



For further information, please contact:
Nicola Cerbino
nicola.cerbino@unicatt.it

Volunteering, caring for grandchildren and paid work are good for the health of the older people. A study shows that active ageing accounts for 30% of health inequalities in over-65s.

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The study was conducted within the European research project 'CREW', which is partly funded by the European Joint Programming Initiative (JPI) More Years, Better Lives (MYBL). The JPI met this week in Brussels at a conference entitled "Increasing the Knowledge Base on Demographic Change", in partnership with the Institute of Neurology of Catholic University of The Sacred Heart (UCSC) in Rome.

Paid work, volunteering, caring for grandchildren and other activities are good for the health of the elderly. In fact, when older people are more active they perceive themselves as, and are objectively, healthier. The differences in health are significant: 'active ageing' is responsible for 30% of the observed differences. Furthermore, active ageing is associated with higher levels of education. The differences in health levels are significant: active ageing is responsible for 30% of these differences. These are the findings of a study led by Professor Bruno Arpino from Pompeu Fabra University (UPF) in Barcelona as part of the European research project 'CREW', which is co-funded by the JPI MYBL. Members of MYBL gathered in a meeting this week in Brussels, the conference "Increasing knowledge base on demographic change", held on 13 February (Hotel le chatelain - Rue du Châtelain 17), in partnership with the Institute of Neurology of Catholic University of The Sacred Heart (UCSC) in Rome.

The CREW project (Care, Retirement & Wellbeing of Older People Across Different Welfare Regimes) covers four major themes. "In the first place," Professor Arpino explains, "we will analyse the factors that influence well-being of the elderly population in its multidimensionality, both physical and mental well-being, subjective perceptions of their own state of ageing and the economic situation. Secondly we will study to what extent taking care of others (grandchildren, parents, spouse, etc.) affects well-being and work decisions. Thirdly, we will analyse the challenges posed to pension systems, in particular, we will study how to guarantee fair and stable pension systems. Finally, Professor Arpino continues, "we will examine the population of older people without close relatives, its characteristics and conditions of health. In every topic that is considered, the effects of gender and the influence of the political and cultural context will be taken into account."

The research, recently published in the *Journal of Aging and Health*, analyzes the inequalities in health among older people with different levels of education using three different measures (subjective perception of the overall state of health, depression, and physical limitations). It was already known that health inequalities exist in relation to the socio-economic status of the elderly.

"The fundamental hypothesis that we wanted to test in our study," the expert explains, "is if these inequalities (or part of them) can be explained by the different degree of 'active ageing' of the elderly, i.e. the individual level of participation in activities such as paid work, volunteer work, social activities and care of grandchildren. We have found that for some health indicators up to 30% of inequalities can be explained by the different degree of active ageing of the elderly and that older people with higher education tend to be more active."

"The contribution is particularly substantial if we refer to participation in the labor market and voluntary and social activities, while it is marginal for the care of grandchildren. This does not mean that caring for grandchildren is not relevant for the purposes of active ageing, but simply that it does not help to explain the socio-economic inequalities in terms of health.

Although it is difficult to establish definitively the existence of a cause and effect link between the habit of carrying out various activities and the guarantee of health in old age, this study," Professor Arpino concludes, "was realised precisely to discard the possibility of inverse causality (i.e. that healthier older people tend to be more active precisely because of their state of health). In fact, we used longitudinal data, i.e. at the beginning of the research we measured the health conditions of the participants and their level of participation in various activities, and we saw how the initial habit of carrying out various types of activities was associated with a better state of health two years later."

<https://crew-more-years-better-lives.org/>

Full bibliographic information

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Notes for editors:

Bruno Arpino

Department of Political and Social Sciences and The Research and Expertise Centre for Survey Methodology (RECSM), Universitat Pompeu Fabra

Carrer Ramon Trias Fargas 25-27 | 08005 - Barcelona

Website: <https://sites.google.com/site/brunoarpino/>

Twitter: <https://twitter.com/brunoarpinoBCN>

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