

# English Longitudinal Study of Ageing (ELSA) Wave 10: Changes and Adaptations

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# **Overview**

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- **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)**

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- 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

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- 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
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# **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**

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- 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**

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- **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**

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- **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**

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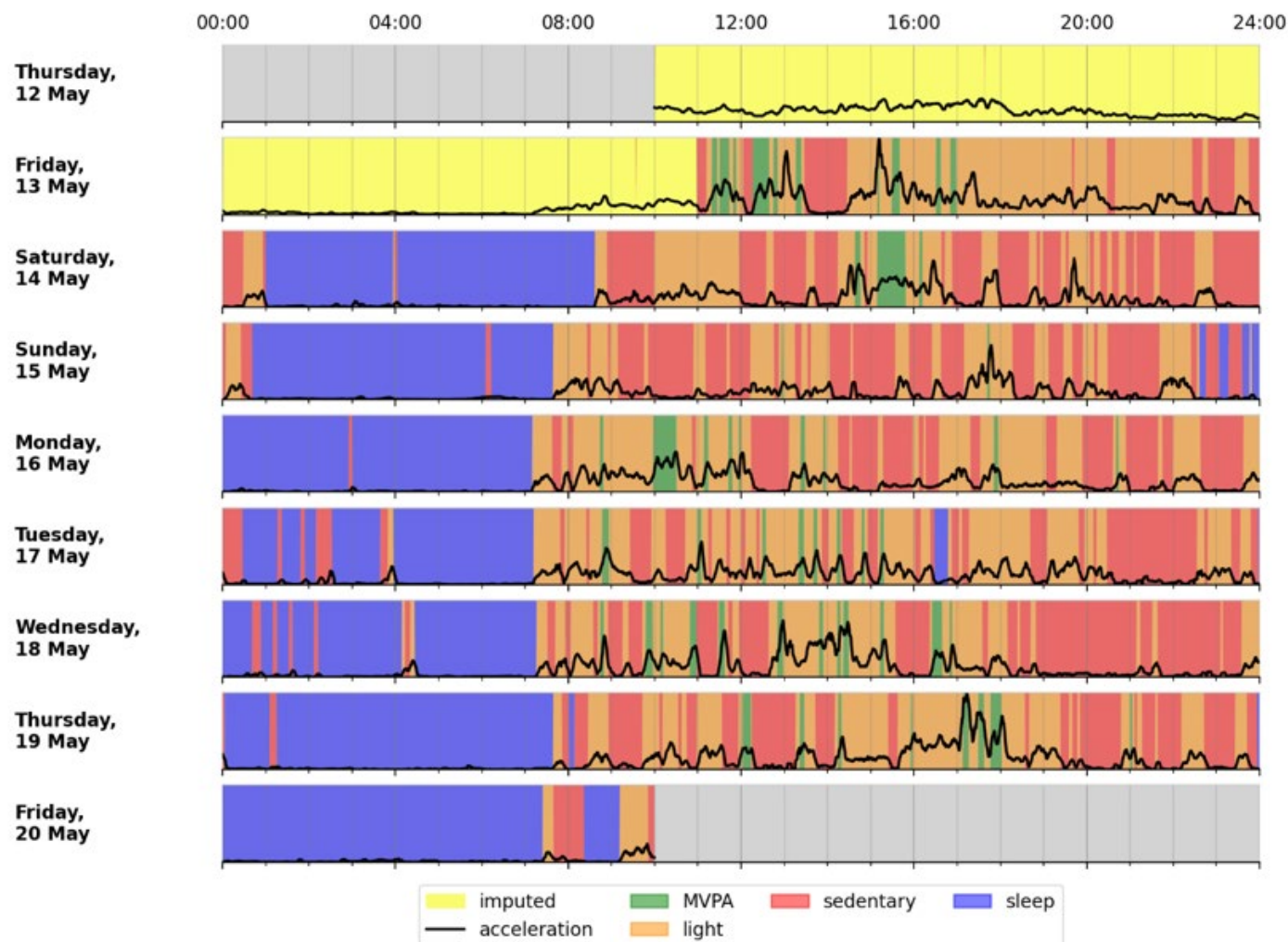
- **Why use an activity monitor?**

- 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



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## Contact

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