



Center for Social and Economic Research - CASE

Predictors of Activities of Older Europeans in Good and Poor Health

MoPAct WP 5 research

The Future of Europe

Central and Eastern Europe in a Comparative Perspective

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Presentation outline

1. Theoretical background for the research
2. Aim and the scope of the research
3. Methodology
4. Results of the research
5. Conclusions & recommendations
6. Publications



Research theoretical background

- *Selection, Optimization, Compensation (SOC)* theory (Baltes 1997) pointing to adaptation of changing capabilities to maximize benefits and compensate losses that occur in older age
- *Continuity theory* (Atchley 1989) pointing that current activities depend on past practices and engagement



Why focusing on activities?

- With increasing life expectancy older people (65+) can expect to have 15-20 years of life ahead
- But the disablement process takes place in relation to body ageing (Vanbrugge 1994)
- About half of this life is spent in poor health (multimorbidity, disability), but only in the last two years of life dependency occurs



The aim of the WP5 MoPAct analysis (research supervised by Prof. D. Deeg)

- Shifting focus from the successful ageing of individuals with no/lower level of morbidity to individuals living with multiple chronic diseases (a typical situation in older age)
- Investigating barriers and predictors of activity among people with multiple chronic conditions

Types of activities in focus

Formal learning
activities

Volunteering

Older people in
good vs. poor health
(without vs. with
multimorbidity)

Social leisure
activities

Informal care
provision

Religious activities



Methodology

- Literature review on selected activities in older age, their relation to health status and potential predictors
- Selection of databases
- Logit model applied in the two morbidity groups (AMEs).
Multimorbidity definition → occurrence of two or more coexisting chronic conditions (van den Akker et. al. 1996)
- Set of predictors include: demography (age, sex), health status (mental, physical limitations), family structure, education, labour market participation, social participation in other types of activities
- Coverage: European Union countries



Data used

- SHARE 2010-2011 (sample of ca. 57 thousand observations): analysis of formal learning activities, volunteering, religious activities
- SHARE data panel waves of 2004-2005, 2006-2007, 2010-2011 (sample of ca. 56 thousand observations): analysis of informal care giving
- EPOSA (European Project on Osteoarthritis) 2010-2011 (sample of ca. 2.9 thousand observations): analysis of leisure activities

Results: FLA, volunteering

Type of activity	Main results
Formal learning activity (FLA)	1. High cross country differences (higher level of participation in Northern and Western Europe)
Volunteering	2. Participation strongly related to human capital (education), incomes, despite of high morbidity
	3. Employment positively associated with FLA, but negatively with volunteering (opportunity costs)
	4. Negative impact of age and poor health (lower capabilities)
	5. Social participation positively associated with FLA and volunteering (esp. religious in the latter case)

Results: informal care, leisure, religious part.

Type of activity	Main results
Informal care giving	<ol style="list-style-type: none">1. Every third person involved in care provision2. Age and poor health negatively associated
Social leisure activities	<ol style="list-style-type: none">1. More than 90% of people involved in leisure activities, also in poorer health2. In morbidity group human capital, large networks of friends, transportation, volunteering and fewer depressive symptoms are positively associated3. Driving a car (transportation independence) increases participation
Religious participation	<ol style="list-style-type: none">1. Higher part. in more traditional societies (Poland, Austria) and slightly higher in morbidity group2. Among the main predictors of activity age (+), sex (females +), functional limitations (-) and active social participation (+)3. Education negatively associated



Conclusions

- Despite different levels of participation by activity, predictors of social activity remain similar between the two groups of people: in better and poorer health
- Factors typically associated with participation include higher human capital, larger social network and participation in other types of activities
- Still, poor physical and mental health and functional limitations remain barriers in most of activities



Recommendations

- Analysis of behaviours of older people in poor health are important as health deterioration is an inevitable process while ageing, but there is a great potential for activity
- Increasing social activity of older people requires comprehensive policy, local as well as national: investments, promotion of policy, i.e.:
 - Human capital investments
 - Lack of financial barriers
 - Assurance of infrastructure means of transportation
 - Friendly and inclusive local environment supporting networking

Publication

European Journal of Ageing. Social, Behavioural and Health Perspectives

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- **Golinowska S.** et al., Participation in formal learning activities of older Europeans in poor and good health
- **Principi A.** et al., Do predictors of volunteering in older age differ by health status?
- **Schmidt A.E.** et al., Fit for caring: factors associated with informal care provision by older caregivers with and without multimorbidity
- **Galenkamp H.** et al., Predictors of social leisure activities in older Europeans with and without morbidities
- **Sowa A.** et al., Predictors of religious participation of older Europeans in good and poor health

