HOW RELEVANT IS ACTIVE AGEING

EVIDENCE FROM PORTUGAL

April 2015

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NOVA Health Care Initiative
• Outline
  ➢ Purpose of our study
  ➢ Methodology
  ➢ About the AAI
  ➢ About the AAL4ALL
  ➢ Approach
  ➢ Results
  ➢ Discussion

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NOVA Health Care Initiative
How relevant is Active Ageing?

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• Purpose of the study

What would be the impact of Active Ageing on Self Assessed Health (SAH)?

Why?

– Address the needs of a growing segment of society
– Identify the needs of the Portuguese ageing population
– Help targeting policy design for a vulnerable group
– Explore the AAI and the AAL4ALL database
• Method

1. Measure active ageing at the individual level;

2. Identify potential drivers of AAI and SAH;

3. Understand the relationship between being active and maintaining a good health level during the ageing process.
Why the AAI?

- International benchmark of active ageing at European level;
- Designed to support policy makers;
- Covers different indicators of activity relevant at an advanced stage of life.
• Why the AAL4ALL?

- Useful information for the major agents in the provision of health care services;
- Insight on the use of Ambient Assistant Living services (AAL);
- In-depth survey on living conditions, activities and general health situation of the Portuguese population aged 50 and over.
• **2-Step approach**

1. **Individual Active Ageing Index (AAI) – I and II**
   
   1.1 Apply Zaidi et al (2012) to AAL4ALL database (adapted whenever needed).
   
   1.2 Analyze impact of a) socio-demographic features, b) health-related charac. and c) well being, activity and quality of life indicators.

2. **Self-assessed health (SAH)**

   2.1 Analyze impact of a), b), c) + d) AAI and e) AAL services.
• Results

• Discussion

• 1.1 Individual AAI I

1\textsuperscript{st} Domain: Currently employed

2\textsuperscript{nd} Domain: Engagement in recreational and social activities

3\textsuperscript{rd} Domain: Income level, reported autonomy and independence

4\textsuperscript{th} Domain: Cognitive difficulties, IT use and current health situation
1.1 Individual AAI II

- **1st Domain:** Currently employed or actively retired
- **2nd Domain:** Engagement in recreational and social activities
- **3rd Domain:** Income level, reported autonomy and independence
- **4th Domain:** Cognitive difficulties, IT use and current health situation
### 1.1 Individual AAI - Distribution

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Gender</th>
<th>AAI I</th>
<th>AAI II</th>
</tr>
</thead>
<tbody>
<tr>
<td>55-59</td>
<td>F</td>
<td>0.611</td>
<td>0.519</td>
</tr>
<tr>
<td></td>
<td>M</td>
<td>0.631</td>
<td>0.532</td>
</tr>
<tr>
<td>60-64</td>
<td>F</td>
<td>0.444</td>
<td>0.437</td>
</tr>
<tr>
<td></td>
<td>M</td>
<td>0.535</td>
<td>0.489</td>
</tr>
<tr>
<td>65-69</td>
<td>F</td>
<td>0.425</td>
<td>0.439</td>
</tr>
<tr>
<td></td>
<td>M</td>
<td>0.451</td>
<td>0.459</td>
</tr>
</tbody>
</table>

Table 1 - Active Ageing Index by gender and age group
• 1.2 Individual AAI - Results

- Highest AAI levels predominate in the Northern region of the country;

- Feeling in good health and attending social spaces at least 2 or 5 days a week boosts the index;

- Using AAL devices increases activity levels, but the effect vanishes for individuals above 80 years old;

- Difficult access to HC Services and the need for home support decrease AAI II.
• 2. Self Assessed Health - Distribution

• Results

• Discussion

Age 50-64

Age 65 - 79

Age 80+

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2. Self Assessed Health - Regression

3-equations system

\[ \text{SAH}_i = \gamma Z_i + a_i \]
\[ \text{AAI}_i = \beta X_i + e_i \]
\[ \text{useAAL}_i = \delta V_i + u_i \]

Eq 1. Self Assessed Health
Eq 2. Active Ageing Index
Eq 3. Use of AAL services
## 2. Self Assessed Health – Main results

<table>
<thead>
<tr>
<th>Variables</th>
<th>SAH - AAI I -</th>
<th>SAH - AAI II -</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(          )</td>
<td>(          )</td>
</tr>
<tr>
<td>Female</td>
<td>0.161*</td>
<td>0.151</td>
</tr>
<tr>
<td></td>
<td>(0.0876)</td>
<td>(0.0949)</td>
</tr>
<tr>
<td>Income</td>
<td>0.548***</td>
<td>0.791***</td>
</tr>
<tr>
<td></td>
<td>(0.155)</td>
<td>(0.167)</td>
</tr>
<tr>
<td>AAI</td>
<td>6.655***</td>
<td>5.011***</td>
</tr>
<tr>
<td></td>
<td>(0.589)</td>
<td>(1.043)</td>
</tr>
<tr>
<td>IADL dif.</td>
<td>0.280***</td>
<td>0.259**</td>
</tr>
<tr>
<td></td>
<td>(0.101)</td>
<td>(0.118)</td>
</tr>
<tr>
<td>Mobility dif.</td>
<td>0.280***</td>
<td>-0.579***</td>
</tr>
<tr>
<td></td>
<td>(0.101)</td>
<td>(0.111)</td>
</tr>
<tr>
<td>Home support</td>
<td>-0.388***</td>
<td>-0.0730</td>
</tr>
<tr>
<td></td>
<td>(0.106)</td>
<td>(0.228)</td>
</tr>
<tr>
<td>Social Activ.</td>
<td>0.0141</td>
<td>-0.364***</td>
</tr>
<tr>
<td></td>
<td>(0.129)</td>
<td>(0.104)</td>
</tr>
<tr>
<td>Use of AAL</td>
<td>-0.388***</td>
<td>-0.0789</td>
</tr>
<tr>
<td></td>
<td>(0.106)</td>
<td>(0.133)</td>
</tr>
</tbody>
</table>

Table 2 – Some results from the SAH estimations
• Overall Results

- People reporting higher health status have higher activity levels (vice-versa);

- Access to services is relevant in particular for people in retirement and with low income;

- AAL users either are wealthier and give less value to money or have higher needs and give higher value to these services.

• Discussion

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• **Overall Results**

- **Policy implications:**

  • Providing support for active ageing to targeted individuals rather than financing equipment - Would it fit the general purpose of the intervention?

  • How could intervention be adapted to both groups of AAL users identified?

  • Should the intervention focus only on the target group with higher needs?
• Discussion

What is the role of social participation?

Can active ageing reduce social gaps?

How relevant is equal access to services?

Is public policy for promoting active ageing able to reduce the consequences of austerity measures?