



POSITIVE AGEING INDICATORS

2018

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This report was produced by the Healthy and Positive Ageing Initiative which is led by the Department of Health, with the Health Service Executive, The Atlantic Philanthropies, and the Age Friendly Ireland Programme.

The team that worked on this report was: Dr Sarah Gibney, Dr Mengyang Zhang, Dr Mark Ward, Dr Eimear McGlinchey, Dr Carol Taafe, Dr Teresa Maguire, Dr Brídín Carroll, Ms Sinead Shannon, Mr Cathal Brennan, and Mr David O'Callaghan.

The Healthy and Positive Ageing Initiative, Department of Health, Research Services Unit, Block 1, Miesian Plaza, 50 - 58 Lower Baggot Street, Dublin, D02 XW14

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An Roinn Sláinte
Department of Health



The
ATLANTIC
Philanthropies



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FOREWORD

I believe it is time we change how we talk about ageing. Ageing is not the preserve of older people and while the second Positive Ageing Indicators Report focuses on the experience of older people in Ireland, healthy ageing is something that should concern us all.

This report presents insights into developments in ageing across Ireland over the last number of years and follows on from the first report published in 2016. Through these indicators we continue to measure changes in older people's health, well-being, and perceptions of ageing. It provides an informative basis for the provision of future services and gives a clear view of the experience of ageing in Ireland today.

The key findings of this report emphasise that we, as a society, can no longer hide from the need to make the conversation on ageing about the life course. Indeed, with the National Positive Ageing Strategy in place and both local and national indicators reports published, there is significant opportunity for Government Departments, agencies and civic society to consider the findings and evidence generated to inform policies, strategies and service design to improve the ageing experience in Ireland.

Ireland has the youngest population in Europe, with one third of the population under 25 years of age. However, the average age of our population and our age dependency are steadily increasing. Nevertheless, an opportunity exists where we can leverage and learn from our European neighbours with older populations, including learning from their approaches and experience.

We are very fortunate that in Ireland we possess a strong community spirit: our active citizenship and engagement in volunteering are amongst the highest across Europe. There are plenty of other positive aspects to how we are ageing in Ireland, including an increase in healthy life expectancy at 65 for both men and women. Both life satisfaction and engagement in social leisure activities remain high across the board for older people, and access to public spaces continues to improve.

Nevertheless, some aspects of older age remain a challenge for people across the country, including their healthcare and mental health; we must continue to address these issues.

The second Positive Ageing Indicators report presents findings from research into how people in Ireland are ageing, what is important to them as they age, and what is and is not working well on this journey of ageing. What we do with this knowledge is what counts. I note that in this report two new indicators are presented: on healthy diet and palliative/end of life care. I welcome these additions and encourage the continuing use of research on the ageing experience in aiding policy development across Government.

I would like to take the opportunity to thank all those involved in this report: the participants who gave their time to aid the study, the researchers who have analysed the data, and everyone else who has contributed to making this report available. I call on those working in the public, private and third sectors to utilise this resource to its fullest.

Jim Daly, TD
Minister of State for Mental Health and Older People

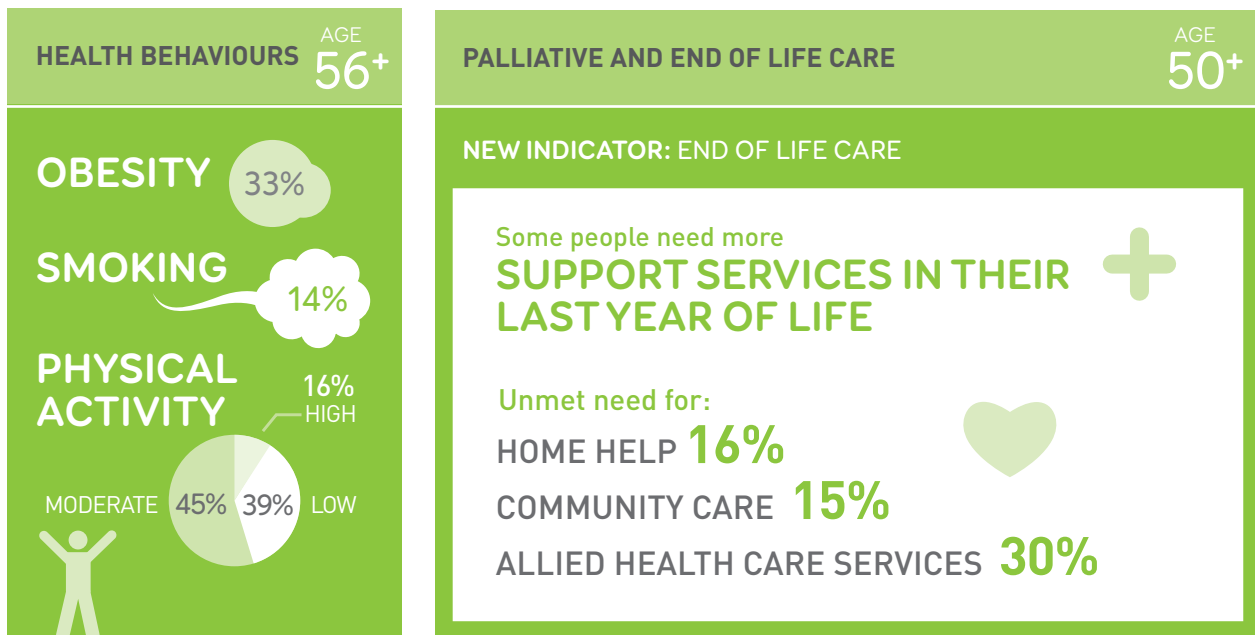
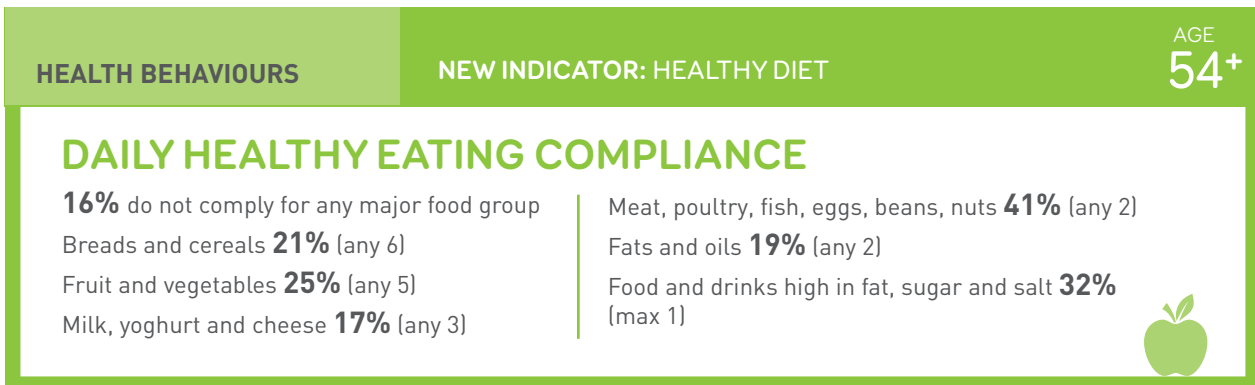
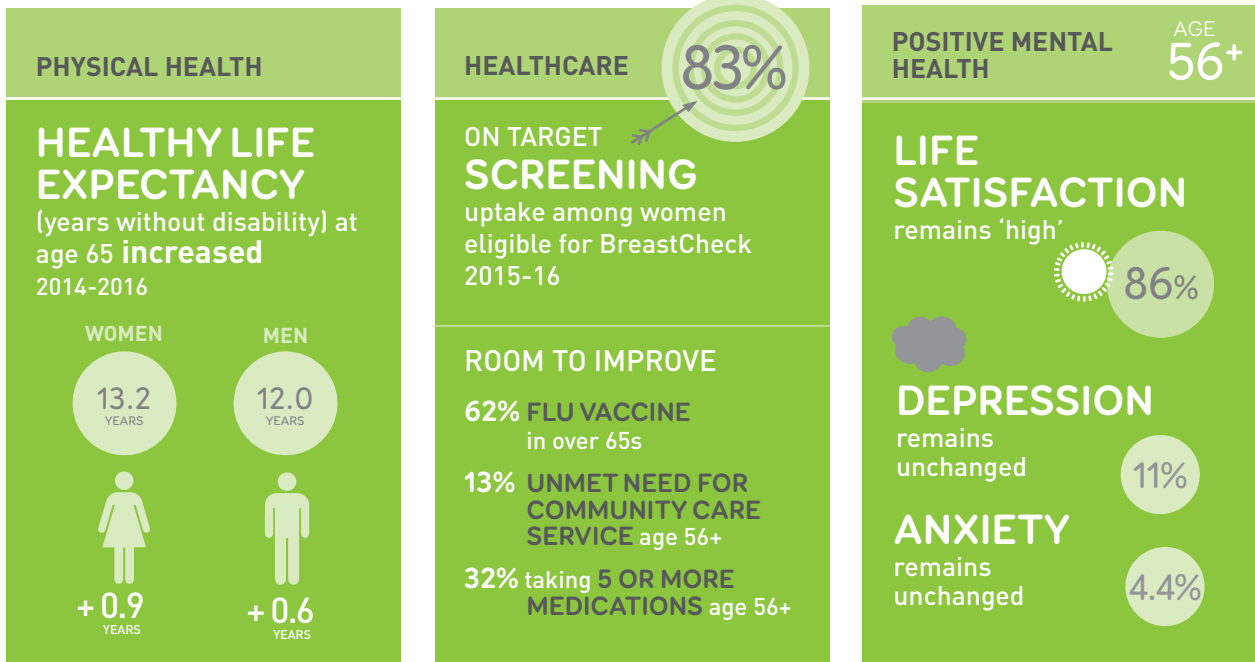


GLOSSARY OF TERMS

ADL	Activities of Daily Living
AITHS	All Ireland Traveller Health Study
APQ	Ageing Perceptions Questionnaire
BMI	Body Mass Index
CDG	Cross-departmental Group
CES-D	Centre for Epidemiological Studies - Depression
CSO	Central Statistics Office
DOH	Department of Health
EQLS	European Quality of Life Survey
EU	European Union
EU28	European Union 27 countries with the addition of Croatia
Eurofound	European Foundation for the Improvement of Living and Working Conditions
GP	General Practitioner
HADS	Hospital Anxiety and Depression Scale
HaPAI	Healthy and Positive Ageing Initiative
HSE	Health Service Executive
ICT	Information and Communication Technologies
IDS-TILDA	The Intellectual Disabilities Supplement to the Irish Longitudinal Study on Ageing
ILO	International Labour Organisation
IPAQ	International Physical Activity Questionnaire
MOCA	Montreal Cognitive Assessment
NPAS	National Positive Ageing Strategy
OECD	Organisation for Economic Co-operation and Development
ONS	Office of National Statistics, the United Kingdom
PIAAC	Programme for the International Assessment of Adult Competencies
QNHS	Quarterly National Household Survey
SILC	Survey of Income and Living Conditions
TILDA	The Irish Longitudinal Study on Ageing
EU-LFS	European Labour Force Survey
WHO	World Health Organisation

KEY FINDINGS

HEALTHY AGEING



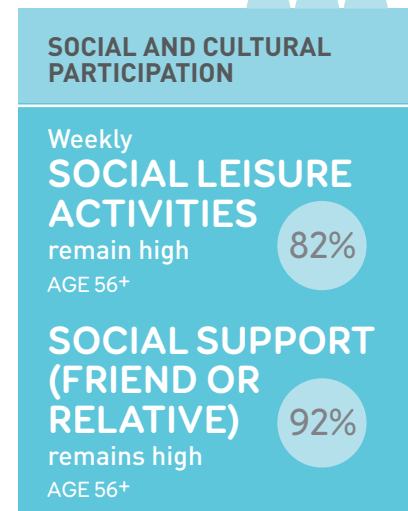
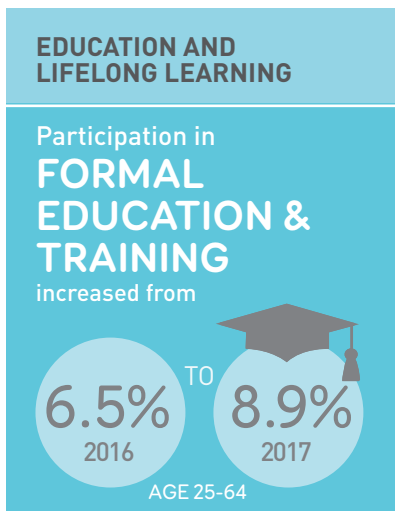
SECURITY



ACCESS TO INFORMATION

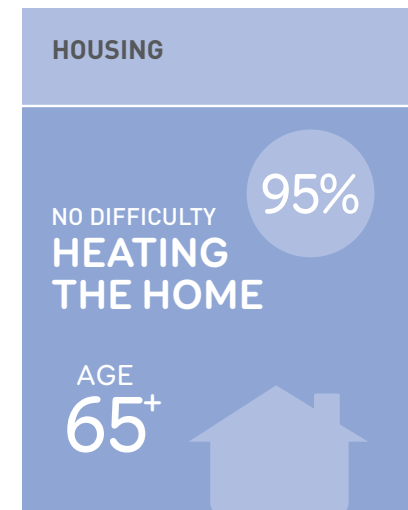
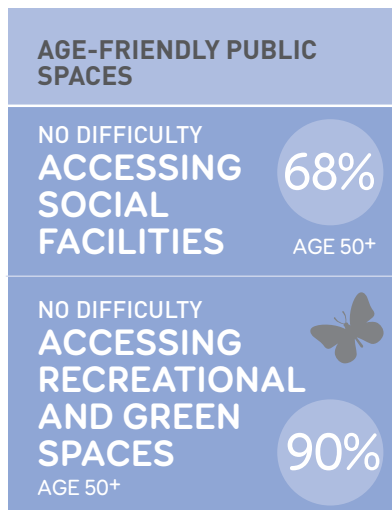


PARTICIPATION



POSITIVE AGEING IN EUROPE

Ireland ranks among the highest of the 28 European Member States for:



SECTION 1: INTRODUCTION

1.1 THE NATIONAL POSITIVE AGEING STRATEGY

The National Positive Ageing Strategy (NPAS) (Department of Health, 2013) 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. ”

(Department of Health, 2013; p.3)

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 NPAS 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

Implementation of the NPAS is framed within the implementation of Healthy Ireland-A Framework for Improved Health and Wellbeing (Department of Health, 2013) 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”* (Department of Health, 2013; p. 9).

The Healthy and Positive Ageing Initiative

The Healthy and Positive Ageing Initiative (HaPAI) was established to play a key role in the implementation of Goal 4 of the NPAS: Support and use research about people as they age to better inform policy responses to population ageing in Ireland. HaPAI is a joint national programme led by the Department of Health with The Atlantic Philanthropies, the Health Service Executive (HSE) and the Age Friendly Ireland Programme.

A commitment to monitoring progress is part of both the NPAS and Healthy Ireland, and HaPAI has developed the Positive Ageing Indicators to fulfil this commitment and to support good planning and policy development for older people in Ireland, now and into the future.

HaPAI commenced in 2015 with the purpose of completing research activity in three areas:

- 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.

Monitoring progress

A commitment to monitoring progress is part of both the NPAS and Healthy Ireland, and HaPAI has developed the Positive Ageing Indicators (PAI) to fulfil this commitment and to support good planning and policy development for older people in Ireland, now and into the future.

Indicators are regarded as playing a vital role in the identification of issues while contributing to the process of priority setting, policy formulation and the evaluation and monitoring of progress.

The National Positive Ageing Strategy and the PAI were both developed using a collaborative approach (Gibney, Sexton & Shannon, 2018). The PAI were reported for the first time in 2016 and cover the three pillars of the NPAS (participation, healthy ageing, and security) and the two cross-cutting objectives (combating ageism and information access). This set of outcome indicators reflects the wider socioeconomic and environmental determinants of health as well as indicators of individual health and behaviours, security, and engagement in all aspects of society.

Objectives of the PAI report in 2018

This report is the second iteration of the PAI and since 2016 there have been several developments in relation to the indicator set which are described in greater detail in Chapter 2, New Developments. In summary, the objectives of this second report are to:

- provide a comprehensive national profile of the participation, health, and security of older people in Ireland in 2018 to identify areas which have improved, areas where there has been little or no change, and areas which have declined
- introduce new indicators that fill information gaps identified in 2016
- introduce supplementary indicators for two groups in Irish society who were not sufficiently represented in the PAI report in 2016: Irish Travellers and people with an intellectual disability (ID).

A FRAMEWORK FOR POSITIVE AGEING INDICATORS & DATA

Identified using a consensus process including a panel of 73 researchers, policy makers and older people

PARTICIPATION

- Employment
- Formal education
- Informal education
- Literacy
- Numeracy
- Political activities
- Voluntary work
- Caring for relatives and children
- Social activities
- Loneliness
- Social support
- Driving
- Public and private transport

HEALTHY AGEING

- Life expectancy
- Healthy life expectancy
- Self-rated health
- Walking speed
- Falls
- Pain
- Chronic disease
- Caregiver stress
- Cognitive impairment
- Smoking
- Alcohol
- Physical activity
- Healthy weight
- Difficulty engaging in work or education due to disability
- Difficulty engaging in leisure due to disability
- Depression
- Life satisfaction
- Sense of control
- Anxiety
- Flu Vaccine
- Mammogram
- Unmet need for community care
- Multiple medications
- Home care services
- Difficulty seeing a doctor
- Difficulty going outside the home due to disability
- Difficulty with basic activities
- End of life care services

SECURITY

- Consistent poverty
- Shortage of money
- Housing facility problems
- Housing condition problems
- Keeping house warm
- Access to essential services
- Access to social services
- Neighbourhood social environment
- Elder abuse
- Safety out and about
- Access to recreational and green spaces

CROSS-CUTTING OBJECTIVES

INFORMATION PROVISION

- Internet use
- Confidence filling in medical forms

COMBATING AGEISM

- Positive perceptions of ageing
- Experience of discrimination

POSITIVE AGEING INDICATOR DATA FRAMEWORK 2016 & 2018

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:

CENSUS OF THE
POPULATION

EUROPEAN
QUALITY OF LIFE
SURVEY (EQLS)

PROGRAMME
FOR THE
INTERNATIONAL
ASSESSMENT
OF ADULT
COMPETENCIES
(PIAAC)
(UP TO 2016)

QUARTERLY
NATIONAL
HOUSEHOLD
SURVEY (QNHS)
(UP TO 2016)

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
(UP TO 2016)

HEALTH SERVICE
EXECUTIVE
(HSE) NATIONAL
SCREENING
SERVICE

NEW DATA SOURCES IN 2018:

INTELLECTUAL
DISABILITIES
SUPPLEMENT
TO THE IRISH
LONGITUDINAL
STUDY ON AGEING
(IDS-TILDA)

HSE NATIONAL
SAFEGUARDING
OFFICE

A detailed summary of the data sources is provided in Appendix 2. 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.

1.2 DEFINITIONS AND TERMS USED IN THIS REPORT

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 - A Framework for Improved Health and Wellbeing (Department of Health, 2013) 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 “the absence of disease or disability...” (WHO, 1948).

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” (Department of Health, 2013; p.9). Healthy Ireland also defines 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” (Healthy Ireland, 2018).

The definition of an indicator adopted for this report 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” (WHO, 2000).

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. Referencing Gorman (1999), the WHO (2016) noted that in most developed world countries a person is considered old once they reach age 65 and this has been informed by the most common age of retirement and the age at which adults become eligible for a pension. 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 The Irish Longitudinal Study on Ageing, collect data from people aged 50+.

Ageing is associated with changes in dynamic biological, physiological, environmental, psychological, behavioural, and social processes. Therefore, it is also important to view ageing as a process, rather than a life stage. The dynamic nature of ageing means that irrespective of the passage of time, the rate of ageing and pattern of ageing (such as changes in physical functioning or risk of social exclusion) are not uniform across society. The physical, psychological and social signs of ageing appear earlier for some groups in society, and life expectancy and healthy life expectancy are also unequal. Importantly, the positive ageing approach acknowledges that how and when a person ages is strongly influenced by social and economic circumstances, and that there are many factors that are modifiable.

SECTION 2: NEW DEVELOPMENTS

The PAI report is produced every two years, and this coincides with the availability of the newest data from the surveys and databases that underpin the PAI set. New data is available for most indicators in 2018, however for a limited number of indicators no new data is available. In addition, several indicators are introduced in this report for the first time, now that data is available. Further, some surveys change over time and this means that the indicators from those surveys can also change. This is the case for several indicators in the PAI report for 2018, and these changes are described below. For a limited number of indicators in this report, comparisons between 2016 and 2018 should not be made because the data and/or definition for these indicators has changed.

2.1 NEW DATA AND INDICATORS AVAILABLE IN 2018

This report is the second iteration of a national set of indicators to monitor healthy and positive ageing in Ireland. In 2016 data sources were available for 56 of the key indicators.

Under the cross-cutting objective, 'access to information', health literacy was identified as a key indicator in 2016 and the following indicator is reported for the first time in 2018 using TILDA data:

- percentage of people aged 50+ who are confident filling in medical forms by themselves

In 2016 the HaPAI team commenced a process to develop indicators within suitable data frameworks under the palliative and end of life care domain of the Healthy Ageing pillar. Using data from four waves of TILDA, data is now available for two indicators:

- percentage of adults who had an unmet need for services in the last year of life
- place of death (own home, hospital, hospice, nursing home, or other).

2.2 CHANGES TO INDICATOR DATA AND DEFINITIONS IN 2018

Physical health

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

This indicator now shows the percentage of people aged 50+ who report having any of the following disabilities: blindness or a serious vision impairment; deafness or a serious hearing impairment; a condition that substantially limits one or more basic physical activities; an intellectual disability; difficulty in learning, remembering or concentrating; psychological or emotional condition; other disability, including chronic illness; difficulty in dressing, bathing or getting around inside the home; difficulty in going outside home alone; difficulty in working or attending school/college; difficulty in participating in other activities.

Adaptation to disability and illness

INDICATOR:
PERCENTAGE OF
PEOPLE AGED 50+
WHOSE ABILITY
TO WORK OR
ATTEND FURTHER
EDUCATION IS
REDUCED BY
DISABILITY

This indicator shows the percentage of people aged 50+ who responded 'yes' when asked if they had difficulty attending school, college or work. This question was only asked to people who reported that they had a longstanding illness or condition in response to Question 16 on the Census Form, which asked about the existence of the following long-lasting conditions: (a) blindness or a serious vision impairment, (b) deafness or a severe hearing impairment, (c) a difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying, (d) an intellectual disability, (e) a difficulty with learning, remembering or concentrating, (f) a psychological or emotional condition and (g) a difficulty with pain, breathing or any other chronic illness or condition.

INDICATOR:
PERCENTAGE OF
PEOPLE AGED 50+
WHOSE ABILITY
TO PARTICIPATE IN
LEISURE ACTIVITIES
OR USE TRANSPORT
IS REDUCED BY
DISABILITY

This indicator shows the percentage of people aged 50+ who responded 'yes' when asked if they had difficulty participating in other activities such as leisure or using transport. This question was only asked to people who reported that they had a longstanding illness or condition in response to Question 16 on the Census Form, which asked about the existence of the following long-lasting conditions: (a) blindness or a serious vision impairment, (b) deafness or a severe hearing impairment, (c) a difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying, (d) an intellectual disability, (e) a difficulty with learning, remembering or concentrating, (f) a psychological or emotional condition and (g) a difficulty with pain, breathing or any other chronic illness or condition.

INDICATOR:
PERCENTAGE OF
PEOPLE AGED 50+
WHOSE ABILITY TO
GO OUTSIDE HOME
IS REDUCED BY
DISABILITY

The wording of this indicator was simplified between 2016 and 2018, from "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 the home alone, for example to shop or visit a doctor's surgery. This question was only asked to people who reported that they had a longstanding illness or condition in response to Question 16 on the Census form, which asked about the existence of the following long-lasting conditions: (a) blindness or a serious vision impairment, (b) deafness or a severe hearing impairment, (c) a difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying, (d) an intellectual disability (e) a difficulty with learning, remembering or concentrating, (f) a psychological or emotional condition and (g) a difficulty with pain, breathing or any other chronic illness or condition.

Positive mental health

INDICATOR:
PERCENTAGE OF
PEOPLE AGED
56+ WHO HAVE
MODERATE OR
SEVERE DEPRESSIVE
SYMPTOMS

The Centre for Epidemiological Scale in Europe measure of depressive symptoms used in TILDA Waves 1 and 2 (called CES-D 20) has been replaced by a shorter version (called CES-D 8) in Waves 3-4. The shorter 8-item measure is valid for use in the older community dwelling population in Ireland (Briggs et al., 2018).

Housing

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

In 2018 this indicator no longer includes the item 'lack of place to sit outside'. This reflects a change in data collection made between 2012 and 2016 by the European Quality of Life Survey (EQLS).

Age-friendly public spaces

INDICATOR:
PERCENTAGE OF
PEOPLE AGED 50+
WHO EXPERIENCE
DIFFICULTY
ACCESSING
ESSENTIAL SERVICES

In 2018 this indicator no longer includes the item 'postal services' and now includes the item 'grocery shop/supermarket'. This reflects a change in data collection made between 2012 and 2016 by the European Quality of Life Survey (EQLS).

Elder abuse

INDICATOR:
NUMBER OF
CONFIRMED CASES
OF ELDER ABUSE

The 2016 indicator 'Number of confirmed cases of elder abuse' has been replaced with the following indicator in 2018: Percentage of safeguarding concerns with reasonable grounds for adults aged 65+.

The source of this indicator is the HSE National Safeguarding Office (NSO) which was established in 2015 following the publication of the Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures in 2014. Since 2016 Safeguarding and Protection Teams (SPTs) located in nine HSE Community Healthcare Organisations (CHOs) are responsible for data collection on safeguarding concerns within both service and community settings.

This revised indicator shows the number of safeguarding concerns that were raised in a particular year, for which 'reasonable grounds' was the agreed outcome as evaluated by SPT. In the assessment process, the preliminary screening must be submitted to the SPTs with an outcome and a safeguarding plan if required. The possible outcomes from the assessment by the Safeguarding Team include a) no grounds for reasonable concerns, b) additional information required, and c) reasonable grounds for concern. Data for this indicator is available for 2016 and 2017. For adults aged 65+, the number of safeguarding concerns raised was 3021 in 2016 and 3097 in 2017.

2.3 INDICATORS NOT REPORTED IN 2018

Education and lifelong learning

- percentage of adults aged 55-65 with low literacy
- percentage of adults aged 55-65 with low numeracy
- participation rate in informal education and training in Ireland among people age 50+.

Transport

- percentage of people aged 50+ who drive
- percentage of people aged 50+ who rate public transport in their area as good or excellent
- percentage of people aged 50+ who rate private transport in their area as good or excellent.

Carers' health

- percentage of carers aged 50+ who report high levels of stress or distress.

Combating ageism

- percentage of people aged 50+ who have experienced age-related discrimination.

2.4 DATA AND INDICATORS SCHEDULED FOR 2020

Transport

- percentage of people aged 50+ who drive
- percentage of people aged 50+ who rate public transport in their area as good or excellent
- percentage of people aged 50+ who rate private transport in their area as good or excellent.

Combating ageism

- the percentage of adults aged 50+ who have experienced age-related discrimination.

2.5 SUPPLEMENTING THE POSITIVE AGEING INDICATORS

During the consensus process to develop the first set of Positive Ageing Indicators the HaPAI explored the importance and feasibility of developing specific positive ageing indicators for several groups in Irish society who are not sufficiently represented in the national indicator set. There was a high level of agreement among those who participated in the consensus process that separate and additional indicators should be developed for people with intellectual disability (ID) and Irish Travellers.

At that time, it was established that the existing indicator list was not sufficient or always appropriate to measure the health of people with ID as they age. This conclusion is supported by previous research, which suggests that the ageing experience for people with an intellectual disability may differ from the general population, and that issues associated with ageing may occur for people with an intellectual disability at an earlier age than for the general population. Research has shown that not only is prevalence of certain conditions higher among a younger age group, but different patterns of disease are present for people with an intellectual disability compared to the general population. It is important also to recognise that there may be differences in the structure of social participation and family networks for people with an intellectual disability and to understand how these differences may influence positive ageing. Between 2016 and 2018, HaPAI engaged with relevant stakeholders to identify indicators that meet these requirements. The 2018 Positive Ageing Indicators are now reported for people with ID and for Irish Travellers, where data is available. The 2018 Positive Ageing Indicators are further supplemented with indicators that are considered particularly relevant to Irish Travellers and people with ID. The processes undertaken to develop these supplementary indicators is summarised in this chapter.

POSITIVE AGEING INDICATORS FOR PEOPLE WITH AN INTELLECTUAL DISABILITY

Introduction

The Intellectual Disability Supplement to the Irish Longitudinal Study on Ageing (IDS-TILDA) is the most comprehensive study on ageing in persons with intellectual disability ever carried out in Ireland. Now in its 3rd Wave, IDS-TILDA provides data on the health, social, economic and environmental circumstances of 753 people with intellectual disability as they grow older and tracks how their circumstances have changed over a 10-year period. Close harmonisation with the TILDA study, which has been used to provide many of the Positive Ageing Indicators for the general population, ensures that similarities and differences between the general and the ID population may be systematically established, including for national indicators.

Approach

A systematic approach was undertaken to determine the indicators that are needed to measure and monitor the healthy and positive ageing indicators for people with an intellectual disability. During that development process there was a high level of agreement that certain important aspects related to ageing in this population were not included in the general indicator list, and that the ageing of people with an intellectual disability needed to be better represented.

The Delphi process for development of the national positive ageing indicators for people with an intellectual disability closely resembled the process used in the general population. The key steps of the Delphi process used here, as for the general population, are summarised in the Figure below.



In addition, of great importance was the representation of the voices of people with an intellectual disability, and thus consultation groups were added to promote greater inclusion.

Expert panel selection

An invitation was sent to individuals with an intellectual disability, researchers and academics working in the field of intellectual disability, intellectual disability service providers, advocacy services, family members and carers of people with an intellectual disability, and Government departments. In Round 1, 109 participants completed the online Delphi process, with 92 completing Round 2 and 79 people completing Round 3. In addition to the online Delphi survey, 49 individuals with an intellectual disability took part in consultation groups, which took place in tandem with the three rounds.

Exploration

The screening tool developed by the Healthy and Positive Ageing Initiative (HaPAI) team was used to review all existing indicators (from the national indicators for the general population) and potential indicators (from the literature) prior to consideration in the Delphi process. Each domain (Participation, Healthy Ageing, and Security) was reviewed by a researcher with expertise in that specific domain. In total, 93 initial indicators were selected. The screening identified indicators that 1) were needed and useful, 2) had technical merit, and 3) were feasible items on which to collect data. After screening, 55 indicators remained to be put forward to the Delphi process.

Delphi evaluation

The online Delphi process modelled the approach used to develop the national indicators in the general population. An online survey process incorporated evaluation, re-evaluation and final consensus steps. Participants were asked to rate the indicators in terms of importance and ease of understanding and then were asked to also rank the indicators. Finally, participants indicated whether they thought the indicator set was balanced and coherent.

Consultation with people with an intellectual disability

In addition to the online survey, consultation groups were held in Dublin, Kerry, Tipperary, Mayo and Louth with 49 people with an intellectual disability. The consultation groups utilised accessible versions of the list of indicators which employed accessible language and pictures.

Members of the consultation groups discussed each indicator and were given stickers they then used to rate each indicator in order of importance; five stickers indicated that the indicator was very important.

Results

Throughout the rounds of the online consensus process and the consultation groups, indicators that were consistently ranked as being of low importance were excluded. Twelve indicators were removed following Round 1, and nine were removed following Round 2. In addition, eleven indicators from Round 1 were added for Round 2 consideration based on open-ended feedback. Also, thirteen indicators were changed or re-worded based on open-ended feedback. The result was that 33 positive ageing indicators were added for people with an intellectual disability; these are summarised in the table below by NPAS pillar and indicator domain. All data is from the IDS-TILDA longitudinal dataset.

Table 1: Additional indicators of positive ageing for people with an intellectual disability

DOMAIN	INDICATOR
PARTICIPATION	
Employment and retirement	Percentage of people aged 40+ who were ever in paid employment
	Percentage of people aged 40+ who are engaged in day activation
Education and lifelong learning	Percentage of adults aged 40+ with low numeracy
	Level of education for those aged 40+
Social and cultural participation	Percentage of people aged 40+ who feel part of their community
	Percentage of people aged 40+ who have someone to confide in
	Percentage of people aged 40+ who have contact with family on a weekly basis
	Barriers to participation experienced by people aged 40+
Transport	Percentage of people aged 40+ who report lack of access to transport which has affected social participation
Choice (new dimension)	Percentage of people aged 40+ with choice in day to day activities
	Percentage of people aged 40+ with choice in main life choices
HEALTHY AGEING	
Brain health	Percentage of people aged 40+ who have had a memory screening
	Percentage of people aged 40+ who show evidence of cognitive or memory problems
Mental health	Percentage of people aged 40+ with emotional, nervous or psychiatric problems who are receiving treatment from a psychologist or psychiatrist

DOMAIN	INDICATOR
Physical health	Percentage of people aged 40+ with no teeth or dentures
	Percentage of people aged 40+ with poor bone health
	Percentage of people aged 40+ with sensory impairment even with corrective measures
	Percentage of people aged 40+ with 2 or more chronic conditions
	Percentage of people aged 40+ who experience incontinence where they were previously continent
	Percentage of people aged 40+ reporting chronic constipation
	Percentage of people aged 40+ who report poor sleep quality
Adaptation to disability and illness	Percentage of people aged 40+ who limit activities due to fear of falling
	Percentage of people aged 40+ who report difficulties with activities of daily living, who also receive help for those difficulties
	Percentage of people aged 40+ who could previously walk independently but who now require assistance
Healthcare	Percentage of people aged 40+ who have attended their GP in the previous 12 months
	Percentage of people aged 40+ who have had their cholesterol checked
	Percentage of people aged 40+ who have had their blood pressure checked
	Percentage of people aged 40+ who report not receiving a health service they feel they would benefit from
Social care	Living situation of those aged 40+
SECURITY	
Housing	Percentage of people aged 40+ who are not living with family and who live with five people or more
	Percentage of people aged 40+ who have a key to their own home
CROSS-CUTTING OBJECTIVES	
Attitudes towards ageing	Percentage of people aged 40+ who think there are good things about getting older
Access to information	Percentage of people aged 40+ who have access to and can use a computer
	Percentage of people aged 40+ who own and use a mobile phone

Reporting the indicators

The indicators of healthy and positive ageing for people with an intellectual disability are included throughout the 2018 national indicator report. A separate report of the process undertaken to identify these indicators will be published offering a detailed breakdown of the data for people with an intellectual disability. This will use data on both the existing national indicators and the additional indicators resulting from the process.

POSITIVE AGEING INDICATORS FOR IRISH TRAVELLERS

In 2016 a group-based consensus process was conducted by HaPAI to facilitate members and representatives of the Irish Traveller community to review the Positive Ageing Indicator set and identify further indicators relevant to Irish Travellers. This process involved four steps:

Figure 4: Summary of process to identify indicators for Irish Travellers



Exploration

Drawing on a range of academic research, policy documentation, stakeholder research reports and stakeholder position papers on older Travellers and Traveller health, a longlist of over 100 potential indicators for positive ageing for Travellers was developed. This list was screened using the screening tool employed in the initial development of the positive ageing indicator set.¹ The screening criteria were:

- the indicator is needed and useful to national stakeholders
- the indicator has technical merit
- it is feasible to collect data for this indicator
- the indicator set is coherent and balanced overall.

Because of the screening process a total of 40 additional indicators were proposed: one under the cross-cutting themes; 11 indicators for Participation; 13 indicators for Security; and 15 for Healthy Ageing.

Engagement

Three engagement sessions were undertaken; these used a focus group methodology to gain feedback from expert stakeholders on the shortlist of indicators of positive ageing for Irish Travellers. The expert stakeholders comprised Traveller Community Health Workers, and older Travellers.

Table 2: Traveller stakeholder group participants

SESSION	PARTICIPANTS	NUMBER
1	Traveller Community Health Workers	20
2	Traveller Community Health Workers and older Travellers	17
3	Traveller Community Health Workers and older Travellers	17
TOTAL		54

¹ The screening tool the HaPAI team developed and used is available on the HaPAI website (www.hapai.net).

Posters with graphics of all the indicators for each positive ageing pillar e.g. Healthy Ageing, were used

as visual aids to provide participants with a summary of the indicators reported in 2016 and proposed additional indicators. Participants were invited to discuss the pillar that they felt best placed to provide feedback on: Participation, Healthy Ageing, or Security. A HaPAI researcher facilitated group discussion of these indicators, using three prompts:

- What is missing?
- What would you change?
- Which indicators are most important?

Under the third discussion point, “which indicators are most important?”, participants were invited to identify and mark which indicators were most important to them. Indicators that were selected by at least four participants in each group were viewed as high priority. All materials were designed to be literacy-friendly. Notes were taken during discussions and facilitators wrote reflective memos immediately following each session.

Revision

The results of the engagement phase informed how the shortlist of indicators was revised. The revisions included: adding indicators that were important but missing from the proposed set; removing indicators that were not considered to be important; and re-wording indicators to capture wider issues and/or to make the indicator easier to understand.

Finalisation

The last steps of the process were to compare and adjust any of the indicators in terms of existing data; where there was no current data source, to prepare for future data collection; and to align the wording and content of indicators to existing and forthcoming data sources. Three data sources were assessed: the Census of the Population; the All Ireland Traveller Health Survey; and the Healthy Ireland Survey.

Two major adjustments were made for the supplementary indicators for Travellers in relation to the age range, and the housing domain. Average life expectancy for Travellers is 17% lower than that of the settled population. The NPAS indicators are reported for those age 50+ and reducing this age by 17% results in a lower age limit of 41.5 years. This age was rounded down to simplify current and future reporting. Secondly, within Participation, the indicator domain ‘Housing’ was re-named ‘Housing/Accommodation’ following feedback gathered during the engagement process about the variety of accommodation in which Travellers live. Additional items were added to the list of facility problems that make up the headline indicator: overcrowding (rooms per person) [24]; adequately stored refrigerated food [6]; sufficient site drainage [4]; and adequate fire safety measures onsite [4].

A further nine individual indicators for accommodation were collated under the indicators ‘Percentage of Travellers aged 40+ with accommodation facility problems’, and ‘Percentage of Travellers aged 40+ accommodation condition problems’ on the basis that additional information on specific types of problems can be provided when reporting the headline indicator. This approach was also taken to report chronic conditions in a single indicator (‘percentage of Travellers aged 40+ chronic conditions’) and disabilities in a single indicator (‘percentage of adults aged 40+ with a disability’).

New indicators

In total, 14 additional indicators of positive ageing for Irish Travellers were identified for inclusion in the Positive Ageing Indicators: three for Participation, 10 for Healthy Ageing, and one for Security (Table 3).

Table 3: Additional indicators of positive ageing for Irish Travellers

DOMAIN	INDICATOR
PARTICIPATION	
Social and cultural participation	Percentage of Travellers aged 40+ who report barriers to everyday cultural practices
	Percentage of Travellers aged 40+ who report barriers to Traveller identity preserving acts or activities in the past 12 months
	Percentage of Travellers aged 40+ who report feeling a sense of unity and co-operation with family members and neighbours
SECURITY	
Housing/ accommodation	Percentage of Travellers aged 40+ who report feeling secure in their accommodation (tenure and/or land tenure)
	New items to add to accommodation facility problems: overcrowded (number of people per room); adequately store refrigerated food; sufficient site drainage; adequate fire safety measures onsite
HEALTHY AGEING	
Healthcare	Percentage of Travellers aged 40+ who reported being treated with dignity and respect by a healthcare professional in the past 12 months
	Percentage of Travellers aged 40+ who have a friend or family member who can or could accompany them to medical appointments
	Percentage of Travellers aged 40+ who are eligible for a medical card but don't have one
	Percentage of Traveller women aged 40+ who have undergone a cervical smear test in the past 2 years
	Percentage of Travellers aged 40+ who have had a faecal occult blood test in the past 2 years
	Percentage of Travellers aged 40+ who use a healer when they are sick (some, most, or all the time)
Health behaviours	Percentage of Travellers aged 40+ who adhere to food pyramid recommendations
	Percentage of Travellers aged 40+ who have difficulty understanding and acting on health information
	Percentage of Travellers aged 40+ who report difficulty in reading medication instructions

For indicators that were already contained in the PAI set, current data is available from the Census of the Population for seven indicators, and for the remainder only baseline data is available from the AITHS (2010). Indicators from the Census of the Population (2016) are reported in Table 4.

Table 4: Positive ageing indicators for Irish Travellers from the Census of the Population (2016)

DOMAIN	INDICATOR	2011	2016
Employment and retirement	Employment rate in the Traveller population aged 40+	11%	13%
Active citizenship and volunteering	Percentage of Travellers aged 40+ who provide unpaid assistance	8.4%	9.2%
Education and lifelong learning	Percentage of Travellers aged 40+ with a low level of educational attainment	78%	73%
Physical health	Percentage of Travellers aged 40+ with good/better self-rated health	59%	56%
	Percentage of Travellers aged 40+ who report any disability	40%	42%
	Percentage of Travellers aged 40+ who have a chronic disease	56%	58%
Adaptation to disability and illness	Percentage of Travellers aged 40+ whose ability to work, or participate in social or leisure activities, is reduced due to disability	73%	71%
	Percentage of Travellers aged 50+ with difficulty going outside home alone, due to disability	31%	36%
	Percentage of people aged 50+ with difficulty dressing, bathing or getting around inside the home, due to disability	25%	29%
Housing/accommodation	Percentage of people aged 40+ who have access to a piped water supply	89%	88%
	Percentage of people aged 40+ who have sewerage facilities	87%	87%

For data only available from the AITHS and for other indicators for which there is no data, a future data source should be identified. Most of the data that is available (either current or baseline) is for the Healthy Ageing pillar and relates to physical health, rather than healthcare utilisation or health behaviours. Further, there is very little up-to-date data for indicators for Participation and Security. Future studies should expand into these areas to provide a comprehensive profile of healthy and positive ageing across the life course. Future and consistent use of an ethnic identifier in survey and administrative datasets should also facilitate future monitoring, particularly for healthcare utilisation. A detailed report of the process undertaken and offering detailed breakdown of the indicators compared to the general population will be published separately by HaPAI.

SECTION 3: RESULTS

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 are from the Census of the Population 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 EQLS 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 the Census of the Population.

SECTION 3.4: SECURITY

This section provides information on 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 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 characteristic. 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.

The following indicators are reported in years:

- life expectancy at age 65
- 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+.

INDICATOR DISAGGREGATION AND AGE THRESHOLDS

Throughout the report, information is presented in several ways to show differences between men and women, geographical and spatial differences (particularly between rural and various urban areas), and differences between older age groups.

Some goals and actions of the NPAS are relevant for specific groups, therefore the minimum age cut-points presented in the PAI set vary from age 25+ years for lifelong learning to age 70+ years for community care. Further, indicators for people with an intellectual disability are presented from age 40+.

TILDA data is used for many of the PAI. TILDA is a longitudinal survey meaning that the same people take part at each Wave. In the first TILDA Wave (2010-2011) all participants were aged 50+, however in this report older age thresholds are reported (54+ and 56+), depending on the Wave that is being used.

INTERPRETING THE 2016 AND 2018 INDICATORS

In the 2016 report most indicators were reported for people aged 50+. It is important to note that for 2018 different age thresholds are presented throughout the report. This is because of the nature of the most up-to-date data that is available on older people in 2018.

In the 2018 report data is also reported for previous years, where it is available. This allows for differences between two or more years to be observed. Each indicator should be interpreted as presenting a portrait of the circumstances for older adults in Ireland in each given year, and with reference to the age groups presented.

CONFIDENCE INTERVALS

Information reported from TILDA, IDS-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 (Daly & Bourke, 2008). 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

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 interpretation, smaller standard errors indicate greater precision. Data from PIAAC is reported with standard errors.



SECTION

3.1

DEMOGRAPHICS

The growth of the population aged 65 and older affects many aspects of future planning for society, by health and social care providers, policy makers and others. In order to plan for and meet the needs of a larger population it is important to have an accurate picture of recent trends and future trends in the population size and composition.

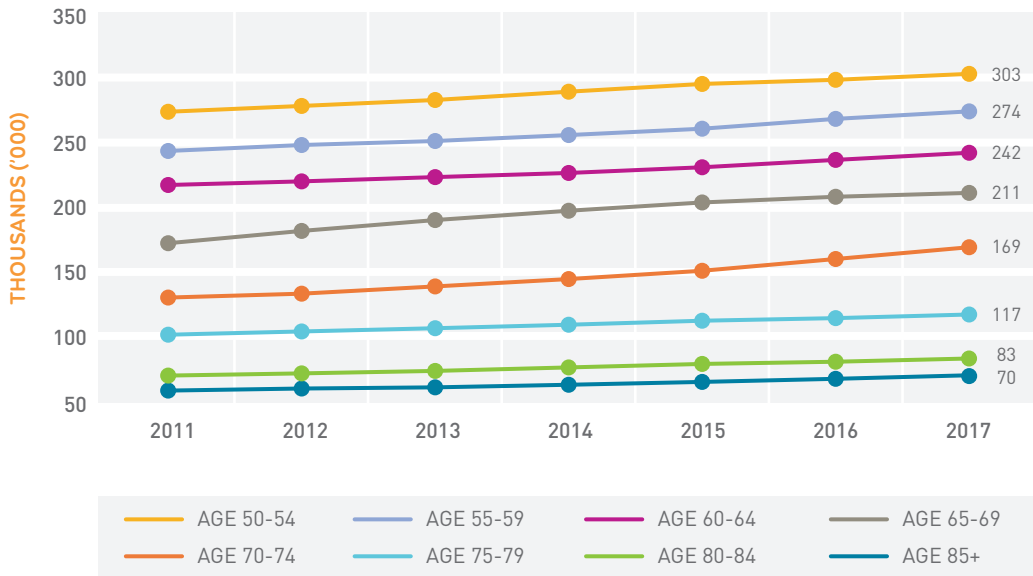


Figure 5: Population aged 50 and older, in thousands (2011-2017)

Source: Estimated Population, Central Statistics Office (CSO)

The growth of the population aged 65 and over affects many aspects of future planning for society, by healthcare providers, policymakers and others. 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.

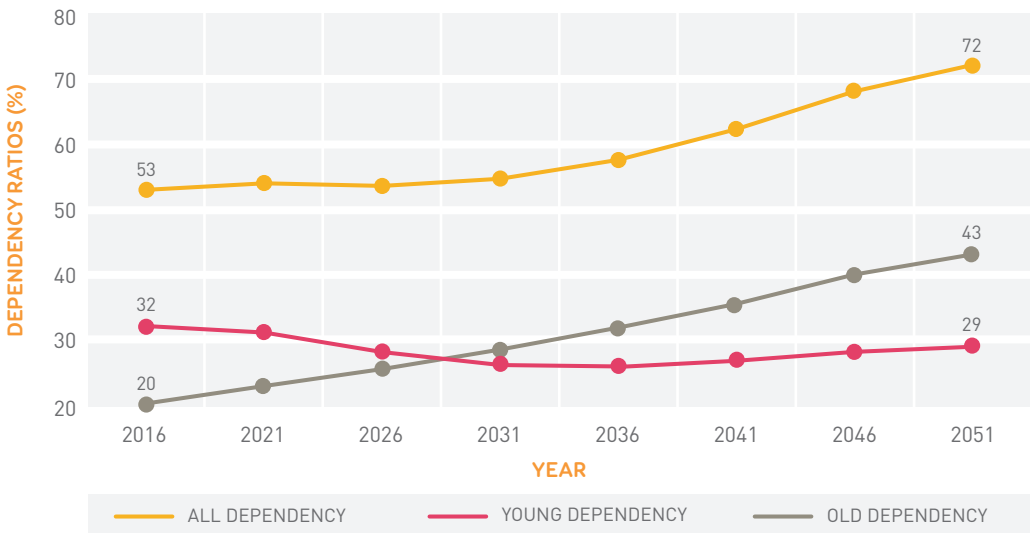


Figure 6: Actual and projected dependency ratios (2016-2051)

Source: Central Statistics Office (CSO). Note: Projections are based on the M2F1 combined assumptions for migration and fertility.

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 2016, the old dependency ratio was 20.3%. By 2051 it is projected to rise to 46.5% in 2051 and to continue rising.

Table 5: Population aged 50+ in Ireland and EU-28

POPULATION PROPORTIONS (%)			
		2011	2016
AGE 50-54	EU-28	7.0	7.2
	IRELAND	6.0	6.3
AGE 55-59	EU-28	6.4	6.7
	IRELAND	5.3	5.7
AGE 60-64	EU-28	6.1	6.1
	IRELAND	4.8	5.0
AGE 65-69	EU-28	4.7	5.7
	IRELAND	3.8	4.4
AGE 70-74	EU-28	4.4	4.3
	IRELAND	2.9	3.4
AGE 75-79	EU-28	3.6	3.8
	IRELAND	2.2	2.4
AGE 80+	EU-28	4.8	5.4
	IRELAND	2.8	3.1

Source: Central Statistics Office (CSO) and Eurostat

The percentage of the population in each age group over the age of 50 years has been increasing but remains below the EU-28 for each age group.

For people with an intellectual disability, Table 6 shows the age, gender, level of intellectual disability, and type of residence for the IDS-TILDA participants between 2010 and 2017.

Table 6: Demographic characteristics of people with an intellectual disability in Ireland

	WAVE 1 (2010-2011)		WAVE 2 (2013-2014)		WAVE 3 (2016-2017)	
	%	CI (95%)	%	CI (95%)	%	CI (95%)
AGE						
40-49	38	[34.8-41.8]	28	[25.0-31.7]	11	[9.5-14.6]
50-64	45	[42.0-49.1]	51	[46.9-54.3]	62	[58.7-66.3]
65+	16	[13.7-19.0]	20	[18.3-24.3]	25	[2.3-29.2]
GENDER						
Men	44	[41.0-48.1]	44	[44.1-49.5]	44	[40.3-48.1]
Women	55	[51.9-59.0]	55	[52.3-58.7]	55	[51.9-59.7]
LEVEL OF ID						
Mild	23	[20.9-27.2]	24	[20.7-27.2]	24	[21.4-28.5]
Moderate	46	[42.8-50.2]	46	[42.7-50.4]	46	[42.1-50.3]
Severe/Profound	29	[26.4-33.1]	29	[26.3-33.3]	29	[25.5-32.9]
TYPE OF RESIDENCE						
Independent/Family	17	[14.6-20.0]	16	[13.7-19.2]	15	[12.9-18.7]
Community Group Home	35	[32.3-39.1]	43	[39.9-47.2]	40	[36.6-44.3]
Residential	47	[43.7-50.8]	40	[36.7-43.9]	44	[40.1-48.0]
N=	753		701		609	

Source: Intellectual Disability Supplement to the Irish Longitudinal Study on Ageing (2017). CI: Confidence Interval (95%)

Across the three Waves of the survey the percentage of people with each level of ID has remained the same and has not changed significantly. The percentage of adults with ID living in community group homes increased significantly between Wave 1 and Wave 2: from 35.6% to 43.5%.



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	2016 REPORT	2018 REPORT
EMPLOYMENT AND RETIREMENT	Employment rate in the population aged 50-64	63%	64%
EDUCATION AND LIFELONG LEARNING	Participation rate in formal education and training in Ireland among people aged 25-64	6.5%	8.9%
	Participation rate in informal education and training in Ireland among people aged 50+	8.0%	Not reported
	Percentage of people aged 55-65 with low literacy	61%	Not reported
	Percentage of people aged 55-65 with low numeracy	64%	Not reported
ACTIVE CITIZENSHIP AND VOLUNTEERING	Percentage of people aged 50+ who engaged in political activities in the past 12 months	21%	24%
	Percentage of people aged 50+ who did unpaid voluntary work in the previous 12 months	26%	41%
	Percentage of people aged 50+ who provide care to children and/or grandchildren	32%	41%*
	Percentage of people aged 50+ who provide care to an older relative or disabled relative	13%	10%*
SOCIAL AND CULTURAL PARTICIPATION	Percentage of people aged 50+ who engage in one or more social leisure activity at least once a week	85%	82%*
	Average self-reported loneliness among people aged 50+	7.1%	5.4%
	Percentage of people aged 50+ with at least one supportive relative or friend	93%	92%*

*Note: Data is from TILDA and the same adults are interviewed at each Wave. TILDA respondents were aged 50+ at Wave 1; 52+ at Wave 2; 54+ at Wave 3; 56+ at Wave 4

DOMAIN	KEY INDICATORS	2016 REPORT	2018 REPORT
TRANSPORT	Percentage of people aged 50+ who drive	72%	Not reported
	Percentage of people aged 50+ who rate public transport in their area as good or excellent	49%	Not reported
	Percentage of people aged 50+ who rate private transport in their area as good or excellent	59%	Not reported

DOMAIN	KEY INDICATORS FOR PEOPLE WITH AN INTELLECTUAL DISABILITY	Age 40-49	Age 50+
EMPLOYMENT AND RETIREMENT	Employment rate in the ID population aged 40+	8.3%	5.2%
EDUCATION AND LIFELONG LEARNING	Participation rate in formal education and training in Ireland among people aged 40+	3.3%	1.7%
	Participation rate in informal education and training in Ireland among people aged 40+	17%	12%
	Percentage of people aged 40+ who had difficulty reading and writing	81%	83%
	Percentage of people aged 40+ who had difficulty with numeracy	80%	81%
ACTIVE CITIZENSHIP AND VOLUNTEERING	Percentage of people aged 40+ who did unpaid voluntary work in the previous 12 months	13%	9.5%
	Percentage of people aged 40+ who provide care to a relative	17%	9.8%
SOCIAL AND CULTURAL PARTICIPATION	Percentage of people aged 40+ who engage in one or more social leisure activity at least once a week	94%	97%
	Average self-reported loneliness among people aged 40+	5.7%	8.2%
	Percentage of people aged 40+ with at least one friend in who they can confide	94%	97%
TRANSPORT	Percentage of people aged 40+ who rate public transport in their area as good or excellent	93%	90%
	Percentage of people aged 40+ who rate private transport in their area as good or excellent	65%	72%

PARTICIPATION: EMPLOYMENT AND RETIREMENT

In 2017 the annual employment rate for people aged 50-64 was 64%

INDICATOR:
EMPLOYMENT RATE
IN THE POPULATION
AGED 50-64

This indicator shows the employment rate for adults aged 50-64. Employment is defined by the International Labour Organisation (ILO) as: persons who during the reference week worked for at least one hour for pay or profit or family gain; and persons who were not at work during the reference week but had a job or business from which they were temporarily absent.

Table 7: Annual employment rate in the population aged 50-64 (2015-2017)

	2015	2016	2017
Age 15-64	65	67	68
Age 50-64	62	63	64
Age 65-69	19	20	19
Age 70-74	9.2	9.7	11
Age 75+	4.1	3.8	3.7

Source: EU-LFS (2015-2017)

The employment rate for people aged 50-64 has increased since 2015.

How does Ireland compare with the EU-28?

Table 8: Employment rate for men and women aged 50+ in Ireland and the EU-28, by age group

	IRELAND			EU-28		
	TOTAL	MEN	WOMEN	TOTAL	MEN	WOMEN
Age 50-64	64	72	57	65	71	59
Age 65-69	19	26	13	13	16	9.4
Age 70-74	11	17	4.7	5.9	8.2	4.0
Age 75+	3.7	6.8	1.4	1.4	2.3	0.7

Source: EU-LFS (2017)

PARTICIPATION: EMPLOYMENT AND RETIREMENT

People with an intellectual disability

Overall, 6% of people with an intellectual disability aged 40+ were in open paid employment in 2011.

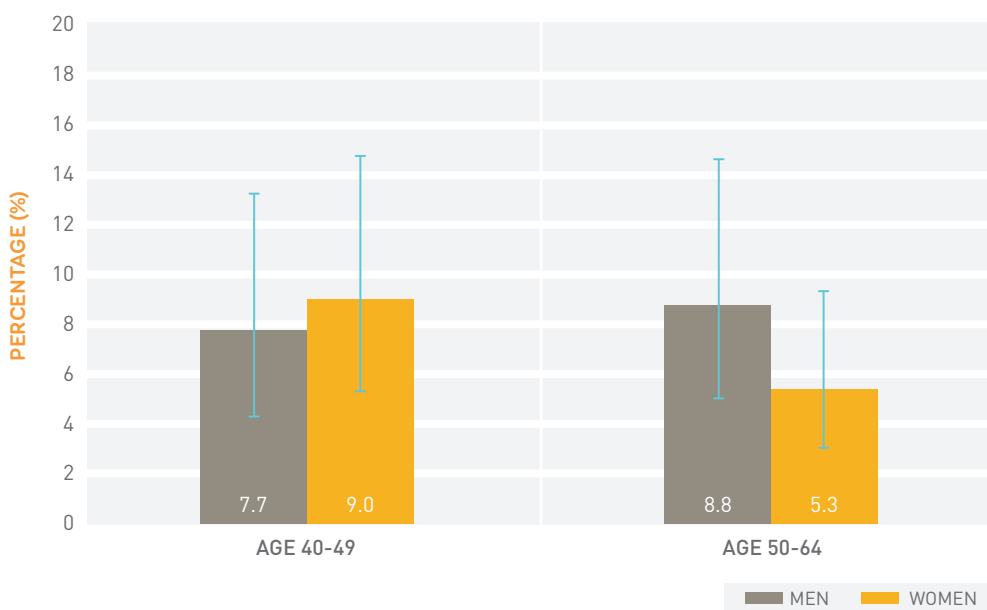


Figure 7:
Percentage of people with an intellectual disability aged 40+ in employment, by gender and age group

Source: Intellectual Disability Supplement to the Irish Longitudinal Study on Ageing (2011)

NPAS ACTION AREA

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

PARTICIPATION: EDUCATION AND LIFELONG LEARNING

8.9% people aged 25-64 participated in formal education and training in 2017

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

This indicator shows the percentage of adults aged 25-64 who participated in formal education and training in the past 4 weeks. 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.

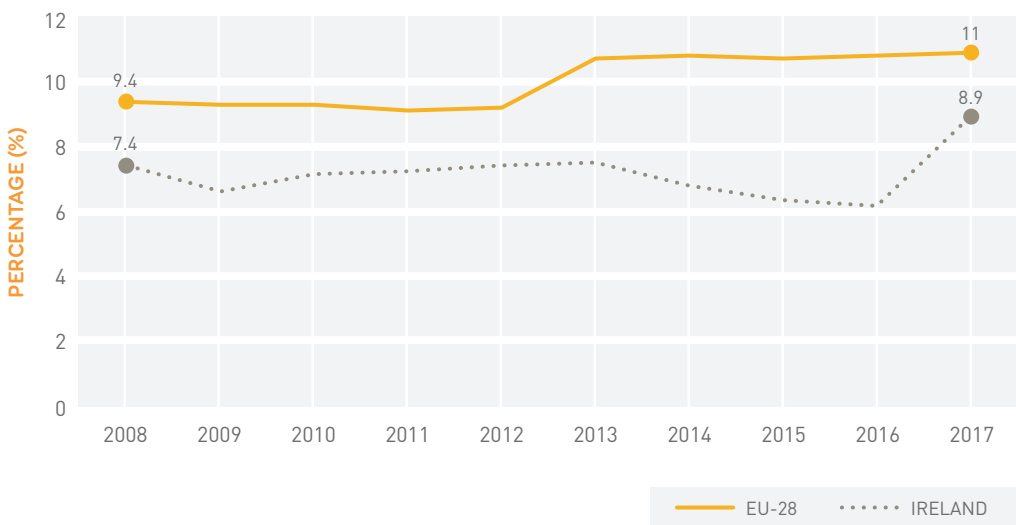


Figure 8: Participation rate in formal education and training for people aged 25-64 (2008-2017)

Source: EU-LFS, Eurostat (2008-2017)

How does Ireland compare with the EU-28?

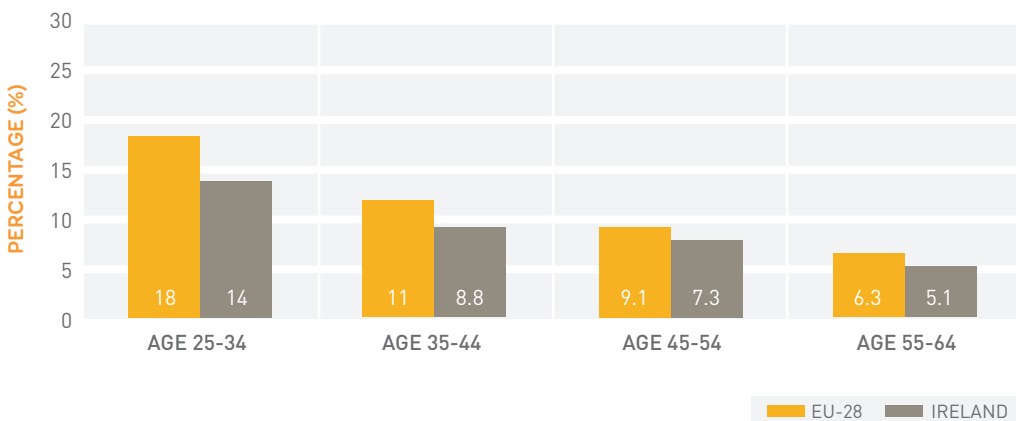


Figure 9: Participation in formal education and training in Ireland and the EU-28, by age group

Source: EU-LFS, Eurostat (2017)

PARTICIPATION: EDUCATION AND LIFELONG LEARNING

Difference between 2016 and 2017

This indicator increased from 6.2 in 2016 to 8.2 in 2017.

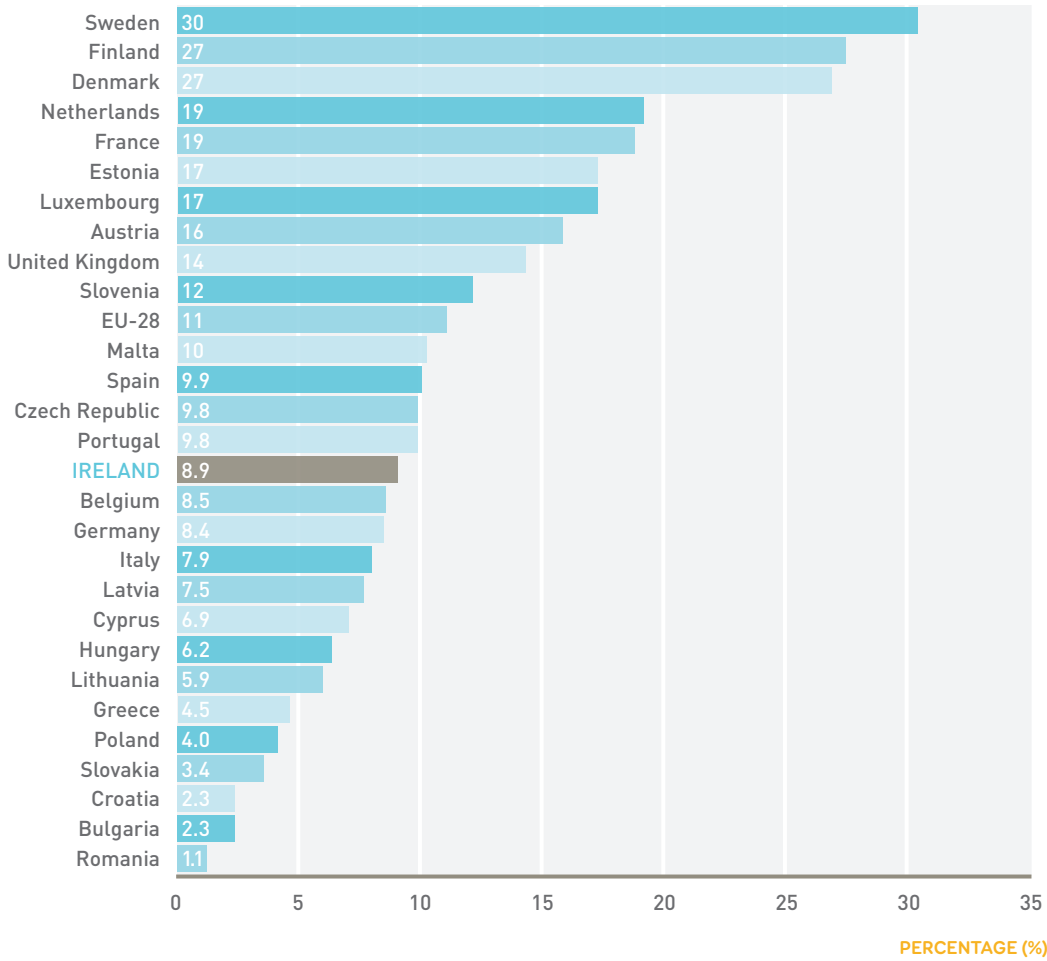


Figure 10: Participation in formal education and training in the EU-28, age 25-64

Source: EU-LFS, Eurostat (2017)

People with an intellectual disability

- overall, 2.0% of people with an ID aged 40+ participated in formal education and training
- overall 12% aged 40+ participated in informal education and training and this was higher for those in the 40-59 age group (17%) and lower for those aged 65+ (5.0%).

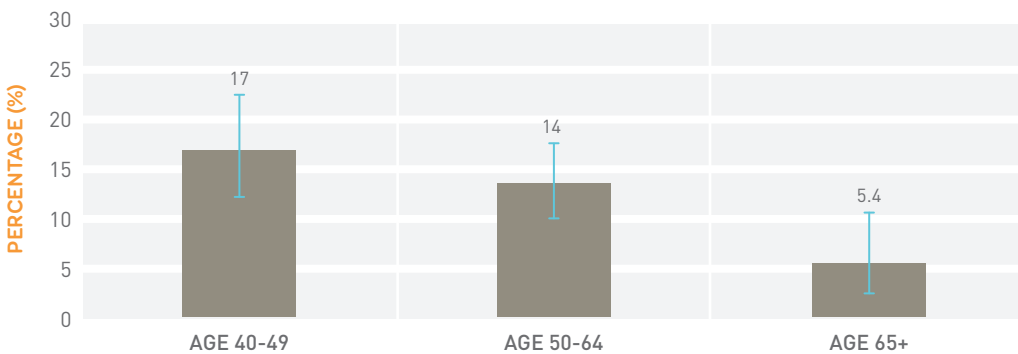


Figure 11: Percentage of people with an intellectual disability aged 40+ engaged in informal education and training, by age group

Source: Intellectual Disability Supplement to the Irish Longitudinal Study on Ageing (2014)

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

PARTICIPATION: EDUCATION AND LIFELONG LEARNING

**INDICATOR:
PERCENTAGE OF
PEOPLE AGED 55-65
WITH LOW LITERACY**

This indicator for the general population shows the percentage of adults aged 55-65 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 (PIAAC, OECD).

In 2012 more than three out of five (61%) people aged 55-65 have low literacy skills.

Table 9: 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.

People with an intellectual disability

**INDICATOR:
PERCENTAGE OF PEOPLE WITH AN INTELLECTUAL DISABILITY AGED 40+ WHO
HAD DIFFICULTY READING AND WRITING**

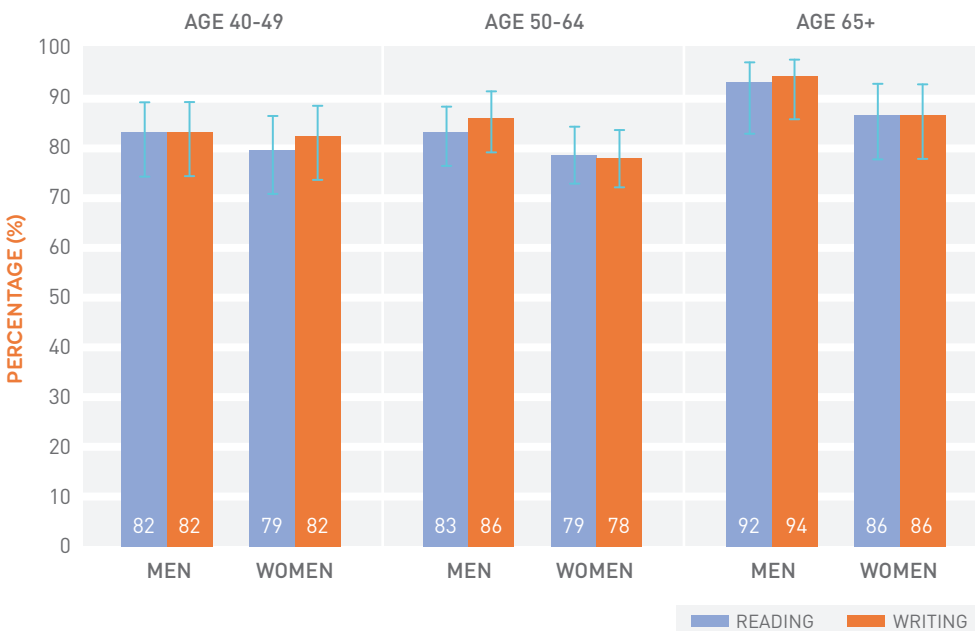


Figure 12: Percentage of people with an intellectual disability aged 40+ who had difficulty with reading, and difficulty writing, by gender and age group

Source: Intellectual Disability Supplement to the Irish Longitudinal Study on Ageing (2014)

NPAS ACTION AREA

1. Literacy, numeracy and technology skills training
2. Re-training and up-skilling for employment

PARTICIPATION: EDUCATION AND LIFELONG LEARNING

63% of people aged 55-65 have low numeracy skills

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

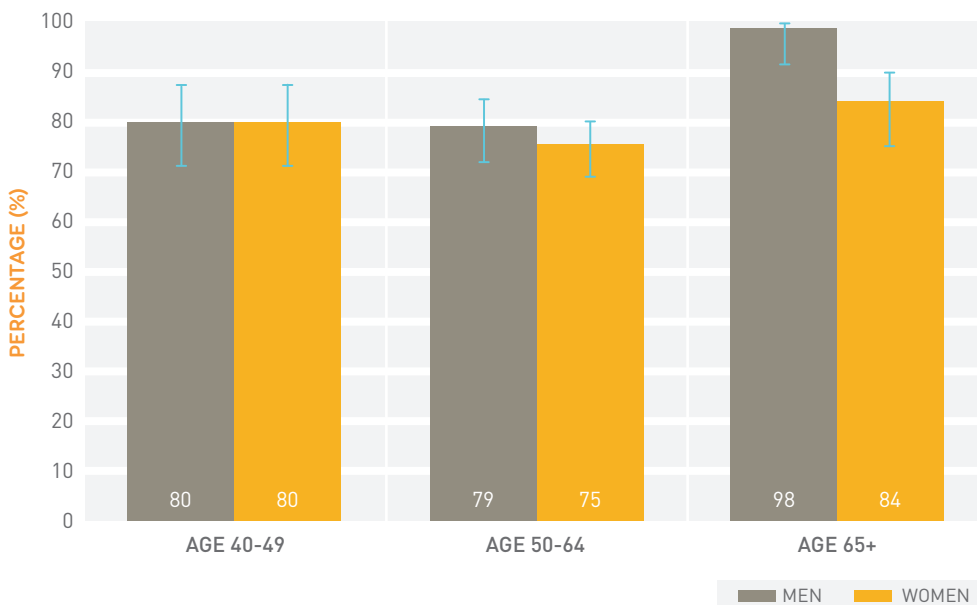
This indicator focuses on the percentage of adults aged 50+ who have low numeracy. This is based on the percentage of adults who were categorised as being at or below level 1 in numeracy skills proficiency (numerical and mathematical concepts) following a comprehensive numeracy skills test (PIAAC, OECD).

Table 10: 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.

People with an intellectual disability

INDICATOR:
PERCENTAGE OF PEOPLE WITH AN INTELLECTUAL DISABILITY AGED 40+ WHO
HAD DIFFICULTY WITH NUMERACY**Figure 13:** Percentage of adults with an intellectual disability aged 40+ who had difficulty with numeracy

Source: Intellectual Disability Supplement to the Irish Longitudinal Study on Ageing (2014)

NPAS ACTION AREA

1. Literacy, numeracy and technology skills training
2. Re-training and up-skilling for employment

PARTICIPATION: ACTIVE CITIZENSHIP AND VOLUNTEERING

24% of 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

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.

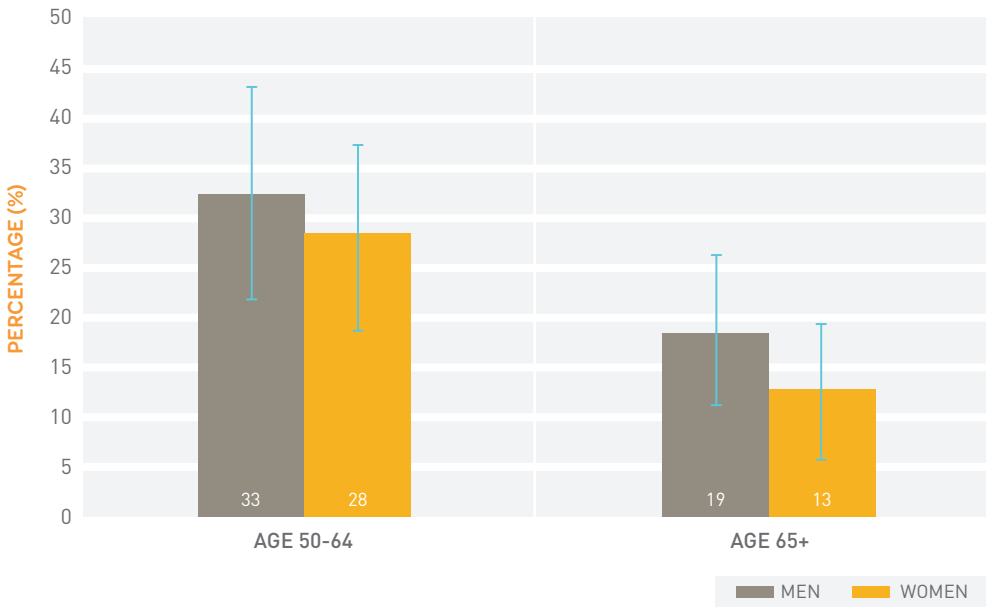


Figure 14: Percentage of men and women aged 50+ who engaged in political activities in the past 12 months, by age group

Source: EQLS (4th Round: 2016). Note: Error Bars correspond to 95% Confidence Interval.

- in total, 30% of people aged 50-64 and 16% 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?

- signing a petition, including by e-mail or online, was the activity that adults aged 50+ engaged in the most (12%)
- contacting a political or public official was the second most common activity engaged in among those aged 50+ (11%), followed by attending a protest or demonstration (9.0%)
- only 6.0% of people aged 50+ attended a meeting of a trade union, a political party or political action group in the previous 12 months.

Difference between 2012 and 2016

There was no significant change in this indicator between 2012 and 2016.

PARTICIPATION: ACTIVE CITIZENSHIP AND VOLUNTEERING

How does Ireland compare with the EU-28?

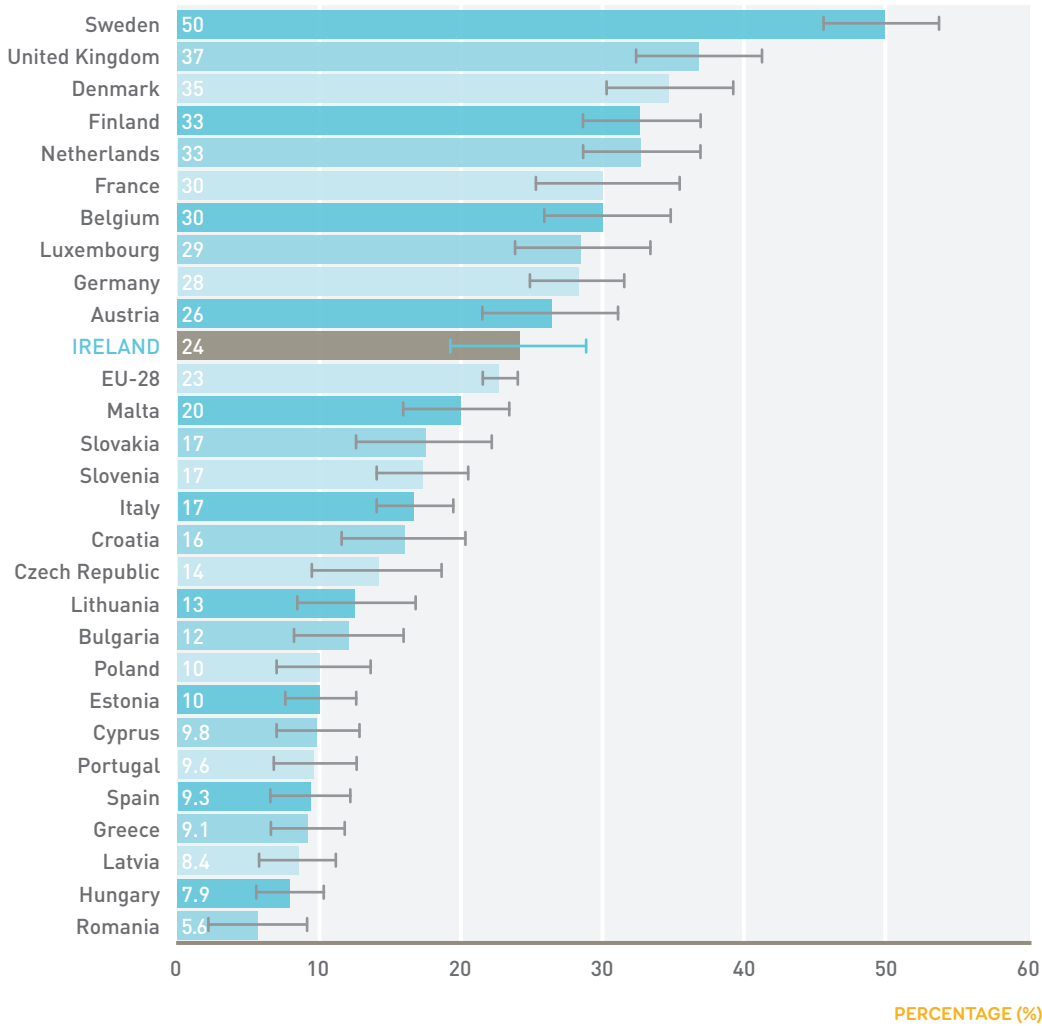


Figure 15: Engagement in political activities in Ireland and the EU-28 among people aged 50+

Source: EQLS (4th Round: 2016). Note: Error Bars correspond to 95% Confidence Interval.

People with an intellectual disability

INDICATOR:
PERCENTAGE OF ADULTS WITH AN INTELLECTUAL DISABILITY AGED 40+ WHO VOTED IN THE MOST RECENT ELECTION

Very few people (0.7%) with an intellectual disability aged 40+ report engaging in political activities, however almost one third (29%) reported voting in a recent election in 2017, and this indicator was similar in 2011 (31%) and 2014 (28%).

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

PARTICIPATION: ACTIVE CITIZENSHIP AND VOLUNTEERING

41% of people aged 50+ volunteered in the past 12 months

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

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.

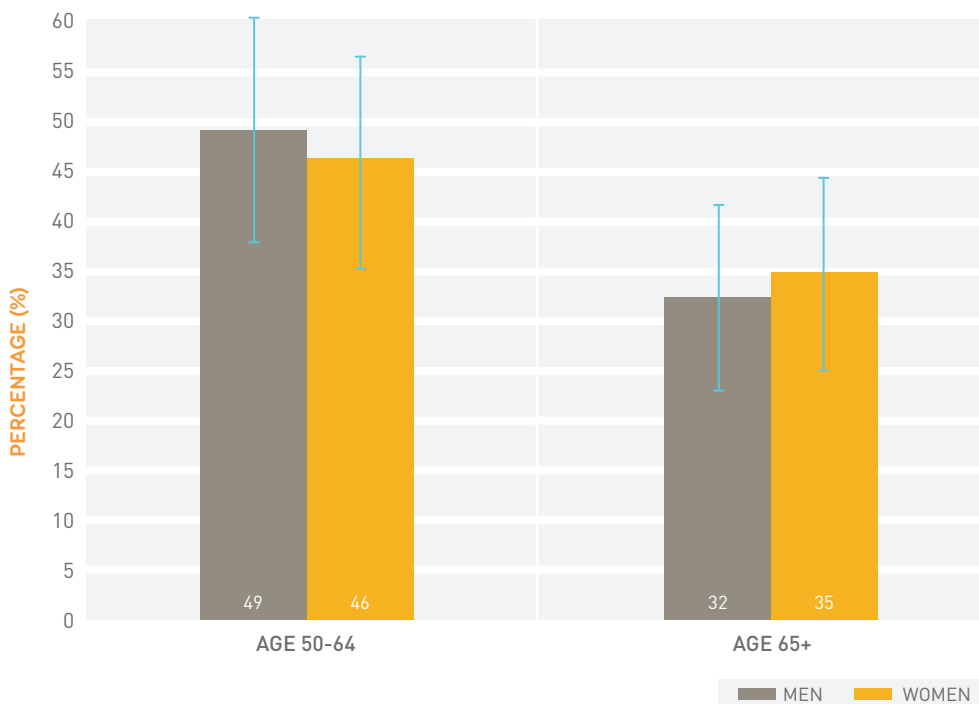


Figure 16:
Percentage of
men and women
aged 50+ who
volunteered in the
past 12 months, by
age group

Source: EQLS (4th Round: 2016). Note: Error Bars correspond to 95% Confidence Interval.

- a total of 28% volunteered on a monthly basis
- more adults aged 50-64 than those aged 65+ did unpaid voluntary work in the past 12 months
- levels of unpaid voluntary work in the past 12 months was almost the same between men and women.

Difference between 2012 and 2016

This indicator increased significantly from 26% in 2012 to 41% in 2016.

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

- community or social services: 13%
- education, cultural, sports or professional associations: 16%
- social movements or charities: 6%
- political parties, trade unions: 3%
- other voluntary services: 8%

PARTICIPATION: ACTIVE CITIZENSHIP AND VOLUNTEERING

How does Ireland compare with the EU-28?

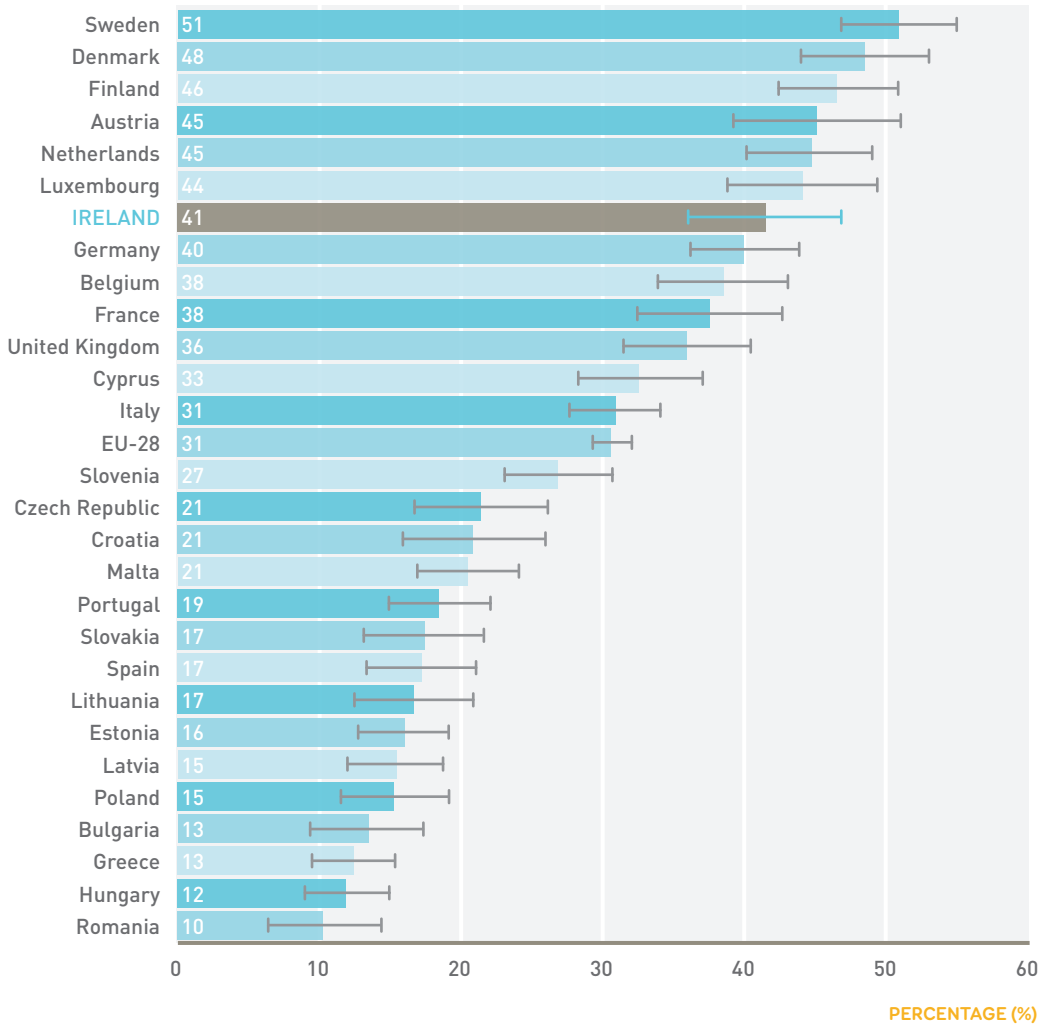


Figure 17: Engagement in unpaid volunteering in Ireland and the EU-28 among people aged 50+

Source: EQLS (4th Round: 2016). Note: Error Bars correspond to 95% Confidence Interval; estimate for Ireland may differ from national estimate due to the application of cross-national weights.

People with an intellectual disability

One in ten (10%) people with an intellectual disability aged 40+ volunteered in the past 12 months.

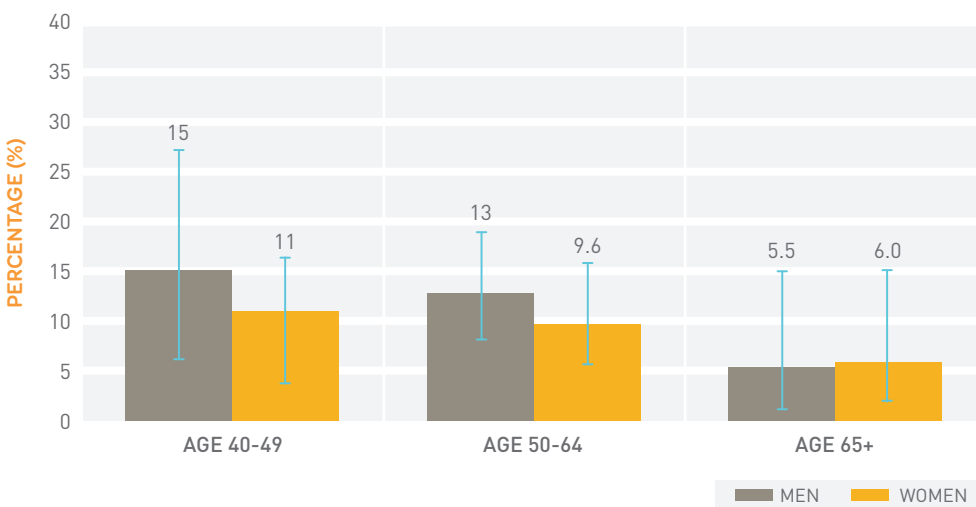


Figure 18: Percentage of people with an intellectual disability aged 40+ who volunteered in the past 12 months

Source: Intellectual Disability Supplement to the Irish Longitudinal Study on Ageing (2017)

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

PARTICIPATION: ACTIVE CITIZENSHIP AND VOLUNTEERING

40% of people aged 56+ provide care to a child or grandchild at least weekly

INDICATOR:
PERCENTAGE OF PEOPLE AGED 56+ WHO PROVIDE CARE TO CHILDREN AND/OR GRANDCHILDREN

This indicator shows the percentage of people aged 56+ 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 who have one or more co-resident child or grandchild aged 18 years or younger.

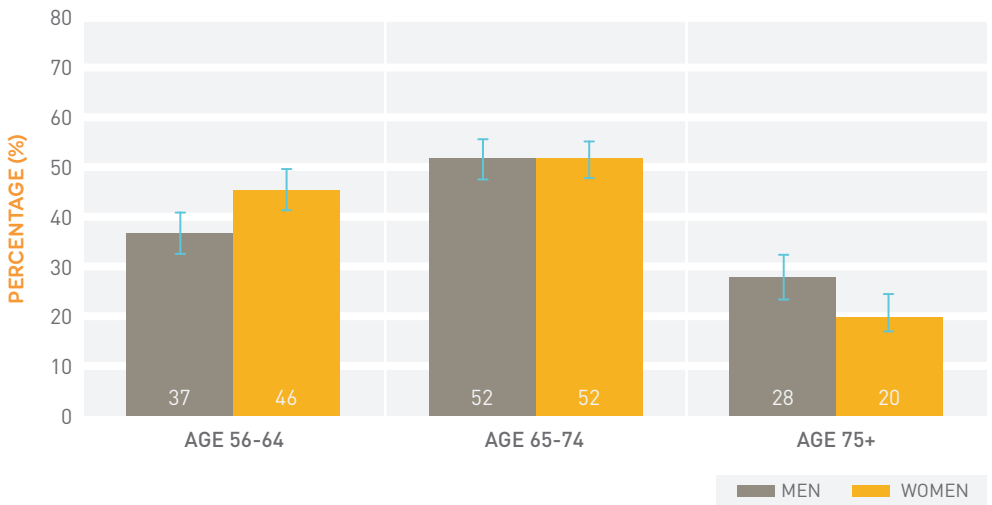


Figure 19: Percentage of men and women aged 56+ who provide care to children or grandchildren at least weekly, by age group

Source: TILDA (Wave 4: 2016-2017). Note: Error bars correspond to the 95% confidence intervals. TILDA participants were aged 56+ at Wave 4.

- in total, 41% of people aged 56-64, 52% aged 65-74 and 24% aged 75+ provided care to a child or grandchild on a weekly basis
- for people aged 56-64, women provided greater levels of care than men, while for those aged 75+ men provided greater levels than women.

Difference between Wave 2 (2012-2013) and Wave 4 (2016-2017)

There was a significant increase in this indicator between Wave 2 and Wave 4 for people in the 65-74 age group (from 35% to 52%) and the 75+ age group (from 18% to 24%).

NPAS ACTION AREA
Implementation and monitoring of the National Carer’s Strategy

PARTICIPATION: ACTIVE CITIZENSHIP AND VOLUNTEERING

10% of people aged 56+ provide care to a parent or relative monthly

INDICATOR:
PERCENTAGE OF
PEOPLE AGED 56+
WHO PROVIDE
CARE TO AN OLDER
RELATIVE OR
DISABLED RELATIVE

This indicator shows the percentage of people aged 56+ 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 helping a relative with personal care or instrumental activities at least four hours per month.

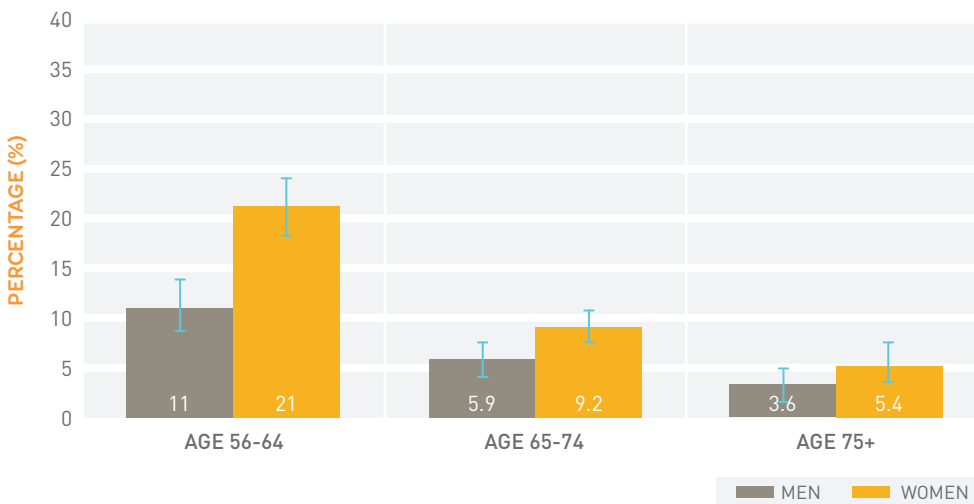


Figure 20: Percentage of men and women aged 56+ who provide care to a parent or relative at least monthly, by age group

Source: TILDA (Wave 4: 2016-2017). Note: Error bars correspond to the 95% confidence intervals. TILDA participants were aged 56+ at Wave 4.

- in total, 16.1% of people aged 56-64, 7.6% aged 65-74 and 4.6% aged 75+ provided care to a parent or relative at least monthly
- in all age groups, women provided greater levels of care than men.

Difference between Wave 2 (2012-2013) and Wave 4 (2016-2017)

There was a small, significant increase in this indicator in the 65-74 age group from 7.6% to 10%.

PARTICIPATION: ACTIVE CITIZENSHIP AND VOLUNTEERING

People with an intellectual disability

INDICATOR:
PERCENTAGE OF
PEOPLE WITH AN
INTELLECTUAL
DISABILITY AGED
40+ WHO PROVIDE
SUPPORT TO ANY
RELATIVE IN THE
PREVIOUS MONTH

Just over one in ten (12%) people with an intellectual disability aged 40+ provided support to a relative in the past month.

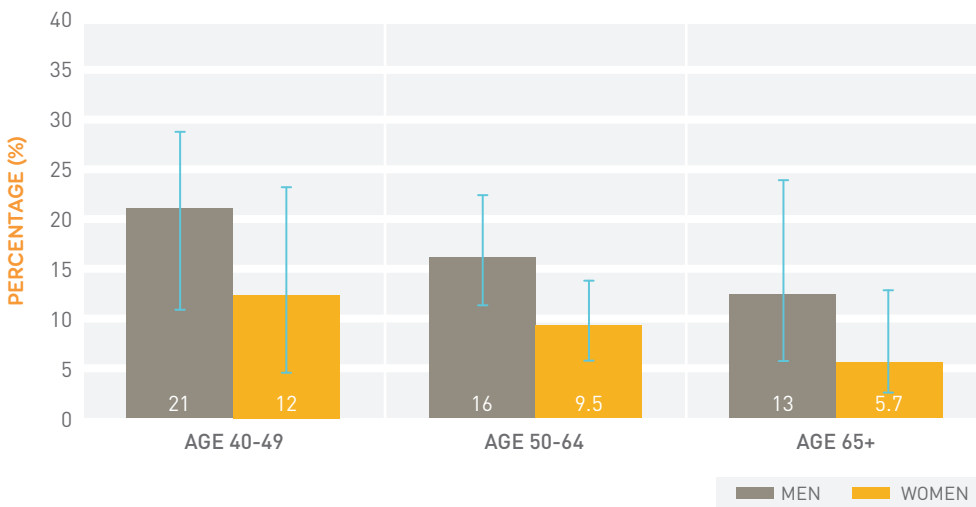


Figure 21: Percentage of people with an intellectual disability aged 40+ who provided support to a relative, by gender and age

Source: Intellectual Disability Supplement to the Irish Longitudinal Study on Ageing (2017)

NPAS ACTION AREA

Implementation and monitoring of the National Carer’s Strategy

PARTICIPATION: SOCIAL AND CULTURAL PARTICIPATION

82% of people aged 56+ engage in at least one social leisure activity on a weekly basis

INDICATOR:
PERCENTAGE OF
PEOPLE AGED 56+
WHO ENGAGE IN
ONE OR MORE
SOCIAL LEISURE
ACTIVITY AT LEAST
ONCE A WEEK

This indicator shows the percentage of people aged 56+ who actively engage in at least one of the following social leisure activities: goes out to films, plays or concerts; attends classes and lectures; plays cards, bingo or games in general; or eats out of the house; attends a religious service; and participates in sports or exercise at least once a week.

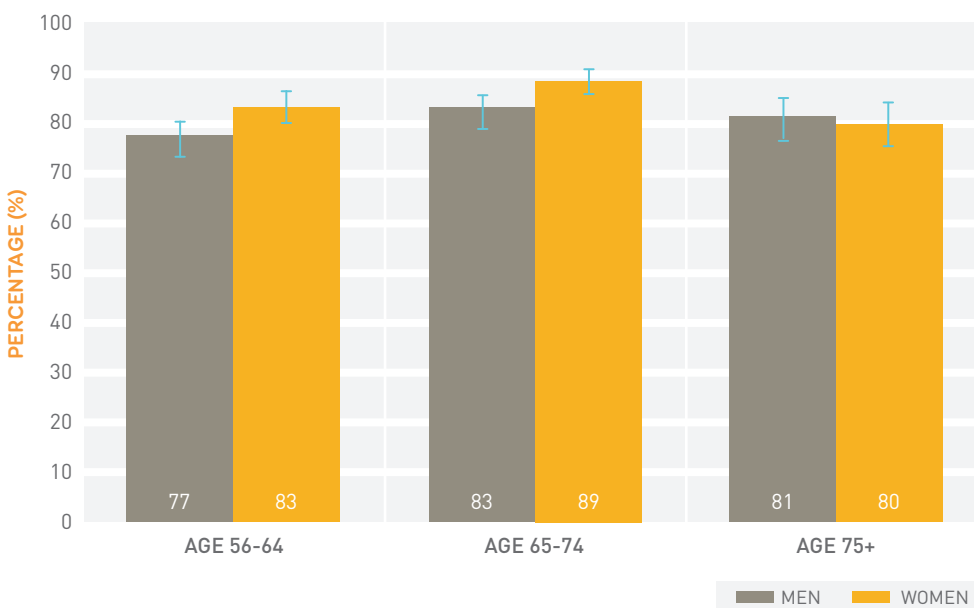


Figure 22:
Weekly social
leisure activity
among men and
women aged 56+,
by age group

Source: TILDA (Wave 4: 2016-2017). Note: Error bars correspond to the 95% confidence intervals. TILDA participants were aged 56+ at Wave 4.

What types of social leisure activities do people aged 56+ engage in?

Table 11: Types of social leisure activity among people aged 56+, by age group

SOCIAL LEISURE ACTIVITY	AGE GROUP	%	CONFIDENCE INTERVALS (95%, CI)	
Goes out to films, plays and concerts	56-64	1.2	0.7	2.3
	65-74	1.4	0.9	2.0
	75+	1.6	0.9	2.9
Attends classes and lectures	56-64	7.4	6.1	9.0
	65-74	7.5	6.4	8.9
	75+	5.8	4.5	7.5
Plays cards, bingo, games in general	56-64	14	12.2	16.1
	65-74	20	18.3	22.8
	75+	22	19.4	25.4

PARTICIPATION: SOCIAL AND CULTURAL PARTICIPATION

SOCIAL LEISURE ACTIVITY	AGE GROUP	%	CONFIDENCE INTERVALS (95%,CI)	
Eats out of the house	56-64	17	14.3	18.9
	65-74	19	17.0	21.7
	75+	22	18.7	24.9
Participates in sports or exercise	56-64	58	55.1	60.9
	65-74	55	51.9	57.4
	75+	33	29.8	36.7
Attends religious services	56-64	37	34.0	40.2
	65-74	55	51.7	57.8
	75+	66	62.1	69.7

CI: Confidence Interval. Source: TILDA (Wave 4: 2016-2017) Note: Error bars correspond to the 95% confidence intervals. TILDA participants were aged 56+ at Wave 4.

- participation in sports or exercise was the most popular activity among people aged 56-64 (58%)
- attending religious services was the most popular activity among people aged 65-74 (55%) and aged 75+ (51%).

Difference between Wave 2 (2012-2013) and Wave 4 (2016-2017)

There was no significant change in this indicator between Wave 2 (2012-2013) and Wave 4 (2016-2017).

People with an intellectual disability

In 2017 96% of people with an intellectual disability aged 40+ engaged in one or more social leisure activity at least once a week.

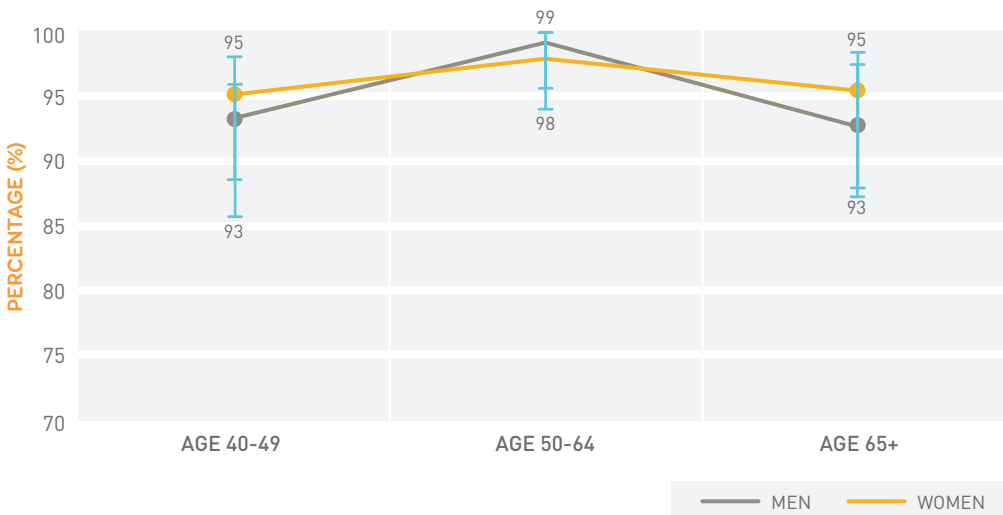


Figure 23: Percentage of people with an intellectual disability aged 40+ who engage in one or more social leisure activity at least once a week, gender and age

Source: Intellectual Disability Supplement to the Irish Longitudinal Study on Ageing (2017)

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

PARTICIPATION: SOCIAL AND CULTURAL PARTICIPATION

5.4% of people aged 56+ often feel lonely

INDICATOR:
 AVERAGE SELF-
 REPORTED
 LONELINESS AMONG
 PEOPLE AGED 56+

This indicator focuses on the average self-reported loneliness score among people aged 56+ based on a modified 5-item version of the University of California, Los Angeles (UCLA) Loneliness scale. 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: often, some of the time, or hardly ever/never. The percentage of people who responded 'often' to a single item in the scale "How often do you feel lonely?" is also reported, to give an overall percentage of people who experience loneliness.

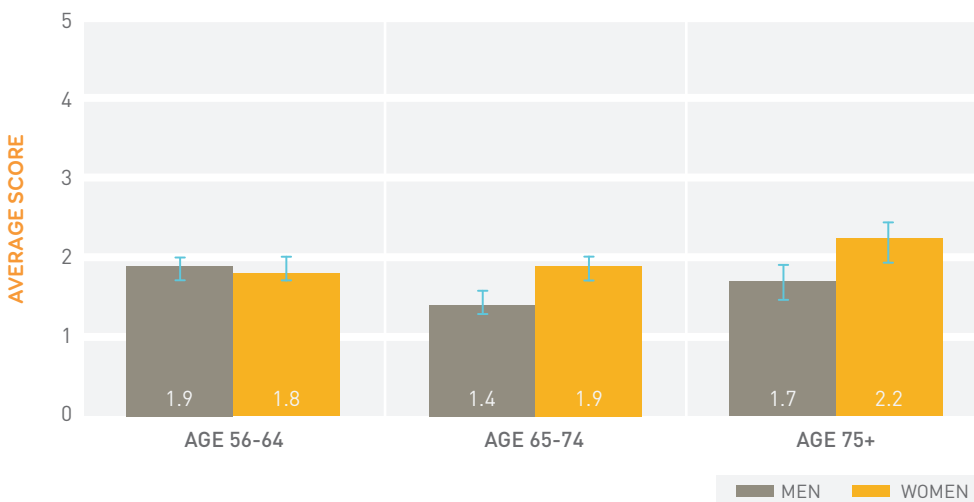


Figure 24:
Loneliness scores for men and women aged 56+, by age group

Source: TILDA (Wave 4: 2016-2017). Note: Error bars correspond to the 95% confidence intervals. TILDA participants were aged 56+ at Wave 4.

- a total of 5.4% of people aged 56+ often feel lonely
- women have a higher loneliness score than men at all ages.

Difference between Wave 2 (2012-2013) and Wave 4 (2016-2017)

There was no significant change in this indicator between Wave 2 (2012-2013) and Wave 4 (2016-2017).

People with an intellectual disability

Overall, 8.0% of people with an intellectual disability aged 40+ often feel lonely. This question was only asked of those who could respond themselves.

NPAS ACTION AREA

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

PARTICIPATION: SOCIAL AND CULTURAL PARTICIPATION

92% of people aged 56+ have at least one supportive relative or friend

INDICATOR:
PERCENTAGE OF
PEOPLE AGED 56+
WITH AT LEAST
ONE SUPPORTIVE
RELATIVE OR FRIEND

This indicator shows the percentage of people aged 56+ 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.

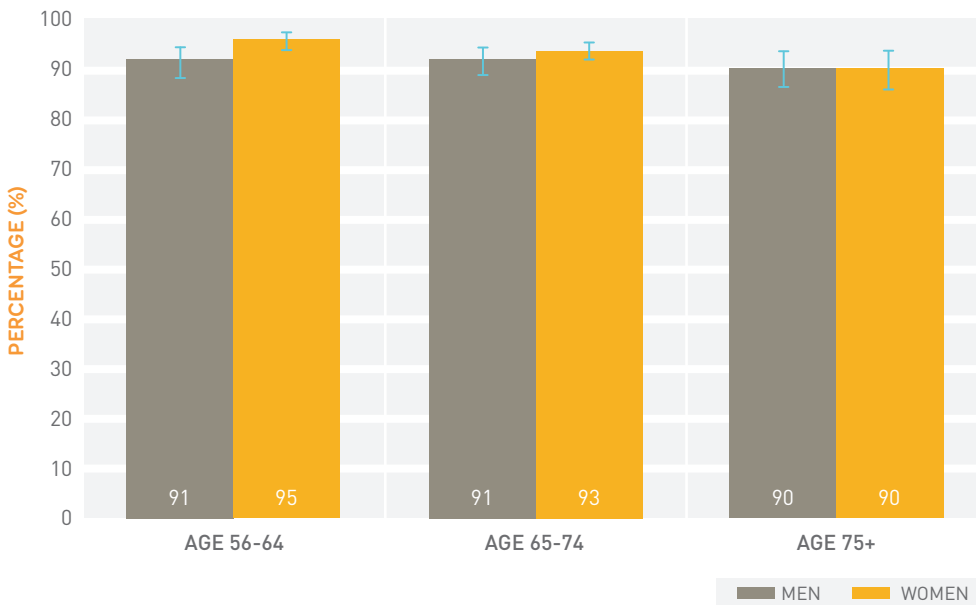


Figure 25:

Percentage of men and women aged 56+ with at least one supportive relative or friend, by age group

Source: TILDA (Wave 4: 2016-2017). Note: The figure includes spouse or partner. Error bars correspond to the 95% confidence intervals. TILDA participants were aged 56+ at Wave 4.

- overall, a high percentage of people aged 56+ have a friend or relative that they can rely on for support
- however, 9.2% of men and 5.2% of women have no supportive relative or friend.

Difference between Wave 2 (2012-2013) and Wave 4 (2016-2017)

There was no significant change in this indicator between Wave 2 (2012-2013) and Wave 4 (2016-2017).

PARTICIPATION: SOCIAL AND CULTURAL PARTICIPATION

People with an intellectual disability

INDICATOR:
PERCENTAGE OF PEOPLE WITH AN INTELLECTUAL DISABILITY AGED 40+ WHO HAVE SOMEONE THEY CAN CONFIDE IN

Most people (96%) said that they had a confidant, and this question was asked only of those who could respond themselves.

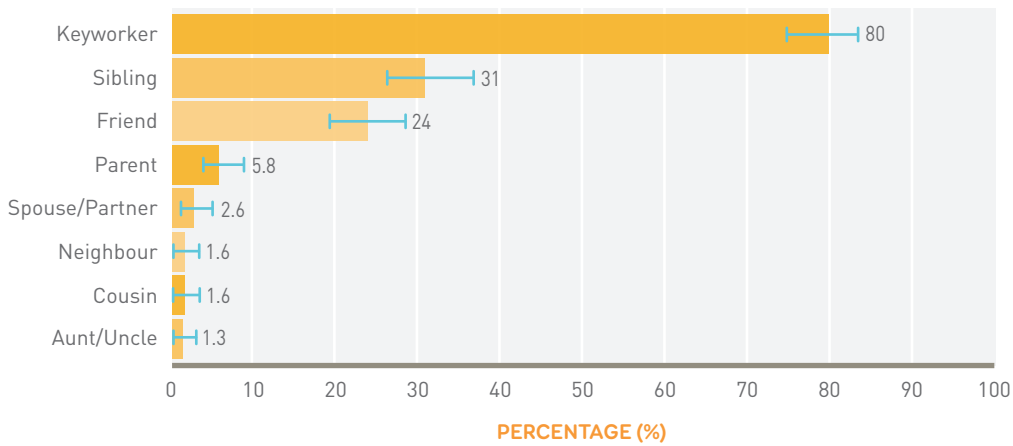


Figure 26:
 Identity of confidant for people with an intellectual disability aged 40+

Source: Intellectual Disability Supplement to the Irish Longitudinal Study on Ageing (2017).
 Note: a further 4.2% stated 'other' type of confidant.

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

PARTICIPATION: TRANSPORT

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

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.

Note: This indicator has not been updated since TILDA Wave 1 (2009-2011). However, this indicator is included again in this report to compare the results with those for people with an intellectual disability. Reported in 2016 this indicator showed that:

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

Note: New data will be available for this indicator in 2020.

People with an intellectual disability

- overall, less than 1% of people with an intellectual disability drive
- 36% of people with an intellectual disability aged 40+ rated public transport in their area as good or excellent, and 56% rated their private transport as good or excellent.

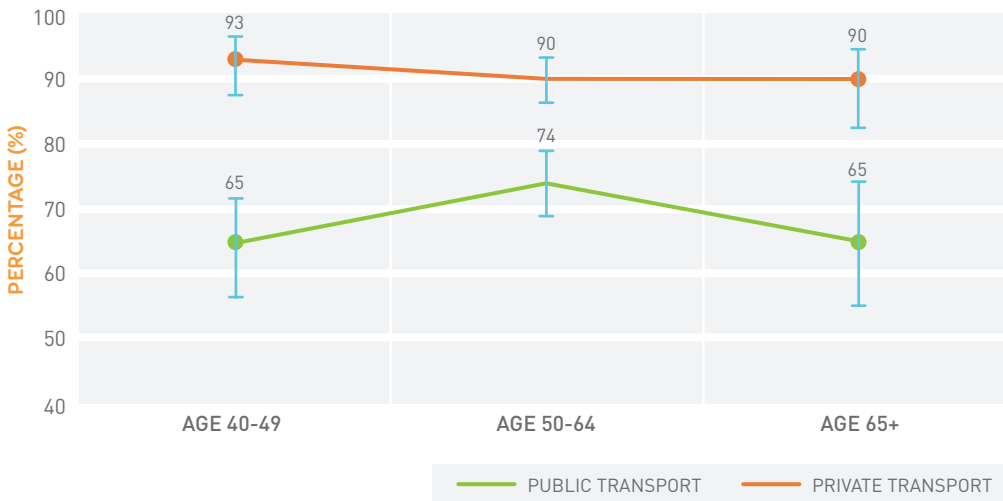


Figure 27: Percentage of people with an intellectual disability aged 40+ who rated their public and private transport as good or excellent, by age group

Source: Intellectual Disability Supplement to the Irish Longitudinal Study on Ageing (2014)

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	2016 REPORT	2018 REPORT
PHYSICAL HEALTH	Life expectancy at age 65	21.1 years (women) 18.4 years (men)	21.1 years (women) 18.6 years (men)
	Healthy life expectancy at age 65	12.3 years (women) 11.4 years (men)	13.2 years (women) 12 years (men)
	Percentage of people aged 50+ with good (or better) self-rated health	80%	80%**
	Percentage of people aged 50+ who have a disability	15%	25%*
	Percentage of people aged 65+ who have a slow walking speed	48%	48%
	Percentage of people aged 65+ who reported a fall in the previous two years	27%	24%
	Percentage of people aged 50+ who have a chronic disease	61%	65%**
	Percentage of people aged 50+ who report severe or moderate pain most of the time	25%	26%
BRAIN HEALTH	Percentage of people aged 50+ who show evidence of mild cognitive impairment	36%	24%**

DOMAIN	KEY INDICATORS	2016 REPORT	2018 REPORT
ADAPTATION TO DISABILITY AND ILLNESS	Percentage of people aged 50+ whose ability to work or attend further education is reduced by disability	Not reported	8.5%
	Percentage of people aged 50+ whose ability to participate in social or leisure activities is reduced by disability	Not reported	24%
	Percentage of people aged 50+ with difficulty going outside home alone	9.5%	11 %***
	Percentage of people aged 50+ with difficulty dressing, bathing or getting around inside the home, due to disability	6.8%	8.1%
HEALTH BEHAVIOURS	Percentage of people aged 50+ who report current smoking	17%	14%**
	Percentage of people aged 50+ who report problematic alcohol use	14%	12%**
	Percentage of people aged 50+ with low, medium and high physical activity levels	34% low	39% low**
	Percentage of people aged 50+ who are underweight, overweight and obese	44% overweight 35% obese Note: underweight not reported due to low numbers	45% overweight*** 33% obese Note: underweight not reported due to low numbers
	Percentage of people aged 50+ who do not meet the healthy eating guidelines for any food group	Not reported	14%
POSITIVE MENTAL HEALTH	Percentage of people aged 50+ with depression	9.0% (severe depression)	11%****
	Percentage of people aged 50+ who report high life satisfaction	82%	86%**
	Percentage of people aged 50+ who feel that they have control over their lives	67%	63%**
	Percentage of people aged 50+ with moderate and severe levels of anxiety	9.2%	4.4%**

DOMAIN	KEY INDICATORS	2016 REPORT	2018 REPORT
HEALTHCARE	Percentage of women eligible for screening who have had a mammogram in the previous two years	77%	83%
	Percentage of people aged 65+ who have had a flu vaccine in the previous two years	69%	62%
	Percentage of people aged 50+ who experienced difficulty when seeing a doctor in the past 12 months	17%	9.5%
	Percentage of people aged 50+ who are taking five or more medications	27%	32%**
	Percentage of people aged 50+ who report unmet need for a community care service	19%	13%**
SOCIAL CARE	Percentage of people aged 70+ living in the community in receipt of home care services in the previous 12 months	14%	11%
PALLIATIVE AND END OF LIFE CARE*****	Percentage of people aged 50+ who had unmet need for services in the last year of life	Not reported	16% home help 15% community care 30% allied health care services
	Place of death	Not reported	46% hospital 27% own home 11% hospice 10% nursing home 6% other
CARERS' HEALTH	Percentage of carers aged 50+ who report high levels of stress or distress	27%	Not reported

*In 2018, the indicator of physical disability is replaced by disability that includes both physical and psychological disability.

**Data is from TILDA and the same adults are interviewed at each Wave. TILDA respondents were aged 50+ at Wave 1; 52+ at Wave 2; 54+ at Wave 3; 56+ at Wave 4.

*** This indicator has been re-worded in 2018 but the data remains comparable with 2016.

**** A different measure was used to collect this data for the 2016 and 2018 indicator.

*****This data is from TILDA Waves 1-3 combined. The data is not weighted and is not representative of the wider population.

DOMAIN	KEY INDICATORS FOR PEOPLE WITH AN INTELLECTUAL DISABILITY	AGE 40-49	Age 50+
PHYSICAL HEALTH	Percentage of people aged 40+ with good (or better) self-rated health	85%	86%
	Percentage of people aged 40+ who have a chronic disease	72%	79%
	Percentage of people aged 40+ reporting a fall in the previous two years	18%	29%
	Percentage of people aged 40+ who have a slow walking speed	79%	87%
	Percentage of people aged 40+ who report severe or moderate pain most of the time	13%	18%
ADAPTATION TO DISABILITY AND ILLNESS	Percentage of people aged 40+ who have difficulty participating in social activities	63%	55%
	Percentage of people aged 40+ with difficulty getting around the community	35%	32%
	Percentage of people aged 40+ with difficulty dressing, bathing or getting around inside the home, due to disability	63%	74%
HEALTH BEHAVIOURS	Percentage of people aged 40+ who report current smoking	4.1%	8.7%
	Percentage of people aged 40+ with sedentary, underactive, and active levels of physical activity*	14%	14%
	Percentage of people aged 40+ who are underweight, overweight and obese	80%	80%
POSITIVE MENTAL HEALTH	Percentage of people aged 40+ with depression	13%	10%
	Percentage of people aged 40+ who report high life satisfaction	80%	82%
	Percentage of people aged 40+ with moderate and severe levels of anxiety	9.4%	17%

*This corresponds with the indicator of 'low, medium and high physical activity levels' in the general population.

DOMAIN	KEY INDICATORS FOR PEOPLE WITH AN INTELLECTUAL DISABILITY	AGE 40-49	Age 50+
HEALTHCARE	Percentage of women 40+ who have had a mammogram in the previous two years	17%	11%
	Percentage of people aged 40+ who have had a flu vaccine in the previous two years	24%	61%
	Percentage of people aged 40+ who experienced difficulty seeing a doctor in the past 12 months	88%	91%
	Percentage of people aged 40+ who are taking 5 or more medications	56%	73%
	Percentage of people aged 40+ who report unmet need for a community care service	14%	21%
SOCIAL CARE	Percentage of people aged 40+ living in the community in receipt of home care services in the previous 12 months	14%	22%

HEALTHY AGEING: PHYSICAL HEALTH

At age 65 in Ireland, women have a life expectancy of 21.1 years and men have a life expectancy of 18.6 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.

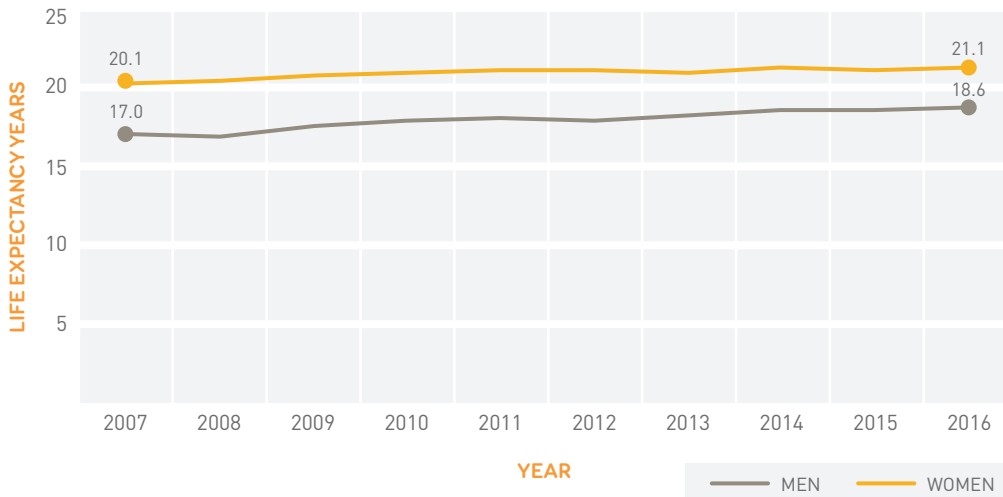


Figure 28: Life expectancy for men and women at age 65

Source: Eurostat (2016)

- 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 since 2007
- the difference in life expectancy between men and women at age 65 has narrowed from 3.1 years in 2007 to 2.5 years in 2016.

HEALTHY AGEING: PHYSICAL HEALTH

How does Ireland compare with the EU-28?

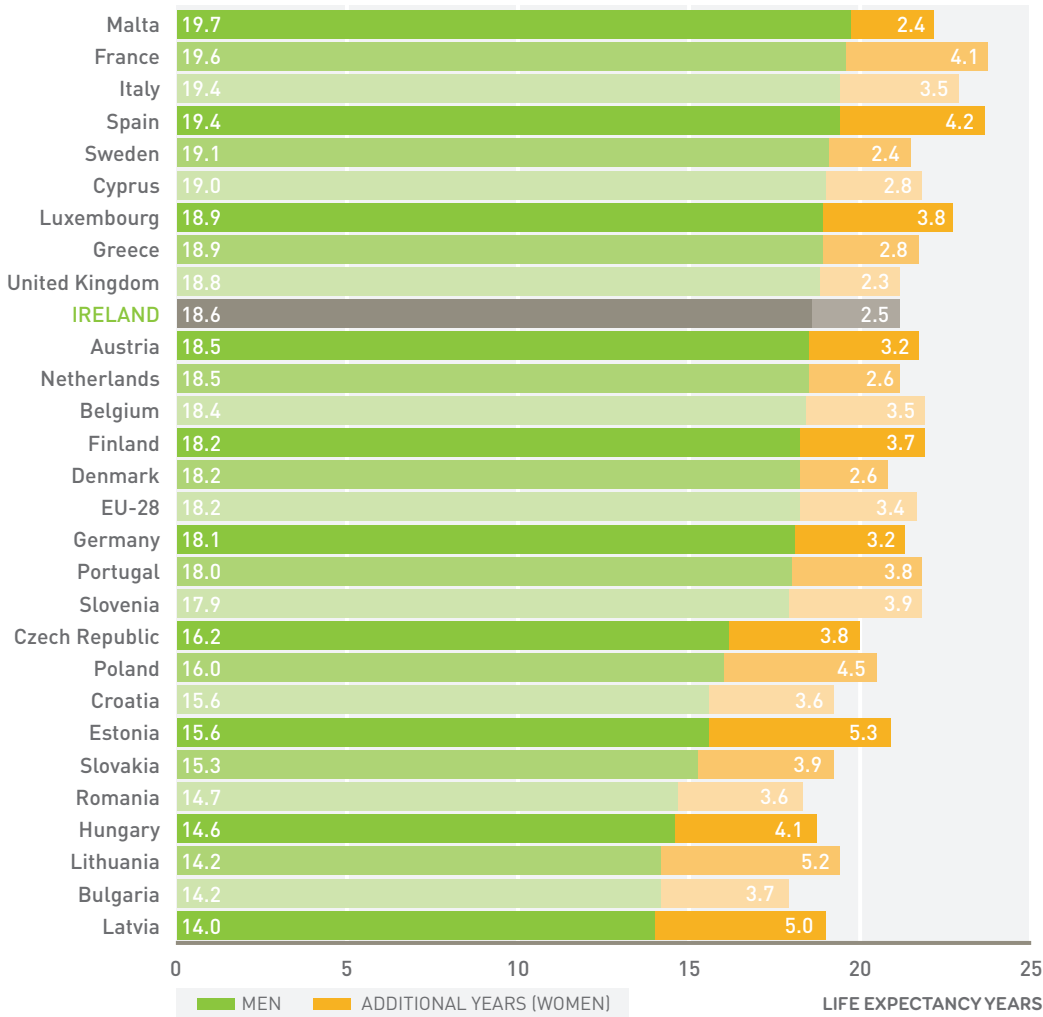


Figure 29: Life expectancy for men and women aged 65 in Ireland and the EU-28

Source: Eurostat (2016).
Note: e=estimated, p=provisional.

- compared to the EU-28 average, life expectancy in Ireland at age 65 is higher for men (18.6 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 (2.5 years compared to 3.4 years).

People with an intellectual disability

Between the years 2003-2012 people with an intellectual disability were, on average, dying 19 years earlier than was found in the general population (McCarron et al., 2015). This was calculated using information from the Census of the Population and the National Intellectual Disabilities Database for Ireland.

NPAS ACTION AREA
Health education, promotion and prevention across the life-cycle

HEALTHY AGEING: PHYSICAL HEALTH

At age 65 in Ireland, women have an expected 13.2 healthy life years ahead and men have an expected 12 healthy life years ahead

**INDICATOR:
HEALTHY LIFE
EXPECTANCY AT
AGE 65**

This indicator shows the number of years that a person at age 65 is still expected to live in a healthy condition. HLY is a health expectancy indicator which combines information on mortality and morbidity. The data required are the age-specific prevalence (proportions) of the population in healthy and unhealthy conditions and age-specific mortality information. A healthy condition is defined by the absence of limitations in functioning/disability. The indicator is calculated separately for men and women. The indicator is also called disability-free life expectancy (DFLE).

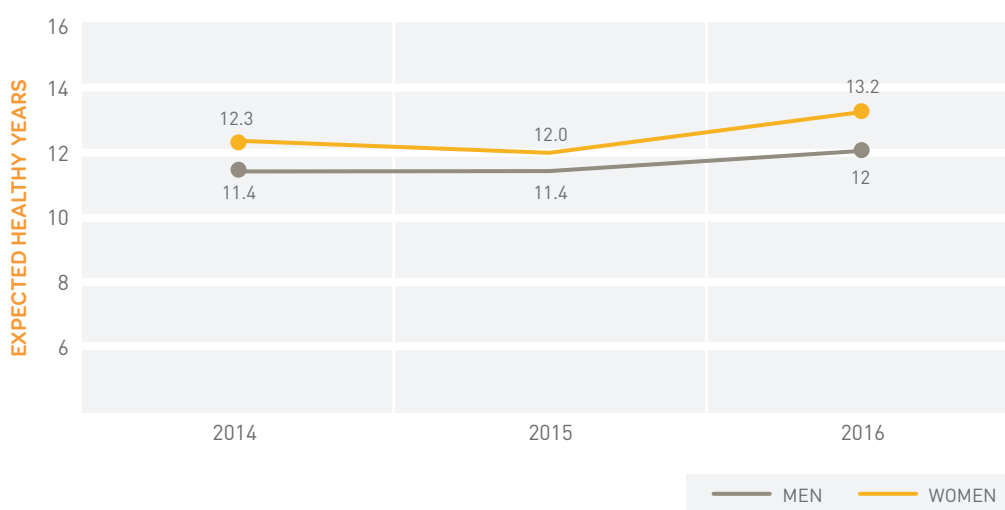


Figure 30: Number of expected healthy years for men and women at age 65

Source: Eurostat (2016)

Difference between 2014 and 2016

- between 2014 and 2016 healthy life expectancy at age 65 increased by 0.9 years for women and 0.6 years for men
- between 2014 and 2016 the difference in healthy life expectancy aged 65 between men and women has increased from 0.9 years to 1.2 years.

HEALTHY AGEING: PHYSICAL HEALTH

How does Ireland compare with the EU-28?

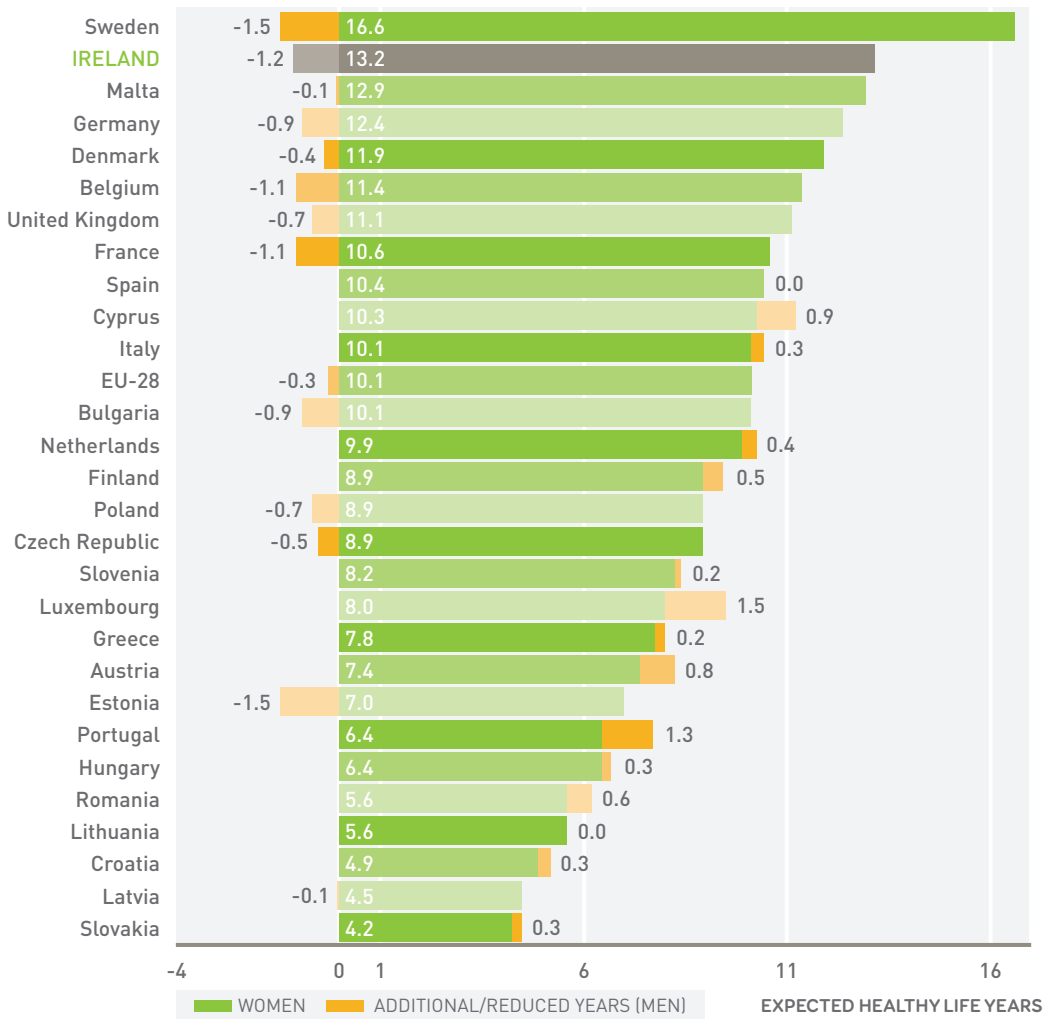


Figure 31: Difference in Healthy Life Expectancy in 28 European Union member states for men and women

Source: Eurostat (2016)

- compared to the EU-28 average, healthy life expectancy in Ireland at age 65 is higher for women (13.2 years compared with 10.1 years) and for men (12 compared to 9.8)
- the EU-28 average difference in health life expectancy at age 65+ between men and women is 0.3 years but in Ireland the difference is higher: 1.2 years.

NPAS ACTION AREA
Health education, promotion and prevention across the life-cycle

HEALTHY AGEING: PHYSICAL HEALTH

80% of people aged 56+ rate their health as good or very good

INDICATOR:
PERCENTAGE OF PEOPLE AGED 56+ WITH GOOD (OR BETTER) SELF-RATED HEALTH

This indicator shows the percentage of people aged 56+ who rated their health as good or very good, rather than fair, bad or very bad.

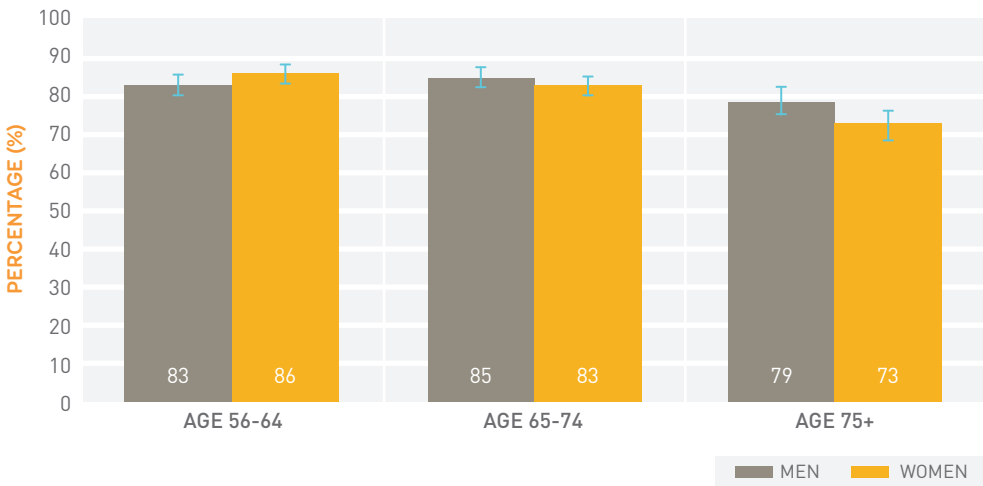


Figure 32: Percentage of men and women age 56+ who report good or very good health, by age group

Source: TILDA (Wave 4: 2016-2017). Note: Error Bars correspond to 95% Confidence Interval. TILDA participants were aged 56+ at Wave 4.

Even among older age groups (age 75+) the percentage of men and women who rate their health as good or very good is high: 79% of men and 73% of women.

Difference between Wave 2 (2012-2013) and Wave 4 (2016-2017)

There was no significant change in this indicator between Wave 2 (2012-2013) and Wave 4 (2016-2017).

People with an intellectual disability

Overall, 86% of people with an intellectual disability aged 40+ rate their health as good, very good, or excellent.

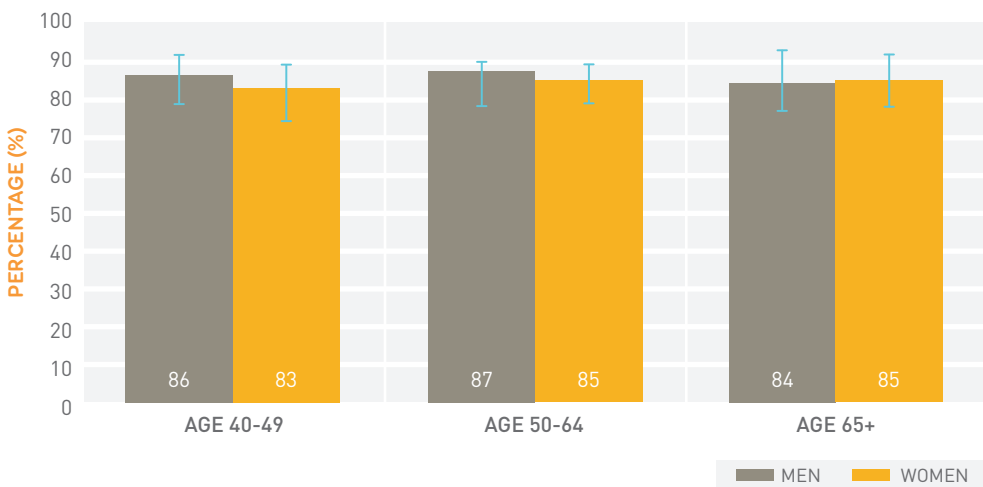


Figure 33: Percentage of people with an intellectual disability aged 40+ who rate their health as good, very good or excellent, by gender and age

Source: Intellectual Disability Supplement to the Irish Longitudinal Study on Ageing (2017)

NPAS ACTION AREA
Health education, promotion and prevention across the life-cycle

HEALTHY AGEING: PHYSICAL HEALTH

25% of people aged 50+ have a disability

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

This indicator shows the percentage of people aged 50+ who report having any of the following disabilities: blindness or a serious vision impairment; deafness or a serious hearing impairment; a condition that substantially limits one or more basic physical activities; an intellectual disability; difficulty in learning, remembering or concentrating; psychological or emotional condition; other disability, including chronic illness; difficulty in dressing, bathing or getting around inside the home; difficulty in going outside home alone; difficulty in working or attending school/college; difficulty in participating in other activities. Note: this indicator is not comparable with the indicator reported in 2016.

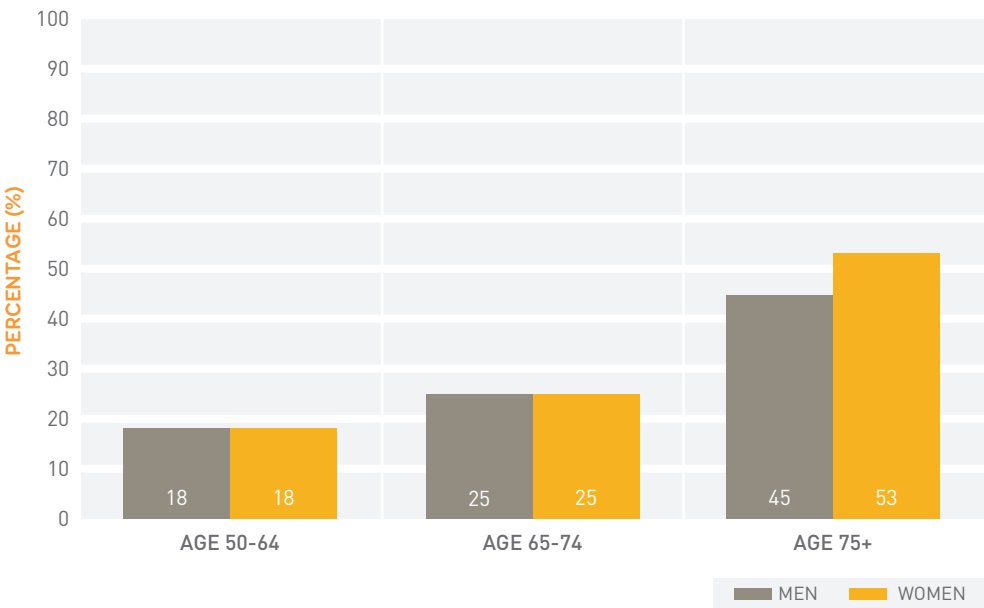


Figure 34: Percentage of men and women aged 50+ with a disability, by age group

Source: Census of the Population (2016)

- The percentage of men and women who have a disability rises to almost half (49%) by age 75.

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

- among men aged 50+ with a disability, 4.5% reported blindness or serious vision impairment, 12% reported deafness or a serious hearing impairment, and 23% reported a condition that substantially limits one or more basic physical activity
- among women aged 50+ with a disability, 5.4% reported blindness or serious vision impairment, 11% reported deafness or a serious hearing impairment, and 33% reported a condition that substantially limits one or more basic physical activity.

NPAS ACTION AREA
Health education, promotion and prevention across the life-cycle

HEALTHY AGEING: PHYSICAL HEALTH

48% of people aged 65+ have a slow walking speed which indicates they may be frail

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

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 3 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 (Savva et al., 2013).

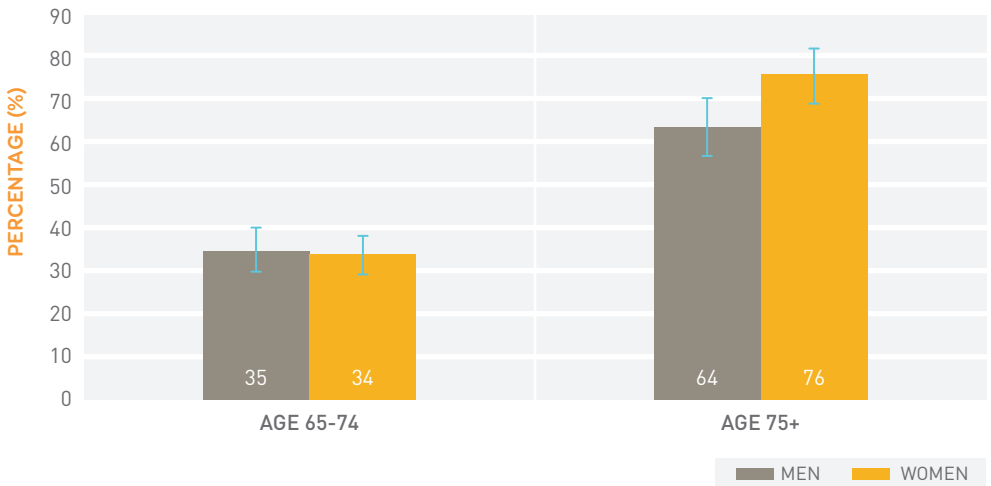


Figure 35: Percentage of men and women aged 65+ with slow walking speed, by age group

Source: TILDA (Wave 3: 2014-2015). Note: Error Bars correspond to 95% Confidence Interval. TILDA participants were aged 54+ at Wave 3.

- the percentage with a slow walking speed increases substantially after age 75+
- women are only slightly more likely to have a slow walking speed in each age group.

Difference between Wave 2 (2012-2013) and Wave 3 (2014-2015)

There was no significant change in this indicator between Wave 2 (2012-2013) and Wave 4 (2014-2015).

People with an intellectual disability

Four out of five (81%) people with an intellectual disability aged 40+ have slow walking speed.

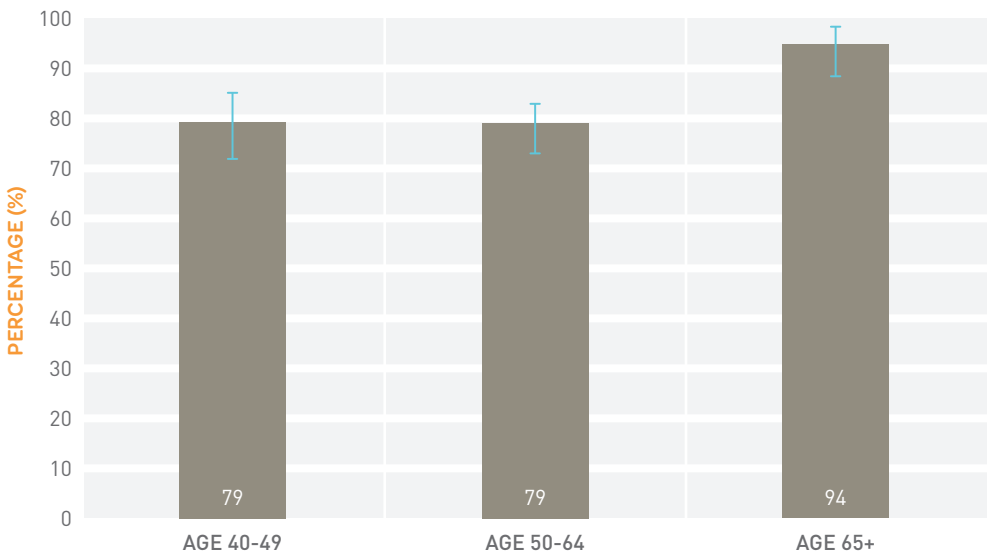


Figure 36: Percentage of people with an intellectual disability aged 40+ with slow walking speed, by age group

Source: Intellectual Disability Supplement to the Irish Longitudinal Study on Ageing (2014)

NPAS ACTION AREA: Health education, promotion and prevention across the life-cycle

HEALTHY AGEING: PHYSICAL HEALTH

24% of people aged 65+ have fallen in the past two years

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

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.

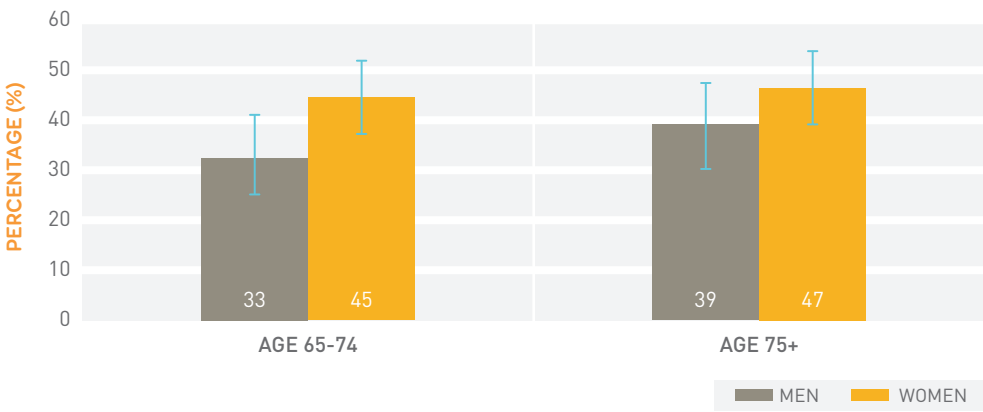


Figure 37: Percentage of men and women aged 65+ who fell once (or more) in the previous two years, by age group

Source: TILDA (Wave 4: 2016-2017). Note: Error Bars correspond to 95% Confidence Interval. TILDA participants were aged 56+ at Wave 4.

- the percentage of people who fell in the last two years was higher for women compared with men
- the percentage of people who fell in the last two years is higher among those aged 75+ (29% of men and women).

How many people had falls in the last two years that were serious enough to require treatment?

- among those who fell, 42% required treatment
- women were more likely to require treatment (46%) compared to men (36%).

Difference between Wave 2 (2012-2013) and Wave 4 (2016-2017)

There was no significant change in this indicator between Wave 2 (2012-2013) and Wave 4 (2016-2017).

People with an intellectual disability

The time frame of this indicator is different for those with an intellectual disability compared to the general population: a fall in the last year rather than in the last two years.

Just over one in four (27%) of people with an intellectual disability aged 40+ have fallen in the previous year.

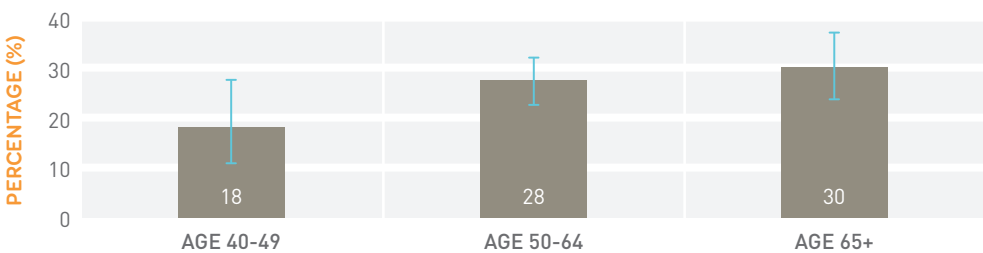


Figure 38: Percentage of people with an intellectual disability aged 40+ who fell in the previous year

Source: Intellectual Disability Supplement to the Irish Longitudinal Study on Ageing (2017)

NPAS ACTION AREA: Falls and fracture prevention

HEALTHY AGEING: PHYSICAL HEALTH

65% of people aged 56+ have a chronic disease

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

This indicator shows the percentage of people aged 56+ 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.

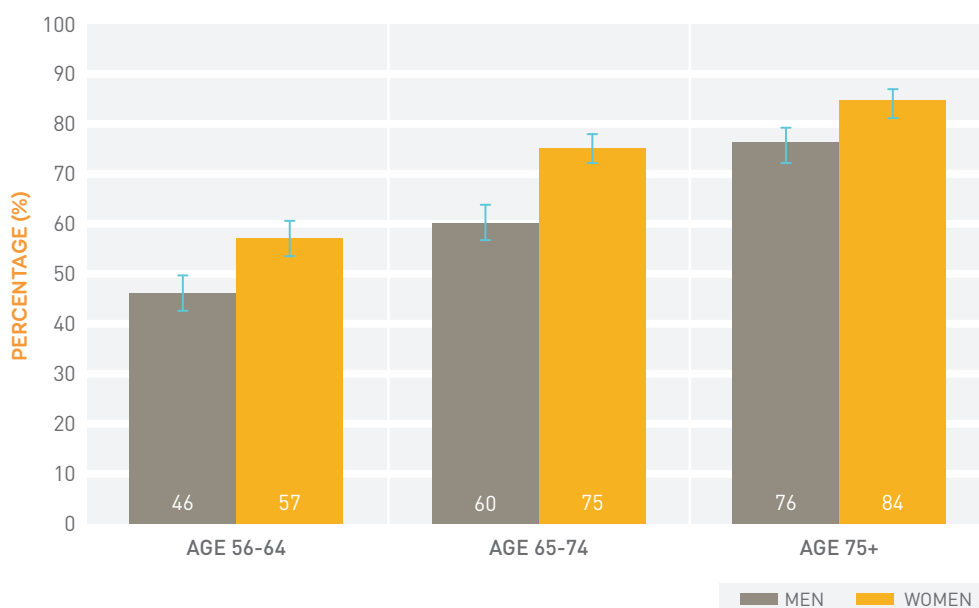


Figure 39:
 Percentage of men and women aged 56+ who have a chronic disease, by age group

Source: TILDA (Wave 4: 2016-2017). Note: Error Bars correspond to 95% Confidence Interval. TILDA participants were aged 56+ at Wave 4.

- there is a significant and substantial increase in the percentage of people with a chronic disease from age 65+ onwards
- significantly more women aged 65+ have a chronic disease: 71% compared with 59% of men.

What are the most common chronic diseases that are diagnosed among people aged 56+?

- bone and joint conditions (arthritis and osteoporosis) are the most common chronic conditions among men and women aged 56+ (47%), and the prevalence is higher among women (59%) compared with men (34%)
- cardiovascular conditions are the second most common chronic condition among people aged 56+ and the prevalence is higher among men (26%) compared with women (21%)
- overall, among those aged 56+ 13% have a respiratory condition, 11% have diabetes, and 2.7% have cancer.

Difference between Wave 2 (2012-2013) and Wave 4 (2016-2017)

There was no significant change in this indicator between Wave 2 (2012-2013) and Wave 4 (2016-2017).

HEALTHY AGEING: PHYSICAL HEALTH

People with an intellectual disability

79% of people with an intellectual disability aged 40+ have a chronic disease.

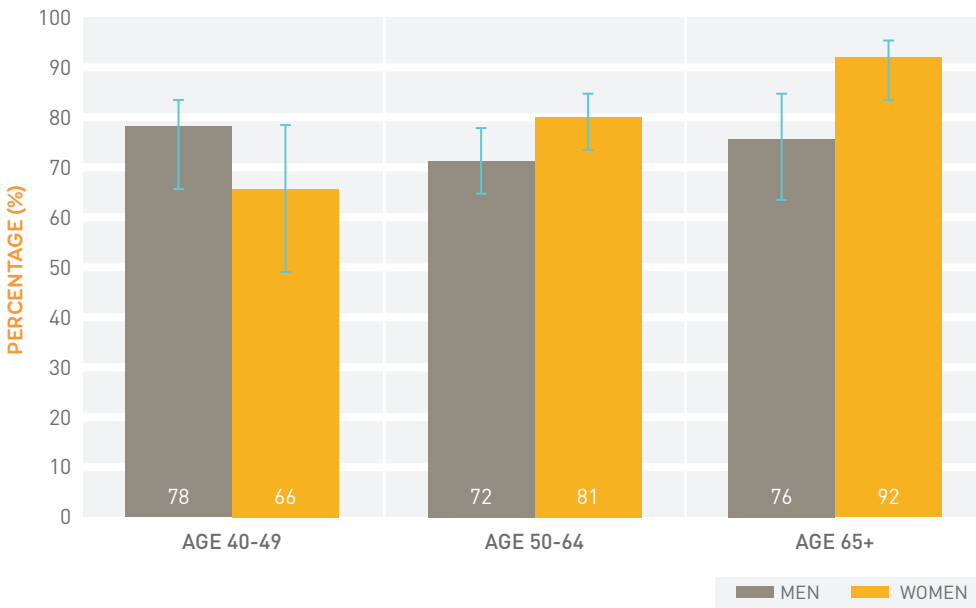


Figure 40: Percentage of people with an intellectual disability aged 40+ with a chronic disease

Source: Intellectual Disability Supplement to the Irish Longitudinal Study on Ageing (2017)

NPAS ACTION AREA
Chronic disease management

HEALTHY AGEING: PHYSICAL HEALTH

26% of people aged 56+ have moderate or severe pain most of the time

INDICATOR:
PERCENTAGE OF PEOPLE AGED 56+ WHO REPORT SEVERE OR MODERATE PAIN MOST OF THE TIME

This indicator shows the percentage of people aged 56+ who 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?”

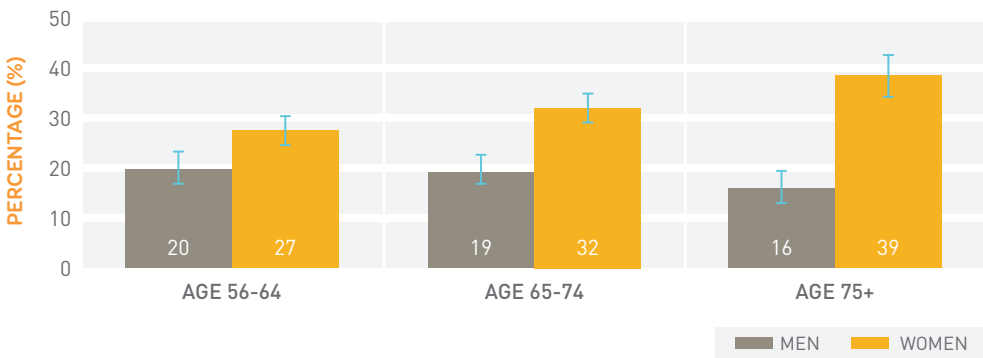


Figure 41: Percentage of men and women aged 56+ who often have severe or moderate pain, by age group

Source: TILDA (Wave 4: 2016-2017). Note: Error Bars correspond to 95% Confidence Interval. TILDA participants were aged 56+ at Wave 4.

- across all age groups, women were more likely than men to report having moderate or severe pain most of the time
- a total of 11% of women and 5.0% of men have severe pain most of the time.

Difference between Wave 2 (2012-2013) and Wave 4 (2016-2017)

There was no significant change in this indicator between Wave 2 (2012-2013) and Wave 4 (2016-2017).

People with an intellectual disability

17% of people with an intellectual disability aged 40+ reported often being troubled by moderate or severe pain.

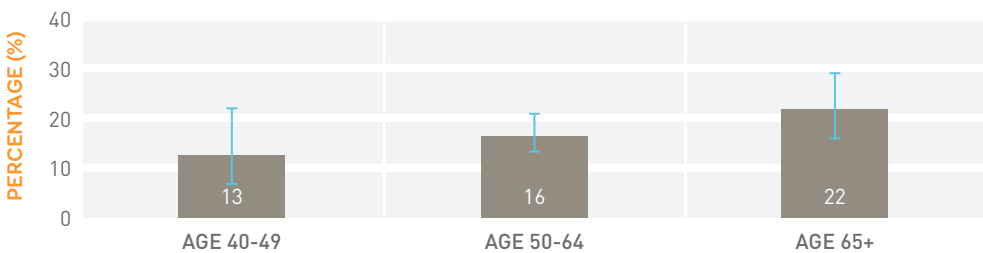


Figure 42: Percentage of people with an intellectual disability aged 40+ who report often being troubled by moderate or severe pain, by age group

Source: Intellectual Disability Supplement to the Irish Longitudinal Study on Ageing (2017)

NPAS ACTION AREA
 Health education, promotion and prevention across the life-cycle

HEALTHY AGEING: BRAIN HEALTH

24% of people aged 54+ show evidence of mild cognitive impairment

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

Mild cognitive impairment occurs where an individual displays a measurable deficit in cognitive function but does not meet the criteria for a diagnosis of dementia. This indicator shows the percentage of people aged 54+ who show evidence of mild cognitive impairment which has been identified using the validated Montreal Cognitive Assessment (MOCA) (Luis et al., 2009). A MOCA test score of 23 or less is considered evidence of mild cognitive impairment.

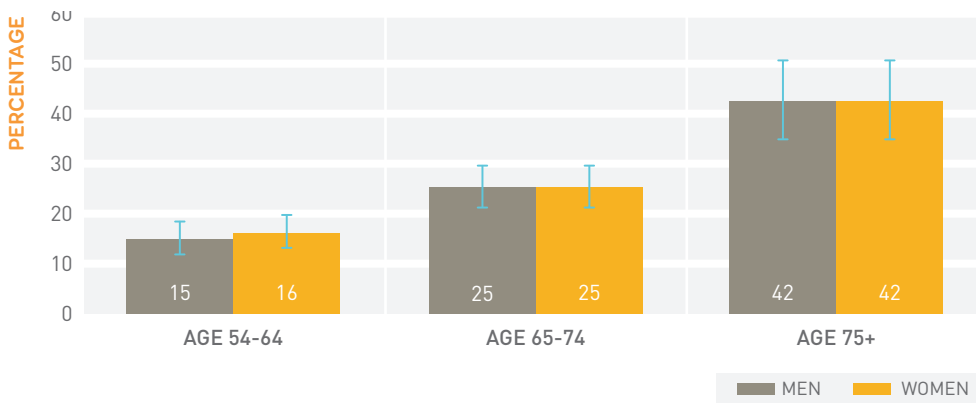


Figure 43: Percentage of men and women aged 54+ who show evidence of mild cognitive impairment, by age group

Source: TILDA (Wave 3: 2014-2015). Note: Error Bars correspond to 95% Confidence Interval. TILDA participants were aged 54+ at Wave 3.

- the percentage of people aged 54+ 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.

Difference between Wave 2 (2012-2013) and Wave 4 (2016-2017)

There was no significant change in this indicator between Wave 2 (2012-2013) and Wave 4 (2016-2017).

HEALTHY AGEING: BRAIN HEALTH

People with an intellectual disability

INDICATOR:
SEVERE COGNITIVE
IMPAIRMENT FOR
PEOPLE WITH AN
INTELLECTUAL
DISABILITY AGED 40+

This indicator shows the average score on the Test for Severe Impairment (TSI). The TSI is a valid and reliable measure of cognitive functioning for people with an intellectual disability. Lower scores indicate lower levels of cognitive functioning.

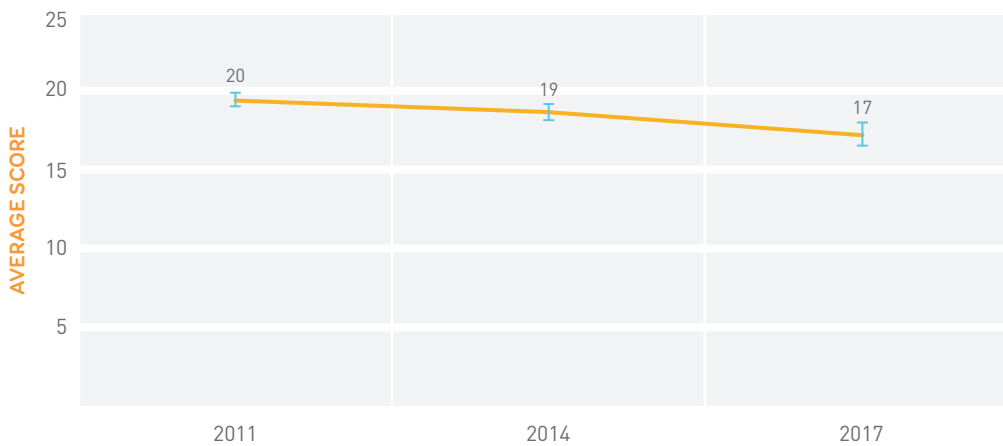


Figure 44:
Average scores on
the Test for Severe
Impairment across
3 Waves of IDS-
TILDA

Source: Intellectual
Disability Supplement
to the Irish Longitudinal
Study on Ageing (2017)

Scores on the TSI declined slightly over the three waves, indicating a slight decline in average cognitive functioning among adults aged 40+.

NPAS ACTION AREA

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

HEALTHY AGEING: ADAPTATION TO DISABILITY AND ILLNESS

8.5% of people aged 50+ have difficulty working or attending further education due to disability

INDICATOR:
PERCENTAGE OF PEOPLE AGED 50+ WHOSE ABILITY TO WORK OR ATTEND FURTHER EDUCATION IS REDUCED BY DISABILITY

This indicator shows the percentage of people aged 50+ who responded 'yes' when asked if they had difficulty attending school, college or work. This question was only asked to people who reported that they had a longstanding illness or condition from the following list: (a) blindness or a serious vision impairment, (b) deafness or a severe hearing impairment, (c) a difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying, (d) an intellectual disability, (e) a difficulty with learning, remembering or concentrating, (f) a psychological or emotional condition, and (g) a difficulty with pain, breathing or any other chronic illness or condition.

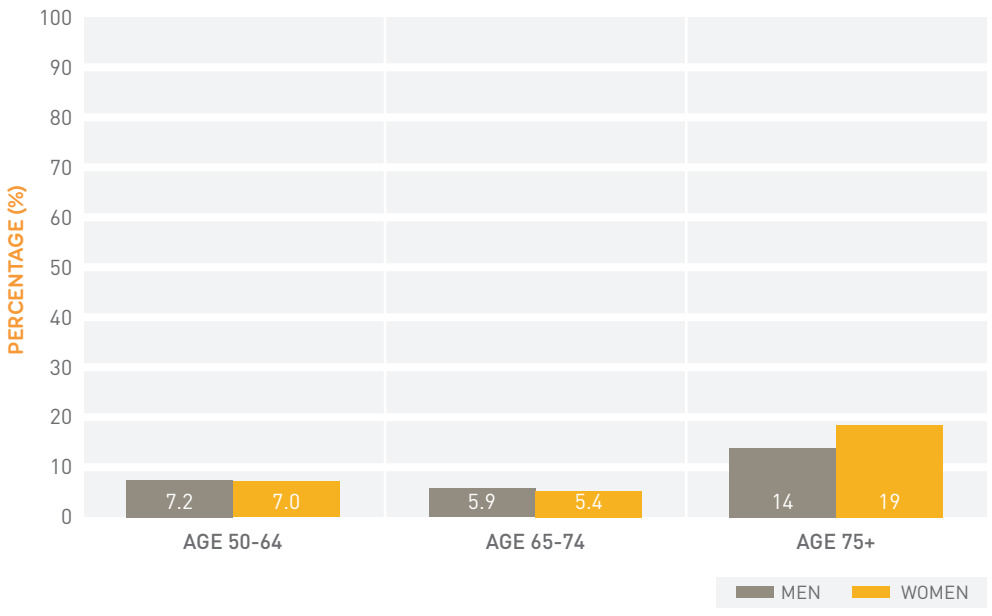


Figure 45: Percentage of men and women aged 50+ whose ability to work or attend further education is reduced by disability, by age group

Source: Census of the Population (2016)

Note: this indicator is not comparable with the indicator reported in 2016 because the definition of a disability has changed.

NPAS ACTION AREA
Chronic disease management

HEALTHY AGEING: ADAPTATION TO DISABILITY AND ILLNESS

10% of people aged 50+ have difficulty participating in leisure or using transport due to disability

INDICATOR:
PERCENTAGE OF PEOPLE AGED 50+ WHOSE ABILITY TO PARTICIPATE IN LEISURE ACTIVITIES OR USE TRANSPORT IS REDUCED BY DISABILITY

This indicator shows the percentage of people aged 50+ who responded 'yes' when asked if they had difficulty participating in other activities such as leisure or using transport. This question was only asked to people who reported that they had a longstanding illness or condition in response to Question 16 on the Census Form, which asked about the existence of the following long-lasting conditions: (a) blindness or a serious vision impairment, (b) deafness or a severe hearing impairment, (c) a difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying, (d) an intellectual disability, (e) a difficulty with learning, remembering or concentrating, (f) a psychological or emotional condition and (g) a difficulty with pain, breathing or any other chronic illness or condition.

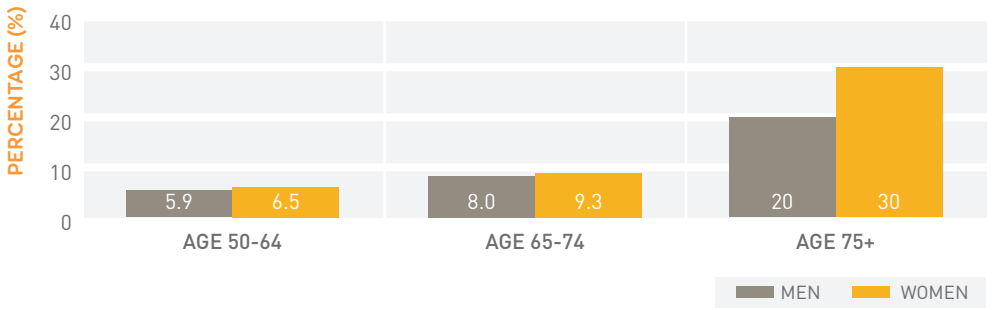


Figure 46: Percentage of men and women aged 50+ whose ability to participate in leisure or use transport is reduced by disability, by age group

Source: Census of the Population (2016). Note: this indicator is not comparable with the indicator reported in 2016 because the definition of a disability has changed.

People with an intellectual disability

INDICATOR:
PERCENTAGE OF PEOPLE WITH AN INTELLECTUAL DISABILITY AGED 40+ WHO REPORT A DIFFICULTY PARTICIPATING IN SOCIAL ACTIVITIES

- over half (55%) of people with an intellectual disability aged 40+ experience difficulty participating in social activities
- of those that report a difficulty, 49% report that the difficulty is because they are physically unable to participate.

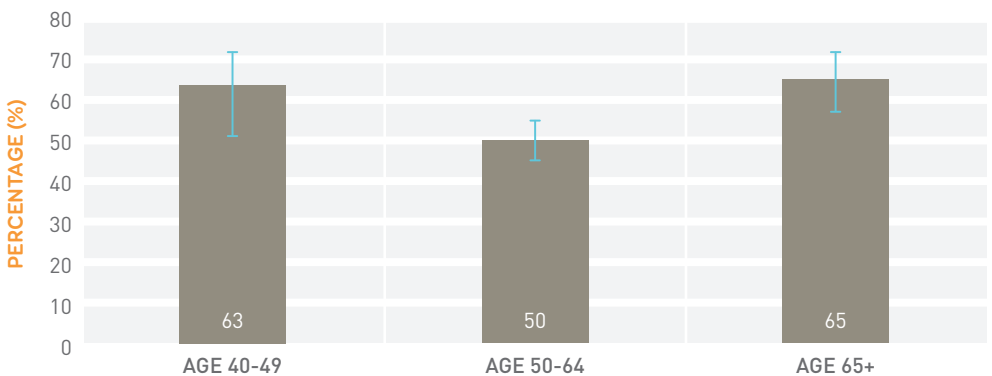


Figure 47: Percentage of people with an intellectual disability aged 40+ who experience difficulty participating in social activities, by age group

Source: Intellectual Disability Supplement to the Irish Longitudinal Study on Ageing (2017)

HEALTHY AGEING: ADAPTATION TO DISABILITY AND ILLNESS

9.0% of people aged 50+ have difficulty going outside home alone due to disability

INDICATOR:
PERCENTAGE OF PEOPLE AGED 50+ WITH DIFFICULTY GOING OUTSIDE HOME ALONE

This indicator shows the percentage of people aged 50+ who reported any difficulty going outside the home alone, for example to shop or visit a doctor’s surgery. This question was only asked to people who reported that they had a longstanding illness or condition in response to Question 16 on the Census Form, which asked about the existence of the following long-lasting conditions: (a) blindness or a serious vision impairment, (b) deafness or a severe hearing impairment, (c) a difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying, (d) an intellectual disability, (e) a difficulty with learning, remembering or concentrating, (f) a psychological or emotional condition, and (g) a difficulty with pain, breathing or any other chronic illness or condition.

Note: The indicator definition has changed and data is not comparable with the previous report.

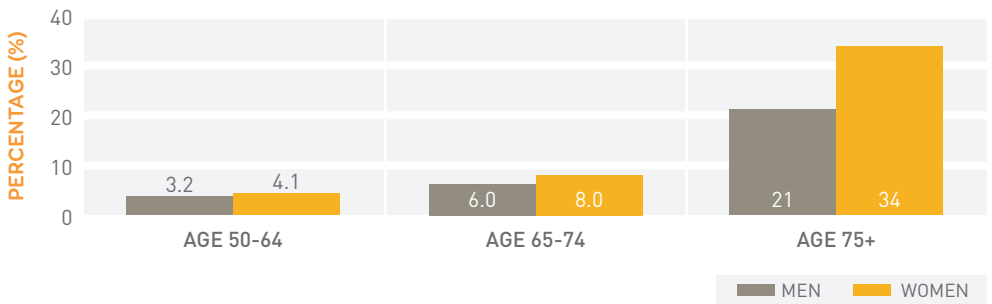


Figure 48: Percentage of men and women aged 50+ with difficulty going outside home alone, by age group

Source: Census of the Population (2016)

- overall 11% of women and 6.8% of men aged 50+ have difficulty going outside the home alone due to disability
- this indicator increases across all age groups
- the largest difference in this indicator between men and women is from age 75+ (4.6% of men compared with 10% of women).

People with an intellectual disability

INDICATOR:
PERCENTAGE OF PEOPLE WITH AN INTELLECTUAL DISABILITY AGED 40+ WHO REPORT DIFFICULTY IN GETTING AROUND THEIR COMMUNITY

Overall, 32% of people with an intellectual disability aged 40+ have difficulty getting around their community.

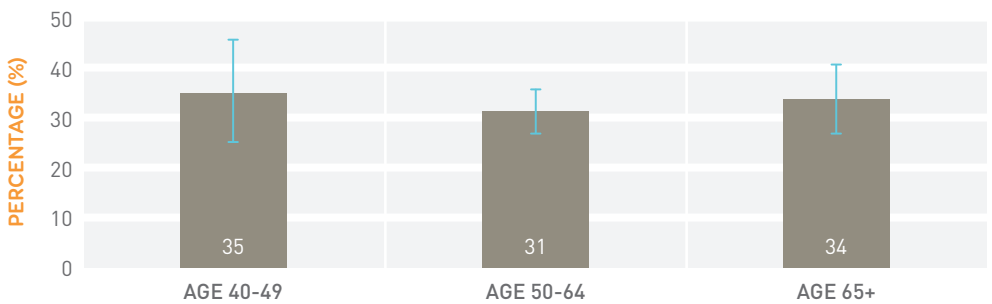


Figure 49: Percentage of people with an intellectual disability aged 40+ who have difficulty getting around their community, by age group

Source: Intellectual Disability Supplement to the Irish Longitudinal Study on Ageing (2017)

HEALTHY AGEING: ADAPTATION TO DISABILITY AND ILLNESS

8.1% of people aged 56+ have difficulty dressing, bathing, or getting around inside the home, due to disability

INDICATOR:
PERCENTAGE OF PEOPLE AGED 56+ WITH DIFFICULTY DRESSING, BATHING OR GETTING AROUND INSIDE THE HOME, DUE TO DISABILITY

This indicator shows the percentage of people aged 56+ 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.

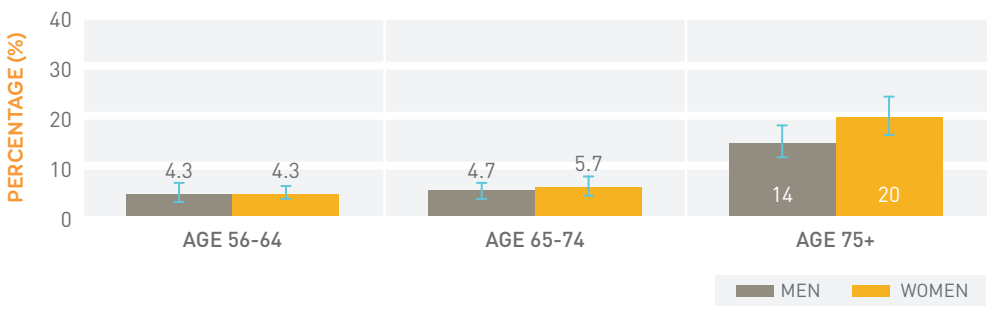


Figure 50: Percentage of men and women aged 56+ who have ADL difficulties, by age group

Source: TILDA (Wave 4: 2016-2017). Note: Error Bars correspond to 95% Confidence Interval. TILDA participants were aged 56+ at Wave 4.

- as people age, the prevalence of difficulties with ADLs increases
- similar proportions of men and women have difficulties with ADLs at each age group.

Difference between Wave 2 (2012-2013) and Wave 4 (2016-2017)

There was no significant change in this indicator between Wave 2 (2012-2013) and Wave 4 (2016-2017).

People with an intellectual disability

Overall, 73% of people with an intellectual disability aged 40+ have a difficulty with activities of daily living.

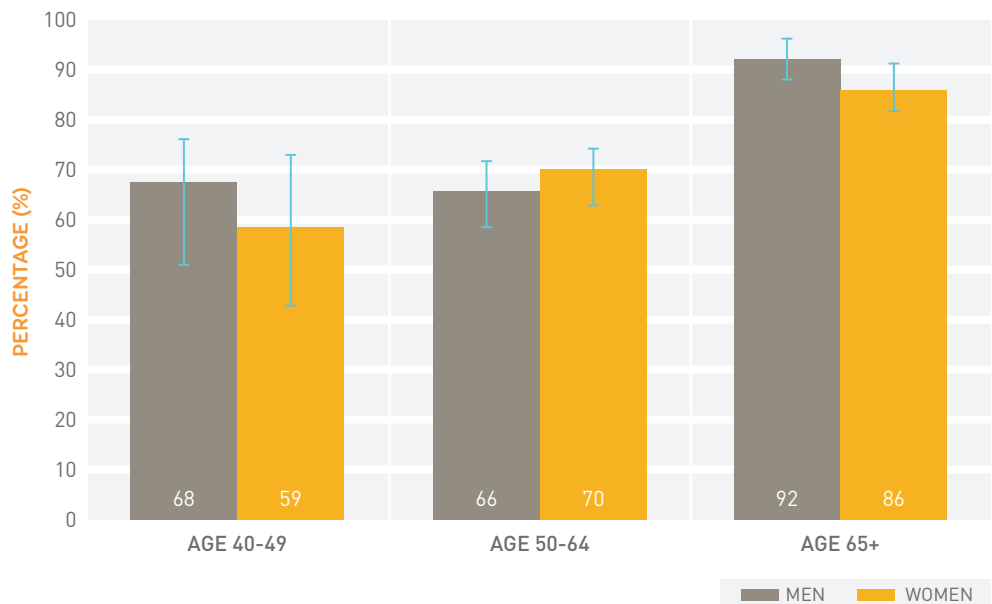


Figure 51: Percentage of people with an intellectual disability aged 40+ with difficulty with ADLs, by gender and age group

Source: Intellectual Disability Supplement to the Irish Longitudinal Study on Ageing (2017)

HEALTHY AGEING: HEALTH BEHAVIOURS

14% of people aged 56+ currently smoke

INDICATOR:
PERCENTAGE OF PEOPLE AGED 56+ WHO REPORT CURRENT SMOKING

This indicator shows the percentage of people aged 56+ who answered 'Yes' to the question: Do you smoke at the present time?

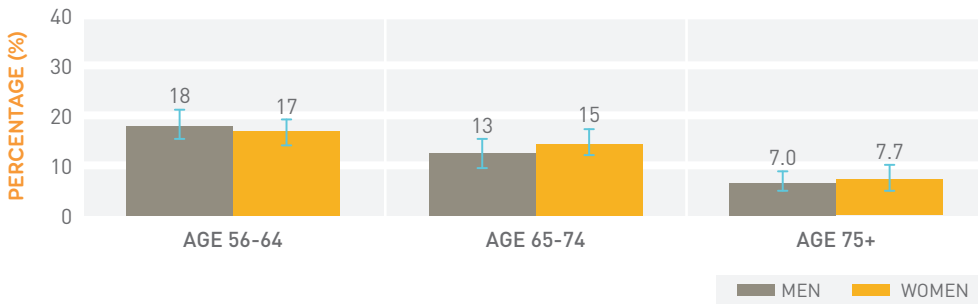


Figure 52: Percentage of men and women aged 56+ who currently smoke, by age group

Source: TILDA (Wave 4: 2016-2017). Note: Error Bars correspond to 95% Confidence Interval. TILDA participants were aged 56+ at Wave 4.

Smoking rates are lowest for those aged 75+ and are similar for men and women in each age group.

Difference between Wave 2 (2012-2013) and Wave 4 (2016-2017)

Although the overall smoking rate appears lower, there was no significant change in this indicator between Wave 2 (2012-2013) and Wave 4 (2016-2017). Smoking rates remained similar for men and women aged 65-74 and aged 75+.

People with an intellectual disability

Overall, 7% of people with an intellectual disability currently smoke, and smoking is higher in the 65+ age group (14%).

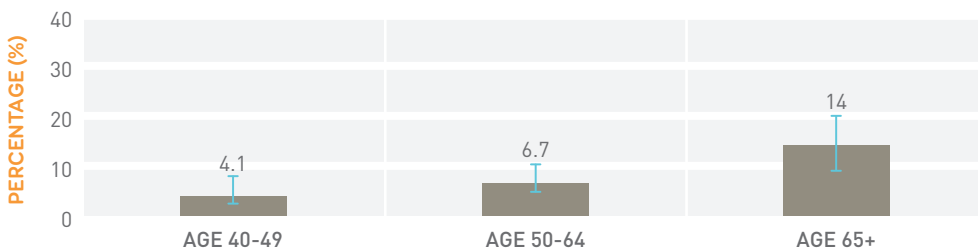


Figure 53: Percentage of people with an intellectual disability who currently smoke, by age group

Source: Intellectual Disability Supplement to the Irish Longitudinal Study on Ageing (2014)

NPAS ACTION AREA
Health education, promotion and prevention across the life-cycle

HEALTHY AGEING: HEALTH BEHAVIOURS

12% of people aged 56+ report problematic alcohol use

INDICATOR:
PERCENTAGE OF PEOPLE AGED 56+ WHO REPORT PROBLEMATIC ALCOHOL USE

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.

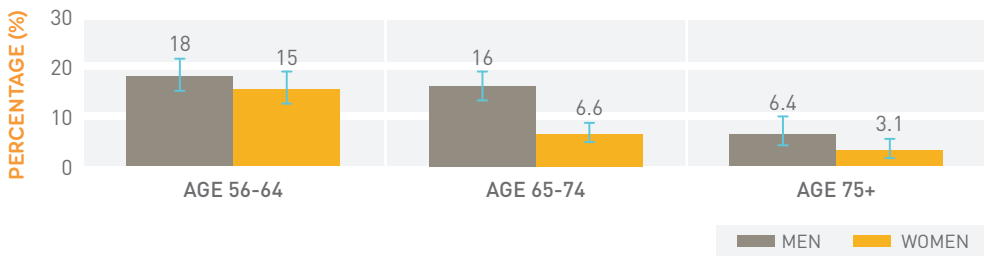


Figure 54: Percentage of men and women aged 56+ who have problematic alcohol use, by age group

Source: TILDA (Wave 4: 2016-2017). Note: Error Bars correspond to 95% Confidence Interval. TILDA participants were aged 56+ at Wave 4.

- as people age, problematic alcohol use decreases for both men and women
- men are more likely than women to report problematic alcohol use in the 65-74 age group.

Difference between Wave 2 (2012-2013) and Wave 4 (2016-2017)

There was no significant change in this indicator between Wave 2 (2012-2013) and Wave 4 (2016-2017).

People with an intellectual disability

INDICATOR:
PERCENTAGE OF PEOPLE WITH AN INTELLECTUAL DISABILITY AGED 40+ WHO REPORT ALCOHOL USE

This indicator shows how often people with an intellectual disability aged 40+ say that they have consumed alcohol in the past year. Response categories include: almost every day, three-four days a week, once or twice a week, once or twice a month, less than once a month, not at all in the last 12 months, or never.

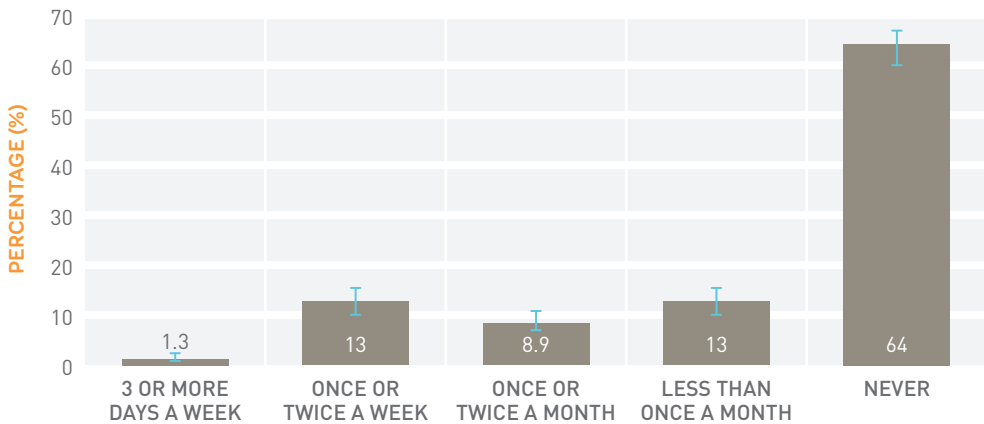


Figure 55: Frequency of alcohol consumption for people with an intellectual disability aged 40+ in the previous year

Source: Intellectual Disability Supplement to the Irish Longitudinal Study on Ageing (2014)

The majority of people aged 40+ with an intellectual disability report that they never drink alcohol.

NPAS ACTION AREA: Alcohol

HEALTHY AGEING: HEALTH BEHAVIOURS

39% of people aged 56+ report low levels of physical activity

INDICATOR:
PERCENTAGE OF PEOPLE AGED 56+ WITH LOW, MEDIUM AND HIGH PHYSICAL ACTIVITY LEVELS

This indicator shows the percentage of people aged 56+ who have low levels of physical activity and is measured using the International Physical Activity Questionnaire (IPAQ) and classification. This indicator is based on self-reported information, which may be affected by people's ability to recall their activities or reporting behaviour.

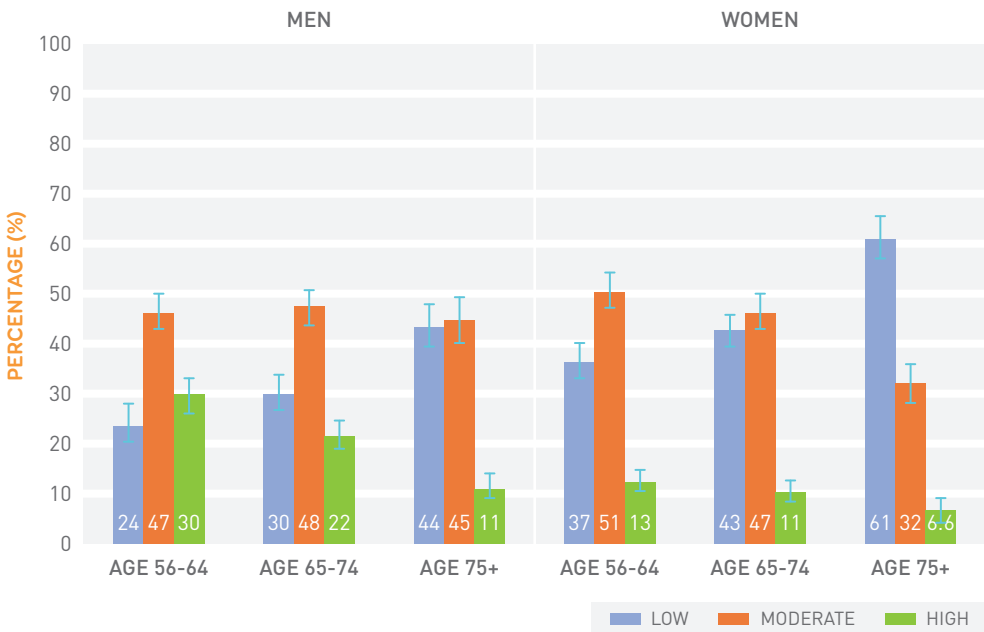


Figure 56: Percentage of men and women aged 56+ with low, moderate and high physical activity, by age group

Source: TILDA (Wave 4: 2016-2017). Note: Error Bars correspond to 95% Confidence Interval. TILDA participants were aged 56+ at Wave 4.

- low activity levels increase across all age groups for men and women
- across all age groups, more women report low levels of activity compared to men
- moderate physical activity levels are similar across all age groups for men but are lower for women aged 75+.

Difference between Wave 2 (2012-2013) and Wave 4 (2016-2017)

There was no significant change in this indicator between Wave 2 (2012-2013) and Wave 4 (2016-2017).

HEALTHY AGEING: HEALTH BEHAVIOURS

People with an intellectual disability

INDICATOR:
PERCENTAGE OF PEOPLE WITH AN INTELLECTUAL DISABILITY AGED 40+ WITH SEDENTARY, UNDERACTIVE, AND ACTIVE LEVELS OF ACTIVITY

This indicator shows the percentage of people who are classified as being sedentary, underactive or active based on the Rapid Assessment of Physical Activity (RAPA) scale.

Overall, 85% of people with an intellectual disability were underactive according to the Rapid Assessment of Physical Activity (RAPA) scale.

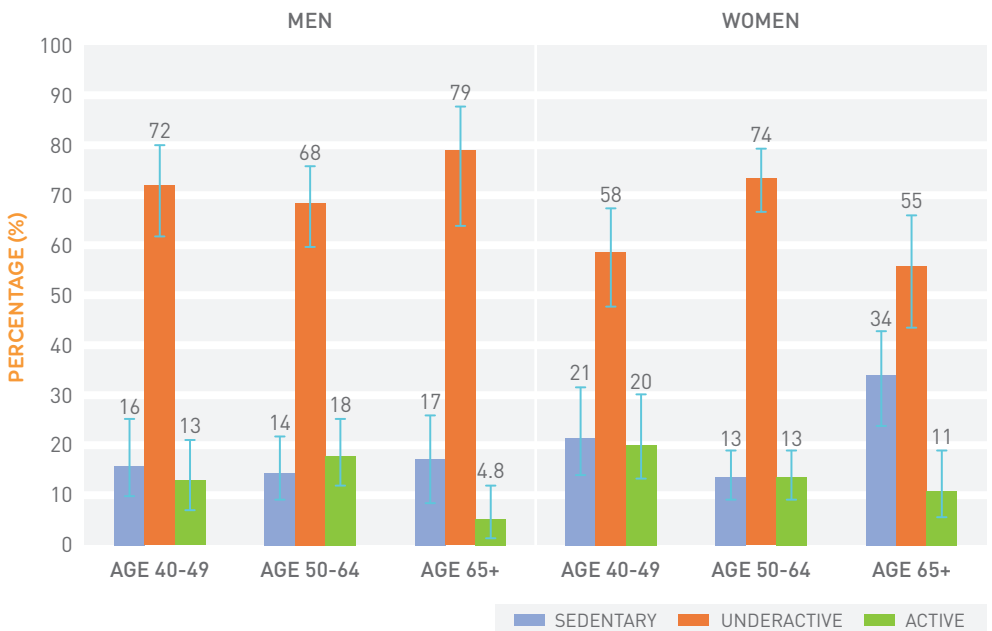


Figure 57: Percentage of people with an intellectual disability aged 40+ who were sedentary, underactive and active, by gender and age group

Source: Intellectual Disability Supplement to the Irish Longitudinal Study on Ageing (2017)

NPAS ACTION AREA
 Health education, promotion and prevention across the life-cycle

HEALTHY AGEING: HEALTH BEHAVIOURS

33% of people aged 54+ are obese

<p>INDICATOR: PERCENTAGE OF PEOPLE AGED 54+ WHO ARE UNDERWEIGHT, OVERWEIGHT AND OBESE</p>	<p>This indicator shows the percentage of adults aged 54+ who are overweight, obese, and have a healthy weight. This indicator is based on Body Mass Index (BMI) which is calculated from objectively measured weight (in kilograms) and height (in metres): BMI calculated as kilograms/metres² and is reported using the World Health Organisation classifications (BMI <20 = underweight; 25.0-29.9 = overweight; and 30+ = obese).</p>
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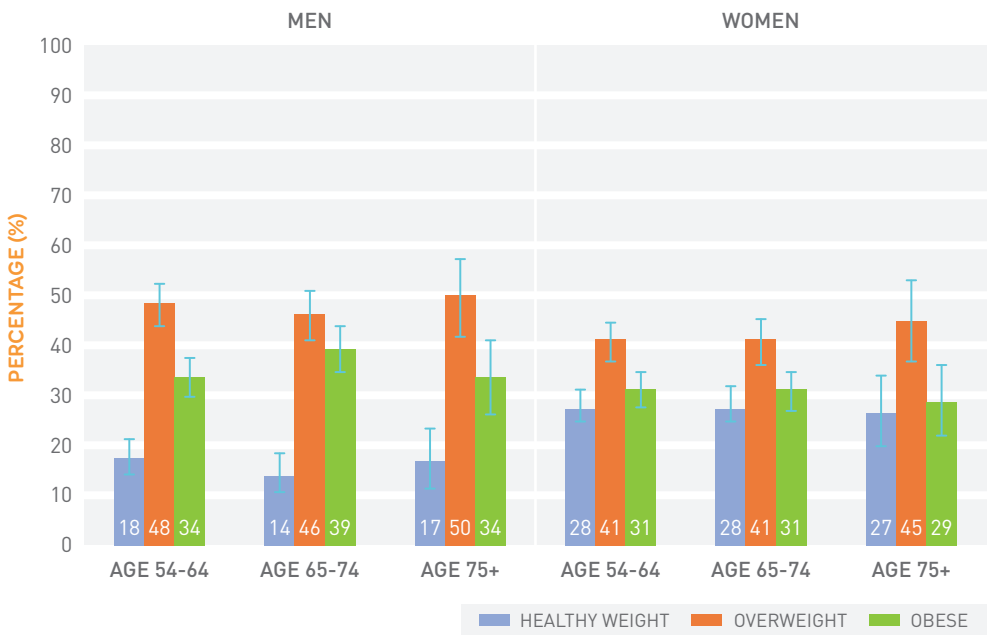


Figure 58: Percentage of men and women aged 54+ who are obese, overweight and have a healthy weight, by age group

Source: TILDA (Wave 3: 2014-2015). Note: Error Bars correspond to 95% Confidence Interval. TILDA participants were aged 54+ at Wave 4. Note: The numbers in the underweight category were too small to report (less than 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.

As men age, obesity rates stay consistently over one third whereas this declines for women.

Difference between Wave 2 (2012-2013) and Wave 3 (2014-2015)

There was no significant change in this indicator between Wave 2 (2012-2013) and Wave 3 (2014-2015).

HEALTHY AGEING: HEALTH BEHAVIOURS

People with an intellectual disability

Overall, 43% of people with an intellectual disability aged 40+ are classified as obese.

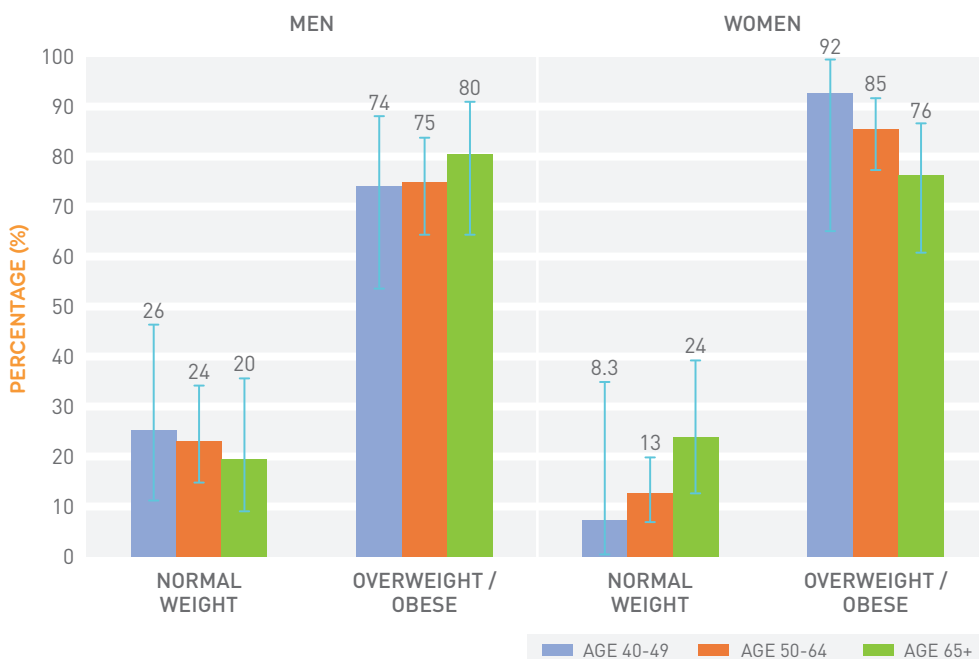


Figure 59: Weight of people with an intellectual disability aged 40+, by gender and age group

Source: Intellectual Disability Supplement to the Irish Longitudinal Study on Ageing (2017). Note: The numbers in the underweight category were too small to report (approximately 1% of the sample).

NPAS ACTION AREA

Health education, promotion and prevention across the life-cycle

HEALTHY AGEING: HEALTH BEHAVIOURS

14% of people aged 54+ do not adhere to the daily healthy eating guidelines for any of the main food groups**INDICATOR:
PERCENTAGE OF
PEOPLE AGED
54+ WHO DO
NOT MEET THE
HEALTHY EATING
GUIDELINES
FOR ANY FOOD
GROUP**

This indicator shows percentage of adults aged 54+ who do not adhere with any of the healthy eating guidelines for Ireland as set out in the Food Pyramid model (Department of Health, 2012). The Food Pyramid model shows the number of daily portions that a person should eat from six main food groups from bottom to top: 1) breads, cereals, potatoes, pasta and rice (any six portions); 2) fruit and vegetables (any five portions); 3) milk, yoghurt and cheese (any three portions); 4) meat, poultry, fish, eggs, beans and nuts (any two portions); 5) fats and oils (any two portions); and 6) food and drinks high in fat, sugar and salt (maximum one portion). The indicator is calculated from responses to a Food Frequency Questionnaire (Harrington et al., 2007) that captures how often each food group is eaten. Response range from 'never/less than once a month' to '6+ per day'.

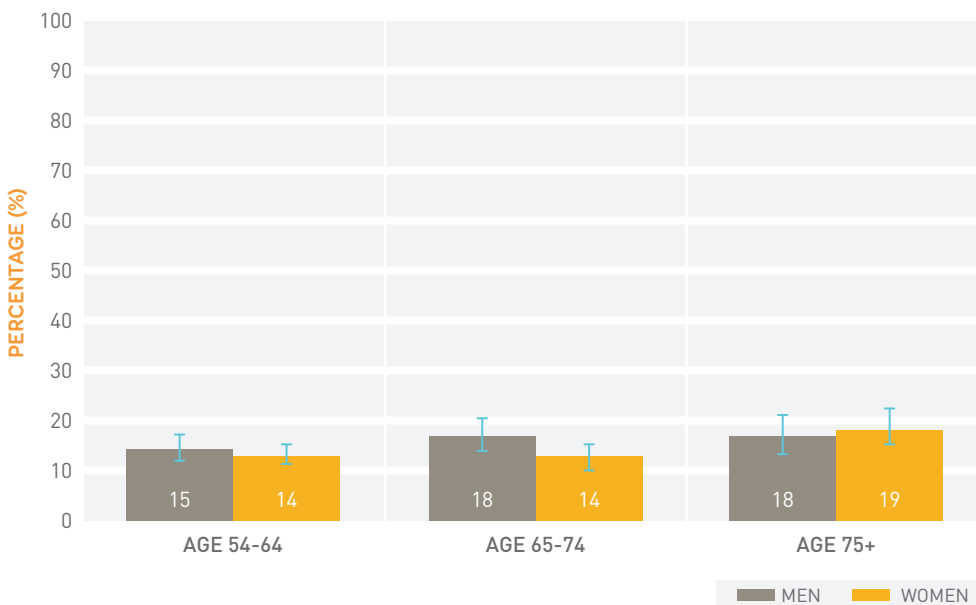


Figure 60: Percentage of men and women aged 54+ whose daily diet does meet the recommendations for any main food group, by age group

Source: TILDA (Wave 3: 2014-2015). Note: Error Bars correspond to 95% Confidence Interval. TILDA participants were aged 54+ at Wave 4.

How much do people aged 54+ adhere to the healthy eating recommendations for each food group?

- 24% of men and 18% of women adhere for: Breads, cereals, potatoes, pasta and rice (any six portions)
- 18% of men and 30% of women adhere for: Fruit and vegetables (any five portions)
- 15% of men and 19% of women adhere for: Milk, yoghurt and cheese (any three portions)
- 41% of men and 41% of women adhere for: Meat, poultry, fish, eggs, beans and nuts (any two portions)
- 20% of men and 19% of women adhere for: Fats and oils (any two portions)
- 68% of men and 68% of women do not adhere to the daily recommendations for: Food and drinks high in fat, sugar and salt (maximum one portion).

NPAS ACTION AREA

Health education, promotion and prevention across the life-cycle

HEALTHY AGEING: POSITIVE MENTAL HEALTH

11% of people aged 56+ have depression

INDICATOR:
PERCENTAGE OF
PEOPLE AGED
54+ WHO HAVE
DEPRESSION

This indicator shows the percentage of people aged 54+ who are classified as being depressed based on responses to the Centre for Epidemiological Studies-Depression (CES-D 8) scale, an eight-item scale with potential scores ranging from zero-24. Depression is categorised as a score of nine or more, and this indicates that the person has a level of depressive symptoms that is clinically significant. This threshold has been validated for the older population in Ireland (Briggs et al., 2018).

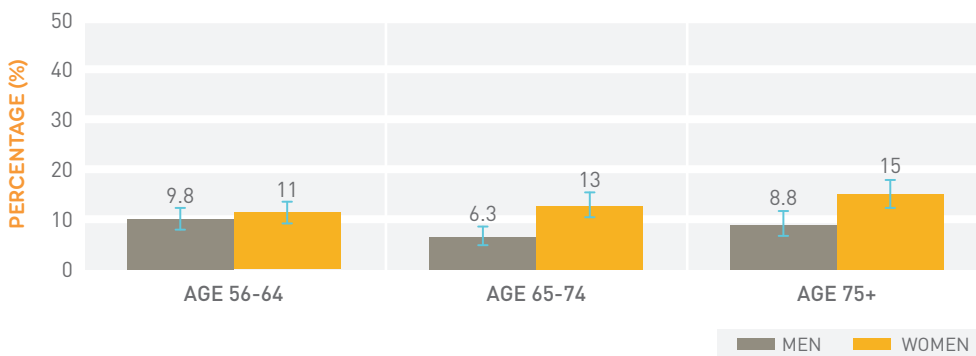


Figure 61: Percentage of men and women aged 56+ with depression, by age group

Source: TILDA (Wave 4, 2016-2017). Note: Error Bars correspond to 95% Confidence Interval. TILDA participants were aged 56+ at Wave 4.

- in the 65-74 age group and the 75+ age group levels of depression are significantly higher for women compared with men
- compared with other age groups, levels of depression for men are significantly lower at age 65-74 (6.3%).

People with an intellectual disability

10% of people with an intellectual disability aged 40+ had depression.

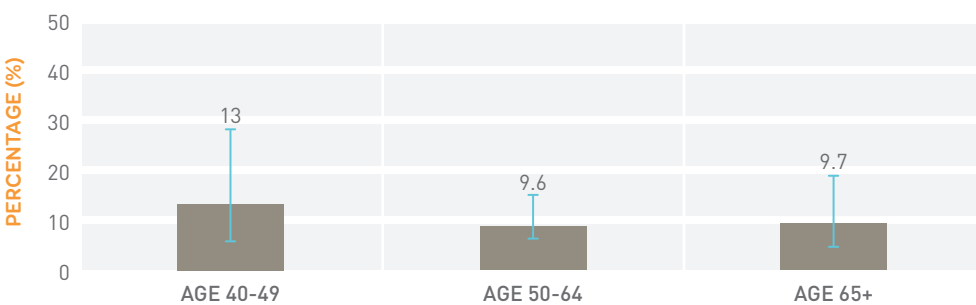


Figure 62: Percentage of people with an intellectual disability aged 40+ with depression, by age group

Source: Intellectual Disability Supplement to the Irish Longitudinal Study on Ageing (2017)

NPAS ACTION AREA

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

HEALTHY AGEING: POSITIVE MENTAL HEALTH

86% of people aged 56+ report high life satisfaction

INDICATOR:
PERCENTAGE
OF PEOPLE
AGED 56+
WHO REPORT
HIGH LIFE
SATISFACTION

The indicator shows the percentage of people aged 56+ who “strongly agree” or “agree” in response to the following statement: “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.

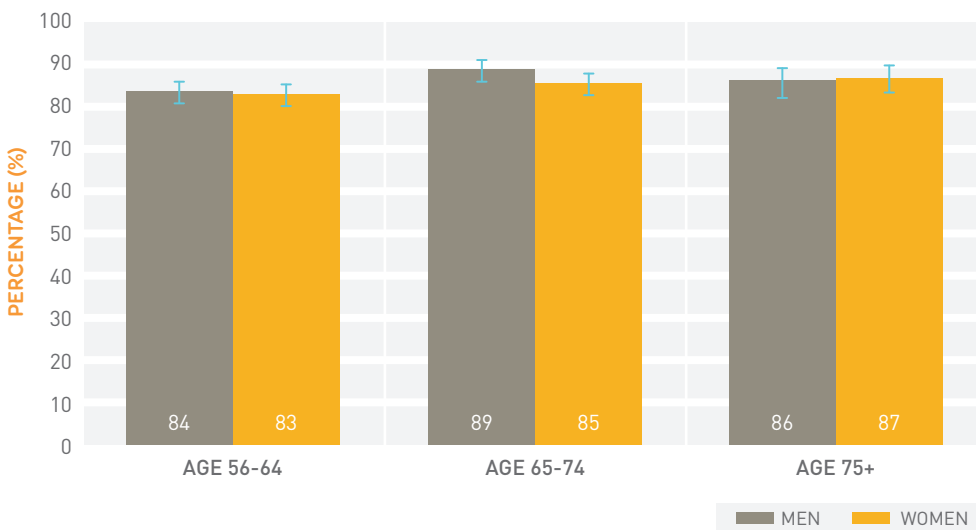


Figure 63: Percentage of men and women aged 56+ with high life satisfaction, by age group

Source: TILDA (Wave 4: 2016-2017). Note: Error Bars correspond to 95% Confidence Interval. TILDA participants were aged 56+ at Wave 4.

Men and women report similar levels of life satisfaction in each age group.

Difference between Wave 2 (2012-2013) and Wave 4 (2016-2017)

There was no significant change in this indicator between Wave 2 (2012-2013) and Wave 4 (2016-2017).

People with an intellectual disability

81% of people with an intellectual disability aged 40+ report high life satisfaction.

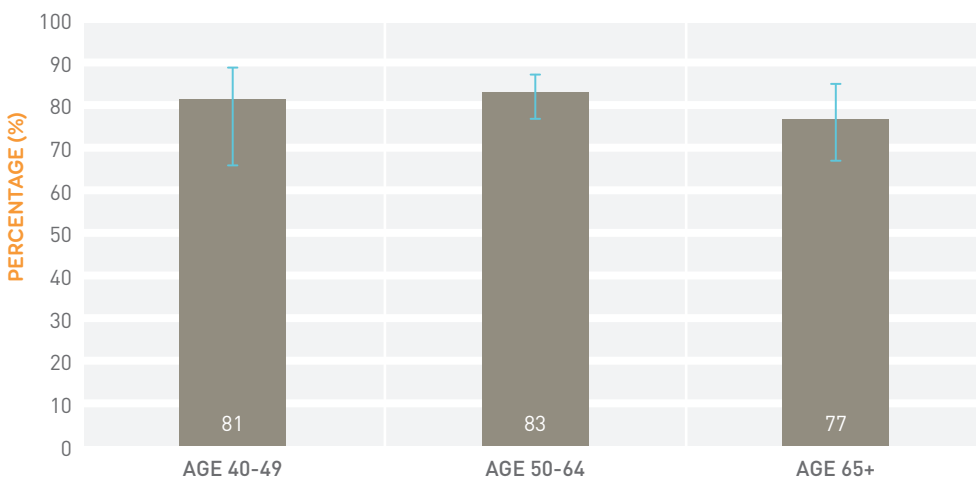


Figure 64: Percentage of people with an intellectual disability aged 40+ who report high life satisfaction, by age group

Source: Intellectual Disability Supplement to the Irish Longitudinal Study on Ageing (2017)

NPAS ACTION AREA

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

HEALTHY AGEING: POSITIVE MENTAL HEALTH

63% of people aged 56+ feel that they have control over their lives

INDICATOR:
PERCENTAGE OF PEOPLE AGED 56+ WHO FEEL THAT THEY HAVE CONTROL OVER THEIR LIVES

The indicator presents the average agreement with seven control and autonomy items from the Control, Autonomy, Self-realisation and Pleasure (CASP-12) measure of quality of life. Agreement is defined as an average score of two 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. Sample items include "I feel free to plan for the future" and "My health stops me from doing the things I want to do".

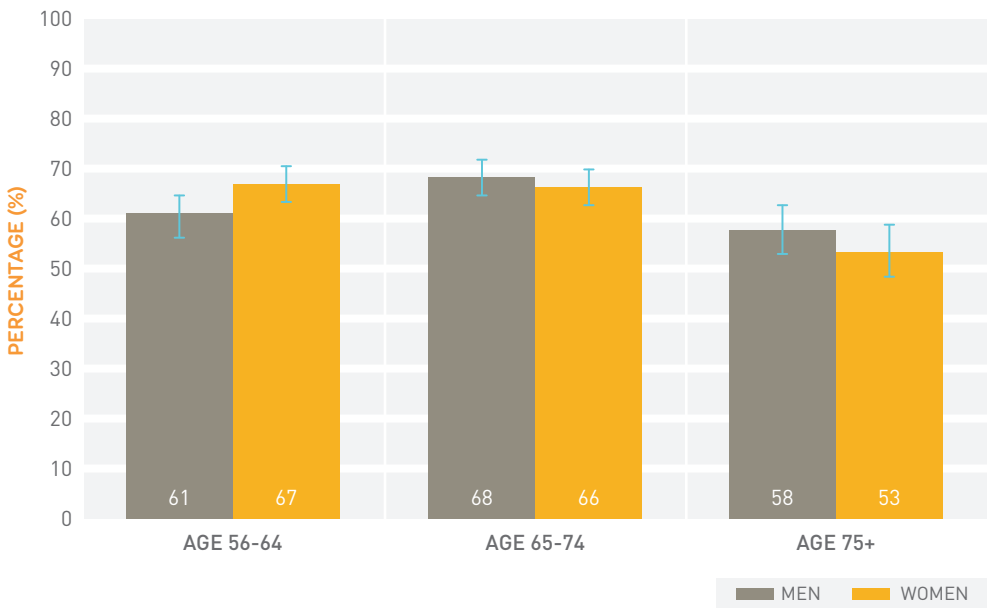


Figure 65: Percentage of men and women aged 56+ who feel they have control over their lives, by age group

Source: TILDA (Wave 4: 2016-2017). Note: Error Bars correspond to 95% Confidence Interval. TILDA participants were aged 56+ at Wave 4.

- similar proportions of men and women report feeling control over their life, in all age groups
- a significantly lower proportion of both men and women in the 75+ age group feel that they have control over their lives.

Difference between Wave 2 (2012-2013) and Wave 4 (2016-2017)

There was no significant change in this indicator between Wave 2 (2012-2013) and Wave 4 (2016-2017).

NPAS ACTION AREA
 Mental health (anxiety, depression, dementia) and mental capacity

HEALTHY AGEING: POSITIVE MENTAL HEALTH

4.4% of people aged 56+ have moderate or severe levels of anxiety

INDICATOR:
PERCENTAGE
OF PEOPLE
AGED 56+ WITH
MODERATE AND
SEVERE LEVELS
OF ANXIETY

The indicator shows the percentage of people who are classified as having moderate or severe levels of anxiety based their scores on 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. For this indicator, moderate and severe categories are combined. The categories and cut-offs have been validated for the general population (Bjelland et al., 2002).

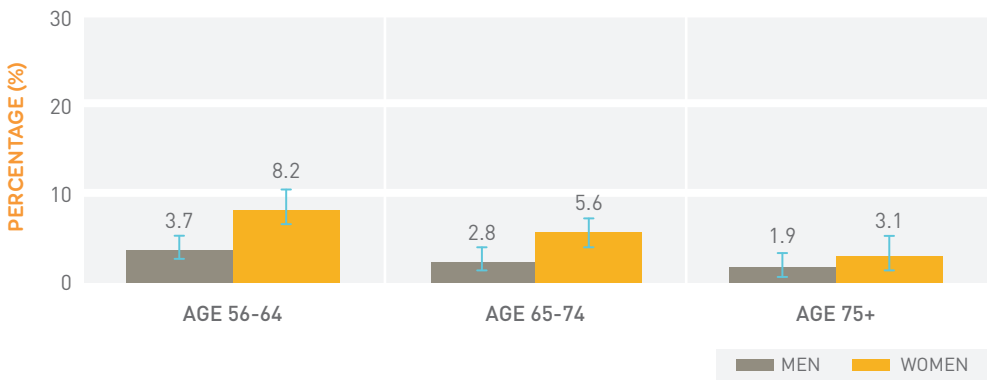


Figure 66: Percentage of men and women aged 56+ with moderate or severe anxiety, by age group

Source: TILDA (Wave 4: 2016-2017). Note: Error Bars correspond to 95% Confidence Interval. TILDA participants were aged 56+ at Wave 4.

In the 56-64 age group, women are twice as likely as men to have moderate or severe levels of anxiety.

Difference between Wave 2 (2012-2013) and Wave 4 (2016-2017)

There was no significant change in this indicator between Wave 2 (2012-2013) and Wave 4 (2016-2017).

People with an intellectual disability

15% of people with an intellectual disability aged 40+ have anxiety in 2017.

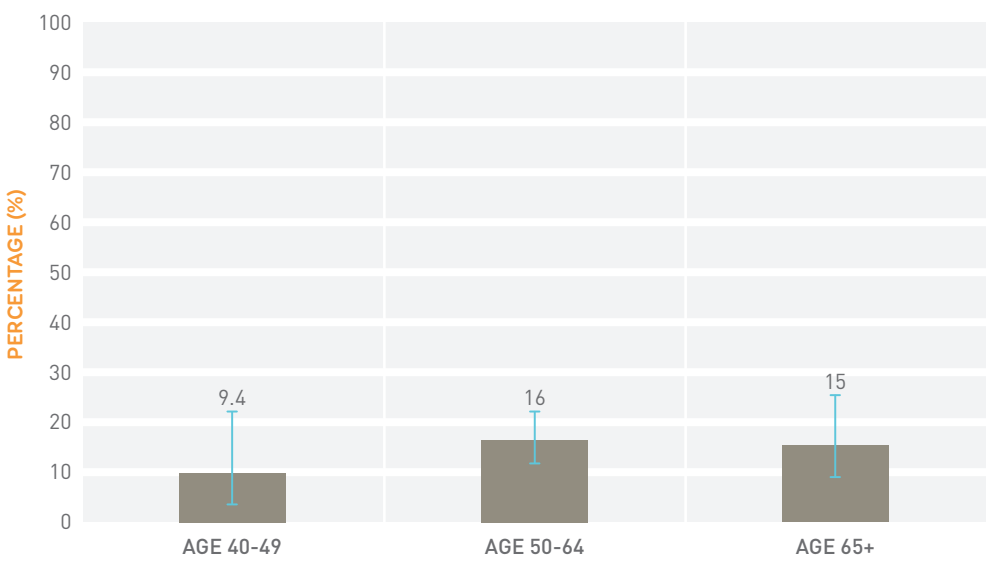


Figure 67: Percentage of people with an intellectual disability aged 40+ who have anxiety, by age group

Source: Intellectual Disability Supplement to the Irish Longitudinal Study on Ageing (2017)

NPAS ACTION AREA
Mental health (anxiety, depression, dementia) and mental capacity

HEALTHY AGEING: HEALTHCARE

75% of women eligible for screening 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

This indicator shows the percentage of women eligible for screening who were seen by the BreastCheck service. Data is for the most recent screening period (2015-2016). Women were invited between January 1st and December 31st, 2015 and were screened in 2015 or 2016. 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 mammogram screening, by screening period (2012-2016)

SCREENING PERIOD (YEARS)	ACCEPTANCE RATE (%)
2012-2013	71
2014-2015	77
2015-2016	75

Source: National Screening Service, Programme Report (2013, 2015, 2016). **Note:** The eligible women acceptance rate includes women who opted out of the programme.

Table 13: Acceptance rate among women eligible for mammogram screening, by type of eligible population and age group (2015-2016)

TYPE OF ELIGIBLE POPULATION	ELIGIBLE WOMEN ACCEPTANCE RATE (%)			
	AGE 50-54	AGE 55-59	AGE 60-64	65+
First invited population	75	30	26	33
Subsequent invited population	90	89	87	N/A**

Source: HSE 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.

** N/A: non-applicable. Numbers screened exceed invited, as some women were 64 when invited and had turned 65 by time of screening appointment.

Difference between 2016 and 2018

This indicator was 2% lower than in 2014-2015 but remains above the standard acceptance rate for the eligible population, which is set at 70%.

HEALTHY AGEING: HEALTHCARE

People with an intellectual disability

- overall, 57% of women with an intellectual disability aged 40+ had a mammogram in the past year
- this was higher among women aged 65+ (70%).

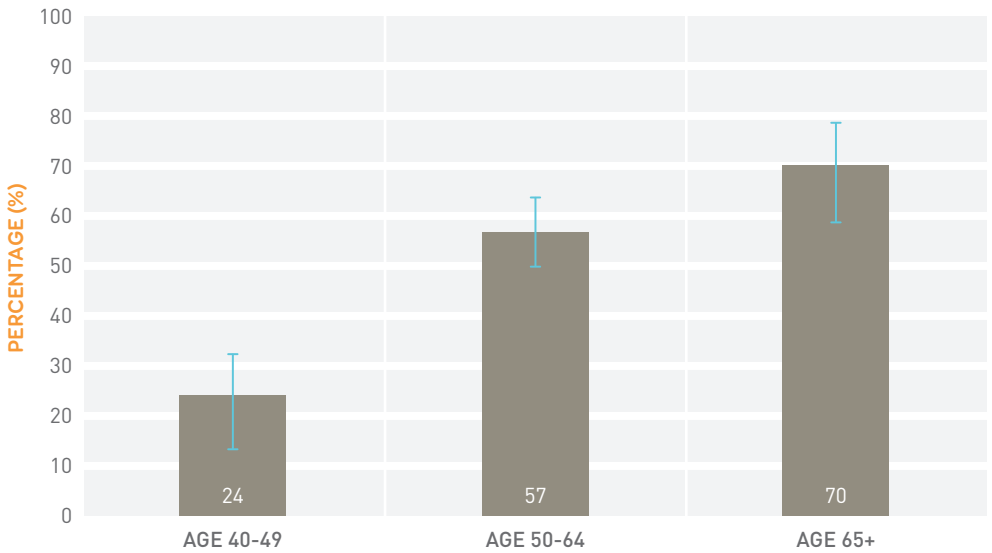


Figure 68: Percentage of women with an intellectual disability who have had a mammogram in the past year, by age group

Source: Intellectual Disability Supplement to the Irish Longitudinal Study on Ageing (2017)

NPAS ACTION AREA
 Health education, promotion and prevention across the life-cycle

HEALTHY AGEING: HEALTHCARE

62% of people aged 65+ received a flu vaccination in the previous two years

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

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.

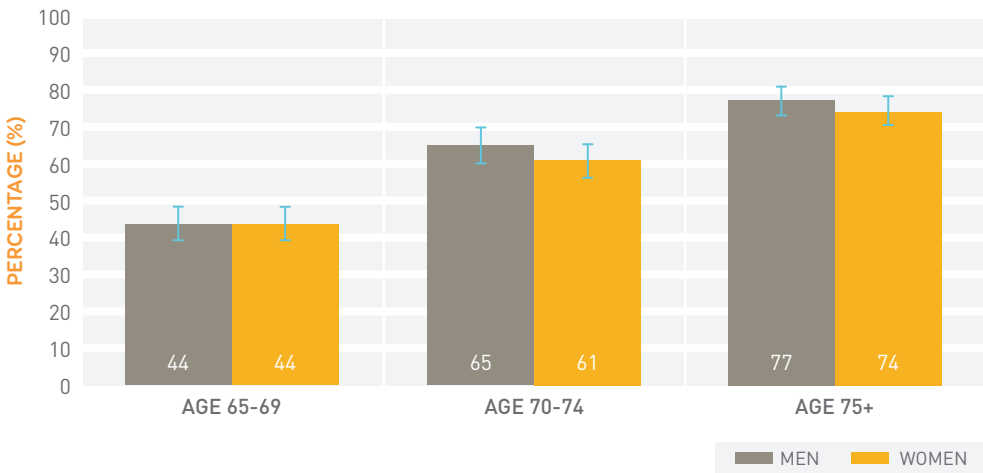


Figure 69: Percentage of men and women aged 65+ who had a flu vaccination in the past two years, by age group

Source: TILDA (Wave 4: 2016-2017). Note: Error Bars correspond to 95% Confidence Interval. TILDA participants were aged 56+ at Wave 4.

- the proportion of people who received a flu vaccination is significantly lower in the 65-69 age group, compared with those aged 70-74 and aged 75+
- across all ages groups there is no significant difference in the proportion of men and women who have received a flu vaccination.

Difference between Wave 2 (2012-2013) and Wave 4 (2016-2017)

This indicator decreased significantly in the 65-69 age group, from 52% (2012-2013) in Wave 2 to 44% in Wave 4 (2016-2017).

People with an intellectual disability

91% of people with an intellectual disability aged 40+ received a flu vaccine in the previous two years.

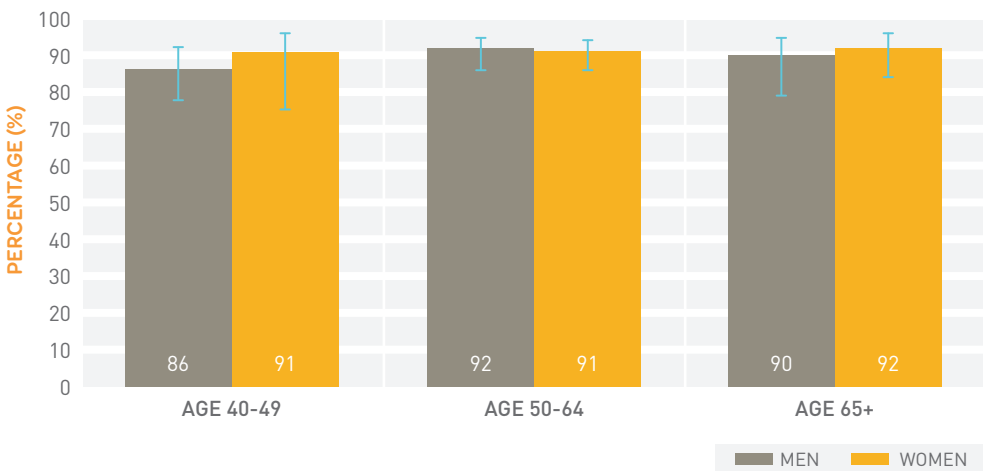


Figure 70: Percentage of people with an intellectual disability aged 40+ who have had the flu vaccine in the previous two years, by gender and age group

Source: Intellectual Disability Supplement to the Irish Longitudinal Study on Ageing (2017)

HEALTHY AGEING: HEALTHCARE

9.7% of people aged 50+ had difficulty when seeing a doctor in the past 12 months

INDICATOR:
 PERCENTAGE OF
 PEOPLE AGED 50+
 WHO EXPERIENCED
 DIFFICULTY WHEN
 SEEING A DOCTOR
 IN THE PAST 12
 MONTHS.

This indicator focuses on the last time a person visited a doctor and the factors that made that visit difficult. These factors include: distance to the doctor’s office, hospital or medical centre; a delay in getting an appointment; the waiting time to see the doctor on the day of the appointment; and the cost of seeing the doctor. It shows the total percentage of people aged 50+ who stated that it was “Very Difficult” for any of these factors. This indicator is based on self-reported survey data and does not capture those who did not see a doctor because of these difficulties. The indicator does not differentiate the type of doctor or medical appointment.

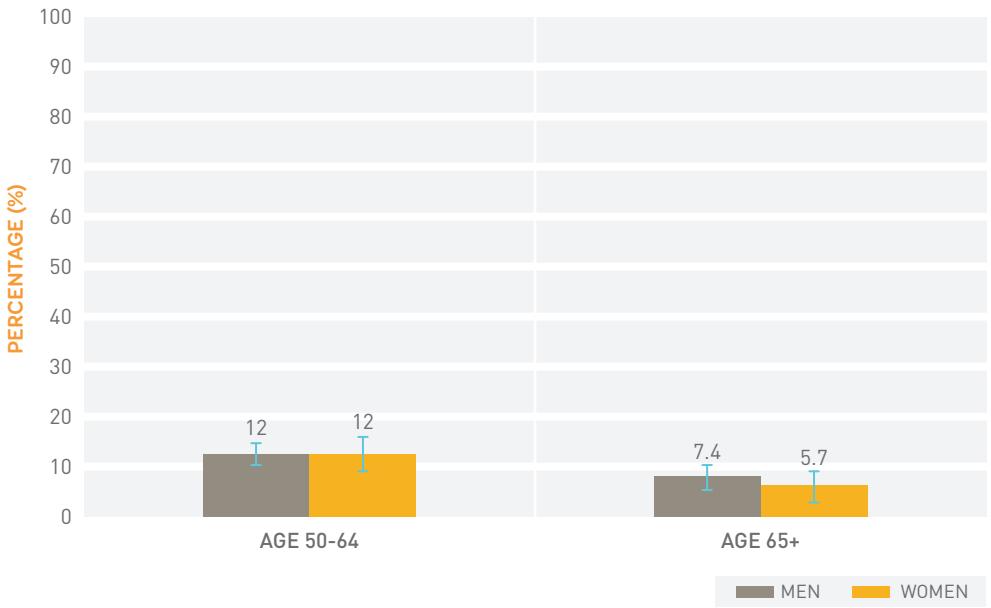


Figure 71:
 Percentage of men and women aged 50+ who have experienced difficulty when seeing a doctor, by age group

Source: EQLS (4th Round: 2016). Note: Error Bars correspond to 95% Confidence Interval. Two age categories are presented due to small numbers of adults aged 70 and older in the survey sample.

- 7.5% people aged 50+ reported the cost made seeing a doctor very difficult
- smaller percentages of people aged 50+ reported difficulty due to the waiting time (3.0%), a delay in getting an appointment (3.0%), and the distance to doctor’s office/hospital/medical centre (1.2%).

Difference between Round 3 (2012) and Round 4 (2016)

Although this indicator decreased between 2016 and 2018 this decrease was not significant.

HEALTHY AGEING: HEALTHCARE

How does Ireland compare with the EU-28?

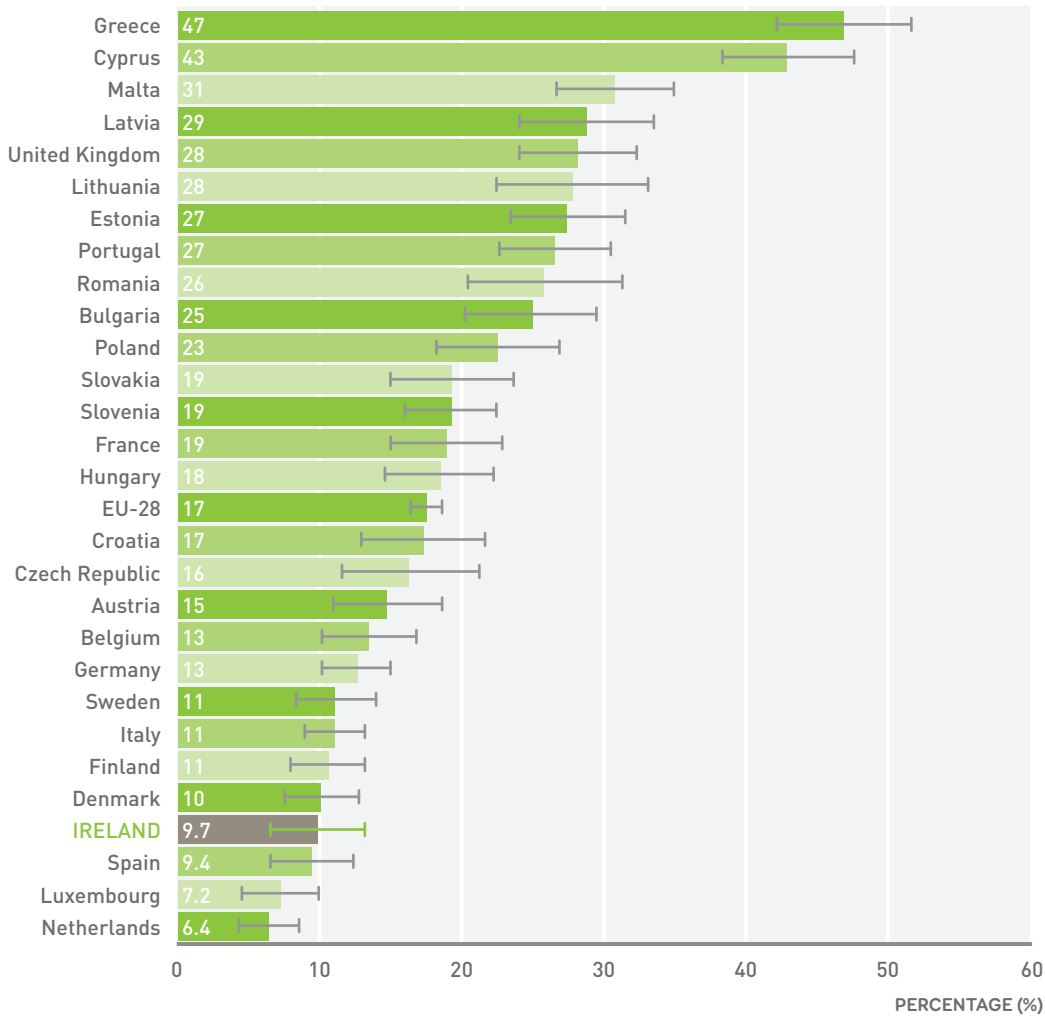


Figure 72: People aged 50+ who have experienced difficulty when seeing a doctor, in Ireland and the EU-28

Source: EQLS (4th Round: 2016). Note: Error Bars correspond to 95% Confidence Interval.

People with an intellectual disability

96% of people with an intellectual disability report 'almost always' having support to get to the GP surgery (IDS-TILDA, 2017).

NPAS ACTION AREA
Health education, promotion and prevention across the life-cycle

HEALTHY AGEING: HEALTHCARE

32% of people aged 56+ are taking five or more medications

INDICATOR:
PERCENTAGE OF PEOPLE AGED 56+ WHO ARE TAKING FIVE OR MORE MEDICATIONS

This indicator shows the rate of 'polypharmacy' among people aged 56+. Polypharmacy is defined as the concurrent use of five or more medications, excluding supplements. In TILDA the home interviewer asks the participant to show them all the medications they are currently taking and records the names of these medications. This information is then coded by qualified pharmacists.

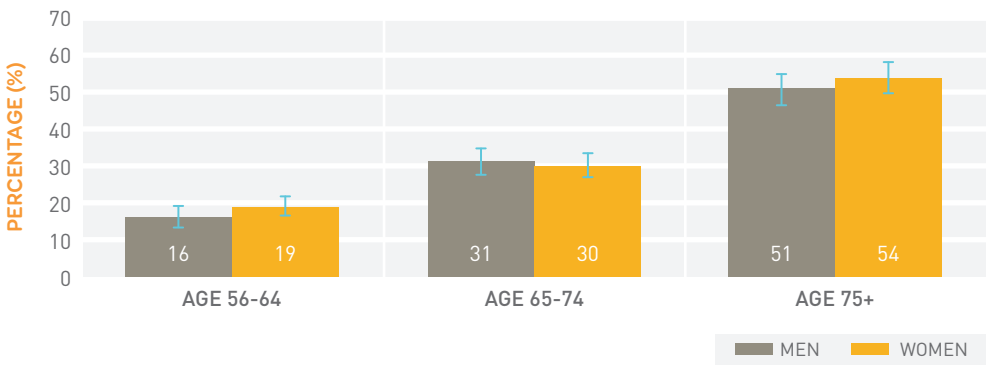


Figure 73: Percentage of men and women aged 56+ who are taking five or more medications, by age group

Source: TILDA (Wave 4: 2016-2017). Note: Error Bars correspond to 95% Confidence Interval. TILDA participants were aged 56+ at Wave 4.

- the percentage of men and women who are taking five or more medications increases significantly across each older age group
- the percentage of people taking five or more medications increases in the 65-74 age group (31%) and the 75+ age group (53%).

Difference between Wave 2 (2012-2013) and Wave 4 (2016-2017)

This indicator increased significantly between Wave 2 (2012-2013) and Wave 4 (2016-2017) from 28% to 32%.

People with an intellectual disability

More than seven out of ten people (72%) with an intellectual disability aged 40+ were taking five or more medications.

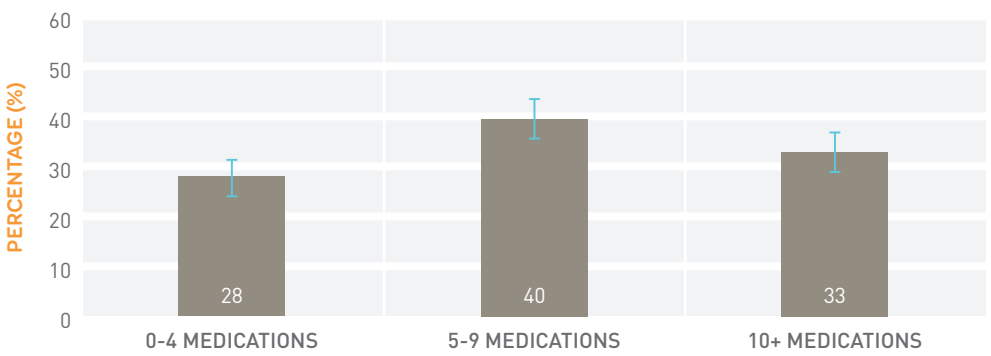


Figure 74: Number of medications being taken by people aged 40+ with an intellectual disability

Source: Intellectual Disability Supplement to the Irish Longitudinal Study on Ageing (2017)

NPAS ACTION AREA: Medication management

HEALTHY AGEING: HEALTH AND SOCIAL CARE

13% of people aged 56+ report unmet need for a community care service

INDICATOR:
PERCENTAGE OF PEOPLE AGED 56+ WHO REPORT UNMET NEED FOR A COMMUNITY CARE SERVICE

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.

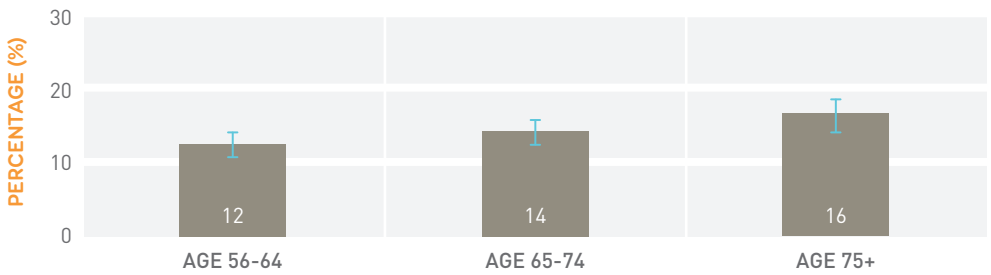


Figure 75: Unmet need for community care services among people aged 56+, by age group

Source: TILDA (Wave 4: 2016-2017). Note: Error Bars correspond to 95% Confidence Interval. TILDA participants were aged 56+ at Wave 4.

- unmet need is similar across the three age groups
- there were considerable differences by age in the reasons reported for unmet need (described below).

Reasons for unmet need for community care

- in the 56-64 age group, the most frequent reason for unmet need was lack of information (17%), followed by cost (13%), and reluctance/don't have time to apply (11%)
- in the 65+ age group, the most frequent reason for unmet need was lack of information (21%), followed by cost (8%), reluctance/don't have time to apply (6%), and lack of transport (1%)
- overall, 18% of those aged 50-64 and 29% of the over 65s reported an "Other" reason for their unmet need, which was not captured in this list.

Difference between Wave 1 (2009-2011) and Wave 4 (2016-2017)

This indicator decreased significantly between Wave 1 (2009-2011) and Wave 4 (2016-2017) in the 65-74 age group, from 19% to 14%.

People with an intellectual disability

20% of people with an intellectual disability aged 40+ report an unmet need for community care services.

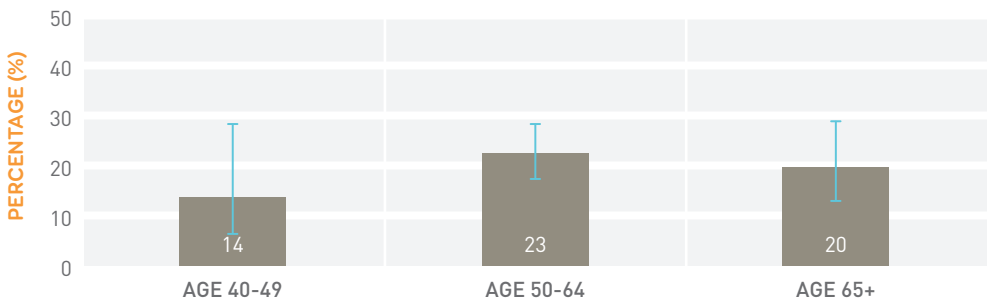


Figure 76: Percentage of people with an intellectual disability aged 40+ who report unmet need for community care services, by age group

Source: Intellectual Disability Supplement to the Irish Longitudinal Study on Ageing (2017)

NPAS ACTION AREA: Quality community care services

HEALTHY AGEING: HEALTH AND SOCIAL CARE

11% 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

Home care services include: home help; personal care attendant; and/or meals on wheels. The percentage of people aged 70+ receiving these services is reported for three groups based on level of difficulty with activities of daily living (ADL): self-care activities such as washing and dressing, and basic activities such as getting around inside the home. The three groups are: no ADL difficulties, one ADL difficulty, or two or more ADL difficulties.

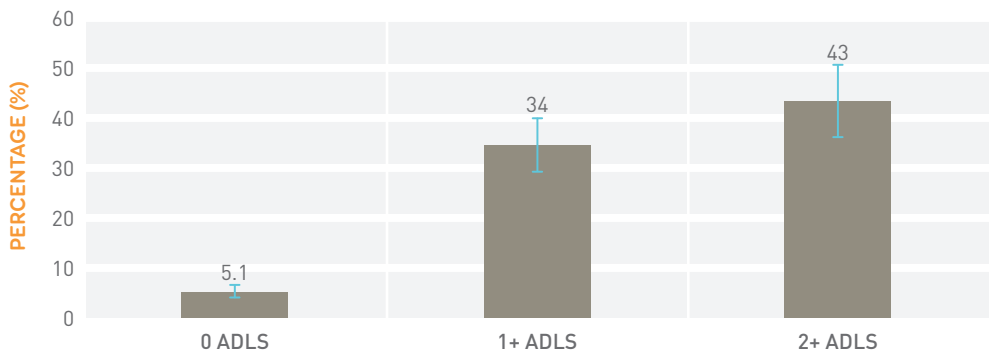


Figure 77: Receipt of home care services among people aged 70+, by level of difficulties with activities of daily living (ADLs)

Source: TILDA (Wave 4: 2016-2017). Note: Error Bars correspond to 95% Confidence Interval.

For people aged 70+ with two or more ADLs, 57% have not received any home care services in the previous 12 months.

Home care type

- among those with no difficulties with activities of daily living who are receiving home care, the most frequently used service is home help (86%), followed by Meals-on-Wheels (17%)
- 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 (39%). They are slightly less likely to receive home help (74%) and meals-on-wheels (16%).

People with an intellectual disability

Overall, 14% of people with an intellectual disability aged 40+ and living in the community have received home care services in the past 12 months.

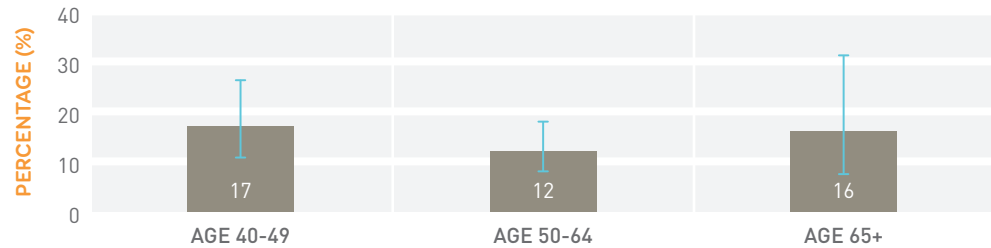


Figure 78: Percentage of people with an intellectual disability aged 40+ and living in the community who have received home care services in the past 12 months, by age group

Source: Intellectual Disability Supplement to the Irish Longitudinal Study on Ageing (2017)

NPAS ACTION AREA: Quality community care services

HEALTHY AGEING: PALLIATIVE AND END OF LIFE CARE

For those aged 50+ unmet need for services in the last year of life was 16% (home help), 15% (community care), and 30% (allied health care services)

INDICATOR:
PERCENTAGE OF PEOPLE AGED 50+ WHO HAD UNMET NEED FOR SERVICES IN THE LAST YEAR OF LIFE

This indicator shows percentage of people who died who needed, but were unable to access, three types of services in their last year of life: home care, community care, and allied health care services. Community care includes: public health nurse, day centre, and respite care. Allied health care includes: occupational therapy, chiropody services, physiotherapy, speech & language therapy, social worker, psychological/counselling services, optician, dentist, hearing service, dietician. 'Unmet need' is calculated as the number of people who sought but were unable to access the service as a proportion of all people who sought the service.

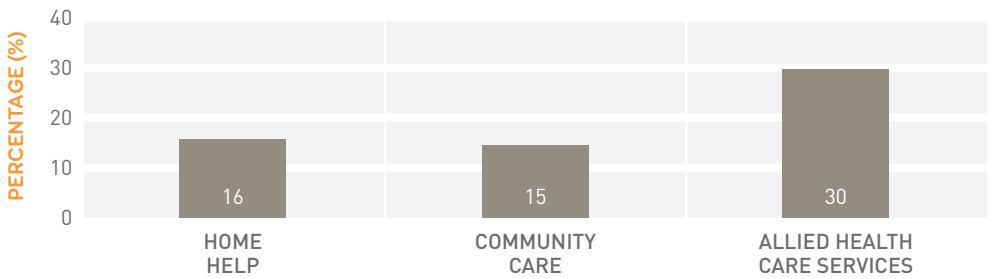


Figure 79: Percentage of older adults with unmet need for services in their last year of life

The majority of people died in a hospital (46%) or their own home (27%)

INDICATOR:
PLACE OF DEATH

This indicator shows the percentage of people who died aged 50+ in: hospital, their own home, a hospice, a nursing home, or other location.

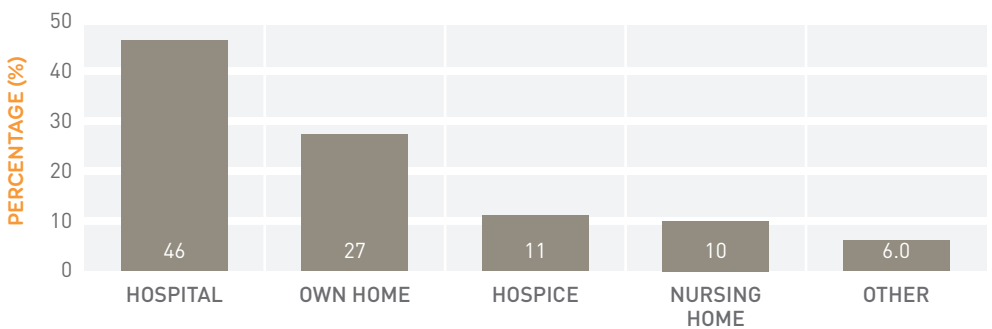


Figure 80: Place of death (%)

Source for Figure 79 and 80: TILDA Waves 1-3 (2010-2017) combined. Note: The data is not weighted and is not representative of the wider population, so for this reason no confidence intervals are reported.

NPAS ACTION AREA
Quality community care services



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	2016 REPORT	2018 REPORT
FINANCIAL SECURITY	Consistent poverty rate among adults aged 65+	2.1%	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%	14%****
HOUSING	Percentage of people aged 50+ who have housing facility problems	12%	8.2%*
	Percentage of people aged 50+ who have housing condition problems	48%	21%****
	Percentage of households with an adult aged 65+ who are unable to keep their house adequately warm	8.8%	5.1%
AGE-FRIENDLY PUBLIC SPACES	Percentage of people aged 50+ who experience difficulty accessing essential services	14%	39%**
	Percentage of people aged 50+ who experience difficulty accessing social facilities	33%	32%
	Percentage of people aged 50+ who experience difficulty accessing recreational or green spaces	9.2%	9.6%
	Percentage of people aged 50+ who report high levels of neighbourhood social capital	66%	65%****
PERSONAL SAFETY	Percentage of people aged 50+ who feel that it is safe to walk alone after dark in their local area	72%	72%****
ELDER ABUSE	Percentage of safeguarding concerns with reasonable grounds for adults aged 65+	Not reported	40%***

* In the 2018 Report this indicator no longer includes the item: lack of place to sit outside.

**In the 2018 Report, the indicator of experiencing difficulty in accessing essential services no longer excludes information about postal services but adds new information about access to grocery shops/supermarkets.

***This is a new indicator and presents data supplied by the HSE National Safeguarding Office, established in 2015.

**** Data is from TILDA and the same adults are interviewed at each Wave. TILDA respondents were aged 50+ at Wave 1; 52+ at Wave 2; 54+ at Wave 3; 56+ at Wave 4.

DOMAIN	KEY INDICATORS FOR PEOPLE WITH AN INTELLECTUAL DISABILITY	AGE 40-49	Age 50+
FINANCIAL SECURITY	Percentage of people aged 40+ who report that a shortage of money stops them from doing the things they want to do.	5.0%	5.0%

SECURITY: FINANCIAL SECURITY

In 2016 the consistent poverty rate for adults aged 65+ was 2.1%

INDICATOR:
CONSISTENT
POVERTY RATE
AMONG ADULTS
AGED 65+

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 (at 60% of the median income) and experience two or more forms of enforced deprivation.

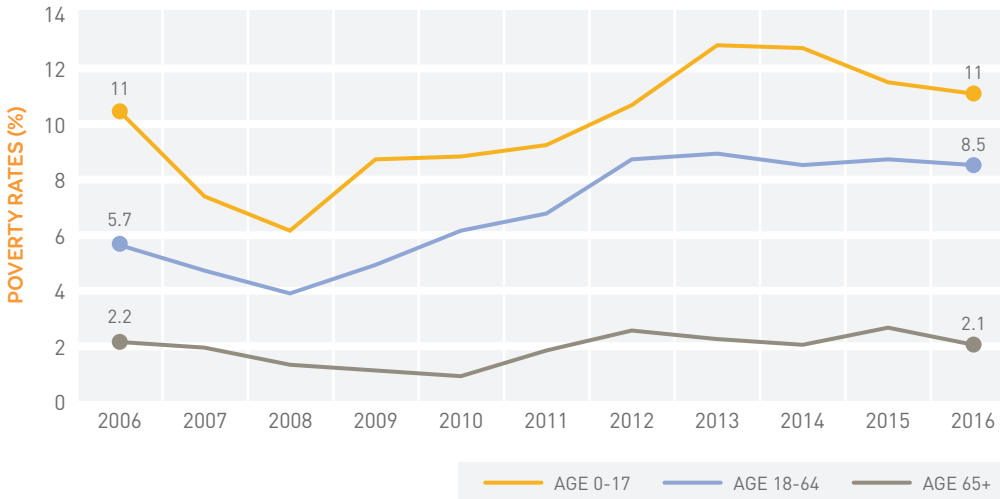


Figure 81: Consistent poverty rate 2006-2016 for adults, by age group

Source: EU-SILC (2016)

- in 2016 2.1% of people aged 65+ were in consistent poverty, a reduction of 0.1% since 2006
- the consistent poverty rate among younger age groups increased from 2006-2016.

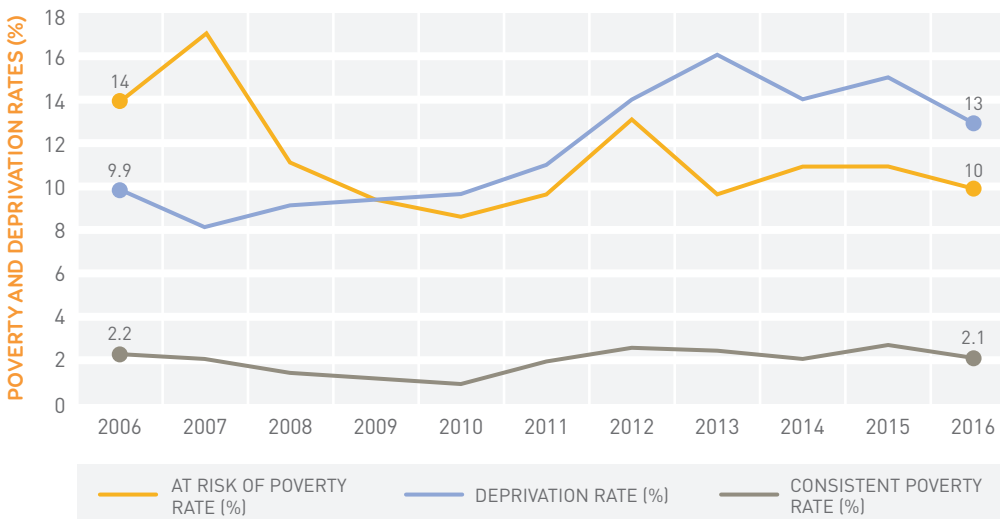


Figure 82: Consistent poverty, at risk of poverty, and material deprivation rates for people aged 65+

Source: EU-SILC (2016)

SECURITY: FINANCIAL SECURITY

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

	2013	2014	2015	2016
AT-RISK-OF-POVERTY				
EU-28	18	18	17	18
Ireland	14	14	17	17
AVERAGE NUMBER OF DEPRIVATION ITEMS AMONG DEPRIVED ADULTS AGED 65+†				
EU-28	3.7	3.7	3.6	3.6
Ireland	3.5	3.4	3.5	3.4
SEVERE MATERIAL DEPRIVATION				
EU-28	7.0	6.3	5.6	5.8
Ireland	3.6	2.9	3.1	2.4

Source: EU-SILC (2016). 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

SECURITY: FINANCIAL SECURITY

14% of people aged 56+ report that a shortage of money stopped them from doing the things they want to do

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

This indicator shows the percentage of people aged 56+ who reported that a shortage of money stopped them from doing the things they want to do. It should be noted however, that this was subjective to the individual and some may suffer higher levels of poverty than others.

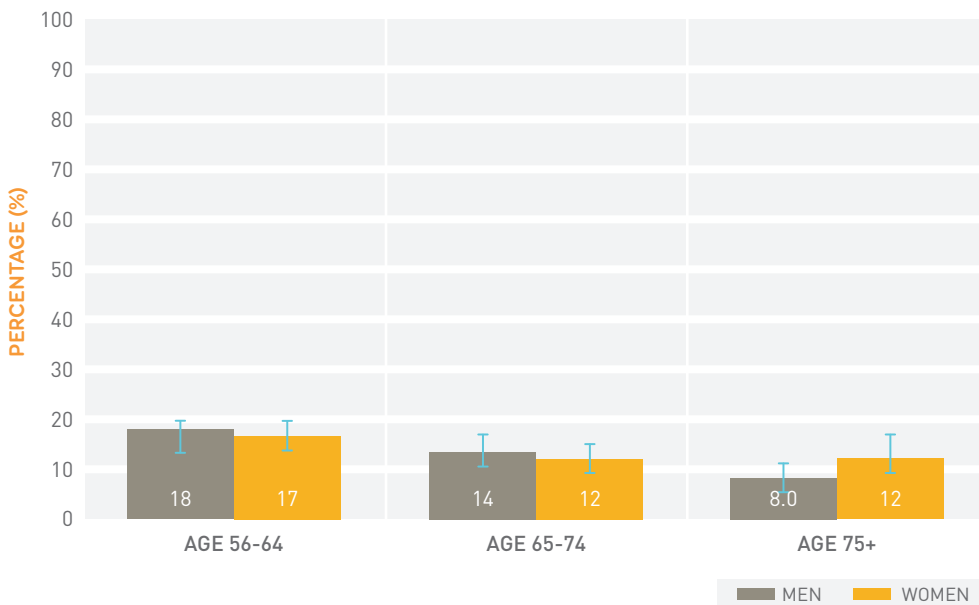


Figure 83:
Percentage of
men and women
aged 56+ with a
shortage of money,
by age group

Source: TILDA (Wave 4: 2016-2017). Note: Error bars correspond to the 95% confidence intervals. TILDA participants were aged 56+ at Wave 4.

- in total, 17% of people aged 56-64, 13% aged 65+, and 10% aged 75+ reported a shortage of money
- in all age groups, there was no significant difference between men and women.

Difference between Wave 2 (2012-2013) and Wave 4 (2016-2017)

There was significant decrease in this indicator between Wave 2 (2012-2013) and Wave 4 (2016-2017) for the youngest age group, from 25% to 17%. It is important to note that this age group were aged 52-64 years in Wave 2 and 56-64 years in Wave 4, and so this change should be interpreted with caution.

People with an intellectual disability

Overall, 5.0% of people with an intellectual disability aged 40+ report a shortage of money stopped them from doing the things they want to do (e.g. food, heating, going out, visit pub, hobby, holiday) (IDS-TILDA, 2017).

NPAS ACTION AREA

Poverty reduction

SECURITY: HOUSING

8.2% of people aged 50+ have housing facility problems

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

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; and a shortage of space.

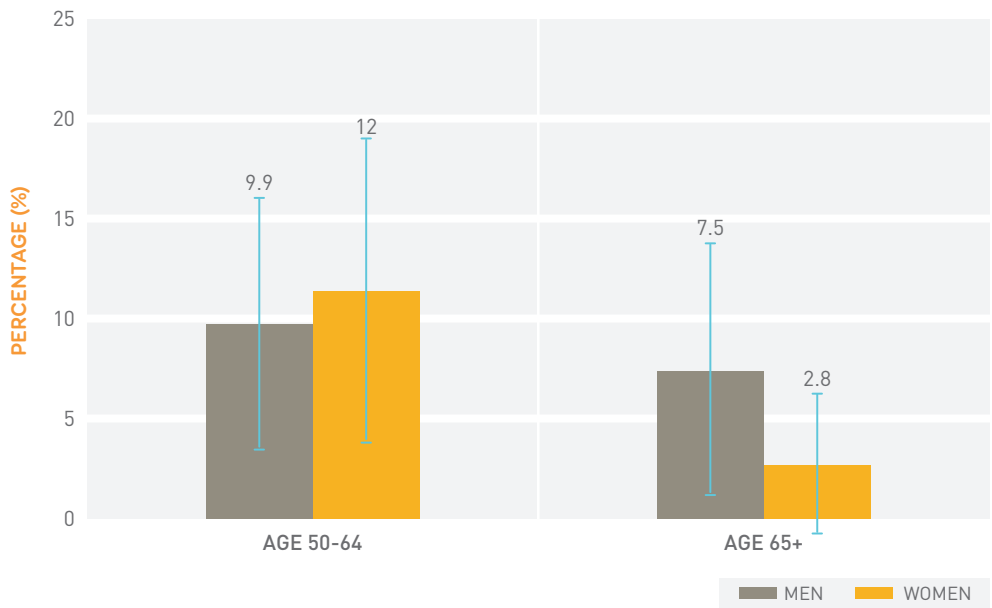


Figure 84: Percentage of men and women aged 50+ with housing facility problems, by age group

Source: EQLS (4th Round: 2016). Note: Error Bars correspond to 95% Confidence Interval.

- 11% of people aged 50-64 and 5.0% of people aged 65+ have housing facility problems
- both men and women aged 50+ are equally likely to report housing facility problems
- shortage of space is the most commonly reported problem among those aged 50+ (7.4%), followed by lack of bath or shower (1.6% combined).

Note: this indicator is not comparable with the previous year (2012).

SECURITY: HOUSING

How does Ireland compare with the EU-28?

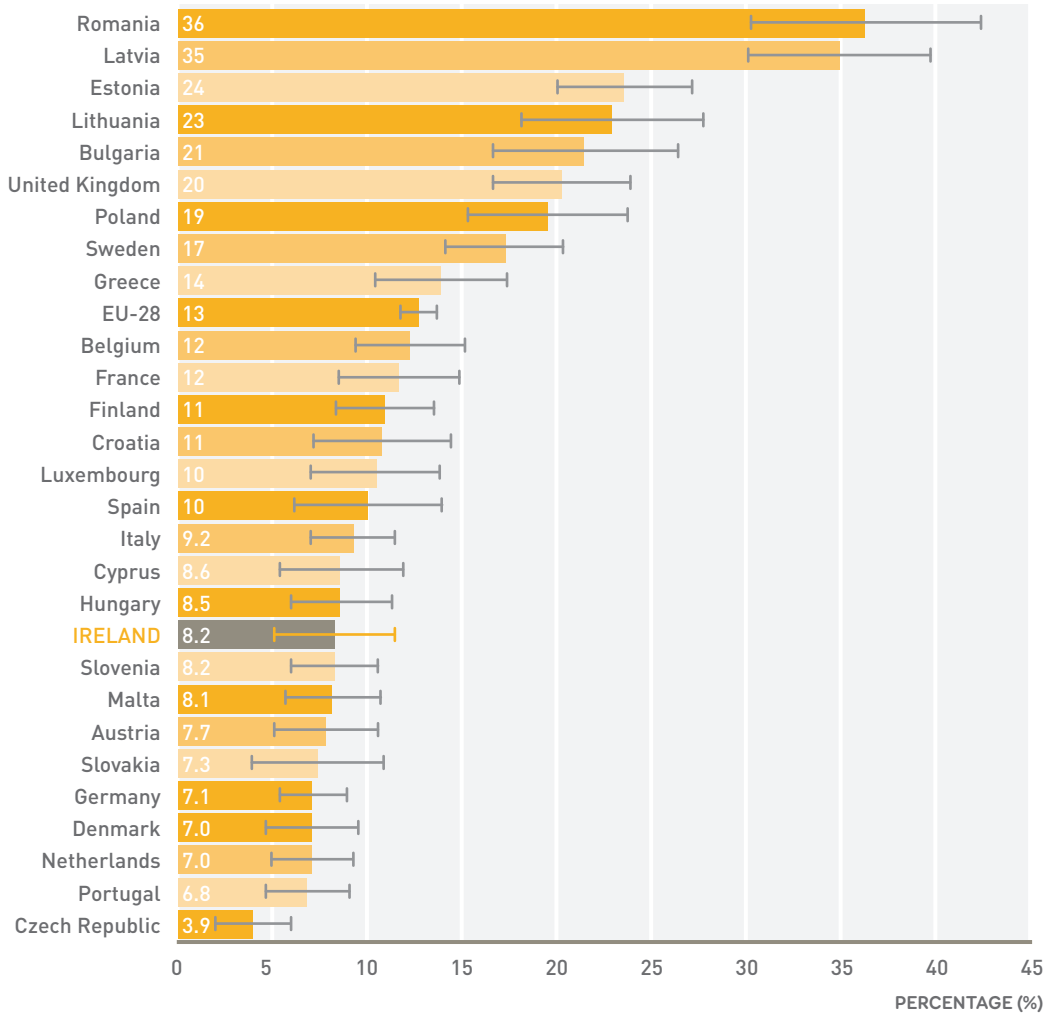


Figure 85: Percentage of people aged 50+ with housing facility problems, in Ireland and the EU-28

Source: EQLS (4th Round: 2016). 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

SECURITY: HOUSING

Overall, 21% of people aged 56+ have housing condition problems

INDICATOR:
PERCENTAGE OF PEOPLE AGED 56+ WHO HAVE HOUSING CONDITION PROBLEMS

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 condition problems.

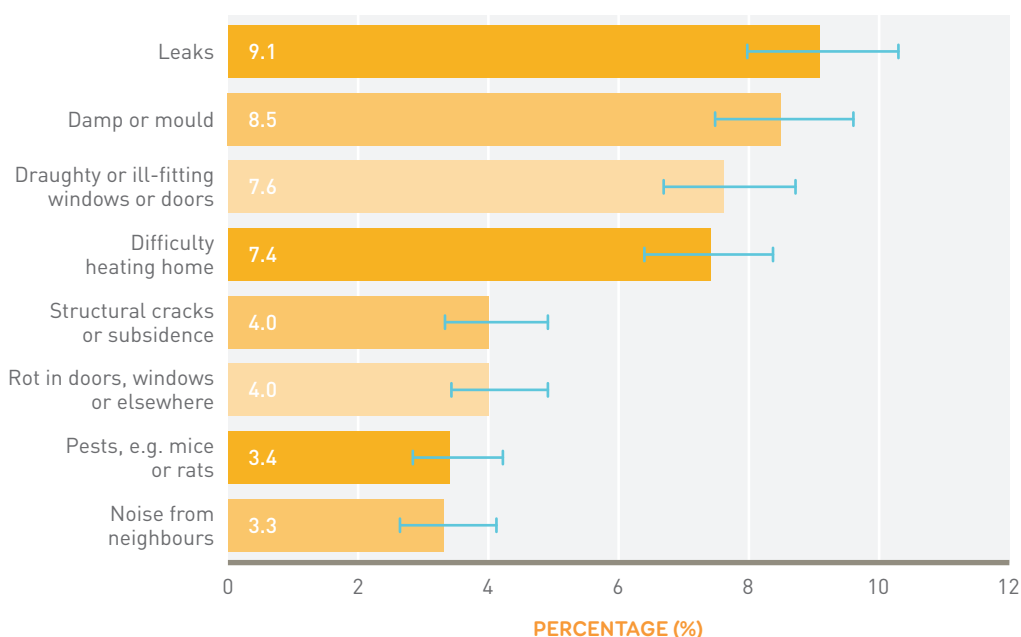


Figure 86: Percentage of people aged 56+ with housing conditions problems, by type of problem

Source: TILDA (Wave 4: 2016-2017). Note: Error bars correspond to the 95% confidence intervals. TILDA participants were aged 56+ at Wave 4.

The most frequently reported housing condition problems were leaks (9.1%), damp or mould (8.5%), and draughty or ill-fitting windows or doors (7.6%).

Difference between Wave 2 (2012-2013) and Wave 4 (2016-2017)

There was no significant change in this indicator between Wave 2 (2012-2013) and Wave 4 (2016-2017).

NPAS ACTION AREA
 Housing grants for older people and people with disability

SECURITY: HOUSING

5.1% of households with an adult aged 65+ are unable to keep their home adequately warm

INDICATOR:
PERCENTAGE OF
HOUSEHOLDS WITH
AN ADULT AGED 65+
WHO ARE UNABLE TO
KEEP THEIR HOUSE
ADEQUATELY WARM

This indicator is a subjective measure of fuel poverty and captures the percentage of households who have a person resident aged 65+, who were unable to keep their house adequately warm.

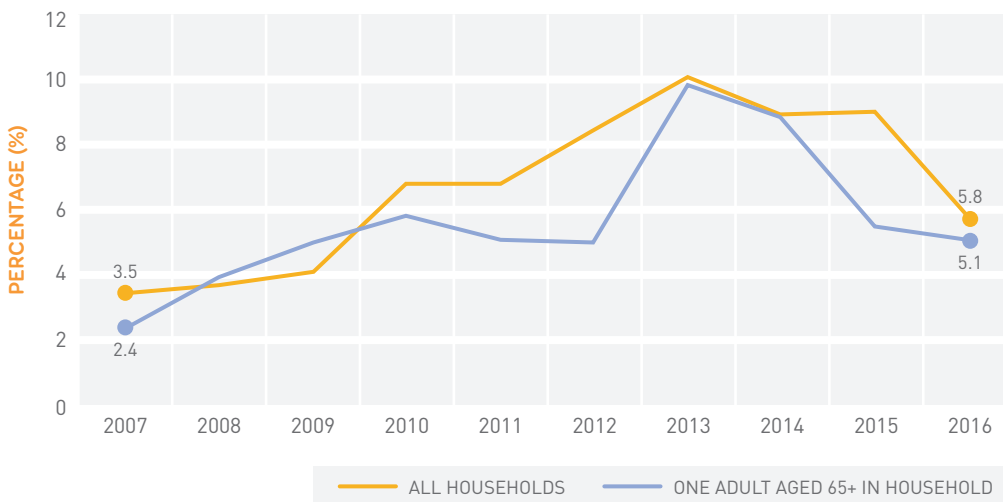


Figure 87: Percentage of households with an adult aged 65+ and all households who are unable to keep their home adequately warm

Source: EU-SILC (2016)

The percentage of households with an adult aged 65+ who were unable to keep their house warm increased from 2.4% in 2007 to a peak of 9.2% in 2013, followed by a decrease to 5.1% in 2016.

SECURITY: HOUSING

How does Ireland compare with the EU-28?

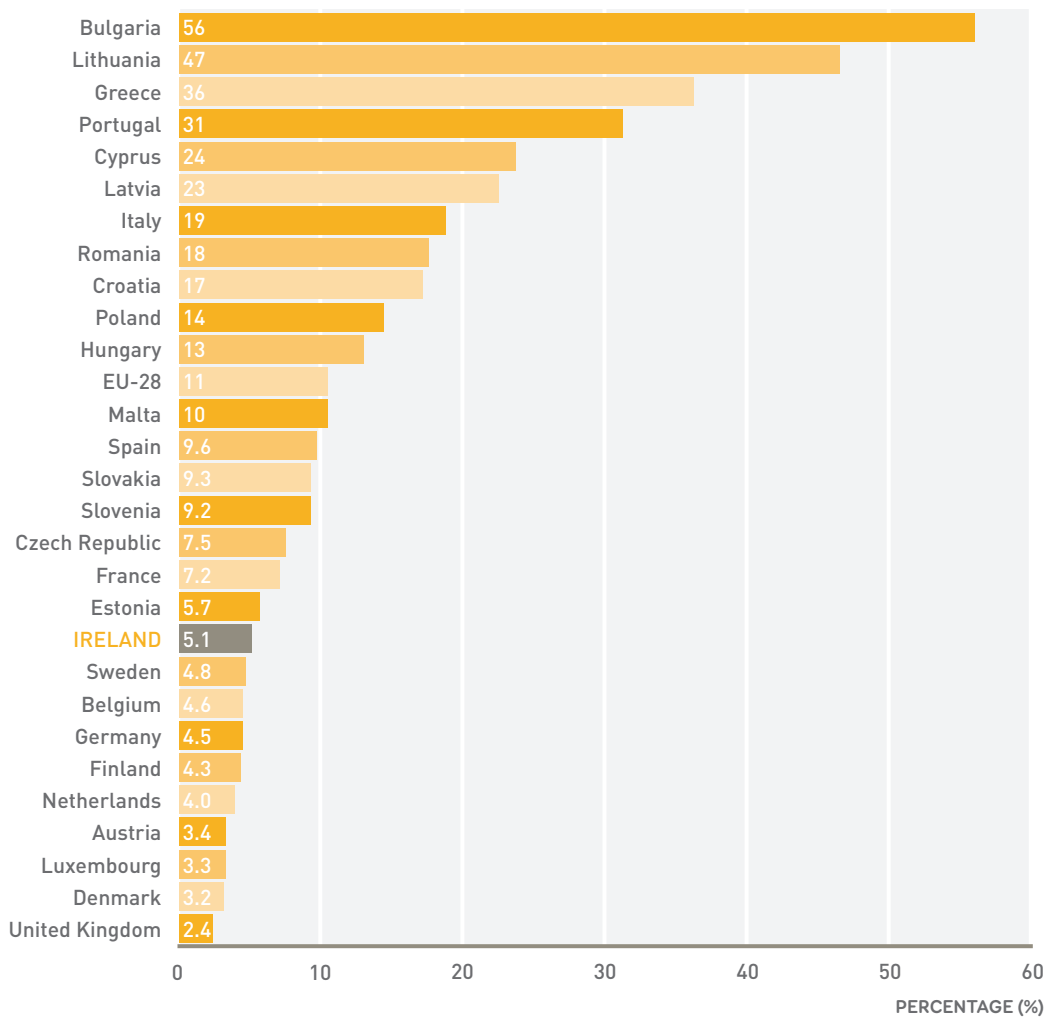


Figure 88: Percentage of households with an adult aged 65+ who are unable to keep their home adequately warm in EU-28

Source: EU-SILC (2016)

NPAS ACTION AREA

Housing grants for older people and people with disability

SECURITY: AGE-FRIENDLY PUBLIC SPACES

39% of people aged 50+ have difficulty accessing essential services

INDICATOR:
PERCENTAGE OF PEOPLE AGED 50+ WHO EXPERIENCE DIFFICULTY ACCESSING ESSENTIAL SERVICES

This indicator shows the percentage of those aged 50+ who reported either some or great difficulty accessing each of the following essential services: banking services; public transport facilities; and grocery shops/supermarkets.

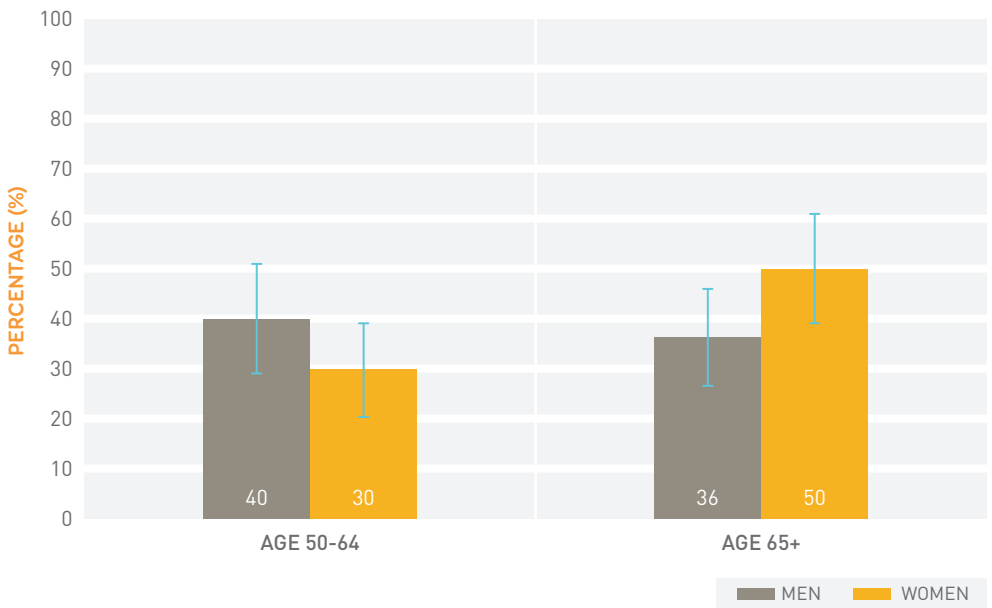


Figure 89: Percentage of men and women who had difficulty accessing essential services, by age group

Source: EQLS (4th Round: 2016). Note: Error Bars correspond to 95% Confidence Interval.

The percentage of men and women who have difficulty accessing essential services is similar.

What services are most difficult to access?

Public transport (bus, metro, tram, etc.) was the service that most people had difficulty accessing (36%), followed by banking services (17%), and grocery shops/supermarkets (7.1%)

Difference between 2012 and 2016

Banking and transport services were reported in both Round 3 (2012) and Round 4 (2016) and the percentage of people reporting difficulty accessing these services did not change significantly between 2012 and 2016.

SECURITY: AGE-FRIENDLY PUBLIC SPACES

How does Ireland compare with the EU-28?

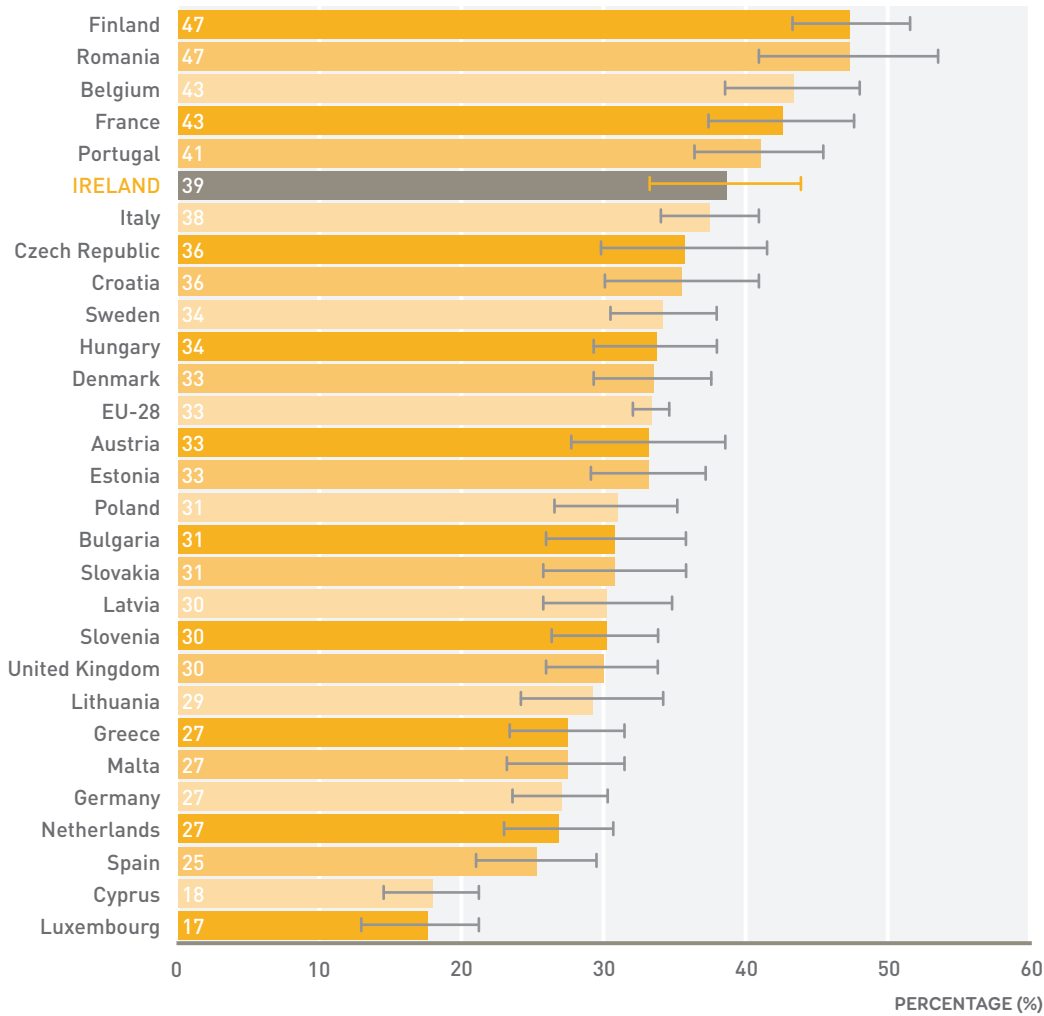


Figure 90: Percentage of people aged 50+ with difficulty accessing essential services, in Ireland and the EU-28

Source: EQLS (4th Round: 2016). 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

SECURITY: AGE-FRIENDLY PUBLIC SPACES

32% of people aged 50+ have difficulty accessing social facilities

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

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.

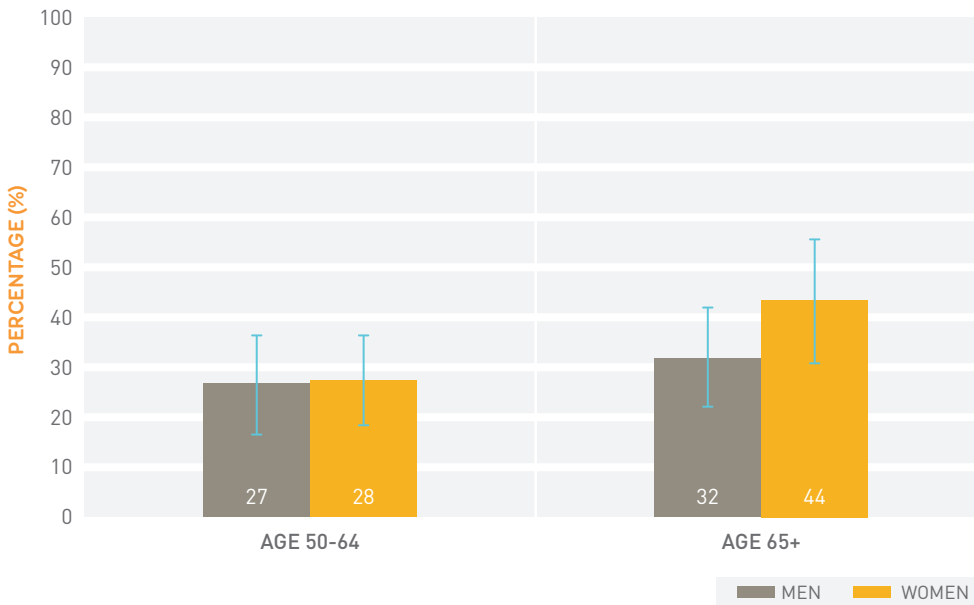


Figure 91:
Percentage of
people aged 50+
who have difficult
accessing a social
facility, by age
group

Source: EQLS (4th Round: 2016). Note: Error Bars correspond to 95% Confidence Interval.

Difficulty accessing a social facility appears higher among people aged 65+ however this difference is not significant.

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

- one in seven (15%) have great difficulty and 18% have some difficulty accessing social facilities
- more than two thirds (68%) of people can access social facilities either easily or very easily.

Difference between 2012 and 2016

There was no significant change in this indicator between Round 3 (2012) and Round 4 (2016).

SECURITY: AGE-FRIENDLY PUBLIC SPACES

How does Ireland compare with the EU-28?

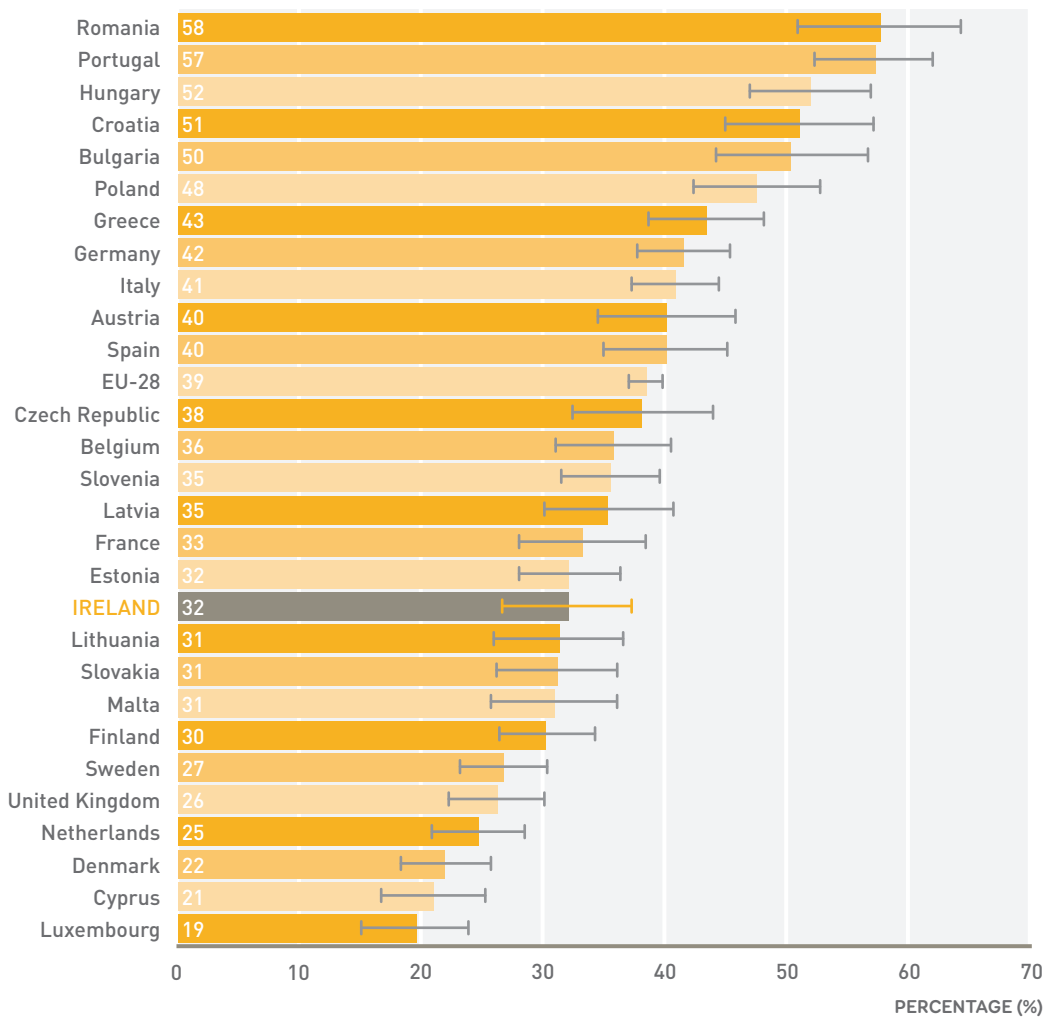


Figure 92: Percentage of people aged 50+ with difficulty accessing social facilities, in Ireland and the EU-28

Source: EQLS (4th Round: 2016). 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

SECURITY: AGE-FRIENDLY PUBLIC SPACES

9.6% of people aged 50+ have difficulty accessing a recreational or green area

INDICATOR:
PERCENTAGE OF
PEOPLE AGED 50+
WHO EXPERIENCE
DIFFICULTY
ACCESSING
RECREATIONAL OR
GREEN SPACES

This indicator shows the percentage of people aged 50+ who described their access to recreational or green spaces as either being with some or great difficulty.

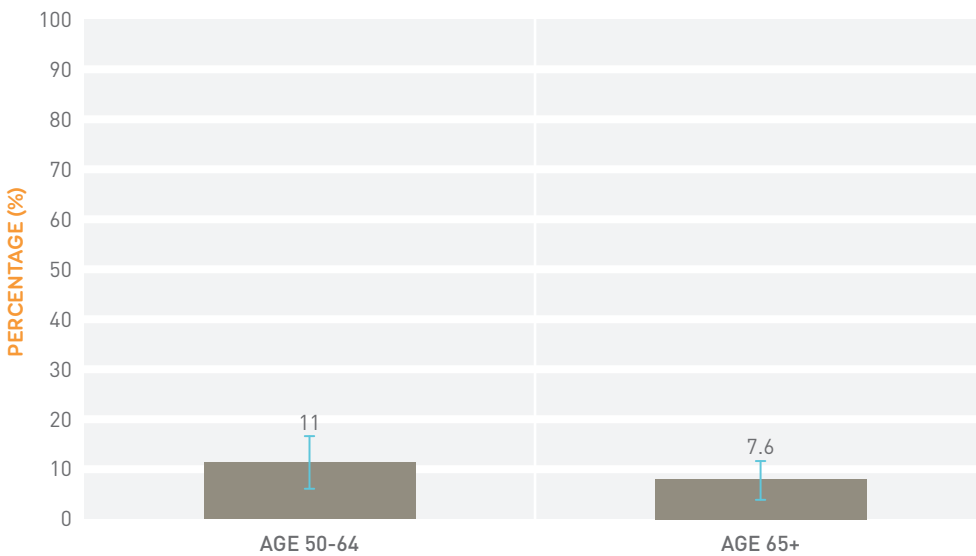


Figure 93:
Percentage of
people aged 50+
who experience
difficulty accessing
recreational or
green spaces

Source: EQLS (4th Round: 2016). Note: Error Bars correspond to 95% Confidence Interval.

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

- only 2.5% of people aged 50+ have great difficulty accessing recreational or green spaces
- a total of 67% of people aged 50-64 and 51% of people aged 65+ can access recreational or green spaces very easily.

Difference between 2012 and 2016

There was no significant change in this indicator between Round 3 (2012) and Round 4 (2016).

SECURITY: AGE-FRIENDLY PUBLIC SPACES

How does Ireland compare with the EU-28?

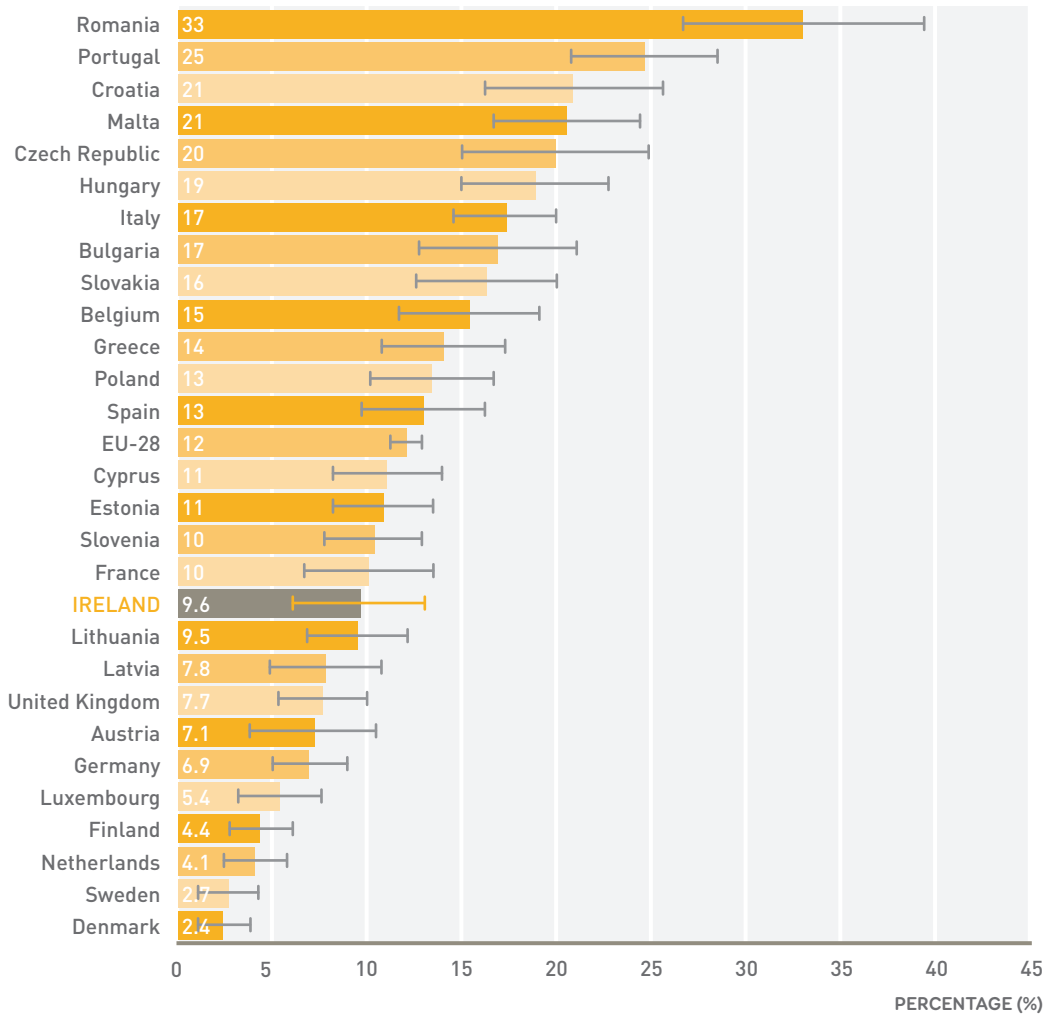


Figure 94: Percentage of people aged 50+ with difficulty accessing recreational or green spaces, in Ireland and the EU-28

Source: EQLS (4th Round: 2016). 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

SECURITY: AGE-FRIENDLY PUBLIC SPACES

65% of people aged 56+ reported high neighbourhood social capital

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

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.

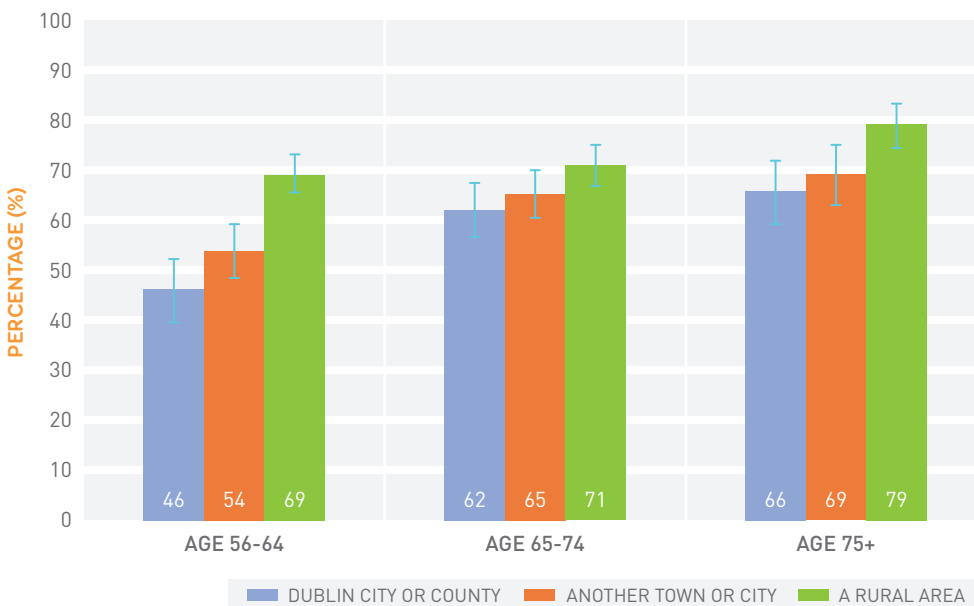


Figure 95: Percentage of those aged 56+ who reported good social capital in their neighbourhood

Source: TILDA (Wave 4: 2016-2017). Note: Error bars correspond to the 95% confidence intervals. TILDA participants were aged 56+ at Wave 4.

- in total, 58% of people aged 56-64, 67% aged 65-74, and 72% aged 75+ reported high neighbourhood social capital
- among the 56-64 and 75+ age groups, high social capital was reported more often by rural dwellers compared with urban dwellers
- both men and women were equally likely to report high neighbourhood social capital.

Difference between Wave 2 (2012-2013) and Wave 4 (2016-2017)

There was no significant change in this indicator between Wave 2 (2012-2013) and Wave 4 (2016-2017).

NPAS ACTION AREA

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

SECURITY: PERSONAL SECURITY

71% of people aged 56+ feel that it is safe to walk alone after dark in their local area

INDICATOR:
PERCENTAGE OF PEOPLE AGED 56+ WHO FEEL THAT IT IS SAFE TO WALK ALONE AFTER DARK IN THEIR LOCAL AREA

This indicator shows the percentage of people aged 56+ 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.

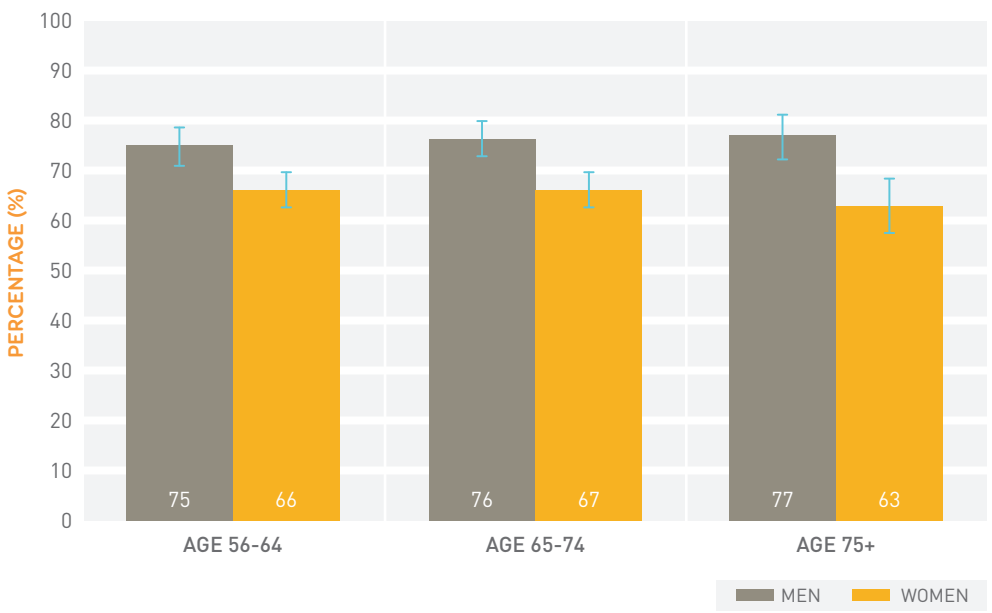


Figure 96: Percentage of people aged 56+ who feel safe to walk alone after dark in their local area, by age group

Source: TILDA (Wave 4: 2016-2017). Note: Error bars correspond to the 95% confidence intervals. TILDA participants were aged 56+ at Wave 4.

- similar percentages of people in each age group feel safe: 71% aged 56-64, 72% aged 65-74, and 70% aged 75+
- in all age groups, more men than women feel safe to walk alone in their local area after dark.

Difference between Wave 2 (2012-2013) and Wave 4 (2016-2017)

There was no significant change in this indicator between Wave 2 (2012-2013) and Wave 4 (2016-2017).

NPAS ACTION AREA
Implementation of An Garda Síochána Older People Strategy

SECURITY: PERSONAL SECURITY

In total, 3079 safeguarding concerns were raised regarding adults aged 65+, and 1050 (40.0%) were found to have reasonable grounds for concern, in 2017

INDICATOR:
PERCENTAGE OF
SAFEGUARDING
CONCERNS WITH
REASONABLE
GROUNDS FOR
ADULTS AGED 65+

This indicator shows the proportion of safeguarding concerns which were evaluated by the Safeguarding and Protection Team (SPT) and for which the outcome of the evaluation was that there were 'reasonable grounds' for concern. In the assessment process the preliminary screening must be submitted to the SPTs with an outcome and a safeguarding plan if required. The possible outcomes from the assessment by the Safeguarding Team include: a) no grounds for reasonable concern; b) additional information required, and c) reasonable grounds for concern.

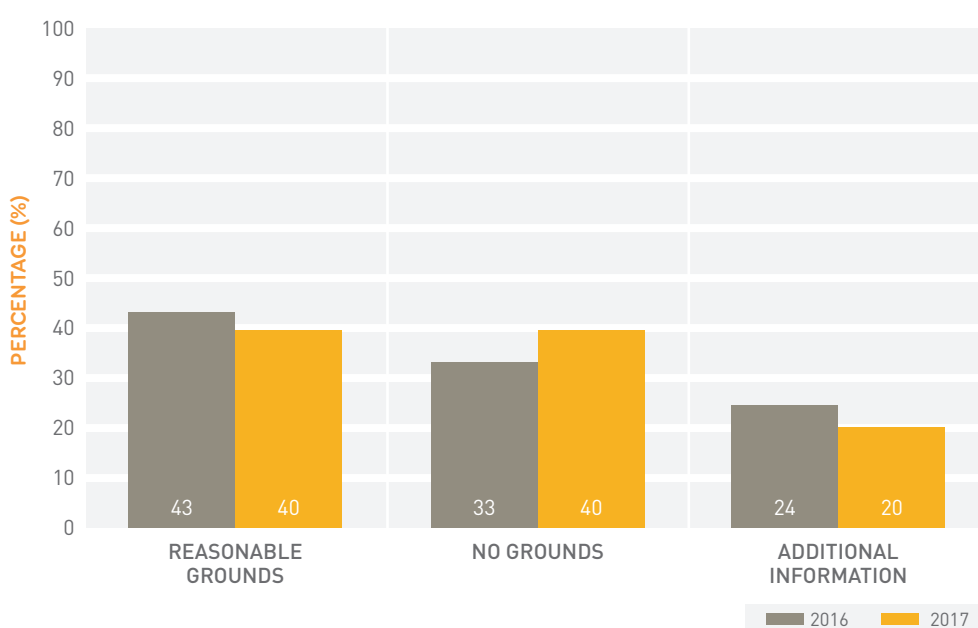


Figure 97:
Safeguarding concerns and outcome agreed by the SPT (2016-2017) for adults aged 65+

Source: HSE National Safeguarding Office

- over 41% of cases were found to have reasonable grounds for concern by the SPT
- in terms of the referral source, over 90% of concerns were referred by older adults 65+ from primary care (47%) and social care (44%) in 2017
- for older adults over 65 the Public Health Nurse/Registered General Nurse was the main source of contact, followed by a voluntary agency and hospital staff.

Source of concern

Among those aged 65 and over, a son or daughter was the source of concern in 29% of cases and other service user or peer was the source of the concern in 23% of cases.

Types of alleged abuse

- in 2016, there were 7,021 alleged abuse cases including alleged self-neglect. In 2017 10,118 alleged cases were reported, 440 cases of which were related entirely to self-neglect
- alleged physical abuse was most frequently reported in the 18-64-year age group while alleged psychological abuse was relatively stable in both age groups in 2016 and 2017
- alleged financial abuse and neglect were reported more frequently among those aged over 65.

NPAS ACTION AREA: Implementation of national policy on elder abuse



SECTION

3.5

**CROSS-CUTTING
OBJECTIVES**

DOMAIN	KEY INDICATORS	2016 REPORT	2018 REPORT
COMBATING AGEISM	Percentage aged 50+ who reported that they felt discriminated against because of their age	45%	Not reported
	Percentage of people aged 50+ who perceive ageing as a time of personal growth	73%	66%*
ACCESS TO INFORMATION	Percentage of people aged 50+ who use the internet	48%	63%
	Percentage of people aged 50+ who are confident filling in medical forms by themselves	Not reported	84%*

DOMAIN	KEY INDICATOR FOR PEOPLE WITH AN INTELLECTUAL DISABILITY	AGE 40-49	Age 50+
COMBATING AGEISM	Percentage of people aged 40+ who believe there are good things about getting older	56%	43%
ACCESS TO INFORMATION	Percentage of people aged 40+ who use the internet	15%	12%

*Data is from TILDA and the same adults are interviewed at each Wave. TILDA respondents were aged 50+ at Wave 1; 52+ at Wave 2; 54+ at Wave 3; 56+ at Wave 4.

CROSS-CUTTING OBJECTIVE: COMBATING AGEISM

66% of people aged 54+ see ageing as a time of personal growth

INDICATOR:
PERCENTAGE OF PEOPLE AGED 54+ WHO PERCEIVE AGEING AS A TIME OF PERSONAL GROWTH

This indicator shows the percentage of those aged 54+ who agreed with the statement “As I get older I continue to grow as a person”.

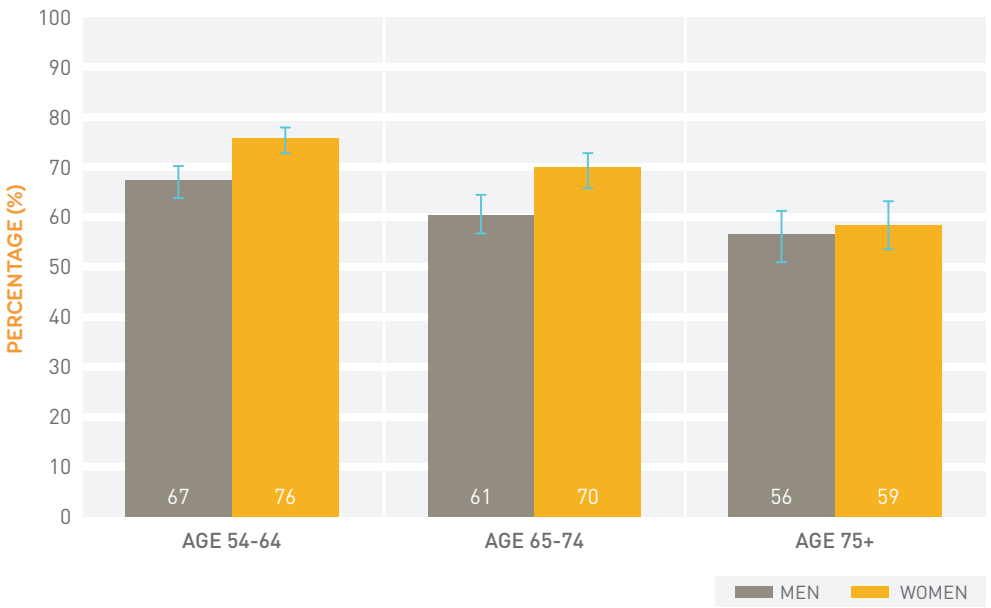


Figure 98: Percentage of men and women aged 54+ who perceive ageing as a time of personal growth, by age group

Source: TILDA (Wave 3: 2014-2015). Note: Error bars correspond to the 95% confidence intervals. TILDA participants were aged 54+ at Wave 3.

- overall 62% of men aged 54+ and 69% of women aged 54+ agreed that as they age they continue to grow as a person
- across all age groups, more women agreed than men, except for the 75+ age group.

Difference between Wave 1 (2009-2011) and Wave 4 (2016-2017)

For men aged 65-74 this indicator is significantly lower in Wave 4 (61%) compared with Wave 1 (68%).

CROSS-CUTTING OBJECTIVE: COMBATING AGEISM

People with an intellectual disability

INDICATOR:
PERCENTAGE OF PEOPLE WITH AN INTELLECTUAL DISABILITY AGED 40+ WHO BELIEVE THERE ARE GOOD THINGS ABOUT GETTING OLDER

Almost half (48%) of people with an intellectual disability aged 40+ felt that there were good things about getting older, and this was not significantly different among older age groups.

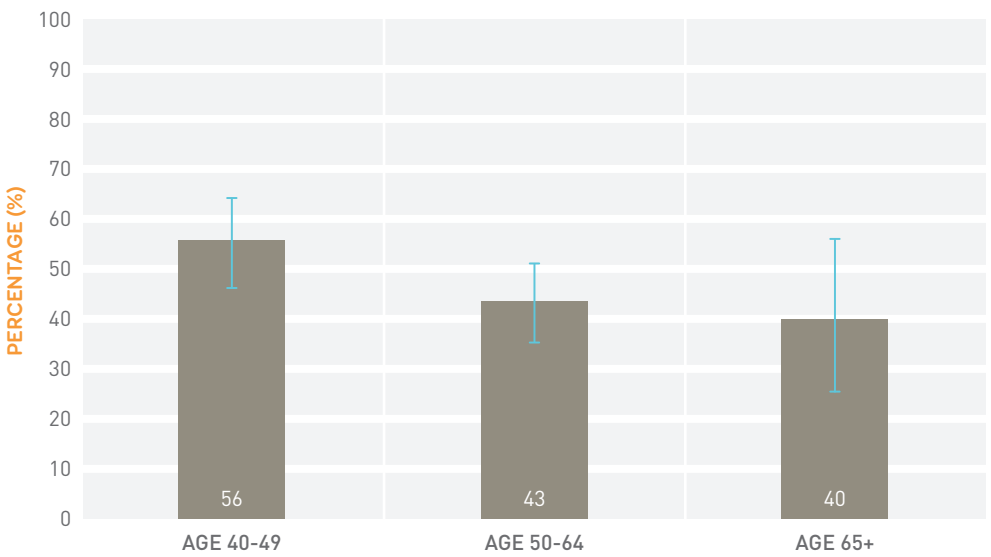


Figure 99: Percentage of people with an intellectual disability aged 40+ who believe there are good things about getting older, by age group

Source: Intellectual Disability Supplement to the Irish Longitudinal Study on Ageing (2011)

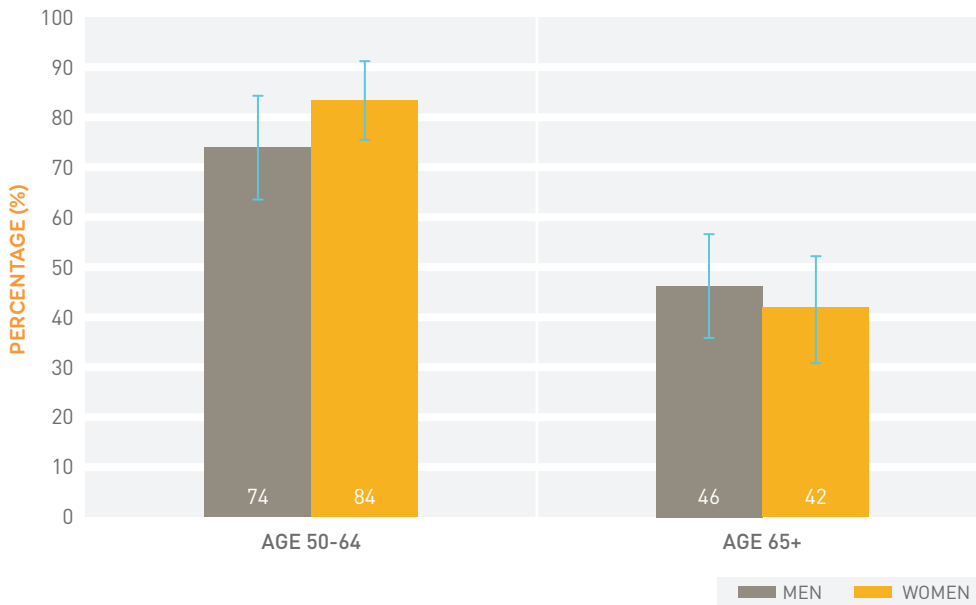
NPAS ACTION AREA
 Combat ageism through awareness campaigns and by encouraging the media and other opinion-making actors to give an age-balanced image of society

CROSS-CUTTING OBJECTIVE: ACCESS TO INFORMATION

64% of people aged 50+ used the internet, other than for work

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

This indicator provides information on how often adults aged 50+ 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 100:

Percentage of men and women aged 50+ who use the internet, other than for work, by age group

Source: EQLS (4th Round: 2016). **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).

- 64% 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+ (44%)
- slightly more women than men in the 50-64 age group use the internet, but the difference is not significant.

Difference between Round 3 (2012) and Round 4 (2016)

This indicator increased significantly from 48% in 2012 to 64% in 2016.

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

- 59% of those aged 50-64 and 14% of those aged 65+ use the internet every day or almost every day
- 14% of adults aged 50+ use the internet at least weekly, however weekly usage is more common among those aged 50-64 (14%) than those aged 65+ (14%)
- 21% of those age 50-64 and 56% of those aged 65+ never use the internet.

CROSS-CUTTING OBJECTIVE: ACCESS TO INFORMATION

How does Ireland compare with the EU-28?

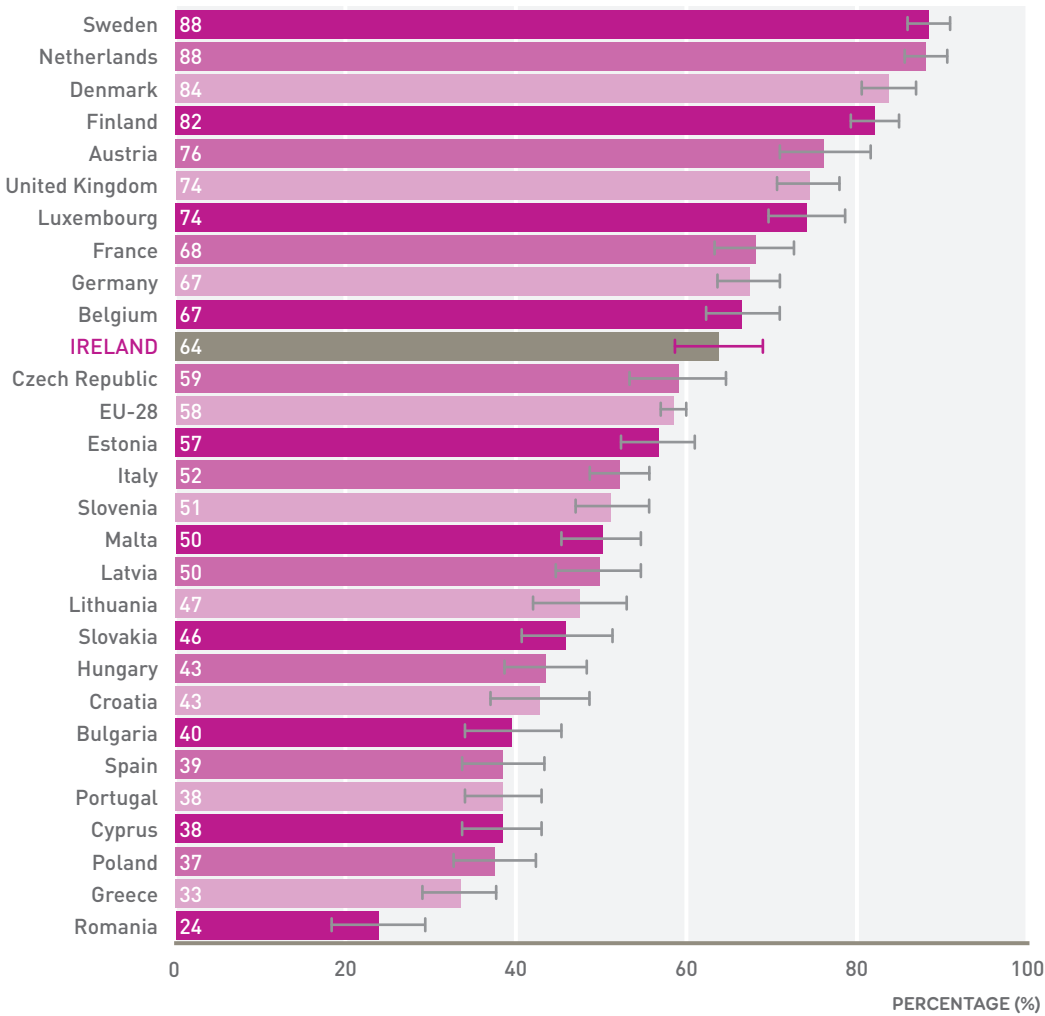


Figure 101: Percentage of people aged 50+ who use the internet other than for work, in Ireland and the EU-28

Source: EQLS (4th Round: 2016). 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).

People with an intellectual disability

12% of people with an intellectual disability aged 40+ use the internet.

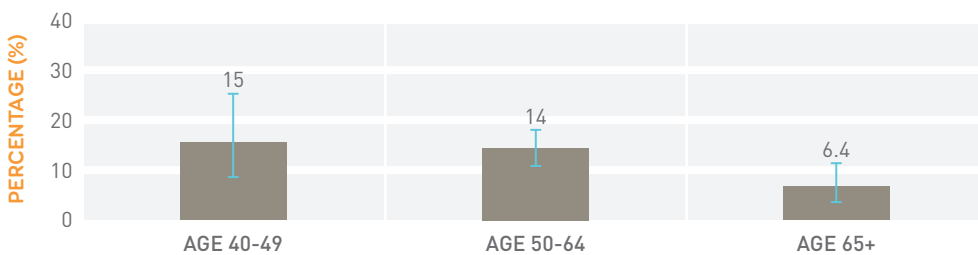


Figure 102: Percentage of people with an intellectual disability aged 40+ who use the internet

Source: Intellectual Disability Supplement to the Irish Longitudinal Study on Ageing (2017)

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

CROSS-CUTTING OBJECTIVE: ACCESS TO INFORMATION

84% of people aged 56+ are confident filling in medical forms by themselves

INDICATOR:
PERCENTAGE OF PEOPLE AGED 56+ WHO ARE CONFIDENT FILLING IN MEDICAL FORMS BY THEMSELVES

This indicator captures 'functional' health literacy, which is the ability to apply literacy (reading and writing) skills to health-related materials such as medical forms (Parker et al., 1995). Research based on this definition has shown that poor functional health literacy poses a major barrier to educating people with chronic diseases (Williams et al., 1998). This indicator shows the percentage of people aged 56+ who responded 'extremely', 'quite a bit', or 'somewhat' to the question: how confident are you filling out medical forms by yourself? Alternative responses were 'a little bit' or 'not at all' confident.

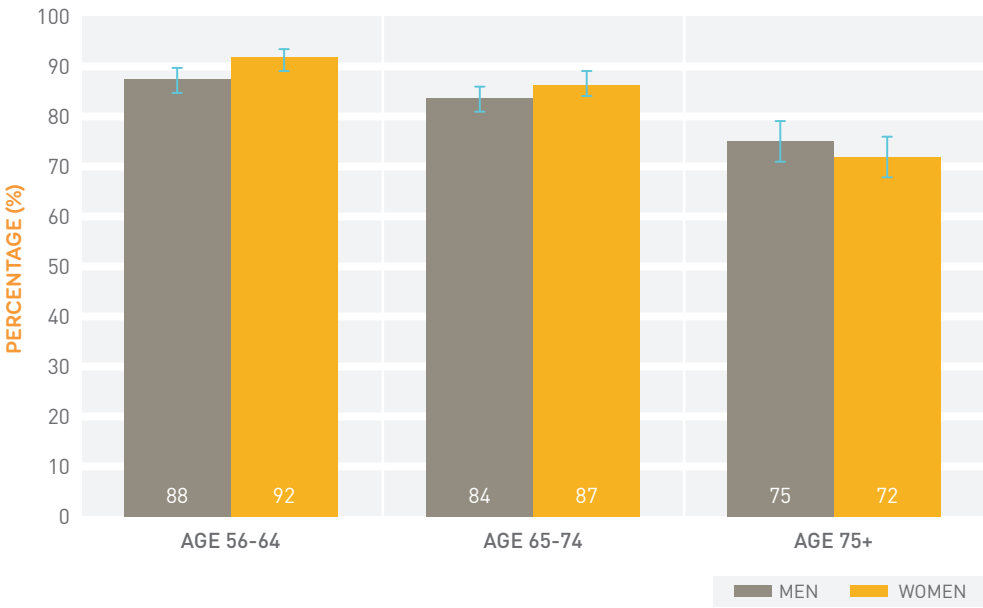


Figure 103: Percentage of men and women aged 56+ who are confident filling in medical forms by themselves, by age group

Source: TILDA (Wave 4: 2016-2017). Note: Error Bars correspond to 95% Confidence Interval. TILDA participants were aged 56+ at Wave 4.

Men and women aged 75+ are significantly less confident filling in medical forms than younger age groups.

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 METADATA

This appendix contains a summary of all positive ageing indicators, including indicators for which there was no new data available in 2018.

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.
YEARS COVERED	2015-2017
METHODOLOGY	Numerator: The number of survey participants aged 50-64 in employment. Denominator: The number of survey participants aged 50-64.
DATA SOURCE	European Labour Force Survey
INDICATOR	PARTICIPATION RATE IN FORMAL EDUCATION AND TRAINING IN IRELAND 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.
YEARS COVERED	2006-2017
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 IN IRELAND 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.
YEARS COVERED	2009-2010 (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 55-65 WITH LOW LITERACY
DEFINITION	Low proficiency defined as at or below level 1.
YEARS COVERED	2012
METHODOLOGY	Numerator: Number of survey participants aged 55-65 with low literacy. Denominator: Number of survey participants aged 55-65.
DATA SOURCE	Programme for the International Assessment of Adult Competencies (PIAAC)
INDICATOR	PERCENTAGE OF ADULTS AGED 55-65 WITH LOW NUMERACY
DEFINITION	Low proficiency defined as at or below level 1.
YEARS COVERED	2012
METHODOLOGY	Numerator: Number of survey participants aged 55-65 with low numeracy. Denominator: Number of survey participants aged 55-65.
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 the 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.
YEARS COVERED	2012, 2016
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+.
NOTE	Data collection is every 4-5 years.
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 work for any of the following categories: community or social service; educational, cultural, sports or professional association; and/or a social movement or charity.

YEARS COVERED	2012, 2016
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+.
NOTE	Data collection is every 4-5 years.
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.
YEARS COVERED	2009-2011 (Wave 1), 2012-2013 (Wave 2), 2014-2015 (Wave 3), 2016-2017 (Wave 4)
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.
YEARS COVERED	2009-2011 (Wave 1), 2012-2013 (Wave 2), 2014-2015 (Wave 3), 2016-2017 (Wave 4)
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.
YEARS COVERED	2009-2011 (Wave 1), 2012-2013 (Wave 2), 2014-2015 (Wave 3), 2016-2017 (Wave 4)

METHODOLOGY	<p>Numerator: Number of survey participants aged 50+ who engage in social or leisure activity at least once a week.</p> <p>Denominator: Number of survey participants aged 50+.</p>
DATA SOURCE	The Irish Longitudinal Study on Ageing (TILDA)
INDICATOR	AVERAGE SELF-REPORTED LONELINESS AMONG PEOPLE AGED 50+
DEFINITION	Average self-reported loneliness score based on a modified 5-item version of the University of California, Los Angeles (UCLA) Loneliness scale. 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: often, some of the time, or hardly ever/never.
YEARS COVERED	2009-2011 (Wave 1) 2012-2013 (Wave 2) 2014-2015 (Wave 3) 2016-2017 (Wave 4)
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	<p>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”:</p> <p>a) Understands the way he or she feels about things</p> <p>b) He or she can rely on if they have a serious problem.</p> <p>c) He or she can open up to if they need to talk about their worries.</p>
YEARS COVERED	2009-2011 (Wave 1), 2012-2013 (Wave 2), 2014-2015 (Wave 3), 2016-2017 (Wave 4)
METHODOLOGY	<p>Numerator: Number of survey participants aged 50+ who have at least one supportive relationship.</p> <p>Denominator: Number of survey participants aged 50+.</p>
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)?
YEARS COVERED	2009-2012 (Wave 1)
METHODOLOGY	<p>Numerator: Number of survey participants aged 50+ who drove themselves in the last 12 months.</p> <p>Denominator: Number of survey participants aged 50+.</p>
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?
YEARS COVERED	2009-2010 (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 (TILDA)
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?
YEARS COVERED	2009-2010 (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	Calculated by Eurostat from national mortality statistics.
YEARS COVERED	2003-2016
METHODOLOGY	Calculated by Eurostat from national mortality statistics.
DATA SOURCE	Eurostat
INDICATOR	HEALTHY LIFE EXPECTANCY AT 65
DEFINITION	Calculated by Eurostat from national mortality statistics and EU-SILC data on activity limitations
YEARS COVERED	2004-2016
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.
YEARS COVERED	2009-2011 (Wave 1), 2012-2013 (Wave 2), 2014-2015 (Wave 3), 2016-2017 (Wave 4)
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 HAVE A DISABILITY
DEFINITION	Question: Do you have any of the following long-lasting conditions or difficulties? Response options include: blindness or a serious vision impairment; deafness or a serious hearing impairment; a condition that substantially limits one or more basic physical activities; an intellectual disability; difficulty in learning, remembering or concentrating; psychological or emotional condition; other disability, including chronic illness; difficulty in dressing, bathing or getting around inside the home; difficulty in going outside home alone; difficulty in working or attending school/college; difficulty in participating in other activities.
YEARS COVERED	2006, 2011, 2016
METHODOLOGY	Numerator: Number of people aged 50+ who have a disability. Denominator: Number of people aged 50+.
DATA SOURCE	Census of the Population, Central Statistics Office (CSO)

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.
YEARS COVERED	2009-2011 (Wave 1) 2014-2015 (Wave 3)
METHODOLOGY	Numerator: Number of survey participants aged 65+ with slow walking speed. Denominator: Number of survey participants aged 65+.
DATA SOURCE	The Irish Longitudinal Study on Ageing (TILDA)
INDICATOR	PERCENTAGE OF PEOPLE AGED 65+ WHO REPORTED 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.
YEARS COVERED	2009-2011 (Wave 1), 2012-2013 (Wave 2), 2014-2015 (Wave 3), 2016-2017 (Wave 4)
METHODOLOGY	Numerator: Number of survey participants aged 65+ reporting a fall in the past two years. Denominator: Number of survey participants aged 65+.
DATA SOURCE	The Irish Longitudinal Study on Ageing (TILDA)
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.
YEARS COVERED	2009-2011 (Wave 1), 2012-2013 (Wave 2), 2014-2015 (Wave 3), 2016-2017 (Wave 4)
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 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?
YEARS COVERED	2009-2011 (Wave 1), 2012-2013 (Wave 2), 2014-2015 (Wave 3), 2016-2017 (Wave 4)

METHODOLOGY	<p>Numerator: Number of survey participants aged 65+ reporting severe or moderate pain most of the time.</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 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). 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.
YEARS COVERED	2009-2011 (Wave 1), 2014-2015 (Wave 3)
METHODOLOGY	<p>Numerator: Number of survey participants aged 50+ showing evidence of mild cognitive impairment.</p> <p>Denominator: Number of survey participants aged 50+.</p>
DATA SOURCE	The Irish Longitudinal Study on Ageing (TILDA)
INDICATOR	PERCENTAGE OF PEOPLE AGED 50+ WHOSE ABILITY TO WORK OR ATTEND FURTHER EDUCATION IS REDUCED BY DISABILITY
DEFINITION	Self-report item. Only asked for people who reported one or more longstanding condition or difficulty. 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 such as leisure or using transport. This question was only asked to people who reported that they had a longstanding illness or condition in response to Question 16 on the Census Form, which asked about the existence of the following long-lasting conditions: (a) blindness or a serious vision impairment, (b) deafness or a severe hearing impairment, (c) a difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying, (d) an intellectual disability, (e) a difficulty with learning, remembering or concentrating, (f) a psychological or emotional condition, and (g) a difficulty with pain, breathing or any other chronic illness or condition.
YEARS COVERED	2006, 2011, 2016
METHODOLOGY	<p>Numerator: Number of people aged 50+ whose ability to work or attend further education is reduced due to disability.</p> <p>Denominator: Number of people aged 50+.</p>
DATA SOURCE	Census of the Population, Central Statistics Office (CSO)

INDICATOR	PERCENTAGE OF PEOPLE AGED 50+ WHOSE ABILITY TO PARTICIPATE IN SOCIAL OR LEISURE ACTIVITIES IS REDUCED DUE TO DISABILITY
DEFINITION	Self-report item. Only asked for people who reported one or more longstanding condition or difficulty (as above). This indicator shows the percentage of people aged 50+ who responded 'yes' when asked if they had difficulty participating in leisure activities or using transport. This question was only asked to people who reported that they had a longstanding illness or condition in response to Question 16 on the Census Form, which asked about the existence of the following long lasting conditions: (a) blindness or a serious vision impairment, (b) deafness or a severe hearing impairment, (c) a difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying, (d) an intellectual disability, (e) a difficulty with learning, remembering or concentrating, (f) a psychological or emotional condition, and (g) a difficulty with pain, breathing or any other chronic illness or condition.
YEARS COVERED	2006, 2011, 2016
METHODOLOGY	Numerator: Number of people aged 50+ reporting difficulties participating in leisure activities or using transport 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 THEIR HOME ALONE
DEFINITION	Self-report item. Only asked for people who reported one or more longstanding condition or difficulty (as above). This indicator shows the percentage of people aged 50+ who responded 'yes' when asked if they had difficulty going outside home alone, for example to shop or visiting a doctor's surgery. This question was only asked to people who reported that they had a longstanding illness or condition in response to Question 16 on the Census Form, which asked about the existence of the following long-lasting conditions: (a) blindness or a serious vision impairment, (b) deafness or a severe hearing impairment, (c) a difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying, (d) an intellectual disability, (e) a difficulty with learning, remembering or concentrating, (f) a psychological or emotional condition, and (g) a difficulty with pain, breathing or any other chronic illness or condition.
YEARS COVERED	2006, 2011, 2016
METHODOLOGY	Numerator: Number of people aged 50+ reporting difficulties going outside home alone to shop or visiting a doctor's 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.

YEARS COVERED	2006, 2011, 2016
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?
YEARS COVERED	2009-2011 (Wave 1), 2012-2013 (Wave 2), 2014-2015 (Wave 3), 2016-2017 (Wave 4)
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 (eye-opener) (E). One point is assigned for each yes answer, with ≥ 2 points indicating problematic alcohol use.
YEARS COVERED	2009-2011 (Wave 1), 2012-2013 (Wave 2), 2014-2015 (Wave 3), 2016-2017 (Wave 4)
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 LOW, 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 (2014-2015) onwards, it will be possible to supplement this self-report indicator with objective accelerometer data.
YEARS COVERED	2009-2011 (Wave 1), 2012-2013 (Wave 2), 2014-2015 (Wave 3), 2016-2017 (Wave 4)
METHODOLOGY	Numerator: Number of survey participants aged 50+ reporting low, 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 m ²), 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.
YEARS 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+ WHO DO NOT MEET THE HEALTHY EATING GUIDELINES FOR ANY FOOD GROUP
DEFINITION	The percentage of older adults who do not adhere with the daily healthy eating guidelines for any of the six main food groups for Ireland, as set out in the Food Pyramid model (Department of Health, 2012). The indicator is calculated from responses to a Food Frequency Questionnaire (Harrington et al., 2007) that captures how often each food group is eaten. Response range from 'never/less than once a month' to '6+ per day'.
YEARS COVERED	2014-2015 (Wave 3)
METHODOLOGY	Numerator: Number of adults aged 50+ classified as not adhering to the daily healthy eating guidelines for any of the six main food groups. Denominator: Number of survey participants aged 50+.
DATA SOURCE	The Irish Longitudinal Study on Ageing (TILDA)
INDICATOR	PERCENTAGE OF PEOPLE AGED 50+ WITH DEPRESSION
DEFINITION	Categories based on responses to the Centre for Epidemiological Studies Depression (CES-D 8) scale, an eight-item scale with potential scores ranging from 0-24. Depression is categorised as a score of nine or more, and this indicates that the person has a level of depressive symptoms that is clinically significant. This threshold has been validated for the older population in Ireland (Briggs et al., 2018).
YEARS COVERED	2009-2011 (Wave 1), 2012-2013 (Wave 2), 2014-2015 (Wave 3), 2016-2017 (Wave 4)
METHODOLOGY	Numerator: Number of survey participants aged 50+ reporting nine or more depressive symptoms. Denominator: Number of survey participants aged 50+.
NOTE	The 8-item version was introduced in Wave 3 (2014-2015), replacing the longer version used in previous Waves. Data is not comparable with previous Waves.
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 seven-point Likert scale ranging from "strongly agree" to "strongly disagree" with the statement: "I am satisfied with my life".
YEARS COVERED	2009-2011 (Wave 1), 2012-2013 (Wave 2), 2014-2015 (Wave 3), 2016-2017 (Wave 4)
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 FEEL THAT THEY HAVE 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.
YEARS COVERED	2009-2011 (Wave 1), 2012-2013 (Wave 2), 2014-2016 (Wave 3), 2016-2017 (Wave 4)
METHODOLOGY	Numerator: Number of survey participants aged 50+ who feel they have control over their lives. 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 ANXIETY
DEFINITION	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 (Bjelland et al., 2002).
YEARS COVERED	2009-2011 (Wave 1), 2012-2013 (Wave 2), 2014-2016 (Wave 3), 2016-2017 (Wave 4)
METHODOLOGY	Numerator: Number of survey participants aged 50+ with moderate and severe levels of anxiety. Denominator: Number of survey participants aged 50+.
DATA SOURCE	The Irish Longitudinal Study on Ageing (TILDA)

INDICATOR	PERCENTAGE OF WOMEN ELIGIBLE FOR SCREENING WHO HAVE HAD A MAMMOGRAM IN THE PREVIOUS 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 all the 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>
YEARS COVERED	2010-2011, 2012-2013, 2014-2015, 2015-2016
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 (aged 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.
YEARS COVERED	2009-2011 (Wave 1), 2012-2013 (Wave 2), 2014-2015 (Wave 3), 2016-2017 (Wave 4)
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 DIFFICULTY WHEN SEEING A DOCTOR IN THE PAST 12 MONTHS
DEFINITION	Categories: Due to travel distance, waiting time, delay, costs.
YEARS COVERED	2012, 2016

METHODOLOGY	<p>Numerator: Number of eligible survey participants aged 50+ who experienced difficulty when seeing a doctor in the last 12 months.</p> <p>Denominator: Number of eligible survey participants aged 50+ who experienced difficulties in seeing a doctor in the last 12 months.</p>
DATA SOURCE	European Quality of Life Survey (EQLS)
INDICATOR	PERCENTAGE OF PEOPLE AGED 50+ WHO ARE TAKING FIVE OR MORE MEDICATIONS
DEFINITION	This indicator shows the rate of 'polypharmacy' among people aged 56+. Polypharmacy is defined as the concurrent use of five or more medications, excluding supplements. In TILDA the home interviewer asks the participant to show them all the medications they are currently taking and records the names of these medications. This information is then coded by qualified pharmacists.
YEARS COVERED	2009-2011 (Wave 1), 2012-2013 (Wave 2), 2014-2015 (Wave 3), 2016-2017 (Wave 4)
METHODOLOGY	<p>Numerator: Number of survey participants aged 50+ who are taking five or more medications.</p> <p>Denominator: Number of survey participants aged 50+.</p>
DATA SOURCE	The Irish Longitudinal Study on Ageing (TILDA)
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	2009-2011 (Wave 1), 2014-2015 (Wave 3), 2016-2017 (Wave 4)
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>
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.

YEARS COVERED	2009-2011 (Wave 1), 2012-2013 (Wave 2), 2014-2015 (Wave 3), 2016-2017 (Wave 4)
METHODOLOGY	Numerator: Number of survey participants aged 70+ in receipt of home care services in the community in the last 12 months. Denominator: Number of survey participants aged 70+.
DATA SOURCE	The Irish Longitudinal Study on Ageing (TILDA)
INDICATOR	PERCENTAGE OF PEOPLE AGED 50+ WHO HAD UNMET NEED FOR SERVICES IN THE LAST YEAR OF LIFE
DEFINITION	This indicator shows percentage of people who died who needed, but were unable to access, three types of services in their last year of life: home care, community care, and allied health care services. Community care includes: public health nurse, day centre, and respite care. Allied health care includes: occupational therapy, chiropody services, physiotherapy, speech and language therapy, social worker, psychological/counselling services, optician, dentist, hearing service, dietician. 'Unmet need' is calculated as the number of people who sought but were unable to access the service as a proportion of all people who sought the service.
YEARS COVERED	2009-2011 (Wave 1), 2012-2013 (Wave 2), and 2014-2015 (Wave 3) (combined)
METHODOLOGY	Numerator: Percentage of people who sought but were unable to access services. Denominator: Number of survey participants aged 50+ who sought access to services.
DATA SOURCE	The Irish Longitudinal Study on Ageing (TILDA)
INDICATOR	PLACE OF DEATH
DEFINITION	This indicator shows the percentage of people who died aged 50+ in: hospital, their own home, a hospice, a nursing home, or other location.
YEARS COVERED	2009-2011 (Wave 1), 2012-2013 (Wave 2), and 2014-2015 (Wave 3) (combined)
METHODOLOGY	Numerator: Percentage of survey participants aged 50+ who died in each location. Denominator: Number of survey participants aged 50+ who died.
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 of validity is presented by Robinson (1983).
YEAR 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 AMONG 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.
YEARS COVERED	2003-2016
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+.
DATA SOURCE	European Survey of Income and Living Conditions (EU-SILC)
INDICATOR	PERCENTAGE OF PEOPLE AGED 50+ WHO REPORT THAT A SHORTAGE OF MONEY STOPS THEM FROM DOING THE THINGS THEY WANT TO DO
DEFINITION	This indicator shows the percentage of people aged 56+ who reported that a shortage of money stopped them from doing the things they want to do. It should be noted however, that this was subjective to the individual and some may suffer higher levels of poverty and/or material deprivation than others.
YEARS COVERED	2009-2011 (Wave 1), 2012-2013 (Wave 2), 2014-2015 (Wave 3), 2016-2017 (Wave 4)
METHODOLOGY	Numerator: Number of survey participants aged 50+ who report that a shortage of money stops them from doing the things they want to do. Denominator: Total number of survey participants aged 50+.
NOTE	This indicator can be supplemented by similar questions in EQLS when TILDA not available.
DATA SOURCE	The Irish Longitudinal Study on Ageing (TILDA)
INDICATOR	PERCENTAGE OF PEOPLE AGED 50+ WHO HAVE HOUSING FACILITY PROBLEMS
DEFINITION	Housing facility problems include: no flushing toilet; no bath or shower; shortage of space.
YEARS COVERED	2012, 2016
METHODOLOGY	Numerator: Number of people aged 50+ with a housing facility problem. Denominator: Total number of people aged 50+.
NOTE	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.
YEARS COVERED	2012-2013 (Wave 2), 2014-2015 (Wave 3), 2016-2017 (Wave 4)
METHODOLOGY	Numerator: Number of survey participants aged 50+ with a housing condition problem. Denominator: Total number of survey participants aged 50+.
NOTE	This indicator 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 ADEQUATELY WARM
DEFINITION	Answered “No” to the question “Does the household keep the home adequately warm?”
YEARS COVERED	2003-2016
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+.
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 banking facilities, public transport, grocery shop or supermarket.
YEARS COVERED	2012, 2016
METHODOLOGY	Numerator: Number of survey participants aged 50+ who experience great difficulty accessing essential services. Denominator: Total number of survey participants aged 50+.
NOTE	Data collection 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.
YEARS COVERED	2012, 2016
METHODOLOGY	Numerator: Number of survey participants aged 50+ who experience great difficulty accessing social facilities. Denominator: Total number of survey participants aged 50+.
NOTE	Data collection 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 SPACES
DEFINITION	Includes respondents who described their access to a recreational area or green spaces as being “with some difficulty” or “with great difficulty”.
YEARS COVERED	2012, 2016
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+.
NOTE	Data collection 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 5 or higher on a 7-point scale.
YEARS COVERED	2009-2011 (Wave 1), 2012-2013 (Wave 2), 2014-2015 (Wave 3), 2016-2017 (Wave 4)
METHODOLOGY	Numerator: Number of survey participants aged 50+ who reported high levels of social capital across 7 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. TILDA Wave 3 (2015): How safe do you feel walking alone in this area after dark? Response categories; Very safe, safe, unsafe, very unsafe.
YEARS COVERED	2012-2013 (Wave 2). 2016-2017 (Wave 4)
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+.
NOTE	The wording of this question changed in TILDA Wave 3 (2015).
DATA SOURCE	The Irish Longitudinal Study on Ageing (TILDA)
INDICATOR	PERCENTAGE OF SAFEGUARDING CONCERNS WITH REASONABLE GROUNDS FOR ADULTS AGED 65+
DEFINITION	This indicator shows the proportion of safeguarding concerns which were evaluated by the Safeguarding and Protection Team (SPT) and for which the outcome of the evaluation was that there were 'reasonable grounds' for concern. In the assessment process the preliminary screening must be submitted to the SPTs with an outcome and a safeguarding plan if required. The possible outcomes from the assessment by the Safeguarding Team include: a) no grounds for reasonable concern; b) additional information required, and c) reasonable grounds for concern.
YEARS COVERED	2016, 2017
METHODOLOGY	Numerator: Number of safeguarding concerns evaluated with 'reasonable grounds' as the outcome by the SPT. Denominator: Number of safeguarding concerns evaluated by the SPT.
DATA SOURCE	National Safeguarding Office (NSO)

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.
YEARS 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 (QNHS) 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.
YEARS COVERED	2009-2011 (Wave 1), 2014-2015 (Wave 3)
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+.
NOTE	This indicator can be supplemented by similar questions in EQLS when TILDA not available.
DATA SOURCE	The Irish Longitudinal Study on Ageing (TILDA)
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.
YEARS COVERED	2012, 2016
METHODOLOGY	Numerator: Number of survey participants aged 50+ who use the internet. Denominator: Total number of survey participants aged 50+.
NOTE	Data collection is every 4-5 years.
DATA SOURCE	European Quality of life survey (EQLS)

INDICATOR	PERCENTAGE OF PEOPLE AGED 50+ WHO ARE CONFIDENT FILLING IN MEDICAL FORMS BY THEMSELVES
DEFINITION	The percentage of people aged 50+ who responded 'extremely', 'quite a bit', or 'somewhat' to the question: how confident are you filling out medical forms by yourself? Alternative responses were 'a little bit' or 'not at all' confident.
YEARS COVERED	2014-2015 (Wave 3)
METHODOLOGY	<p>Numerator: Number of people who are confident filling in medical forms by themselves.</p> <p>Denominator: Total number of survey participants aged 50+.</p>
DATA SOURCE	The Irish Longitudinal Study on Ageing (TILDA)

APPENDIX 2: DATA SOURCES

DATA SOURCE	CENSUS OF THE POPULATION
REFERENCE PERIOD(S)	2006, 2011, 2016
DATA COLLECTION FREQUENCY	Every five years
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, ethnicity, housing and living arrangements
REFERENCES	http://www.cso.ie/en/census/
SAMPLE SIZE	4,761,865 (total population 2016)
DATA SOURCE	EUROPEAN QUALITY OF LIFE SURVEY (EQLS)
REFERENCE PERIOD(S)	2012, 2016
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	https://www.eurofound.europa.eu/surveys/european-quality-of-life-surveys
SAMPLE SIZE	Target: 1,000. Achieved: 1,011 (2016).

DATA SOURCE	PROGRAMME FOR THE INTERNATIONAL ASSESSMENT OF ADULT COMPETENCIES (PIAAC)
REFERENCE PERIOD(S)	2012
DATA COLLECTION FREQUENCY	Approximately every four years. Wave 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 used in work and in everyday life (at home and in the community)
RELEVANT POLICY AREAS	Life-long learning, employment, participation in education, access to information
REFERENCES	http://www.oecd.org/site/piaac/
SAMPLE SIZE	6,000
DATA SOURCE	QUARTERLY NATIONAL HOUSEHOLD SURVEY(S)
REFERENCE PERIOD(S)	1997-2017
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 into 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: Sports (Q2, 2013); Retirement Planning (Q2, 2012); Voter Participation (Q2, 2011); Caring (Q2, 2009); Crime and Victimization (Q2, 2006).

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), and Wave 4 (2016-2017)
DATA COLLECTION FREQUENCY	Every two years
COVERAGE	Community-dwelling adults aged 50+ at Wave 1, 52+ at Wave 2, 54+ at Wave 3, and 56+ at Wave 4 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 combating ageism
REFERENCES	http://www.ucd.ie/issda/data/tilda/
SAMPLE SIZE	Wave 1: 8,175; Wave 2: 7,010; Wave 3: 6,687; and, Wave 4: 5,977.
DATA SOURCE	EUROPEAN SURVEY OF INCOME AND LIVING CONDITIONS (EU-SILC)
REFERENCE PERIOD(S)	2011, 2013, 2016 and Special Module on Housing (2012)
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	More than 5,000 households since 2009

DATA SOURCE	EUROPEAN LABOUR FORCE SURVEY (EU-LFS)
REFERENCE PERIOD(S)	2014, 2015, 2016, 2018
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 Computer Assisted Personal Interviewing (CAPI)
DATA CONTENT	Labour force participation rates, employment and unemployment
RELEVANT POLICY AREAS	Participation in employment
REFERENCES	https://ec.europa.eu/eurostat/web/microdata/european-union-labour-force-survey
SAMPLE SIZE	26,000
DATA SOURCE	INTELLECTUAL DISABILITIES SUPPLEMENT TO THE IRISH LONGITUDINAL STUDY ON AGEING (IDS-TILDA)
REFERENCE PERIOD(S)	Wave 1: 2010-2011; Wave 2: 2013-2014; and, Wave 3: 2014-2015-2017.
DATA COLLECTION FREQUENCY	Every two years
COVERAGE	Nationally representative of all adults aged 40+ registered on the National Intellectual Disabilities Database (NIDD), from across Ireland. Currently, there are more than 26,066 people with an ID registered with the NIDD and this population includes persons at all levels of ID, and the full range of residential circumstances.
METHOD OF DATA COLLECTION	Face-to-face interviewing of respondents and proxy respondents using pre-interview Questionnaire (PIQ) and computer-assisted personal interview (CAPI)
DATA CONTENT	Health status, healthcare utilisation, service needs, social participation, physical and mental health, employment
RELEVANT POLICY AREAS	Employment, education and lifelong learning, active citizenship, engagement in activities, transport, healthy ageing, support and care services, income, homes, and combating ageism, disabilities, social inclusion
REFERENCES	https://idstilda.tcd.ie
SAMPLE SIZE	Wave 1: 753; Wave 2: 708; and, Wave 3: 609.

DATA SOURCE	THE ALL IRELAND TRAVELLER HEALTH STUDY
REFERENCE PERIOD(S)	2010
DATA COLLECTION FREQUENCY	One-off
COVERAGE	Nationally representative of the adult Irish Traveller population
METHOD OF DATA COLLECTION	Face-to-face using computer assisted personal interviews, completed by peer researchers
DATA CONTENT	Health and wellbeing, social conditions, security, participation, healthcare utilisation
RELEVANT POLICY AREAS	Physical health, positive mental health, healthy behaviours, housing and accommodation, participation, and access to services
REFERENCES	https://www.ucd.ie/t4cms/AITHS_SUMMARY.pdf
SAMPLE SIZE	7,042 families
DATA SOURCE	NATIONAL SAFEGUARDING OFFICE (NSO), HEALTH SERVICE EXECUTIVE (HSE)
REFERENCE PERIOD(S)	2016, 2017
DATA COLLECTION FREQUENCY	Annual
COVERAGE	The data focuses on the social care division and concerns related to older persons and users of disability services.
METHOD OF DATA COLLECTION	All concerns within the social care division are subject to a preliminary screening completed by a Designated Officer and recorded in a standard form. A unique identification (ID) is assigned to the concern on the submission to enable it to be tracked through the safeguarding service, which are collated monthly into a national database in the NSO.
DATA CONTENT	Total concerns, alleged abuse categories, concerns by care division and referral source, classification of alleged person causing concern, and case outcome as agreed with the Safeguarding Protection Teams
RELEVANT POLICY AREAS	Health, social care, adult safeguarding issue, protection and rights of vulnerable adults
REFERENCES	https://www.hse.ie/eng/about/who/socialcare/safeguardingvulnerableadults/
NUMBER OF CASES IN 2017 (MOST RECENT YEAR)	Total number: 10,118 Number relating to adults aged 65+: 3,079

ADDITIONAL SOURCES OF DATA (PUBLISHED REPORTS)

Health Service Executive Elder Abuse Services (2013) Open Your Eyes, HSE Elder Abuse Services Report.

Available at: <http://www.hse.ie/eng/services/publications/olderpeople/elderabuse2013.pdf>

Health Service Executive Elder Abuse Services (2014) Open Your Eyes, HSE Elder Abuse Services Report.

Available at: <https://www.hse.ie/eng/services/publications/olderpeople/elderabusereport14.pdf>

Health Service Executive (2016) The National Safeguarding Office Report 2016.

Available at: <https://www.hse.ie/eng/services/publications/olderpeople/safeguarding-data-report-2016.pdf>

Health Service Executive (2017) The National Safeguarding Office Report 2017.

Available at: <https://www.hse.ie/eng/services/publications/the-national-safeguarding-office-report-2017.pdf>

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Available at: <https://www.breastcheck.ie/sites/default/files/bcheck/documents/breastcheck-programme-report-2014-2015.pdf>

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