



Healthy Ageing in Scotland: the pilot survey executive summary

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Chapter 1

The Development of HAGIS

- The Scottish Government controls most policies that affect older people in Scotland and it is therefore able to follow a different strategic direction for older people's policy than that in other parts of the UK. The distinct policy environments suggest the need for a different evidence base for older people in Scotland
- Healthy Ageing in Scotland (HAGIS) is the pilot study for Scotland's comprehensive longitudinal study of its ageing population
- The pilot study of HAGIS has been funded by the National Institute of Aging and the Nuffield Foundation
- The study has taken advantage of its access to administrative data linkage to develop an innovative sampling frame and to link consenting respondent's surveys to health, social care, and education data
- Fieldwork was conducted by FACTS International and project managed by the HAGIS team
- HAGIS is of international importance as a member of the Health and Retirement Study (HRS) family of longitudinal surveys of ageing. Harmonised data from HAGIS will permit quantitative comparisons of ageing processes between Scotland and the other members of the HRS family, which now cover more than 50% of the world's population aged 50+

Chapter 2

Socio-Demographic Characteristics of the HAGIS pilot sample

- The weighted HAGIS sample is representative of Scotland's population at mainland Health Board level, with most respondents living in urban areas
- Almost all respondents were born in the UK (96%) and 84% identified themselves as equally or more Scottish than British
- Most older people are currently married (62%), approximately 10% of older people have never been married
- A substantial fraction of older people live alone, with women more likely to live in a single household than men (30% men, 44% women). 14% of respondents live with children
- Most of the respondents have a secondary education (60%), and men are more likely to hold a degree (26% men, 18% women)

Chapter 3

Help and Unpaid Care

- There is diversity in the demographics and landscape of help and care in Scotland
- Compared to other surveys there is continuity with women as the predominant care givers, recipients of care and sandwich carers
- 11% of respondents spent over 50 hours a week providing care
- 10% of carers were sandwich carers caring for both an adult and a child
- Those in most deprived communities are more likely to provide long hours of care than those in less deprived communities. People with high level of deprivation are more likely to receive help with Activities of Daily Living (ADL) activities; whereas people from the medium deprivation group are those who are mostly likely to receive help with Instrumental Activities of Daily Living (IADL)

Chapter 4

Disability Benefits

- The HAGIS questionnaire includes validated measures of physical activity
- Levels of physical activity varies considerably across Scotland's older population
- Physical activity declines with age
- The relationship between physical activity and area deprivation is complex
- Females are less active than males, which is perhaps a reflection of frailty among older women
- Among those that might be classed as disabled due to their inability to carry out low level physical tasks, some, but by no means are all in receipt of disability-related welfare benefits

Chapter 5

Volunteering In Older Age in Scotland

- The patterns of volunteering participation amongst HAGIS respondents are in line with other similar social surveys containing volunteering questions. The descriptive analysis shows the importance of the transition between employment and retirement as a key time for volunteering participation
- We also show the association between volunteering participation and wellbeing. Volunteers have more positive expectations of their life expectancies than non-volunteers, and also rate themselves with higher subjective wellbeing
- We show that there are associations between prosocial motivations (using volunteering as a proxy) and engagement with HAGIS. Volunteers were more likely to be enthusiastic about participating in HAGIS, and were also more likely to consent to administrative data linkage. This suggests a role for altruistic motivation in encouraging survey participation, and further work could consider the implications for how respondents should be asked for consent to data linkage

Chapter 6

Online Shopping and Service Use in an Older Population in Scotland

- 76% of Scotland's older population use the internet. Internet usage by older people in Scotland is higher than the average across OECD countries
- The most common internet activities for older people are using email (67%), finding information about goods and services (66%) and online shopping (54%)
- Internet usage is less frequent as age increases. 56% of people aged 80 or over report that they never use the internet
- Amongst internet users there is no age difference in the proportion using email. Older internet users are less likely to use the internet to find information or shop online

Chapter 7

Older Workers and Retirement

- Economic activity rates for older people in Scotland have increased over the past decade
- 68% of men and 55% of women aged 50-64 in the HAGIS study are working, around 20% are retired, with the remainder unemployed, unable to work through illness or disability, caring or looking after the family home
- 26% of degree-educated individuals have already retired by age 65
- Only 18% of individuals who identify themselves as being in poor health are in work
- Hours of work decline gradually from age 50 onwards as individuals cut their working hours as they approach retirement. Women are more likely to be in part-time employment prior to retirement than men
- Almost 40% of older people expect to retire before the State Pension Age (SPA), 30% plan to retire when they become eligible for the state pension, and 30% after they have passed the eligibility criterion.
- 42% of HAGIS respondents do not have any pension arrangements in addition to state provision. 49% are enrolled into an occupation pension scheme. 23% have a private pension. 14% have both an occupational and a private pension
- There is some evidence to support the finding that those in the middle of the income distribution are likely to remain in work longer than the relatively poor and the relatively rich

Chapter 8

Time and Risk Preferences in Older Persons in Scotland

- Understanding attitudes towards time and risk is important as we age as many decisions older people face involve uncertainty
- In general women are more present orientated and less willing to take risks than men
- University graduates tend to be more future orientated
- Older individuals are more risk averse

Chapter 9

Financial Literacy

- Financial literacy of older people in Scotland is quite low in an international context.
- Financial literacy is higher for men than for women, with evidence of decreasing financial literacy with age for both genders
- There is no difference in financial literacy between older people in retirement and those who are working. For individuals in other employment status financial literacy levels are lower
- Individuals with higher educational attainment have a higher degree of financial literacy
- Older people who live alone tend to have lower levels of financial literacy than cohabitating individuals
- Confidence in financial literacy is higher for men than women, and in those with higher levels of education and living in areas with lower deprivation
- Financial literacy and confidence was associated with poorer subjective mental health

Chapter 10

Cognitive Function & Personality

- Inspection of the psychometric properties of the cognitive tests and the personality measure in HAGIS showed that the test characteristics, distributions, and associations with other tests and demographic variables are as expected
- A general measure of cognitive ability was created by entering five of the HAGIS cognitive tests into a principal component analysis. This general measure of cognitive ability was associated with performance on health literacy and financial literacy
- The personality disposition of higher intellect had a small association with higher health literacy, and agreeableness with financial literacy, when controlling for cognitive ability

Chapter 11

Physical Activity and Health Behaviours in an Ageing Scottish Population

- Physical activity frequency declines with age across all intensities
- Physical activity frequency is higher in the less deprived SIMD quartiles (Q2, Q3 and Q4) than in Q1 (most deprived)
- Physical activity frequency is highest in Q3, and different from all other SIMD quartiles when examining moderate and vigorous activities
- Physical activity frequency for light activity (walking >10mins) is highest in least deprived SIMD quartile
- Physical activity frequency is higher at all intensities in males than females
- Age effects are not strongly evident in reported sitting time, but the most sitting time occurred in the 85-89 age band
- Sitting time is highest in the most deprived SIMD quartile (Q1) and lowest in Q3
- Females report sitting less than males
- Perception of activity guidelines for a healthy lifestyle are much higher than the current minimum recommendations
- Reported number of days on which vigorous activity was performed did not associate with other health behaviours such as smoking, or fruit and vegetable consumption, but showed a moderate positive association with alcohol consumption in the last 7 days
- Odds ratios reveal that active respondents have significantly higher odds of several other positive health behaviours such as cancer screening, and report fewer self-reported health problems, than inactive respondents

Chapter 12

Physical Activity and Health Status in Older Scots

- Physical activity is substantially lower in those who live in the most deprived quartile of neighbourhoods
- The observed decline in physical activity around the age of retirement is unlikely to be associated solely with increasing age
- The impact of physical activity on the maintenance of the ability to move easily is particularly marked
- While movement is a form of physical activity the absence of a linear relationship between the two variables, and sharp drops in physical activity in those who indicated mild and moderate problems with movement indicates that mobility is measuring something that differs from physical activity
- These findings underline the importance of physical activity in improving the health of older Scots

Chapter 13

Subjective Life Expectancy in HAGIS

- After correcting for individual characteristics such as gender, area of multiple deprivation and health, SLE and objective life expectancy grow at almost identical rates
- Males tend to be over optimistic. Objectively, they are likely to live 4 years less than women, but the gap in SLE in our more extensive model is only 1.5 years
- The gap in SLE between those living in deprived areas and those living in affluent areas is much less than that in observed life expectancy. The objective difference in life expectancies between the most and least deprived quartiles is around 12 years, but the SLE estimates are only 2.4 years
- Having poor health and having smoked at any time tend to reduce individuals' expectations of longevity. The difference in SLE between those in "excellent" health and those in "poor" health is 7.2 years, while having smoked reduces it by a further year

Chapter 14

Bowel Cancer Screening Uptake in a Scottish Population

- HAGIS asked respondents whether they participate in one of Scotland's major public health interventions – Scottish Bowel Screening Programme for those aged 50+
- Participation in bowel screening is lower than that for other forms of screening such as breast and cervical cancer
- The HAGIS data suggest that single males are significantly less likely to participate in bowel screening tests. There are no significant differences in participation rates between men living with a partner and women living either alone or with a partner
- Increasing the participation rate of single males to the Scottish average would save around 3.2 lives per year, based on Scottish Government estimates of the effectiveness of the screening programme
- Uptake is also lower in deprived communities. Raising participation rates in the most deprived quartile of Scottish households to the average for Scotland as a whole would save around the same number of lives as raising the participation rates of single men
- Whether those eligible for screening live in cities or rural areas does not seem to affect response rates. This is not surprising given that bowel screening is conducted by post. Screening that requires attendance at NHS premises may be less attractive to rural dwellers

Chapter 15

Psychological Factors and Cancer Screening Uptake in Scotland

- Those who are slightly more agreeable may not uptake bowel and breast cancer screening but this effect size was small for bowel and medium for breast cancer screening
- Those who did not participate in breast cancer screening reported being slightly more conscientiousness and emotional stability, with a higher overall quality of life, less happiness, and more anxiety
- Results may provide insight to individuals who may be targeted for future campaigns to increase cancer screening

Chapter 16

Wellbeing

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

Chapter 17

Methodology

- HAGIS used an innovative sample frame designed to produce a random sample of eligible households across mainland Scotland
- The HAGIS pilot main questionnaire was administered as part of a household interview
- All participants who responded to the main interview were asked to complete a self-completion questionnaire
- A total of 1,057 main interviews were completed in the pilot wave and 67% of respondents completed a self-completion questionnaire
- 88% of all respondents agreed to link their survey to at least one source of administrative data



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This report is dedicated to the memory of

Richard M. Suzman

Director, Division of Behavioral and Social Research

National Institute on Aging

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