

THE EFFECT OF “SOCIAL PARTICIPATION”
ON THE SUBJECTIVE AND OBJECTIVE
HEALTH STATUS OF THE OVER 50:
EVIDENCE FROM SHARE

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Why the interest?

- 2012 EU year of Active ageing
 1. Continue working
 2. Stay healthy longer
 3. Engage in society such as in volunteering

Evidence on social engagement/networks and health

Positive effect on:

- Mortality (Berkman, 1979 and 1984; Croezen et al., 2010).
- Cardiovascular mortality (Kawachi et al., 1996; Olsen, 1993),
- Ischemic heart disease (Vogt, Mullooly, Ernst, Pope, & Hollis, 1992)
- Cancer, stroke and hypertension (L. F. Berkman, 1995; Vogt et al., 1992)
- Dementia (Fratiglioni et al., 2000)
- Depression (Stansfeld, Bosma, Hemingway, & Marmot, 1998)

Evidence on social participation

- Social activities go down more slowly than employment at older ages
- It could therefore have stronger impact on health than employment
- Kohli et. Al (2009) recent work on SHARE showed social activities, social capital and networks are strongly connected in their positive effect on health
- Volunteering and social participation can enhance social networks and can indirectly have a positive impact on health



What is missing?

- No study looked at causality effect-only one direction of the relationship explored
 - ▣ Effect of 'self-selection' potentially important as reasonable to assume that healthier people have greater social participation
- Objective and subjective health not considered together
- Community effects often ignored
- Comparative analysis definitely in need of more work

Aim

- The aim of this study is to highlight the impact of social activities on the health of older individuals when controlling for the endogenous effect of health using SHARE-data from 13 European countries.



Data

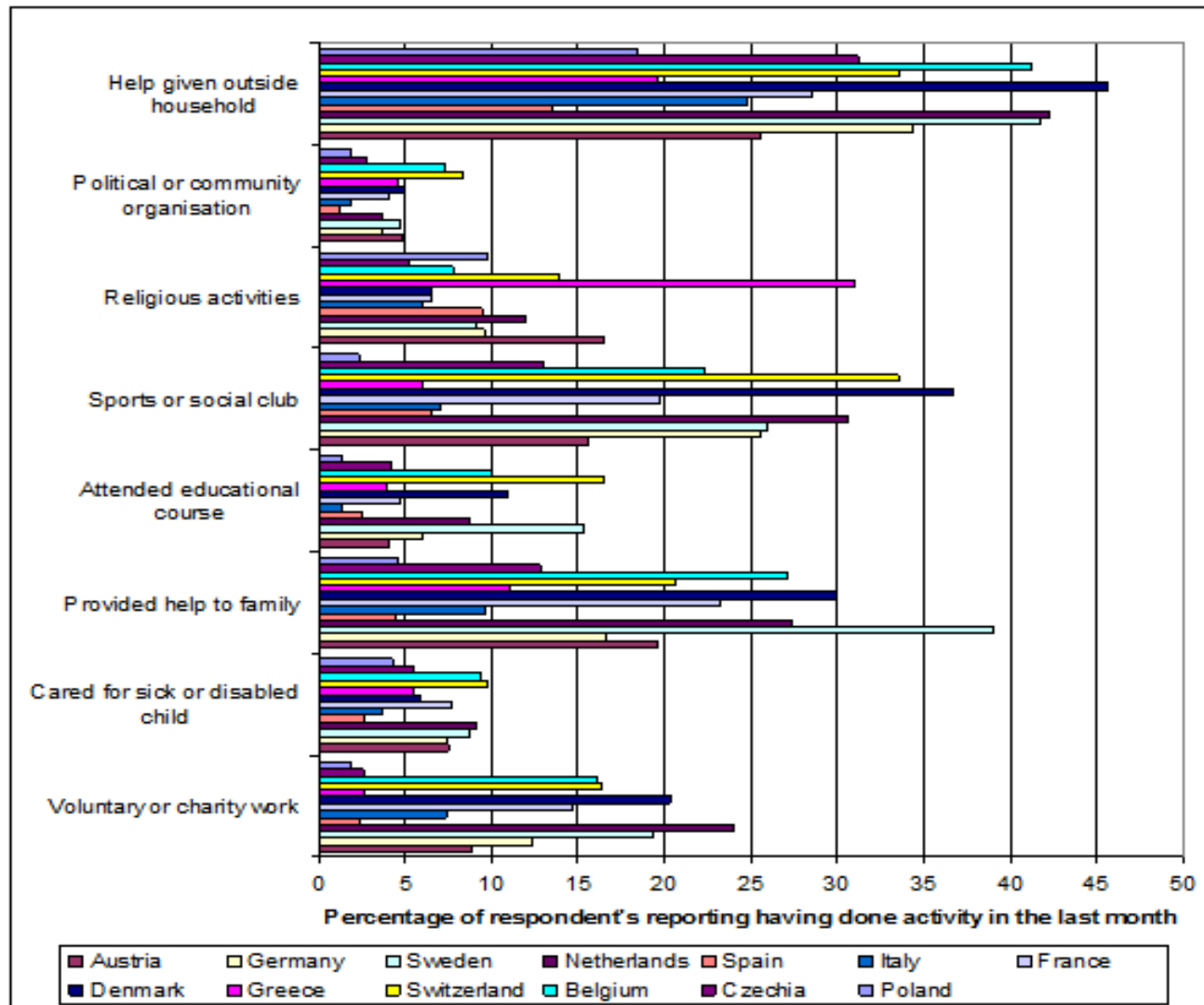
- Survey on Health Ageing and Retirement in Europe
 - 2 waves: 2004-05, 2006-07
 - 39,728 observations
- Grip strength-shown to be a strong predictor especially of functional limitations, frailty, disabilities as well as mortality in old age
- Subjective health-dichotomous
 - Excellent to good=1
 - Fair and poor=0



Social ties framework

- Formal ties
 - ▣ Activities done in the last month-PCA activity score
- Informal ties
 - ▣ Support given to family
- Family ties
 - ▣ Union status
 - ▣ Number of children
 - ▣ Number of grandchildren
 - ▣ Household size

Social engagement in Europe



Modelling

- Three outcomes:
 - Grip strength
 - Subjective health
 - Activity score
- 1. Iterative modelling to test fixed vs random effects to account for variations
 - Between neighbourhoods
 - Within and between countries
- 2. IV models: one for grip strength and one for objective health where the activity score is considered as endogenous



Results multilevel modelling

	Objective	Subjective	Activity score
Activities	+++	+++	
Health			+++
Income	+++	+++	+++
Education	+++	+++	++
Employment	+++	+++	--
Looking after grandchildren	+++	+++	+++
Provided help outside	+++	+++	+++
Marital status	NS	NS	NS
# children	-	NS	---
# grandchildren	NS	---	+
Neighbourhood and country effects	Sig	Sig	Sig

Results accounting for endogeneity:

- Activities do have a positive effect on both objective and subjective effect even after we control for endogeneity
- However, health status does have positive impact on uptake of social activities
- Social activities appear to have stronger impact than other social ties such as having children and grandchildren



Implications?

- Demonstrated need to account for self-selection effect
- In progressively nuclearised and fertility dropping societies social activities could be an even stronger source of support

BUT

- SES highly correlated with activities and could potentially be key barrier to active ageing
 - ▣ Issue of who is doing what
 - ▣ Possible stigma of specific activities

The European perspective

- National cultural and institutional settings play an important role in determining individuals' decisions to engage in different social networks or activities
- The European Union has taken the initiative to promote greater participation in voluntary work
 - ▣ More is needed to try to see how country-specific initiatives which would go beyond volunteerism could be “tailored-made” to attract the right groups of the older population
 - ▣ Need to explore how social diffusion rather than individual pressure could “lure” elderly into social activities