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

<table>
<thead>
<tr>
<th></th>
<th>Objective</th>
<th>Subjective</th>
<th>Activity score</th>
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<tbody>
<tr>
<td>Activities</td>
<td>+++</td>
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<td>Health</td>
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<td>Income</td>
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<td>Education</td>
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<td>Employment</td>
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<tr>
<td>Looking after grandchildren</td>
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<td>+++</td>
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<tr>
<td>Provided help outside</td>
<td>+++</td>
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<td>Marital status</td>
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<td>Neighbourhood and country effects</td>
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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.