various public health, social policy and research settings, from forecasting developments in the field of mental health and the associated need for mental health care in the Netherlands [6,7], to social service planning of care for mental health, and the prevention of dependency among older people [8], and for the selection of healthcare quality indicators [9]. In Ireland the Delphi technique was adopted by the Department of Children and Youth Affairs (DCYA) to structure thinking around key areas of child wellbeing and in the development of the first national set of Child Health and Wellbeing indicators published in 2009. Approaches to using the Delphi technique have varied, depending on the specific purpose and goal. However, the key steps have typically included:



The steps taken by the HaPAI in the Delphi process to develop the key set of positive ageing indicators are described below.

1. EXPERT PANEL SELECTION

The HaPAI team invited participants to the Delphi process from: individuals and organisations that made submissions to the NPAS; research and academic networks; networks of older people, Local Authorities; and, Government Departments. Those who were unable to participate were invited to nominate alternates or to refer the invitation to their networks.

A total of 73 experts agreed to participate in round one, 67 participated in round two and 61 participated in round three. The attrition rate (16%) was below the percentage deemed to be problematic for measuring consensus when using the Delphi technique.

Who participated in the Delphi process?

Table 1: Agreement with the balance, coherence and completeness of indicator sets, by round (percentage, %)

PARTICIPANTS	ROUND 1	ROUND 2	ROUND 3
Academics and researchers	45	44	50
Public sector	14	17	13
Voluntary sector	18	17	23
Older people (groups and individuals)*	24	23	16
TOTAL	73	67	61

*Note: Several older people participated as a group and together, submitted one survey response. For the purpose of analysis, this survey was counted as one response. Therefore the number of participants in this category underreports the number of older people who participated in the Delphi process.

2. EXPLORATION

Step 2 involved developing and screening a long list of potential indicators to determine if they met four standards:

1. The indicator is needed and useful;
2. The indicator has technical merit;
3. It is feasible to collect data for this indicator; and
4. The indicator set is coherent and balanced overall.

A total of 119 indicators met the criteria. The choice of inclusion was also informed by relevant theoretical literature on the components of Positive Ageing, and research evidence linking the indicators and other Positive Ageing outcomes. The screening tool that the HaPAI team developed and used for this step of the process is available on the HaPAI website (www.hapai.net).

3. EVALUATION

Delphi participants were asked to select one or more pillars of the NPAS that were most relevant to their area of expertise and experience: Security, Participation, and Healthy Ageing. Participants could opt to review indicators for one or more pillars. This approach encouraged participants to review the indicators they had specific expertise in, and to reduce the time they spent reviewing indicators that were not relevant to them. All participants were asked to review the cross-cutting areas of 'Attitudes to Ageing' and 'Accessing Information'.

Step three (Evaluation), step four (Re-evaluation) and step five (Final Consensus) were completed using an online survey, whereby expert stakeholders reviewed and rated indicators over three survey rounds. In each online survey round, participants reviewed individual indicators, groups of indicators (e.g. for housing) and complete sets for each NPAS pillar (e.g. Security) with the following criteria:

- Importance to positive ageing;
- Utility (needed and useful to national stakeholders);
- Ease of understanding;
- Ranking (ordering the domains and indicators in order of importance);
- Balance, coherence and completeness of the indicator sets; and
- In the final round, participants were also asked to rate their agreement with a set of key indicators in each domain which were selected on the basis of high ranking and rating in the previous rounds.

The evaluation criteria that were included in each of the survey rounds are summarised in Table 2.

Table 2: Delphi process evaluation criteria

EVALUATION CRITERIA	DELPHI ROUNDS		
	ROUND 1	ROUND 2	ROUND 3
INDICATORS			
Important to positive ageing	✓	✓ (new indicators only)	
Needed and useful to national stakeholders	✓		
Easy to understand		✓ (new and revised indicators only)	
Ranking (indicators within domains)	✓		
PILLARS AND DOMAINS			
Indicators present a complete picture of each pillar in Ireland	✓	✓	✓
Indicators present a complete picture of each domain in Ireland		✓	✓
Open ended feedback (after each domain)		✓	✓
Open ended feedback (after each pillar)	✓	✓	
Ranking (domains)	✓		
Agreement with set of key indicators			✓

How did we measure consensus?

The HaPAI team adopted the definition of consensus as “general agreement; the opinion of most people” [10]. The HaPAI team set the threshold for consensus agreement at 75% agreement for statements with yes or no responses. For questions that involved responses on a scale of 1-5, the threshold was a median value of 3 or more, with an Interquartile Range (IQR) of >=2. In round one, participants ranked individual indicators and domains, from most important to least important. These were analysed in tertiles: high, medium or low ranking.

Results

A key set of 56 indicators was agreed upon, out of an initial list of 119 indicators. As Table 6 shows, more than 75% of the Delphi respondents agreed that the indicators were: important to positive ageing; needed and useful to national stakeholders; and, the wording of the indicators was easy to understand. In each round, participants were asked to rate how comprehensive they thought the set of indicators presented was. For example, participants were asked “Do you agree that the set of indicators for positive mental health represent a balanced and coherent picture of positive mental health in Ireland?”

By Round 3, over 70% of participants agreed that each domain and pillar was complete, coherent and balanced, with the exception of Housing and Brain Health. However, more than 75% of Delphi participants agreed with the set of key indicators presented in round 3. Key indicators were proposed in round 3 on the basis of high ratings and rankings in round 1 and 2. -Table 6 shows the percentage of participants who agreed that the indicators for each pillar, domain and the key set of indicators represent a balanced and coherent, and complete picture of positive ageing in Ireland.

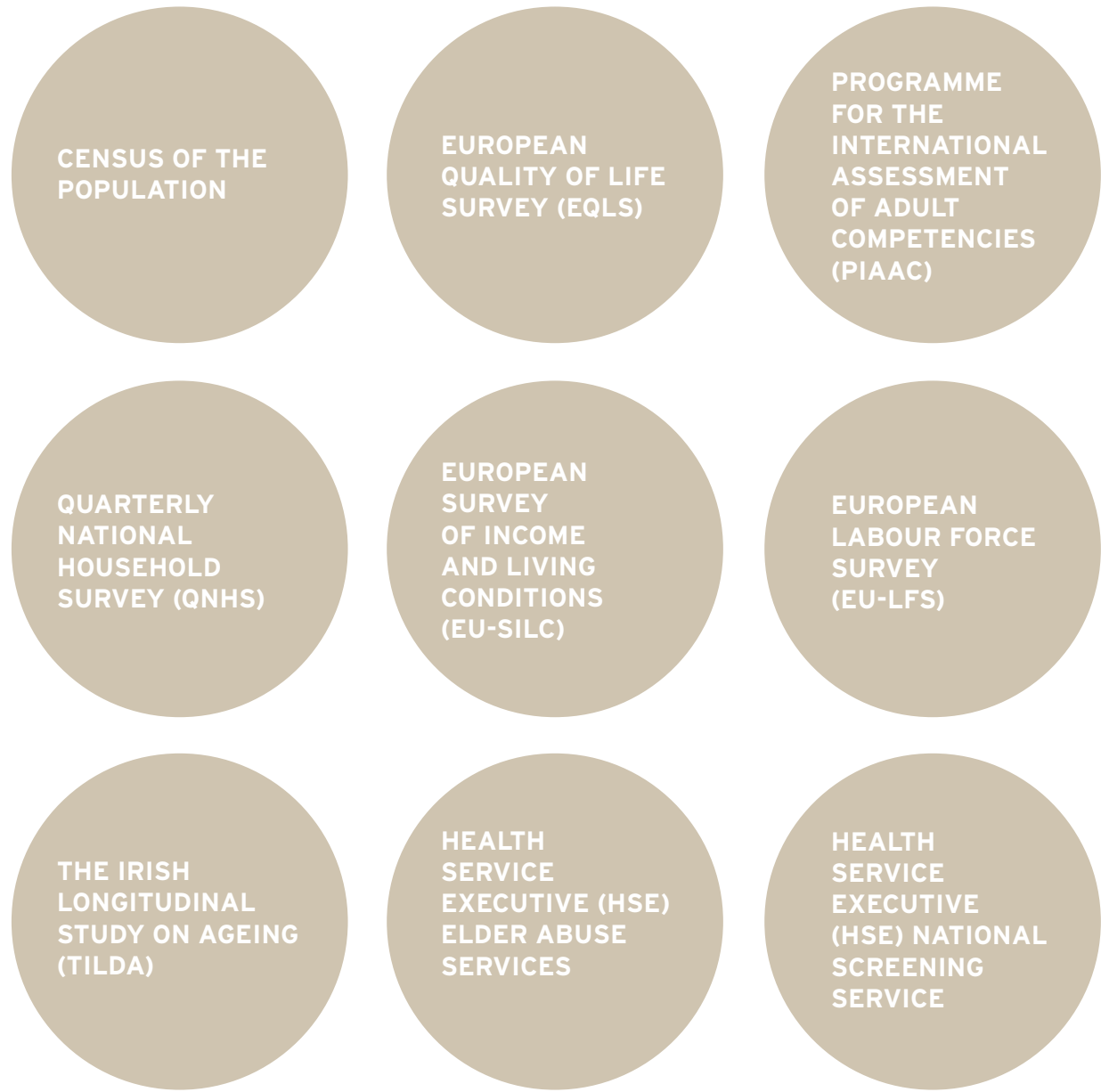
Table 3: Agreement with the balance, coherence and completeness of indicator sets, by round (percentage, %)

	ROUND 1	ROUND 2	ROUND 3	ROUND 3 KEY INDICATORS
CROSS CUTTING DOMAINS		%	%	%
Attitudes to ageing	59	74	78	88
Information access	76	70	73	80
PARTICIPATION		%	%	%
Employment and retirement	n/a	83	85	89
Education and lifelong learning	n/a	83	83	85
Active citizenship and volunteering	n/a	83	79	85
Social and cultural participation	n/a	91	85	83
Transport	n/a	100	85	89
Pillar total	66	96	83	n/a
SECURITY		%	%	84
Financial security	n/a	86	81	90
Housing	n/a	91	71	81
Age-friendly public spaces	n/a	94	77	77
Personal safety	n/a	89	74	86
Pillar total	79	95	86	n/a
HEALTHY AGEING		%	%	85
Physical health	n/a	80	75	81
Brain health	n/a	80	73	75
Adaptation to illness and disability	n/a	82	79	86
Health behaviours	n/a	94	77	92
Positive mental health	n/a	88	83	88
Healthcare	n/a	86	77	79
Social care	n/a	91	77	88
Palliative care	n/a	89	79	90
Carers’ health	n/a	97	79	90
PILLAR TOTAL	83	84	92	n/a

Note: n/a = non-applicable.

POSITIVE AGEING
INDICATOR DATA
FRAMEWORK 2016

The NPAS indicators draw on information available from survey and administrative data sources from Ireland and at European level. The NPAS indicator data framework includes:



A detailed summary of the data sources is provided in Appendix 1. Key information includes the reference period(s), the frequency with which the data is collected (E.g. annually), the sample size and population coverage that the survey data provides, the methods of data collection, the content of the data, the policy areas that the survey data is relevant to, and references to further information on each survey dataset.

DEFINITIONS AND TECHNICAL NOTES

To provide clarity and consistency, it is useful to define some of the main terms used throughout this report.

Health is described in Healthy Ireland as meaning “...everyone achieving his or her potential to enjoy complete physical, mental and social wellbeing”. As per the World Health Organisation (WHO) definition, the concept is broadly defined as being “more than an absence of disease or disability...” [11].

Wellbeing is seen as an integral part of this definition of health and “...reflects the quality of life and the various factors which can influence it over the course of a person’s life” [9]. Healthy Ireland also sees wellbeing as an aspect of “positive mental health, in which a person can realise his or her own abilities, cope with the normal stresses of life, work productively and fruitfully, and be able to make a contribution to his or her community” [12].

Several definitions of an indicator have been found in previous literature, varying slightly depending on their intended use and by international context. For example, Rogers et al. (2011) define an outcome indicator as “specific, observable, and measurable characteristics or changes that will represent achievement of the outcome” [13].

The Health Information and Quality Authority (HIQA) focused on performance indicators in the healthcare system and defined indicators as “... quantitative measures of structures, processes or outcomes that may be correlated with the quality of care delivered by the healthcare system” [14], while the European Union defined an indicator as “a quantitative or qualitative measure of how close we are to achieving a set goal (policy outcome)”³.

For the purposes of this report we have chosen to use the following definition, (adapted from the WHO). This definition states that an Indicator is “A variable with characteristics of quality, quantity and time used to measure, directly or indirectly, changes in a situation... to appreciate the progress made in addressing it...and to assess the extent to which the objectives and targets of a programme are being attained” [15].

Ageing occurs throughout the life course and although there are commonly used definitions of old age, there is no general agreement on the age at which a person becomes old. The WHO observed that in most developed world countries a person is considered old once they reach age 65 and this is based on the most common age of retirement and the age at which adults become eligible for a pension.⁴ The United Nations generally uses the cut-off of age 60+ to refer to the older population. The Active Ageing Index focuses on adults aged 55+, and the global family of Health and Retirement Surveys (HRS), including TILDA, collect data from people aged 50+. The age cut-points present in the NPAS set reflect the dynamic nature of age and ageing. In order to communicate the information most relevant for positive ageing, the age cut-points present in the NPAS indicator set vary from age 25 for lifelong learning and to age 70 for community care. The specific age ranges for each indicator were reviewed and agreed during the Delphi process.

³ (http://ec.europa.eu/health/indicators/policy/index_en.htm)
⁴ <http://www.who.int/healthinfo/survey/ageingdefnolder/en/>

The results are set out in five sections.

SECTION 3.1: DEMOGRAPHICS

This section provides information on the current population of older people, with predictions for future population growth and European comparisons. Data used comes from the Census of the Population, the QNHS and Eurostat.

SECTION 3.2: PARTICIPATION

This section provides information on the participation of older people in society through employment, education and lifelong learning, active citizenship and volunteering and on their participation in the social and cultural activities of their communities. It also includes data on transport as a facilitator or barrier to greater participation. Data are from EU-SILC, PIAAC the QNHS, and TILDA.

SECTION 3.3: HEALTHY AGEING

This section provides information on healthy ageing including the domains of physical health and brain health; adaptation to disability and illness, health behaviours, mental health, healthcare and social care. Data are from the HSE, TILDA and QNHS.

SECTION 3.4: SECURITY

This section provides information the security of older people in their homes and communities. It covers financial security, housing, age-friendly public spaces, personal safety and elder abuse. Data are from EU-SILC, EQLS, TILDA, and the HSE.

SECTION 3.5: CROSS-CUTTING OBJECTIVES

This section covers the two issues identified in the NPAS as having relevance for the achievement of objectives under each of the three pillars of Participation, Health and Security. They include information on combating ageism and improving access to information. Data are from TILDA and the EQLS.

PRESENTATION OF THE INDICATORS

Throughout the report, indicators are reported as percentages (%), meaning the proportion of people of a specific age with a specific characteristics. For several indicators the number of persons or cases is reported, in addition to percentages, on the basis that this information is particularly relevant for current and future health and social service provision. The following indicators contain number of persons/cases:

- Population estimates and projections; and
- The number of confirmed cases of elder abuse referred to the HSE (most recent year).

The following indicators are reported in years:

- Life expectancy at age 65; and
- Healthy life expectancy at age 65.

One indicator is reported as an average, based on a questionnaire score:

- Average self-reported loneliness among people aged 50+.

CONFIDENCE INTERVALS

Information reported from TILDA and EQLS provide an estimate of each positive ageing outcome for the population based on a nationally representative sample. Estimates from studies that use this sampling technique have an associated margin of error that is referred to as a confidence interval. A confidence interval is a range of values surrounding a sample statistic within which, at a given level of confidence, the true population value is likely to be found [16]. Therefore, reporting confidence intervals provides readers with additional information on the precision of these sample estimates. For this reason, data from TILDA and the EQLS are reported with 95% confidence intervals.

STANDARD ERRORS

Similar to confidence intervals, a standard error measures the precision of a given statistic that is estimated from a sample rather than the true population value. For example, if the sample average for a given indicator is 10 and the standard error is 2, then the true population value is +/- 1.96 times the standard error. The resulting values then provide us with the 95% confidence intervals. For the purpose of interpretation, smaller standard errors indicate greater precision. Data from PIAAC are reported with standard errors.

DISAGGREGATION AND COMPARISONS

The National Positive Ageing Indicators, first and foremost, present a headline estimate for particular age groups, on specific issues, e.g. adults aged 50+. Throughout the report information is disaggregated in several ways in order to show differences between men and women, geographical and spatial differences (particularly between rural and various urban areas) and differences between older age groups.

The manner in which each indicator is disaggregated and reported has been guided by feedback provided during the national consensus process about characteristics and age groups that are most relevant.

Information for the total adult population is also presented in order to illustrate key differences between the target age group and the general population:

- Employment rate among adults aged 50-64
- Participation rate in formal education and training in Ireland among adults aged 25-64
- Percentage of adults aged 55-65 with low literacy
- Percentage of adults aged 55-65 with low numeracy
- Percentage of adults aged 65+ who are in consistent poverty

One indicator specifically focuses on people aged 70+:

- Percentage of people aged 70+ living in the community in receipt of home care services in the previous 12 months

For the following indicators, information is given by one or more of the following age groups: 50-64, 65-74 and 75+:

- Employment rate among adults aged 50-64
- Percentage of people aged 50+ who provide care to children and/or grandchildren
- Percentage of people aged 50+ who provide care to an older relative or disabled relative
- Percentage of people aged 50+ who engage in one or more social leisure activity at least once a week
- Average self-reported loneliness among people aged 50+
- Percentage of people aged 50+ with at least one supportive relative or friend
- Percentage of people aged 50+ who drive
- Percentage of people aged 50+ who rate public and private transport in their area as good or excellent
- Percentage of people aged 50+ with good (or better) self-rated health
- Percentage of people aged 65+ who have a slow walking speed
- Percentage of people aged 65+ who reported a fall in the previous two years
- Percentage of people aged 50+ who have a chronic disease
- Percentage of people aged 50+ who report severe or moderate pain most of the time
- Percentage of people aged 50+ who show evidence of mild cognitive impairment
- Percentage of people aged 50+ with difficulty going outside home alone to shop or visit a doctor’s surgery, due to disability
- Percentage of people aged 50+ with difficulty dressing, bathing or getting around inside the home, due to disability
- Percentage of people aged 50+ who report current smoking
- Percentage of people aged 50+ who report problematic alcohol use
- Percentage of people aged 50+ with low, medium and high physical activity levels
- Percentage of people aged 50+ who are underweight, overweight and obese
- Percentage of people aged 50+ with moderate and severe levels of depression
- Percentage of people aged 50+ who report high life satisfaction
- Percentage of people aged 50+ who feel that they have control over their lives
- Percentage of people aged 65+ who have had a flu vaccine in the previous two years
- Percentage of people aged 50+ who are taking five or more medications
- Percentage of people aged 50+ who report unmet need for a community care service

- Percentage of people aged 50+ who report that a shortage of money stops them from doing the things they want to do
- Percentage of people aged 50+ who report high levels of neighbourhood social capital
- Percentage of people aged 50+ who feel that it is safe to walk alone after dark in their local area
- Percentage of people aged 50+ who perceive ageing as a time of personal growth

Caution is advised when interpreting the data for these older age groups in isolation due to small numbers in the survey samples for these older age groups and confidence intervals (CIs) should be observed.

Comparable trend data for TILDA Wave 1 and 2 is available and presented for the following indicators:

- Percentage of people aged 50+ who provide care to children and/or grandchildren
- Percentage of people aged 50+ who provide care to an older relative or disabled relative
- Percentage of people aged 50+ who engage in one or more social leisure activity at least once a week
- Percentage of people aged 50+ with at least one supportive relative or friend
- Percentage of people aged 50+ with good (or better) self-rated health
- Percentage of people aged 50+ who have a chronic disease
- Percentage of people aged 50+ who report severe or moderate pain most of the time
- Percentage of people aged 50+ who report current smoking
- Percentage of people aged 50+ who report problematic alcohol use
- Percentage of people aged 50+ with low, medium and high physical activity levels
- Percentage of people aged 50+ with moderate and severe levels of depression
- Percentage of people aged 50+ who feel that they have control over their lives
- Percentage of people aged 50+ with moderate and severe levels of anxiety
- Percentage of people aged 50+ who are taking 5 or more medications
- Percentage of people aged 50+ who report that a shortage of money stops them from doing the things they want to do

Comparative indicator data from the 28 European Union Member States (EU-28) is available from the EQLS, EU-SILC, and EU-LFS, and presented for the following indicators:

- Employment rate among adults aged 50-64
- Participation rate in formal education and training in Ireland among adults aged 25-64
- Percentage of people aged 50+ who engaged in political activities in the past 12 months
- Percentage of people aged 50+ who volunteered in the past 12 months, by age group
- Life expectancy for men and women at age 65
- Healthy life years at age 65
- Percentage of adults aged 65+ who are in consistent poverty
- Percentage of people aged 50+ who have housing facility problems
- Percentage of households with an adult aged 65+ who are unable to keep their house adequately warm
- Percentage of people aged 50+ who experience difficulty accessing essential services
- Percentage of people aged 50+ who experience difficulty accessing social or recreational facilities
- Percentage of people aged 50+ who experience difficulty accessing recreational or green spaces
- Percentage of people aged 50+ who use the internet

Although the NPAS Indicators are being reported for the first time in 2016, historic data is available for several indicators, ranging from 2004-2015. Trend data is presented for the following indicators:

- Employment rate among adults aged 50-64
- Participation rate in formal education and training in Ireland among adults aged 25-64
- Life expectancy at age 65
- Healthy life years at age 65
- Percentage of women eligible for screening who have had a mammogram in the previous two years
- Percentage of adults aged 65+ who are in consistent poverty
- Percentage of households with an adult aged 65+ who are unable to keep their house adequately warm
- Number of confirmed cases of elder abuse

The NPAS Indicator data forecast provides information on the baseline year for each indicator included in this report, how often data for each NPAS indicator is collected, and when the data will be available next, from 2016-2022. Detailed metadata for all key and supplementary NPAS indicators can be accessed on the Healthy and Positive Ageing Initiative website at: www.hapai.net

FUTURE DEVELOPMENTS

Forthcoming data

This report is the first iteration of a national set of indicators to monitor healthy and positive ageing in Ireland. Data collection frameworks are in place for 56 of the key indicators. The HaPAI team have engaged in a process of identifying suitable data sources for the following indicators:

- Percentage of people aged 50+ who rate public and private transport in their area as good or excellent;
- Percentage of people aged 50+ who drive; and
- Percentage aged 50+ who reported that they felt discriminated against because of their age.

Health literacy was identified as a key indicator in the Delphi process and data will be available in TILDA Wave 4. The next iteration of the NPAS indicator set will therefore include the indicator: Percentage of adults aged 50+ who have difficulty understanding and acting on health information.

Indicator development

In 2016 the HaPAI team have commenced a process to identify indicators within suitable data frameworks in three NPAS action areas: cultural participation; palliative care; and end of life care.

Whole of society

In round 1 of the consensus process the HaPAI team included a module to explore the feasibility and importance of developing specific positive ageing indicators for several groups in Irish society who may not be represented in the national indicator set. There was a high level of agreement among Delphi participants that separate indicators should be developed for the following groups: people with intellectual disability and the Irish Travelling Community. The HaPAI will adopt a participatory approach, involving relevant stakeholders, to developing these indicators.

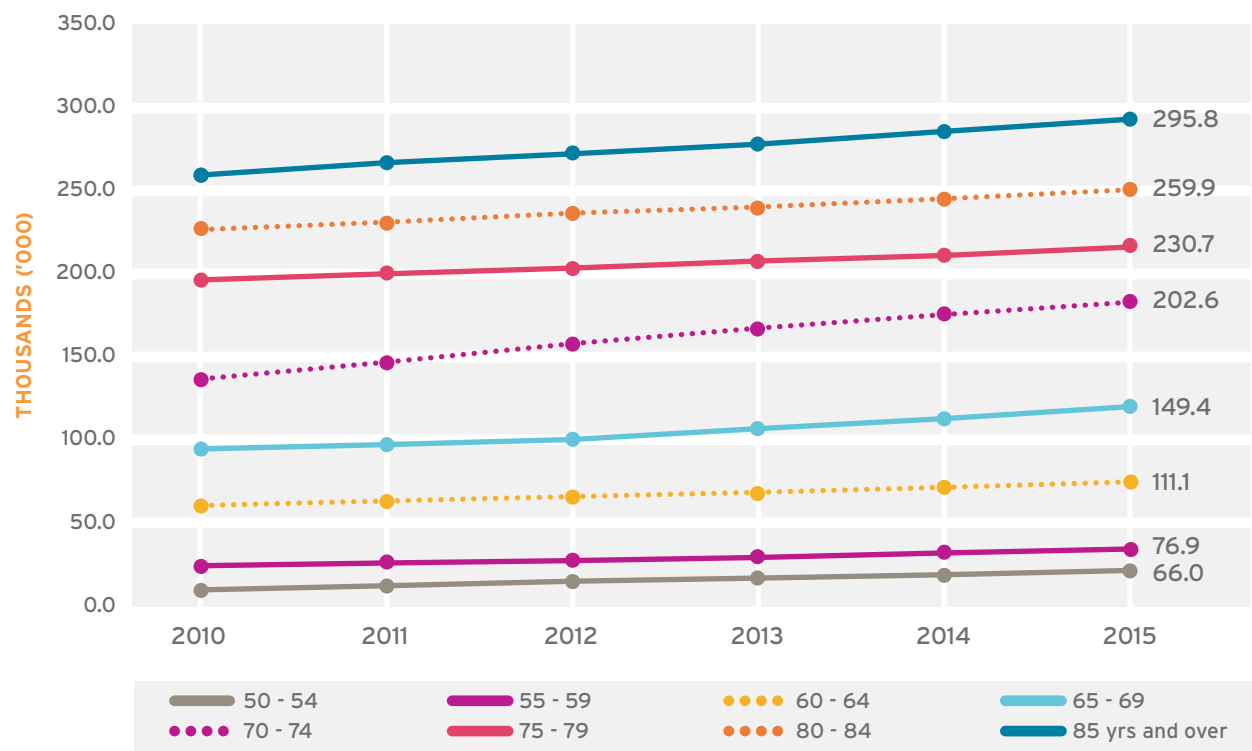
SECTION

3.1

DEMOGRAPHICS

The growth of the population age 65 and over affects many aspects of future planning for society, by healthcare providers, policymakers and others. In order to plan for and meet the needs of a larger older population it is important to have an accurate picture of recent trends and future predictions.

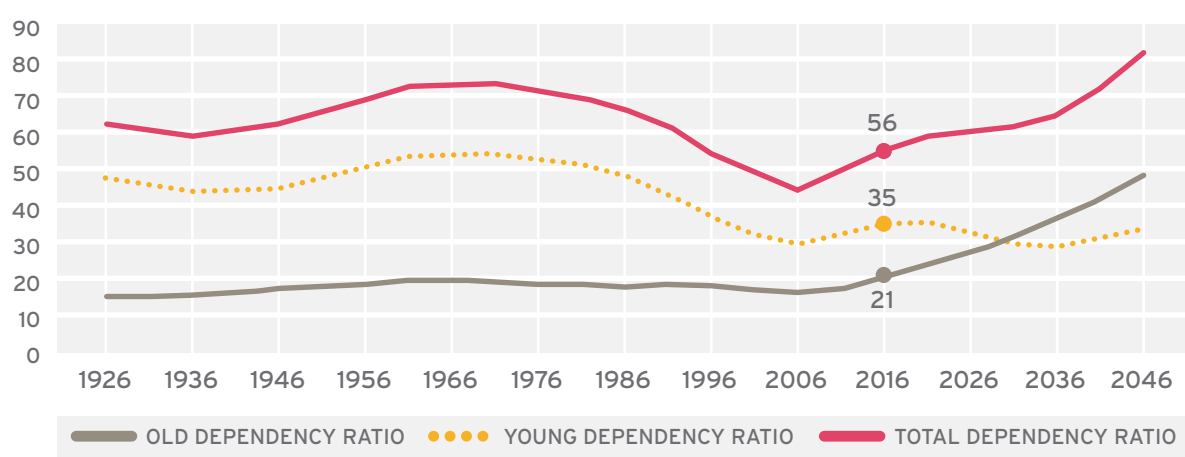
Figure 1: Population aged 50 and older, thousands (2010-2015)



Source: Census of the Population (2011), Central Statistics Office (CSO). Note data from 2012-2015 is preliminary.

The old-age dependency ratio indicates the total population aged 65+ as a percentage of the population aged 15-64 (the working age population). In 2002, this was 16%. By 2011 it had risen to 20%, and 21% in 2016. It is projected to rise to 30% by 2031 (CSO, 2013) and to continue rising.

Figure 2: Actual and projected dependency ratios (1946-2046)



Source: Central Statistics Office (CSO) 2013. Note: Projections are based on the M3F1 combined assumptions for migration and fertility.

Table 4: Population aged 50+ in Ireland and EU-28

POPULATION PROPORTIONS (%)			
		2006	2015
50-54	EU-28	6.7	7.2
	IRELAND	5.8	6.4
55-59	EU-28	6.4	6.7
	IRELAND	5.3	5.6
60-64	EU-28	5.1	6.1
	IRELAND	4.2	5.0
65-69	EU-28	4.9	5.4
	IRELAND	3.4	4.3
70-74	EU-28	4.2	4.4
	IRELAND	2.8	3.2
75-79	EU-28	3.5	3.8
	IRELAND	2.2	2.4
80+	EU-28	4.1	5.3
	IRELAND	2.6	3.1

Source: Central Statistics Office (CSO) and Eurostat (EU-28)

The proportion of older people in Ireland has been increasing gradually at every age group but remains lower than the EU average at each age group.

Based on 2015 figures, the median age in Ireland (36.4 years) is lower than the EU level of 42.4 years. Both figures have risen since 2006 when the median age in Ireland was 33.5 years and the EU-28 was 39.8 years.

SECTION
3.2

PARTICIPATION

GOAL
1

Remove barriers to participation and provide more opportunities for the continued involvement of people as they age in all aspects of cultural, economic and social life in their communities according to their needs, preferences and capacities.

DOMAIN	KEY INDICATORS IN 2016	%
EMPLOYMENT AND RETIREMENT	Employment rate in the population aged 50+	63%
EDUCATION AND LIFELONG LEARNING	Participation rate in formal education and training among people aged 25-64	6.5%
	Participation rate in informal education and training among people aged 50+	8.0%
	Percentage of adults aged 55-65 with low literacy	61%
	Percentage of adults aged 55-65 with low numeracy	63%
ACTIVE CITIZENSHIP AND VOLUNTEERING	Percentage of people aged 50+ who engaged in political activities in the past 12 months	22%
	Percentage of people aged 50+ who did unpaid voluntary work in the previous 12 months	26%
	Percentage of people aged 50+ who provide care to children and/or grandchildren	32%
	Percentage of people aged 50+ who provide care to an older relative or disabled relative	13%
SOCIAL AND CULTURAL PARTICIPATION	Percentage of people aged 50+ who engage in one or more social leisure activity at least once a week	85%
	Percentage of self-reported loneliness among people aged 50+	7.1%
	Percentage of people aged 50+ with at least one supportive relative or friend	93%
TRANSPORT	Percentage of people aged 50+ who drive	72%
	Percentage of people aged 50+ who rate public transport in their area as good or excellent	49%
	Percentage of people aged 50+ who rate private transport in their area as good or excellent	59%

In the first quarter of 2016 the employment rate for adults aged 50-64 was 63.1%

INDICATOR:
EMPLOYMENT RATE
AMONG ADULTS
AGED 50-64

Working in later life can have a significant influence on income levels and can be an indicator of better health and wellbeing [17]. Remaining in the workplace can be an economic necessity as well as being an important way of remaining engaged and maintaining social and professional contacts.

This indicator shows the employment rate for adults aged 50-64. The indicator uses the definition of employment provided by the International Labour Organisation (ILO): persons who worked in the week before the survey for one hour or more for payment or profit, including work on the family farm or business and all persons who had a job but were not at work because of illness, holidays etc. in the week.

Table 5: Employment rate among adults aged 50-64 (2014-2016, Quarter 1)

	2014	2015	2016
Age 15-64	61	62	64
Age 50-64	58	60	63
Age 65-69	18	18	18
Age 70-74	9.4	9.4	9.4
Age 75+	3.6	3.6	3.6

Source: EU-LFS (Quarter 1, 2014-2016).

- The employment rate for adults aged 50-64 has increased since 2014.

How does Ireland compare with the EU-28?

Table 6: Employment rate for men and women in Ireland and EU-28 aged 50+, by age group

	IRELAND			EU-28		
	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE
Age 50-64	63	71	55	63	69	56
Age 65-69	19	27	12	12	15	9
Age 70-74	9.7	15	5	5.4	7.7	3.5
Age 75+	4	7.8	†	1.4	2.5	0.7

Source: EU-LFS (2016). † denotes not available.

NPAS ACTION AREA

1. Age friendly workplaces.
2. Contracts of employment.
3. Flexible work practices.
4. Gradual retirement.
5. Pre-retirement planning.

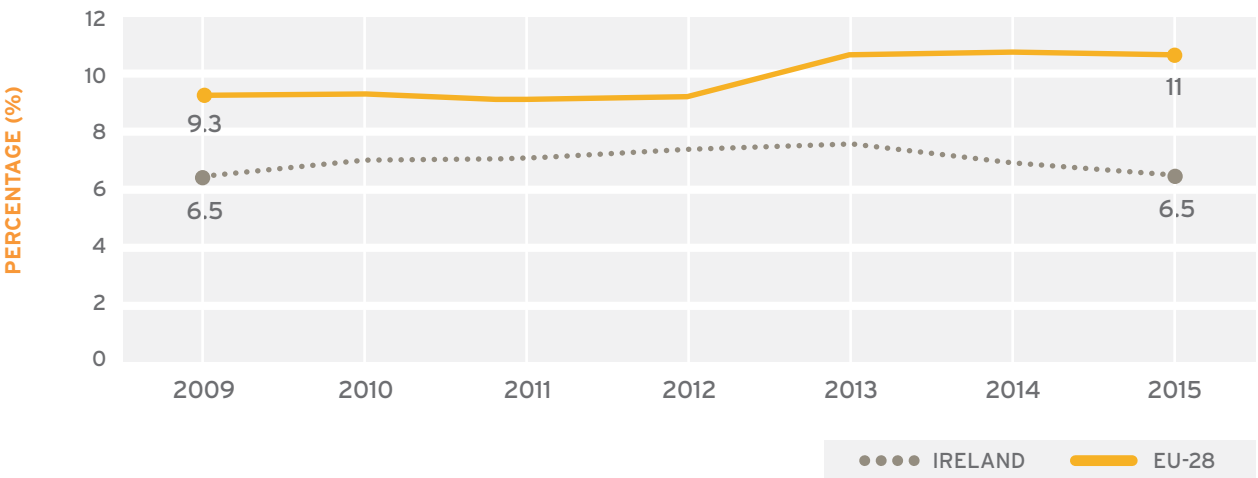
6.5% people aged 25-64 participated in formal education and training in 2015

INDICATOR:
PARTICIPATION
RATE IN FORMAL
EDUCATION AND
TRAINING IN IRELAND
AMONG ADULTS
AGED 25-64

In addition to increasing the knowledge and skills necessary for continued engagement in the labour market and active engagement in social and community life, completion of an educational course can enhance quality of life, increase coping skills, help maintain independence and increase social connections [18].

This indicator shows the percentage of adults aged 25-64 who participated in formal education and training in the previous 12 months. Formal education and training is defined as: having a predefined purpose and format, delivered in the system of schools, colleges, universities and other educational institutions; normally constitutes a continuous ladder of education; is structured in terms of learning objectives, learning time and learning support; normally intended to lead to a certification recognised by national authorities qualifying for a specific education/programme).

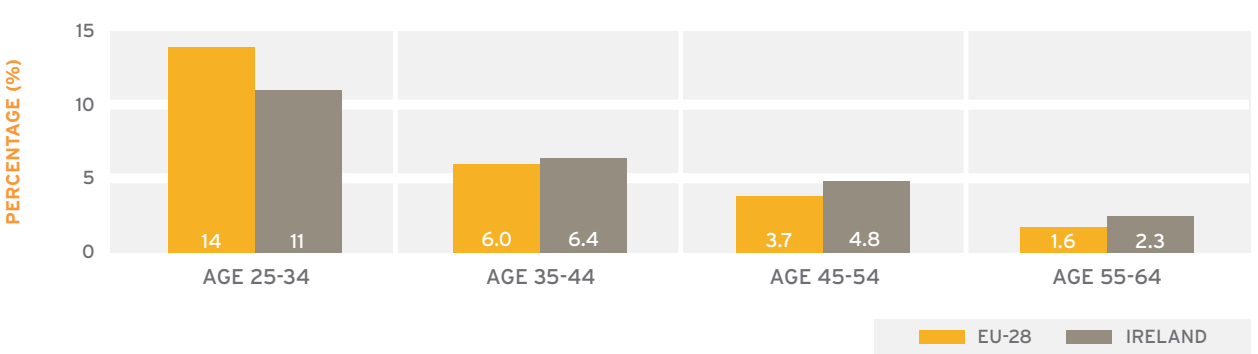
Figure 3: Participation rate in formal education and training among people aged 25-64 (2009-2015)



Source: QNHS (Ireland) and Eurostat (EU-28)

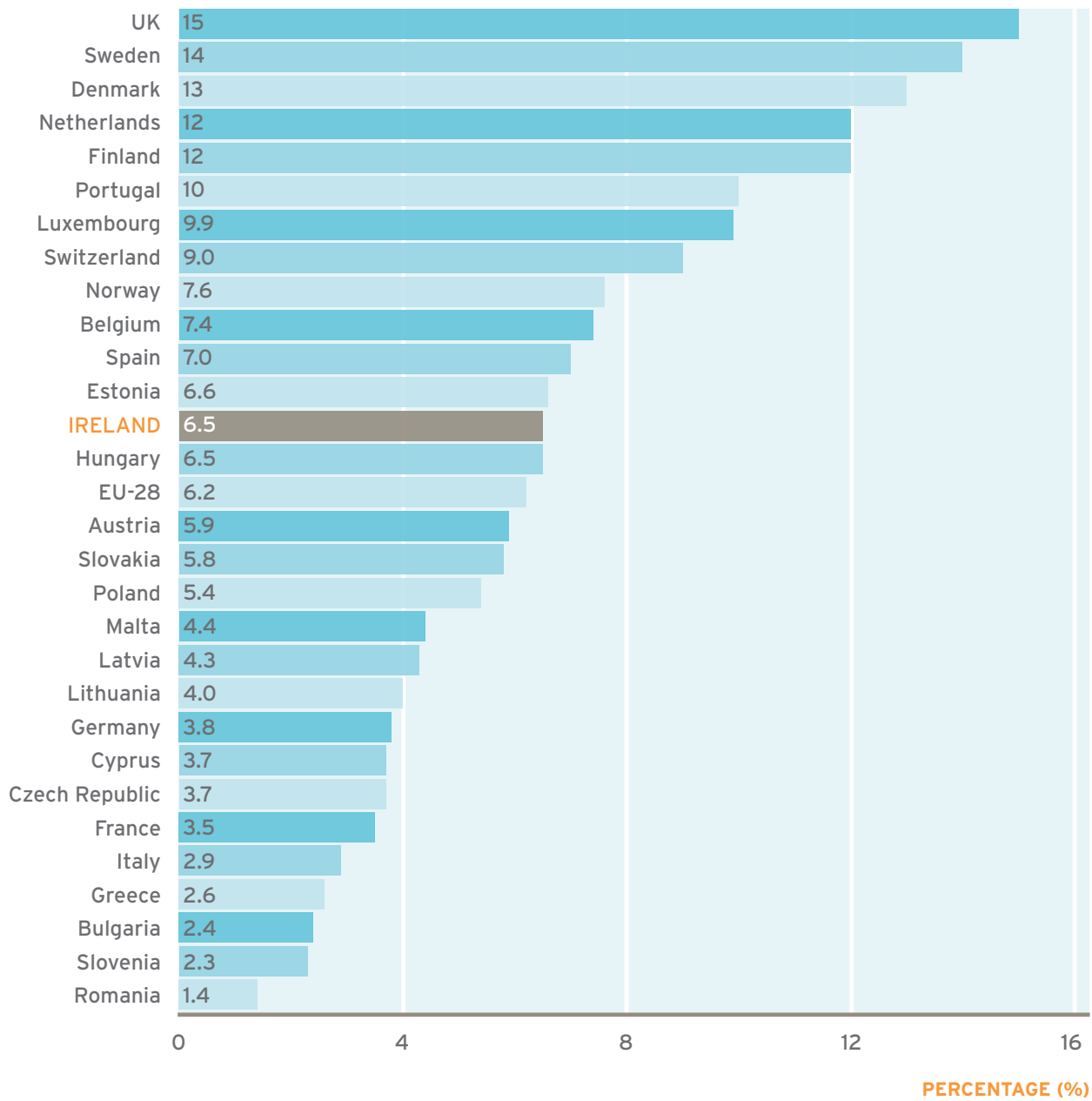
How does Ireland compare with the EU-28?

Figure 4: Participation in formal education and training in Ireland and EU-28, by age group



Source: QNHS (Ireland) and Eurostat (EU-28) (2011)

Figure 5: Participation in formal education and training in Ireland and the EU-28, age 25-64



Source: Eurostat (2011). Note: 2011 estimates for Croatia not currently available.

NPAS ACTION AREA

1. Literacy, numeracy and technology skills training.
2. Re-training and updating skilling for employment.
3. Barriers to continued learning (availability, cost, lack of transport, inaccessible venue, volunteers) by people as they age.
4. Intergenerational educational programmes.

Less than one in ten people (8.0%) aged 50+ participate in informal education and training

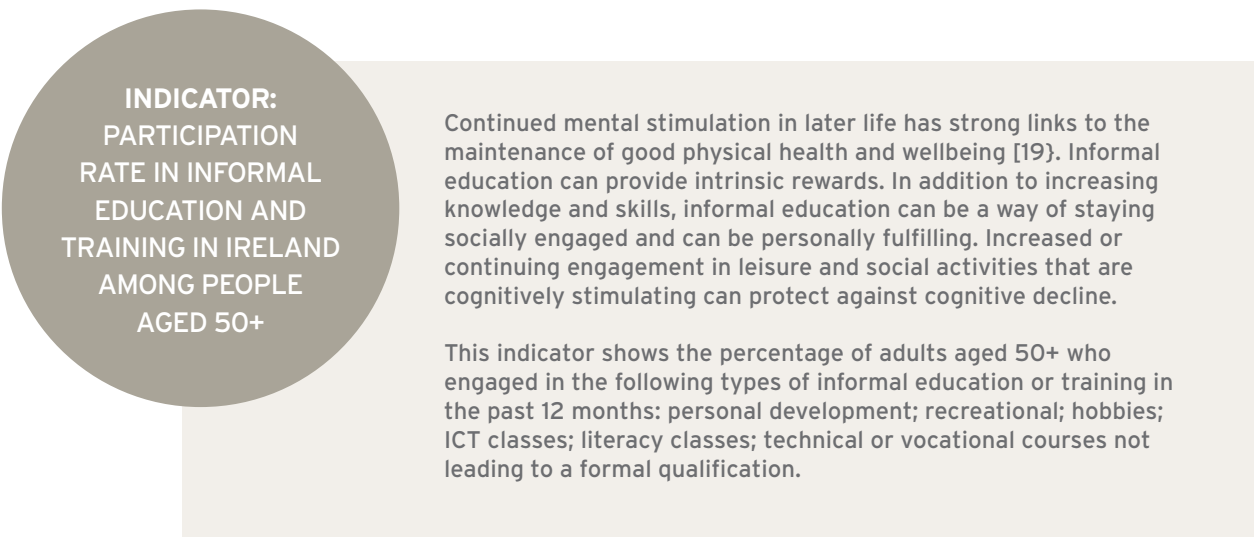
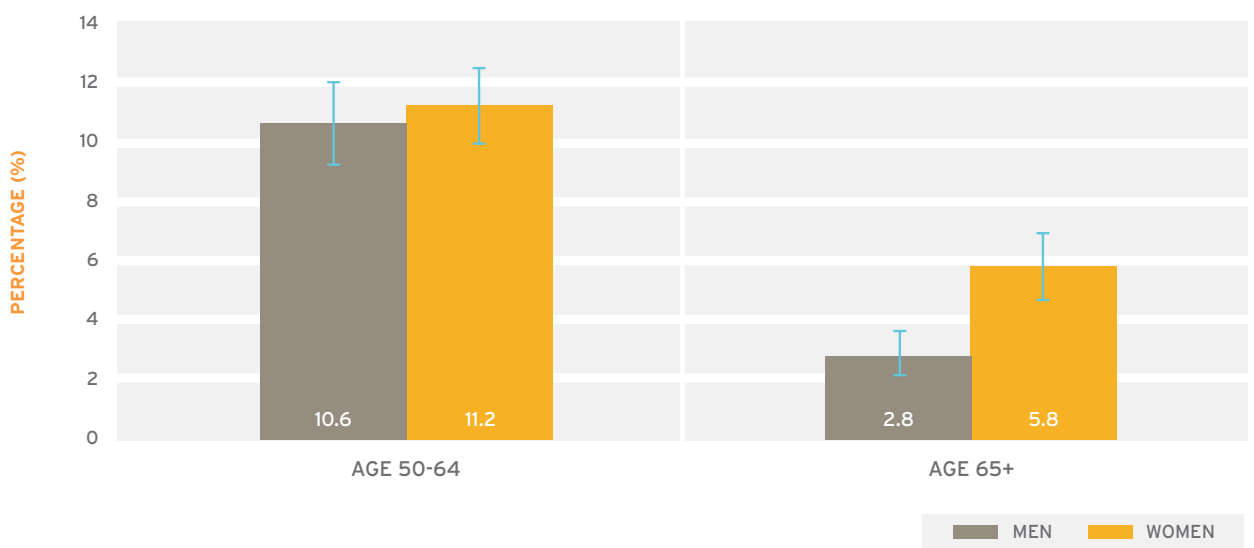


Figure 6: Participation in informal education among men and women aged 50+, by age group



Source: TILDA (Wave 1: 2011) Note: Error bars correspond to 95% confidence intervals.

- In total, 11% of people aged 50-64 and 4.3% aged 65+ participate in informal education in Ireland

NPAS ACTION AREA

1. Literacy, numeracy and technology skills training.
2. Re-training and updating skilling for employment.
3. Barriers to continued learning (availability, cost, lack of transport, inaccessible venue, volunteers) by people as they age.
4. Intergenerational educational programmes.

More than three out of five (61%) people aged 55-65 have low literacy skills

INDICATOR:
PERCENTAGE OF
ADULTS AGED 55-65
WITH LOW LITERACY

Literacy levels and educational attainment can impact on the ability of adults to be informed and fully engage in society. Literacy difficulties impact on all aspects of life: in the home, in the workplace and in social life [20]. Literacy difficulties also impact on labour market outcomes such as employment and earnings [21].

This indicator shows the percentage of adults aged 50+ who have low literacy. This is based on the percentage of adults who were categorised as being at or below level 1 in literacy skills proficiency (understanding and responding appropriately to written texts) following comprehensive literacy skills test in the Programme for the International Assessment of Adult Competencies.

Table 7: Percentage of people aged 55-65 with low literacy in Ireland and the OECD

	OECD		IRELAND	
	%	S.E.	%	S.E
Age 55-65	62	0.4	61	2.8
Age 55-59	58	0.6	63	2.8
Age 60-65	62	0.5	60	2.6

Source: PIAAC (2012). Note: S.E. standard error.

- A total of 61% of adults aged 55-65 in Ireland have low literacy skills
- This is higher than the OECD average among people aged 55-59, but lower among people aged 60-65

What proportion of younger age groups has low literacy in Ireland and the OECD?

Table 8: Percentage of people aged 16-65 with low literacy in Ireland and the OECD, by age group

	OECD		IRELAND	
	%	S.E.	%	S.E
Age 16-19	49	0.6	58	3.6
Age 20-24	42	0.5	45	3.1
Age 25-29	40	0.5	46	2.8
Age 30-34	41	0.5	45	2.0
Age 35-39	43	0.5	42	2.1
Age 40-44	46	0.5	47	2.9
Age 45-49	50	0.5	56	2.8
Age 50-54	55	0.6	58	3.1
Age 55-65	62	0.4	61	2.8

Source: PIAAC (2012). Note: S.E. standard error.

NPAS ACTION AREA

1. Literacy, numeracy and technology skills training.

2. Re-training and updating skilling for employment.

Almost two thirds (63%) of people aged 55-65 in Ireland have low numeracy skills

INDICATOR:
PERCENTAGE OF
ADULTS AGED
55-65 WITH LOW
NUMERACY

A basic level of literacy and numeracy is required for even a minimal involvement in social and economic life. Low numeracy can negatively impact on employment opportunities and outcomes, earnings, engagement in social and political processes and community engagement [22].

This indicator focuses on the percentage of adults aged 50+ who have low numeracy. This is based on the percentage of adults who were categorised as being at or below level 1 in numeracy skills proficiency (numerical and mathematical concepts) following a comprehensive numeracy skills test in the Programme for the International Assessment of Adult Competencies.

Table 9: Percentage of people aged 55-65 with low numeracy in Ireland and the OECD, by age group

	OECD		IRELAND	
	%	S.E.	%	S.E
Age 55-65	57	0.4	63	2.2
Age 55-59	56	0.6	62	3.2
Age 60-65	59	0.5	65	2.6

Source: PIAAC (2012). Note: S.E. standard error.

- A total of 63% of adults aged 55-65 in Ireland have low numeracy skills
- This is higher than the OECD average among both age groups: 55-59 and 60-65

What proportion of younger age groups has low numeracy in Ireland and the OECD?

Table 10: Percentage of people aged 16-65 with low numeracy in Ireland and the OECD, by age group

	OECD		IRELAND	
	%	S.E.	%	S.E
Age 16-19	55	0.6	64	3.8
Age 20-24	46	0.6	54	3.4
Age 25-29	42	0.5	54	3.0
Age 30-34	43	0.5	50	2.2
Age 35-39	44	0.5	50	2.1
Age 40-44	46	0.5	52	2.3
Age 45-49	50	0.5	58	2.7
Age 50-54	52	0.5	62	2.6
Age 55-65	57	0.4	63	2.2

Source: PIAAC (2012). Note: S.E. standard error.

NPAS ACTION AREA

1. Literacy, numeracy and technology skills training.

2. Re-training and updating skilling for employment.

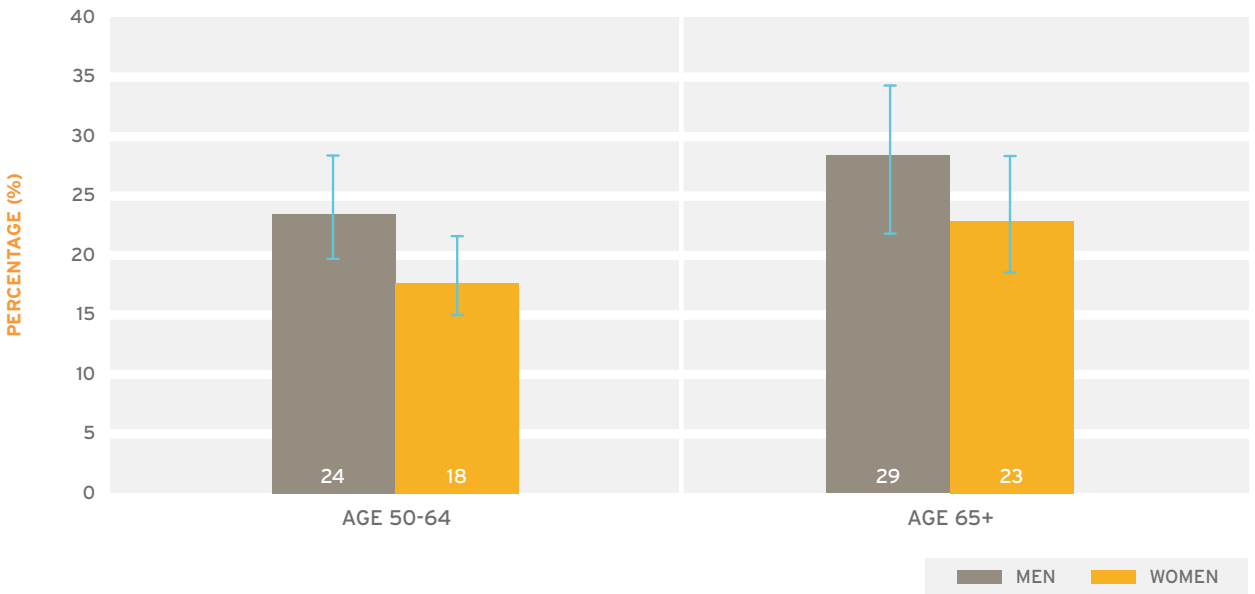
More than one in five (22%) people aged 50+ engaged in political activities in the past 12 months

INDICATOR:
PERCENTAGE OF
PEOPLE AGED 50+
WHO ENGAGED IN
POLITICAL ACTIVITIES
IN THE PAST
12 MONTHS

Active citizenship means ‘being aware of, and caring about, the welfare of fellow citizens, recognising that we live as members of communities and therefore depend on others in our daily lives’ [23]. In practice this means playing a role in making decisions on issues that affect yourself and others, and by participating in local and national democratic processes.

This indicator focuses on the percentage of people aged 50+ who engaged in any of the following political activities in the past 12 months: attended a meeting of a trade union, political, party or political action; attended a protest or demonstration; signed a petition including email or online petitions; or contacted a political or public official.

Figure 7: Percentage of men and women aged 50+ who engaged in political activities in the past 12 months, by age group



Source: EQLS (3rd Round: 2011). Note: Error Bars correspond to 95% Confidence Interval.

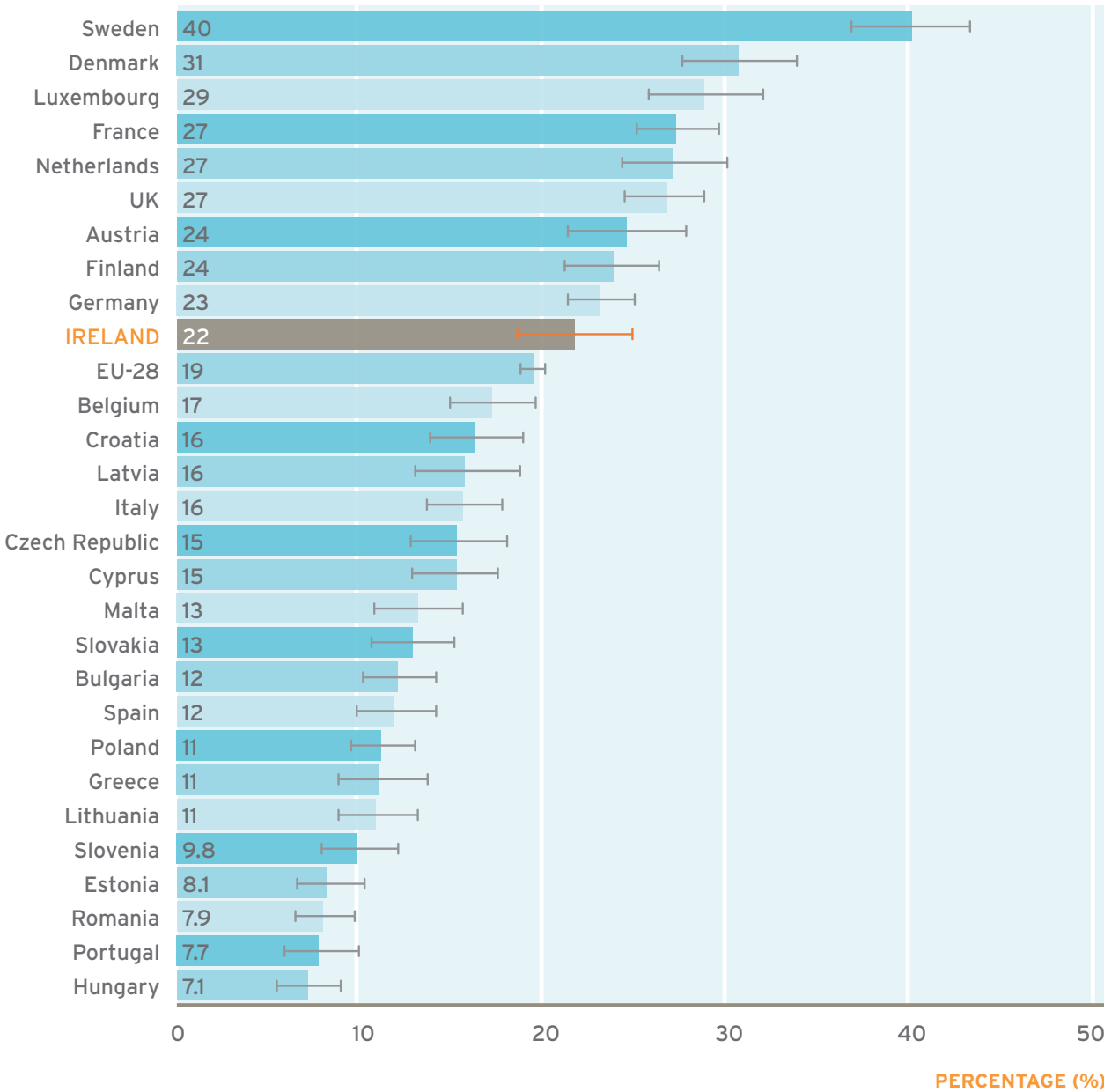
- In total, 21% of people aged 50-64 and 26% aged 65+ engaged in political activities
- Levels of engagement did not differ significantly between men and women

What activities do people aged 50+ engage in?

- Contacting a political or public official was the activity that people aged 50+ engaged in the most (15%)
- Signing a petition, including an e-mail or on-line petition was the second most activity engaged in among those aged 50+ (13%), followed by attending a meeting of a trade union, a political party or political action (8.7%)
- Only 4.2% of people aged 50+ attended a protest or demonstration in the previous 12 months

How does Ireland compare with the EU-28?

Figure 8: Engagement in political activities in Ireland and the EU-28 among people aged 50+



Source: EQLS (3rd Round: 2011). Note: Error Bars correspond to 95% Confidence Interval.

NPAS ACTION AREA

1. Supports for the community and voluntary sector to provide services for people as they age.
2. Barriers to volunteering (insurance, costs, lack of transport) by people as they age.

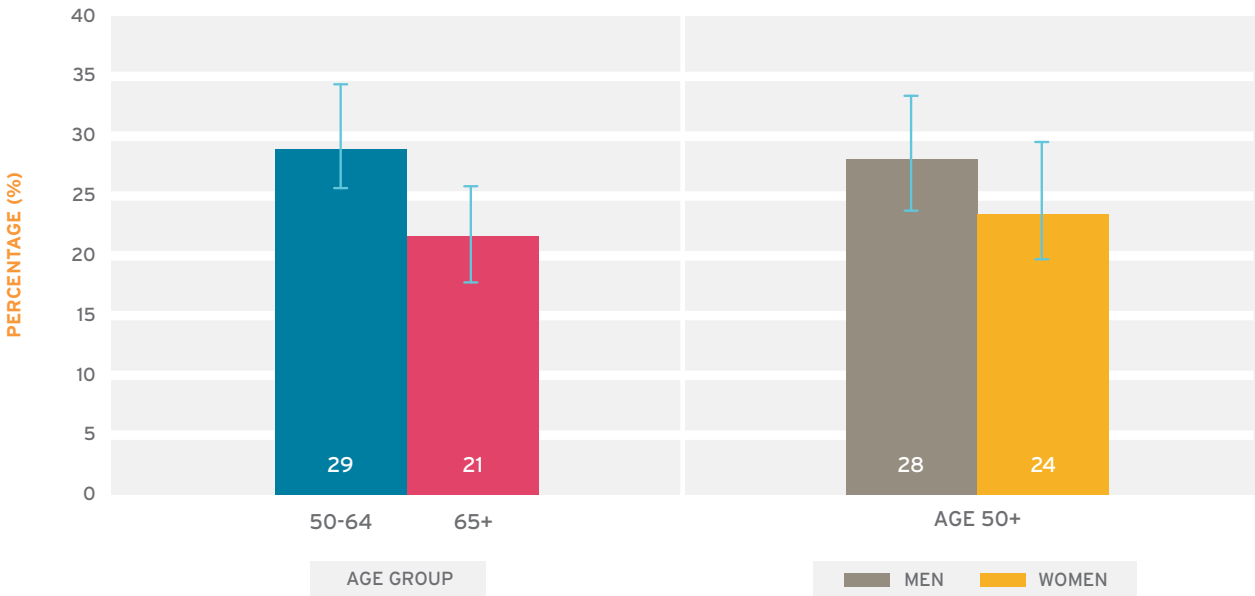
More than one in four (26%) people aged 50+ volunteered in the past 12 months

INDICATOR:
PERCENTAGE OF
PEOPLE AGED 50+
WHO DID UNPAID
VOLUNTARY WORK IN
THE PAST 12 MONTHS

Volunteers play an important role in civic, social and community life. Engaging in socially productive activities can have positive effects on the wellbeing, quality of life, health and longevity of the volunteer [24].

This indicator focuses on the percentage of people aged 50+ who engage in unpaid voluntary work for: community and social services; education, cultural, sports or professional associations; social movements or charities; or political parties or trade unions, in the past 12 months. This indicator includes all those who volunteered weekly, monthly, and less often/occasionally.

Figure 9: Percentage of men and women aged 50+ who volunteered in the past 12 months, by age group



Source: EQLS (3rd Round: 2011). Note: Error Bars correspond to 95% Confidence Interval.

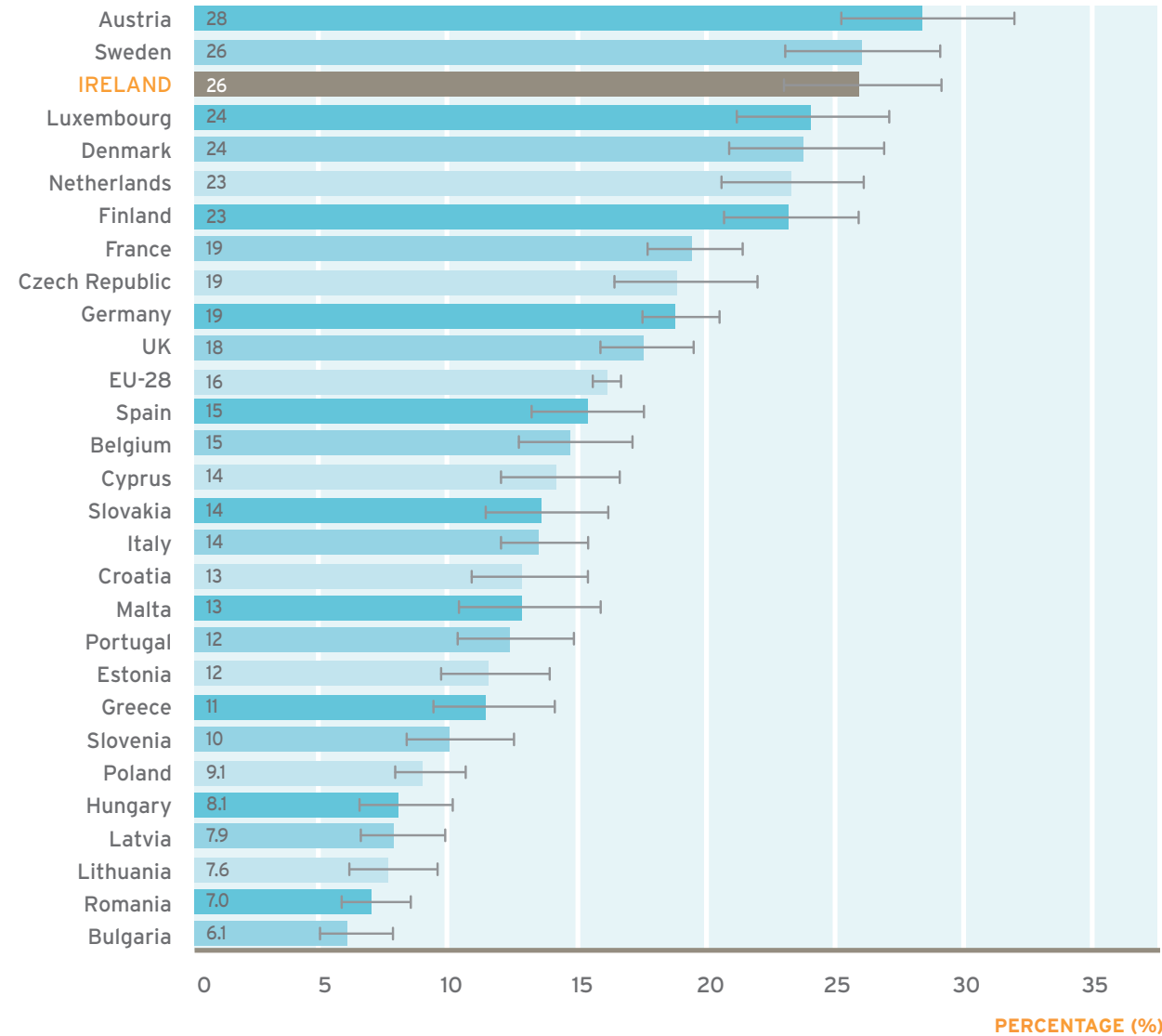
- The percentage of people who volunteered in the past 12 months was higher among those aged 50-64 compared with those age 65+
- Slightly more men than women aged 50+ did unpaid voluntary work in the past 12 months
- A total of 17% volunteered on a monthly basis

What organisations and associations do people aged 50+ volunteer for, either monthly or weekly?

- Community or social services: 20%
- Education, cultural, sports or professional associations: 15%
- Social movements or charities: 6.1%
- Political parties, trade unions: 1.2%
- Other voluntary services: 9.7%

How does Ireland compare with the EU-28?

Figure 10: Engagement in unpaid volunteering in Ireland and the EU-28 among people aged 50+



Source: EQLS (3rd Round: 2011). Note: Error Bars correspond to 95% Confidence Interval; estimate for Ireland may differ from national estimate due to the application of cross-national weights.

NPAS ACTION AREA

1. Supports for the community and voluntary sector to provide services for people as they age.
2. Barriers to volunteering (insurance, costs, lack of transport) by people as they age.

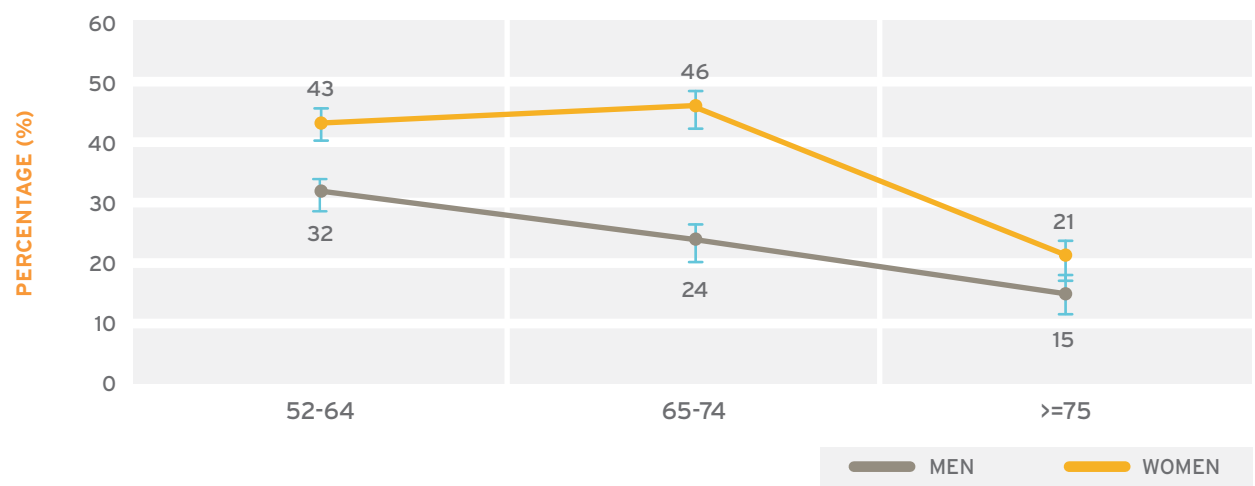
Almost one third (32%) of people aged 50+ provide care to a child or grandchild at least weekly

INDICATOR:
PERCENTAGE OF PEOPLE AGED 50+ WHO PROVIDE CARE TO CHILDREN AND/OR GRANDCHILDREN

Grandparents have an important social and economic role within the family by supporting for younger generations. Grandparenting is an important intergenerational process, and can be intrinsically rewarding, depending on the level of intensity of care provision [25].

This indicator shows the percentage of people aged 50+ who provide care on a weekly basis to children or grandchildren. This includes those who provide care to non-resident grandchildren for at least one hour per week, or has one or more co-resident child or grandchild aged 18 years or younger.

Figure 11: Percentage of men and women aged 52+ who provide care to children or grandchildren at least weekly, by age group



Source: TILDA (Wave 2: 2012-2013) Note: Error bars correspond to the 95% confidence intervals. TILDA participants were aged 52+ in Wave 2.

- In total, 37% of people aged 52-64, 35% aged 65-74 and 18% aged 75+ provided care to a child or grandchild on a weekly basis
- Across all age groups, more women than men were involved in providing weekly care for grandchildren or children

Trend between Wave 1 (2011) and Wave 2 (2013):

- There was no significant change in this indicator between Wave 1 and Wave 2

NPAS ACTION AREA

Implementation and monitoring of the National Carer's Strategy.

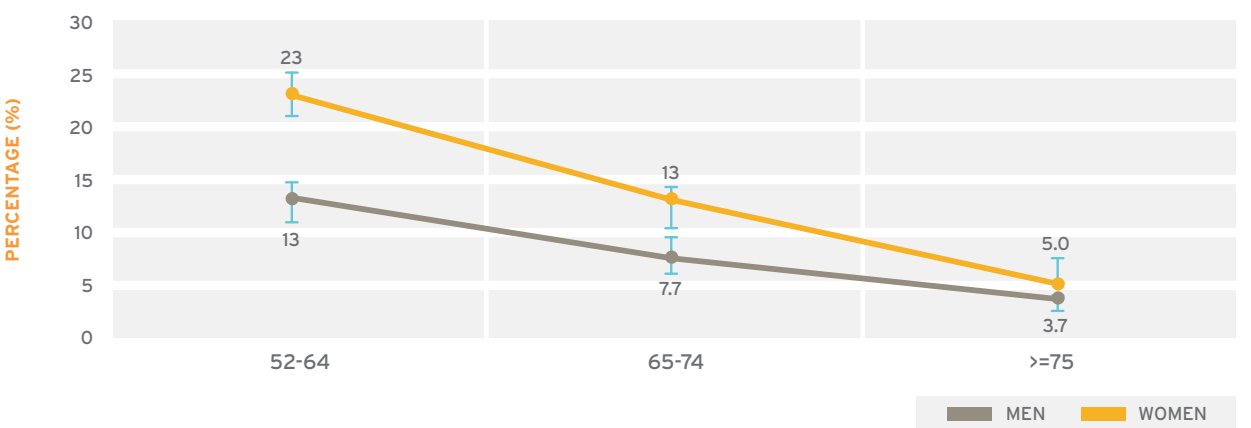
More than one in eight (13%) people aged 50+ provide care to a parent or relative on a monthly basis

INDICATOR:
PERCENTAGE OF PEOPLE AGED 50+ WHO PROVIDE CARE TO AN OLDER RELATIVE OR DISABLED RELATIVE

As people get older they can develop chronic conditions and may require help and care from others in order to continue to engage in activities of daily living. Family members often provide unpaid help and care to a spouse, parent or relative as they experience limitations associated with disability and/or chronic illness. Although there is some evidence of positive aspects of caring such as personal satisfaction among carers [26], there are also many adverse effects experienced by older people who provide care.

This indicator shows the percentage of people aged 50+ who provide help or care to an older or disabled relative. This includes helping a parent or relative with basic personal care or instrumental activities at least once a week, or helps a relative with personal care or instrumental activities at least four hours per month.

Figure 12: Percentage of men and women aged 52+ who provide care to a parent or relative at least monthly, by age group



Source: TILDA (Wave 2: 2012-2013) Note: Error bars correspond to the 95% confidence intervals. TILDA participants were aged 52+ in Wave 2.

- In total, 18% of people ages 52-64, 10% aged 65-74 and 4% aged 75+ provided care to a parent or relative at least monthly
- In the younger age groups, women provided greater levels of care but in the 75+ age group, men provided more care than women

Trend between Wave 1 (2011) and Wave 2 (2013):

- There was no significant change in this indicator between Wave 1 and Wave 2

NPAS ACTION AREA

Implementation and monitoring of the National Carer's Strategy.

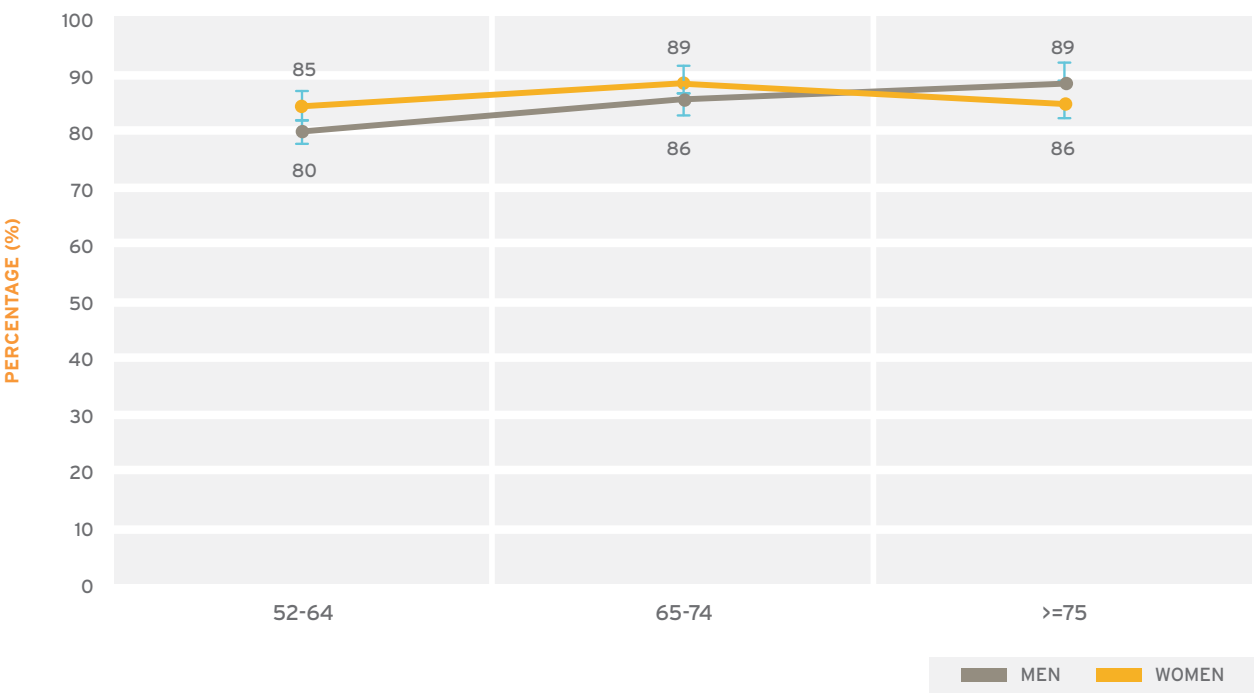
Almost six out of seven (85%) people aged 50+ engage in at least one social leisure activity on a weekly basis

INDICATOR:
PERCENTAGE OF PEOPLE AGED 50+ WHO ENGAGE IN ONE OR MORE SOCIAL LEISURE ACTIVITY AT LEAST ONCE A WEEK

Social leisure encompasses a range of activities and practices associated arts, culture and sport. Engaging in social leisure activities promotes and supports psychological wellbeing, friendship, development of creativity, social interaction, and, physical and cognitive health [27].

This indicator shows the percentage of people aged 50+ who actively engage in at least one of the following social leisure activities: goes out to films, plays or concerts; attends a classes and lectures; plays cards, bingo or games in general; or eats out of the house; attends a religious service; and participants in sports or exercise, at least once a week.

Figure 13: Weekly social leisure activity among men and women aged 52+, by age group



Source: TILDA (Wave 2: 2012-2013) Note: Error bars correspond to the 95% confidence intervals. TILDA participants were aged 52+ in Wave 2.

- In total, 85% of people aged 52+ engage in social leisure activities every week
- The level of engagement in social leisure activity was similar in men and women across all age groups

What types of social leisure activities do people aged 50+ engage in?

Table 11: Types of social leisure activity among people aged 52+, by age group

SOCIAL LEISURE ACTIVITY	AGE GROUP	%	CONFIDENCE INTERVALS (95%,CI)	
Attends religious services	52-64	44	41.4	46.2
	65-74	64	61.3	66.7
	>=75	77	73.2	79.5
Participates in sports or exercise	52-64	57	54.8	58.9
	65-74	50	47.3	52.7
	>=75	30	27.0	33.4
Plays cards, bingo, games in general	52-64	16	14.6	17.6
	65-74	22	19.7	24.0
	>=75	22	19.4	25.1
Eats out of the house	52-64	15	13.4	16.5
	65-74	21	18.4	22.8
	>=75	19	16.8	22.3
Attends classes and lectures	52-64	7.0	6.1	8.1
	65-74	7.5	6.2	9
	>=75	7.1	5.5	9.2
Goes out to films, plays and concerts	52-64	1.8	1.3	2.4
	65-74	2.2	1.5	3.1
	>=75	2.0	1.2	3.3

Source: TILDA (Wave 2: 2012-2013). TILDA participants were aged 52+ in Wave 2.

- Participation in sports or exercise was the most popular activity among people aged 52-64 (57%)
- Attending religious services was the most popular activity among people aged 65-74 (64%) and aged 75+ (77%)

Trend between Wave 1 (2011) and Wave 2 (2013):

- Attendance at religious services declined within the 52-64 year age group from 50% to 44%
- There was a slight increase in participation in sports among women aged 52-64, but this was not statistically significant

NPAS ACTION AREA

Barriers to participation (insurance, cost, lack of transport, (eg. petrol cost) lack of venue).

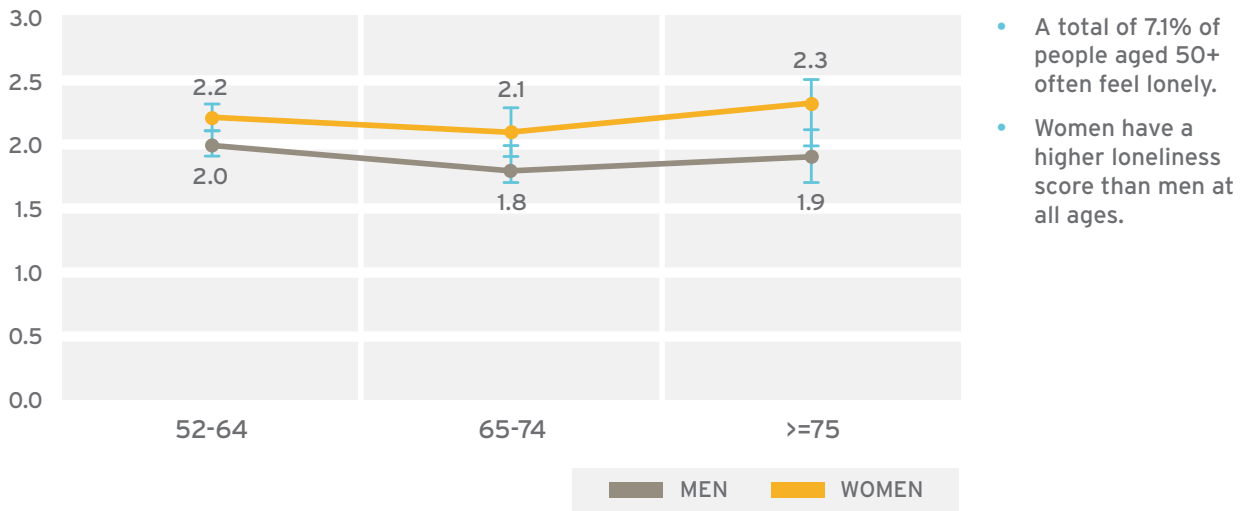
7.1% of people aged 50+ often feel lonely

INDICATOR:
AVERAGE SELF-REPORTED LONELINESS AMONG PEOPLE AGED 50+

Loneliness is a subjective experience and characterised by a perceived lack of social contacts, a lack of people available or willing to share social and emotional experiences, and discrepancy between actual and needed interactions with others [28]. Chronic loneliness can have a negative impact on physical and mental health, increasing the risk of depression, cognitive decline and mortality.

This indicator focuses on the average self-reported loneliness score among people aged 50+ based on a modified 5-item version of the UCLA Loneliness scale [29]. This scale measures how often they feel: they lack companionship; left out; isolated from others; in tune with people around you; and lonely. Responses are either often, some of the time, or hardly ever/never. Responses to the single item in the scale “How often do you feel lonely?” are also reported, in order to give an overall percentage of people who experience loneliness.

Figure 14: Loneliness scores for men and women aged 52+, by age group



Source: TILDA (Wave 2: 2012-2013) Note: Error bars correspond to the 95% confidence intervals. TILDA participants were aged 52+ in Wave 2.

Trend between Wave 1 (2011) and Wave 2 (2013):

- There was no significant change in this indicator between Wave 1 and Wave 2

NPAS ACTION AREA

Barriers to participation (insurance, cost, lack of transport, (e.g. petrol cost) lack of venue).

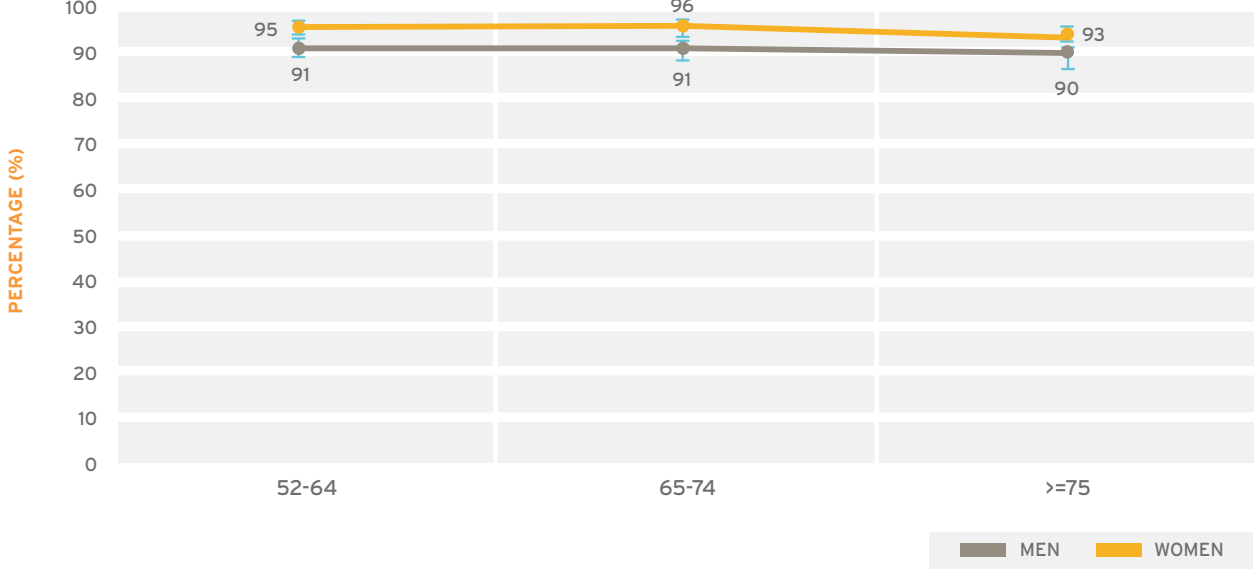
More than nine out of 10 (93%) people aged 50+ have at least one supportive relative or friend

INDICATOR:
PERCENTAGE OF PEOPLE AGED 50+ WITH AT LEAST ONE SUPPORTIVE RELATIVE OR FRIEND

The positive impacts of social connections and social networks are well known, and evidence has shown that all people, regardless of age, who have active social networks tend to feel happier about their lives. There is evidence that social network size can be smaller at older ages and that we focus on a smaller number of high quality relationships at older ages [30].

This indicator shows the percentage of people aged 50+ who have at least one friend or relative (including spouse) that they consider to be supportive, and is an indicator of social network quality. The relationship is defined as being supportive if the relative or friend: understands the way he or she feels about things; he or she can rely on if they have a serious problem; and he or she can open up to if they need to talk about their worries, at least some or all of the time.

Figure 15: Percentage of men and women aged 52+ with at least one supportive relative or friend, by age group



Note: Including spouse or partner.
Source: TILDA (Wave 2: 2012-2013) Note: Error bars correspond to the 95% confidence intervals. TILDA participants were aged 52+ in Wave 2.

- Overall, a very high percentage of people aged 52+ have a friend or relative that they can rely on for support
- However, one in ten men (9%) and one in 20 women (5%) did not report any supportive relationship

Trend between Wave 1 (2011) and Wave 2 (2013):

- There was no significant change in this indicator between Wave 1 and Wave 2

NPAS ACTION AREA

Barriers to participation (insurance, cost, lack of transport, (e.g. petrol cost) lack of venue).

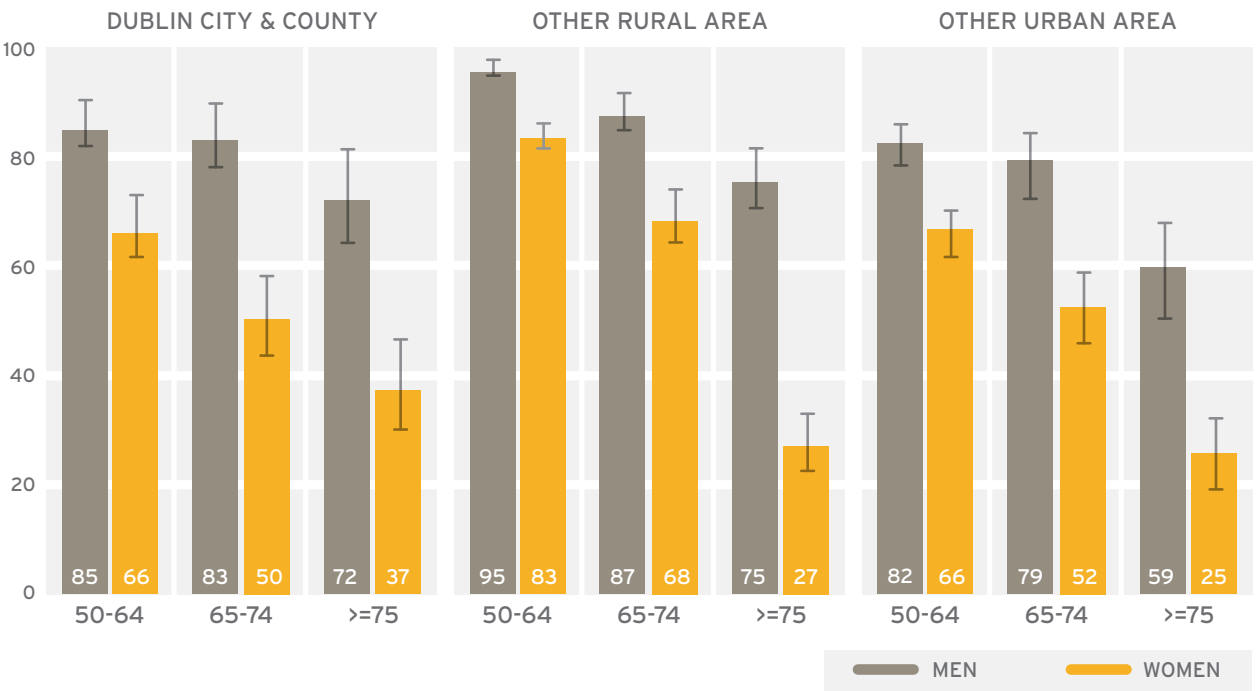
Almost three quarters (72%) of people aged 50+ have driven themselves in the past 12 months

INDICATOR:
PERCENTAGE OF
PEOPLE AGED 50+
WHO DRIVE

Being able to drive is associated with higher levels of life satisfaction, better adjustment to social and health changes, less loneliness and better perceived control which is an important indicator of quality of life [31].

This indicator shows the percentage of people aged 50+ who drive themselves. This indicator includes people aged 50+ who have driven themselves regularly (i.e. more than twice) in the past 12 months.

Figure 16: Percentage of men and women aged 50+ who drive, by age group and geographic area



Source: TILDA (Wave 1: 2009-2011) Note: Error bars correspond to the 95% confidence intervals.

- In total, 81% of people aged 50-64, 71% aged 65-74 and 46% aged 75+ have driven themselves regularly
- Across age groups, more men (85%) than women (61%) have driven themselves regularly
- The highest percentage of drivers aged 50+ (95%) was in rural areas, other than Dublin City or County
- The lowest proportion of drivers was 25% of women aged 75+ living in urban areas, other than Dublin City and County and 27% of women living in rural areas

NPAS ACTION AREA

1. Barriers to people continuing to use their own transport.
2. Age-friendly public transport.
3. Integration of Rural Transport Programme with other local transport services.
4. Public transport linkages to major health facilities.

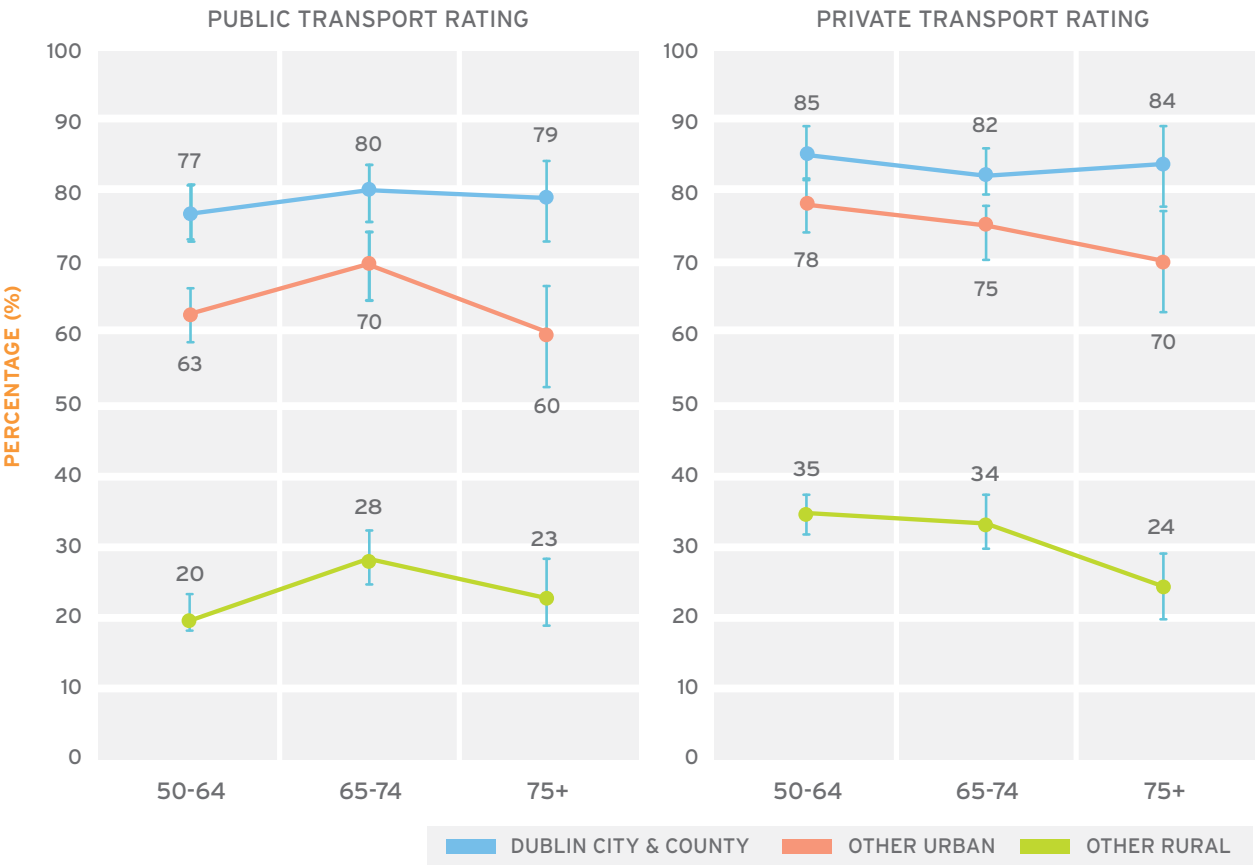
Almost half (49%) of people aged 50+ rated public transport in their area as good or excellent and 59% of people aged 50+ rated private transport in their area as good or excellent

INDICATOR:
PERCENTAGE OF
PEOPLE AGED 50+
WHO RATE PUBLIC
AND PRIVATE
TRANSPORT IN THEIR
AREA AS GOOD
OR EXCELLENT

Good public and private transport options can keep people socially connected and ensure that they can access the services they need. As people age, their ability to drive may be reduced due to physical changes such as impaired eyesight or increased frailty. For people who do not drive, alternative transport options can promote their sense of security and independence [32]. Active travel involving public transport can be a way of remaining physically active and can enhance wellbeing [33].

This indicator shows the percentage of people aged 50+ who rate public and private transport options in their area as good or excellent. Public transport includes: trains, public buses and community buses. Private transport options include taxis and hackneys.

Figure 17: Percentage of people aged 50+ who rate their local public and private transport as good or excellent, by geographic area



Source: TILDA (Wave 1: 2009-2011) Note: Error bars correspond to the 95% confidence intervals.

PILLAR: PARTICIPATION

DOMAIN: TRANSPORT

- A greater percentage of people aged 50+ in Dublin City and County rated both transport options as good or excellent compared with other parts of the country; 78% for public transport and 84% for private transport, respectively
- In rural areas, less than one in four (23%) adults aged 50+ rated public transport options as good or excellent and less than one third (33%) rated private transport options as good or excellent
- The percentage of people who rated both public and private transport options as good or excellent reduced among older age groups in rural and other urban areas. This trend was not observed in Dublin City or County
- There was no difference in ratings of private or public transport options between men and women aged 50+
- There was a slight difference across ages, with people aged 75+ reporting lower ratings of good or excellent for both public and private transport options
- Fewer people aged 50+ rated public transport options as good or excellent (49%) compared with private transport options (59%)

NPAS ACTION AREA

1. Barriers to people continuing to use their own transport.
2. Age-friendly public transport.
3. Integration of Rural Transport Programme with other local transport services.
4. Public transport linkages to major health facilities.

SECTION
3.3

HEALTHY AGEING

GOAL
2

Support people as they age to maintain, improve or manage their physical and mental health and wellbeing.

DOMAIN	KEY INDICATORS	
PHYSICAL HEALTH	Life expectancy at age 65.	21.1 years (female) 18.4 years (male)
	Healthy life years at age 65.	12.3 years (female) 11.4 years (male)
	Percentage of people aged 50+ with good (or better) self-rated health.	80%
	Percentage of people aged 50+ who have a physical disability.	15%
	Percentage of people aged 65+ who have a slow walking speed.	48%
	Percentage of people aged 65+ who reported a fall in the previous two years.	27%
	Percentage of people aged 50+ who have a chronic disease.	61%
	Percentage of people aged 50+ who report severe or moderate pain most of the time.	25%
BRAIN HEALTH	Percentage of people aged 50+ who show evidence of mild cognitive impairment.	36%
ADAPTATION TO DISABILITY AND ILLNESS	Percentage of people aged 50+ whose ability to work, or participate in social or leisure activities, are reduced due to disability.	15%
	Percentage of people aged 50+ with difficulty going outside home alone to shop or visit a doctor's surgery, due to disability.	9.5%
	Percentage of people aged 50+ with difficulty dressing, bathing or getting around inside the home, due to disability.	6.8%

HEALTH BEHAVIOURS	Percentage of people aged 50+ who report current smoking.	17%
	Percentage of people aged 50+ who report problematic alcohol use.	14%
	Percentage of people aged 50+ with low, medium and high physical activity levels.	67%
	Percentage of people aged 50+ who are underweight, overweight and obese.	44% (overweight) 35% (obese)
POSITIVE MENTAL HEALTH	Percentage of people aged 50+ with moderate and severe levels of depression.	9%
	Percentage of people aged 50+ who report high life satisfaction.	82%
	Percentage of people aged 50+ who feel that they have control over their lives.	67%
	Percentage of people aged 50+ with moderate and severe levels of anxiety.	9.2%
HEALTHCARE	Percentage of women eligible for screening who have had a mammogram in the previous two years.	77%
	Percentage of people aged 65+ who have had a flu vaccine in the previous two years.	69%
	Percentage of people aged 50+ who experienced any difficulty in seeing a doctor in the past 12 months.	18%
	Percentage of people aged 50+ who are taking 5 or more medications.	28%
	Percentage of people aged 50+ who report unmet need for a community care service.	19%
SOCIAL CARE	Percentage of people aged 70+ living in the community in receipt of home care services in the previous 12 months.	14%
CARERS' HEALTH	Percentage of carers aged 50+ who report high levels of stress or distress.	27%

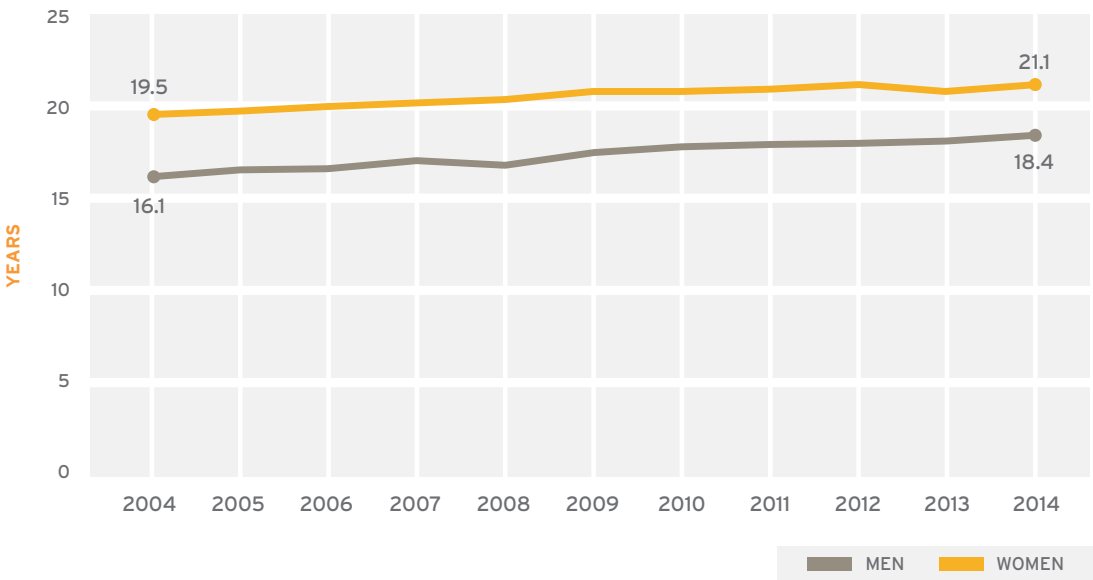
At age 65 in Ireland, women have a life expectancy of 21.1 years and men have a life expectancy of 18.4 years

INDICATOR:
LIFE EXPECTANCY
AT AGE 65

Life expectancy is perhaps the most important measure of health.

Life expectancy at age 65 is defined as the mean number of years still to be lived by a person at age 65, if the current mortality conditions remain the same throughout the rest of his or her life.

Figure 18: Life expectancy for men and women at age 65

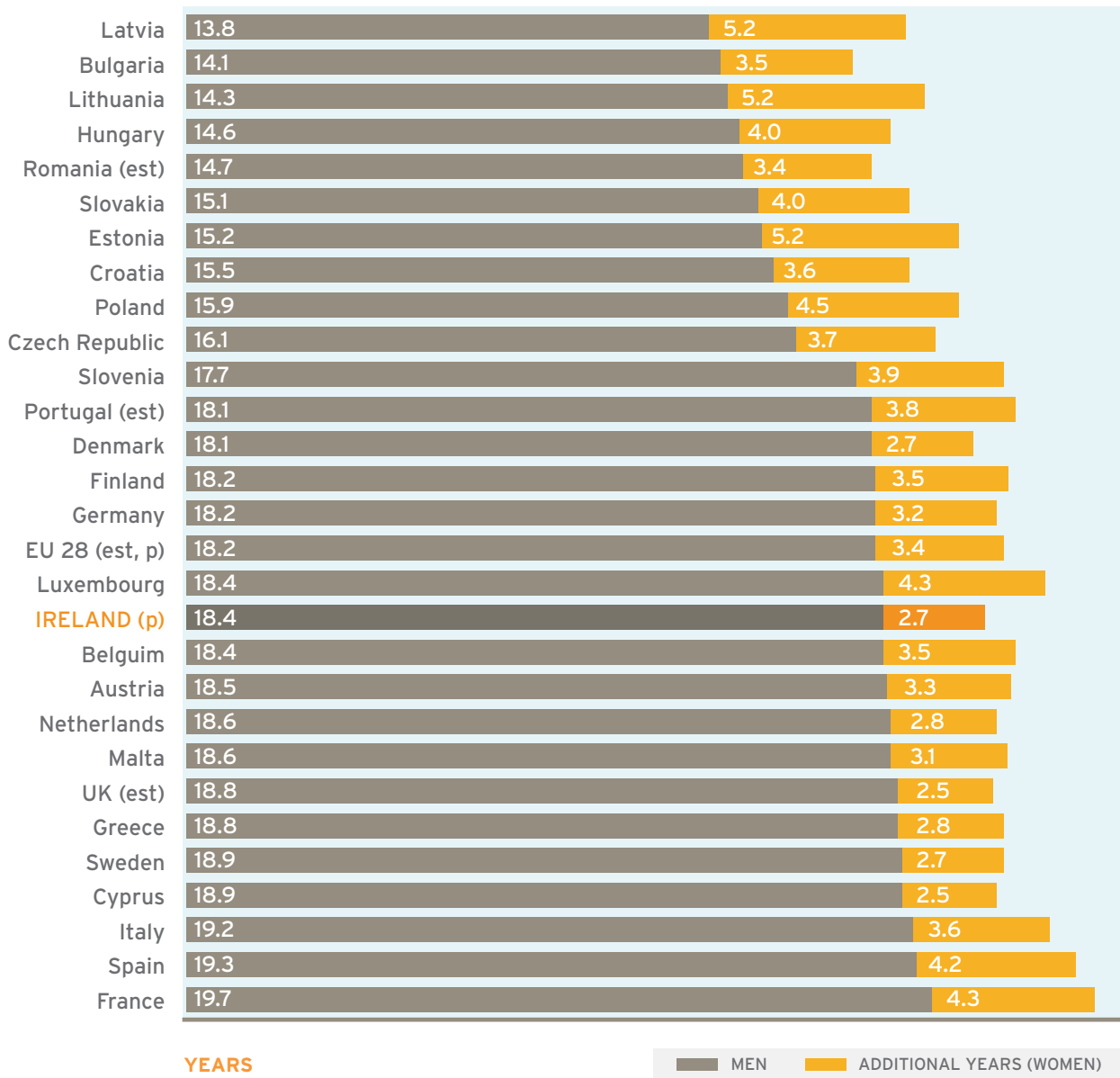


Source: Eurostat. Note: data for 2013 and 2014 are provisional.

- In 2014 life expectancy at age 65 was 21.1 years for women and 18.4 years for men. Life expectancy at age 65 has steadily increased for both men and women over the last decade, since 2004, from 19.5 for women and 16.1 for men
- Over the last decade the difference in life expectancy between men and women at age 65 has narrowed from 3.4 years in 2004 to 2.7 years in 2014

How does Ireland compare to the EU-28?

Figure 19: Life expectancy for men and women aged 65 in Ireland and the EU-28



Source: Eurostat. Note: est = estimated, p = provisional

- Compared to the EU-28 average, life expectancy in Ireland at age 65 is higher for men (18.4 years compared with 18.2 years) but lower for women (21.1 compared to 21.6)
- The difference in life expectancy between men and women at age 65 in Ireland is narrower than the EU-28 average (2.7 years compared to 3.8 years)

NPAS ACTION AREA

Health education, promotion and prevention across the life-cycle.

At age 65 in Ireland, women have an expected 12.3 healthy life years ahead and men have an expected 11.4 healthy life years ahead

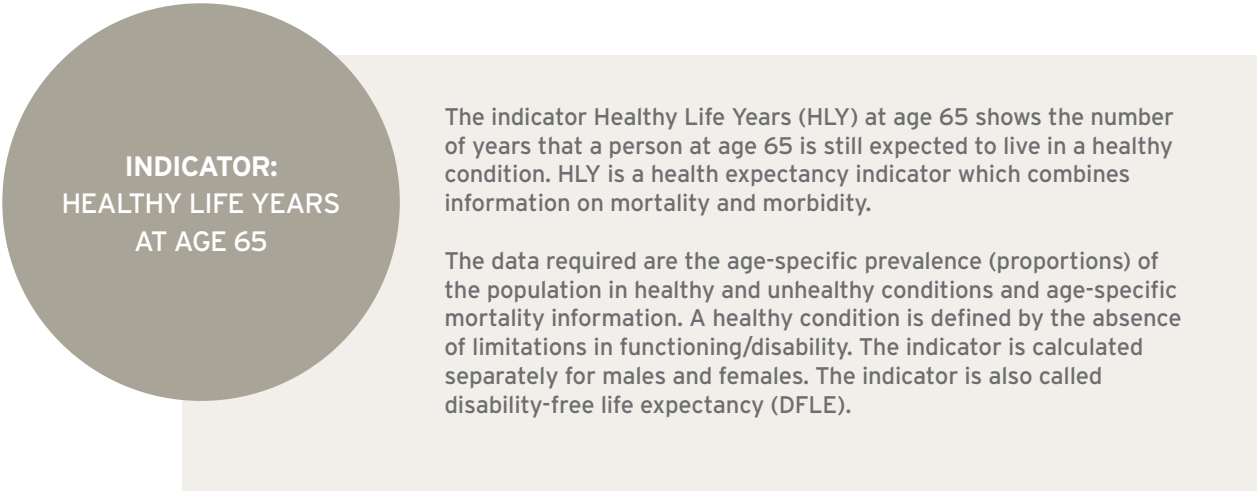
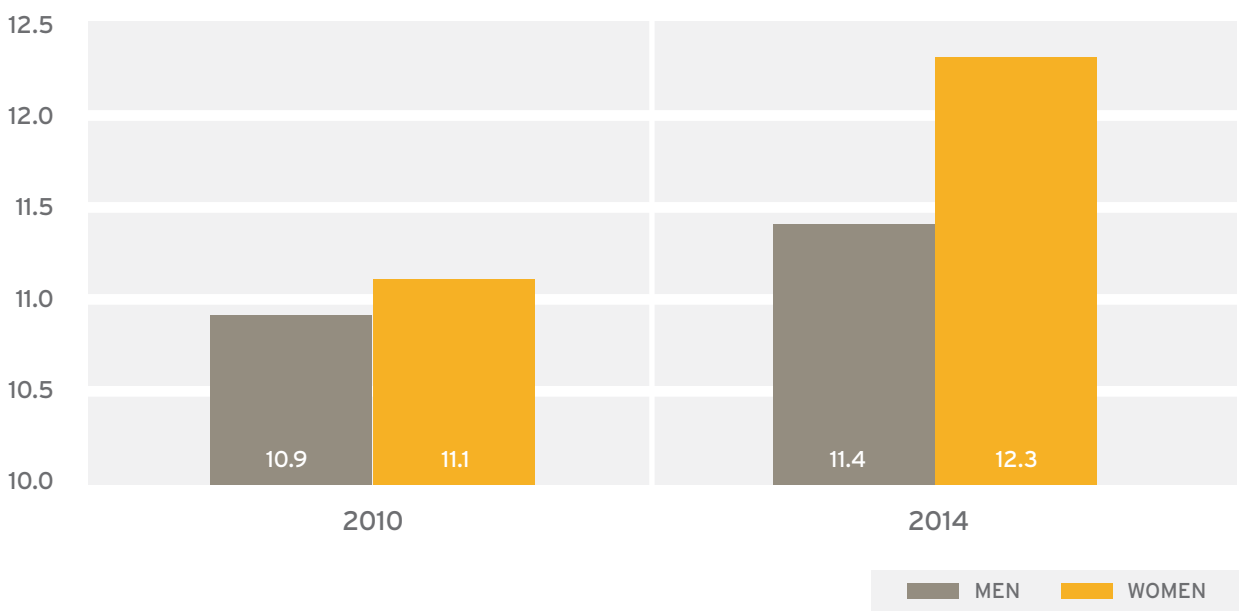


Figure 20: Number of expected healthy years for men and women at age 65

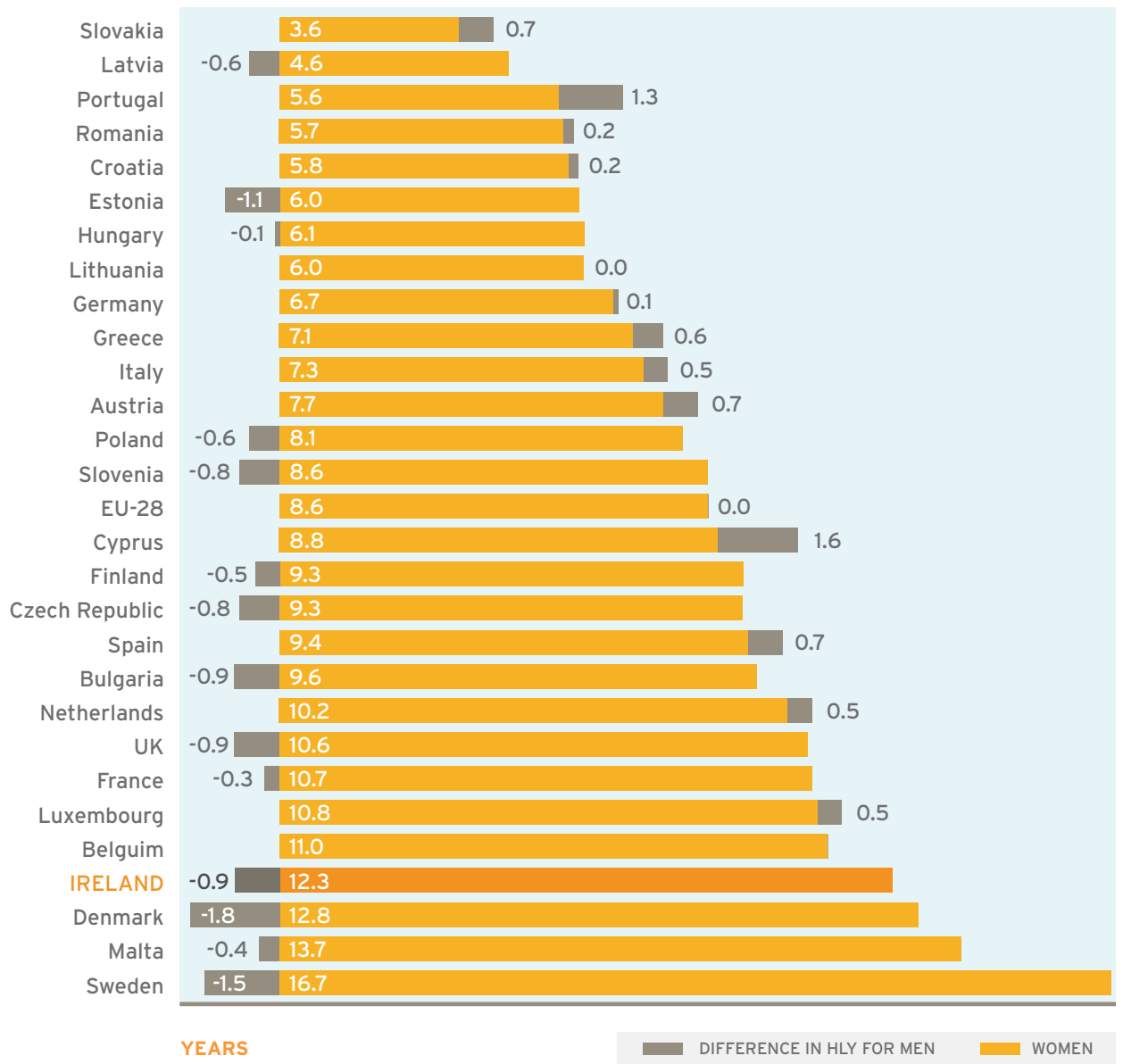


Source: Eurostat (2014).

- Between 2010 and 2014 healthy life expectancy at age 65 increased by 1.2 years for women and 0.5 years for men
- Over the same period, the difference in healthy life expectancy age 65 between men and women has increased from 0.2 years to 0.9 years

How does Ireland compare with the EU-28?

Figure 21: Difference in Healthy life expectancy in 28 European Union Member States for men and women



Source: Eurostat (2014).

- Compared to the EU-28 average, healthy life expectancy in Ireland at age 65 is higher for men (11.4 years compared with 8.6 years) and higher for women (12.3 compared to 8.6)
- There is no difference between men and women in EU-28 average health life expectancy at age 65

NPAS ACTION AREA

Health education, promotion and prevention across the life-cycle.

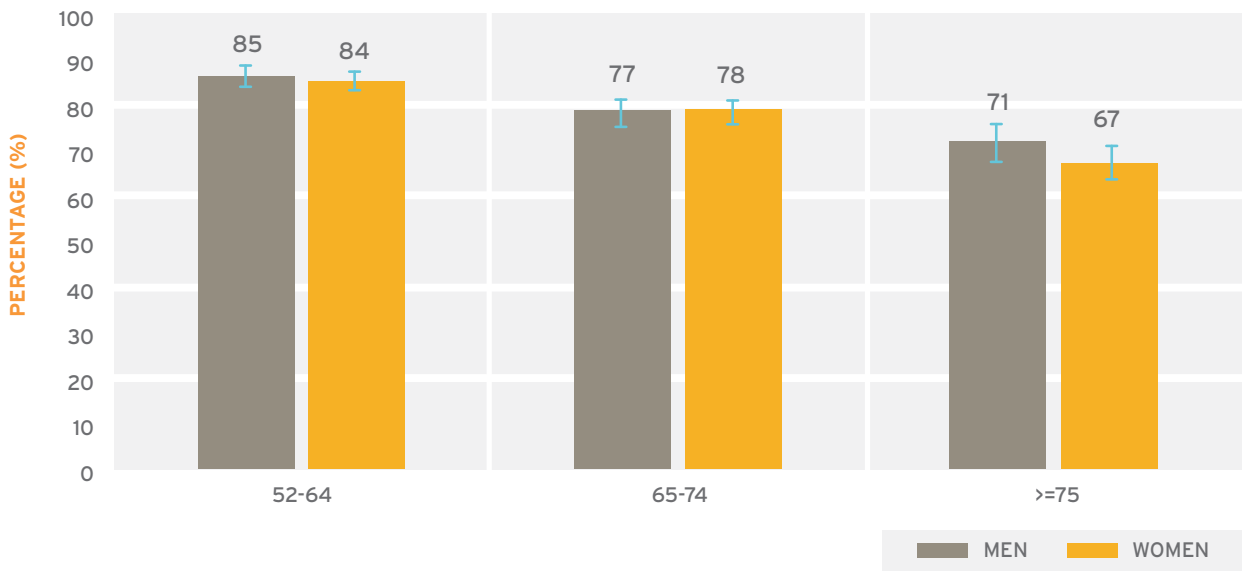
Eight out of 10 people (80%) aged 50+ rates their health as good or very good

INDICATOR:
PERCENTAGE OF
PEOPLE AGED 50+
WITH GOOD (OR
BETTER) SELF-RATED
HEALTH

Feeling that you are in good health is an important aspect of positive ageing. It is also a good predictor of other important positive ageing outcomes, morbidity and mortality [34]. This information is essential information for planning services for older people.

This indicator shows the percentage of people aged 50+ who rated their health as good or very good, rather than fair, bad or very bad.

Figure 22: Percentage of men and women age 52+ who report good or very good health, by age group



Source: TILDA (Wave 2: 2012). Note: Error Bars correspond to 95% Confidence Interval. TILDA participants were aged 52+ in Wave 2.

- Even among older age groups the percentage of men and women who rate their health as good or very good is high; 71% of men and 67% of women

Trend between Wave 1 (2011) and Wave 2 (2013):

- There were improvements in self-rated health for some age groups between Wave 1 and 2
- The percentage of people aged 50-64 who rated their health as good or very good rose from 78% to 85%, and from 73% to 78% among those aged 65-74 years

NPAS ACTION AREA

Health education, promotion and prevention across the life-cycle.

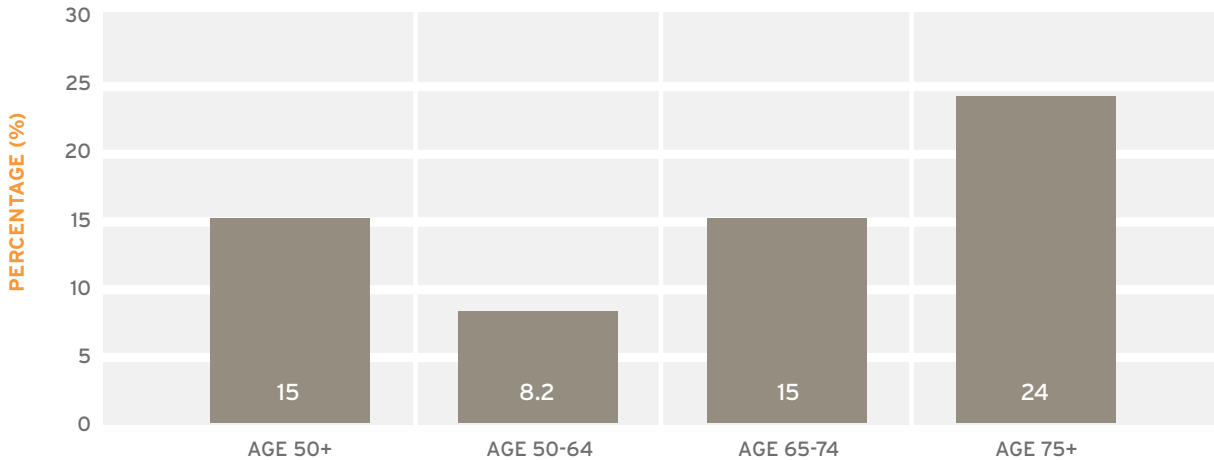
More than one in seven (15%) of people aged 50+ have a physical disability

INDICATOR:
PERCENTAGE OF
PEOPLE AGED
50+ WHO HAVE A
PHYSICAL DISABILITY

Based on the WHO International Classification of Functioning, Disability and Health (ICF), disability is a function of the interaction between a person's health conditions and their environmental and personal circumstances. Positive Ageing can be enhanced through a reduction in the barriers presented by the environment in which older people live.

This indicator shows the percentage of people aged 50+ who report having any of the following physical disabilities: difficulty with pain, breathing or any other chronic illness or condition; blindness or serious vision impairment; deafness or a serious hearing impairment; or any difficulty with basic activities such as walking, climbing stairs, reaching, lifting or carrying

Figure 23: Percentage people aged 50+ with any physical disability, by age group



Source: Census (2011)

- A total of 15% of people aged 50+ have a physical disability
- This rises to one in four (24%) for people aged 75%

What types of physical disabilities do men and women aged 50+ have?

- Among men aged 50+, 2.5% reported blindness or serious vision impairment, 6.1% reported deafness or a serious hearing impairment, and 12.8% reported a condition that substantially limits one or more basic physical activity
- Among women aged 50+, 2.9% reported blindness or serious vision impairment, 5.3% reported deafness or a serious hearing impairment, and 17% reported a condition that substantially limits one or more basic physical activity

NPAS ACTION AREA

Health education, promotion and prevention across the life-cycle.

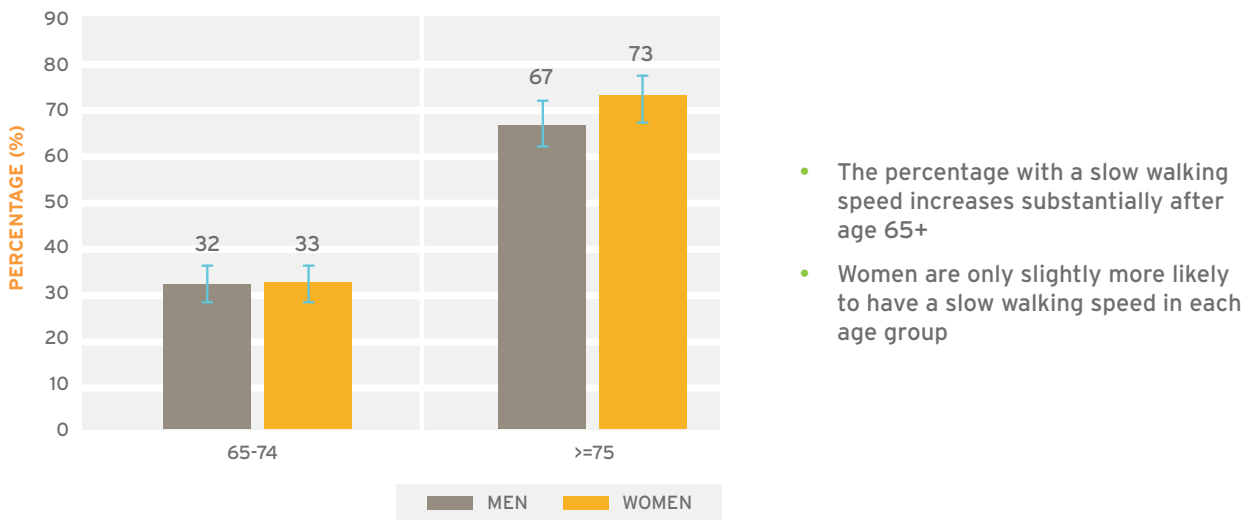
Almost half of people (48%) have a slow walking speed that indicates they may be frail

INDICATOR:
PERCENTAGE OF
PEOPLE AGED 65+
WHO HAVE A SLOW
WALKING SPEED

Frailty is a combination of symptoms and problems that can indicate an increased vulnerability to stressors and higher risk of adverse health and wellbeing outcomes, and is independent of any specific disease or disability [35].

Frailty can be identified by an objective assessment of walking speed. A slow walking speed is defined as taking more than 10 seconds to complete the following test: get up from a chair, walk three metres at usual pace, turn around and sit back down. This test is known as the Timed Up and Go (TUG) test. The 10 second cut-off has been found to identify 93% of the frail population [36].

Figure 24: Percentage of men and women aged 65+ with slow walking speed, by age group



Source: TILDA (Wave 1: 2009-2011) Note: Error bars correspond to the 95% confidence intervals.

NPAS ACTION AREA

Health education, promotion and prevention across the life-cycle.

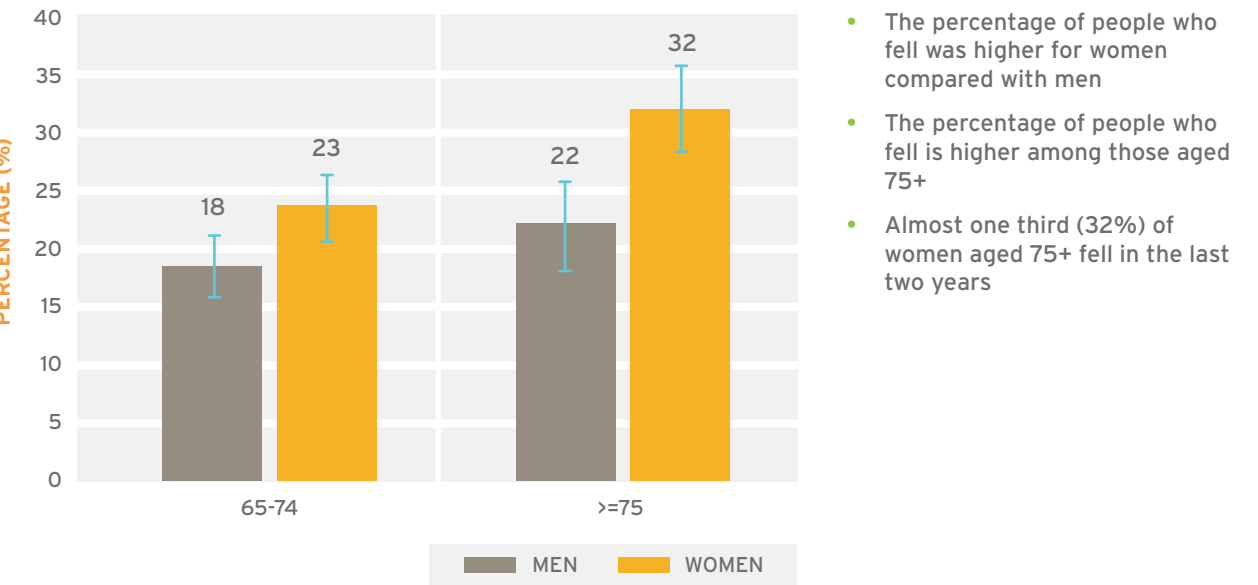
Just over one in four (27%) aged 65+ have fallen in the previous two years

INDICATOR:
PERCENTAGE OF
PEOPLE AGED 65+
WHO REPORTED
A FALL IN THE
PREVIOUS
TWO YEARS

Falls become more common as people age and they are an important public health issues for several reasons. As people age their protective reflexes can slow down and susceptibility to injury can increase. Older people are more likely to fracture as a result of falling, and experience slower recovery because of diseases such as osteoporosis. Falling can negatively impact on a persons' sense of independence and security [37] and result in serious injuries, disability and even death.

This indicator shows the percentage of people aged 65+ who fell in the previous two years. It is measured by response to the question "Have you fallen since your last interview?" and in TILDA there is an average of two years between interviews at each survey wave.

Figure 25: Percentage of men and women aged 65+ who fell once (or more) in the previous two years, by age group



Source: TILDA (Wave 2: 2012-2013) Note: Error bars correspond to the 95% confidence intervals.

How many people had falls that were serious enough to require treatment?

- Among those who fell, almost half (48%) required treatment. This ranged from 42% for age 65 to 74 to 51% for age 75+
- Women aged 65+ were more likely to require treatment (54%) relative to men (38%)

NPAS ACTION AREA

Falls and fracture prevention.

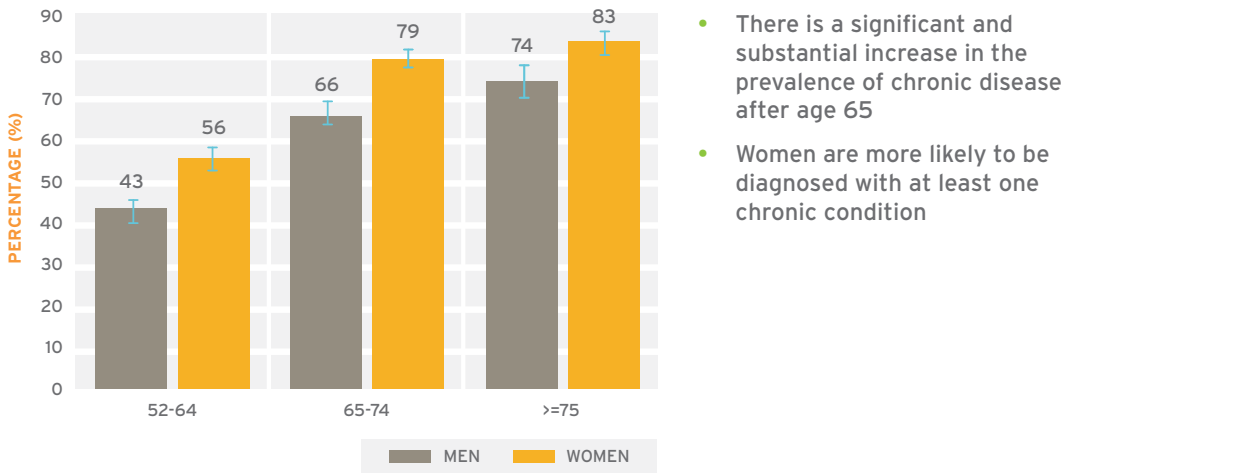
Six out of 10 people (61%) aged 50+ have a chronic disease

INDICATOR:
PERCENTAGE OF
PEOPLE AGED 50+
WHO HAVE A
CHRONIC DISEASE

Chronic conditions can have a negative effect on quality of life, particularly if the symptoms are painful, difficult to manage and reduce the ability to carry out important activities. There is evidence that an increase in some specific chronic health conditions and problems can be expected as people live longer [38].

This indicator shows the percentage of people aged 50+ who have a chronic disease that has been diagnosed by a doctor. The following chronic conditions and diseases are included: arthritis; osteoporosis; angina; heart rhythm or murmur; heart attack; heart failure; stroke; transient ischaemic attack; asthma; chronic obstructive pulmonary disease; diabetes; and cancer.

Figure 26: Percentage of men and women aged 52+ who have a chronic disease, by age group



Source: TILDA (Wave 2: 2012-2013) Note: Error bars correspond to the 95% confidence intervals. TILDA participants were aged 52+ in Wave 2.

What are the most common chronic disease diagnoses?

- Bone and joint conditions (arthritis and osteoporosis) are the most common chronic conditions, and among those aged 50+ the prevalence is higher among women (53%) compared to men (29%)
- Cardiovascular conditions are the second most prevalent chronic condition among people aged 50+, 20% among men and 17% among women
- The next three most common conditions are respiratory conditions (14%), diabetes (9.4%) and cancer (7.5%)
- Of the 12 diagnoses included in the indicator, one in five (18%) of the 52-64 age group report two or more of these conditions. This rises to two in five (42%) among the over 65s

Trend between Wave 1 (2011) and Wave 2 (2013):

- There was a small increase in the prevalence of bone and joint disorders between Wave 1 and 2, from 35% to 41%. It is not possible to rule out that this increase could be as a result of improved diagnosis
- Among men aged 50-64 there was a slight decrease in the prevalence of cardiovascular conditions from 14% to 10%

NPAS ACTION AREA

Chronic disease management.

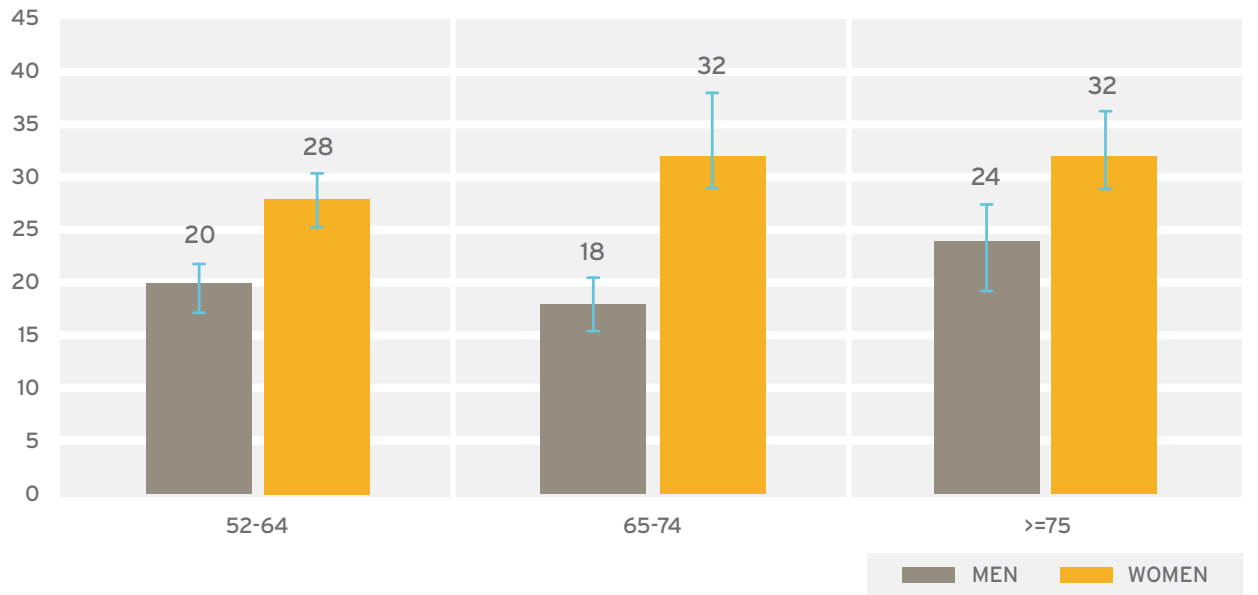
One in four people (25%) aged 50+ reports that they often have moderate or severe pain

INDICATOR:
PERCENTAGE OF
PEOPLE AGED 50+
WHO REPORT SEVERE
OR MODERATE PAIN
MOST OF THE TIME

Chronic pain impacts on quality of life, cognitive function, and can limit everyday activity and engagement [39].

This indicator shows the percentage of people aged 50+ who often are often troubled by pain that is moderate or severe most of the time. This indicator includes people who answered "Yes" to the question "Are you often troubled with pain?" and who then answered "Moderate" or "Severe" to the question "How bad is the pain most of the time?".

Figure 27: Percentage of men and women aged 52+ who often have severe or moderate pain, by age group



Source: TILDA (Wave 2: 2012-2013) Note: Error bars correspond to the 95% confidence intervals. TILDA participants were aged 52+ in Wave 2.

- Across all age groups, women were more likely than men to report pain
- 9.8% of women and 6.9% of men aged 52+ reported that they have severe pain

Trend between Wave 1 (2011) and Wave 2 (2013):

- There was no significant change in this indicator between Wave 1 and Wave 2

NPAS ACTION AREA

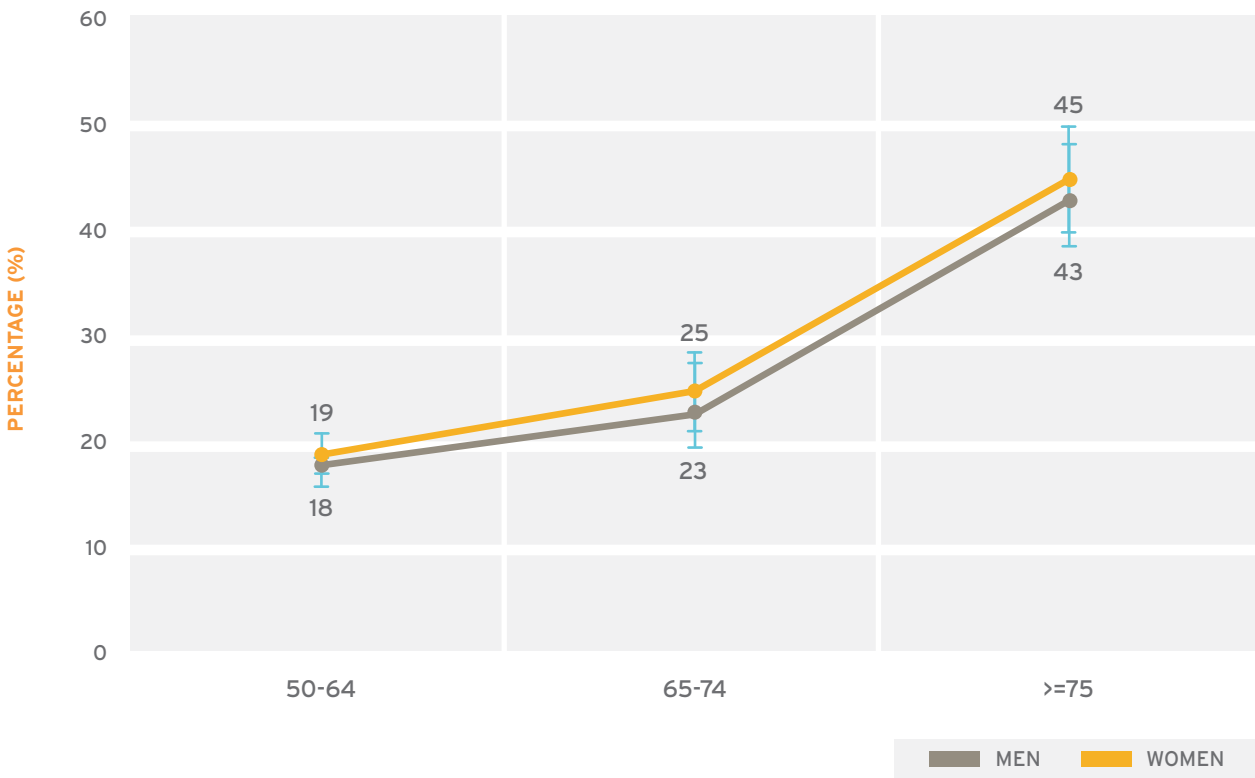
Health education, promotion and prevention across the life-cycle.

More than one in three (36%) people aged 50+ show evidence of mild cognitive impairment

INDICATOR:
PERCENTAGE OF PEOPLE AGED 50+ WHO SHOW EVIDENCE OF MILD COGNITIVE IMPAIRMENT

Mild cognitive impairment occurs where an individual displays measurable deficits in cognitive function but does not meet the criteria for a diagnosis of dementia. Mild cognitive impairment is often considered a transitional phase between normal ageing and the development of dementia, which is not a normal part of the ageing process [40]. This indicator shows the percentage of people aged 50+ who show evidence of mild cognitive impairment which has been identified using the validated Montreal Cognitive Assessment (MOCA) [41,42]. A MOCA test score of 23 or less is considered evidence of mild cognitive impairment.

Figure 28: Percentage of men and women aged 50+ who show evidence of mild cognitive impairment, by age group



Source: TILDA (Wave 1: 2009-2010) Note: Error bars correspond to the 95% confidence intervals.

- The percentage of people who show evidence of mild cognitive impairment increases across each age group
- Across each age group the percentage of men and women who show evidence of mild cognitive impairment is similar

NPAS ACTION AREA

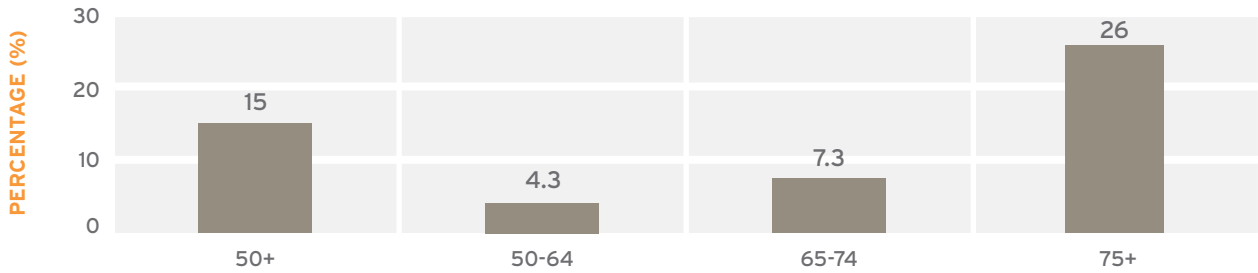
Mental health (anxiety, depression and dementia) and mental capacity.

More than one in seven (15%) people aged 50+ have difficulty attending further education, work, or participating in social activities due to disability

INDICATOR:
PERCENTAGE OF PEOPLE AGED 50+ WHOSE ABILITY TO WORK, OR PARTICIPATE IN SOCIAL OR LEISURE ACTIVITIES, ARE REDUCED DUE TO DISABILITY

As people age and experience physical health declines there is evidence to suggest that people adapt, which is important for maintaining their subjective wellbeing [43]. The extent to which someone adapts to disability may depend on a person's level of resilience, which can depend on factors specific to the person and their contextual circumstances [44]. This indicator shows the percentage of people aged 50+ who responded 'yes' when asked if they had difficulty attending school, college or work, or participating in other activities. This question was only asked to people who reported that they had a longstanding illness or condition.

Figure 29: Percentage of people aged 50+ whose ability to work or participate in activities was reduced due to disability, by age group

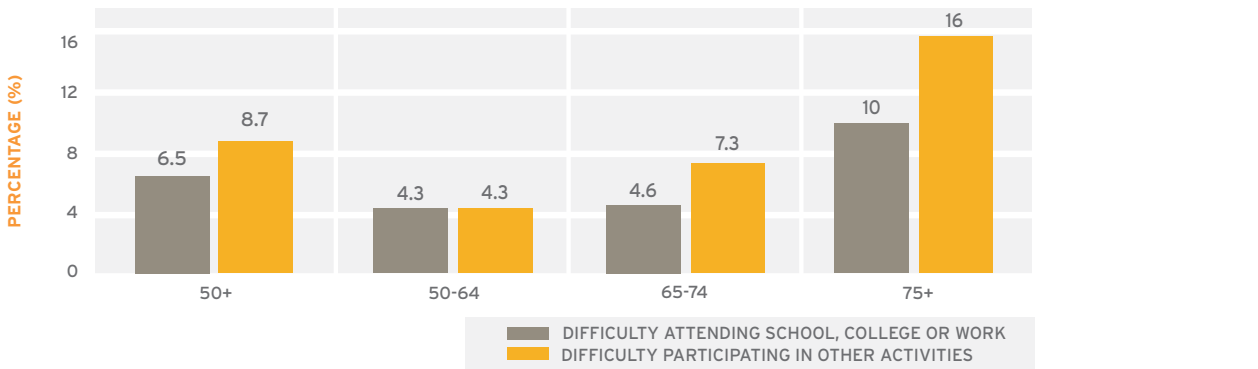


Source: Census of the Population (2011)

- One in seven (15%) people aged 50+ experience and difficulty engaging in work, education, or social activities due to physical disability
- This figure is lower among people aged 50-74, but rises to over one in four among people aged 75+

What activities do people age 50+ have difficulty taking part in due to disability?

Figure 30: Percentage of people aged 50+ who have difficulty participating due to disability, by activity and age group



Source: Census of the Population (2011)

NPAS ACTION AREA

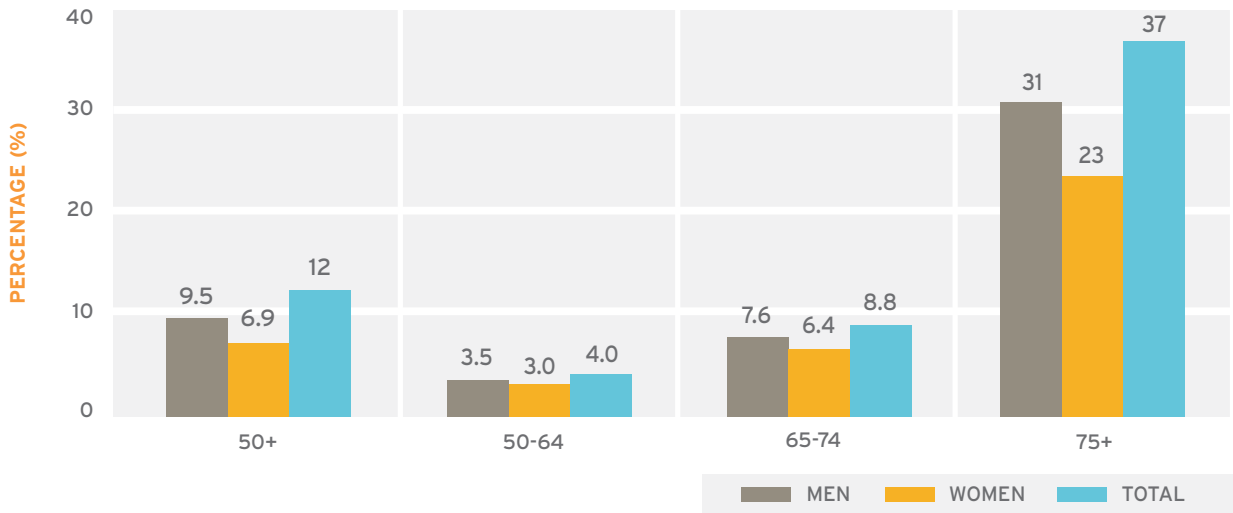
Chronic disease management.

Almost one in 10 (9.5%) people aged 50+ have difficulty going outside their home alone to shop or visit a doctor’s surgery, due to disability.

INDICATOR:
PERCENTAGE OF PEOPLE AGED 50+ WITH DIFFICULTY GOING OUTSIDE HOME ALONE TO SHOP OR VISIT A DOCTOR’S SURGERY, DUE TO DISABILITY

This indicator shows the percentage of people aged 50+ who reported any difficulty going outside home alone to shop or visit a doctor’s surgery, due to disability. Data for this indicator is self-reported, and only people who reported one or more longstanding condition or difficulty were asked this question in the Census of the Population.

Figure 31: Percentage of men and women aged 50+ with difficulty going outside their home alone



Source: Census of the Population (2011)

- The percentage of adults who had difficulty going outside the home increase with age, from 3.5% aged 50-64 to 7.6% aged 50-64, to 31% aged 75+
- Across each age group more women than men report having difficulty, and the greatest difference is among those aged 75+ (23% of men compared with 37% of women)

NPAS ACTION AREA

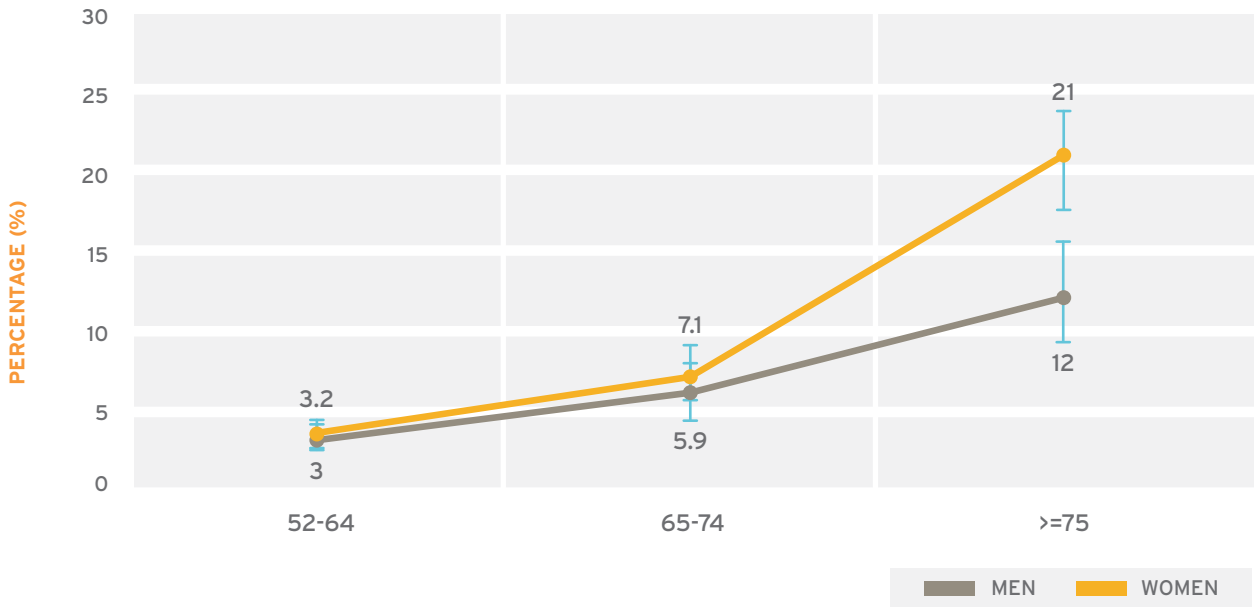
Chronic disease management.

Less than one in 10 (6.8%) people aged 50+ have difficulty with activities of daily living

INDICATOR:
PERCENTAGE OF PEOPLE AGED 50+ WITH DIFFICULTY DRESSING, BATHING OR GETTING AROUND INSIDE THE HOME, DUE TO DISABILITY

This indicator shows the percentage of people aged 50+ who reported any difficulty with the following basic activities of daily living (ADL): dressing; walking across a room; bathing/showering; eating; getting in or out of bed; using the toilet.

Figure 32: Percentage of men and women aged 52+ who have ADL difficulties, by age group



Source: TILDA (Wave 2: 2012-2013) Note: Error bars correspond to the 95% confidence intervals. TILDA participants were aged 52+ in Wave 2.

- As people age, the prevalence of difficulties with ADL increases
- Women are more likely than men to experience difficulties with ADL and this disparity widens with age

NPAS ACTION AREA

Chronic disease management.

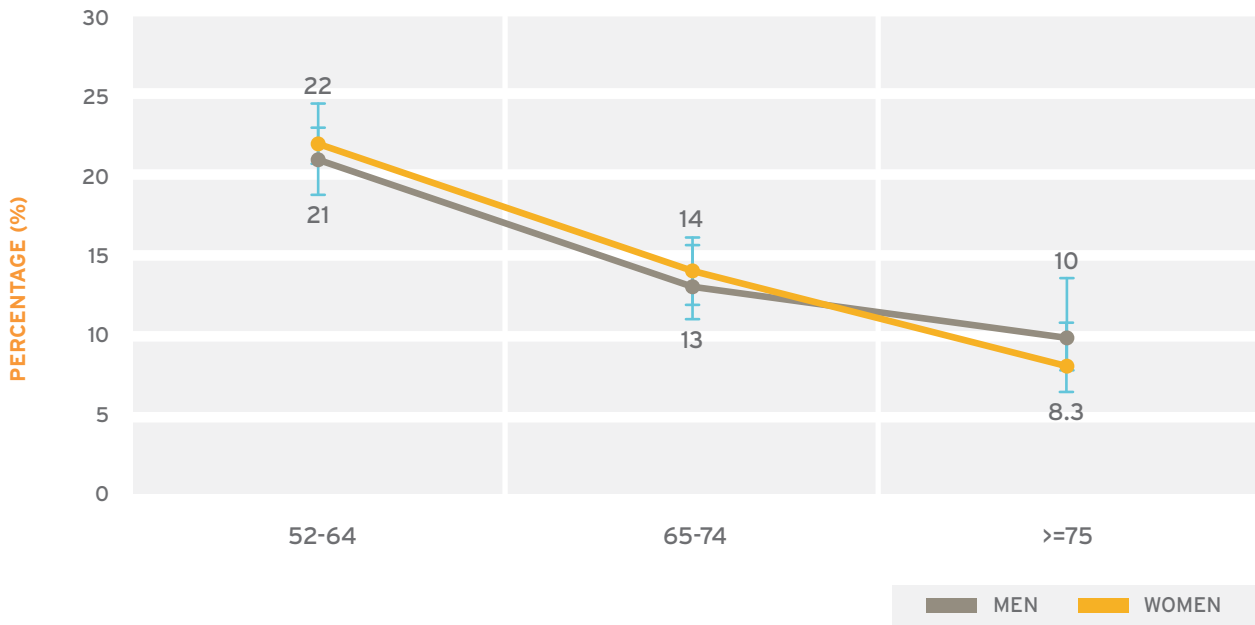
17% of people aged 50+ currently smoke

INDICATOR:
PERCENTAGE OF
PEOPLE AGED
50+ WHO REPORT
CURRENT SMOKING

Most of the disease burden in Ireland is caused by a small number of risk factors such as smoking, alcohol misuse, being overweight, poor diet and physical inactivity and smoking is the leading cause of preventable mortality in Ireland [45]. In addition to mortality, smoking-related disease and disability has a wider negative impact on families and society [46].

This indicator shows the percentage of people aged 50+ who answered 'Yes' to the question: Do you smoke at the present time?

Figure 33: Percentage of men and women aged 52+ who currently smoke, by age group



Source: TILDA (Wave 2: 2012-2013) Note: Error bars correspond to the 95% confidence intervals. TILDA participants were aged 52+ in Wave 2.

- Smoking rates are highest in the youngest age group (52-64), and similar for men and women

Trend between Wave 1 (2011) and Wave 2 (2013):

- Smoking rates in the 65-74 year age group declined from 17% to 13%
- The greatest decline in this age group was for women (18% to 14%)

NPAS ACTION AREA

Health education, promotion and prevention across the life-cycle.

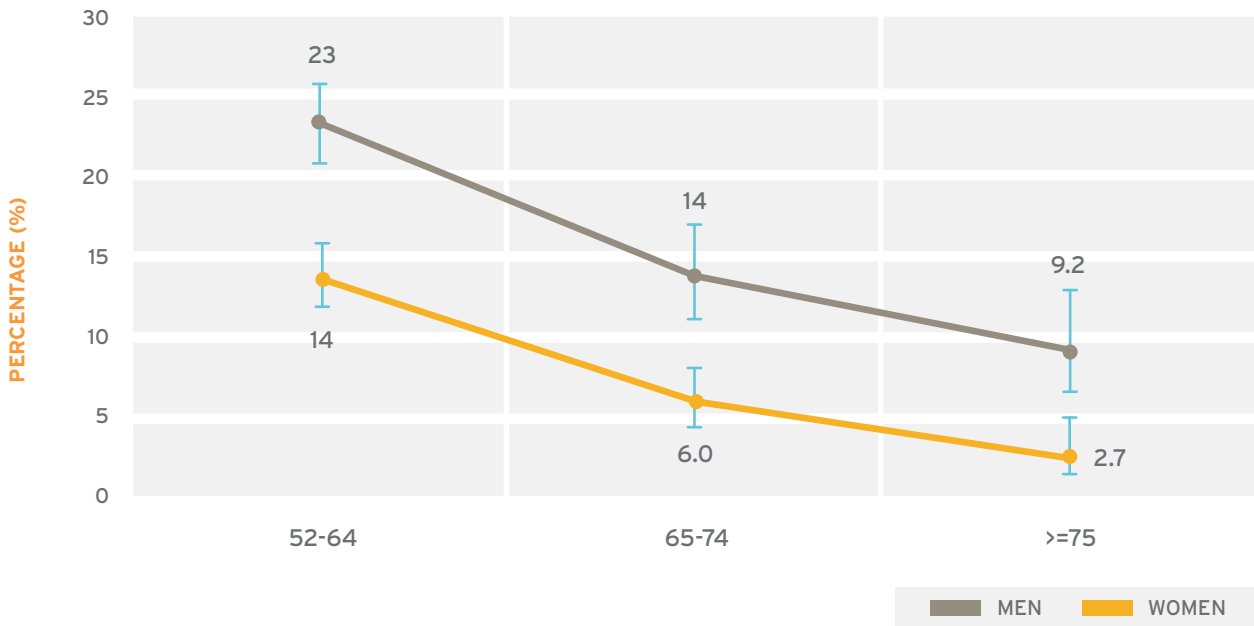
More than one in eight (14%) people aged 50+ report problematic alcohol use

INDICATOR:
PERCENTAGE OF
PEOPLE AGED
50+ WHO REPORT
PROBLEMATIC
ALCOHOL USE

Internationally, alcohol use disorder (AUD) is a growing public health problem among the older population. It is known to be a significant cause of morbidity and mortality and contributor to healthcare costs.

This indicator shows the percentage of people who report problematic alcohol use, based on the CAGE measure which captures whether a person has ever felt they should cut down on drinking (C), have been annoyed by others criticising their drinking (A), have felt guilty about their drinking (G), or taken a drink first thing in the morning to cure a hangover (eye-opener) (E). A point is assigned for each yes answer, with ≥ 2 points indicating problematic alcohol use.

Figure 34: Percentage of men and women aged 52+ who have problematic alcohol use, by age group



Source: TILDA (Wave 2: 2012-2013) Note: Error bars correspond to the 95% confidence intervals. TILDA participants were aged 52+ in Wave 2.

- As people age, problematic alcohol use decreases
- Men are consistently more likely than women to experience problematic alcohol use

Trend between Wave 1 (2011) and Wave 2 (2013):

- There was a small but statistically significant increase in problematic alcohol consumption from 11.4% to 13.5% between Wave 1 and Wave 2

NPAS ACTION AREA

Alcohol.

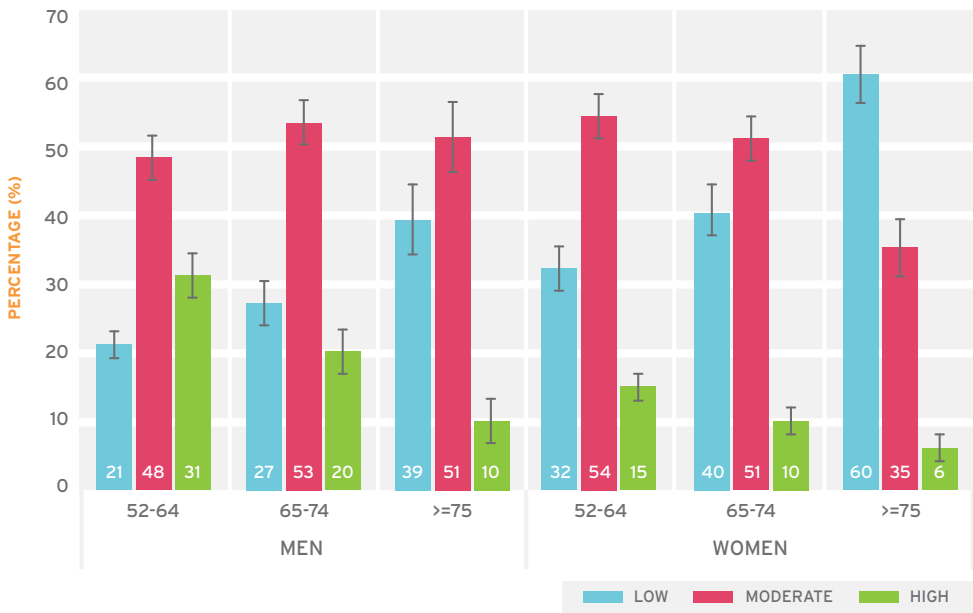
Over two thirds (67%) of people aged 50+ report low levels of physical activity

INDICATOR:
PERCENTAGE OF
PEOPLE AGED 50+
WITH LOW, MEDIUM
AND HIGH PHYSICAL
ACTIVITY LEVELS

There is considerable evidence supporting the benefits of physical exercise in maintaining virtually all aspects of health and physical functioning as people age. Physical activity is also important for positive mental health and social participation. Physical activity can be influenced by individual capability and motivation, but also environmental factors that facilitate physical activity, such as accessible green spaces and the walkability of the local environment [47].

This indicator shows the percentage of people aged 50+ who have low levels of physical activity and is measured using the International Physical Activity Questionnaire (IPAQ) and classification. This indicator is limited by the use of self-reported information, which may be effected by people's ability to recall their activities, or reporting behaviour.

Figure 35: Percentage of men and women aged 52+ with low, moderate and high level of physical activity, by age group



Source: TILDA (Wave 2: 2012-2013) Note: Error bars correspond to the 95% confidence intervals. TILDA participants were aged 52+ in Wave 2.

- The percentage engaging in moderate and high levels of physical activity declines with age
- Across all age groups, women report lower levels of activity relative to men. Only 40% of women aged 75+ engage in moderate or high levels of physical activity

Trend between Wave 1 (2011) and Wave 2 (2013):

- There was no significant change in this indicator between Wave 1 and Wave 2

NPAS ACTION AREA

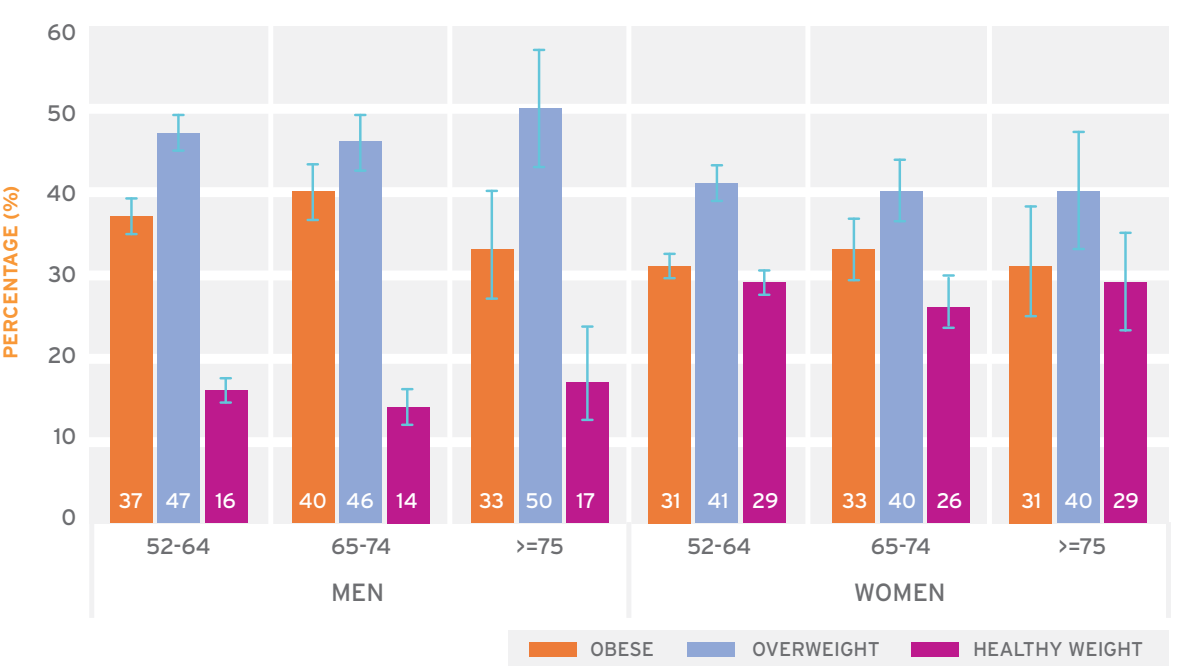
Health education, promotion and prevention across the life-cycle.

More than one third (35%) of people aged 50+ are obese

INDICATOR:
PERCENTAGE OF
PEOPLE AGED
50+ WHO ARE
UNDERWEIGHT,
OVERWEIGHT AND
OBESE

The prevalence of overweight and obesity in Ireland has doubled over the previous two decades [48] and according to the WHO, Ireland is forecast to be the fattest population in Europe by 2030. Addressing this pressing public health concern requires a cross-sectoral response that is reflected in the recently published Obesity Policy and Action Plan 2016 - 2025. This policy "strives to empower individuals, families and communities to enhance their own skills to improve their health" [49]. This indicator shows the percentage of adults aged 50+ who are overweight, obese, and have a healthy weight. This indicator is based on Body Mass Index (BMI; kg/m²) which is calculated from objectively measured weight (kg) and height (m). BMI is reported using the WHO weight classifications (BMI <20 = underweight; 25.0-29.9 = overweight; and 30+ = obese).

Figure 36: Percentage of men and women aged 52+ who are obese, overweight and have a healthy weight, by age group



Source: TILDA (Wave 2: 2012-2013) Note: Error bars correspond to the 95% confidence intervals. Note: The numbers in the underweight category were too small to report (>1% of the sample) and are therefore included in healthy weight. This classification and data may be reported separately in future if numbers are sufficient. TILDA participants were aged 52+ in Wave 2.

- As people age, obesity rates stay consistently over one third of the population
- Men are consistently less likely than women to have a healthy weight

NPAS ACTION AREA

Physical Activity.

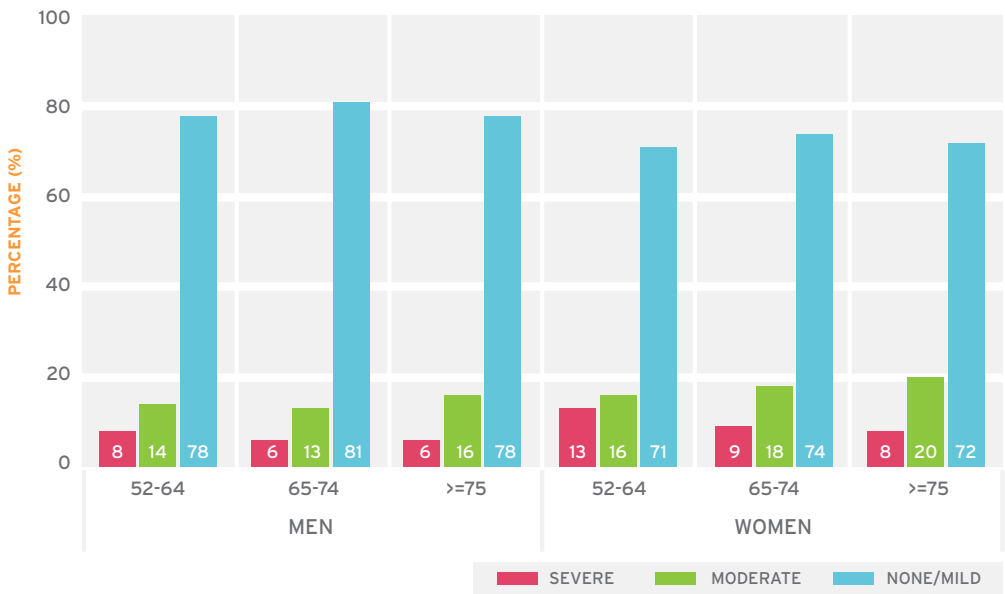
Almost one in ten (9%) people aged 50+ report severe depressive symptoms

INDICATOR:
PERCENTAGE OF
PEOPLE AGED 50+
WITH MODERATE AND
SEVERE LEVELS OF
DEPRESSION

Mental health is one of the most important determinants of good quality of life in older people. Depression is one of the most common of mental health disorders and has a negative impact on quality of life. It is often present with other conditions and can exacerbate other medical illnesses while increasing the likelihood of incapacity following physical illness [50].

Categories are based on responses to the Centre for Epidemiological Studies-Depression (CES-D) scale, a 20-item scale with potential scores ranging from zero to 60: Moderate depression is categorised a score between eight and 15 symptoms, and severe depression is defined as a score of 16 or more.

Figure 37: Percentage of men and women aged 52+ with severe, moderate or no depressive symptoms, by age group



Source: TILDA (Wave 2: 2012-2013) Note: Error bars correspond to the 95% confidence intervals. TILDA participants were aged 52+ in Wave 2.

- Women report higher levels of depression relative to men
- Severe depression appears to be less common in older age groups, while moderate depression is more common

Trend between Wave 1 (2011) and Wave 2 (2013):

- Among women aged 50+, the total percentage reporting moderate or severe depression reduced from 33% to 28%

NPAS ACTION AREA

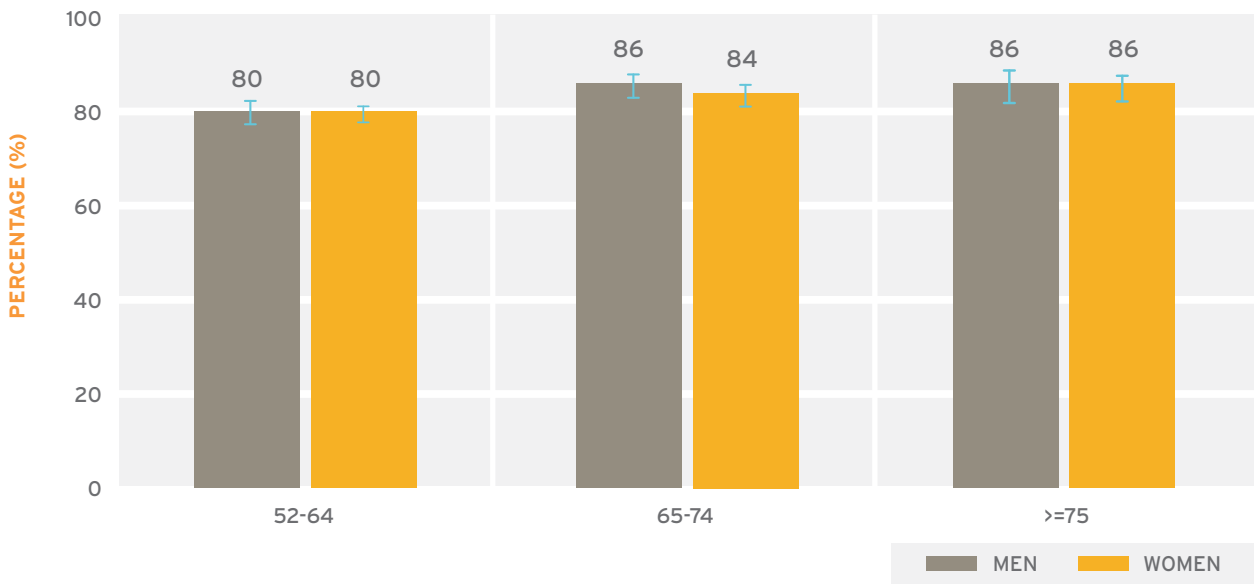
Mental Health and mental capacity.

Eight in ten (82%) people aged 50+ report high life satisfaction

INDICATOR:
PERCENTAGE OF
PEOPLE AGED 50+
WHO REPORT HIGH
LIFE SATISFACTION

The indicator presents the percentage of those who answered one or two on a seven point Likert scale ranging from “strongly agree” to “strongly disagree” with the following: “I am satisfied with my life”. Life satisfaction shows that people are happy overall with how their life is going. They may not be satisfied in every domain, but feel that on balance they are satisfied with their lives.

Figure 38: Percentage of men and women aged 52+ with high life satisfaction, by age group



Source: TILDA (Wave 2: 2012-2013) Note: Error bars correspond to the 95% confidence interval. TILDA participants were aged 52+ in Wave 2.

- Life satisfaction increases with age
- Men and women report similar levels of life satisfaction in each age group

NPAS ACTION AREA

Mental Health and mental capacity.

Over two thirds (67%) of people aged 50+ feel that they have freedom or control over their lives

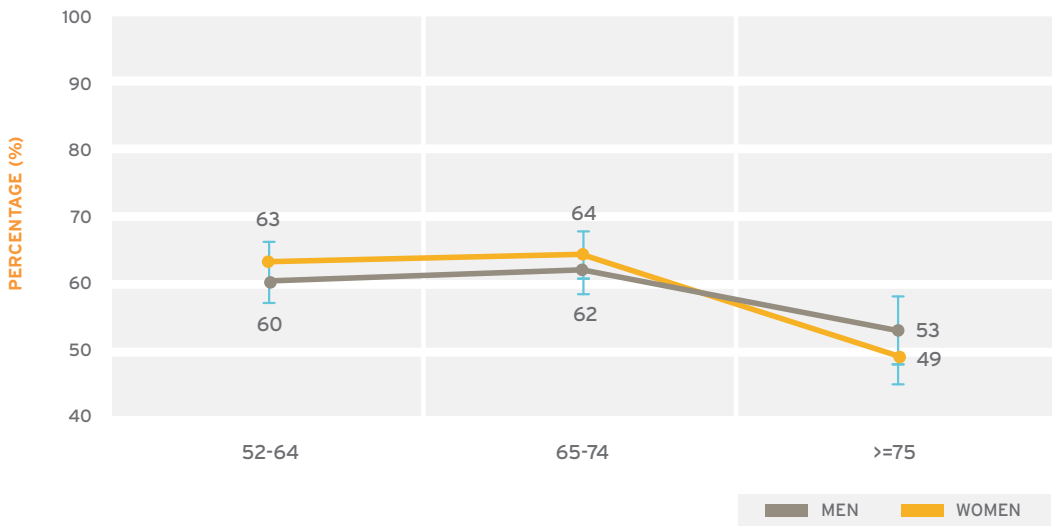
INDICATOR:
PERCENTAGE OF PEOPLE AGED 50+ WHO FEEL THAT THEY HAVE CONTROL OVER THEIR LIVES

'Control' is an important domain of quality of life, along with 'autonomy', 'self-realisation' and 'pleasure'.

Feelings of independence, control and autonomy are essential for wellbeing throughout life but have been found to be particularly important amongst the 'older old', and the need for control has an increasing contribution to happiness with increased age [51].

The indicator presents the average agreement with seven control and autonomy items from the CASP-19 measure of quality of life. Sample items include "I feel free to plan for the future" and "My health stops me from doing the things I want to do".

Figure 39: Percentage of men and women aged 52+ who feel they have control over their lives, by age group



Source: TILDA (Wave 2: 2012-2013) Note: Error bars correspond to the 95% confidence intervals; axis begins at 40%. Agreement is defined as an average score of 2 or more on a four point scale, which equates to a response of Often or Sometimes to positively worded items, and a response of Never or Rarely to negatively worded items. TILDA participants were aged 52+ in Wave 2.

Trend between Wave 1 (2011) and Wave 2 (2013):

- The percentage of people who (on average) felt in control of their lives reduced from 69% to 60%
- Looking at single items in the scale, the percentage of people who responded "Often" to the statement "I can do the things that I want to do" fell from 64% to 60%

NPAS ACTION AREA

Mental health (anxiety, depression, dementia) and mental capacity.

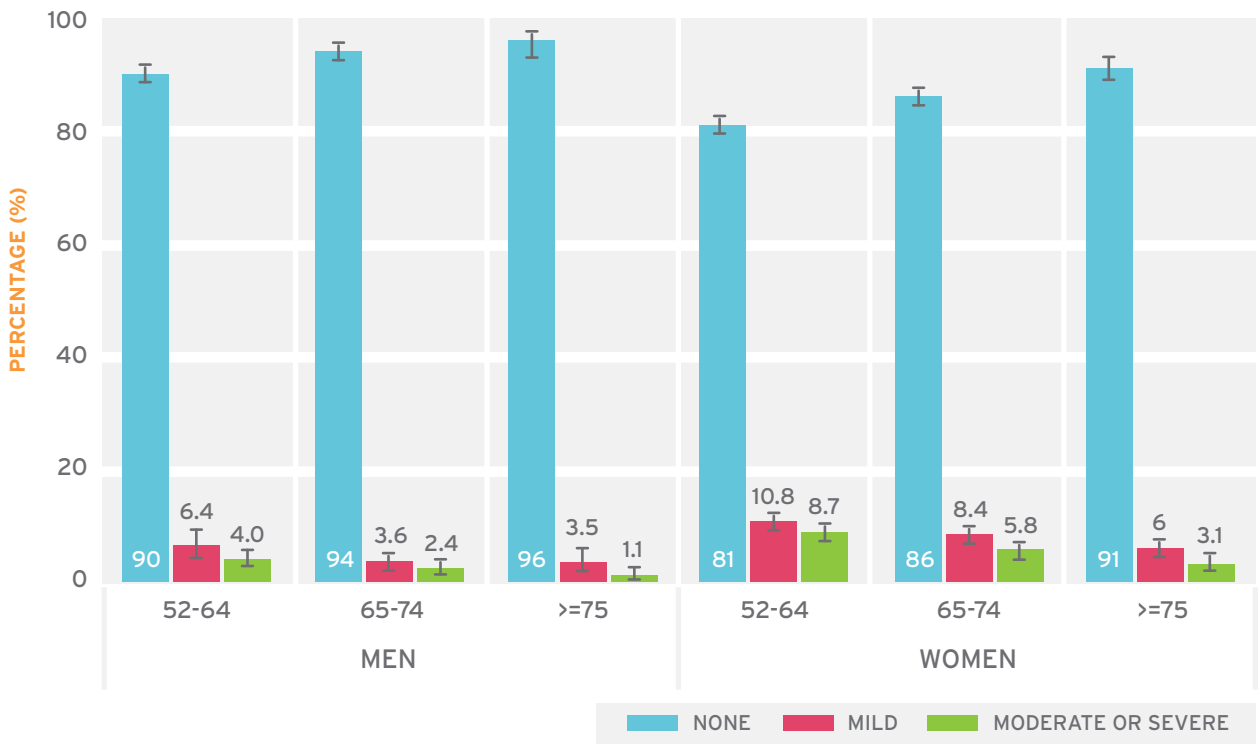
One in ten (9.2%) people aged 50+ have moderate or severe levels of anxiety

INDICATOR:
PERCENTAGE OF PEOPLE AGED 50+ WITH MODERATE AND SEVERE LEVELS OF ANXIETY

Anxiety has been found to have a clear negative impact on the functioning and wellbeing of older people. It is associated with increased disability and diminished wellbeing and increased use of health services [52].

The indicator presents categories based on the following cut-offs for the Hospital Anxiety and Depression-Anxiety scale: 0-7 for normal or no anxiety; 8-10 for mild anxiety; 11-14 for moderate anxiety; and 15-21 for severe anxiety. The categories and cut-offs have been validated for the general population [53].

Figure 40: Percentage of men and women aged 52+ with moderate/severe, mild or no anxiety, by age group



Source: TILDA (Wave 2: 2012-2013) Note: Error bars correspond to the 95% confidence intervals. TILDA participants were aged 52+ in Wave 2.

- As people age, they are less likely to suffer from anxiety
- Women are twice as likely as men to have moderate or severe levels of anxiety

NPAS ACTION AREA

Mental health (anxiety, depression, dementia) and mental capacity.

More than three quarters of women eligible for screening (77%) received a mammogram in the previous two years

INDICATOR:
PERCENTAGE OF
WOMEN ELIGIBLE
FOR SCREENING
WHO HAVE HAD A
MAMMOGRAM IN THE
PREVIOUS
TWO YEARS

Many chronic conditions can be prevented, deferred or mitigated through good health promotion, screening and preventative measures.

This indicator shows the percentage of women eligible for screening who attended the BreastCheck service. Data is for the most recent screening period (2014-2015). Women were invited between January 1st and December 31st 2014 and were screened in 2014 or 2015. The population of women eligible for screening includes all women of screening age that are known to the screening programme and does not include women who were excluded or suspended by the programme based on specific eligibility criteria. The standard acceptance rate for the eligible population is set at 70%.

Table 12: Acceptance rate among women eligible for screening, by screening period (2010-2014)

SCREENING PERIOD (YEARS)	ACCEPTANCE RATE (%)
2010-2011	75
2012-2013	71
2014-2015	77

Source: National Screening Service, Programme Report (2011, 2013, 2015). Note: The eligible women acceptance rate includes women who opted out of the programme.

Table 13: Acceptance rate among women eligible for screening, by type of eligible population and age group (2014-2015)

TYPE OF ELIGIBLE POPULATION	ELIGIBLE WOMEN ACCEPTANCE RATE (%)			
	AGE 50-54	AGE 55-59	AGE 60-64	ALL AGES
First invited population	75	27	22	69
Subsequent invited population	90	89	88	89

Source: National Screening Service, Programme Report (2011, 2013, 2015). Note: First invited population includes women who have received an invitation to screening for the first time. Subsequent invited population includes women who have previously attended and were re-invited for subsequent screening.

- In 2014 total of 177,724 eligible women were invited for screening, 1,439 women opted out of the programme and 135,966 women attended for screening
- The eligible women acceptance rate was highest among women who had previously attended and were re-invited for subsequent screening (89%)
- Among the first invited population the acceptance rate was highest among women aged 50-54 (75%)
- Among the subsequent invited population the acceptance rate was similar across age groups
- The eligible women acceptance rate among those who have previously not attended remained low in 2014-2015 (13%). Women in this category neither attend nor opt out of the programme and therefore continue to be invited for screening

NPAS ACTION AREA

Screening Programmes.

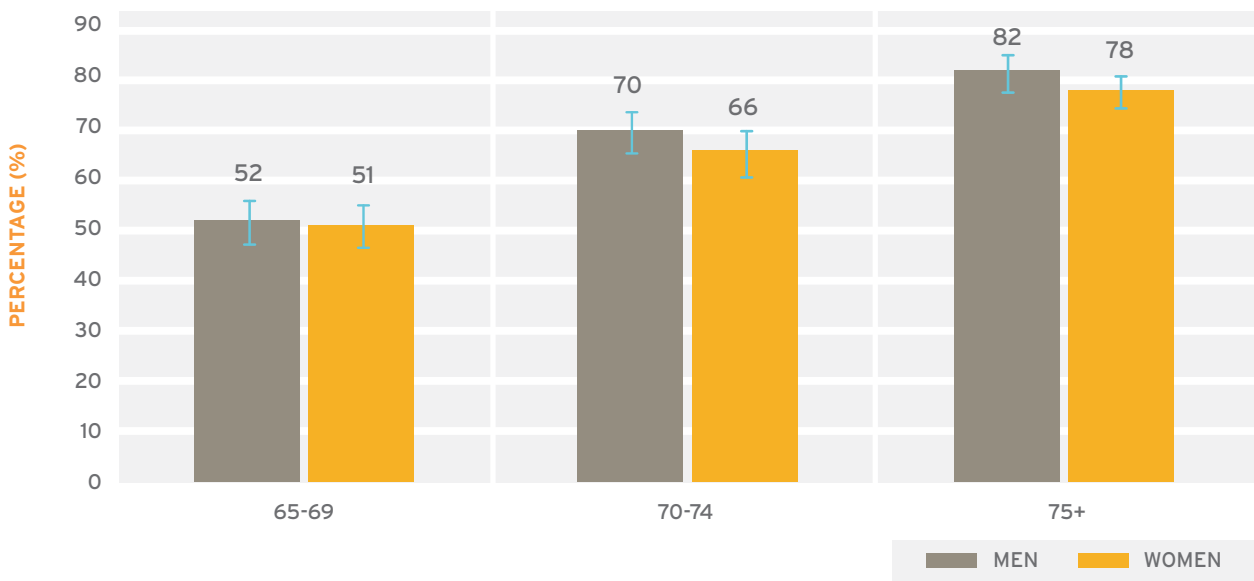
Over two thirds (69%) of people aged 65+ have had a flu vaccine in the previous two years

INDICATOR:
PERCENTAGE OF
PEOPLE AGED 65+
WHO HAVE HAD A
FLU VACCINE IN THE
PREVIOUS
TWO YEARS

Seasonal flu results in a substantially higher risk of developing non-fatal and fatal complications among older people than among adult persons of younger age [54]. Recent research has found that flu vaccination reduces the likelihood of suffering from disease and death caused by the virus [55].

This indicator represents the percentage of men and women who answered yes to the question - Since your last interview, have you had a flu vaccination? In TILDA there is an average of two years between interviews at each survey wave.

Figure 41: Percentage of men and women aged 65+ who had a flu vaccination in the past two years, by age group



Source: TILDA (Wave 2: 2012-2013) Note: Error bars correspond to the 95% confidence intervals.

- As people get older they are more likely to receive a flu vaccine (51% in age 65-69 compared with 80% in age 75+)
- Across all ages, the percentage of women receiving flu vaccines is slightly lower than in men

NPAS ACTION AREA

Health education, promotion and prevention across the life-cycle.

18% of people aged 50+ have experienced difficulty seeing a doctor

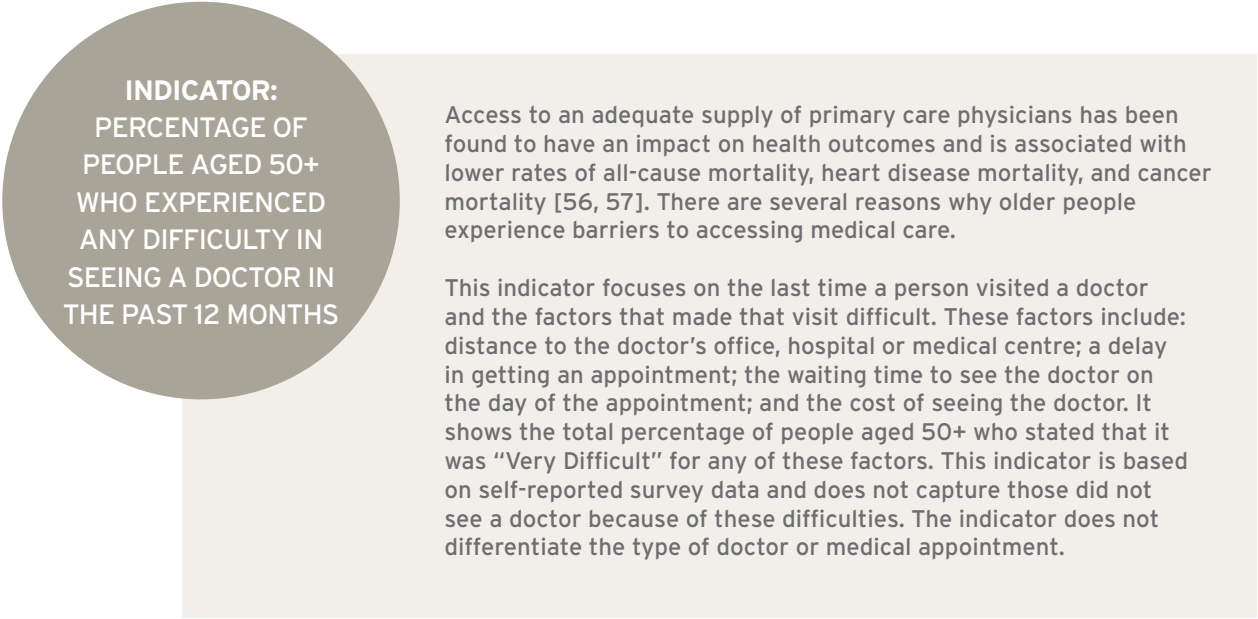
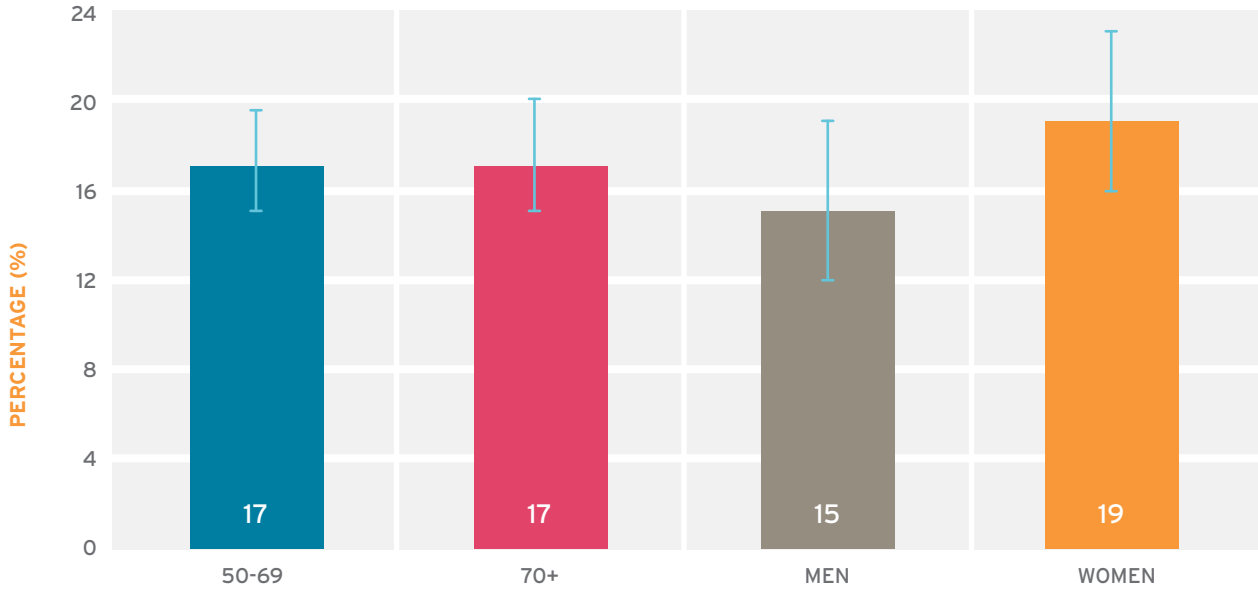


Figure 42: Percentage of men and women who had difficulty last time they saw a doctor, by age group



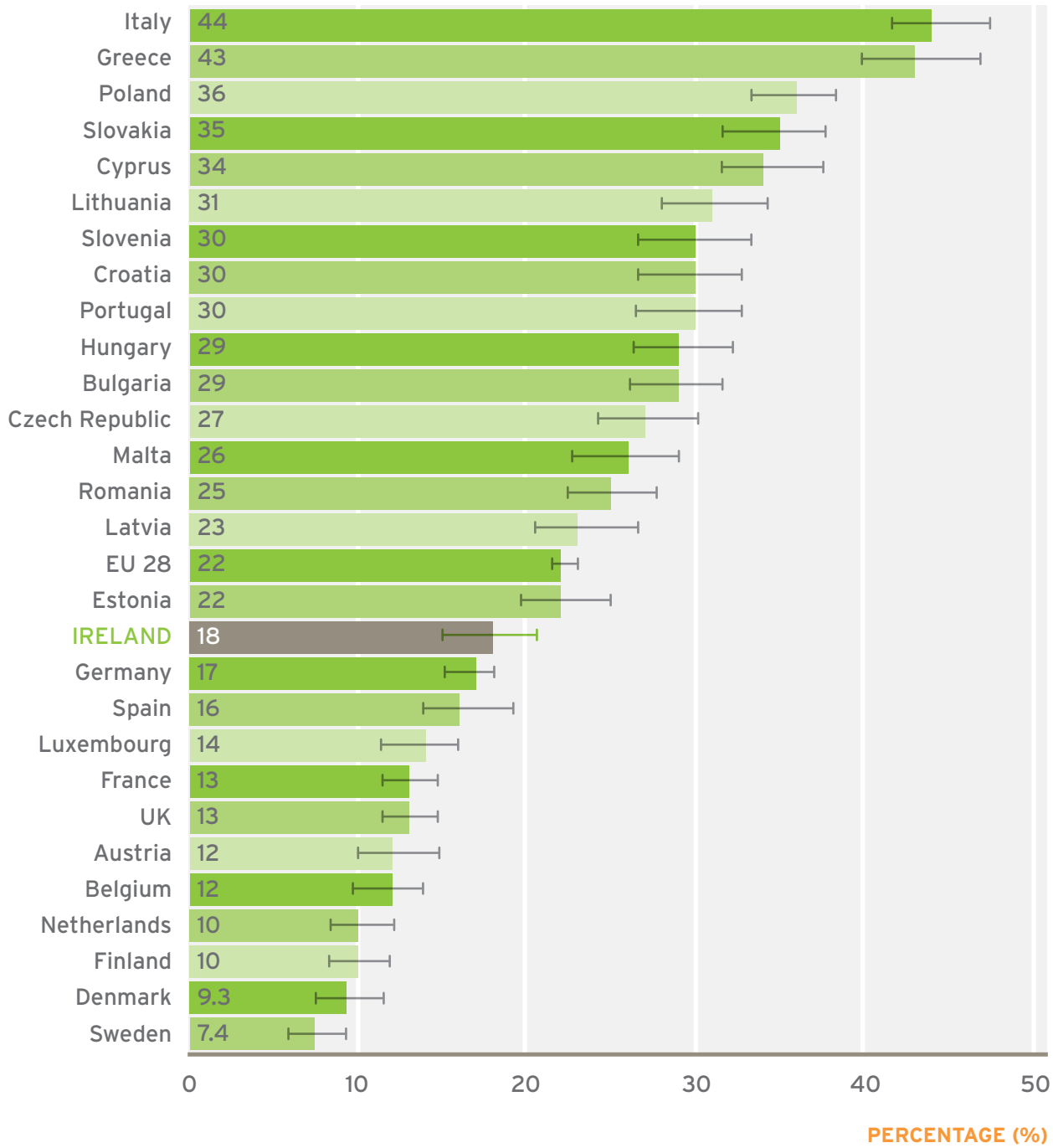
Source: EQLS (3rd Round: 2011). Note: Error Bars correspond to 95% Confidence Interval.

What are the factors that made it difficult to see a doctor?

- One in 10 (10%) people aged 50+ reported the cost made seeing a doctor very difficult
- Smaller percentages of people aged 50+ reported that the waiting time (8.7%), a delay in getting an appointment (5.4%), and the distance to doctor's office/hospital/medical centre (3.7%) made seeing a doctor very difficult

How does Ireland compare with the EU-28?

Figure 43: People aged 50+ who have experienced difficulty seeing a doctor, in Ireland and the EU-28



Source: EQLS (3rd Round: 2011). Note: Error Bars correspond to 95% Confidence Interval; estimate for Ireland may differ from national estimate due to the application of cross-national weights.

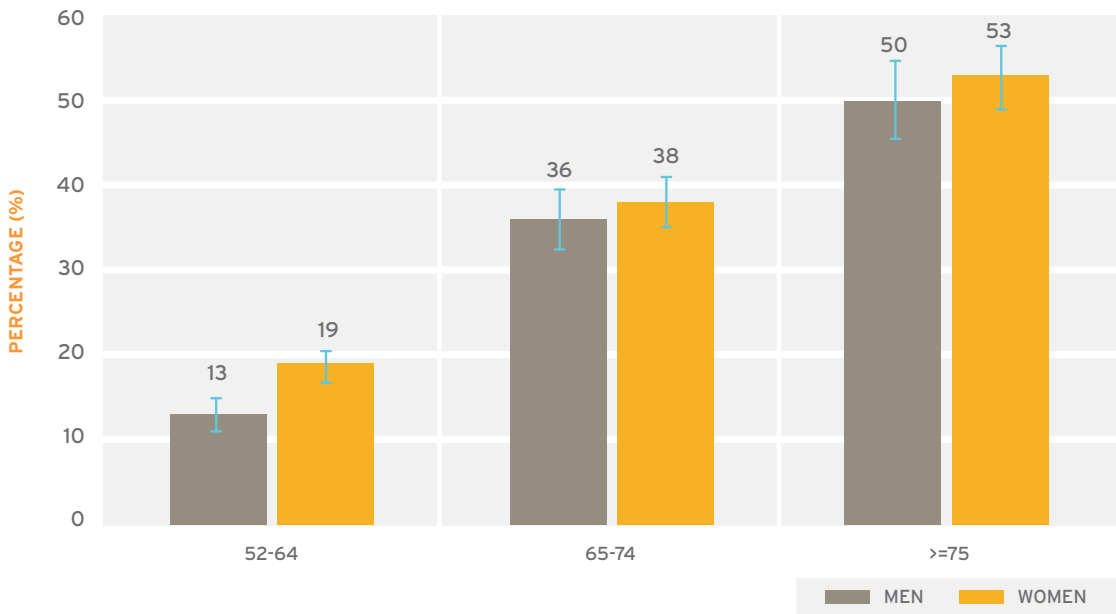
More than one in four (28%) people aged 50+ are taking five or more medications

INDICATOR:
PERCENTAGE OF
PEOPLE AGED 50+
WHO ARE TAKING
FIVE OR MORE
MEDICATIONS

Polypharmacy has been found to be a contributory factor in a range of problems such as hospitalisation, nursing home placement, death, hypoglycaemia, fractures, impaired mobility, pneumonia, and malnutrition as well as adverse drug reactions or interactions between drugs [58]. Polypharmacy tends to be more common among older people with multiple medical conditions requiring medication.

Polypharmacy is most commonly defined as the concurrent use of five or more medications, excluding supplements, and had increasing incidence in the older population. In TILDA the home interviewer asks the participant to show them all the medications they are currently taking and records the names. This information is then coded by qualified pharmacists.

Figure 44: Percentage of men and women aged 52+ who are taking five or more medications, by age group



Source: TILDA (Wave 2: 2012-2013) Note: Error bars correspond to the 95% confidence intervals. TILDA participants were aged 52+ in Wave 2.

- More than one in four (28%) people aged 52+ are taking five or more medications
- Among men this increases from 13% aged 52-64 to 50% aged 75+
- Among women, this increase from 19% aged 55-64 to 53% aged 75+

Trend between Wave 1 (2011) and Wave 2 (2013):

- Polypharmacy increased significantly between Wave 1 and Wave 2 from 22% to 28%

NPAS ACTION AREA

Medication management.

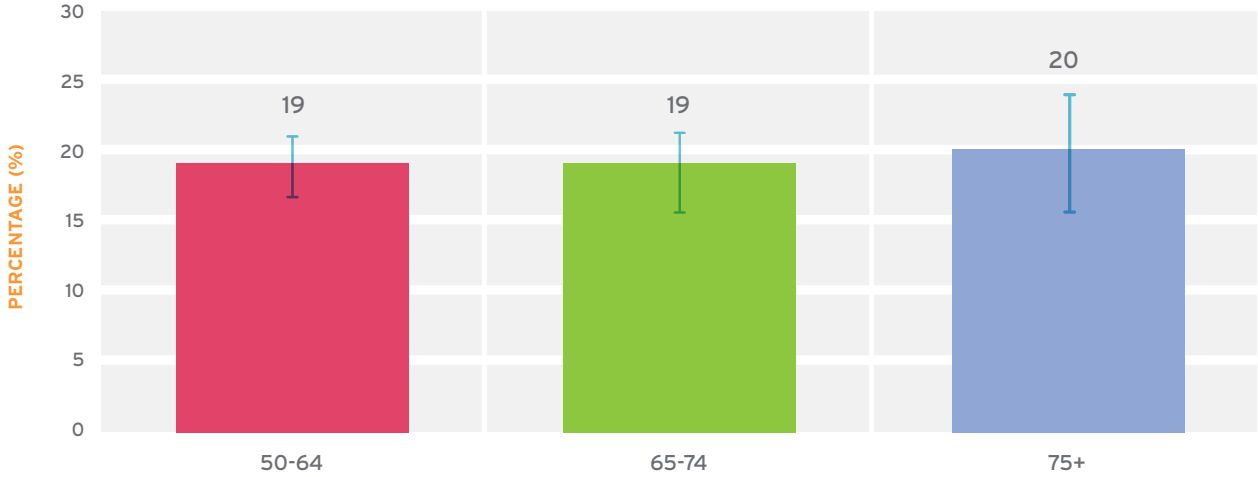
Almost one in five (19%) people aged 50+ report unmet need for a community care service

INDICATOR:
PERCENTAGE OF
PEOPLE AGED
50+ WHO REPORT
UNMET NEED FOR A
COMMUNITY CARE
SERVICE

There is evidence that people experiencing unmet need for services and support were more likely to develop more serious problems which potentially lead to admission to hospital or nursing home. Unmet needs are linked to weight loss, dehydration, falls, and higher levels of hospital admission [59].

Community care services include: Public Health Nurse; Occupational therapy; Chiropody; Physiotherapy; Speech and Language; Social work; Psychology/counselling; Home help; Personal care attendant; Meals-on-wheels; Day centre; Optician; Dental; Hearing; Dietician; Respite Care. Reasons include: Never heard of or did not know available; Transport difficulties; Cost; Reluctant/don't have time to apply; Not eligible.

Figure 45: Unmet need for community care services, by age group



Source: TILDA (Wave 1: 2009-2010) Note: Error bars correspond to the 95% confidence intervals.

- There were no age differences in the level of unmet need
- However, there were considerable differences in the reasons reported for unmet need (see below)

Reasons for unmet need for community care

- In the 50-64 age group, the most frequent reason for unmet need was cost (22%), followed by lack of information (11%), difficulty applying (10%) and lack of transport (1%)
- In the 65+ age group, the most frequent reason for unmet need was lack of information (22%), followed by difficulty applying (17%), cost (13%) and lack of transport (1%)
- 16% of those aged 50-64 and 31% of the over 65s of people with unmet need reported an "Other" reason for their unmet need, not captured in this list

NPAS ACTION AREA

Quality community care services.

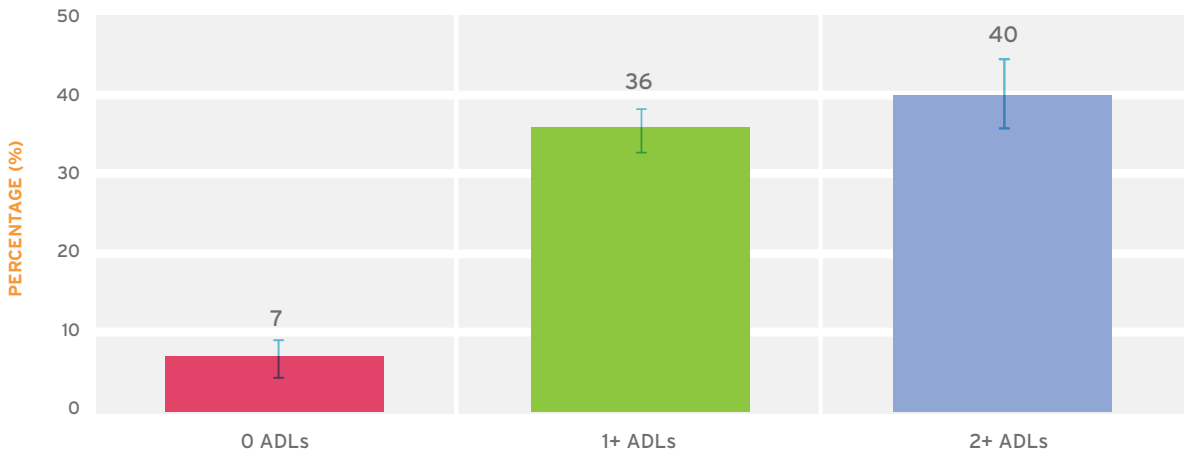
14% of people aged 70+ living in the community have received home care services in the previous 12 months

INDICATOR:
PERCENTAGE OF PEOPLE AGED 70+ LIVING IN THE COMMUNITY IN RECEIPT OF HOME CARE SERVICES IN THE PREVIOUS 12 MONTHS

The ability to live independently in one's own home is important for health, wellbeing and a sense of autonomy. Being able to independently perform day-to-day activities is important for self-confidence and life satisfaction. Receiving the support necessary to maintain independence therefore has a contribution in terms of quality of life and wellbeing.

Home care includes: home help; personal care attendant; and/or meals on wheels.. The percentage of older people receiving these services is reported with respect to the level of difficulty with activities of daily living (these include self-care activities such as washing and dressing, and basic activities such as getting around inside the home). Categories include no ADL difficulties, one ADL difficulty or two or more ADL difficulties.

Figure 46: Receipt of home care services by level of difficulties with activities of daily living (ADLs).



Source: TILDA (Wave 2: 2012-2013) Note: Error bars correspond to the 95% confidence intervals.

- Over 70s with difficulties with activities of daily living were more likely to be in receipt of home care services
- 60% of community-dwelling over 70s with two or more difficulties with activities of daily living, have not received any home care services in the previous 12 months

Home care type

- Home help primarily provides help with household chores, while personal care attendants assist with personal care activities. Meals-on-wheels are meals provided to people who are unable to prepare meals themselves
- Among those with no difficulties with activities of daily living who are receiving home care, the most frequently used service is home help (84%), followed by Meals-on-Wheels
- People with at least one difficulty with activities of daily living and who received care are more likely to make use of a personal care attendant (32%). They are slightly less likely to receive home help (76%) and meals-on-wheels (17%)

NPAS ACTION AREA

Quality community care services.

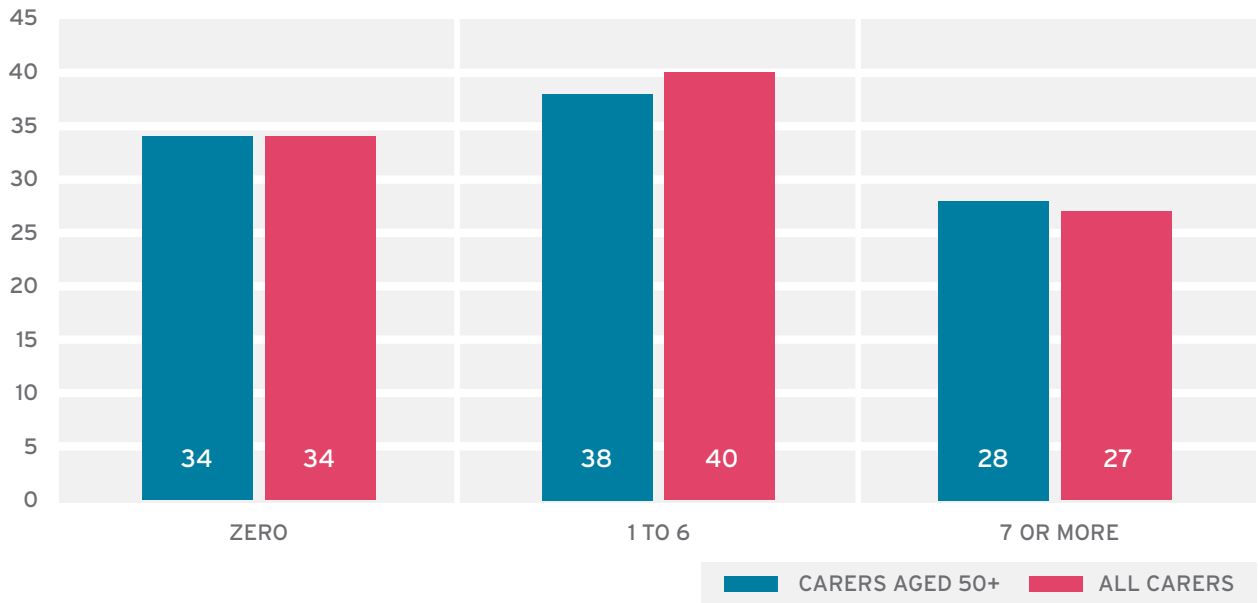
More than one in four carers (27%) aged 50+ report a high level of stress or distress.

INDICATOR:
PERCENTAGE OF CARERS AGED 50+ WHO REPORT HIGH LEVELS OF STRESS OR DISTRESS

Research has found that the caring role can impact on physical and mental health, can lead to isolation, financial hardship, stress and exhaustion [60, 61]. While there are certain positive aspects to the role, many older carers in particular experienced disturbed sleep, difficulties in coping with distressing behaviour, financial strain, and an adverse effect on their own health.

This indicator shows the percentage of carers aged 50+ who report high levels of stress or distress. Data was measured using the Caregiver Strain Index. This index comprises 13 items covering five domains: employment; financial; physical; social and time. A score of seven or more in this index indicates a high level of stress or distress. A carer was defined based on the response to the question: is there anyone living with you/not living with you who is sick, disabled or elderly, whom you look after or give special help to, other than in a professional or paid capacity (for example, a sick or disabled (or elderly) relative/husband/wife/child/friend/parent etc).

Figure 47: Caregiver Strain Index Score for adults aged 50+ and all carers



Source: Quarterly National Household Survey (QNHS) Special Module on Carers (Q3, 2009)

- More than one in four adults aged 50+ report a high level of stress or distress associated with caring
- Among carers aged 50+ who report high levels of stress or distress, 32% are male and 68% are female
- Among carers aged 50+ who report high levels of stress or distress, more than half (53%) provide care for 57 hours or more per week

NPAS ACTION AREA

Implementation and monitoring of the National Carers' Strategy.

SECTION

3.4

SECURITY

GOAL

3

Enable people to age with confidence, security and dignity in their own homes and communities for as long as possible.

DOMAIN	KEY INDICATORS	
FINANCIAL SECURITY	Consistent poverty rate among adults aged 65+.	2.1%
	Percentage of people aged 50+ who report that a shortage of money stops them from doing the things they want to do.	19%
HOUSING	Percentage of people aged 50+ who have housing facility problems.	11%
	Percentage of people aged 50+ who have housing condition problems.	48%
	Percentage of households with an adult aged 65+ who are unable to keep their house adequately warm.	8.8%
AGE-FRIENDLY PUBLIC SPACES	Percentage of people aged 50+ who experience difficulty accessing essential services.	14%
	Percentage of people aged 50+ who experience difficulty accessing social facilities.	33%
	Percentage of people aged 50+ who experience difficulty accessing recreational or green area.	9.2%
	Percentage of people aged 50+ who report high levels of neighbourhood social capital.	66%
PERSONAL SAFETY	Percentage of people aged 50+ who feel that it is safe to walk alone after dark in their local area.	72%
ELDER ABUSE	Number of confirmed cases of elder abuse (most recent year).	437 cases

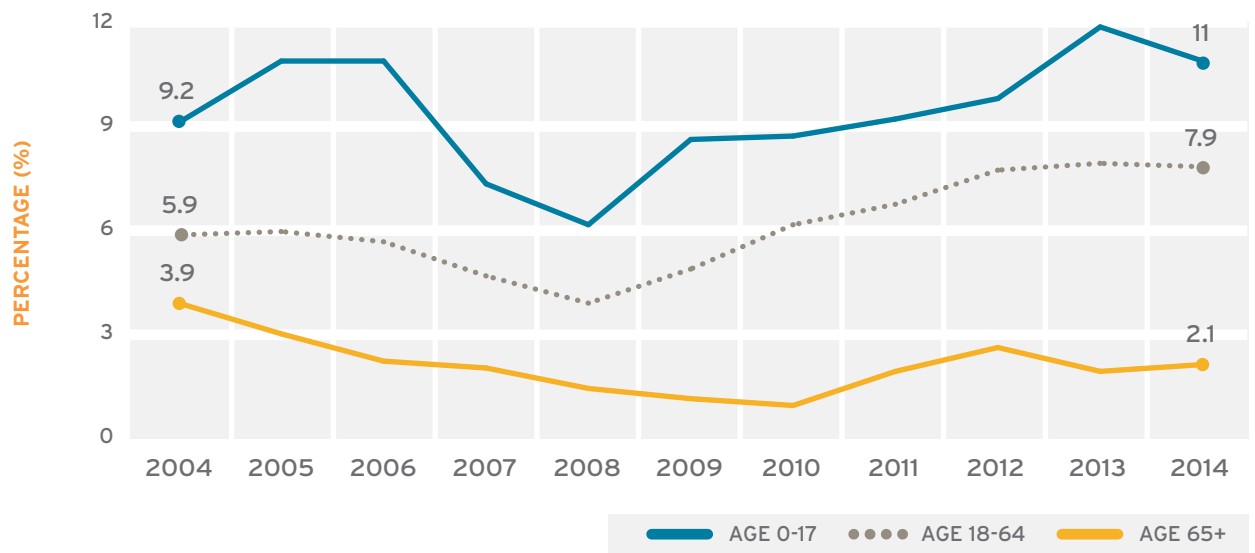
In 2014, the consistent poverty rate among adults aged 65+ was 2.1%

INDICATOR:
PERCENTAGE OF
ADULTS AGED
65+ WHO ARE
IN CONSISTENT
POVERTY

Material deprivation indicates lack of access to resources and activities that are considered necessary for daily life, due to lack of income rather than due to personal choice. Being at-risk-of-poverty is measured as being below 60% of the median income.

This indicator shows the percentage of people aged 65+ who are in consistent poverty, which is an indicator of poverty that combines both income and enforced deprivation. People are in consistent poverty if they are at-risk-of-poverty (below 60% of the median income) and experience two or more forms of enforced deprivation.

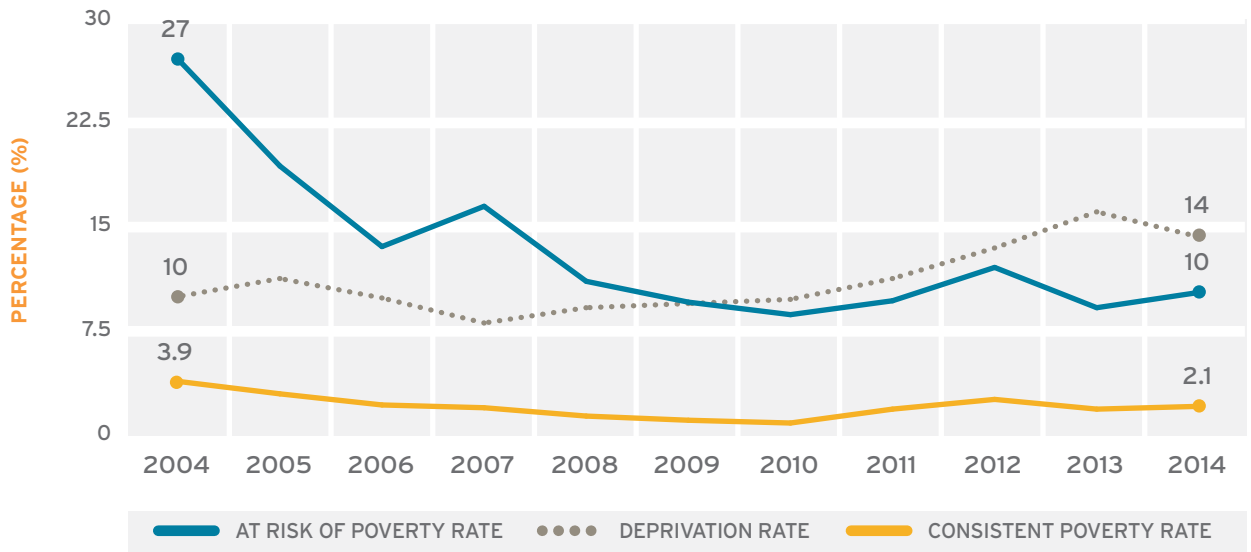
Figure 48: Consistent poverty rate 2004-2014 for adults aged 65+ and people aged <65



Source: EU-SILC (2014).

- In 2014, 2.1% of people aged 65+ were in consistent poverty, a reduction of 1.8% since 2004
- The consistent poverty rate among younger age groups increased from 2004-2014

Figure 49: Consistent poverty, at-risk-of-poverty, and material deprivation rates for people aged 65+



Source: EU-SILC (2014).

How does Ireland compare to the EU-28?

Table 14: At-risk-of-poverty, deprivation and severe material deprivation among people aged 65+ in Ireland and the EU-28

	2011	2012	2013	2014
AT-RISK-OF-POVERTY				
EU-28	18	16	16	16
Ireland	11	13	10	10
AVERAGE NUMBER OF DEPRIVATION ITEMS AMONG DEPRIVED ADULTS AGED 65+†				
EU-28	3.7	3.7	3.7	3.7
Ireland	3.5	3.4	3.5	3.4
SEVERE MATERIAL DEPRIVATION				
EU-28	7.2	7.5	7.0	6.2
Ireland	3.0	2.9	3.6	2.9

Source: EU-SILC (2014). Note: Severe material deprivation is defined as deprivation of 4 or more out of 9 items from economic strain, durable, housing and environment dimensions. †Includes economic strain and durable dimensions only.

NPAS ACTION AREA

Poverty reduction.

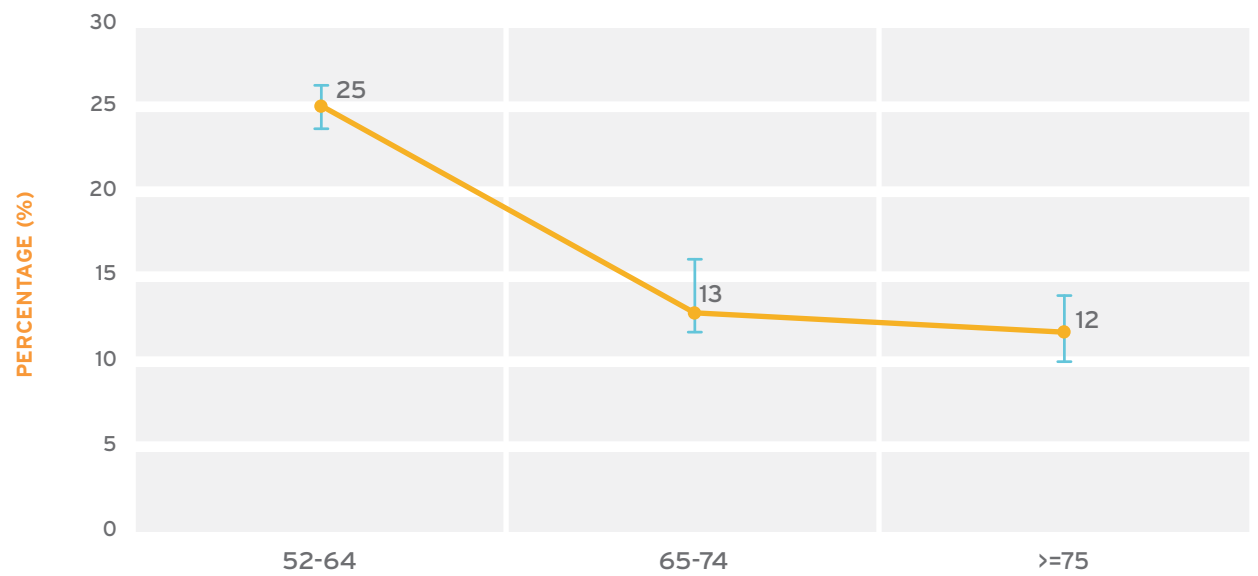
Almost one in five (19%) people aged 50+ reported that a shortage of money stopped them from doing the things they wanted to do

INDICATOR:
PERCENTAGE OF PEOPLE AGED 50+ WHO REPORT THAT A SHORTAGE OF MONEY STOPS THEM FROM DOING THE THINGS THEY WANT TO DO

There is considerable evidence that older adults with lower income have worse health [62], higher risk of multiple chronic conditions [63], greater functional impairment [64], and worse disability [65]. Higher income is associated with better education, which in turn is associated with improved behavioural health.

This indicator shows the percentage of people aged 50+ who reported that a shortage of money stopped them from doing the things they wanted to do. It should be noted however, that this was subjective to the individual and some may suffer higher levels of poverty than others.

Figure 50: A shortage of money among ages 52-64, 65-74 and 75+ in the past 12 months



Source: TILDA (Wave 2: 2012-2013) Note: Error bars correspond to the 95% confidence intervals. TILDA participants were aged 52+ in Wave 2.

- In total, 25% of people aged 52-64, 13% aged 65+, and 12% aged 75+ reported a shortage of money
- In all age groups, there was virtually no difference between men and women

Trend between Wave 1 (2011) and Wave 2 (2013):

- There was no significant change in this indicator between Wave 1 and Wave 2

NPAS ACTION AREA

Poverty reduction.

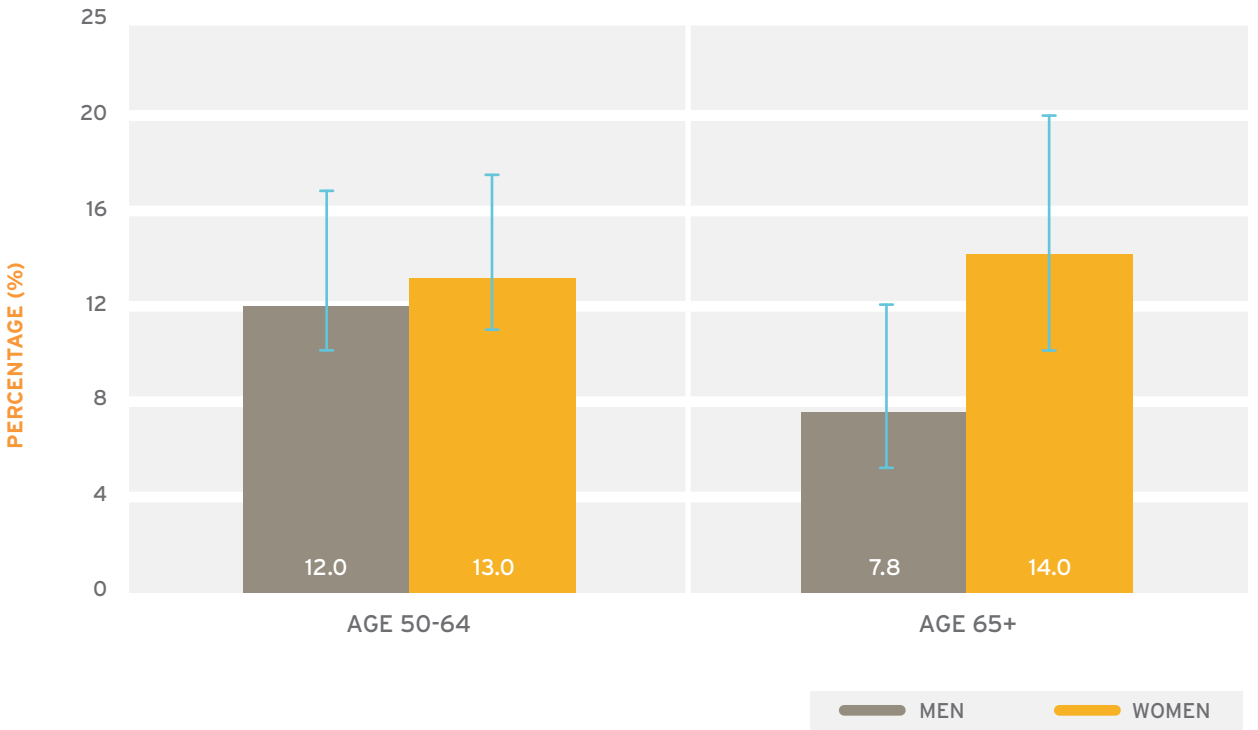
More than one in ten (11%) people aged 50+ have housing facility problems

INDICATOR:
PERCENTAGE OF PEOPLE AGED 50+ WHO HAVE HOUSING FACILITY PROBLEMS

The physical comfort, security, and appropriateness of the home environment can impact on the quality of life and health as we age. The condition and quality of the home, and the facilities within the home, can impact on physical and mental health, and substandard housing conditions can lead to restrictions in activity [66, 67].

This indicator shows the percentage of people aged 50+ who have any of the following four housing facility problems: lack of bath or shower; lack of inside toilet; lack of place to sit outside; and a shortage of space.

Figure 51: Percentage of people aged 50-64 and 65+ who have housing facility problems



Source: EQLS (3rd Round: 2011). Note: Error Bars correspond to 95% Confidence Interval.

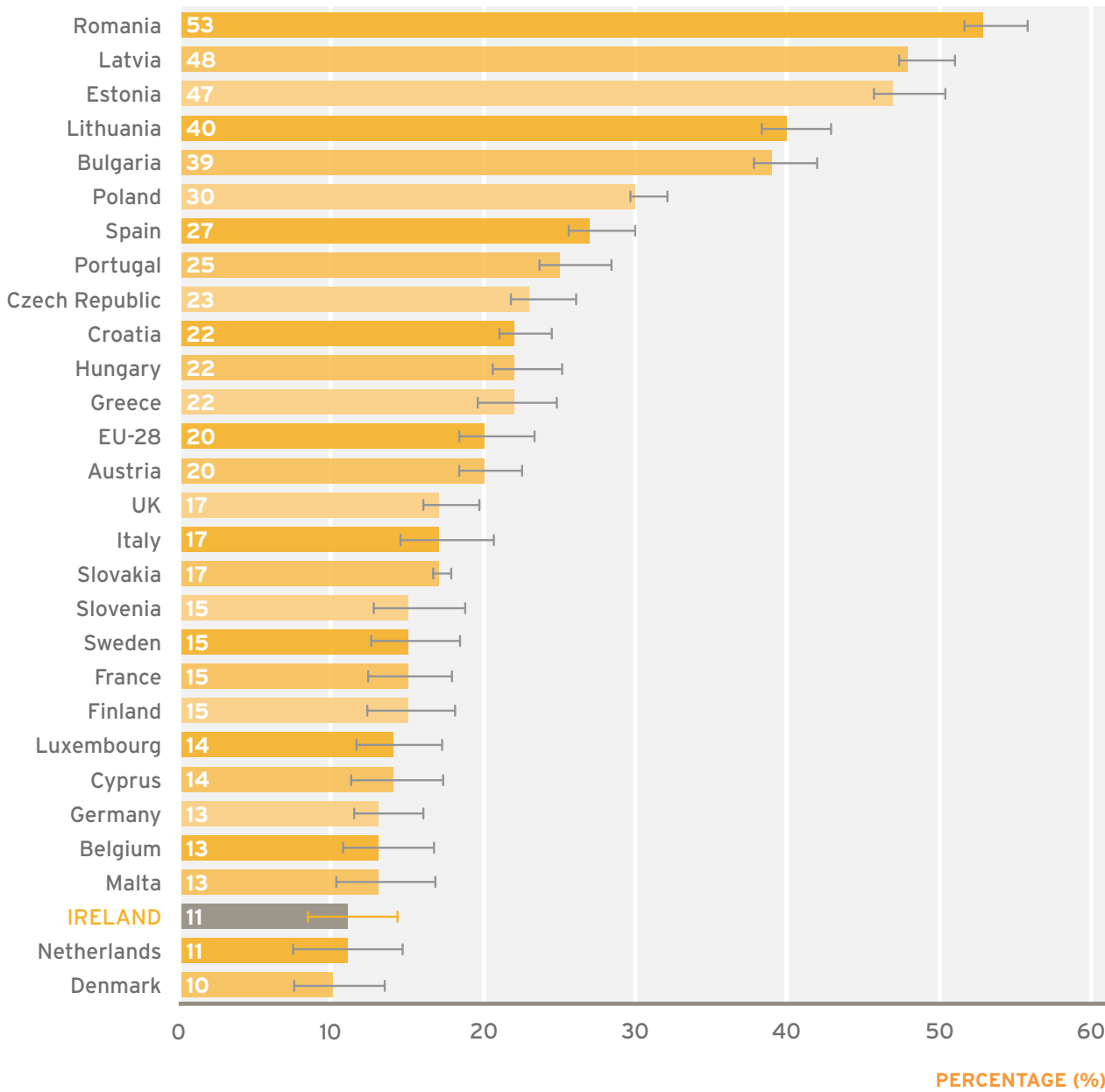
- 13% of people aged 50-64 and 11% of people aged 65+ have housing facility problems
- There was no significant difference between the percentage of men and women who report housing facility problems

What are the most common housing facility problems experienced by people aged 50+?

- Lack of a place to sit outside is the most commonly reported problem among those aged 50+ (3.8%)
- 1.8% of those aged 50+ lack a bath or shower
- 1.3% of those aged 50+ lack an indoor flushing toilet

How does Ireland compare with the EU-28?

Figure 52: Percentage of people aged 50+ with housing facility problems, in Ireland and the EU-28



Source: EQLS (3rd Round: 2011). Note: Error Bars correspond to 95% Confidence Interval; estimate for Ireland may differ from national estimate due to the application of cross-national weights.

NPAS ACTION AREA

Housing grants for older people and people with disability.

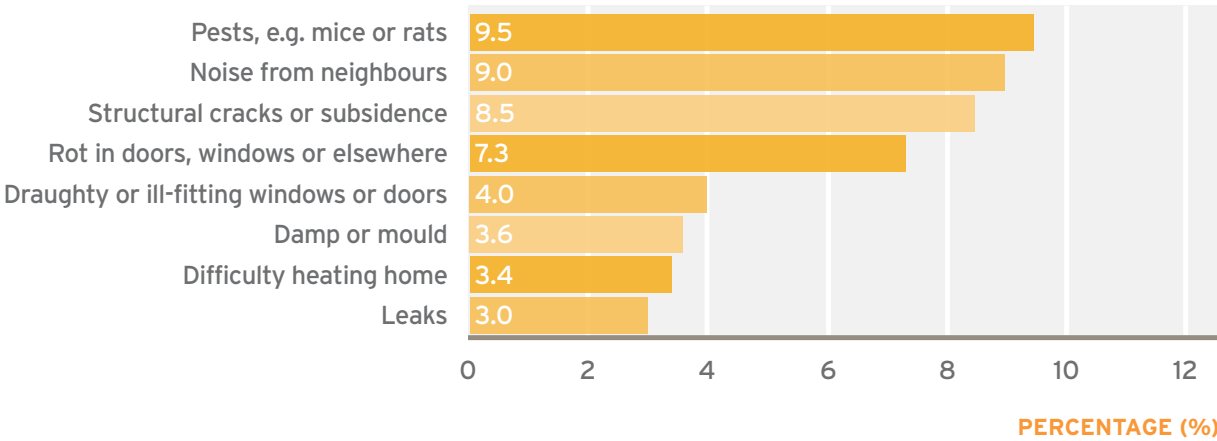
Almost half (48%) of people aged 50+ have housing condition problems

INDICATOR:
PERCENTAGE OF
PEOPLE AGED
50+ WHO HAVE
HOUSING CONDITION
PROBLEMS

Research has found that housing conditions are strongly linked with physical health in older adults. As people age, they spend relatively more time in their homes and the conditions in which they live therefore contribute significantly to their quality of life and health.

Housing condition problems include leaks, rot, damp or mould, structural problems, pests, noise etc. This indicator shows the percentage of people aged 50+ who reported yes to having any of these housing conditions problems.

Figure 53: Percentage of people aged 52+ with major or moderate housing conditions problems, by type of problem



Source: TILDA (Wave 2: 2012-2013). TILDA participants were aged 52+ in Wave 2.

- The housing condition problems which affected the most men and women were leaks (9.5%), difficulty heating home (9%), and damp or mould (8.5%)

NPAS ACTION AREA

Housing grants for older people and people with disability.

Almost one in 10 (8.8%) households containing an adult aged 65+ are unable to keep their home adequately warm

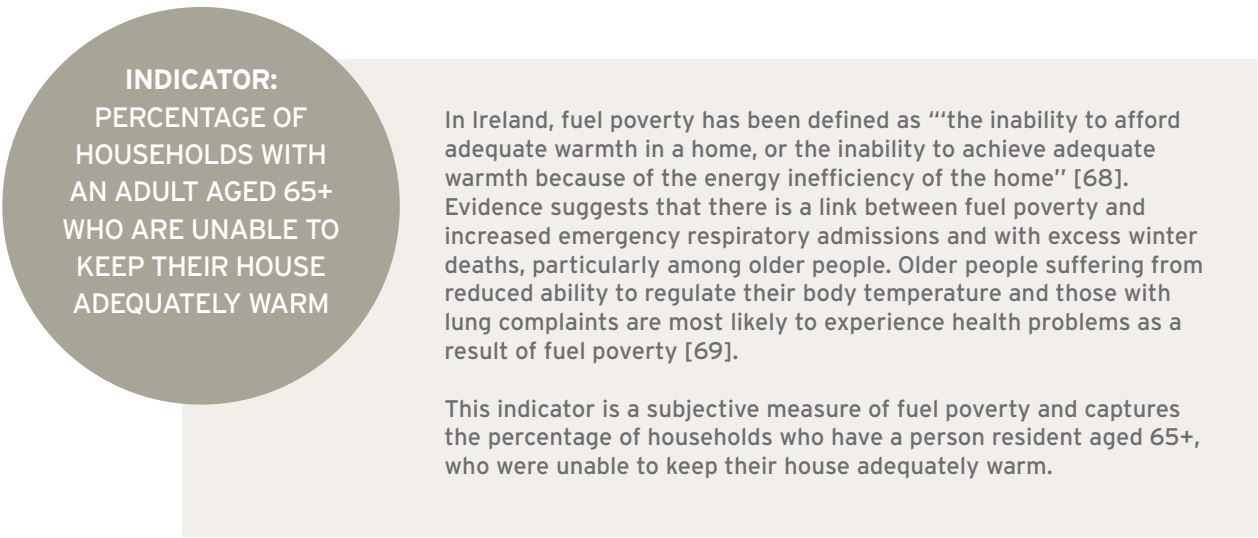
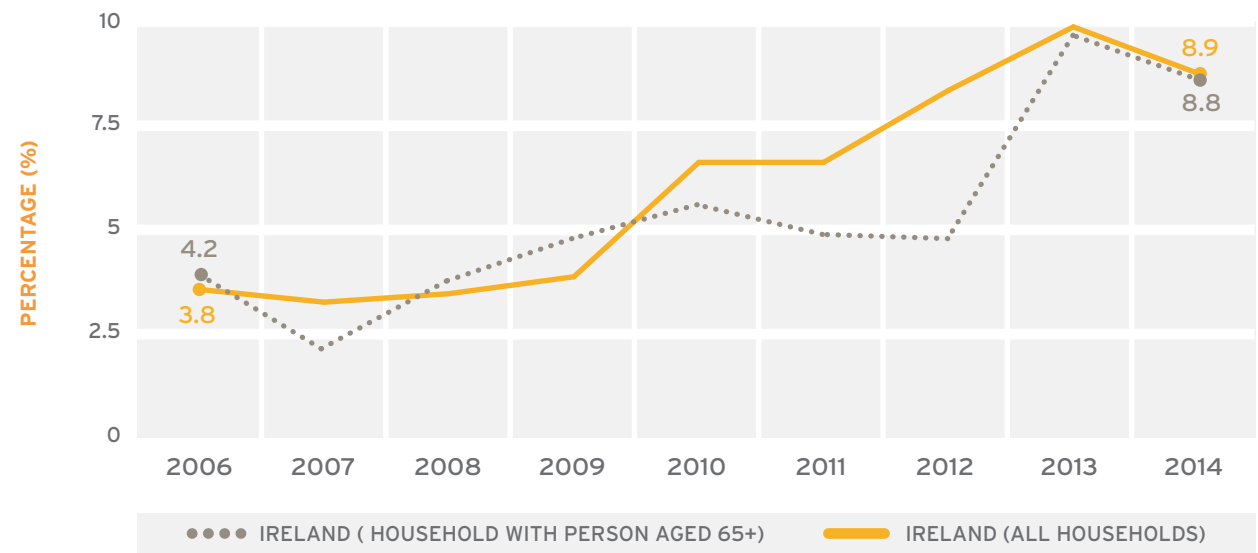


Figure 54: Percentage of households with a person aged 65+ and all households who are unable to keep their home adequately warm (2006-2014)

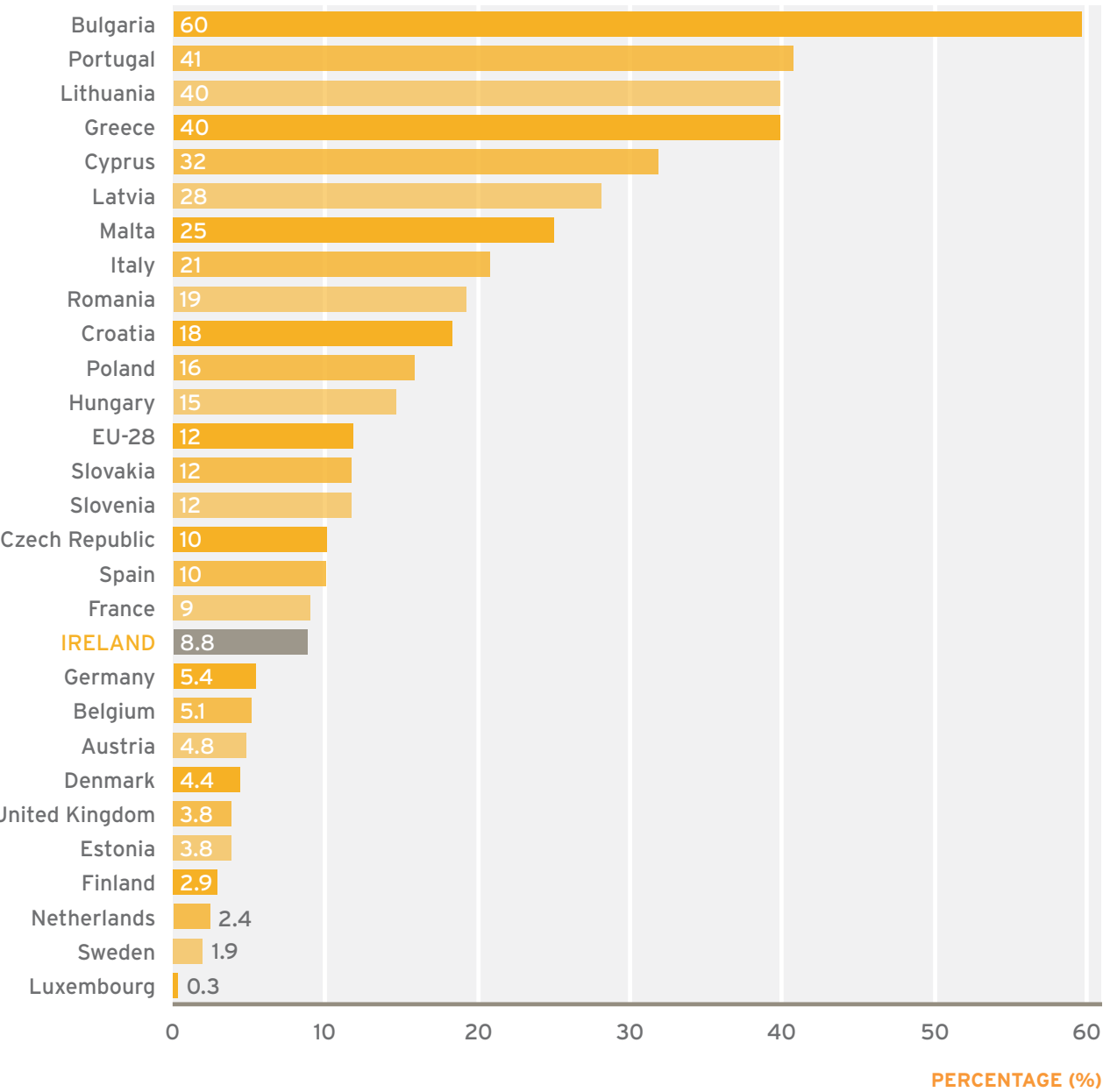


Source: EU-SILC (2014).

- The percentage of households with a person aged 65+ who have been unable to keep their home adequately warm has risen from 4.2% in 2006 to 8.8% in 2014
- The greatest increase was observed between 2012 and 2013, when the percentage of households rose from 5.0% to 9.8%, and is now similar to the percentage among all households in Ireland (8.9%)

How does Ireland compare to the rest of Europe?

Figure 55: Percentage of households with an adult aged 65+ who are unable to keep their home adequately warm in Ireland and the EU-28



Source: EU-SILC (2014).

NPAS ACTION AREA

Housing grants for older people and people with disability.

One in seven (14%) people aged 50+ experience difficulty accessing essential services

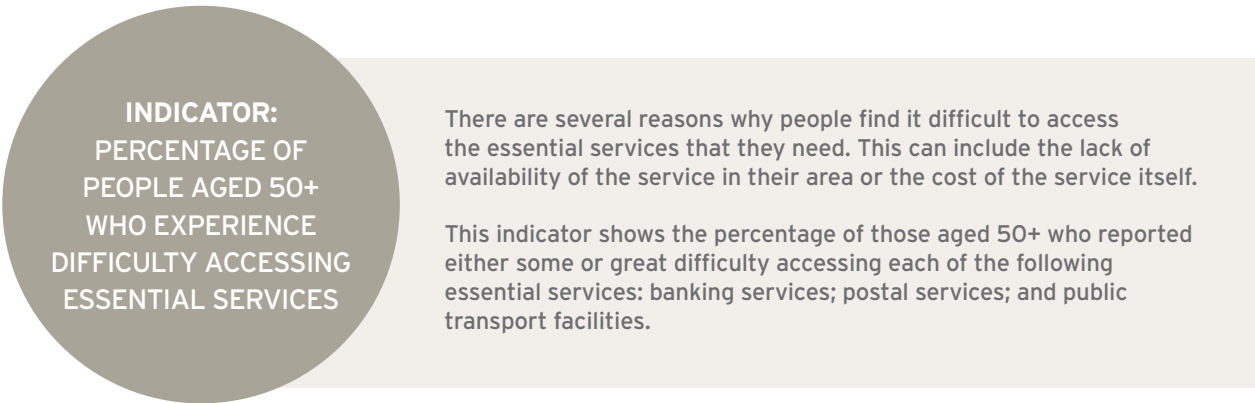
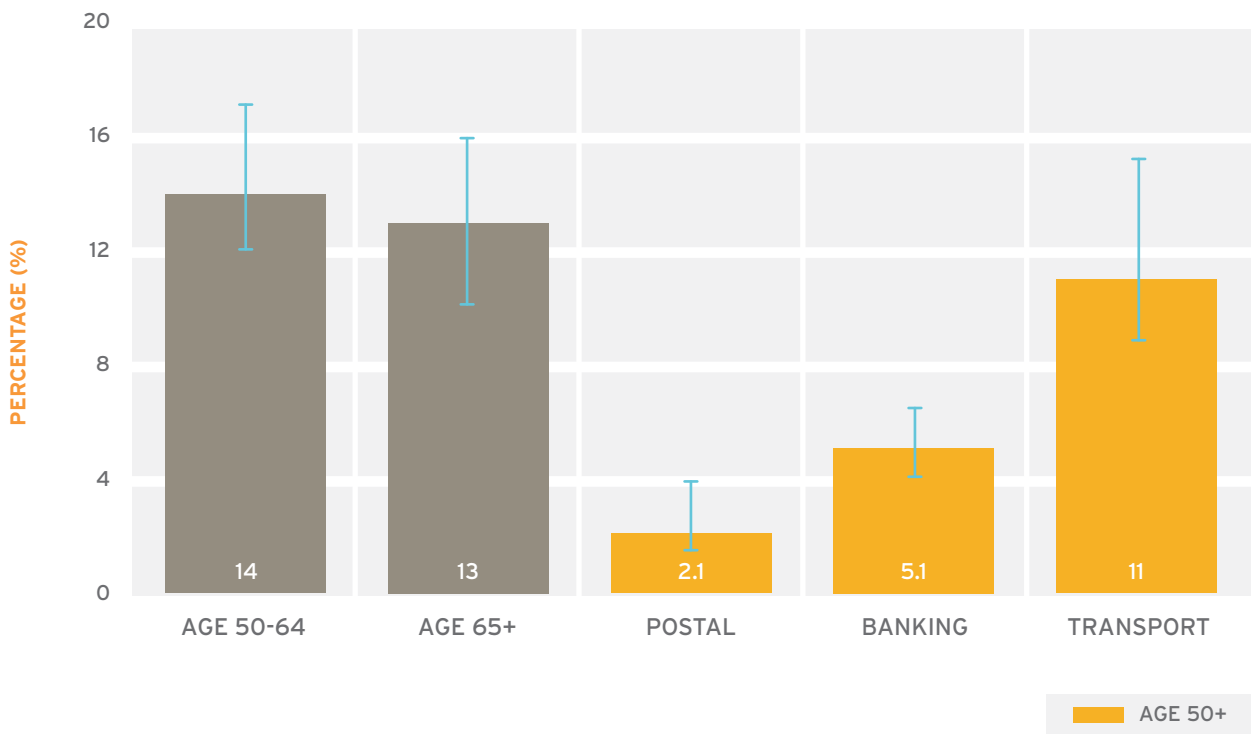


Figure 56: Percentage of men and women who experienced difficulty accessing essential services, by age group



Source: EQLS (3rd Round: 2011). Note: Error Bars correspond to 95% Confidence Interval.

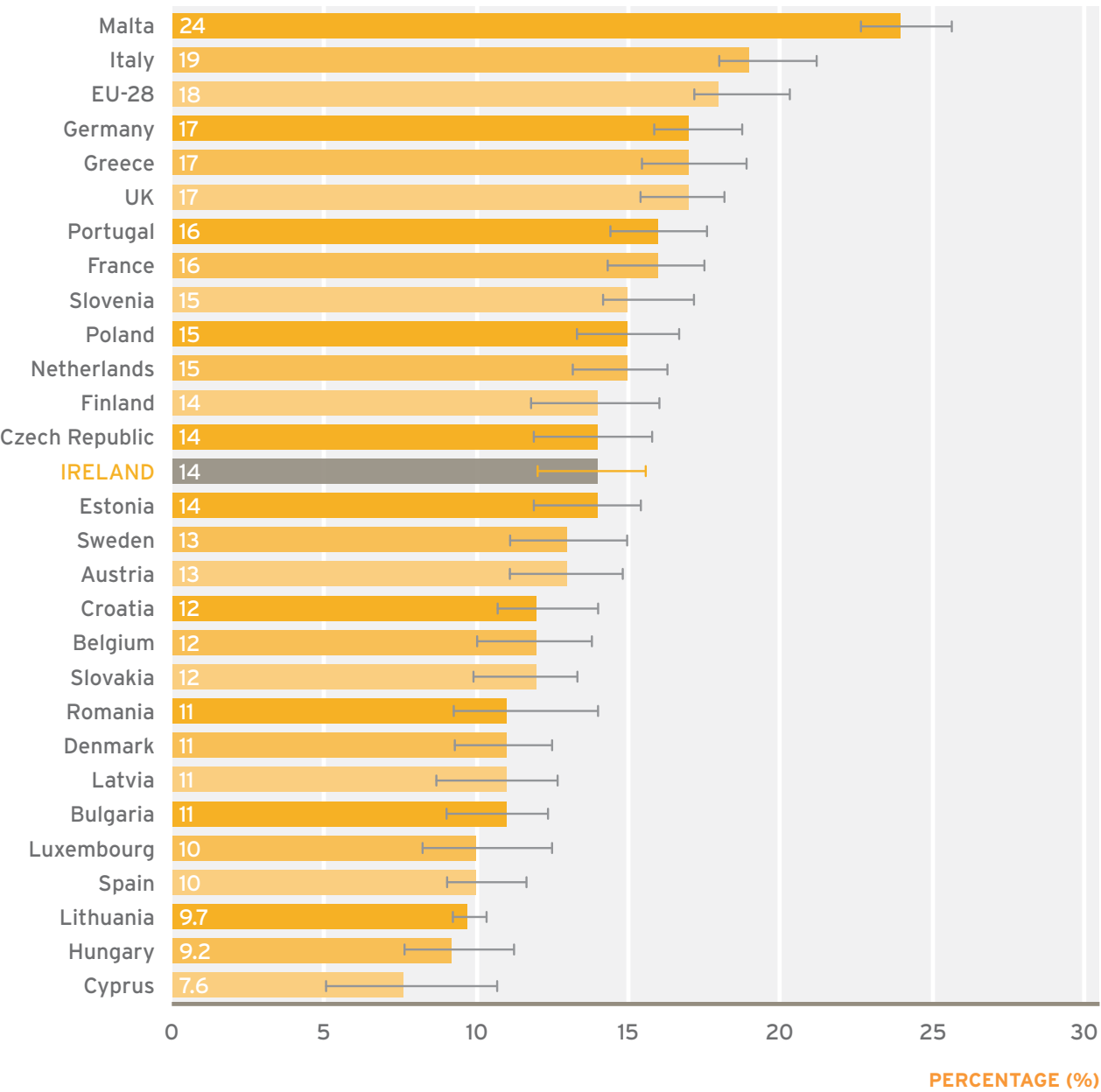
- 14% of people aged 50+ experience difficulty accessing one or more essential services, and this does not vary by age or between men and women

What services are most difficult to access?

- Public transport (bus, metro, tram, etc.) was the most difficult essential services to access by adults aged 50+ (11%)
- Banking services were in the second most difficult essential services to access by those aged 50+ (5.1%)
- Postal services were the third most difficult essential services to access by those aged 50+ (2.1%)

How does Ireland compare with the EU-28?

Figure 57: Percentage of people aged 50+ with difficulty accessing essential services, in Ireland and the EU-28



Source: EQLS (3rd Round: 2011). Note: Error Bars correspond to 95% Confidence Interval.

NPAS ACTION AREA

1. Age-friendly Counties
2. Age-friendly urban environments (street lighting, footpaths, roads, public seating).
3. Universal design.

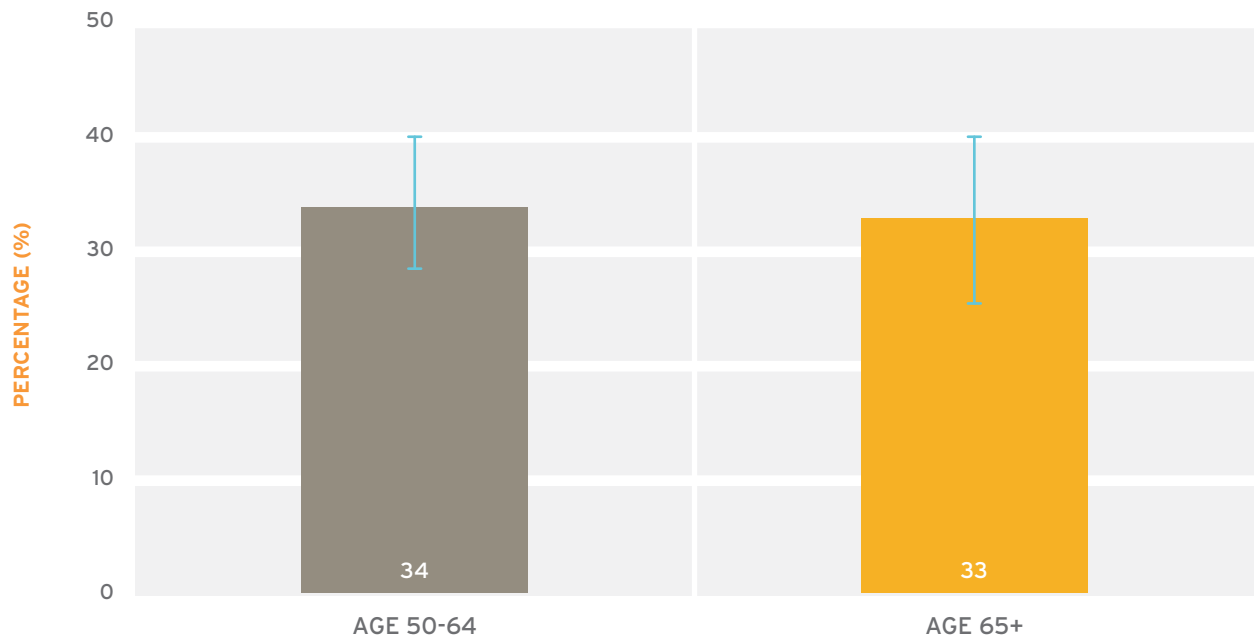
One third (33%) of people aged 50+ experience difficulty accessing social facilities

INDICATOR:
PERCENTAGE OF
PEOPLE AGED 50+
WHO EXPERIENCE
DIFFICULTY ACCESSING
SOCIAL FACILITIES

Older people may experience difficulty accessing social facilities due to a lack of availability in their area. There may also be poor transport options available, cost, and opening times may not be suitable.

This indicator shows the total percentage of those aged 50+ who reported either some or great difficulty accessing the following social facilities: a cinema theatre; or cultural centre.

Figure 58: Percentage of people aged 50+ who experience difficult accessing a social facility, by age group



Source: EQLS (3rd Round: 2011). Note: Error Bars correspond to 95% Confidence Interval.

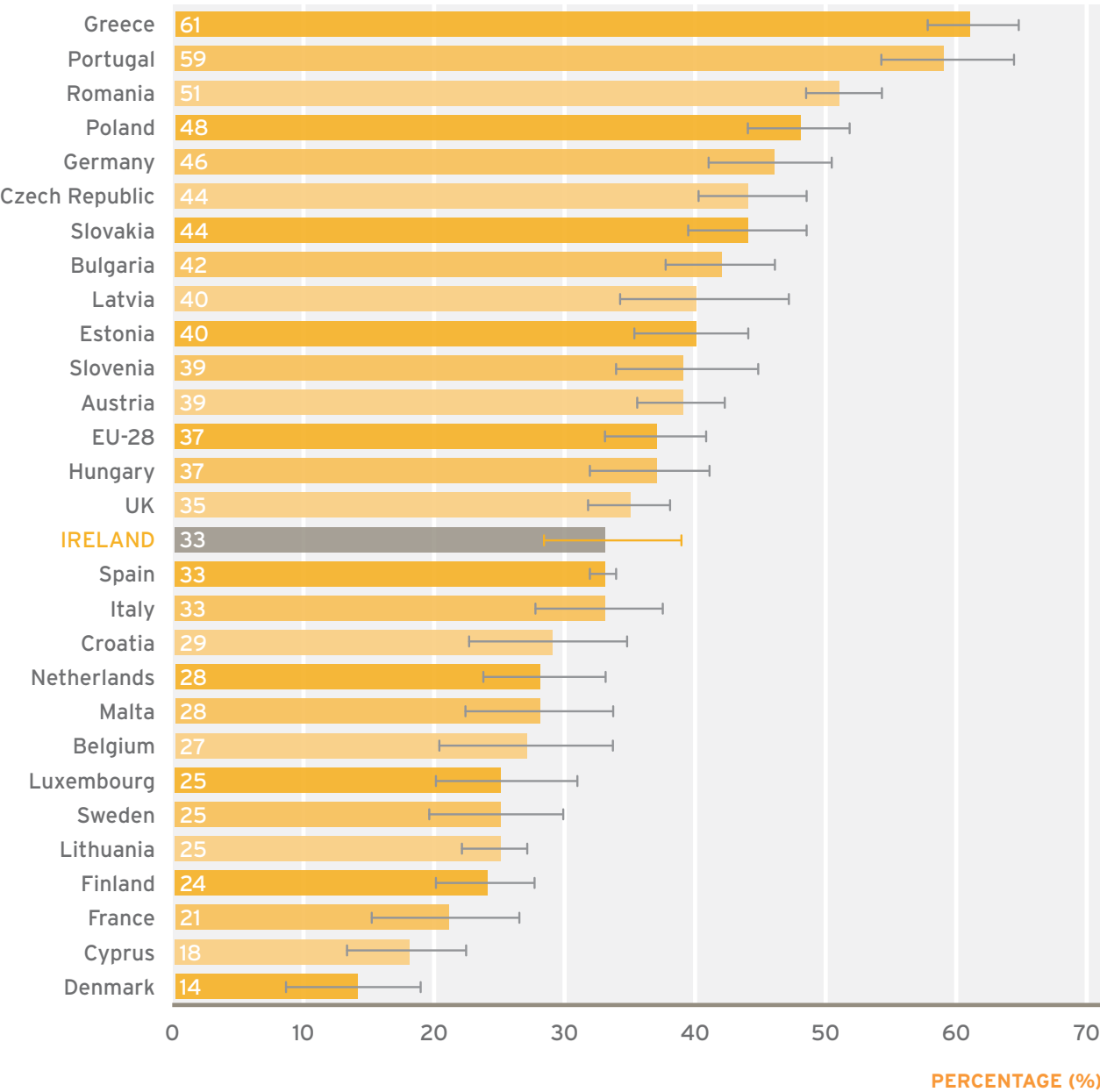
- In total, 34% of people aged 50-64 and 33% aged 65+ experience difficulty accessing a social facility

What levels of difficulty accessing social facilities do people aged 50+ have?

- More than one in 10 (11%) experience great difficulty and 22% experience some difficulty accessing social facilities
- More than two out of three (67%) people aged 50+ can access social facilities either easily or very easily

How does Ireland compare with the EU-28?

Figure 59: Percentage of people aged 50+ with difficulty accessing social facilities, in Ireland and the EU-28



Source: EQLS (3rd Round: 2011). Note: Error Bars correspond to 95% Confidence Interval.

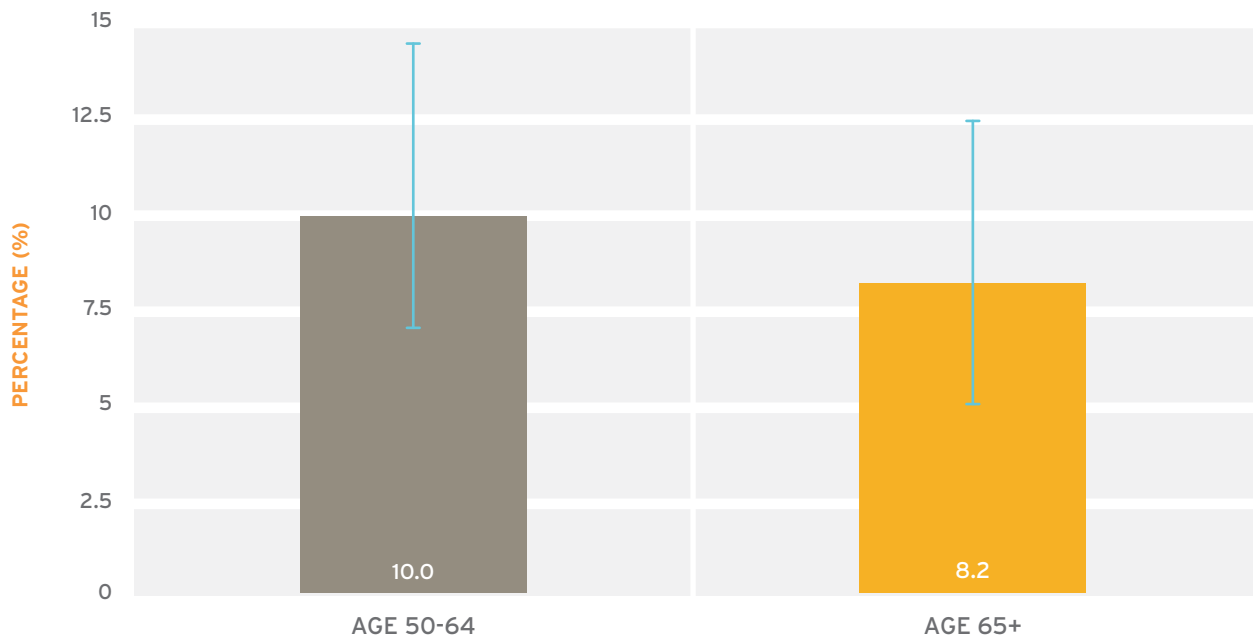
NPAS ACTION AREA

1. Age-friendly Counties
2. Age-friendly urban environments (street lighting, footpaths, roads, public seating).
3. Universal design.

Almost one in 10 (9.2%) people aged 50+ have difficulty accessing a recreational or green area



Figure 60: Percentage of people aged 50+ who experience difficulty accessing recreational or green areas



Source: EQLS (3rd Round: 2011). Note: Error Bars correspond to 95% Confidence Interval.

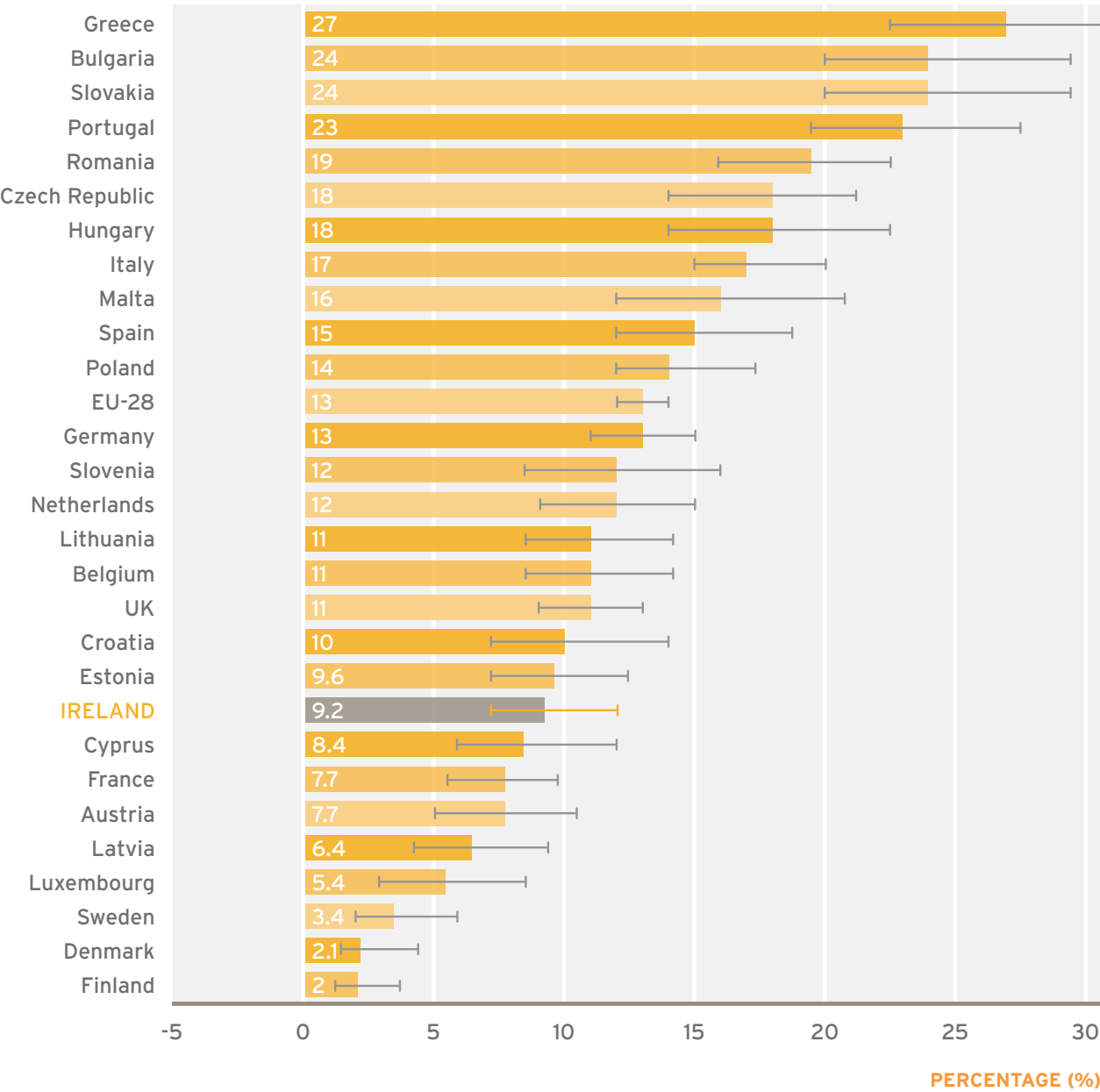
- In total, 9.2% of people aged 50+ had difficulty accessing a recreational or green area. This did not differ significantly by age group

What levels of difficulty accessing recreational or green spaces do people aged 50+ have?

- Only 2.4% of people aged 50+ have great difficulty accessing recreational or green areas
- A total of 39% of people aged 50-64 and 52% of people aged 65+ can access recreational or green areas very easily

How does Ireland compare with the EU-28?

Figure 61: Percentage of people aged 50+ with difficulty accessing recreational or green areas, in Ireland and the EU-28



Source: EQLS (3rd Round: 2011). Note: Error Bars correspond to 95% Confidence Interval; estimate for Ireland may differ from national estimate due to the application of cross-national weights.

NPAS ACTION AREA

1. Age-friendly Counties
2. Age-friendly urban environments (street lighting, footpaths, roads, public seating).
3. Universal design.

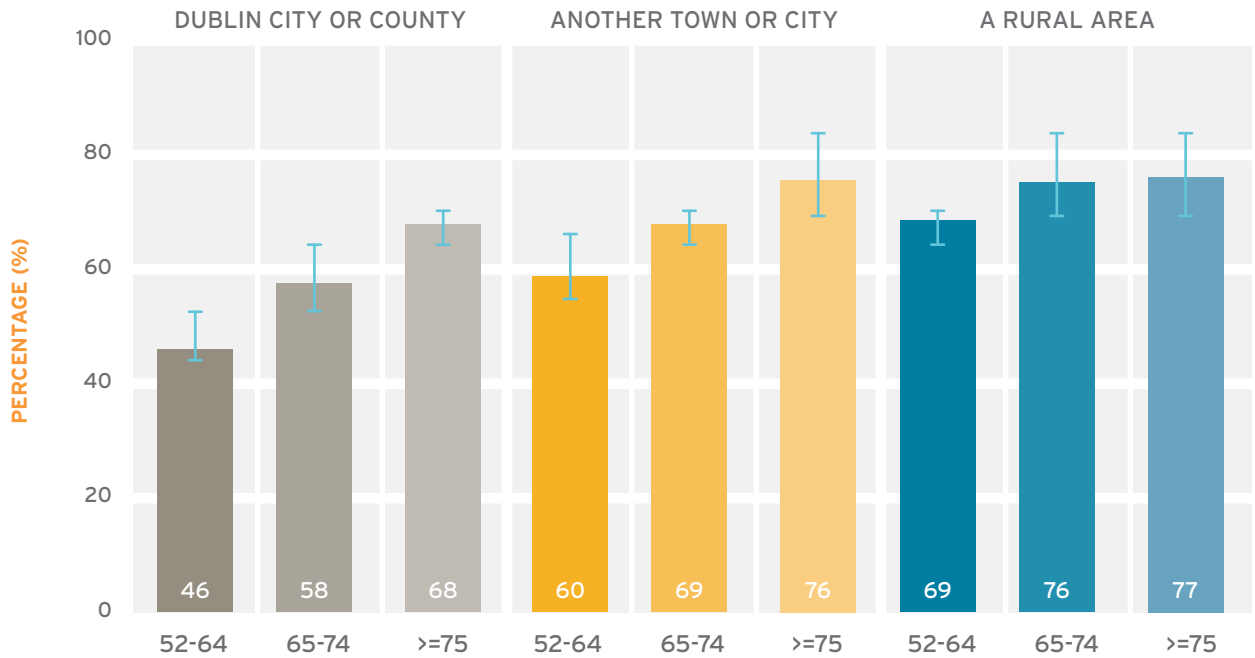
Two thirds (66%) of people aged 50+ reported high neighbourhood social capital

INDICATOR:
PERCENTAGE OF PEOPLE AGED 50+ WHO REPORT HIGH LEVELS OF NEIGHBOURHOOD SOCIAL CAPITAL

Many of the underlying constructs making up what is known as social capital, such as trust, connection and reciprocity have been linked to positive physical and mental health outcomes. There is evidence that social capital can increase individual self-esteem, provide social support, help people to access better resources, and act as a buffer against stressful life events [72].

Neighbourhood social capital is a composite indicator of nine items that older people are asked how they feel about their local area. This indicator shows the percentage of people aged 50+ who reported an average score of six or higher across nine-point Likert scale items capturing different aspects of social capital, including trust in other people, perception of safety, sense of belonging, sense of fairness, perceived cleanliness.

Figure 62: Percentage of those aged 52+ who reported good social capital in their neighbourhood



Source: TILDA (Wave 2: 2012-2013) Note: Error bars correspond to the 95% confidence intervals. TILDA participants were aged 52+ in Wave 2.

- In total, 60% of people aged 52-64, 70% aged 65-74, and 75% aged 75+ reported high neighbourhood social capital
- Across all age groups high neighbourhood social capital was more common in rural areas
- Men and women reported similar levels of social capital in all age groups

NPAS ACTION AREA

1. Age-friendly Counties
2. Age-friendly urban environments (street lighting, footpaths, roads, public seating).
3. Universal design.

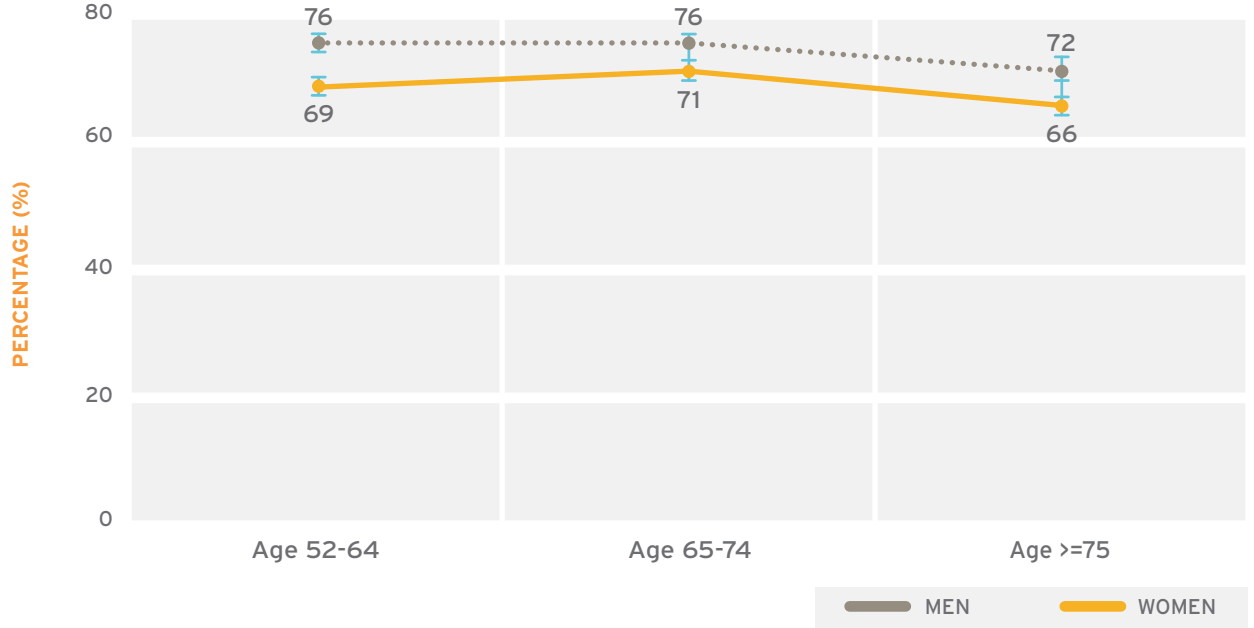
Almost three quarters (72%) of people aged 50+ feel that it is safe to walk alone after dark in their local area

INDICATOR:
PERCENTAGE OF PEOPLE AGED 50+ WHO FEEL THAT IT IS SAFE TO WALK ALONE AFTER DARK IN THEIR LOCAL AREA

Safety at home and in the neighbourhood contributes to a good quality of life for all age groups but evidence suggests that older people are more likely to feel vulnerable in their own home and out in their local area. Feeling unsafe may lead to increased social isolation, which in turn increases feelings of being unsafe [73].

This indicator shows the percentage of people aged 50+ who scored 5 or higher on a seven-point scale asking for their agreement with the statement “People feel safe walking alone after dark in this area”. This area was defined as the area within 20 minutes’ walk of their home.

Figure 63: Feels safe to walk alone after dark in their local area between men and women aged 52-64, 65-74 and 75+ years



Source: TILDA (Wave 2: 2012-2013) Note: Error bars correspond to the 95% confidence intervals. TILDA participants were aged 52+ in Wave 2.

- In total, 72% of people aged 52-64, 74% aged 65-74, and 68% aged 75+ feel safe to walk alone in their local area after dark
- In all age groups, more men than women feel safe to walk alone in their local area after dark

NPAS ACTION AREA

Implementation of An Garda Síochána Older People Strategy.

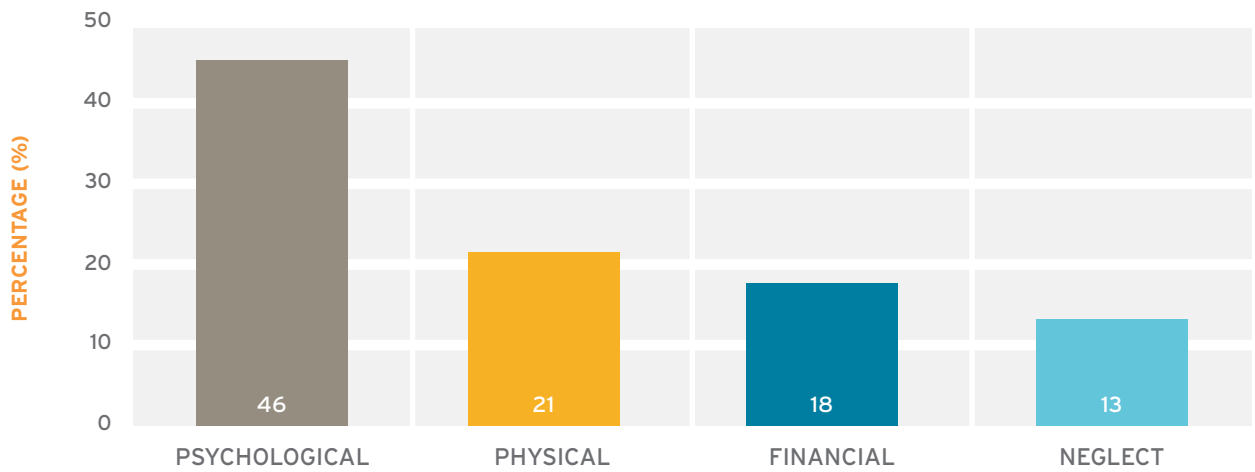
In total 1,379 referrals were made in 2014 and 437 (32%) were substantiated

INDICATOR:
NUMBER OF
CONFIRMED CASES
OF ELDER ABUSE

Elder abuse is increasingly recognised as a threat to the personal safety of older adults and can be physical, psychological, sexual, involve neglect, and self-neglect.

This indicator shows the total number of referrals to the HSE Elder Abuse Services that was substantiated in 2014. An allegation is substantiated where substantial evidence exists that the client has been abused. An allegation is deemed not to be substantiated where a professional assessment has concluded that the abuse has not taken place. An allegation is inconclusive where it has not been possible to either prove or disprove the allegation.

Figure 64: Types of substantiated elder abuse in 2014



Source: 7th HSE Elder Abuse Services Report (2014).

- Of the 437 substantiated cases in 2014, 74% involved one type of abuse and 23% involved two types of abuse
- The four main types of abuse were: psychological (263 cases, 46%); physical (122 cases, 21%); financial (100 cases, 18%); and, neglect (76 cases, 13%)
- Discriminatory and sexual abuse each accounted for 1% of substantiated cases

Who are the perpetrators of elder abuse?

- Adult children were the main perpetrators for all abuse types, ranging from 62% in cases of neglect to 49% in cases of financial abuse
- Partners were identified as significant perpetrators of physical abuse, psychological abuse and neglect
- Neighbours and friends were most often involved in cases of financial abuse
- Perpetrators of abuse were most likely to be men, acting alone

Trend between 2011-2014:

- The number of substantiated cases has reduced since 2012 (671 cases) but is higher than the number of substantiated cases in 2011 (385 cases)
- The percentage of substantiated cases in 2012 and 2011 was stable at 34%

NPAS ACTION AREA

Implementation of National Policy on Elder Abuse.

SECTION

3.5

CROSS-CUTTING OBJECTIVES

COMBATING AGEISM

- Promote activities which will help to combat age discrimination and to dispel age related stereotypes
- Combat ageism through awareness campaigns and by encouraging the media and other opinion-making actors to give an age-balanced image of society
- Ensure that older people’s needs are considered in the development of any policies that might affect them
- Promote a better understanding of the importance of intergenerational solidarity and ensure that policy developments enhance solidarity between generations
- Encourage the development of intergenerational initiatives at local, regional and national level
- Create a better awareness of the needs and preferences of people as they age during policy and service development by adopting more comprehensive and inclusive approaches to consultation

IMPROVING INFORMATION PROVISION

- Ensure that older people can exercise choice and control over their own lives by being able to access user-friendly, up-to-date, comprehensive and coordinated information and advice in relation to entitlements, services, support and activities
- Promote the development of advocacy services to assist older people to access the services, supports and activities that they may require

INDICATOR DOMAIN	KEY INDICATORS	
AGEISM	Percentage aged 50+ who reported that they felt discriminated against because of their age	45%
	Percentage of people aged 50+ who perceive ageing as a time of personal growth	73%
ACCESS TO INFORMATION	Percentage of people aged 50+ who use the internet	48%

CROSS-CUTTING OBJECTIVE: COMBATING AGEISM

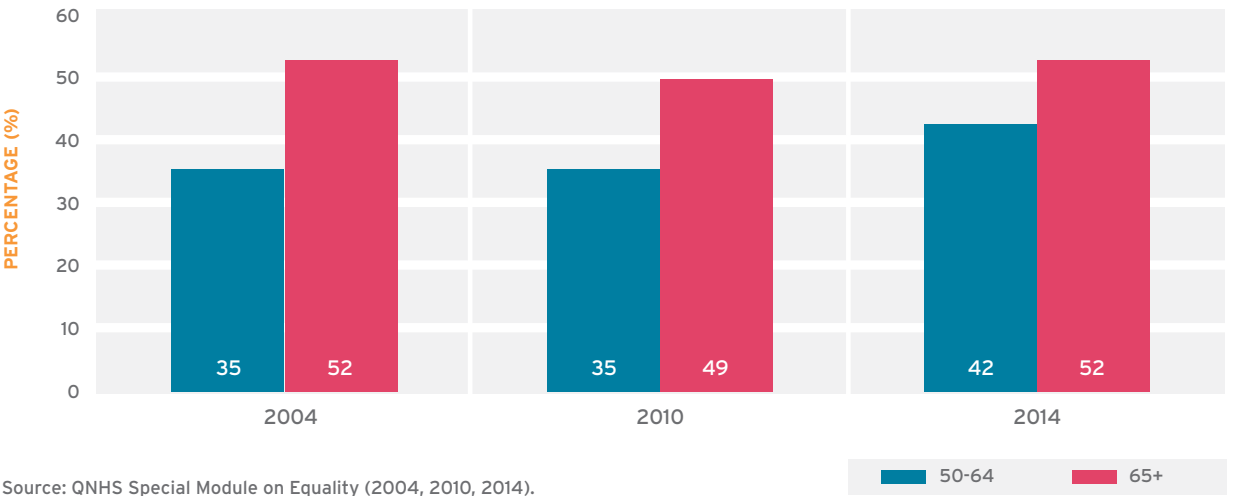
45% of people aged 50+ reported that they felt discriminated against because of their age in the past two years

INDICATOR:
PERCENTAGE AGED 50+ WHO REPORTED THAT THEY FELT DISCRIMINATED AGAINST BECAUSE OF THEIR AGE

Discrimination is considered a significant social stressor that has harmful effects for physical and mental health [74]. Evidence suggests that when older people experience age-related discrimination they may assimilate the negative age-related views which increase the likelihood that they feel older and less capable [75].

This indicator shows the percentage of adults who felt discriminated against in the past two years and who reported that they perceived that age was the ground on which they were discriminated.

Figure 65: Percentage of people who felt discriminated against in the past two years with age as the perceived grounds, by age group



Source: QNHS Special Module on Equality (2004, 2010, 2014).

- In 2014, a total of 45% of people aged 50+ reported that they had experienced discrimination on the grounds of their age in the past 2 years
- The percentage of people aged 50+ who reported experiencing discrimination increased by 11%, from 34% in 2004
- A consistently higher percentage of people aged 65+ reported experiencing discrimination compared with those aged 50-64, although reported discrimination increased among people aged 50-54 from 35% to 42% between 2010 and 2014

Where did people aged 50+ report experiencing age-related discrimination?

- The percentage of adults aged 50+ who reported experiencing discrimination in different settings is summarised in the table below

Table 15: Experience of age-related discrimination among people aged 50+, by setting (2014-2014)

YEAR	WORKPLACE	LOOKING FOR WORK	IN SHOPS, PUBS, RESTAURANTS, ETC	BANKS	HOUSING	HEALTH	TRANSPORT	PUBLIC SERVICES
2004	33	82	27	35	[17]	29	[35]	20
2010	30	76	39	32	*	24	*	20
2014	33	87	37	36	*	24	[25]	16

Source: QNHS Special Module on Equality (2004, 2010, 2014). Note: as per CSO convention, estimates of the number of persons where there are fewer than 30 persons in a cell are too small to be considered reliable, and are presented with an asterisk (*) in the relevant tables above. Brackets [] denote that estimates are based on small numbers.

CROSS-CUTTING OBJECTIVE: COMBATING AGEISM

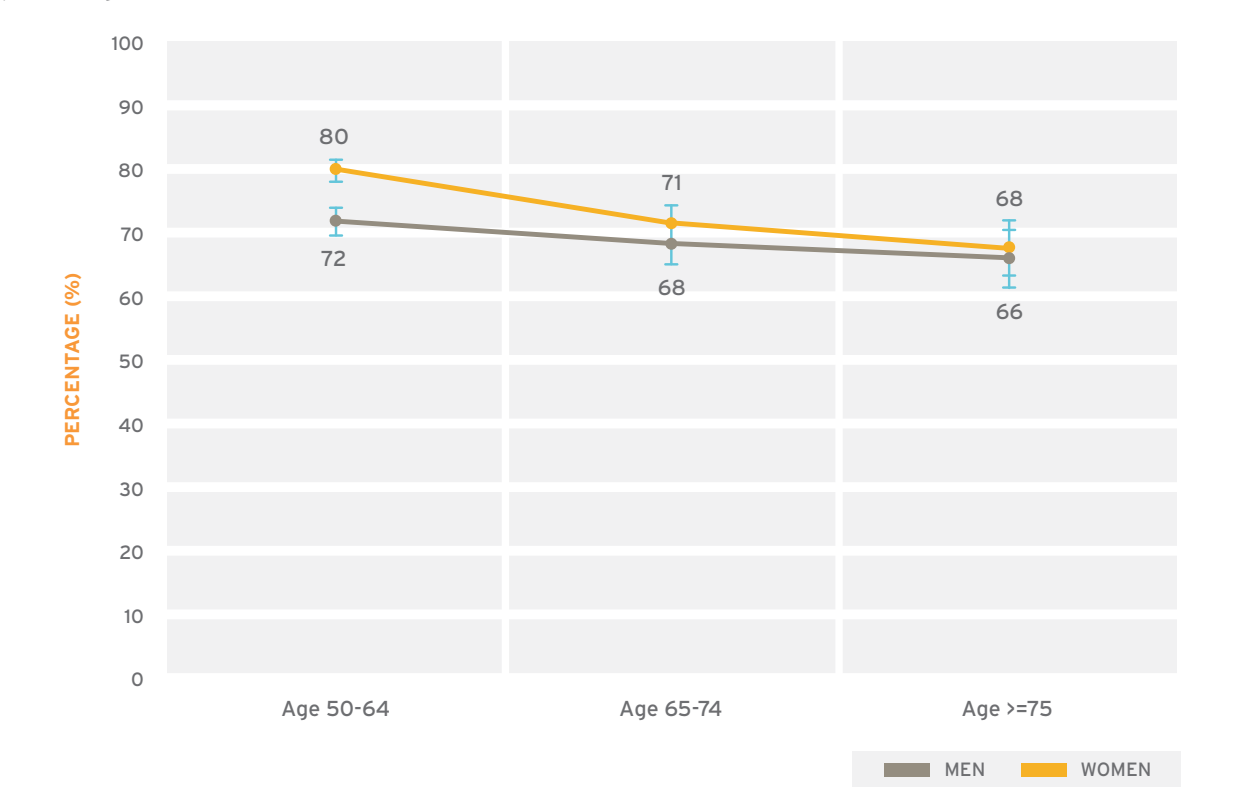
Almost three quarters (73%) of people aged 50+ perceived that ageing was a time of personal growth

INDICATOR:
PERCENTAGE OF PEOPLE AGED 50+ WHO PERCEIVE AGEING AS A TIME OF PERSONAL GROWTH

Older adults may internalise negative stereotypes where they exist in society, resulting in a more negative self-perception as they age. For example, they may believe that ageing is a time of inevitable physical and mental decline, and that it is not possible to remain healthy and active. These types of negative self-perceptions can make older adults less likely to engage in health promoting behaviours [76], and also lead to withdrawal from social activities. One of the potential positives of ageing is the ability for personal growth. Greater numbers of older people holding this more positive view of ageing suggests that ageism has not been internalised.

This indicators shows the percentage of those aged 50+ who agreed with the statement “As I get older I continue to grow as a person”.

Figure 66: Percentage of men and women, aged 50-64, 65-74, and 75+ who reported that ageing is a time of personal growth



Source: TILDA (Wave 1: 2009-2011) Note: Error bars correspond to the 95% confidence intervals.

- In total, 70% of men aged 50+ and 75% of women aged 50+ agreed that as they age they continue to grow as a person
- Across the age groups more women agreed than men. However, this disparity decreases with age

NPAS ACTION AREA

Combat ageism through awareness campaigns and by encouraging the media and other opinion-making actors to give an age-balanced image of society.

CROSS-CUTTING OBJECTIVE: ACCESS TO INFORMATION

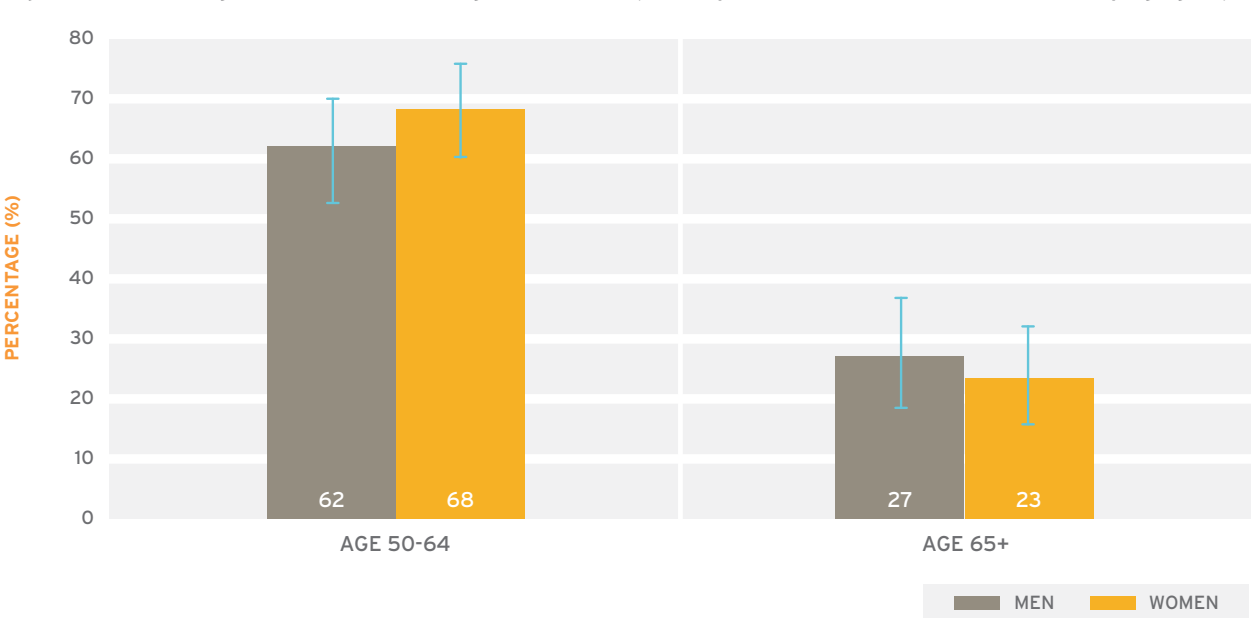
Almost half (48%) of people aged 50+ used the internet other than for work

INDICATOR:
PERCENTAGE OF PEOPLE AGED 50+ WHO USE THE INTERNET

Access to user-friendly, up-to-date, comprehensive and coordinated information is an important part of engaging in economic and social life and positive ageing. Information provision plays a key in ensuring people can access the supports they need to live autonomously and to make decisions about their own life as their needs change [77]. The internet can play an important role in ensuring that people can access the information they need on essential and social services, local activities, or education and lifelong learning activities.

This indicator provides information on how often adults aged 50+ who report any internet use, other than for work. Response categories include: every day or almost every day; at least once a week; one to three times a month; less often; or never.

Figure 67: Percentage of men and women aged 50+ who report any internet use, other than for work, by age group



Source: EQLS (3rd Round: 2011). Note: Error Bars correspond to 95% Confidence Interval. Note: responses include any internet use (every day or almost every day; at least once a week; one to three times a month; and less often).

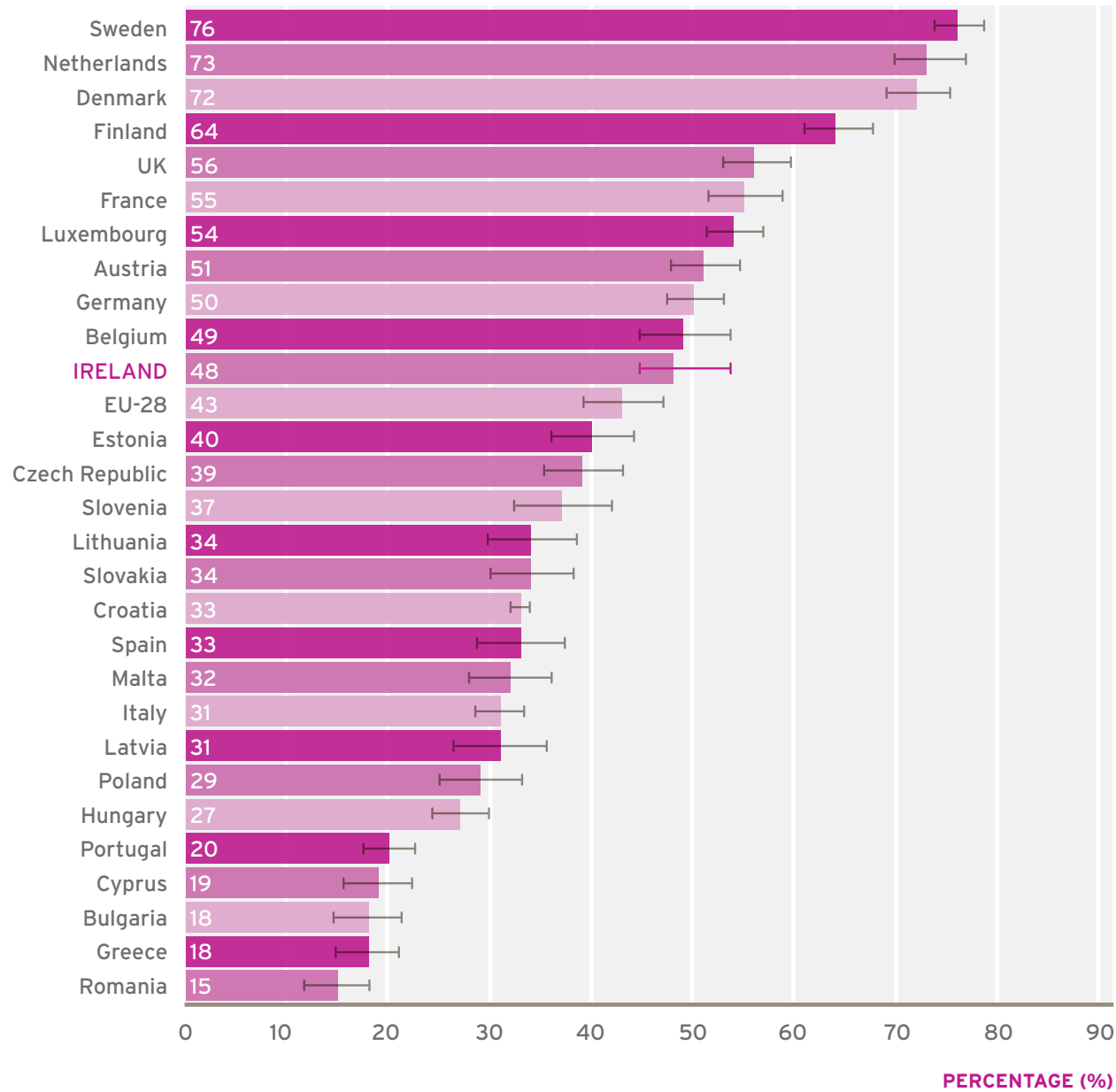
- 48% of people aged 50+ use the internet, other than for work
- The percentage of people who report any internet use is lower among people aged 65+
- More women than men in the 50-64 age group use the internet

How often do people aged 50+ use the internet, other than for work?

- 39% of those aged 50-64 and 13.6% use the internet daily or almost every day
- 15% of adults aged 50+ use the internet at least weekly, however weekly usage is more common among those aged 50-64 (17.5%) than those aged 65+ (5.8%)
- 2.6% use the internet one to three times a month
- 35% of those age 55-64 and 75% of those aged 65+ never use the internet

How does Ireland compared with the EU-28?

Figure 68: Percentage of people aged 50+ who use the internet other than for work, in Ireland and the EU-28



Source: EQLS (3rd Round: 2011). Note: Error Bars correspond to 95% Confidence Interval. Responses include any internet use (every day or almost every day; at least once a week; one to three times a month; and less often).

NPAS ACTION AREA

Ensure that older people can exercise choice and control over their own lives by being able to access user-friendly, up-to-date, comprehensive and coordinated information and advice in relation to entitlements, services, support and activities.

APPENDIX 1:

INDICATOR DEFINITIONS AND METADATA

PARTICIPATION

INDICATOR	EMPLOYMENT RATE IN THE POPULATION AGED 50-64
DEFINITION	International Labour Organisation (ILO) definition of employment: Persons who worked in the week before the survey for one hour or more for payment or profit, including work on the family farm or business and all persons who had a job but were not at work because of illness, holidays etc. in the week.
YEAR(S) COVERED	1997-2015
METHODOLOGY	Numerator: The number of survey participants aged 50+ in employment. Denominator: The number of survey participants aged 18-49 in employment.
DATA SOURCE	Quarterly National Household Survey (QNHS)
INDICATOR	PARTICIPATION RATE IN FORMAL EDUCATION AND TRAINING AMONG PEOPLE AGED 25-64
DEFINITION	Participated in formal education and training in the four weeks preceding the survey. Formal education and training defined as having a predefined purpose and format, delivered in the system of schools, colleges, universities and other educational institutions; normally constitutes a continuous ladder of education; is structured in terms of learning objectives, learning time and learning support; normally intended to lead to a certification recognised by national authorities qualifying for a specific education/programme).
YEAR(S) COVERED	2006-2015
METHODOLOGY	Numerator: The number of survey participants aged 25-64 participating in formal education and training. Denominator: The number of survey participants aged 25-64.
DATA SOURCE	Quarterly National Household Survey (QNHS)
INDICATOR	PARTICIPATION RATE IN INFORMAL EDUCATION AND TRAINING AMONG PEOPLE AGED 50+
DEFINITION	Informal education/training includes participation in any of the following classes, courses or activities: personal development/recreational/hobby; ICT classes; literacy classes; and /or technical or vocational course, not leading to a formal qualification.
YEAR(S) COVERED	2009-2011 (Wave 1)
METHODOLOGY	Numerator: The number of survey participants aged 50+ participating in formal education and training. Denominator: The number of survey participants aged 50+.
DATA SOURCE	The Irish Longitudinal Study on Ageing (TILDA)

INDICATOR	PERCENTAGE OF ADULTS AGED 50+ WITH LOW LITERACY
DEFINITION	Low proficiency defined as at or below level 1. Similar indicator will be available from TILDA Wave 3 (2015).
YEAR(S) COVERED	2012
METHODOLOGY	Numerator: Number of survey participants aged 50+ with low literacy. Denominator: Number of survey participants aged 50+.
DATA SOURCE	Programme for the International Assessment of Adult Competencies (PIAAC)
INDICATOR	PERCENTAGE OF ADULTS AGED 50+ WITH LOW NUMERACY
DEFINITION	Low proficiency defined as at or below level 1. Similar indicator will be available from TILDA wave 3 (2015)
YEAR(S) COVERED	2012
METHODOLOGY	Numerator: Number of survey participants aged 50+ with low numeracy. Denominator: Number of survey participants aged 50+.
DATA SOURCE	Programme for the International Assessment of Adult Competencies (PIAAC)
INDICATOR	PERCENTAGE OF PEOPLE AGED 50+ WHO ENGAGED IN POLITICAL ACTIVITIES IN THE PAST 12 MONTHS
DEFINITION	Engagement in political activities includes answering yes to any of the following activities: attended a meeting of a trade union, political, party or political action; attended a protest or demonstration; signed a petition including Email or online petitions; or contacted a political or public official.
YEAR(S) COVERED	2003-2012
METHODOLOGY	Numerator: Number of survey participants aged 50+ who engaged in political activity in the last 12 months. Denominator: The number of survey participants aged 50+.
DATA SOURCE	European Quality of Life Survey (EQLS)
INDICATOR	PERCENTAGE OF PEOPLE AGED 50+ WHO DID UNPAID VOLUNTARY WORK IN THE PAST 12 MONTHS
DEFINITION	Includes unpaid voluntary for any of the following categories: community or social service; educational, cultural, sports or professional association; and/or a social movement or charity.
YEAR(S) COVERED	2003-2012
METHODOLOGY	Numerator: Number of survey participants aged 50+ who did unpaid voluntary work in the last 12 months. Denominator: Number of survey participants aged 50+.
DATA SOURCE	European Quality of Life Survey (EQLS)

INDICATOR	PERCENTAGE OF PEOPLE AGED 50+ WHO PROVIDE CARE TO CHILDREN AND/OR GRANDCHILDREN
DEFINITION	Includes: Provides care to non-resident grandchildren for at least one hour per week OR has one or more co-resident children or grandchildren aged <18.
YEAR(S) COVERED	2009-2011 (Wave 1) 2012-2013 (Wave 2)
METHODOLOGY	Numerator: Number of survey participants aged 50+ who provide care to children and/or grandchildren. Denominator: Number of survey participants aged 50+.
DATA SOURCE	The Irish Longitudinal Study on Ageing (TILDA)
INDICATOR	PERCENTAGE OF PEOPLE AGED 50+ WHO PROVIDE CARE TO AN OLDER RELATIVE OR DISABLED RELATIVE
DEFINITION	Includes: helps parent with basic personal care or instrumental activities at least once a week OR helps a relative with personal care or instrumental activities at least four hours per month.
YEAR(S) COVERED	2009-2011 (Wave 1) 2012-2013 (Wave 2)
METHODOLOGY	Numerator: Number of survey participants aged 50+ who provide care to an older relative. Denominator: Number of survey participants aged 50+.
DATA SOURCE	The Irish Longitudinal Study on Ageing (TILDA)
INDICATOR	PERCENTAGE OF PEOPLE AGED 50+ WHO ENGAGE IN ONE OR MORE SOCIAL LEISURE ACTIVITY AT LEAST ONCE A WEEK
DEFINITION	Includes participation in any of the following social leisure activities: goes out to films, plays or concerts; attends classes and lectures; plays cards, bingo or games in general; and/or eats out of the house.
YEAR(S) COVERED	2009-2011 (Wave 1) 2012-2013 (Wave 2)
METHODOLOGY	Numerator: Number of survey participants aged 50+ who engage in any social or leisure activity at least once a week. Denominator: Number of survey participants aged 50+.
DATA SOURCE	The Irish Longitudinal Study on Ageing (TILDA)

INDICATOR	AVERAGE SELF-REPORTED LONELINESS AMONG PEOPLE AGED 50+
DEFINITION	Mean score on a modified 5-item version of the UCLA loneliness scale. Evidence for validity in Russell (1996).
YEAR(S) COVERED	2009-2011 (Wave 1) 2012-2013 (Wave 2)
METHODOLOGY	Mean score calculated from the total summed scores of all TILDA participants who responded to all 5 items in the scale.
DATA SOURCE	The Irish Longitudinal Study on Ageing (TILDA)
INDICATOR	PERCENTAGE OF PEOPLE AGED 50+ WITH AT LEAST ONE SUPPORTIVE RELATIVE OR FRIEND
DEFINITION	Participants were defined as having a supportive relationship if they reported they had a spouse, other relative or friend, and agreed that the following statements described the relationship “some of the time” or “all of the time”: a) Understands the way he or she feels about things. b) He or she can rely on if they have a serious problem. c) He or she can open up to if they need to talk about their worries.
YEAR(S) COVERED	2009-2011 (Wave 1) 2012-2013 (Wave 2)
METHODOLOGY	Numerator: Number of survey participants aged 50+ who have at least one supportive relationship. Denominator: Number of survey participants aged 50+.
DATA SOURCE	The Irish Longitudinal Study on Ageing (TILDA)
INDICATOR	PERCENTAGE OF PEOPLE AGED 50+ WHO DRIVE
DEFINITION	Responded “Drive myself” to the question: Within the past twelve months, which of these methods of transport have you used regularly (i.e. more than twice)?
YEAR(S) COVERED	2009-2011 (Wave 1)
METHODOLOGY	Numerator: Number of survey participants aged 50+ who drove themselves in the last 12 months. Denominator: Number of survey participants aged 50+.
NOTES	
DATA SOURCE	The Irish Longitudinal Study on Ageing (TILDA)

INDICATOR	PERCENTAGE OF PEOPLE AGED 50+ WHO RATE PUBLIC TRANSPORT IN THEIR AREA AS GOOD OR EXCELLENT
DEFINITION	Answered Good or Excellent to the question: How would you rate overall public transport options in your neighbourhood such as trains, public buses and community buses?
YEAR(S) COVERED	2009-2011 (Wave 1)
METHODOLOGY	Numerator: Number of survey participants aged 50+ who rate neighbourhood public transport as good or excellent. Denominator: Number of survey participants aged 50+.
DATA SOURCE	The Irish Longitudinal Study on Ageing
INDICATOR	PERCENTAGE OF PEOPLE AGED 50+ WHO RATE PRIVATE TRANSPORT IN THEIR AREA AS GOOD OR EXCELLENT
DEFINITION	Answered Good or Excellent to the question: How would you rate overall private transport options in your neighbourhood such as taxis and hackneys?
YEAR(S) COVERED	2009-2011 (Wave 1)
METHODOLOGY	Numerator: Number of survey participants aged 50+ who rate neighbourhood private transport as good or excellent. Denominator: Number of survey participants aged 50+.
DATA SOURCE	The Irish Longitudinal Study on Ageing (TILDA)

HEALTHY AGEING

INDICATOR	LIFE EXPECTANCY AT AGE 65
DEFINITION	Average number of years still to be lived by a person at age 65, if the current mortality conditions remain the same throughout the rest of his or her life.
YEAR(S) COVERED	2003-2016
METHODOLOGY	Calculated by Eurostat from national mortality statistics
DATA SOURCE	Eurostat
INDICATOR	HEALTHY LIFE YEARS AT 65
DEFINITION	The average number of years that a person at age 65 is still expected to live in a healthy condition.
YEAR(S) COVERED	2004-2014
METHODOLOGY	Calculated by Eurostat from national mortality statistics and EU-SILC data on activity limitations.
DATA SOURCE	Eurostat and European Survey of Income and Living Conditions (EU- SILC)
INDICATOR	PERCENTAGE OF PEOPLE AGED 50+ WITH GOOD (OR BETTER) SELF-RATED HEALTH
DEFINITION	Answered Excellent, Very Good or Good to “Would you say your health is...” Other options are fair and poor.
YEAR(S) COVERED	2009-2011 (Wave 1) 2012-2013 (Wave 2)
METHODOLOGY	Numerator: Number of survey participants aged 50+ with good or better self-rated health. Denominator: Number of survey participants aged 50+.
DATA SOURCE	The Irish Longitudinal Study on Ageing (TILDA)
INDICATOR	PERCENTAGE OF PEOPLE AGED 50+ WHO REPORT ANY PHYSICAL DISABILITY
DEFINITION	Question: Do you have any of the following long lasting conditions or difficulties? Response options include: difficulty with pain, breathing or any other chronic illness or condition; blindness or serious vision impairment; deafness or a serious hearing impairment; any difficulty with basic activities such as walking, climbing stairs, reaching, lifting or carrying.
YEAR(S) COVERED	2006, 2011
METHODOLOGY	Numerator: Number of people aged 50+ reporting physical disability. Denominator: Number of people aged 50+.
DATA SOURCE	Census of the Population, Central Statistics Office (CSO)

INDICATOR	PERCENTAGE OF PEOPLE AGED 50+ WHO HAVE A CHRONIC DISEASE
DEFINITION	Respondents were given a list of conditions and asked “Has a doctor ever diagnosed you with any of the following conditions?” The indicator was defined as a positive response in relation to any of the following conditions, grouped into 5 categories: Bone & Joint (Arthritis or Osteoporosis), Cardiovascular (angina, heart rhythm or murmur, heart attack, heart failure, stroke, transient ischaemic attack), Respiratory (asthma, chronic obstructive pulmonary disease), Diabetes, and Cancer.
YEAR(S) COVERED	2009-2011 (Wave 1) 2012-2013 (Wave 2)
METHODOLOGY	Numerator: Number of survey participants aged 50+ with chronic disease. Denominator: Number of survey participants aged 50+.
DATA SOURCE	The Irish Longitudinal Study on Ageing (TILDA)
INDICATOR	PERCENTAGE OF PEOPLE REPORTING A FALL IN THE PREVIOUS TWO YEARS
DEFINITION	This indicator shows the percentage of people aged 65+ who fell in the previous two years. It is measured by response to the question “Have you fallen since your last interview?” and in TILDA there is an average of two years between interviews at each survey wave.
YEAR(S) COVERED	2009-2011 (Wave 1) 2012-2013 (Wave 2)
METHODOLOGY	Numerator: Number of survey participants aged 65+ reporting a fall in since their previous TILDA interview. Denominator: Number of survey participants aged 65+.
DATA SOURCE	The Irish Longitudinal Study on Ageing (TILDA)
INDICATOR	PERCENTAGE OF PEOPLE AGED 65+ WHO HAVE A SLOW WALKING SPEED
DEFINITION	A slow walking speed is defined as taking 10 seconds or more to get up from a chair, walk 3m at usual pace, turn around and sit back down. This test is known as the Timed Up and Go test (TUG) and is administered by specialist research nurses as part of the TILDA health assessment.
YEAR(S) COVERED	2009-2011 (Wave 1)
METHODOLOGY	Numerator: Number of survey participants aged 65+ defined as having a slow walking speed. Denominator: Number of survey participants aged 65+.
DATA SOURCE	The Irish Longitudinal Study on Ageing (TILDA)

INDICATOR	PERCENTAGE OF PEOPLE AGED 50+ WHO REPORT SEVERE OR MODERATE PAIN MOST OF THE TIME
DEFINITION	Answered Yes to the question: Are you often troubled with pain? AND Moderate or Severe to the question: How bad is the pain most of the time?
YEAR(S) COVERED	2009-2011 (Wave 1) 2012-2013 (Wave 2)
METHODOLOGY	Numerator: Number of survey participants aged 65+ reporting severe or moderate pain most of the time. Denominator: Number of survey participants aged 65+.
DATA SOURCE	The Irish Longitudinal Study on Ageing (TILDA)
INDICATOR	PERCENTAGE OF PEOPLE AGED 50+ WHO SHOW EVIDENCE OF MILD COGNITIVE IMPAIRMENT
DEFINITION	Mild cognitive impairment defined as Montreal Cognitive Assessment (MOCA) score <=23. This scale has been validated as a measure of mild cognitive impairment (Luis et al, 2009; Coen et al, 2011). As performance in cognitive function scales can be influenced by education, an additional point is given to respondents who have only a primary level of education. This scale is administered as part of the TILDA health assessment and is therefore measured only every second wave.
YEAR(S) COVERED	2009-2011 (Wave 1)
METHODOLOGY	Numerator: Number of survey participants aged 50+ showing evidence of mild cognitive impairment. Denominator: Number of survey participants aged 50+
DATA SOURCE	The Irish Longitudinal Study on Ageing (TILDA)
INDICATOR	PERCENTAGE OF PEOPLE AGED 50+ WHOSE ABILITY TO WORK, OR PARTICIPATE IN SOCIAL OR LEISURE ACTIVITIES, ARE REDUCED DUE TO DISABILITY
DEFINITION	Self-report item. Only asked for people who reported one or more longstanding condition or difficulty. This measure can be supplemented by data from TILDA between census years.
YEAR(S) COVERED	2006, 2011
METHODOLOGY	Numerator: Number of people aged 50+ whose ability to work or participate in social or leisure activities is reduced due to disability. Denominator: Number of people aged 50+.
DATA SOURCE	Census of the Population, Central Statistics Office (CSO)

INDICATOR	PERCENTAGE OF PEOPLE AGED 50+ WITH DIFFICULTY GOING OUTSIDE HOME ALONE TO SHOP OR VISIT A DOCTOR'S SURGERY, DUE TO DISABILITY
DEFINITION	Self-report item. Only asked for people who reported one or more longstanding condition or difficulty. This measure can be supplemented by data from TILDA between Census years (available from Wave 3 onwards).
YEAR(S) COVERED	2006, 2011
METHODOLOGY	Numerator: Number of people aged 50+ reporting difficulties going outside home alone to shop or visiting a doctors surgery due to disability. Denominator: Number of people aged 50+.
DATA SOURCE	Census of the Population, Central Statistics Office (CSO)
INDICATOR	PERCENTAGE OF PEOPLE AGED 50+ WITH DIFFICULTY DRESSING, BATHING OR GETTING AROUND INSIDE THE HOME, DUE TO DISABILITY
DEFINITION	Self-report item. Only asked for people who reported one or more longstanding condition or difficulty. This measure can be supplemented by data from TILDA between census years.
YEAR(S) COVERED	2006, 2011
METHODOLOGY	Numerator: Number of people aged 50+ reporting difficulties dressing, bathing or getting around the home due to disability. Denominator: Number of people aged 50.
DATA SOURCE	Census of the Population, Central Statistics Office (CSO)
INDICATOR	PERCENTAGE OF PEOPLE AGED 50+ WHO REPORT CURRENT SMOKING
DEFINITION	Answered Yes to the question: Do you smoke at the present time?
YEAR(S) COVERED	2009-2011 (Wave 1) 2012-2013 (Wave 2) 2014-2015 (Wave 3)
METHODOLOGY	Numerator: Number of survey participants aged 50+ currently smoking. Denominator: Number of survey participants aged 50+.
DATA SOURCE	The Irish Longitudinal Study on Ageing (TILDA)

INDICATOR	PERCENTAGE OF PEOPLE AGED 50+ WHO REPORT PROBLEMATIC ALCOHOL USE
DEFINITION	The CAGE measure captures whether a person has ever felt they should cut down on drinking (C), have been annoyed by others criticising their drinking (A), have felt guilty about their drinking (G), or taken a drink first thing in the morning to cure a hangover (eyeopener) (E). A point is assigned for each yes answer, with >= 2 points indicating problematic alcohol use.
YEAR(S) COVERED	2009-2011 (Wave 1) 2012-2013 (Wave 2)
METHODOLOGY	Numerator: Number of survey participants aged 50+ scoring greater than two points on the CAGE measure. Denominator: Number of survey participants aged 50+.
DATA SOURCE	The Irish Longitudinal Study on Ageing (TILDA)
INDICATOR	PERCENTAGE OF PEOPLE AGED 50+ WITH MEDIUM AND HIGH PHYSICAL ACTIVITY LEVELS
DEFINITION	Medium and high physical activity levels based on the International Physical Activity Questionnaire (Short-Form) definitions. From TILDA Wave 3 (2015) onwards, it will be possible to supplement this self-report indicator with objective accelerometer data.
YEAR(S) COVERED	2009-2011 (Wave 1) 2012-2013 (Wave 2)
METHODOLOGY	Numerator: Number of survey participants aged 50+ reporting medium and high physical activity levels. Denominator: Number of survey participants aged 50+.
DATA SOURCE	The Irish Longitudinal Study on Ageing (TILDA)
INDICATOR	PERCENTAGE OF PEOPLE AGED 50+ WHO ARE UNDERWEIGHT, OVERWEIGHT AND OBESE
DEFINITION	Based on objectively measured BMI (weight in kg/height in m2), and the WHO weight classifications: BMI <20 =underweight; 25.0-29.9 = overweight; and 30+ = obese).Only measured at every second wave of TILDA. Will be supplemented by data from Healthy Ireland in years not available.
YEAR(S) COVERED	2009-2011 (Wave 1) 2014-2015 (Wave 3)
METHODOLOGY	Numerator: Number of survey participants aged 50+ classified as underweight, overweight or obese. Denominator: Number of survey participants aged 50+.
DATA SOURCE	The Irish Longitudinal Study on Ageing (TILDA)

INDICATOR	PERCENTAGE OF PEOPLE AGED 50+ WITH MODERATE AND SEVERE LEVELS OF DEPRESSION
DEFINITION	Categories based on following cut-offs for the Centre for Epidemiological Studies-Depression (CES-D) scale: Moderate = 8-15 symptoms; Severe = 16 or more symptoms.
YEAR(S) COVERED	2009-2011 (Wave 1) 2012-2013 (Wave 2)
METHODOLOGY	Numerator: Number of survey participants aged 50+ reporting moderate and severe levels of depression. Denominator: Number of survey participants aged 50+.
DATA SOURCE	The Irish Longitudinal Study on Ageing (TILDA)
INDICATOR	PERCENTAGE OF PEOPLE AGED 50+ WHO REPORT HIGH LIFE SATISFACTION
DEFINITION	High life satisfaction defined as an answer of 1 or 2 on a 7 point Likert scale ranging from “strongly agree” to “strongly disagree” with the statement: “I am satisfied with my life”.
YEAR(S) COVERED	2009-2011 (Wave 1) 2012-2013 (Wave 2)
METHODOLOGY	Numerator: Number of survey participants aged 50+ reporting high life satisfaction. Denominator: Number of survey participants aged 50+.
DATA SOURCE	The Irish Longitudinal Study on Ageing (TILDA)
INDICATOR	PERCENTAGE OF PEOPLE AGED 50+ WHO REPORT A SENSE OF FREEDOM AND CONTROL OVER THEIR LIVES
DEFINITION	Average agreement with 7 control and autonomy items from the CASP-19 measure of quality of life. Sample items include “I feel free to plan for the future” and “My health stops me from doing the things I want to do”. Agreement is defined as an average score of 2 or more on a four point scale, which equates to a response of Often or Sometimes to positively worded items, and a response of Never or Rarely to negatively worded items.
YEAR(S) COVERED	2009-2011 (Wave 1) 2012-2013 (Wave 2) 2014-2016 (Wave 3)
METHODOLOGY	Numerator: Number of survey participants aged 50+ reporting a sense of freedom and control over life. Denominator: Number of survey participants aged 50+.
DATA SOURCE	The Irish Longitudinal Study on Ageing (TILDA)

INDICATOR	PERCENTAGE OF WOMEN ELIGIBLE FOR SCREENING WHO HAD A MAMMOGRAM IN THE PAST TWO YEARS
DEFINITION	<p>Number of women invited by BreastCheck in a given 12 month period that were screened or treated during that 12 month period, or the following 12 months. This includes all eligible women and is also referred to as the eligible women acceptance rate. This is reported as a percentage (%). Eligible refers to the known target population less those women excluded or suspended by the programme based on certain eligibility criteria. The known target population refers to the all women of screening age that are known to the screening programme.</p> <p>Further details on Ineligible categories:</p> <p>Excluded - women in follow-up care for breast cancer, not contactable by An Post and women who have a physical/ mental incapacity (while BreastCheck attempts to screen all eligible women, certain forms of physical or mental incapacity may preclude screening), terminal illness or other.</p> <p>Suspended - women on extended vacation or working abroad, women who had a mammogram within the last year, women who opt to wait until the next round, women who wished to defer appointment and women unwilling to reschedule or other.</p>
YEAR(S) COVERED	2010-2011, 2012-2013, 2014-2015
METHODOLOGY	<p>Numerator: Number of women who are eligible for screening programme who were screened or treated by the programme in a given time period.</p> <p>Denominator: Number of women who are eligible for screening in a given time period.</p>
NOTE	By the end of 2021, screening will be extended to include women up to the age of 69. As of 2015, the first women in the older age cohort (age over 65) have received invitations to attend the screening service. Data for this age group will be included in future national positive ageing indicator reports, when it becomes available.
DATA SOURCE	Health Service Executive (HSE) National Screening Service
INDICATOR	PERCENTAGE OF PEOPLE AGED 65+ WHO HAVE HAD A FLU VACCINE IN THE PREVIOUS TWO YEARS
DEFINITION	Answered yes to the following question in wave 2 of TILDA: Since your last interview, have you had a flu vaccine? In TILDA there is an average of two years between interviews at each survey wave.
YEAR(S) COVERED	2009-2011 (Wave 1) 2012-2013 (Wave 2)
METHODOLOGY	<p>Numerator: Number of survey participants aged 65+ who received a flu vaccination since their last interview.</p> <p>Denominator: Number of survey participants aged 65+.</p>
DATA SOURCE	The Irish Longitudinal Study on Ageing (TILDA)

INDICATOR	PERCENTAGE OF PEOPLE AGED 50+ WHO EXPERIENCED ANY DIFFICULTY IN SEEING A DOCTOR IN THE PAST 12 MONTHS
DEFINITION	Categories: Due to travel distance, waiting time, delay, or costs
YEAR(S) COVERED	2012
METHODOLOGY	<p>Numerator: Number of eligible survey participants aged 50+ who experienced difficulty in seeing a doctor in the last 12 months.</p> <p>Denominator: Number of eligible survey participants aged 50+.</p>
DATA SOURCE	European Quality of Life Survey (EQLS)
INDICATOR	PERCENTAGE OF PEOPLE AGED 50+ WHO REPORT UNMET NEED FOR A COMMUNITY CARE SERVICE
DEFINITION	Responded yes to the following question “Thinking of all these services, are there any that you do not now receive which you feel you have a need for?” in relation to the following services: Public Health Nurse; Occupational therapy; Chiropody; Physiotherapy; Speech and Language; Social work; Psychology/ counselling; Home help; Personal care attendant; Meals-on-wheels; Day centre; Optician; Dental; Hearing; Dietician; Respite. Results are also reported by the reason for unmet need, based on responses to the following question: “Could you say what is the main thing that prevents you from receiving it?” Potential responses include: Never heard of or did not know available; Transport difficulties; Cost; Reluctant/don’t have time to apply; Not eligible; or, Other. Years Covered
METHODOLOGY	<p>Numerator: Number of survey participants aged 50+ experiencing unmet need for a community care service.</p> <p>Denominator: Number of survey participants aged 50+.</p>
NOTES	
DATA SOURCE	The Irish Longitudinal Study on Ageing (TILDA)
INDICATOR	PERCENTAGE OF PEOPLE AGED 70+ LIVING IN THE COMMUNITY IN RECEIPT OF HOME CARE SERVICES IN THE PREVIOUS 12 MONTHS
DEFINITION	Responded yes to the following question: “In the last 12 months, did you receive any of the following State services?” Responses include: Home help (a person employed by the State to help you with household chores such as cleaning and cooking); Personal care attendant (a person employed by the State to assist you with bathing, showering, bodily care etc.); and, Meals-on-Wheels.
YEAR(S) COVERED	2009-2011 (Wave 1) 2012-2013 (Wave 2)
METHODOLOGY	<p>Numerator: Number of survey participants aged 70+ in receipt of home care services in the community in the last 12 months.</p> <p>Denominator: Number of survey participants aged 70+.</p>
DATA SOURCE	The Irish Longitudinal Study on Ageing (TILDA)

INDICATOR	PERCENTAGE OF CARERS AGED 50+ WHO REPORT HIGH LEVELS OF STRESS OR DISTRESS
DEFINITION	High caregiver strain defined as a score of 7 or more on the Caregiver Strain Index. Evidence for validity in Robinson (1983) and Post et al. (2007). The most commonly used measure of caregiver burden (Post et al, 2007). An alternative caregiver distress/stress indicator will be available from TILDA in Wave 3 (2015) and onwards.
YEAR(S) COVERED	2009
METHODOLOGY	Numerator: Number of survey participants aged 50+ who reported high levels of caregiver stress or distress. Denominator: Number of survey participants aged 50+ involved in caregiving.
DATA SOURCE	Quarterly National Household Survey (QNHS)

SECURITY

INDICATOR	CONSISTENT POVERTY RATE FOR PEOPLE AGED 50+
DEFINITION	Consistent poverty is a measure of poverty which combines both income and deprivation. Consistent poverty is defined using the national definition of being at risk of poverty at 60% of the median income and experiencing two or more forms of deprivation from the list of 11 individual level deprivation indicators.
YEAR(S) COVERED	2003-2014
METHODOLOGY	Numerator: Number of people aged 50+ at 60% of the median income and experiencing two or more forms of deprivation from the list of 11 individual level deprivation indicators. Denominator: Total number of people aged 50+.
NOTES	Data collected annually.
DATA SOURCE	European Survey of Income and Living Conditions (EU-SILC)
INDICATOR	PERCENTAGE OF PEOPLE AGED 50+ WHO HAVE HOUSING FACILITY PROBLEMS
DEFINITION	Housing facility problems include: No flushing toilet; No bath or shower; No place to sit outside; shortage of space.
YEAR(S) COVERED	2012
METHODOLOGY	Numerator: Number of people aged 50+ with a housing facility problem Denominator: Total number of people aged 50+.
NOTES	Data collection is every 4-5 years.
DATA SOURCE	European Quality of life survey (EQLS)
INDICATOR	PERCENTAGE OF PEOPLE AGED 50+ WHO HAVE HOUSING CONDITION PROBLEMS
DEFINITION	Responded “Moderate Problem” or “Major Problem” to the question, “Do you have problems with” in relation to the following housing condition problems include: Leaks, Damp or Mould, Rot, Draughty windows, Pests, Structural Problems, Noise, Difficulty Heating.
YEAR(S) COVERED	Wave 2: 2012-2013
METHODOLOGY	Numerator: Number of survey participants aged 50+ with a housing condition problem Denominator: Total number of survey participants aged 50+
NOTES	This indicators can be supplemented by similar questions in EQLS when TILDA not available.
DATA SOURCE	The Irish Longitudinal Study on Ageing (TILDA)

INDICATOR	PERCENTAGE OF HOUSEHOLDS WITH AN ADULT AGED 50+ WHO ARE UNABLE TO KEEP THEIR HOUSE WARM
DEFINITION	Answered “No” to the question “Does the household keep the home adequately warm?”
YEAR(S) COVERED	2003-2014
METHODOLOGY	Numerator: Number of households with an adult aged 50+ who report that the household is unable to keep the home adequately warm Denominator: Total number of households with an adult aged 50+
NOTES	Data collected annually.
DATA SOURCE	European Survey of Income and Living Conditions (EU-SILC)
INDICATOR	PERCENTAGE OF PEOPLE AGED 50+ WHO EXPERIENCE DIFFICULTY ACCESSING ESSENTIAL SERVICES
DEFINITION	Includes participants who described their access to essential services as being “with some difficulty” or “with great difficulty”. Essential services include postal, banking, and public transport.
YEAR(S) COVERED	2012
METHODOLOGY	Numerator: Number of survey participants aged 50+ who experience some or great difficulty accessing essential services. Denominator: Total number of survey participants aged 50+.
NOTES	Data collection frequency is every 4-5 years.
DATA SOURCE	European Quality of Life Survey (EQLS)
INDICATOR	PERCENTAGE OF PEOPLE AGED 50+ WHO EXPERIENCE DIFFICULTY ACCESSING SOCIAL FACILITIES
DEFINITION	Includes participants who described their access to social facilities as being “with some difficulty” or “with great difficulty”. Social facilities include: cinema, theatre or other entertainment, community centre or other venue, cafes and restaurants, and public library
YEAR(S) COVERED	2012
METHODOLOGY	Numerator: Number of survey participants aged 50+ who experience some or great difficulty accessing social facilities. Denominator: Total number of survey participants aged 50+.
NOTES	Data collection frequency is every 4-5 years.
DATA SOURCE	European Quality of Life Survey (EQLS)

INDICATOR	PERCENTAGE OF PEOPLE AGED 50+ WHO EXPERIENCE DIFFICULTY ACCESSING RECREATIONAL OR GREEN AREAS
DEFINITION	Includes respondents who described their access to a recreational area or green spaces as being “with some difficulty” or “with great difficulty”.
YEAR(S) COVERED	2012
METHODOLOGY	Numerator: Number of survey participants aged 50+ who experience some or great difficulty accessing recreational or green spaces. Denominator: Total number of survey participants aged 50+.
NOTES	Data collection frequency is every 4-5 years.
DATA SOURCE	European Quality of Life Survey (EQLS)
INDICATOR	PERCENTAGE OF ADULTS AGED 50+ WHO REPORT HIGH LEVELS OF NEIGHBOURHOOD SOCIAL CAPITAL
DEFINITION	High neighbourhood social capital is defined as agreement with the following nine items: I really feel part of this area; There is no problem with vandalism and graffiti in this area; I have never felt lonely living in this area; Most people in this area can be trusted; People feel safe walking alone after dark in this area; Most people in this area are friendly; People in this area will always treat you fairly; This area is kept very clean; If you were in trouble, there are lots of people in this area who would help you. Agreement was defined as a score of five or higher on a seven point scale.
YEAR(S) COVERED	Wave 1: 2009-2011, Wave 2: 2012-2013.
METHODOLOGY	Numerator: Number of survey participants aged 50+ who reported high levels of social capital across seven indicators Denominator: Total number of survey participants aged 50+.
DATA SOURCE	The Irish Longitudinal Study on Ageing (TILDA)

INDICATOR	PERCENTAGE OF PEOPLE AGED 50+ WHO FEEL THAT IT IS SAFE TO WALK ALONE AFTER DARK IN THEIR LOCAL AREA
DEFINITION	Scored 5 or higher on a 7 point Likert scale capturing agreement with “People would be afraid to walk alone in this area after dark”, in relation to the area that is within 20 minutes’ walk. Alternative question available in TILDA Wave 3 (2015): How safe do you feel walking alone in this area after dark? Very Safe/Safe/Unsafe/Very unsafe
YEAR(S) COVERED	Wave 2: 2012-2013
METHODOLOGY	Numerator: Number of survey participants aged 50+ who feel that it is safe to walk alone after dark in their local area. Denominator: Total number of survey participants aged 50+.
NOTES	The wording of this question changed in TILDA Wave 3 (2015)
DATA SOURCE	The Irish Longitudinal Study on Ageing (TILDA)
INDICATOR	NUMBER OF CONFIRMED CASES OF ELDER ABUSE (MOST RECENT YEAR)
DEFINITION	Number of referred cases that were substantiated - includes physical, psychological, financial, neglect, self-neglect.
YEAR(S) COVERED	2014
METHODOLOGY	Numerator: Number of substantiated cases of elder abuse with a person of concern. Denominator: Number of referrals with a person of concern.
DATA SOURCE	Health Service Executive (HSE) Elder Abuse Service.

CROSS-CUTTING OBJECTIVES

INDICATOR	PERCENTAGE AGED 50+ WHO REPORTED THAT THEY FELT DISCRIMINATED AGAINST BECAUSE OF THEIR AGE
DEFINITION	Question: In the past two years, have you personally felt discriminated against (because of age) in the workplace/while looking for work/places like shops, pubs or restaurants/using services of banks, insurance companies or other financial institutions/in relation to education/looking for housing/accommodation/accessing health services/using transport services/ accessing other public services.
YEAR(S) COVERED	2010, 2014
METHODOLOGY	Numerator: Number of survey participants who have felt discriminated against because of their age. Denominator: Total number of survey participants aged 50+.
DATA SOURCE	Quarterly National Household Survey (QHNS) Equality Module
INDICATOR	PERCENTAGE OF PEOPLE AGED 50+ WHO PERCEIVE AGEING AS A TIME OF PERSONAL GROWTH
DEFINITION	Percentage of agreement with the statement: As I get older I continue to grow as a person. Item from the B-APQ, included every 2nd wave of TILDA.
YEAR(S) COVERED	Wave 1: 2009-2011
METHODOLOGY	Numerator: Number of survey participants aged 50+ who perceived ageing as a time of personal growth. Denominator: Total number of survey participants aged 50+.
DATA SOURCE	The Irish Longitudinal Study on Ageing (TILDA)

INFORMATION ACCESS

INDICATOR	PERCENTAGE OF PEOPLE AGED 50+ WHO USE THE INTERNET
DEFINITION	How frequently do you use the Internet other than for work? Response categories: every day; at least once a week; 1-2 times per month; or never. Internet used includes any category other than never.
YEAR(S) COVERED	2012
METHODOLOGY	Numerator: Number of survey participants aged 50+ who use the internet. Denominator: Total number of survey participants aged 50+.
NOTES	Data collected every 4-5 years.
DATA SOURCE	European Quality of Life Survey (EQLS)

DATA SOURCE

DATA SOURCE	CENSUS OF THE POPULATION
REFERENCE PERIOD(S)	2006, 2011
DATA COLLECTION FREQUENCY	Five year intervals
COVERAGE	De facto population i.e. the population recorded for each area represents the total of all persons present within its boundaries on the night of the Census, together with all persons who arrived in that area on the morning of Monday, 11 April 2011, not having been enumerated elsewhere.
METHOD OF DATA COLLECTION	Self-completed form
DATA CONTENT	Demography
RELEVANT POLICY AREAS	Healthcare, health, carers, education, employment, transport, housing and living arrangements.
REFERENCES	http://www.cso.ie/en/census/
SAMPLE SIZE	4,581,269 (total population)
DATA SOURCE	EUROPEAN QUALITY OF LIFE SURVEY (EQLS)
REFERENCE PERIOD(S)	2012
DATA COLLECTION FREQUENCY	Every four years
COVERAGE	The target population is all residents aged 18 and older, and the target sample size ranges from 1,000 to 3,000. A multi-stage, stratified random sampling procedure is used.
METHOD OF DATA COLLECTION	Face-to-face questionnaire
DATA CONTENT	Employment, income, housing and environment, family, health, work-life balance, subjective wellbeing and social equality.
RELEVANT POLICY AREAS	Family life, housing, income, life satisfaction, subjective wellbeing, trust and social solidarity, poverty and social inclusion.
REFERENCES	http://www.eurofound.europa.eu/surveys/european-quality-of-life-surveyseqls/european-quality-of-life-survey-2012
SAMPLE SIZE	1051 (2012)

DATA SOURCE	PROGRAMME FOR THE INTERNATIONAL ASSESSMENT OF ADULT COMPETENCIES (PIAAC)
REFERENCE PERIOD(S)	2012
DATA COLLECTION FREQUENCY	Approximately every four years. Round 2 2016 (selected countries)
COVERAGE	Adults aged 16 to 65 Three-stage sample, with areas, households and adults selected at random within each county. The sample of respondents was selected to be representative of the geographical distribution and socio-demographic characteristics of the population.
METHOD OF DATA COLLECTION	Face-to-face in the homes of respondents using a combination of laptop computers and paper test booklets.
DATA CONTENT	Adult skills in literacy, numeracy, problem-solving in technology rich environments, skills use in work and in everyday life (at home and in the community).
RELEVANT POLICY AREAS	Life-long learning, employment, participation in education, and access to information.
REFERENCES	http://www.oecd.org/site/piaac/
SAMPLE SIZE	6,000
DATA SOURCE	QUARTERLY NATIONAL HOUSEHOLD SURVEY(S)
REFERENCE PERIOD(S)	1997-2014
DATA COLLECTION FREQUENCY	Quarterly; The reference calendar quarters for survey results are: Q1-January to March, Q2- April to June, Q3- July to September and Q4- October to December.
COVERAGE	The sample is designed to be representative on a quarterly basis and includes individuals living in private households where at least one individual is aged 15 years or older and for whom the household is the main residence. A two-stage sample design is used: 1) Probability Proportional to Size (PPS) in order to cluster the sample frame of households in to blocks and 2) Simple Random Sampling (SRS) of households from clusters of households.
METHOD OF DATA COLLECTION	Face-to-face interviews using CAPI (Computer Assisted Personal Interviewing)
DATA CONTENT	Labour market statistics: demographic variables; educational attainment; labour force classification; industrial activity; occupation and employment status. Special Modules referenced in this report include: Equality Module (2004, 2010, and 2014) and Carers Module (2009).
RELEVANT POLICY AREAS	Participation in sport and physical activity, employment, educational attainment, political engagement, retirement planning and the health of carers, personal security and perceived safety.
REFERENCES	http://www.cso.ie/en/qnhs/
SAMPLE SIZE	The total quarterly sample is designed to be 26,000 households. The actual achieved sample varies over time depending on response rate.

DATA SOURCE	THE IRISH LONGITUDINAL STUDY ON AGEING (TILDA)
REFERENCE PERIOD(S)	Wave 1 (2009-2011); Wave 2 (2012-2013); Wave 3 (2014-2015)
DATA COLLECTION FREQUENCY	Every two years
COVERAGE	Community-dwelling adults aged 50+ at Wave 1 and 52+ at Wave 2, living in the Republic of Ireland (ROI). A random, clustered, stratified sampling is used to ensure population representative sample.
METHOD OF DATA COLLECTION	Face-to-face interviews in participants homes; self-completion questionnaire; nurse-led health assessment
DATA CONTENT	Health, economic and social data
RELEVANT POLICY AREAS	Employment, education and lifelong learning, active citizenship, engagement in activities, transport, healthy ageing, support and care services, income, homes, and ageism.
REFERENCES	TILDA data available from http://www.ucd.ie/issda/data/tilda/
SAMPLE SIZE	Wave 1: 8,175; Wave 2: 7,010
DATA SOURCE	EUROPEAN SURVEY OF INCOME AND LIVING CONDITIONS (EU-SILC)
REFERENCE PERIOD(S)	2004-2014
DATA COLLECTION FREQUENCY	Annual
COVERAGE	A representative random sample of households based on two-stage stratified cluster sample (comparable to the QNHS)
METHOD OF DATA COLLECTION	Face-to-face CAPI (Computer Assisted Personal Interviewing)
DATA CONTENT	Direct income, social transfers, housing, income and deprivation.
RELEVANT POLICY AREAS	Poverty, deprivation, social inclusion, fuel poverty, accommodation and health.
REFERENCES	http://www.cso.ie/en/silc/
SAMPLE SIZE	In excess of 5,000 households since 2009

DATA SOURCE	EUROPEAN LABOUR FORCE SURVEY (EU-LFS)
REFERENCE PERIOD(S)	2014, 2015 and 2016
DATA COLLECTION FREQUENCY	Quarterly
COVERAGE	The survey is intended to cover the whole of the resident population aged 15 and older, i.e. all persons whose usual place of residence is in the territory of the Member States of the European Union. For harmonising the field of survey results are compiled for the population of private households only.
METHOD OF DATA COLLECTION	Face-to-face interviews using CAPI (Computer Assisted Personal Interviewing)
DATA CONTENT	Labour force participation rates, employment and unemployment.
RELEVANT POLICY AREAS	Participation in employment.
REFERENCES	http://ec.europa.eu/eurostat/statistics-explained/index.php/EU_labour_force_survey_%E2%80%93_data_and_publication#Structure_of_EU-LFS_dissemination
SAMPLE SIZE	26,000

ADDITIONAL SOURCES OF DATA (PUBLISHED REPORTS):
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