

Report on the Second Meeting of the UNECE Expert Group on Active Ageing Index

I. Organization and attendance

The second meeting of the expert group on Active Ageing Index (AAI) took place on 11-12 October 2012 in Brussels and was organized by the United Nations Economic Commission for Europe (UNECE) and the European Commission's Directorate-General for Employment, Social Affairs and Inclusion. The main paper for discussions 'Towards an Active Ageing Index Concept, Methodology and First Results' (version 26 July 2012) was prepared by the European Centre for Social Welfare Policy and Research (European Centre Vienna).

The meeting was attended by 12 experts from the following organizations: Eurofound, Erasmus University Rotterdam, French National Institute of Health and Medical Research, Age Platform Europe, Belgian Federal Public Service Social Security, Ministry of Labour, Health and Social Affairs of Georgia, Organisation for Economic Co-operation and Development, Italian National Institute of Statistics, and Office for National Statistics from United Kingdom. Also representatives from the European Commission, UNECE and European Centre Vienna were present at the meeting.

II. Objective

The overall purpose of the second expert group meeting was to review the progress made in the AAI project since the first expert group meeting on 10-11 May 2012, to discuss the outstanding conceptual and methodological issues and further development of the AAI. The expert group members were expected to:

1. Review and, if necessary, recommend revision of the specific indicators and their definitions used in constructing AAI;
2. Advise on alternative data sources that could be used to improve the quality and coverage of data on selected indicators;
3. Review the currently used methodology of aggregation, specifically weighting of indicators.
4. Suggest on the best benchmark in presenting AAI, and lower/upper thresholds of individual indicators.
5. Exchange ideas on how to make AAI meaningful to policy makers and other stakeholders;
6. Discuss the future course and development of AAI.

The meeting also provided an opportunity for the European Centre Vienna to present the first results on AAI for 27 European Union countries to the Expert Group. Previously these first results were presented at the World Demographic and Ageing Forum (August 2012) and at the UNECE Ministerial Conference on Ageing (September 2012).

III. Brief summary and decisions¹

The second expert group meeting mainly focused on assessing the individual indicators used in each of the four domains that form the AAI. Particular attention was drawn to the adequacy of each of the indicators, analysing whether the indicators selected for the first three domains measure the actual *activity* of older people and their contribution to the society (leaving out the normative judgments of what is the impact on their quality of life) and whether the 4th domain – the *capacity* to active ageing – measures the enabling environment aspect of active ageing. Definitions and data sources were reviewed and alternative/additional indicators were considered. Concerning the indicators, it was agreed to:

1st Domain: contribution through paid activities and employment.

- Not include the indicator 1.5 on job satisfaction for workers aged 55-64, keeping in mind that the goal of the 1st domain is to measure the activity in employment of older people.

2nd Domain: contribution through unpaid activities/ non-marketed productive activities.

- Indicator 2.4 - extend the definition of the political participation beyond working for a political party or action group currently used;
- Indicator 2.2 - leave out the restriction to cover only those who are living in the same household for the indicator of percentage of older population who provide care to own and grandchildren.

3rd Domain: independent and autonomous living.

- Indicator 3.1 - Examine a complementary data source – the European Health Interview Survey for measuring physical exercise
- Indicator 3.2 - Include dental care under unmet needs for medical examination and rename the indicator to ‘access to health care’, as well as to explore adding additional component of receiving timely health care.
- Indicator 3.3 - Drop the indicator on long-term care benefits and living in institutions and replace it with ‘living independently in one’s own household for those aged 75 and older’, covering persons living alone or with a partner.
- Indicator 3.4 - Increase the cut-off age for the relative median income, extreme poverty and material deprivation indicators to those aged 65 and older.
- Indicator 3.7 - explore the option of using a question that focuses on feeling safe when walking in the area after dark (subjective safety) for those aged 65 and older

4th Domain: capacity for active ageing.

- Indicator 4.1. Calculate the healthy life expectancy indicator as a ratio from the remaining life expectancy; therefore, the indicator of healthy life expectancy is to be replaced with the indicator of ‘share of healthy life expectancy’.
- Indicator 4.3 - Examine alternative data sources, to improve data coverage for the indicators on mental well-being, for example the European Quality of Life Survey (EQLS) and check correlation with global life satisfaction index.
- Indicator 4.5 on social connectedness: add more frequent social contact including also non-physical contact (phone calls etc.).
- Indicator 4.6 on education attainment: extend the upper age limit.

¹ The minutes of discussion are provided in an annex to this Report.

Other observations and decisions resulting from expert discussions were as follows:

- Adjustments were made to the definition of active ageing. It was agreed among experts that active ageing should refer to *'the situation where people continue to participate in the formal labour market as well as in other unpaid productive activities (such as care provision to family members and volunteering) and live healthy, independent and autonomous lives as they age.'*
- The currently used domains and their titles will remain the same. Only, when presenting the distribution of indicators within domains, the 4th domain should be presented as a foundation of the first three domains.
- In the final version of the paper, the European Centre Vienna will provide more detailed explanation of the choice of individual indicators by adding the advantages and disadvantages of the indicator and expanding information on the definitions and data sources used.
- European Centre Vienna also agreed to examine alternative data sources, especially, the EQLS, in search for better data coverage, in the future work on developing the index.
- The weighting of the individual indicators and the four domains is still under discussion. Experts were requested to carry out a weighting exercise in a week following the meeting, after which, the European Centre in consultations with the UNECE and the European Commission will decide on the further course on how to use the recommendations of the experts.
- For the presentation purposes in the closing ceremony of the European Year of Active Ageing and Solidarity between Generations in December 2012, it was suggested that the European Union Member States should be shown in their individual ranking in the overall index, without showing the differences of scores/values between countries; areas for where most improvement is needed should be highlighted.
- It is expected that the first revised results, taking into account suggestions from the second expert group meeting, will also be available and presented in the UNECE's fifth annual meeting on Working Group on Ageing that will be held from 22 to 23 November 2012 in Geneva.

The second expert group meeting ended with discussions on the future of AAI. Experts noted that the main areas for AAI in the future should be monitoring (data gaps and changes over time, also showing retrospective trends), expanding the coverage to non-EU countries and contextual analysis explaining differences between countries.

Minutes from the expert group discussions on 11-12 October

11 October (14:00-18:00)

The Chair, Ms Vitalija Gaucaite Wittich, welcomed the participants and opened the meeting. Experts who were not present in the first meeting were asked to introduce themselves. Ms Gaucaite Wittich then briefly introduced the participants with the objective and the agenda of the meeting.

Mr Ralf Jacob from the European Commission presented information on the role of AAI project in the context of the European Year of Active Ageing and Solidarity between Generations (EY2012). The main goal of the EY2012 is to get EU member countries' commitment to promote active ageing. Mr Jacob stressed the importance of making use of the untapped potentials of older people in the ageing societies. AAI project should, therefore, draw attention to where the untapped potentials for active ageing are and how they could be reached. He also emphasized the important role of expert group members in further improving the index and informed that the main results of the AAI project will be presented during the closing conference of the EY2012 in Cyprus on 10 December 2012.

Representatives from the European Centre Vienna (Mr Asghar Zaidi – the project coordinator, Ms Eszter Zolyomi, and Mr Bernd Marin) presented the first results on AAI for 27 EU countries and the progress made since the first expert group meeting on the AAI. It was noted that the first results of AAI have also been presented in the World Demographic and Ageing Forum 2012 in St. Gallen and at a side event of the UNECE Ministerial Conference in Vienna, with the aim of introducing the project to a wider audience.

Taking into account recommendations from the first expert group meeting the index has been divided into two dimensions, the actual experiences of active ageing (1-3 domain) and the capacity to active ageing (4th domain). The first results showed that Nordic countries have the highest AAI, mainly due to their good position in the 3rd and 4th domain. The ranking of countries changed when the index was presented for men and women separately. Finnish women, for example, do much better than men in the overall index. Decomposition of the index also showed that differences among countries exist when the actual outcomes are compared to the capacity (enabling environment) of active ageing. It was reminded that the contextual analysis of AAI will remain for the future research, as well as the incorporation of life-course perspective, new ageing measures (prospective age, age inflation, lifetime indexing) and sustainability issues.

The Chair opened the floor for discussions asking the experts who were not present in the first meeting to share their views first. Mr Robine argued that the index is lacking transparency, especially, in the way data have been computed. He also mentioned that the maximum values can't always be interpreted as the optimum. The necessity of a 'positive interpretation' for all the indicators included in the index was emphasized by Ms Storey. It was reminded by Mr Zaidi that positivity aspect is looked at in terms of older people's active contribution to the society with the assumption that "more-is-better". Ms Beaumont argued that the indicators included in the index in some instances highly correlate with each other. She also emphasized that countries can't be looked at as 'outperforming' or 'underperforming'. Ms Sonnet pointed out that the missing values for employment rates should be imputed since the employment data are available for all EU countries.

The issue of missing values was clarified by Mr Zaidi. He explained that, currently, missing values are not imputed with a zero or an average value of data available since it reduces the credibility of the index. Missing values could also highlight for countries where further data collection is needed.

Mr Anderson's general impression of the index was that it should reflect a method to present a dashboard of indicators rather than one index. He also highlighted that community and leisure activities are missing in the index. Distinction between independent living and capacity for active ageing is not self-evident. He suggested considering using 'capability' instead of 'capacity' in defining 4th domain.

Mr Jacob reminded that the focus of the index is not to measure the quality of life of older people, but rather the capacity to be active. The index intends to measure the possibilities to contribute and the actual contributions of older people to the society. It should be, therefore, agreed upon what is the goal of each of the indicators and how it should be measured. To facilitate further discussions the Chair suggested going through all indicators (domain by domain) to discuss its adequacy and usefulness.

Before starting the discussions on indicators Ms Dykstra recommended amendments to the definition of active ageing. Mr Zaidi informed that the Annex tables will be supplemented with additional information on the indicator (the exact question in the survey, pros and cons in including the specific indicator). Mr Jacob suggested adding additional information on the goal and the optimal value for each of the indicators.

1st domain: Contribution through paid activities/employment

Ms Beaumont asked to address in the paper the rationale for choosing employment rate over economic activity. Mr Marin reminded that the *activity* and not *being disposable* is important in terms of the actual experiences for active ageing. Ms Sonnet pointed that for employment indicators data for 2011 are also available. She also questioned the need to keep the employment rate for the age group 70-74, arguing that in many of the EU countries people might not declare they worked at least one hour for pay (or profit) during the reference week (the ILO definition in the Labour Force Survey) at this age if they worked only occasionally. Experts discussed the issue on how to capture the potential for employment that, as suggested by the Chair, might be partly captured in the indicator 'healthy life expectancy'.

Discussions expended on the usefulness and rationale of including job satisfaction in AAI. Mr. Anderson proposed to replace job satisfaction with one of the job quality or work-life balance indicators. It was noted that the goal of the 1st domain is to measure actual *activity* of older people. Qualitative measurements might not be suitable for this domain since they mostly concentrate on the preconditions to work. The limitation of the indicator also lies in the fact that it covers only people aged 55 to 64. After exchange of expert's opinions it was agreed to drop the indicator.

2nd domain: Contribution through unpaid activities /non-marketed productive activities

Experts noted the overlap between the definitions for voluntary work and political participation and it was agreed by the European Centre Vienna that the definition of voluntary work will be adjusted by dropping the component of 'political party or action group'. Mistakes in data provided in the

Annex tables were identified for several tables in the 2nd domain. European Centre Vienna promised to check data for all tables.

Mr Anderson mentioned Eurofound's European Quality of Life Survey (EQLS) that could be used to populate the 2nd domain, because it uses the same questions as European Social Survey (ESS), but has a better coverage than ESS. The latest survey will be publicly available by the end of November 2012 with data available for 2011. However, the preliminary results were promised to be provided to the European Centre Vienna before November.

Mr Jacob noted that besides political participation, a broader contribution that older people make to the society should be included under the 2nd domain. Mr Zaidi agreed to look into other participatory aspects, expansion of the same indicator or an additional indicator that covers participation in community activities and could be included under 2nd domain.

As for the care to own and grandchildren, Ms Dykstra insisted against the restriction of using the share of older population living in the same household that would lead to large cross-country differences and doesn't show an active form of participation. She also suggested looking at daily care rather than occasional care. As emphasised by the Chair – the intensity of a care is not what the AAI should intend to measure, since there is more grandparental care if there are less childcare services provided in a country. Mr Marin supported the idea of measuring occasional care where the fact that care has been provided matters independently of the hours spent. The European Centre agreed to revisit the indicator by examining what is the data availability for this indicator without the restriction of living in the same household.

Experts then turned to the discussions on the 'positivity' (more-is-better) aspect of the two care indicators (care to grandchildren and older adults). Mr Vikat stressed the need to establish a threshold above which there is no positive aspect added, keeping in mind that we are measuring outcomes of activity.

12 October (9:00 – 17:00)

3rd domain: Independent and autonomous living

Discussions on the second day started with assessing the indicator of physical exercise. As noted by Ms Zolyomi, World Health Organization (WHO) recommends 150 minutes of moderate physical activity for older people. Ms Jurczak drew attention to the replicability of the currently used data source (Eurobarometer Special Edition) that might not be available in the future. European Health Interview survey was mentioned as alternative source for measuring physical activity and European Centre Vienna agreed to investigate the possibilities of using this data source (and its special edition on independent living) as an alternative to Eurobarometer survey. The availability of the EHIS for a limited set of EU countries was seen as a problem. Ms Parent emphasized the importance of this indicator by adding that moderate physical activity for older people increases their chance for living longer.

For the indicator on unmet needs for medical examinations discussions expanded on the topic of formal coverage versus actually being treated (issue of the waiting lists to get a treatment). Ms Parent suggested adding dental care to this indicator. EU-SILC covers a separate question on dental care that was agreed to be included under the indicator. It was also proposed to rename the

indicator to 'access to health care' and look into additional component that captures the aspect of receiving timely health care.

The indicator of long-term care benefits and living in institutions was discussed at length. It was agreed to drop the current indicator since it is not complying with the goal of the 3rd domain and it is penalizing countries with the best results. Mr Jacob suggested that this indicator should look at the ability to live independently at one's own household. Discussions evolved on the topic of whether people that have been taken care of in institutions should be considered. Mr Vikat proposed to use Census as a data source and measure the share of persons (aged 75+) who are living alone or with a partner in own household. He also stressed that the reasons of why a person is living alone should be disregarded, since the goal is to measure one's independence, leaving out the normative judgment of whether it is good or bad. Mr Zaidi / Mr Marin argued that living with other members of the household is not necessarily loss of independence, and multi-generational households can also be seen as independent living. Thus, all households not living in institutional households can be seen as living independent. It was nonetheless agreed among expert that the share of people living alone or with their partner will be taken from Census (or survey) data and then the proportion of people living in institutions (taken from EU-SILC) will be discounted to control for differences across countries. For additional insights on this indicator, data on cash transfers for social benefits could be used. These data are provided by ESSPROS (European system of integrated social protection statistics).

The cut-off age was examined for indicators measuring financial security: the relative median income, extreme poverty and material deprivation. As for the relative median income, Mr Jacob recommended that the parity of income should not exceed 100 per cent. It was agreed to move the age group to 65 years and older for financial security indicators taking into account that most people are still working at age of 55 and are less exposed to poverty. Mr Zaidi proposed to use a higher threshold for the poverty indicator, 50 per cent, arguing that the currently used 40 per cent captures a very small share of population, those that are at extreme poverty only and there could also be income mis-measurement issues.

Physical security indicator is currently constructed from two variables that included people subjective opinions and actual experiences. Experts argued that the subjective variable of this indicator is sufficient to measure physical security. It was suggested to look at the European Crime survey that measures 'fear of going out'. Ms Parent noted that the indicator should be looked at in comparison to younger people. It was agreed to move the target age group to 65 years and older.

The short period of training was highlighted for the adult learning indicators. Ms Parent suggested that advice could be asked from the colleagues of the *Conference of older adults learning* who could provide guidance on data sources and indicators on how to capture adult life-long learning. Surveys that are looking on vocational training were rejected since the goal of this indicator is older people's engagement in all types of training.

4th domain: Capacity for active and healthy ageing / enabling environment

Ms Beaumont proposed to use healthy life expectancy as proportion of remaining life expectancy, thus facilitating the conceptual explanation of the indicator. Ms Dykstra and Mr Zaidi supported the proposal. Debate evolved on the self-reporting aspect of one's health. For example, in some

instances people tend to report better health despite the fact that the mortality and/or morbidity rate is high in the country. After lengthy debate, it was agreed that the healthy life expectancy captures the subjective health response variable and the indicator should be calculated as a ratio from the remaining life expectancy.

Mr Anderson pointed out that the WHO has 5-item mental wealth index that could be used to populate the psychological well-being indicator data. The index is used in EQLS and covers all 27 EU Member States. Mr Jacob suggested comparing (testing) older people's well-being to that of the younger generations to avoid the cultural bias.

More frequent social contact is to be added for the indicator of social connectedness of older people. European Centre Vienna promised to revisit the indicator, also to check the reliability of the data. Mr Zaidi also pointed out that the currently used survey doesn't include contacts with neighbours and focuses only on physical encounter.

Upper age limit is to be extended for the indicator educational attainment of older people. Mr Jacob suggested that the 4th domain should be as a foundation for the previously discussed three domains (for the purpose of the presentation of the domains).

Methodological aspects

Imputing missing values – it was agreed by most of the experts to leave the missing values out. As mentioned by Ms Dykstra, data gaps can notify the countries and the European Commission for the necessity to collect additional data.

Benchmarking issues – for the presentation purposes, it was discussed whether the best performing country's value (empirical goalpost) or the theoretical best value (an ideal state) should be used. Differentiation in benchmarking arises when looking at different indicators. Therefore, it was agreed that it is necessary to set an upper and lower bound for each individual indicator. The currently used scale in presenting data was discussed at length. It was suggested to rank the countries from 1 to 27, without showing the differences in standard deviation units, as it is currently done. Showing countries in a scale from 0 to 100 per cent, clustering of countries was also considered.

Equal weighting that is currently used in calculating the overall index was opposed by many experts. It was initiated by Mr Jacob to carry out weighting exercise where each expert could assign weights that they consider to be the most appropriate. For the weighting exercise, it was agreed that Mr Zaidi will send the revised list of indicators in an excel sheet to all experts the following Monday/Tuesday.

Future of AAI

From discussions on the future course of AAI, monitoring was highlighted as one of the important index functions in the future. Firstly, to monitor the existing data gaps in order to improve data availability and, secondly, to monitor changes over time, possibly with two-year intervals. It was emphasized, that the AAI should not be a static index. It should stay up to date with the changing views of active ageing in the future. Extending the index to other non-EU countries (OECD, UNECE) was brought up as an important aspect with regards to future development of AAI. Before extending AAI to other countries, it was noted that the index should be advertised and accepted by

stakeholders at the EU level. In order to ensure data comparability across countries, internationally comparable data sets should be established. Mr Vikat drew attention to the importance of the *continuity* of the index, adhering to the currently agreed indicators and the methods. He also mentioned that the Conference of European Statisticians is considering setting up a task force on ageing-related statistics that should improve availability and consistency of ageing-related statistics in the future. Further contextual analyses are needed where time-space differences, institutional differences, welfare system sustainability among countries will be examined (FP7 project – Mobilising the potential of Active Ageing - will include a work package for this purpose, to be undertaken by the University of Sheffield, University of Southampton and the European Centre Vienna). Mr Jacob added the idea of linking AAI to other important indicators in order to find correlations between GDP, or life-satisfaction and AAI. Ms Sisene informed about UNECE planned activities to carry out a pilot test of AAI in Georgia.

The Chair thanked experts for their active contribution in improving the AAI and encouraged them to look into the Wiki platform that provides information on the historical background on how the index was developed.