COUNTY CORK REPORT

POSITIVE AGEING IN IRELAND

Headline findings of a survey carried out by the Age Friendly Cities and Counties Programme and the Healthy and Positive Ageing Initiative
ABBREVIATIONS

AFI  Age Friendly Ireland
AFCC  Age Friendly Cities and Counties
CSO  Central Statistics Office
DOH  Department of Health
EQLS  European Quality of Life Survey
EU  European Union
HaPAI  Healthy and Positive Ageing Initiative
HIPE  Hospital InPatient Enquiry
HSE  Health Service Executive
NPAS  National Positive Ageing Strategy
TILDA  The Irish Longitudinal Study on Ageing
WHO  World Health Organisation

KEY

MALE  FEMALE  SATISFIED  DISSATISFIED  65+
NPAS GOAL 1: PARTICIPATION  NPAS GOAL 2: HEALTH  NPAS GOAL 3: SECURITY  NPAS ALL GOALS  NATIONAL INDICATOR  LOCAL INDICATOR

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FOREWORD

For some time now, it has been known that physical environments that are age friendly can make the difference between independence and dependence, and that older people who live in an unsafe environment, or in areas with many physical barriers, are less likely to get out and therefore can be more prone to isolation, depression, reduced fitness and increased mobility problems (WHO 2002).

In 2014, with the signing of the Dublin Declaration on Age Friendly Cities & Communities, all 31 local authorities committed to developing themselves as places where older people can live full, active and healthy lives. To fulfil this commitment, local Age-friendly Alliances developed strategies and actions aimed at creating the environment necessary to support active and positive ageing. In effect, this has meant that action is being taken at local level through the Age Friendly Cities and Counties project that supports the implementation of the National Positive Ageing Strategy and Healthy Ireland.

Policy makers need evidence to make projections of future need across all policy areas. The Healthy and Positive Ageing initiative seeks to provide the evidence about the determinants of health, wellbeing and quality of life and the relationships between them, in order to inform planning for an ageing population at national and local level.

HaPAI is a national three-year programme of research, data translation, health promotion and dissemination led by the Department of Health with the HSE and Age Friendly Ireland as key partners. It has benefited, like so many other initiatives in the ageing field, from a significant financial contribution from the Atlantic Philanthropies, as well as the HSE and the Department of Health. Additional research funds, to support the collection of local data, were also provided by the participating local authorities on behalf of each of the relevant Age Friendly City and County programmes.

This report is the outcome of a unique collaboration between many of the Age Friendly City and County programmes and the Healthy and Positive Ageing Initiative. It provides evidence to support the development and monitoring of strategies and actions to help older people live healthy and active lives in supportive Age Friendly communities.

Mr. James Fogarty,
Divisional Manager/Chair of the Cork Age Friendly County Alliance,
Cork County Council.
SECTION 1: INTRODUCTION

This section provides the background and rationale for the Healthy and Positive Ageing Initiative (HaPAI) and summarises the approach that is being taken to develop national and local indicators of Healthy and Positive Ageing.

The conceptual framework, based on the goals and objectives of the National Positive Ageing Strategy (NPAS), is also outlined. The links between this strategy and the Age Friendly Cities and Counties programme is briefly discussed. Finally, some demographic data for County Cork is presented.
1.1 HEALTHY AND POSITIVE AGEING INITIATIVE

As we enter a period of rapid population ageing, it is becoming increasingly important to develop evidence about the health and wellbeing of older people in order to inform policy at national and local level. Such evidence can alert us to possible difficulties, facilitate greater long-term planning, and ensure that we maximise the potential of all older people in our communities.

The National Positive Ageing Strategy (NPAS) was developed following extensive consultation with older people and their representatives. Published in 2013, it 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”.

The strategy takes the WHO’s Active Ageing – A Policy Framework (2002) as a ‘theoretical underpinning’ and calls for action on three fronts by defining active ageing as “a process of optimising opportunities for participation, health and security” (NPAS, 2013).

Arising from the publication of the National Positive Ageing Strategy and Healthy Ireland, the Department of Health (DOH) is leading a joint national programme with the Health Service Executive (HSE) and Age Friendly Ireland (AFI) - the Healthy and Positive Ageing Initiative (HaPAI).

1.2 DEVELOPMENT OF NATIONAL INDICATORS

Indicators can play a vital role in the identification of trends and issues while contributing to the process of priority setting, policy formulation, and the evaluation and monitoring of progress. The Healthy and Positive Ageing Initiative has developed an indicators framework structured around the three goal areas of Participation, Health, and Security. A number of objectives have been identified within each goal area, each of which will be associated with an indicator(s) where possible. The NPAS also identifies two cross-cutting objectives relating to ageism and information provision.

Healthy Ireland, the national framework to improve the health and wellbeing of the population, has identified four high level goals and 64 actions grouped under six broad themes. Implementation of the NPAS is an essential part of the vision for creating a society in which “every individual and sector of society can play their part in achieving a healthy Ireland” (Healthy Ireland Goal 4).
### Development of Local AFCC/HaPAI Indicators

Under the three pillars of the National Positive Ageing Strategy (NPAS), four goals have been identified (see below). The HaPAI/AFCC survey asks people for their views on many of the key action areas identified in the NPAS under each of the four goals.

<table>
<thead>
<tr>
<th>NPAS Goal</th>
<th>HaPAI Survey Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>Civic Participation, Volunteering, Lifelong learning, Social Participation, Transport</td>
</tr>
<tr>
<td>2. Support people as they age to maintain, improve or manage their physical and mental health and wellbeing.</td>
<td>Healthy Ageing, Health Services, Caregiving</td>
</tr>
<tr>
<td>3. Enable people to age with confidence, security and dignity in their own homes and communities for as long as possible.</td>
<td>Income, Housing, Public Spaces and Buildings, Safety and Security</td>
</tr>
<tr>
<td>4. Support and use research about people as they age to better inform policy responses to population ageing in Ireland.</td>
<td>All areas</td>
</tr>
</tbody>
</table>

Through the Age Friendly Cities and Counties (AFCC) programme, local authorities bring together diverse organisations such as An Garda Síochána, the HSE, Universities, key NGOs, transport and service providers to streamline their work, with the interests and needs of older people at their heart. The programme develops local multi-agency planning structures, which consult with older people to develop integrated city and county strategies to promote and advance older people’s health and wellbeing across Ireland.

The AFCC programme has been identified by the NPAS as being an important approach to improving the lives of older people throughout the country. In order to integrate the AFCC programme with the National Indicators programme, the HaPAI project is developing indicators that are relevant to both the implementation of the NPAS and the AFCC programme.

Many of the national data sources do not provide any information on the lives of older people on a county by county basis. To address this gap, the HaPAI project has carried out local research using a single random sample survey in a number of local authority areas. The results of these surveys will be used to inform policy development and service provision in participating Age Friendly City and County programmes.

This report sets out the headline findings of the survey carried out in the County Cork area. A random sample survey of over five hundred people aged 55 and over was carried out in the area between July and October 2015, and further details of the methodological approach can be found in Section 3.
The growth of the population age 65 and over affects many aspects of future planning for society, by health care providers, policymakers and others. In order to plan for and meet the needs of a larger older population it is important to have an accurate picture of recent trends and future predictions.

The 2011 Census found there was a total of 535,393 people aged 65 and over in Ireland, representing 11.7% of the population (CSO, 2011). This proportion is lower than the EU average of 18.2% (Eurostat 2013). In contrast, Italy and Germany have nearly a fifth of their population aged 65 and over.

By 2041, there will be 1.4 million in Ireland aged 65 and over - three times more than the older population now. This older group will make up 22% of the total population, compared to 11.6% of the population in 2011 (CSO, 2013). The total population aged 70 and over is set to treble from approximately 359,000 to just over 1,064,694 in 2046.
The old-age dependency ratio indicates the total population aged 65 and over as a percentage of the population aged 15-64 (the working age population). In 2002, the ratio was 16.4%; by 2011 it had risen to 17.3%; and it is projected to rise to 30.0% by 2031 (CSO, 2013).

In 2011 Cork had the second highest population of all counties with just over 519,032 persons, 119,230 in Cork city and 399,802 in the County [representing a population increase of 10.3% since 2006].

Just like other areas in Ireland, County Cork is experiencing ageing in its population structure which will have effects into the future. According to the 2011 Census, 84,848 people were aged 55 and older in County Cork, which was 1 in 5 (21%) of the local population, slightly lower than the State average of 22%. However, it is notable that the age dependency ratio varies across the county, ranging from just 3.9% in Carrigtwohill to 19% in Bantry. Areas in the north and west of the county generally have a higher age dependency profile than the metropolitan area around the city.

When reviewing the findings of this report it is useful to bear in mind that each 1% difference reported, represents nearly 850 older people.

The age and gender profile of County Cork is similar to the national average.

Cork has quite a diverse population, with 11% of the total population identifying as non-Irish nationals compared with a national average figure of 12%.

In County Cork 16% had third level education (or higher) which is the same as the national average.
There were 193,044 persons aged 15 years and over in the labour force and of these, 85.2 per cent (164,441 persons) were at work. The unemployment rate for this area was 14.8 per cent compared with a national average rate of 19.0 per cent.

## Employment Status

<table>
<thead>
<tr>
<th>Status</th>
<th>Percentage</th>
<th>Age Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retired</td>
<td>70%</td>
<td>Aged 65+</td>
</tr>
<tr>
<td>Employed or Self-employed</td>
<td>14%</td>
<td>Aged 55-64</td>
</tr>
<tr>
<td>Unemployed</td>
<td>10%</td>
<td>Aged 65+</td>
</tr>
<tr>
<td>Looking after home/family</td>
<td>9%</td>
<td>Aged 55-64</td>
</tr>
<tr>
<td>Permanently sick/disabled</td>
<td>16%</td>
<td>Aged 55-64</td>
</tr>
<tr>
<td>In education or training</td>
<td>4%</td>
<td>Aged 65+</td>
</tr>
<tr>
<td>Other (incl not stated)</td>
<td>0%</td>
<td>Aged 55-64</td>
</tr>
<tr>
<td>Other (incl not stated)</td>
<td>0%</td>
<td>Aged 65+</td>
</tr>
</tbody>
</table>

Source: (Census 2011)

## Marital Status

<table>
<thead>
<tr>
<th>Status</th>
<th>Percentage</th>
<th>County Cork</th>
<th>Nationally</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>13%</td>
<td>63%</td>
<td>62%</td>
</tr>
<tr>
<td>Married</td>
<td>7%</td>
<td>17%</td>
<td>14%</td>
</tr>
<tr>
<td>Separated/Divorced</td>
<td>14%</td>
<td>17%</td>
<td>7.3%</td>
</tr>
<tr>
<td>Widowed</td>
<td>7%</td>
<td>6%</td>
<td>14%</td>
</tr>
</tbody>
</table>

The proportion of persons separated/divorced in County Cork (7%) is slightly less than the State average.

County Cork is a largely rural area; according to the 2011 Census, 56% live in a rural area.

## Location of Home

- **County Cork is largely a rural area**
- Live in an urban area: Inner city, suburb or town with 1,500+ population
- Live in a rural area: Countryside or village

Source: (Census 2011)
Cork is the biggest county in Ireland with an area of 7,500km² and a large and diverse geographical make up, including extensive coastline, mountains, river valleys, a large metropolitan area, and a high proportion of smaller towns and villages. The County is served by 55 councillors, representing eight Municipal Districts and is the largest elected assembly outside of Dublin. Cork County Council’s services include planning, roads, waste management, housing, coastal and recreational services, fire and building control, environment, community development, library and arts services and economic development.

### Living Circumstances

- **Of those aged 55 and over:**
  - 97% live in a house
  - 3% live in a flat, apartment or bedsit

- **Living alone:**
  - Men aged 70+: 24%
  - Women aged 70+: 37%

- **Living with spouse or partner:**
  - Men aged 70+: 78%
  - Women aged 70+: 51%

Source: (Census 2011)
Cork County Council signed up to the Age Friendly City and Counties Programme in 2014 and carried out extensive consultations across the county in 12 locations as well as consulting with members of its Alliance group which is made up of key agencies within the county. An Older Peoples Council was established following the consultations and elected an Executive Council to represent older people on the Alliance group. An Age Friendly County Strategy has been published, setting out key actions to be carried out in the County over the next five years under the eight WHO themes plus an island specific theme (Cork has seven inhabited islands). The aim is to make County Cork a great place in which to grow old in which everyone is valued and respected.

Running concurrently with the County Age Friendly Programme is the Kinsale Age Friendly Town Programme under which a number of key actions have already been carried out, including age friendly parking spaces, age friendly seating and the age friendly business programme.
SECTION 2 : SURVEY RESULTS

This section presents the main findings from the county survey for County Cork under the following 11 categories:

- Public Spaces and Buildings
- Transportation
- Housing
- Safety and Security
- Healthy Ageing
- Social Participation
- Lifelong Learning
- Respect and Social Inclusion
- Civic Participation
- Information Access
- Caregiving
As County Cork is a mostly rural area, many people in the survey reported that services were not available in their local area (10-15 minutes’ walk from their home). Shops, community centres and postal services were most likely to be available, while a cinema or theatre, public transport and banking services were the least likely to be available.

**ACCESS TO ESSENTIAL SERVICES**

<table>
<thead>
<tr>
<th>Service</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shops</td>
<td>98%</td>
</tr>
<tr>
<td>Community Centre</td>
<td>95%</td>
</tr>
<tr>
<td>Postal Services</td>
<td>93%</td>
</tr>
<tr>
<td>Local Health Service</td>
<td>85%</td>
</tr>
<tr>
<td>Cafés / Restaurants</td>
<td>84%</td>
</tr>
<tr>
<td>Garda Station</td>
<td>82%</td>
</tr>
<tr>
<td>Park / Green Area</td>
<td>75%</td>
</tr>
<tr>
<td>Public Library</td>
<td>75%</td>
</tr>
<tr>
<td>Banking</td>
<td>74%</td>
</tr>
<tr>
<td>Cinema / Theatre</td>
<td>65%</td>
</tr>
</tbody>
</table>

**THE SERVICES THAT WERE MOST DIFFICULT TO ACCESS**

<table>
<thead>
<tr>
<th>Service</th>
<th>Most difficult to access</th>
<th>Easiest to access</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gardaí</td>
<td>51%</td>
<td>82%</td>
</tr>
<tr>
<td>Cinema / Theatre Entertainment</td>
<td>36%</td>
<td>79%</td>
</tr>
<tr>
<td>Banking Services</td>
<td>35%</td>
<td></td>
</tr>
<tr>
<td>Shops</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Health Services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ESSENTIAL SERVICES INCLUDE**

- Postal services
- Banking
- Shops
- Local health services (Pharmacy/GP etc)
- Garda Station

**SOCIAL & RECREATIONAL SERVICES INCLUDE**

- Cinema / Theatre
- Park / Green area
- Community centre / Social venues
- Cafés / Restaurants
- Public Library
WE ASKED PEOPLE HOW THEY FELT ABOUT DIFFERENT ASPECTS OF THE BUILT ENVIRONMENT

Most people who lived in the open countryside and villages felt that these aspects of the built environment did not apply to their local area. The rates of dissatisfaction below only include those who thought that each aspect was relevant to them (between 37% for traffic lights and 69% for paths/pavements).

AS THEY AGE, PEOPLE ARE LESS SATISFIED WITH ASPECTS OF THE BUILT ENVIRONMENT SUCH AS PAVEMENTS AND TRAFFIC CALMING MEASURES

RATES OF DISSATISFACTION

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Rate</th>
<th>Age Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality and continuity of paths or pavements</td>
<td>32%</td>
<td>Aged 70+</td>
</tr>
<tr>
<td></td>
<td>36%</td>
<td>Aged 55-69</td>
</tr>
<tr>
<td>Availability or effectiveness of traffic calming measures</td>
<td>55%</td>
<td>Aged 70+</td>
</tr>
<tr>
<td></td>
<td>49%</td>
<td>Aged 55-69</td>
</tr>
<tr>
<td>Timing of pedestrian crossings and traffic lights</td>
<td>20%</td>
<td>Aged 70+</td>
</tr>
<tr>
<td></td>
<td>12%</td>
<td>Aged 55-69</td>
</tr>
<tr>
<td>Number of pedestrian crossings and traffic lights</td>
<td>33%</td>
<td>Aged 70+</td>
</tr>
<tr>
<td></td>
<td>25%</td>
<td>Aged 55-69</td>
</tr>
</tbody>
</table>

TRAFFIC MEASURES AND FOOTPATHS

AVAILABILITY OF ACCESSIBLE TOILETS

People aged 75 and over liked living in their neighbourhood a lot - this is similar in both age groups

9 out of 10 aged 55 and over say it is easy or very easy for them to walk a quarter of a mile in their area

FACILITIES AND UPKEEP

PEOPLE AGED 55 AND OVER ARE SATISFIED WITH THE OPPORTUNITIES FOR SPORT & RECREATION IN THEIR AREA

General appearance and upkeep of your locality

92% Aged 70+
91% Aged 55-69

Availability of seats or resting places

61% Aged 70+
54% Aged 55-69
TRANSPORTATION

2.2 TRANSPORT USE IN THE PAST WEEK

THE MAJORITY OF RESPONDENTS ARE CURRENT DRIVERS

- 79% of people aged 55-69
- 56% of people aged 70+

DROVE THEMSELVES IN THE PAST WEEK

- 56% aged 70+
- 79% aged 55-69
- 60% aged 70+
- 42% aged 55-69
- 11% aged 70+
- 8% aged 55-69
- 7% aged 70+
- 1% aged 55-69
- 5% aged 70+
- 8% aged 55-69

- Drove themselves in the past week
- Driven as passenger in the past week
- Used public bus (rural) in the past week
- Used public bus (city) in the past week
- Used taxi/hackney in the past week

PUBLIC TRANSPORT

- 61% of people aged 55+

RATED PUBLIC TRANSPORT OPTIONS AS ‘POOR’ OR ‘VERY POOR’

- ONLY 25% rated it as ‘good’ or ‘excellent’

By comparison, TILDA (2011) found that 50% of people rated public transport in the area as ‘good’ or ‘excellent’

- VERY POOR: 3%
- POOR: 23%
- FAIR: 14%
- GOOD: 17%
- EXCELLENT: 43%

This rises to almost 1 in 10 people aged 55+

11% reported that a lack of transport in County Cork causes difficulty for socialising or essential tasks

This rises to almost 1 in 3 people aged 55+

29% for those who are not current drivers and for those with walking difficulties

Nearly 1 in 3 (31%) reported that there was no public transport available within a 15 minute walk of their house, while a further 25% said that while it was available, it was difficult to access.
2.3 HOUSING

HOUSING CONDITIONS, FACILITIES AND UPKEEP

WE ASKED ABOUT HOUSING CONDITIONS, FACILITIES AND UPKEEP

JUST UNDER 90% OF PEOPLE AGED 55+ in County Cork live in a house and have done so for 10 years or more

MOST HOMES ARE IN GOOD CONDITION, WITH 89% OF PEOPLE REPORTING NO PROBLEMS

46% OF PEOPLE AGED 70+ have problems with the upkeep of their homes

7% OF PEOPLE AGED 55+ were unable to keep their houses adequately warm in the last 12 months

By comparison, the European Quality of Life survey (EQLS, 2012) found nationally that 5% of people were unable to afford to keep their house warm

PROBLEMS WITH HOUSING FACILITIES

6% AGED 70+ 46% AGED 70+ 27% AGED 70+ 13% AGED 70+

UNABLE TO KEEP HOUSE ADEQUATELY WARM
Includes: Inability to keep house warm for financial reasons

UPKEEP
Includes: Difficulty carrying out the maintenance or upkeep yourself or with the cost of upkeep.

FACILITIES
Includes: Shortage of space, home too big for current need, lack of indoor or downstairs flushing toilet, bath or shower and lack of outside space.

CONDITIONS
Includes: Rot in windows, door or floors, and damp or leak in walls or roof. Includes both cost of upkeep and maintenance

The most frequent problem people had with conditions was damp or leaks (10%)
2.3 HOUSING

LIVING IN COUNTY CORK REPORTED THAT THEIR HOME WAS TOO BIG FOR THEIR CURRENT NEEDS

This was the most common problem people had with facilities

43% of people aged 55+ would like help with bills/upkeep for housing

55% of people aged 55+ would like help for adaptations or physical improvements to house

54% of people aged 55+ would like non-financial help with housing maintenance

Difficulties carrying out maintenance were reported to be equally problematic

The cost of maintenance 14%
The cost of maintenance 13%

HOUSING PREFERENCES

WE ASKED PEOPLE ABOUT THEIR PREFERENCES FOR HOUSING IF THEIR HOMES WERE NO LONGER SUITABLE FOR THEIR NEEDS

38% of people aged 55-69 would consider moving to an ADAPTED TYPE OF HOUSING

ADULTS AGED 55 AND OVER in County Cork were most positive about adapting their house to their needs and were least positive about moving in with a relative other than their children

How many adults aged 55+ in County Cork felt positive about each of the following housing options, if their home was no longer suitable to their needs?

<table>
<thead>
<tr>
<th>Housing Option</th>
<th>55-69%</th>
<th>70+%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moving to a nursing home</td>
<td>7%</td>
<td>8%</td>
</tr>
<tr>
<td>Living together with a few other older people</td>
<td>30%</td>
<td>22%</td>
</tr>
<tr>
<td>Moving in with your children</td>
<td>10%</td>
<td>13%</td>
</tr>
<tr>
<td>Moving to an adapted type of housing</td>
<td>38%</td>
<td>23%</td>
</tr>
<tr>
<td>Adapting your current house to your needs</td>
<td>72%</td>
<td>70%</td>
</tr>
</tbody>
</table>
2.4 SAFETY AND SECURITY

HOW SAFE DO PEOPLE FEEL?

WE ASKED HOW SAFE PEOPLE FEEL IN VARIOUS SITUATIONS

The majority of people feel very safe

- 94% feel safe at home during the day
- 82% feel safe at home during the night
- 56% feel safe out and about at night
- 31% of women do not feel safe when out and about at night
- 15% of women do not feel safe at home at night

HOW FREQUENTLY DID THIS EXPERIENCE OCCUR?

- 63% once
- 37% more than once

IN COUNTY CORK (11%) reported an experience that left them concerned for their own safety. The percentage was the same for men and women.
2.5 HEALTHY AGEING

STATE OF HEALTH

74% OF PEOPLE AGED 55-69 SAY THEIR HEALTH IS GOOD OR VERY GOOD

59% OF PEOPLE AGED 70+ SAY THEIR HEALTH IS GOOD OR VERY GOOD

16% OF PEOPLE AGED 55+ CURRENTLY SMOKE

8% OF PEOPLE AGED 70+ SAY THEIR HEALTH IS BAD OR VERY BAD

47% OF PEOPLE AGED 55-69 HAVE A LONG-STANDING ILLNESS OR HEALTH PROBLEM

60% OF PEOPLE AGED 70+ HAVE A LONG-STANDING ILLNESS OR HEALTH PROBLEM

15% OF THESE PEOPLE ARE SEVERELY LIMITED IN THEIR EVERYDAY ACTIVITIES BECAUSE OF THIS HEALTH PROBLEM

Most Common Health Conditions

THE FOUR MOST COMMON HEALTH CONDITIONS EXPERIENCED BY ADULTS AGED 55+ IN COUNTY CORK AND NATIONALLY

- Arthritis
- High Blood Pressure or Hypertension
- High Cholesterol
- Diabetes

While the four main health conditions reported were common across both genders, osteoporosis was very common among women only. 17% reported a doctor diagnosis of osteoporosis in County Cork. This was similar to the national percentage for women of 18% (TILDA, 2011).
Country Cork/Survey Results

TILDA (2011) found that 67% of people aged 70+ have 2 or more health conditions that have been diagnosed by a doctor.

TILDA (2013) found that 45% of people aged 55+ do at least 150 minutes of moderate exercise every week.

60% of adults aged 55-69 and 39% of adults aged 70+ do at least 150 minutes of moderate physical activity per week.

47% of people aged 70+ have 2 or more health conditions that have been diagnosed by a doctor.

ASSISTANCE WITH ACTIVITIES

ASSISTANCE WITH ACTIVITIES IN THOSE AGED 70+ IN COUNTY CORK

PERSONAL CARE
- 11% of over 70s need assistance with personal care and 89% receive this assistance

HOUSEKEEPING
- 17% of over 70s need assistance with housekeeping and 92% receive this assistance

MOBILITY
- 14% of over 70s need assistance with their personal mobility and 84% receive this assistance

HEALTH SERVICES

REASONS WHY ADULTS IN COUNTY CORK DID NOT RECEIVE SERVICES NEEDED IN THE LAST 12 MONTHS (e.g. medical, social or home care)

- 71%: Flu vaccination (in target group 65+)
- 83%: Blood test for cholesterol (all ages)
- 87%: Blood pressure check (all ages)
- 54%: Mammogram or breast X-ray (women 55-64)

PREVENTIVE HEALTH SERVICES RECEIVED IN THE PAST 12 MONTHS

13% of people aged 70+ in County Cork are currently on a waiting list.

93% of these have been on a waiting list for more than 1 month.

COUNTY CORK / SURVEY RESULTS
2.6 Social Participation

How Often Do People Socialise

We asked people how often they socialise or participate in community groups. 1 in 2 people aged 55+ participate in a community group at least weekly, while 40% of people aged 70+ fall to meet people socially at least once a week. 3 in 4 people aged 55+ meet socially with relatives, friends and colleagues at least once a month or never.

Main Barriers to Social Participation

Over 1 in every 3 adults aged 70+ in County Cork said that the social activities available in their local area don’t interest them. 8% aged 55-69 and 17% aged 70+ said they can’t get to the venues where social activities are happening. 9% aged 55-69 and 13% aged 70+ said people have negative attitudes about older people being involved. 9% aged 55-69 and 12% aged 70+ said costs involved are too high. 28% aged 55-69 and 35% aged 70+ said the social activities available don’t interest them.

Loneliness in Older People

4% aged 55+ said they often feel lonely. 22% aged 55+ said they feel lonely some of the time. The mean loneliness score by age in County Cork compared with TILDA national average. This is a modified version of the UCLA Loneliness scale. Scores range from 0 (not lonely) to 10 (extremely lonely). Source for National data: TILDA (2014). People in County Cork aged 55-69 are on average slightly less lonely than the national average, while people aged 70+ report a similar level of loneliness.
LIFELONG LEARNING

EDUCATIONAL ATTAINMENT

WE ASKED PEOPLE ABOUT THEIR PARTICIPATION IN LIFELONG LEARNING

- 9% of people were in informal education or classes
- 2% of people participated in training leading to a formal education

HIGHEST LEVEL OF EDUCATIONAL ATTAINMENT AMONG PEOPLE IN COUNTY CORK

- 30% had primary education
- 21% had lower secondary education
- 26% had upper secondary education
- 3% had third level non-degree education
- 13% had third level degree or higher education
- 7% did not state their educational attainment

BARRIERS TO PARTICIPATION IN LIFELONG LEARNING

- 1 in 10 people aged 55+ in County Cork experienced a barrier to participation in the past 12 months

- 0.5% costs associated with taking the course
- 1.3% lack of transport or distance to the course
- 3.5% no suitable or interesting courses available
- 0.8% responsibilities in the home
- 3.6% personal incapacity or ill-health
- 0.5% other barrier

Source: Census 2011
RESPECT AND SOCIAL INCLUSION

2.8 PUBLIC ATTITUDES

We asked people about attitudes or behaviours towards them as people. In County Cork, 8% of people aged 55+ said they experienced negative attitudes or behaviours towards them as a person.

Top 3 Sources of Negative Attitudes and Behaviours Experienced by People:

1. Younger people (4.1% aged 70+)
2. Family members (4.4% aged 55-69)
3. People in the local community (2.8% aged 55+)

Overall, the 3 most common sources of negative attitudes were from younger people (4%), families (4%), and people in the local community (3%).
2.9 CIVIC PARTICIPATION

VOLUNTEERING

JUST OVER 1 IN 3 PEOPLE AGED 55-69 AND 1 IN 5 PEOPLE AGED 70+ VOLUNTEER AT LEAST ONCE A MONTH

OF THESE VOLUNTEER AT LEAST WEEKLY

OF THOSE WHO VOLUNTEER AT LEAST OCCASIONALLY

are satisfied with the amount of time they spend volunteering

would like to increase the amount of time they spend volunteering

are satisfied with the range of volunteering options on offer

THE TYPES OF ORGANISATIONS THAT PEOPLE VOLUNTEER WITH ARE:

<table>
<thead>
<tr>
<th>Type of Organisation</th>
<th>AGED 55-69</th>
<th>AGED 70+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community and social services (eg organisations helping people in need)</td>
<td>15%</td>
<td>12%</td>
</tr>
<tr>
<td>Educational, cultural, sports or professional associations (eg GAA)</td>
<td>30%</td>
<td>13%</td>
</tr>
<tr>
<td>Social movement (eg environmental/human rights organisation)</td>
<td>11%</td>
<td>5%</td>
</tr>
<tr>
<td>Other voluntary organisations</td>
<td>7%</td>
<td>4%</td>
</tr>
</tbody>
</table>

POLITICAL ACTIVITIES

The EQLS (2012) found that 17% of people contacted a politician or public official and only 5% attended a protest.

<table>
<thead>
<tr>
<th>Activity</th>
<th>AGED 55-69</th>
<th>AGED 70+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offered their views as an older person in an official capacity</td>
<td>1.5%</td>
<td>1.6%</td>
</tr>
<tr>
<td>Contacted a politician or public official</td>
<td>1.5%</td>
<td>1.6%</td>
</tr>
<tr>
<td>Attended a protest or demonstration</td>
<td>1.5%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Attended a meeting of a trade union, a political party or political action group</td>
<td>2.5%</td>
<td>2.5%</td>
</tr>
</tbody>
</table>
## Sources of Information

**The Top Three Sources of Information for Over 55s in County Cork**

<table>
<thead>
<tr>
<th>Source</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Television</td>
<td>88%</td>
</tr>
<tr>
<td>Local Radio</td>
<td>95%</td>
</tr>
<tr>
<td>National Radio</td>
<td>79%</td>
</tr>
</tbody>
</table>

Less than half of people aged 55 and over in County Cork get information from the internet. For people aged 70+, 65% use the internet more than weekly. The EQLS found that 72% of people aged 70+ do not use the internet (but not every week). 45% of people aged 55-69 use the internet every day or almost every day.

### Internet Use

- **7 in 10** County Cork residents used the internet in the past 3 months compared to 1 in 3 people aged 55-69.
- **65%** of people aged 55-69 used the internet more than weekly.
- **72%** of people aged 70+ do not use the internet (but not every week).
- **20%** of people aged 55-69 used the internet more than weekly (but not every day).
- **13%** of people aged 70+ use the internet every day or almost every day.

### Difficulty Accessing Information

Only 1 in 10 people aged 55+ have difficulty accessing information about health or social care. Difficulties include:

- **14%** of people aged 70+ have difficulty getting information about health or social care.
- **5%** of people aged 70+ have difficulty getting information about local events and activities.
- **8%** of people aged 55-69 have difficulty getting information about health or social care.
- **6%** of people aged 55-69 have difficulty getting information about local events and activities.

**Note:** ‘Do not use’ defined as those who said ‘not applicable’ to question about internet use.
CAREGIVING

CAREGIVING

WE ASKED PEOPLE ABOUT HOW OFTEN THEY PROVIDE CARE TO OTHERS

1 IN 3 PEOPLE AGED 55-69 AND 1 IN 5 PEOPLE AGED 70+

CARE FOR CHILDREN OR GRANDCHILDREN EVERY DAY OR WEEKLY

THE PERCENTAGE OF PEOPLE IN COUNTY CORK AGED 55 AND OLDER WHO ARE INVOLVED IN CARING FOR CHILDREN AND GRANDCHILDREN, AND WHO ARE INVOLVED IN CARING FOR ELDERLY OR DISABLED RELATIVES IS SLIGHTLY LOWER THAN THE PERCENTAGES REPORTED IN THE EUROPEAN QUALITY OF LIFE SURVEY (EQLS) FOR IRELAND.

IN THE EQLS - 19% OF OVER 55s AND 5% OF THE OVER 70s ARE INVOLVED IN CARING FOR CHILDREN OR GRANDCHILDREN

OFF THOSE OVER 55

OFF THOSE OVER 70

CAREGIVER STRAIN

CAREGIVER STRAIN IS MEASURED USING THE QUESTION "HAS YOUR OWN LIFESTYLE BEEN AFFECTED BY THE CARING THAT YOU PROVIDE IN ANY OF THE FOLLOWING WAYS?"

THERE ARE 12 DIFFERENT ITEMS SUCH AS "SLEEP DISTURBED" AND "IT IS A FINANCIAL STRAIN"
The target population for this survey includes all community-dwelling members of the population aged 55 and older in County Cork. This sample did not include people aged 55 and older who were in long-term care or living in an institution at the time of survey. A multi-stage random-route sampling strategy was used to generate a sample of this population.
STUDY POPULATION AND SAMPLE

The target population for this survey includes all community-dwelling members of the population aged 55 and older in County Cork. This sample did not include people aged 55 and older who were in long-term care or living in an institution at the time of survey. A multistage random-route sampling strategy was used to generate a sample of this population. This sampling approach involved several steps.

Firstly, a random sample of 50 District Electoral Divisions (DED) in County Cork was selected as the primary sampling units (PSUs). Within each selected DED a starting address was selected at random. Beginning with this address a total of 10 interviews were to be completed in each of the 50 areas.

Detailed information on the approach that interviewers took to identify eligible households within each area for the survey is provided in Appendix 1. In summary, from their starting address, interviewers called to every fifth house. The interviewer asked to speak to a person aged 55 years or older in the household. One person aged 55 or older per household was invited to complete the interview. If there were two or more older people in the household then the interviewer applied the ‘next birthday’ rule to select one participant.

FIELDWORK AND RESPONSE RATE

A total of 502 interviews were conducted with participants aged 55 and older. Interviews were conducted in 2015.

The response rate is the proportion of selected households that included an eligible participant who completed an interview. Interviewers visited a total of 670 eligible households where a person aged 55 and older was resident. A further 264 households were visited but eligibility to participate in the survey was not determined. Based on the proportion of eligible households identified from the number of households visited, we calculated that 221 of these 264 would have contained a person who was eligible to participate. We included these households when calculating the response rate. A total of 502 interviewers were completed from 891 households, with a response rate of 56%.

DATA COLLECTION METHODS

Each participant completed a structured Computer-Assisted Personal Interview (CAPI) in their own home with a trained interviewer from Amárach Research. The interview contained questions on: age-friendly public spaces; experiences of discrimination; housing; safety and security; healthy ageing; health and social services utilisation; participation in education and lifelong learning; active citizenship and volunteering; social and cultural participation; transport; and access to
Participants were also invited to complete an additional, separate, paper-based survey on potentially sensitive topics. This included emotional wellbeing and elder abuse. This data will be available at the end of 2016.

ANALYTIC STRATEGY

This report presents descriptive data from the survey, including percentages and average values. In general, the results focus on the percentage of people aged 55+ who can be classified into a certain group, for example, those who report difficulty accessing specific services, or who volunteer. In a small number of cases participants did not respond to a survey item. These participants are excluded from the results for that survey question. Across all survey questions, no more than 15% of participants were missing a response.

PRESENTATION OF THE RESULTS

Throughout the report results are reported for different age groups and gender in order to illustrate key differences between groups in the population aged 55 and older. Results are, in the main, reported for two different age groups: 55-69; and 70+. Other age groups are reported where relevant. For example, uptake of the flu vaccine is reported for the target age group (age 65+).

NATIONAL BENCHMARKS

There are a number of national studies which collect data that is similar to this study. These include the Census, The Irish Longitudinal Study on Ageing (TILDA) and the European Quality of Life Survey (EQLS) and the Survey of Income and Living Conditions. Where applicable, we have reported this national data as a comparison or benchmark for the local data.

WEIGHTING

The response rate for the CAPI in County Cork was 57%. Response rates typically vary among different groups within a given population such as different age groups or levels of education. This variation can lead to biased estimates when reporting results. This analysis included the application of sample weights which corresponded to the number of people in the population of County Cork that were represented by each survey participant. Weights which were applied to the survey sample were estimated using the Census (2011). The characteristics compared were age, gender, educational attainment (primary/secondary/third level) and marital status (married/not married).

All analysis was conducted using Stata Version 13.
LIMITATIONS OF THIS REPORT
AND FUTURE ANALYSIS

The results reported here are broadly descriptive and associations between responses to the different survey items are not explored in detail. Further work will be undertaken to explore complex associations between the different variables recorded in the survey. In addition, future publications will compare results across counties. It is also important to note that while the data is broadly representative of the population aged 55+ in the community in County Cork, it does not include, and is not representative of, individuals who live in institutional settings.

INTERPRETING DIFFERENCES BETWEEN GROUPS

The data reported in this report is based on a random sample of individuals aged 55+ living in County Cork. Any differences that we see between groups within the county (e.g. between men and women or between different age groups), or between County Cork and national figures, could reflect a real difference in the population as a whole, or could be due to random chance.

The size of a difference that is likely to be real rather than due to random chance depends on two issues:

1. The size of the groups we are comparing, and
2. How low or high the percentages that we are comparing are.

The Tables on the following pages provide a guide to how big the differences need to be for us to be confident that they are real differences. Table 1 should be referred to when comparing small groups, of about 250 individuals. In this report, this applies when we are comparing men versus women, and comparing age groups 55-69 versus age 70+. Table 2 should be referred to when comparing groups of 250-500 individuals (an age group in a county, or the whole county) to a national figure. In this report, this applies to comparisons between the county itself, and national data sources such as TILDA or EQLS.
### TABLE 1: COMPARING SMALL GROUPS (of about 250 individuals)

**INCLUDES: MEN COMPARED WITH WOMEN; AGE 55-69 COMPARED WITH 70+**

<table>
<thead>
<tr>
<th>HOW BIG IS THE DIFFERENCE?</th>
<th>How confident can we be that it is a “real” difference? (i.e., not due to chance)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>9% OR MORE</strong> (percentage points)</td>
<td>Can be reasonably confident differences are real</td>
</tr>
<tr>
<td>Example: 74% of those in the 70+ age group and 64% of the 55-69 group are dissatisfied with the availability of accessible toilets. We can be confident that this 10% difference is not due to chance.</td>
<td></td>
</tr>
<tr>
<td><strong>5-8%</strong> (percentage points)</td>
<td>We need to be cautious with these differences.</td>
</tr>
<tr>
<td>We can only be confident that they represent real differences if the percentages being compared are above or below a certain value.</td>
<td></td>
</tr>
<tr>
<td>Are both values being compared …</td>
<td>Minimum difference needed</td>
</tr>
<tr>
<td>Less than 30% or greater than 70%?</td>
<td>8%</td>
</tr>
<tr>
<td>Less than 20% or greater than 80%?</td>
<td>7%</td>
</tr>
<tr>
<td>Less than 15% or greater than 85%?</td>
<td>6%</td>
</tr>
<tr>
<td>Less than 10% or greater than 90%?</td>
<td>5%</td>
</tr>
<tr>
<td><strong>LESS THAN 5%</strong> (percentage points)</td>
<td>Cannot be confident that these differences are real</td>
</tr>
<tr>
<td>Example: 21% of women had an experience that left them concerned for their personal safety, compared with 17% of men. We cannot be confident that this 4% difference is real. This difference could be due to chance.</td>
<td></td>
</tr>
</tbody>
</table>
TABLE 2: COMPARING COUNTY DATA (250-500 people) AND NATIONAL DATA (>=1000 people)
Includes: Comparisons between the county and national data sources (e.g. TILDA and EQLS)

<table>
<thead>
<tr>
<th>HOW BIG IS THE DIFFERENCE?</th>
<th>How confident can we be that it is a “real” difference? (i.e., not due to chance)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7% OR MORE (percentage points)</td>
<td>Can be reasonably confident differences are real. Example: 60% of people in Cork County rated public transport as good or excellent, compared with 50% nationally. We can be confident that this 10% difference is not due to chance.</td>
</tr>
<tr>
<td>4-6% (percentage points)</td>
<td>We need to be cautious with these differences. We can only be confident that they represent real differences if the percentages being compared are above or below a certain value.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Are both values being compared ...</th>
<th>Minimum difference we can be confident is real</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 25% or greater than 75%?</td>
<td>6%</td>
</tr>
<tr>
<td>Less than 15% or greater than 85%?</td>
<td>5%</td>
</tr>
<tr>
<td>Less than 10% or greater than 90%?</td>
<td>4%</td>
</tr>
</tbody>
</table>

Example: 62% of over 70s have multiple chronic conditions, compared with 67% nationally. Both values are between 15% and 85%, and therefore we cannot be confident that this 5% difference is real.

<table>
<thead>
<tr>
<th>LESS THAN 4% (percentage points)</th>
<th>Cannot be confident that these differences are real</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: 14% of over 55s in Cork County smoke, compared with 15% nationally. We cannot be confident that this 1% difference is real. This difference may be due to chance.</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX: DETAILED DESCRIPTION OF IDENTIFYING ELIGIBLE HOUSEHOLDS

The steps taken by interviewers were as follows:

1. Within each district electoral division (DED) interviewers were given a starting address on (for example) Road 1. The interviewer called at this house and asked to speak to somebody aged 55 years or older. If there is an eligible occupant or if there was no response from the house, they made a note of the address and called back, up to four times.

2. To locate the next house, interviewers stood with their back to the front door, turned to their left and counted five doors along the road, and called at this fifth house on e.g. Road 1.

3. Interviewers continued in this manner, calling at every fifth house until they reached the end of the road; assuming they successfully identified an eligible occupant to complete an interview or noted non-responses.

4. At the end of Road 1 they turned Left on to Road 2, counted five houses from the last house visited on Road 1 and continued calling to every fifth house on Road 2 until the end of the road.

5. At the end of Road 2 interviewers turned Right on to Road 3 (counted five houses from the last house visited on Road 2), continued calling at every fifth house on Road 3 until the end of the road.

6. At the end of Road 3, the interviewer turned Left on to Road 4, and alternate right and left turns at the end of each road while keeping within the DED.

If a household was ineligible due to age of more than 55 years or the household refused to participate, was vacant or derelict, interviewers used the following procedure to locate the next house:

1. Interviewers stood with their backs to the front door, turned left and went to the next house. If they again met with an ineligible household or a refusal they continued next door to the left until they identified an eligible occupant or noted a non-response.

2. Once they obtained an interview or non-response interviewers reverted to the fifth house on the left rule (steps 2-6). This procedure was followed until the quota of 10 interviews was reached, up to a maximum of 50 households, within each assigned DED.

3. The address and outcome of each house visited was recorded (including refusals, ineligible, vacant/derelict, non-responses and completed interviews) on the response sheet by each interviewer.

APARTMENTS:
Interviewers are given a sheet with the total number of residential addresses in the first column and the target apartment or flat in the second column. If apartments are not numbered, and there are doorbells, they count the bells from top left to bottom right. If apartments are not numbered and there are no separate doorbells, they count the apartments from top left to bottom right as you face the main door of the building from the street.

RANDOM ROUTE RURAL AREA:
In a rural area where houses are more spread-out interviewers are supplied with a map of each relevant DED and given the address to call at within each DED.
HOUSEHOLD RESPONSE RATE:
In order to calculate the response rate it is important to identify which houses are excluded because they are ineligible (nobody age 55 years or older), households that could not be contacted (non-response) and which households were eligible (person aged 55 years or older) but which either co-operated or refused to participate in the survey. Interviewers record each address called at and the outcome using codes for refusals, ineligibles, vacant/derelict and non-contacts.

In relation to ‘non-response’ interviewers record the time called at, and the times at which they called back (up to 4 times on different days and times). They also record the final outcome after the 4 attempts i.e. not eligible due to age, refused, interview completed, or could not contact after 4 attempts. 10% -20% of interviews and adherence to random route are validated.
REFERENCES & DATA SOURCES


<table>
<thead>
<tr>
<th>DATA SOURCE</th>
<th>CENSUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reference period</td>
<td>2011</td>
</tr>
<tr>
<td>Data collection frequency</td>
<td>Five year intervals</td>
</tr>
<tr>
<td>Coverage</td>
<td>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</td>
</tr>
<tr>
<td>Method of data collection</td>
<td>Self-completed form</td>
</tr>
<tr>
<td>Data content</td>
<td>Demography</td>
</tr>
<tr>
<td>Relevant policy areas</td>
<td>Healthcare, health, carers education, employment, transport, housing and living arrangements</td>
</tr>
<tr>
<td>Sample size</td>
<td>4,581,269 (total population)</td>
</tr>
</tbody>
</table>
## DATA SOURCE

### EUROPEAN QUALITY OF LIFE SURVEY (EQLS)

<table>
<thead>
<tr>
<th>Reference Period</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data collection frequency</td>
<td>Every four years</td>
</tr>
<tr>
<td>Coverage</td>
<td>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.</td>
</tr>
<tr>
<td>Method of data collection</td>
<td>Face-to-face questionnaire</td>
</tr>
<tr>
<td>Data content</td>
<td>Employment, income, housing and environment, family, health, work-life balance, subjective wellbeing and social equality.</td>
</tr>
<tr>
<td>Relevant policy areas</td>
<td>Family life, housing, income, life satisfaction, subjective-wellbeing, trust and social solidarity, poverty and social inclusion.</td>
</tr>
<tr>
<td>Sample size</td>
<td>1051</td>
</tr>
</tbody>
</table>

## DATA SOURCE

### THE IRISH LONGITUDINAL STUDY OF AGEING (TILDA)

<table>
<thead>
<tr>
<th>Reference Period(s)</th>
<th>Wave 1 (2009-2011); Wave 2 (2012-2013)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data collection frequency</td>
<td>Every two years, Wave 3 due to finish data collection in 2015</td>
</tr>
<tr>
<td>Coverage</td>
<td>Community-dwelling adults aged 50+ at Wave 1 and 52+ at Wave 2, living in the Republic of Ireland (ROI). A random, clustered, stratified sampling is used to ensure population representative sample.</td>
</tr>
<tr>
<td>Method of data collection</td>
<td>Face-to-face Interviews in participants homes; self-completion questionnaire; nurse-led health assessment</td>
</tr>
<tr>
<td>Data content</td>
<td>Health, economic and social data</td>
</tr>
<tr>
<td>Relevant policy areas</td>
<td>Employment, Education and Lifelong Learning, Active Citizenship, Engagement in Activities, Transport, Healthy Ageing, Support and Care Services, Income, Homes, Ageism</td>
</tr>
<tr>
<td>References</td>
<td>TILDA data available from <a href="http://www.ucd.ie/issda/data/tilda/">http://www.ucd.ie/issda/data/tilda/</a></td>
</tr>
<tr>
<td>Sample size</td>
<td>Wave 1: 8,175; Wave 2: 7,010</td>
</tr>
</tbody>
</table>