

SUCCESSFUL AGING AND ACTIVE AGING IN TAIWAN

HEI-CHUAN HSU

MING-CHENG CHANG

TAICHUNG HEALTHCARE AND MANAGEMENT
UNIVERSITY



Objective of the study.

- To work out health and social indicators for successful aging and active aging in Taiwan.
- To examine associations between demographic and socioeconomic characteristics and successful aging or active aging.



Definition.

- Successful aging and active aging may be defined as a “state of complete physical, mental, and social well-being”. In more specific, successful aging is proposed to cover four health and social indicators physical function, cognitive function, melancholia, and social support. In addition to these four indicators, active aging involves in an active participation in social activity.

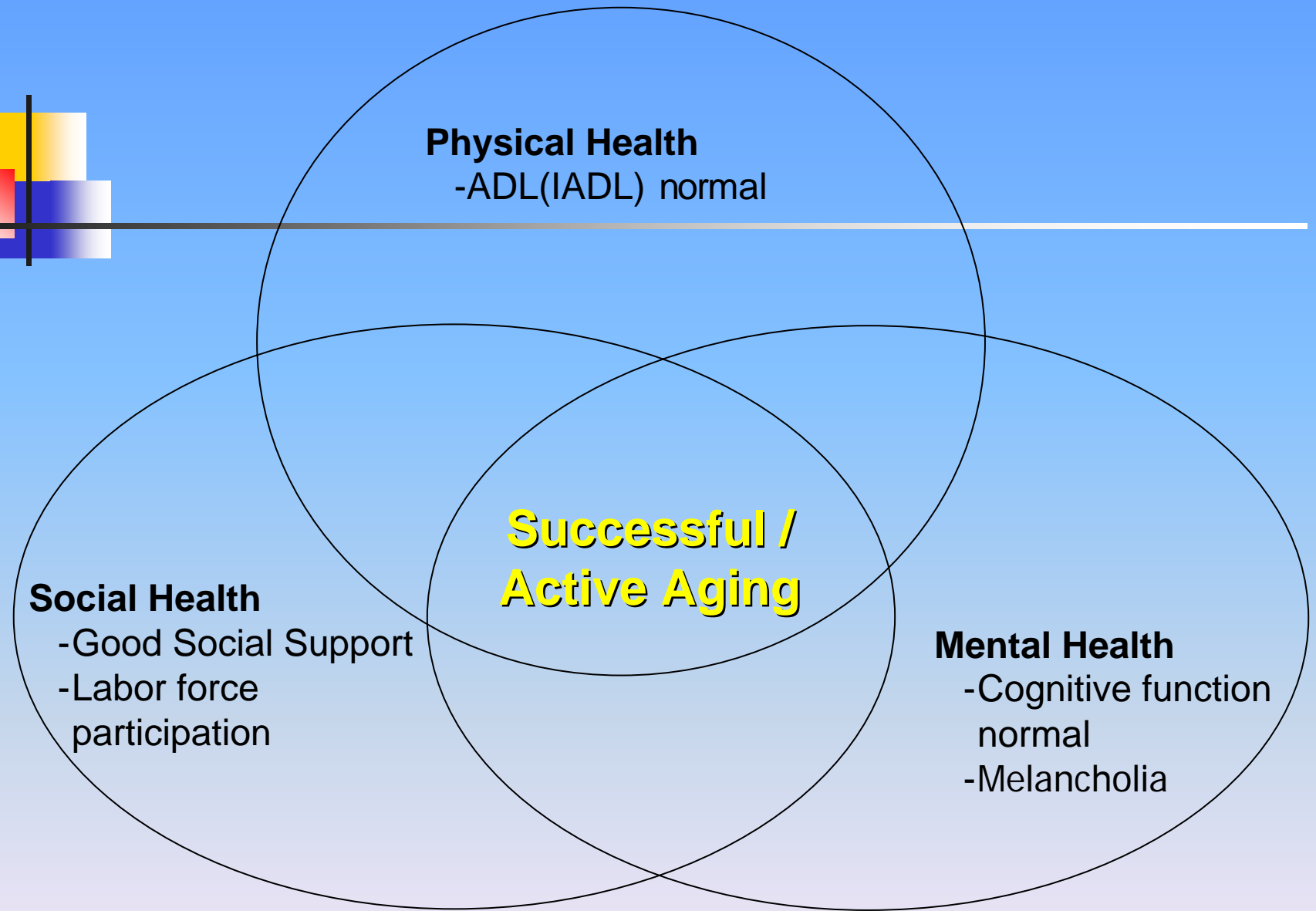
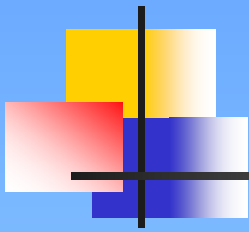


Figure 1. Three Dimensions for Successful and Active Aging



Data and Methods.

1. Data and sample

The Surveys of Health and Living Status of the Elderly have been conducted approximately three years since 1989 (1993, 1996, 1999, and 2003). Although the original study focused on the elderly population (those 60 and above in 1989), the 1996 survey added a “nearly-elderly” cohort of persons aged 50-66, so in all, the study is now representative of the population age and above as of 1996. The response rate of follow-up interviews in 1993, 1996, and 1999 ranged from 88.9 to 90.1 percent. These surveys offer a rich resource of information on the characteristics and experience of this population and have been used extensively to study the health, living arrangement, and well-being of the elderly in Taiwan. For this study, we picked up the elderly aged 70 and above in 1999. there are a total of 2,310 cases.



Data and Methods.

The Surveys of Health and Living Status of the Elderly have been conducted approximately three years since 1989 (1993, 1996, 1999, and 2003). Although the original study focused on the elderly population (those 60 and above in 1989), the 1996 survey added a “nearly-elderly” cohort of persons aged 50-66, so in all, the study is now representative of the population age and above as of 1996. The response rate of follow-up interviews in 1993, 1996, and 1999 ranged from 88.9 to 90.1 percent. These surveys offer a rich resource of information on the characteristics and experience of this population and have been used extensively to study the health, living arrangement, and well-being of the elderly in Taiwan. For this study, we picked up the elderly aged 70 and above in 1999. there are a total of 2,310 cases.



Data and Methods.

2. Measure

- 1) Physical health is measured ADL (activities of daily living) and IADL (instrumental activities of daily activities). ADL is measured any difficulty of getting out of bed, standing up, or sitting in a chair, dressing and undressing, going to the toilet, bathing, moving about the house, and bathing. IADL is measured by any difficulty of buying personal use items (like soap, medicine), managing money, paying bill, riding the bus or train, doing physical work around the house, and using the telephone. If no difficulty of any of above items or the duration of difficulty of any item less than three months is defined as a normal situation.



Data and Methods.

2. Measure

2) Mental health refers to cognitive function and melancholia. Its measurements are as follows (a) Cognitive function is measured by 10 questions (SPMSQ) regarding address of residence, age, current president, and date of today ,etc. The scores ranges from 0-10 and are classified by educational level to identify normal or abnormal

Education	Normal	Some problem	Severe problem
Illiterate	6-10	4-5	4 or below
Primary	7-10	5-6	5 or below
Junior high and above	8-10	6-7	6 or below



Data and Methods.

The normal situation refers to good cognitive function and is a dimension of successful aging and (b) Melancholia is measured CES. 10 questions such as not interested in eating, have a poor appetite feel that doing anything was exhausting unable to sleep feel lonely feel people around you weren't nice to you, etc. were asked to the elderly in the past week.

Using the transformation of T-score (Kohout, et al., 1993), the elderly who got 8 scores or more is defined as having melancholia. Those whose scores 7 or less are normal situation.



Data and Methods.

3) Social well-being

Social well-being covers social support and exchange of support. In addition, social and labor force participation will be involved.. For social support and exchange of support, four dimensions will be considered (a) degree of satisfactory with the type of emotional or psychological support received from family or relatives (b) degree of satisfactory with sick care and financial assistance received from family and relatives (c) listening your talking by your family or relatives when you have problems or worries and (d) providing assistance to baby sit/ house chores/ sick care/ economic needs for daily life. If there is positive response to 4 items, the ranking of social support is top. For three items, the social support is middle. For two items or fewer, social support is low or none. In addition, the elderly who involved in any of voluntary work or economic activity is another indicator of active aging.