Thanks to our funders and host institution

Overview

1. Plan for today

2. Brief overview of NCDS

3. Some considerations for age 60

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Aim of today

Help shape the content of age 60 survey

- From us: overview of the study, and a summary of suggestions received via online consultation

- From you: the discussion sessions are a forum to make suggestions, and for cross-disciplinary interaction

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After today

- Your input will be used to draft questionnaires this year, and may also lead to further co-funding applications

- Further online consultation in late 2016 - at that stage the likely priority will be cuts, rather than new content

- Development work, piloting in 2017

- Fieldwork in 2018

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NCDS age 60 Scientific Development Group

- Alissa Goodman (Professor of Economics, PI of NCDS, CLS, UCL Institute of Education)

- David Bann (Lecturer and Co-I of NCDS, UCL IOE)

- Gabriella Conti (Reader in Economics, Co-I of NCDS, UCL IOE)

- David Batty (Reader in Epidemiology, UCL)

- James Nazroo (Professor of Sociology, University of Manchester)

Consultation event: plan for the morning

Overview

Health, wellbeing and cognition: including topics such as physical health, mental health, medical care, health behaviours, cognitive function

Finances and employment: including topics such as work, income, wealth, retirement plans and education

Family, relationships and identity: including topics such as social networks, relationships, neighbourhood, social capital, social and political participation, attitudes and values, and religion

30 minutes discussion in plenary for each

Please stay for lunch afterwards to continue discussion informally

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Brief overview of NCDS

- Longitudinal birth cohort study of all babies born in a single week in GB (second oldest of UK's four national birth cohorts)

- 98.1% of all babies took part in the first birth survey

- High retention, >9k in recent sweeps (study in touch with 12.5k of original 18k)

- Multidisciplinary content spanning social and biomedical

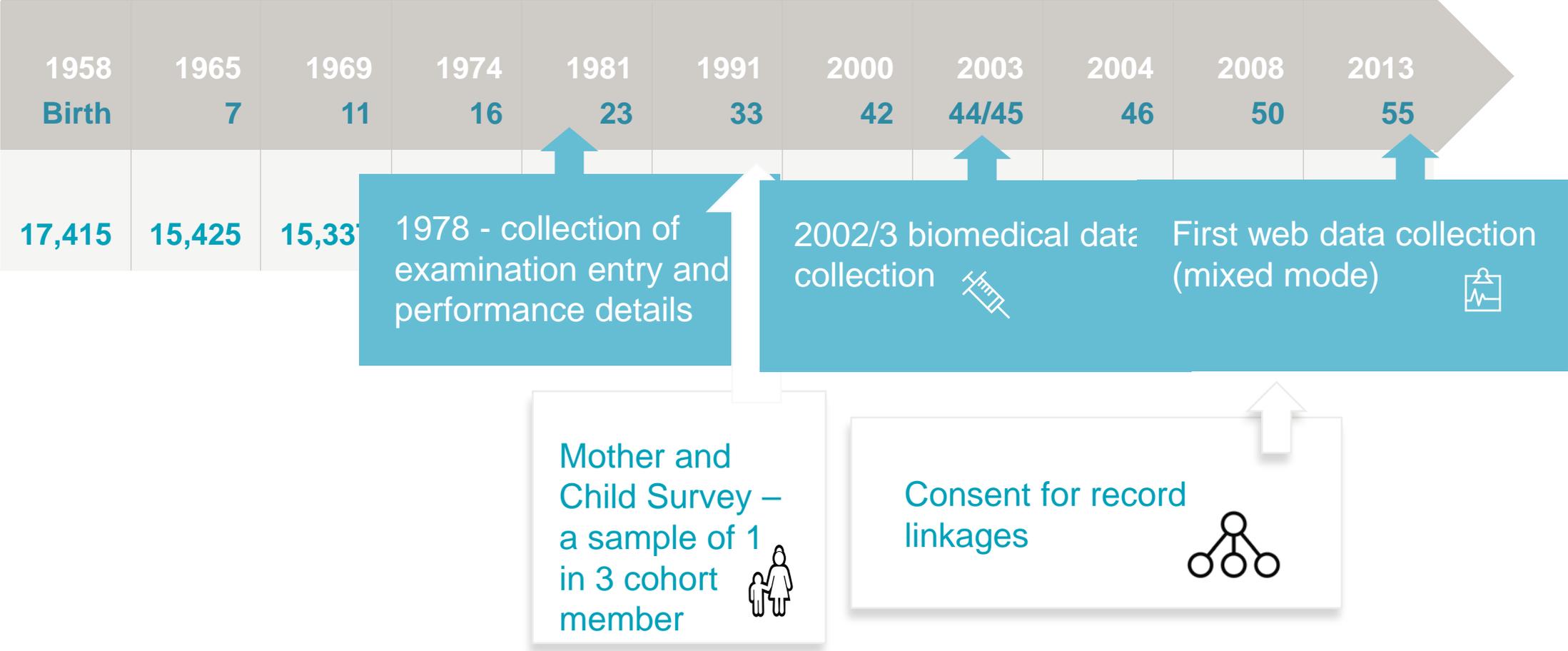- Outstanding contribution to science and policy across many areas

NCDS study timeline

1958 Birth	1965 7	1969 11	1974 16	1981 23	1991 33	2000 42	2003 44/45	2004 46	2008 50	2013 55
17,415	15,425	15,337	14,654	12,537	11,469	11,419	9,377	9,534	9,790	9,137

NCDS study timeline

1958	1965	1969	1974	1981	1991	2000	2003	2004	2008	2013
Birth	7	11	16	23	33	42	44/45	46	50	55
17,415	15,425	15,331								

1978 - collection of examination entry and performance details

2002/3 biomedical data collection

First web data collection (mixed mode)

Mother and Child Survey – a sample of 1 in 3 cohort member

Consent for record linkages

Topics covered

Birth	School years	Adult
Household composition	Household composition	Household composition
Parental social class	Parental social class	Employment
Obstetric history	Parental employment	Social class
Smoking in pregnancy	Financial circumstances	Income
Pregnancy (problems, antenatal care)	Housing	Housing
Labour (length, pain relief, problems)	Health	Health
Birthweight, length	Cognitive tests	Well-being and mental health
	Emotions and behaviour	Health-related behaviour
	School	Training and qualifications
	Views and expectations	Basic skills
	Attainment	Cognitive tests
		Views and expectations

Age 44/5 biomedical sweep 💉

Approximately 9,000 study members took part at age 44/5 (2002/3)

- Biosamples: blood, saliva
- Blood pressure, pulse
- Standing and sitting height
- Weight, waist and hip circumferences
- Respiratory symptoms, ventilatory function (FEV1 and FVC)
- Visual acuity (near and distant), refractive error
- Hearing thresholds
- Depression and anxiety disorder (CIS-R)
- Chronic widespread pain
- Use of medications
- Alcohol use (AUDIT)
- Food frequency questionnaire, exercise habits

From early and late morning saliva: cortisol
Glycosylated haemoglobin
fibrinogen
Tissue plasminogen activator
Von Willebrand factor
C-reactive protein
Triglycerides
Total and HDL cholesterol
Total and allergen-specific immunoglobulin E
Insulin-like growth factor 1
Vitamin D
DNA
Lymphoblastoid cell lines

Record linkages in NCDS

Cohort member and partner consent (age 50)

- Economic records
- Health records

Parents of cohort members flagged on NHS register
(via Section 251 support)

HMRC annual earnings,
self-assessment (from
1999),
HMRC National insurance
contributions (from 1974)
DWP benefits records

Health
Hospital episodes
Deaths
Cancer registrations
(England, Wales and
Scotland)

Scientific contribution of NCDS

2,481 publications

974 publications from biomedical sweep

1,172 average downloads per year from UKDS

2,429 applications for genetic data from WTCCC

Scientific questions and contribution of NCDS

- Long term effects of early life circumstances

- Intergenerational transmission of advantage and disadvantage and the processes involved

- Returns to choices and investments made across the life course

- Drivers and consequences of individual life trajectories – careers, health, relationships, fertility, poverty and disadvantage

- The changing experiences of different cohorts

Some considerations at age 60

- Major national cohort now becomes a study of ageing

- What are the key aspects of ageing and its determinants that the study should capture?

- Question 1: what makes for a better older life?

- Question 2: what sorts of scientific questions is NCDS best suited to answer?

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What people want for a better later life should set our societal goals

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What makes a better later life?

> Good enough health and financial security

> Sustain our identity and independence

> To live in a home and neighbourhood good for later life

> To have relationships, meaning and purpose

Who may be at risk in the future?

People at risk of a poorer later life in future include those:

> without decent employment pensions

> unable to save sufficiently

> who cannot sustain employability

> have not adopted healthy life-styles

> have premature chronic long term conditions

> are unable to get the care and support they need

> are socially isolated

How can we reduce these risks for better later lives?

What can we do ourselves?

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What we do before we are old greatly influences later well-being:

> Planning and preparation

> Keeping in employment

> Saving enough

> Keeping active, nutrition, weight, smoking, alcohol

> Our relationships and meaning in our lives

> Resilience to face major life changes

> Change is not easy; how do we support it?

Considerations/ scientific questions relevant for <u>this</u> study
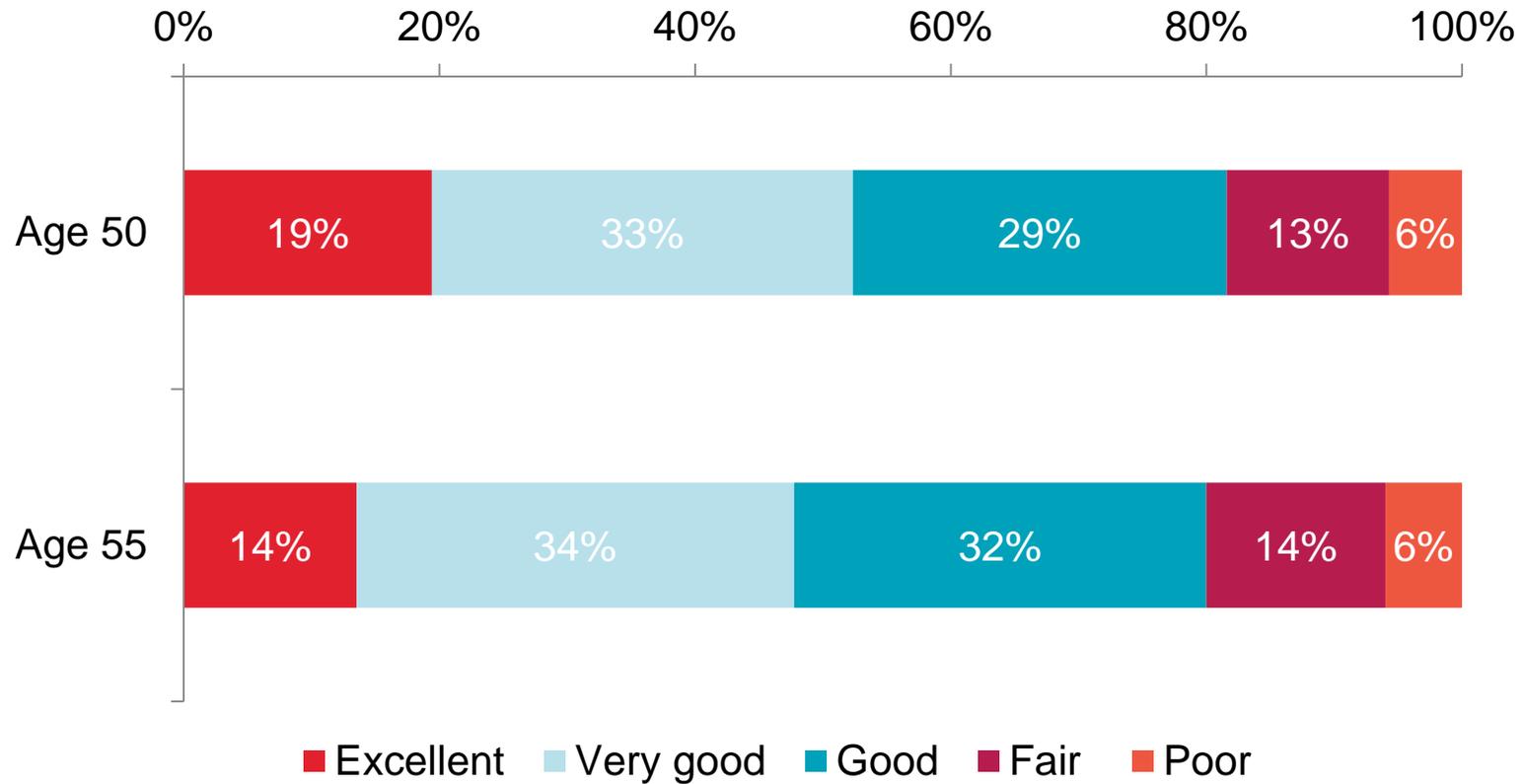
- Longitudinal/ life course element is key
  - E.g. long-term consequences of early exposures/ circumstances/ interventions
  - Short- and medium term links between different life stages
  - Factors that may reverse negative health/ other risks in later life

Considerations/ scientific questions relevant for <u>this</u> study

- Specific point in the life course – age 60
  – Health risks accumulating and increased occurrence of health events
  – Changes to healthy behaviours may still be effective in reducing health risks
  – Labour market exits (health), others planning for longer working lives
  – Wealth represents potential living standards better than income (e.g. pensions, housing, inheritances)
  – Caring responsibilities

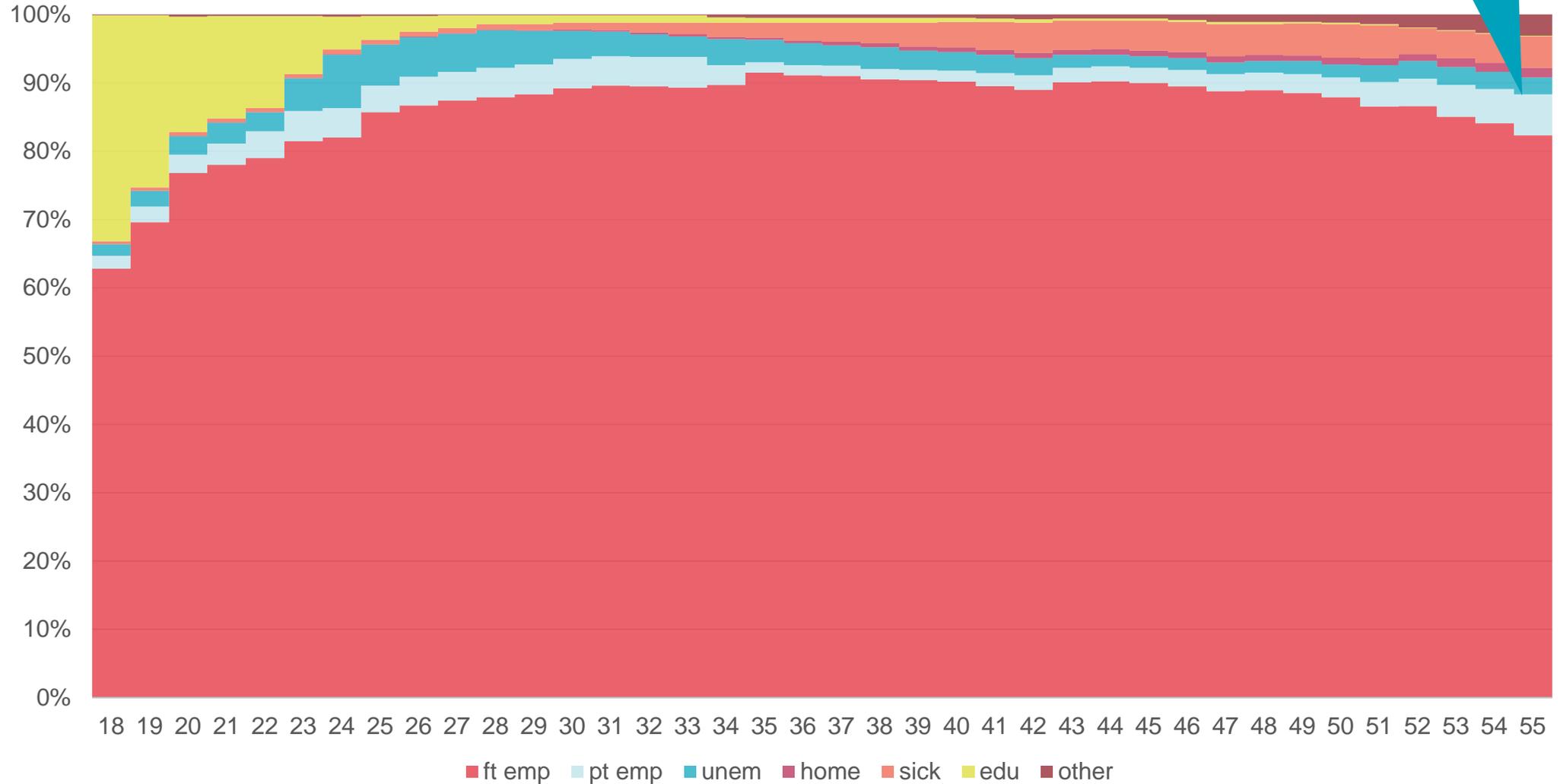# Health: most of the cohort still in good self-rated health

Age 50	Excellent 19% / Very good 33% / Good 29% / Fair 13% / Poor 6%	
Age 55	Excellent 14% / Very good 34% / Good 32% / Fair 14% / Poor 6%	

Legend: ■ Excellent ■ Very good ■ Good ■ Fair ■ Poor

Employment: relatively few exits by age 55

Men

Of those in work at age 50, 8.2% not in work by 55

ft emp   pt emp   unem   home   sick   edu   other

💼 Employment: relatively few exits by age 55

Women

Of those in work at age 50, 10.6% not in work by 55

Legend: ft emp | pt emp | unem | home | sick | edu | other
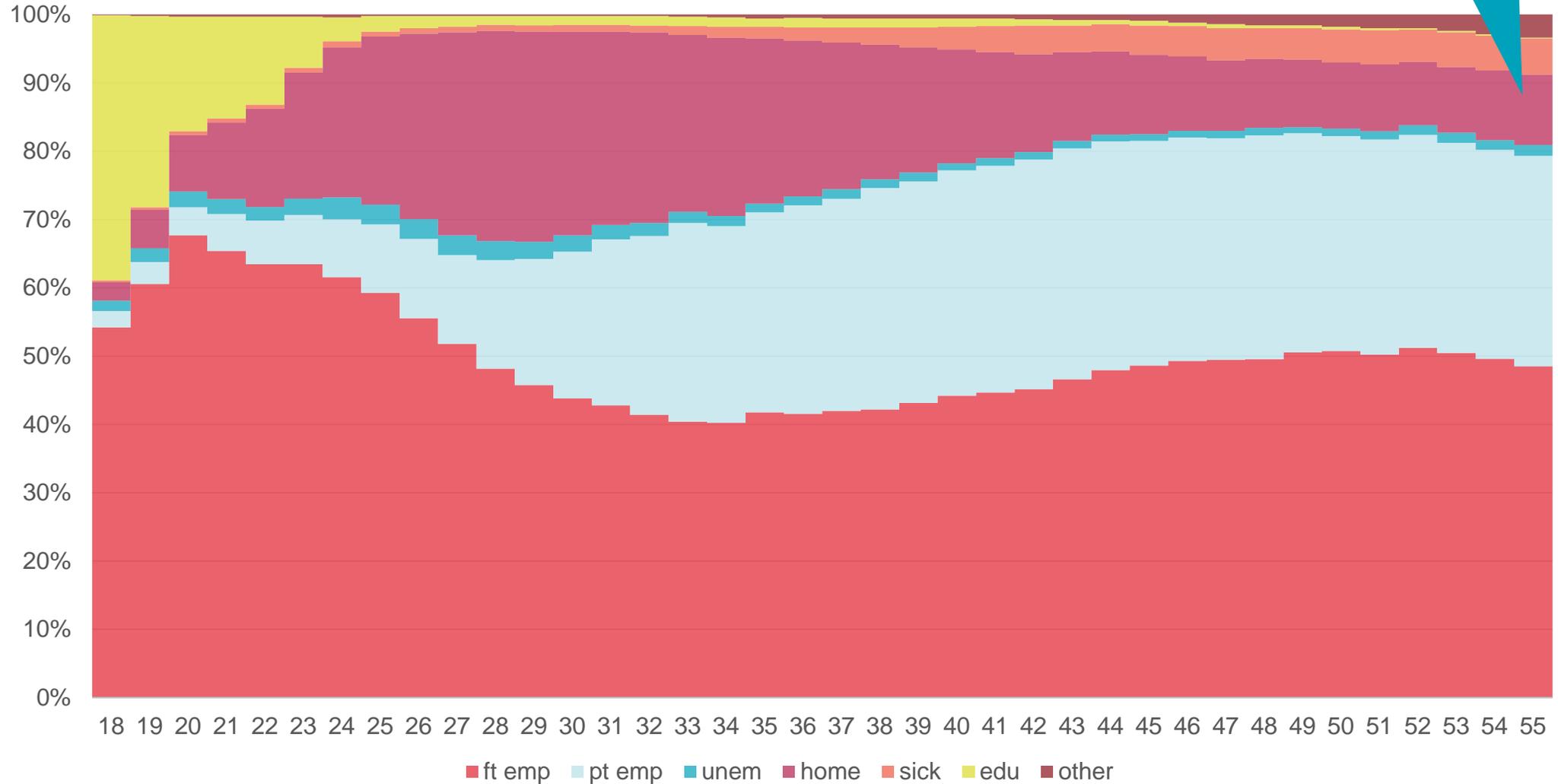
Net family income across a working lifetime
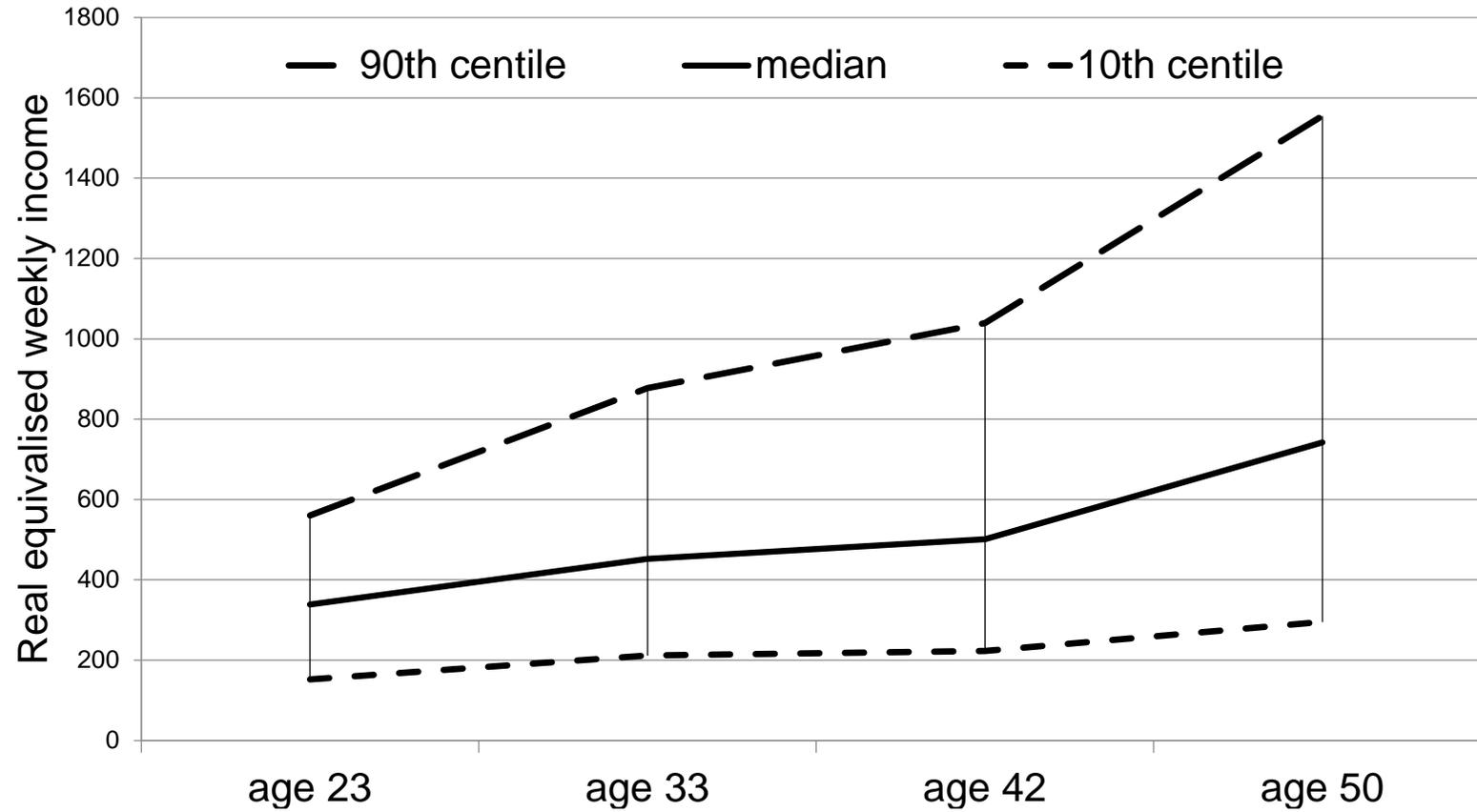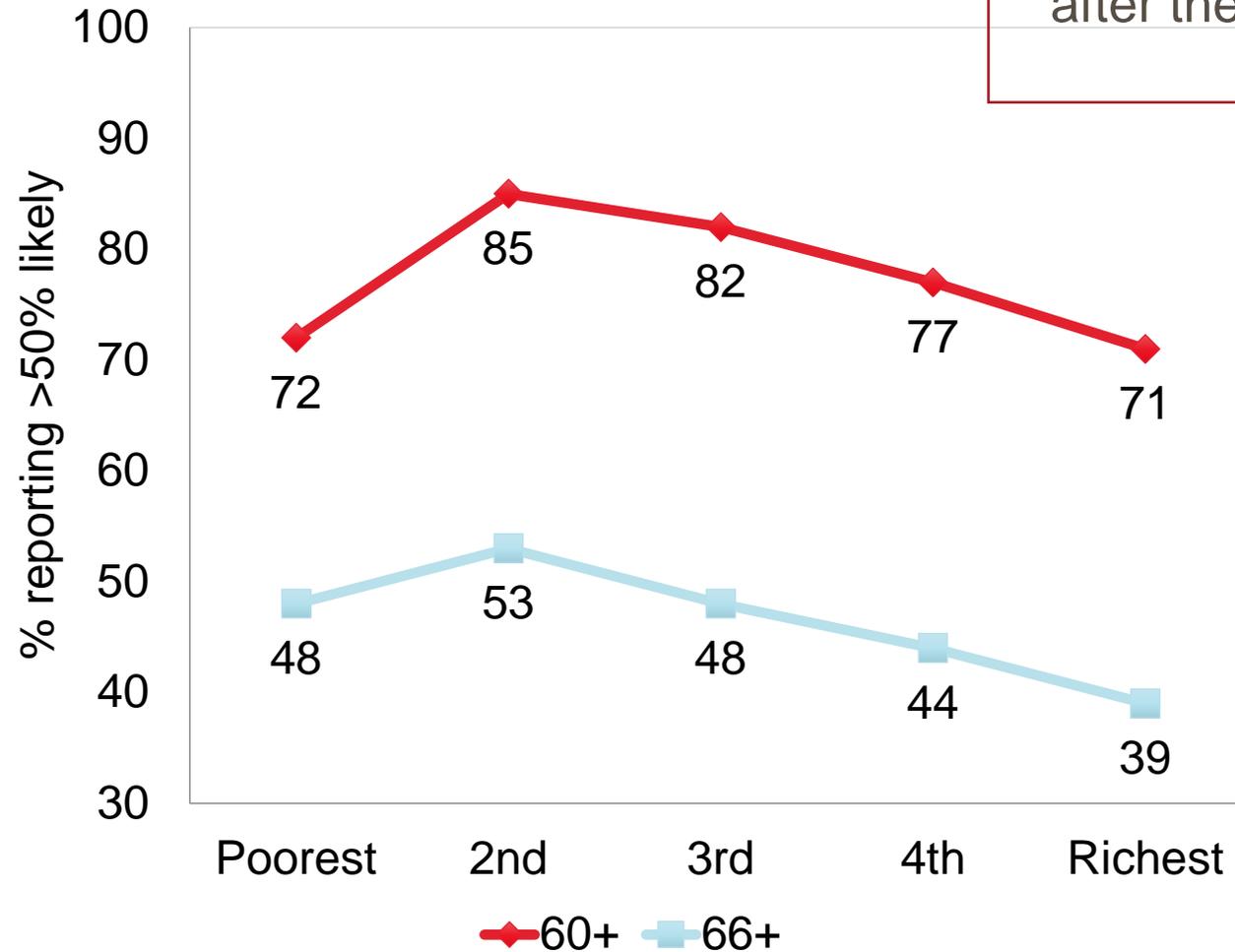
Family life, e.g. caring responsibilities at age 55:

14%
Child under 18 years

35%
No caring

6%

1%

1%

48%
Parent or in-law

10%

21%
Grandchildren
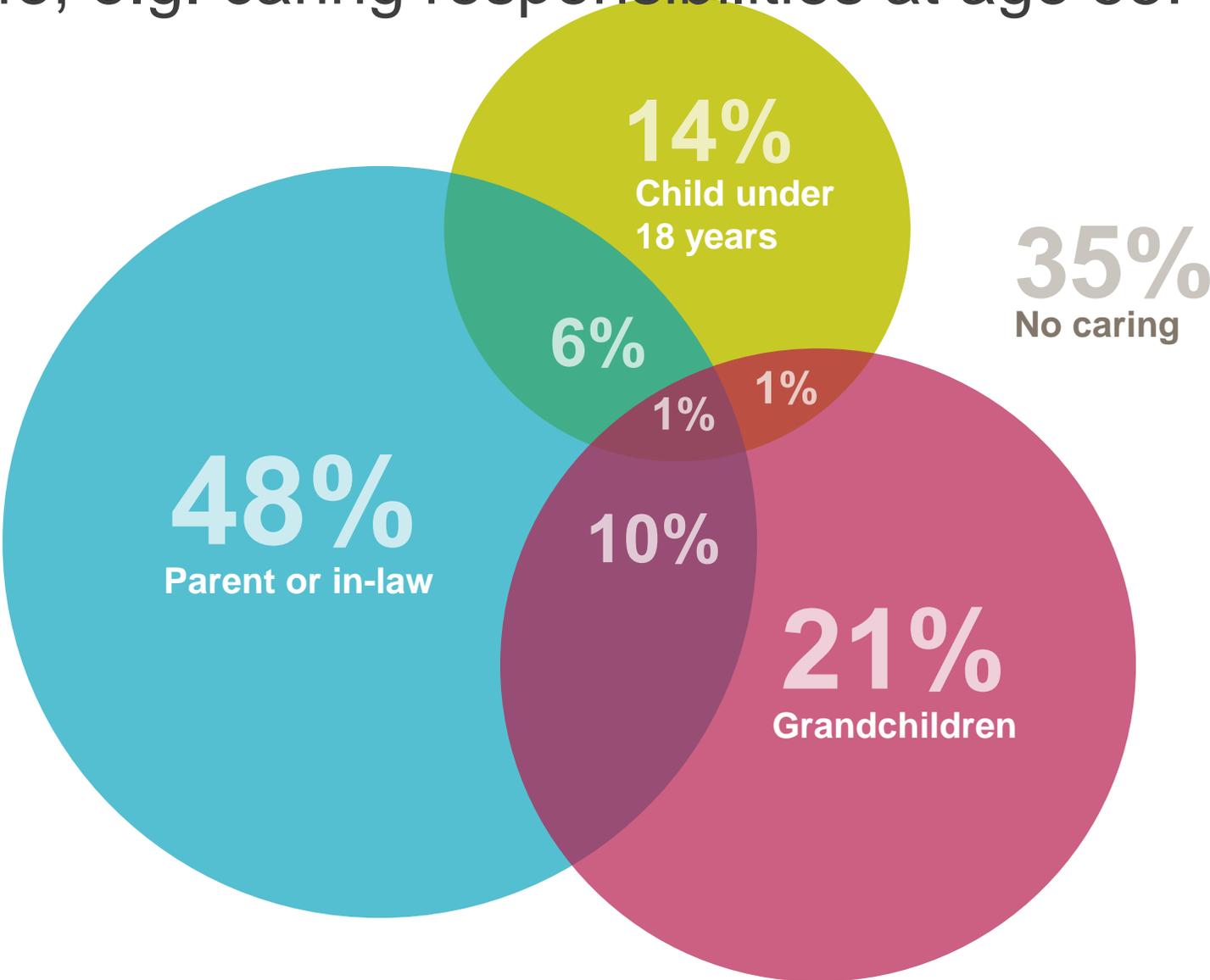
Age 60 survey

- Support from ESRC for 75 minutes interview face to face in the home; plus potential advances self-completion element

- Co-funding sought for biomedical enhancement to enable 45 minutes of additional measures, by nurse interview in the home

Indicative timings for a 75 minute interview	Minutes
Household composition, relationships, children (Grids)	6
Family	5
Housing	5
Employment and income	21
Cognition	8
Lifelong learning	5
Health	10
CASI – Self-completion	10
Contact information	5

Biomedical sweep (funding not yet secured) : would allow nurse interview
Anthropometric measurements
Grip strength
Balance assessment
Blood pressure, resting heart rate
Effect of static and dynamic exercise on blood pressure
Blood samples (storage for future analytes); urine samples
Blood analytes (a limited set)
Recall module (1 in 3) (NIH)

Some considerations

For each question -
Why is it best placed in context of __this__ study?

What is the scientific/ policy question it is designed to answer

Comparability with
other cohorts/ international data

Home visit planned

Other modes of data collection appropriate for certain parts?

Each sweep a contribution to a life course project
- Longitudinal continuity is key.
- For new constructs, think about ones we will wish to measure throughout older age

Data linkages – suggestions, and implications for questionnaire content

Maximising response rates a crucial objective

Important to keep in mind
length of questions, respondent burden, balance of questionnaire

Innovative suggestions welcome!

Some scientific contributions include

- Early life determinants of health and well-being up to mid-life

- Intergenerational mobility in income, worklessness, occupation, poverty

- Skills development throughout life and returns to education and training

- Gender differences in pay and employment; maternal employment

- Scarring effects e.g. of recession and unemployment

- Partnership and fertility choices and their relationship to health

- Mental health trajectories and their determinants

- Healthy behaviours across the life course