



Newsletter

2016

Welcome to the 2016 Hertfordshire Cohort Study Newsletter!

Message from Professor Cyrus Cooper, Unit Director



It is my pleasure to be contacting you again with updates on our work over the past year. This newsletter outlines some of the initial findings from our discussion groups investigating influences on diet in older age. Our work and health team also describe their results regarding the relationship between different types of employment and health.

The HCS team have also been working hard on preparing our next phase of research which will hopefully involve extending the Hertfordshire Cohort across generations. We hope to be in contact with you all in the near future with further details about this.

I would like to take this opportunity to whole-heartedly thank you for your continued support with our research over the years.

The Hertfordshire Cohort Study Team



Lifestyle discussion groups – what we found

Between March and September 2014 we held a series of discussion groups in Hertford with some of you. We chatted about influences on diet, lifestyle and ageing. In total we ran 11 discussion groups with a total of 92 participants. The feedback we received from those of you who took part was very positive – lots of you found the discussions interesting, worthwhile and even quite enjoyable! We have now analysed the information about diet that we collected from the groups. Perhaps not surprisingly, we found that various aspects of ageing had a significant impact on diet. They included food experiences over a long lifetime, retirement, bereavement, medical conditions, as well as environmental factors (such as transport or cost). We found that there were underlying psychological and social factors that appeared to influence how people responded to these influences. Here are some of the things you said about the need to “keep going” and the importance of being motivated:

“I would really like to try and do it myself and I think the art is trying to keep going as long as you can”

“Making sure you can keep doing all the things you did all your life ... and that’s only by keeping on doing exactly what you’ve always done, not suggesting that you’re too old anymore and that’s my policy”

And about social activities, isolation, community spirit and loneliness:

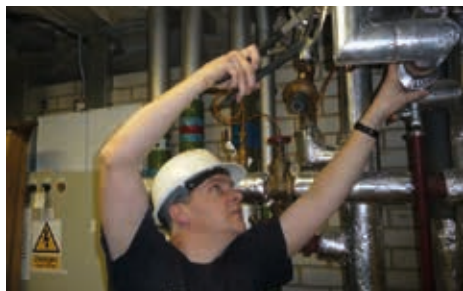
“I think loneliness is a very big factor actually”

“It’s lovely if family come or you go out. I do like eating out ... just for the fact that you’ve got company”

“We have a monthly pub lunch ... you see people there that you probably haven’t seen for donkey’s years ... we meet once a month, the food is dreadful - it really is! ... I moan about it something rotten but you go again and that is very good for socialising”

This study has helped us to understand the influences on diet in later life, which will be important for future strategies to promote healthy diets in older age. We would like to thank all of you who took part for your important contribution to our study and look forward to sharing more of the results with you in the future.

Exploring work factors in relation to health in HCS



This year, the 'work and health' team have been analysing HCS data. For example, we wondered if people who had done very heavy physical jobs involving standing, lifting and activities enough to make them sweaty would have stronger bones and muscles later in life. This could be a good thing as it would make them less likely to fall over and fracture their bones. We found, perhaps predictably, that not many HCS women had done these types of jobs for any length of time.

However, lots of HCS men told us that they had done many years of heavy physical work according to these definitions. What we discovered was that doing these heavy jobs had not given the men any benefits in terms of stronger bones or stronger grip strength (muscle strength) when we measured these things in later life. This is an interesting finding because we have known for some time that men and women who choose to do a lot of active exercise in their leisure time do have benefits for their bone and muscle strength later in life and therefore, this raises some important questions for further research.

Also, we have been analysing the results of a questionnaire many HCS people completed a while ago, which allow us to explore how demanding

a job was (physically, mentally and emotionally) as compared with how rewarding that job was (financially and in other ways). Other researchers have found that people who do highly demanding jobs and feel inadequately rewarded tend to suffer poorer health with effects which have been shown even after retirement. We too have found that the mismatch of demand and reward appears to be bad for health after retirement and that the effects seem to be different for women and men. We have described which jobs most often cause this mismatch and are writing a new paper describing our results. These findings are important in order to advise employers and governments about what types of work are 'bad' for health and how to make them better in the future.

Our legal responsibilities under the 1998 Data Protection Act

We greatly value your participation in the Hertfordshire Cohort Study and take our responsibilities to you very seriously. We are required by law to be transparent about how we use your data and to handle information about you only in ways you could reasonably expect. To honour our obligations, we are repeating below some information about data protection that we've told you about before:

- All the information we hold about you is kept strictly confidential
- Information from clinics and questionnaires is identified by a unique serial number and is stored separately from your name, address and other details that could identify you. Only key members of staff can access details of your identity
- When you came to clinic, you kindly consented to us obtaining future information from your GP records. This has allowed us to get brief electronic codes from NHS Digital (formerly known as the Health and Social Care Information Centre) listing hospital admissions you had between your 1st clinic appointment and 2010. These are an abbreviated form of information held by your GP
- NHS Digital also supply us with details of participants' deaths collected by the Office for National Statistics
- To obtain hospital and death codes, we exchange NHS numbers with NHS Digital. This allows them to find and return the relevant information, and is

the only identifiable data we ever divulge to anyone

- Although we sometimes share data with other carefully vetted researchers, we never tell them anything that would enable them to identify you
- Your participation is voluntary and you can contact us using the details at the bottom of this newsletter if you wish us to destroy the information we hold about you, or not to obtain any more. This would not affect your healthcare in any way

Thank you, as ever, for your participation in the Hertfordshire Cohort Study. Do please ask us if you have any questions, and we will do our best to help.

www.mrc.soton.ac.uk/herts



Visit the Hertfordshire Cohort Study website to read more about the study's findings-to-date, see staff profiles and download copies of past newsletters and booklets

If you have any questions or comments we would love to hear from you, and if you are moving house or changing your telephone number, please let us know so we can keep in touch!

Email: hcs@mrc.soton.ac.uk
www.mrc.soton.ac.uk/herts

MRC Lifecourse Epidemiology Unit
University of Southampton
Southampton General Hospital
Southampton SO16 6YD

Tel: 023 8077 7624