

A close-up photograph of two elderly individuals, likely a man and a woman, smiling warmly at each other. The image is slightly blurred and has a soft, warm color palette, serving as a background for the text.

HOW RELEVANT IS ACTIVE AGEING

EVIDENCE FROM PORTUGAL

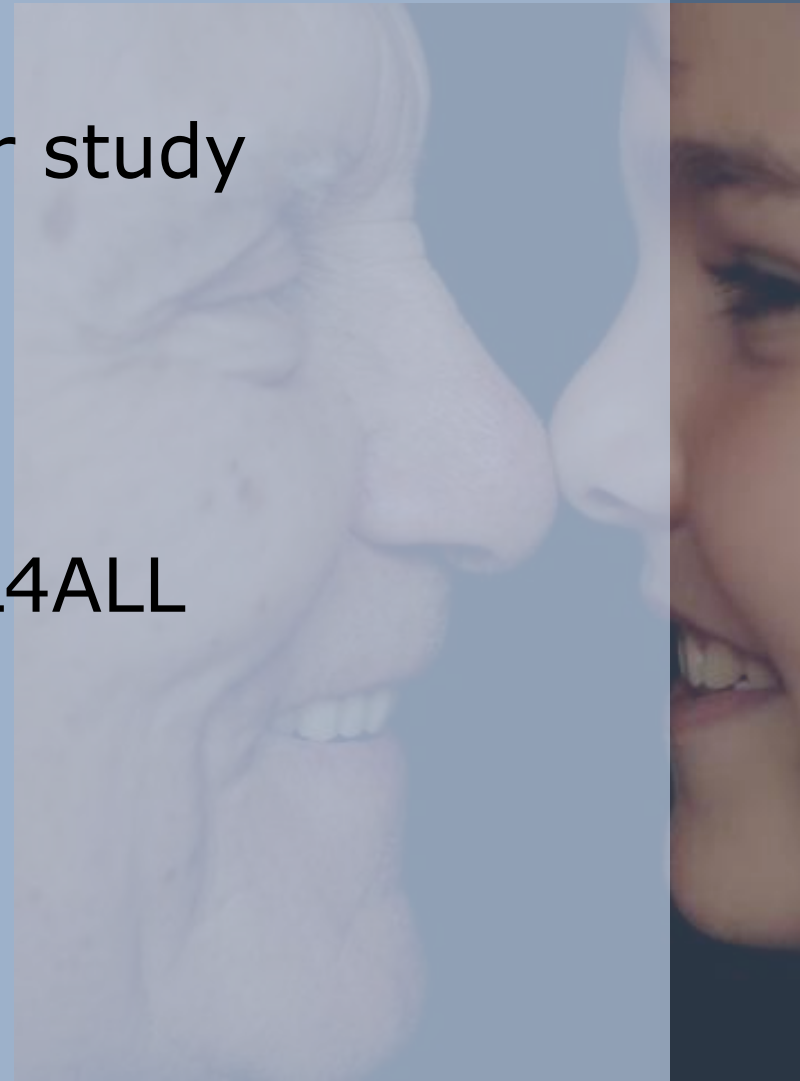
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NOVA Health Care Initiative

• Outline

- Purpose
 - Purpose of our study
- Method
 - Methodology
- The AAI
 - About the AAI
- AAL4ALL
 - About the AAL4ALL
- Approach
 - Approach
- Results
 - Results
- Discussion
 - Discussion



• Purpose of the study

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

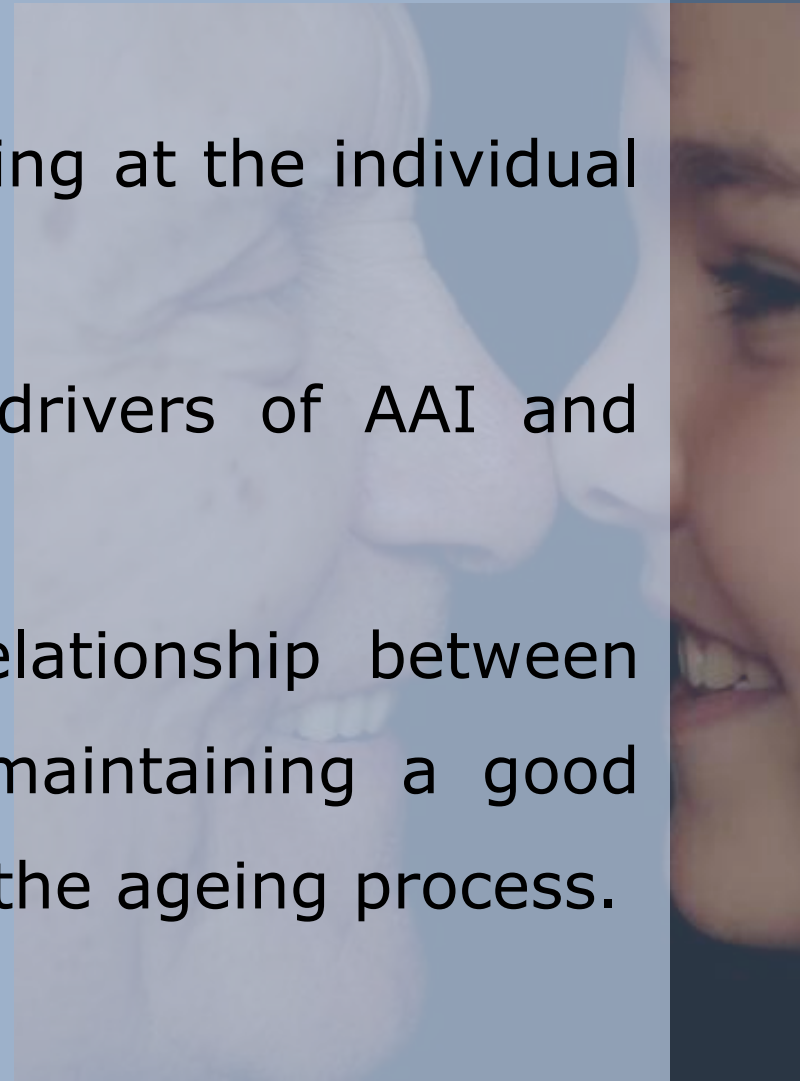
Why?

- 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
- The AAI
- AAL4ALL
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• Method

- The AAI
 - AAL4ALL
 - Approach
 - Results
 - Discussion
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?

- AAL4ALL
 - Approach
 - Results
 - Discussion
- 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 ?

- Approach
 - Results
 - Discussion
- 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

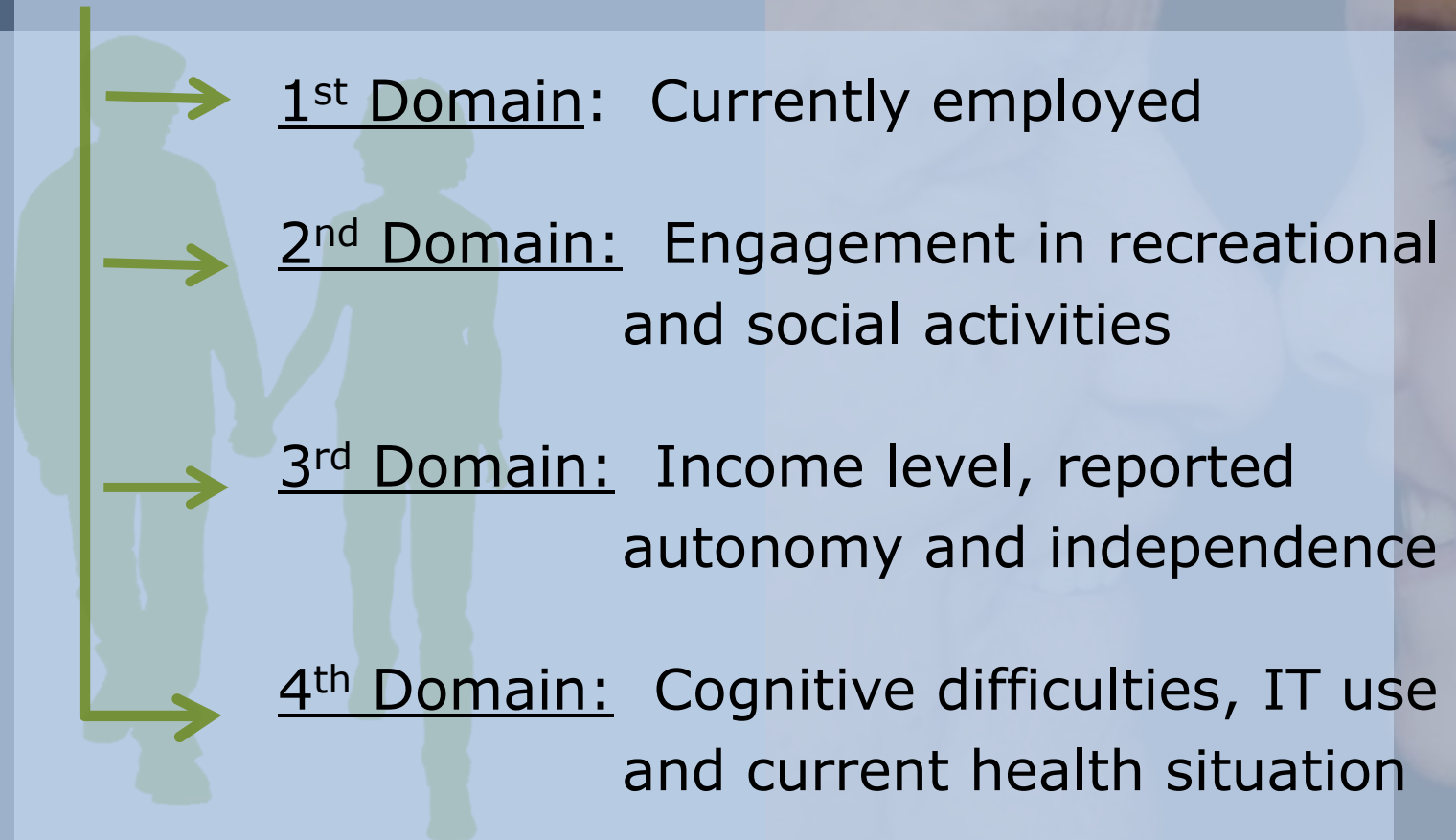
• Results

• Discussion

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.

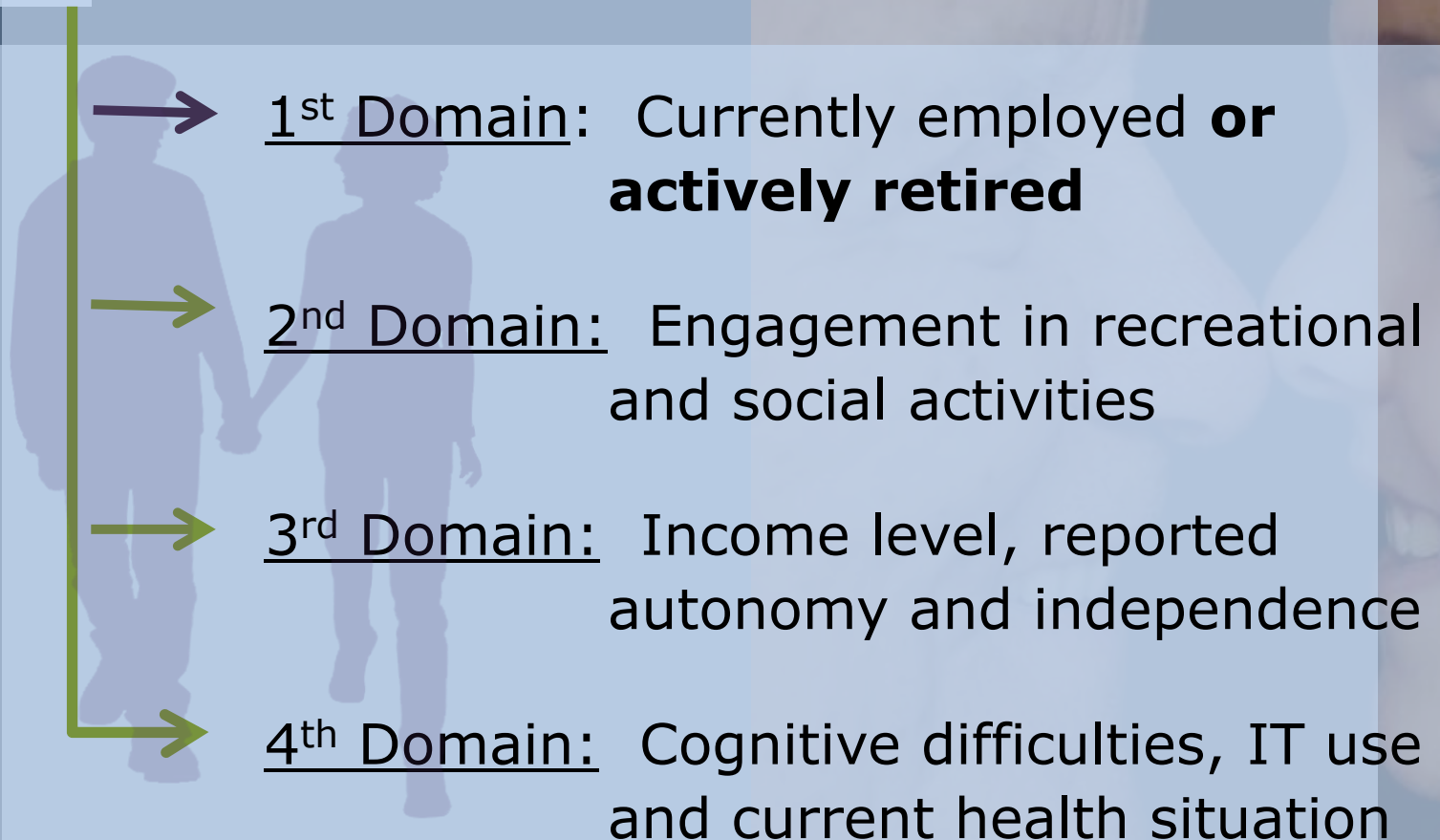
• 1.1 Individual AAI I

- Results
- Discussion



• 1.1 Individual AAI II

- Results
- Discussion



• 1.1 Individual AAI - Distribution

- Results
- Discussion

Age Group	Gender	AAI I	AAI II
55-59	F	0,611	0,519
	M	0,631	0,532
60-64	F	0,444	0,437
	M	0,535	0,489
65-69	F	0,425	0,439
	M	0,451	0,459

Table 1 - Active Ageing Index by gender and age group

• 1.2 Individual AAI - Results

• Results

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

• Discussion

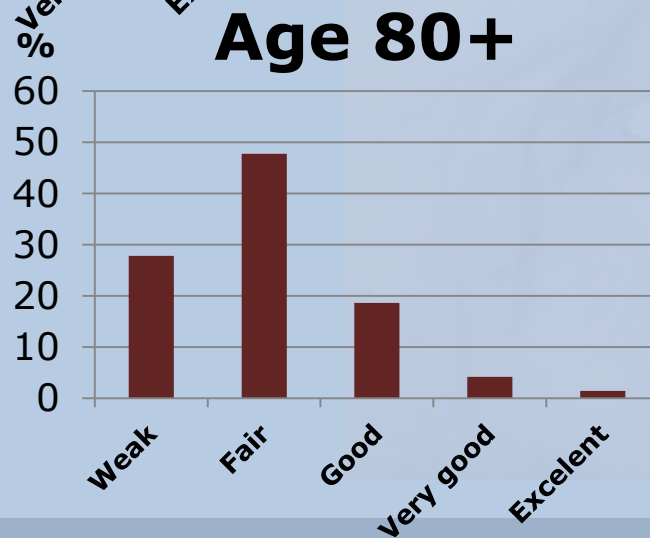
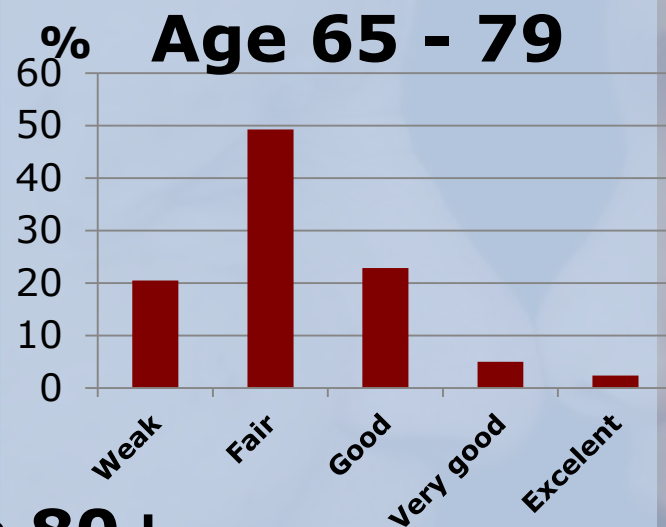
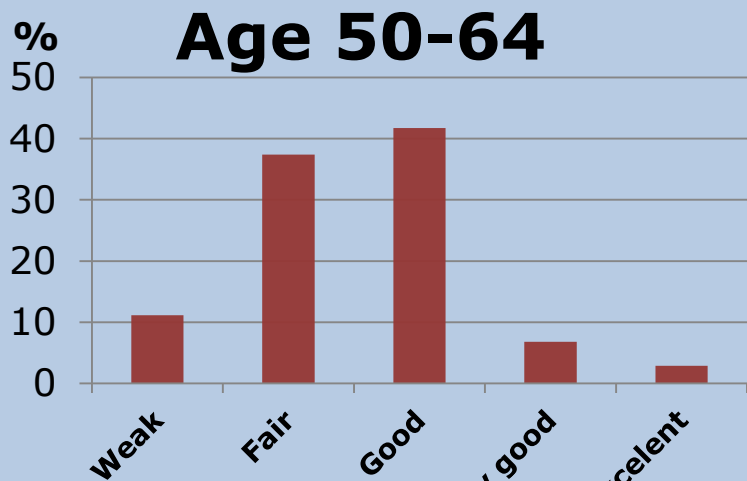
- Feeling in good health and attending social spaces at least 2 or 5 days a week boosts the index;

- 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



• 2. Self Assessed Health - Regression

- Results
- Discussion

3-equations system

$$\mathbf{SAH}_i = \gamma \mathbf{Z}_i + \mathbf{a}_i$$

$$\mathbf{AAI}_i = \beta \mathbf{X}_i + \mathbf{e}_i$$

$$\mathbf{useAAL}_i = \delta \mathbf{V}_i + \mathbf{u}_i$$

Eq 1.

Self Assessed
Health

Eq 2. Active Ageing
Index

Eq 3. Use of AAL
services

• 2. Self Assessed Health – Main results

- Results
- Discussion

Variables	SAH - AAI I -	SAH - AAI II -
Female	0.161* (0.0876)	0.151 (0.0949)
Income	0.548*** (0.155)	0.791*** (0.167)
AAI	6.655*** (0.589)	5.011*** (1.043)
IADL dif.	0.280*** (0.101)	0.259** (0.118)
Mobility dif.	0.280*** (0.101)	-0.579*** (0.111)
Home support	-0.388*** (0.106)	-0.0730 (0.228)
Social Activ.	0.0141 (0.129)	-0.364*** (0.104)
Use of AAL	-0.388*** (0.106)	-0.0789 (0.133)
Observations: 1,027		

Table 2 – Some results from the SAH estimations

• Overall Results

• Discussion

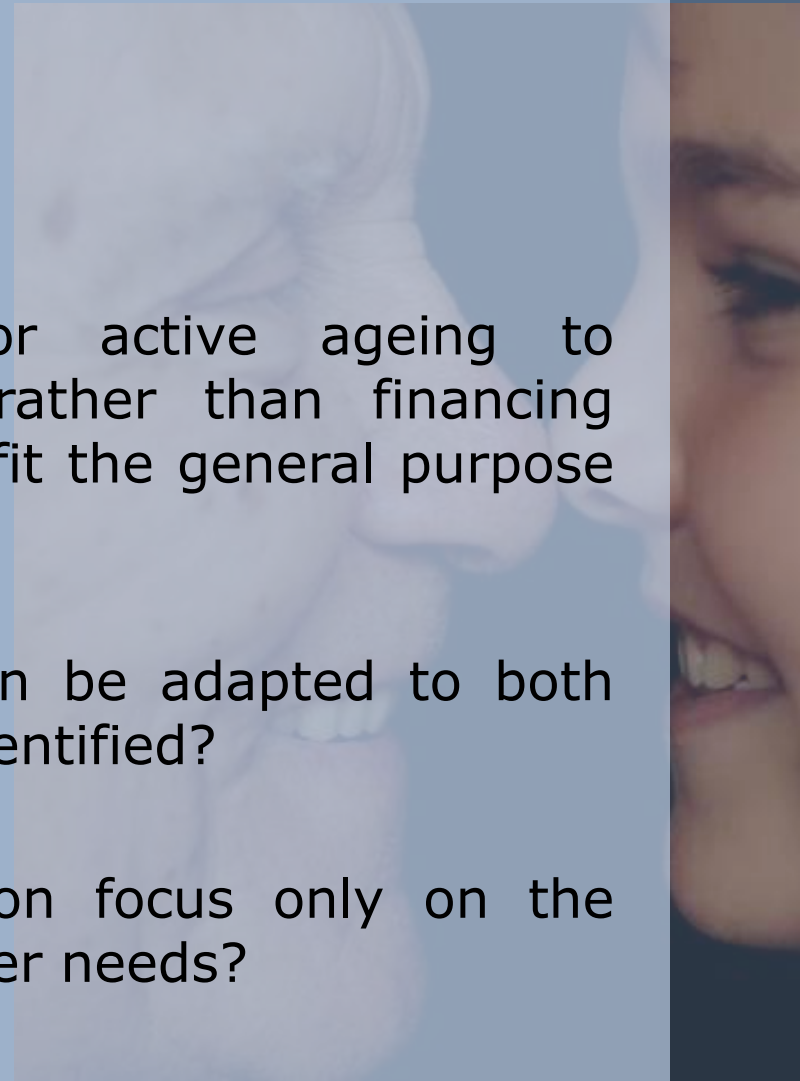
- People reporting higher health status have higher activity levels (vice-versa);
- Access to services is relevant in particular for people in retirement and with low income;
- AAL users either are wealthier and give less value to money or have higher needs and give higher value to these services.

• Overall Results

• Discussion

- 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?