CPB Netherlands Bureau for Economic Policy Analysis

Scenarios on social participation and healthy life years

Bert Smid
Bram Wouterse
Geert Agteresch

MoPAct
Mobilising the Potential of Active Ageing in Europe

WP5: Health and wellbeing: Aims

- To address the challenge posed by the increased prevalence of chronic diseases, i.e. to achieve socially productive and satisfying lives for older people in poor health

- To quantify the expectation that social engagement, in turn, delays disability and increases healthy life years

WP5, task 5: Project HLY in innovative scenarios

- How much can healthy life expectancy be increased through higher social participation of older people with multimorbidity?

- Three steps

1. Increases of social participation per country (scenarios)
2. Effect of these increases on the occurrence of disability
3. Estimate change in healthy life years from change in limitations

- Selected countries: Austria, Italy, Netherlands, Poland

Example: Educational activities 50+ (%)

	Part (%)	
	MM	no MM
Austria	11	14
Italy	1	3
Netherlands	12	23
Poland	1	4
Maximum (all countries)	15	25

- Large differences
  - Across countries
  - Between people with and without multimorbidity (MM)
- Scenarios target people with MM
- Possibilities of increase for countries that are below 15%
- But increase of MM beyond healthy people unlikely

Three scenarios

- No difference scenario:
  increase participation to level of healthy people in that country

- Maximum scenario:
  increase participation to that of highest country

- Cautious scenario:
  increase participation to level of maximum country, but not beyond healthy people in that country
  = minimum of two first scenarios

- Increase limited to 10%-points

Correlation and causality: social participation

- Correlation does not imply causation

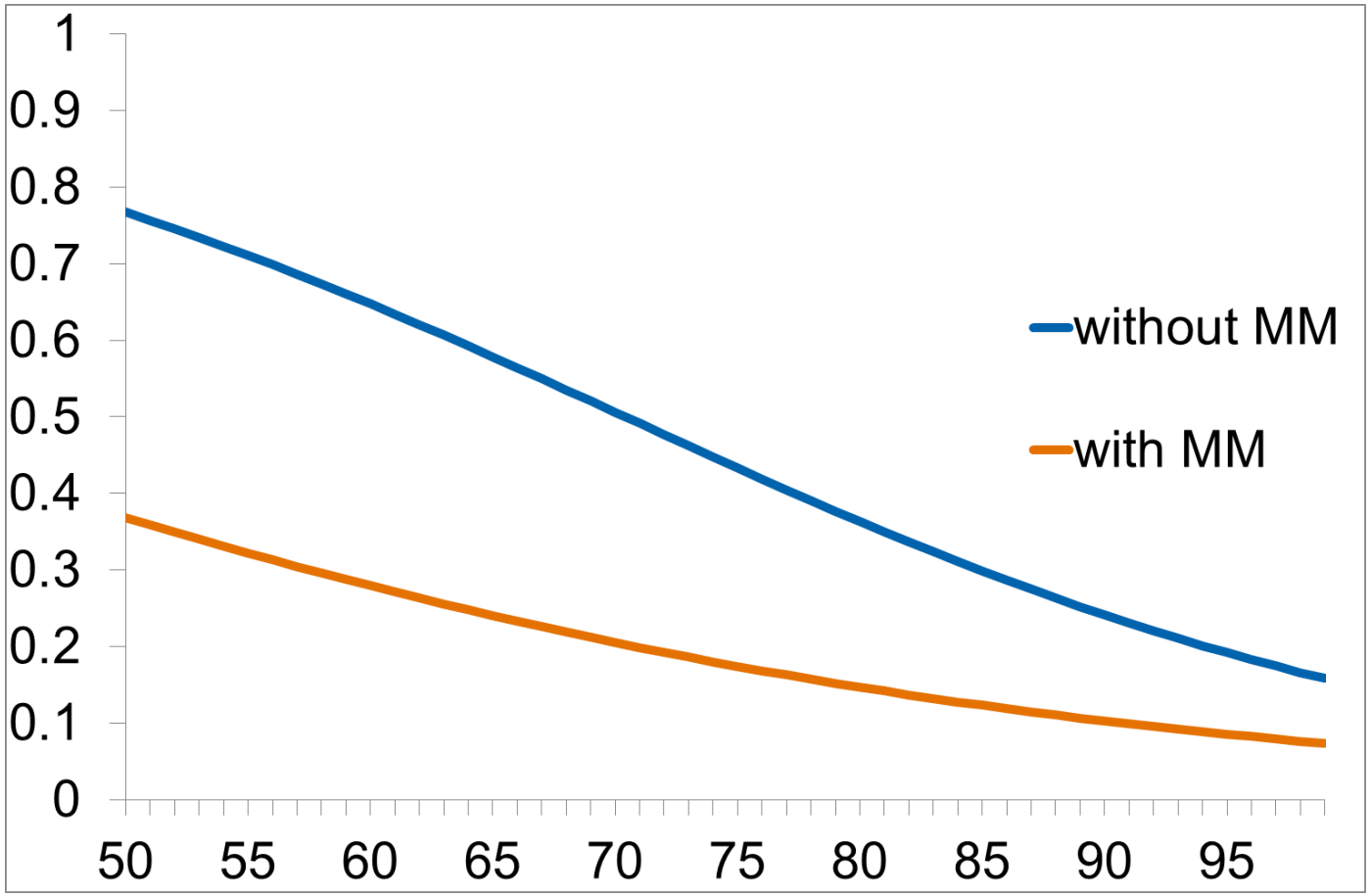
- Reverse causality: health affects participation decision
  - volunteering is done by healthy older people
  - healthy workers enjoy working and retire later

- Omitted variable
  - *Observed*: a higher education level is associated with better health and more social participation
  - *Unobserved*: character traits (perseverance), (time) preferences

Effects on having no disability; coefficients

	Causal	Regression
Volunteering	0.03	0.05
Informal care giving	-	0.00
Employment	-	0.11
Educational activities	0.03	0.05
Leisure activies	0.03	0.08
Religious activities	-	0.00

Share of people without disability in Austria, by age



Scenario results, additional HLY (from 50)

	Cautious	Nodif	Maximum
Austria	0.0	0.0	0.1
Italy	0.0	0.0	0.1
Netherlands	0.0	0.0	0.0
Poland	0.0	0.0	0.1

Causal coefficients
Cut-off 10%-points

Sensitivity analysis; additional HLYs (from 50)

	Cautious	Nodif	Maximum
Austria	0.2	0.2	0.2
Italy	0.2	0.2	0.4
Netherlands	0.2	0.2	0.2
Poland	0.2	0.2	0.4

Regression coefficients
Broad definition of multimorbidity

Conclusions

- Increasing social participation of people with multimorbidity will not have a large effect on healthy life years
  - In plausible scenarios, effect is 0.0-0.1 years
  - Sensitivity analysis, 0.2 years

- Increasing social participation is not an efficient way to increase HLY
  - Uncertain how policy can increase participation

- Social participation could have effects on other aspects of wellbeing

- More specific forms of participation may have larger effects (grand parenting, physical leisure)