

## **Active ageing and health: an exploration of longitudinal data for four European countries**

Various international bodies (EU, OECD, WHO) are promoting the concept of “active ageing”: in particular, WHO’s position is that ageing well can be achieved by keeping active and involved in paid work and by being engaged with the wider community through activities such as volunteering. Extending participation beyond the labour market has the potential to help ensure that more people continue to play a full and active role in the society.

Several cross-sectional studies suggest that older people who are active have better health than those who are less engaged. However, health status may affect participation in various activities and this, rather than beneficial effects of activity, may account for reported associations between activity and health.

Data drawn from the first two waves of two parallel European longitudinal surveys, the Surveys of Health and Retirement in Europe (SHARE) and the English Longitudinal Study of Ageing (ELSA) were used to analyse characteristics associated with older people’s engagement and to better understand the reciprocal influence of activity and health in ageing populations in four European countries (Denmark, Italy, France and England) selected to represent different welfare regimes. Cohort participants aged 50-69 at baseline were included. Logistic and ordinal regressions, separately for men and women in each country, were performed.

Three domains of engagement were considered: paid work, formal involvement (i.e. activities such as voluntary work, attendance at training courses and participation in political or religious organisations) and informal involvement (i.e. activities such as providing care and help to family, friends and neighbours and looking after grandchildren). This research investigated whether engagement predicted self-assessment of health and incidence of depression and the extent to which longitudinal association between baseline engagement and health outcomes at follow-up were mediated by other socio-economic and demographic factors.

Baseline cross-sectional analyses showed that older people’s level of engagement in paid work, formal and informal activities differed in each of the countries considered, particularly when paid work and formal engagement were considered. There were than

twice as many female respondents in paid work in Denmark than in Italy; similarly, almost 60% of the Danish men were in paid work compared to 40% of the Italian male respondents. Danish respondents consistently also had participation rates in informal activities between two and three times higher than those of the Italians. Differences between countries were barely perceptible when participation in informal and family-related activities was analysed. In all countries, women were more involved than men in informal activities, particularly among Italian and French respondents. Multivariate analyses also suggested that paid work was the only domain where factors such as statutory retirement age and pension benefit entitlements were probably more important than current age itself in shaping older people's participation. Whereas involvement in paid work dropped significantly after the age of 60 in all countries, no such patterns were observed among formal and informal engagement. Moreover, analyses showed that the association between informal and formal engagement was positive, suggesting complementarity between the two activities and therefore a possible accumulation of these two forms of engagement. Paid work, on the contrary, was negatively associated with the probability of engagement in formal activities whereas it did not compete with family and informal commitment.

Socio-economic, demographic and health-related variables were similarly associated with engagement in the various activities in all countries under study. This suggested that country-specific factors, such as elements of welfare state regimes, must play an important role in determining older people's level of engagement in paid work or formal activities.

Finally, the cross-sectional associations between the three forms of activities seemed to suggest that work and formal engagement were associated with good health, whereas informal and family activities were associated with bad health among certain subpopulations. Given the nature of the analyses, though, it was not possible to disentangle the causality of such associations. In order to better understand whether engagement was beneficial for older people's health, longitudinal analyses were performed. The first two waves of both ELSA and SHARE were used to investigate whether engagement in paid work, formal and informal activities at baseline were associated with health two years later (controlling for baseline measures of health) and

whether such associations differed between countries and by gender. In particular, self-rated health and depression were analysed.

Findings showed that only respondents who were in paid work at baseline rated their health better than those who were 'inactive' and had higher odds of increasing their SRH or maintaining it 'good'. Similarly, they had decreased odds of becoming depressed. The direction of the longitudinal association between formal engagement at baseline and health at follow-up suggested a beneficial effect on SRH and positive mental health; such associations were however rarely significant. Informal commitment at baseline was not significantly associated with follow-up SRH and depression.

Analyses in this study advanced our understanding of the relationship between engagement and health in later life. The current research study supports the general assumption that engaging with the wider society contributes to the maintenance of good self-rated health and non-depressive symptoms among 50-69 year-old Europeans. In particular, the findings illuminated and confirmed that engagement in work was an important (but not necessarily causal) pathway to health in late life. Findings therefore suggested that fuller and longer participation of older citizens in the labour market should be encouraged. This may contribute towards slowing the detrimental advance of depression and towards increasing the self-rated health of the general population. Findings also suggested that participation in formal activities may be beneficial, though this relationship was weak. It may be that the effect of formal engagement is weakened as a result of its 'competition' with paid work, which explained most of the health outcomes at follow-up.

Interestingly, the positive relationship between employment and self-reported health and depression at follow-up was consistent across Europe, both among men and women. Conversely, baseline participation rates varied by welfare state regimes. Pension policies may indeed have a moderating influence, exerting effects on occupational levels (particularly among women) through labour policies and social protection measures. If that were the case, retirement and employment policies might play an important role in determining the initial level of participation in paid work and therefore also the general level of self-rated health and depression of the population.