Overview

- Background
- Impact of COVID-19
- Computer-Assisted Video Interviewing (CAVI)
- Adaptations to ELSA Wave 10
- Prescribed Medicine Coding
- Accelerometry
English Longitudinal Study of Ageing (ELSA)

- People aged over 50 and their partners
- Started in 2002, every 2 years
- Looks at: Health, Living standards, Well-being & Financial situation
- Collaborators: University College London (UCL), Institute For Fiscal Studies (IFS), University of Manchester, University of East Anglia
Questionnaire Content

- Household demographics
- Individual demographics
- Health and drug coding
- Social participation
- Work and pensions
- Income and assets
- Housing and consumption
- Cognitive function
- Expectations
- Effort/reward
- Psychosocial health
- Measurement (weight, timed walk)
- Final questions
- Contact block
  - Consent to the activity monitor sub study
  - Data linkage consents
  - Incentives
- Admin block
- Self completion questionnaire
Impact of COVID-19 on Fieldwork

- Wave 10 due to launch in April 2020
- Face-to-face fieldwork was put on hold
- Explore alternative modes of data collection
Computer-Assisted Video Interviewing (CAVI)

- Increased use of video calling tools during pandemic
- 1970 British Cohort Study (BCS70) CAVI Pilot (76% response rate)
- ELSA Wave 10 CAVI Pilot (31% response rate)
- Mainstage CAVI (32% response rate)
- CAPI-first resumed March 2022 - option to request CAVI
Adaptations to Interview Content

- Showcards shared on screen
- Paper self-completion questionnaires sent in advance and sent back by respondent
- Verbal data linkage consent
Lessons learned

- Video interviews are technically feasible
- Some interview components work well, some are not possible
- Response rates may be lower
- Interviewers require technical training
- Some respondents and interviewers prefer CAVI
- Concurrent interviews possible
Prescribed medicine coding

- Module of questions about prescribed medications and over-the-counter statins
- Previously: nurses coded prescribed medications using a paper booklet. As nurse visit postponed until Wave 11, this part of the study was moved to the main interview.
- Currently: interviewers now record medications using look-up table with the CAPI questionnaire. Records: name, dosage, medication type and selects from a list to assign the British National Formulary (BNF) code. Core members & partners.
Prescribed medicine coding

- Designed in collaboration with ELSA collaborators and NatCen Biomedical Centre
- Pilot and debrief sessions – positive feedback
- Of ~13,000 medicines, 79 not coded using look-up (free text response)
- Of the 79: 34 to be back-coded, 29 need further clarification from collaborators, remaining 16 incorrect/insufficient information to code
Accelerometry

- To measure physical activity levels for 8 consecutive days and nights
- Activity monitor and wrist strap posted to respondents
- £5 e-voucher on receipt of activity monitor being returned to the office
- 75% of households eligible – selected at random. Core member and partner eligible.
Accelerometry

- Why use an activity monitor?
  - Levels of activity and exercise are an important measure of health
  - Previous studies often ask a person to recall their activity
  - Self-reported measures tend to be inaccurate
  - The activity monitor records exactly what a participant does, including vigorous and sedentary activity
  - Being able to provide accurate results on activity is crucial for research
Accelerometry

- Question in interview, administered from office (monitor, wrist strap, leaflet, postcard, freepost envelope)
- Response rate of 82% (so far)
- Feedback plots and summary letter sent to respondents
Contact

Alexandra Lee
alexandra.lee@natcen.ac.uk
https://www.elsa-project.ac.uk/