



# Underpinning the UN Decade of Healthy Ageing

Maintaining functionality and combating inequalities

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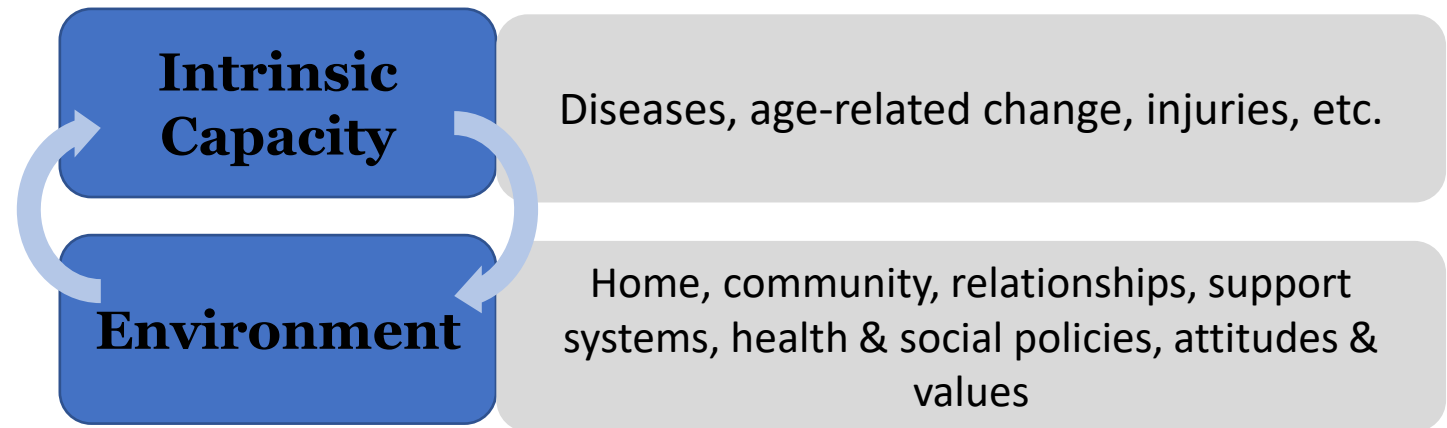


# What is “Healthy Ageing”?

*“The process of developing and maintaining the functional ability that enables wellbeing in older age.” –WHO*

## Functional ability includes:

- Being mobile
- Learning, growing & making decisions
- Building & maintaining relationships
- Contributing to society
- Meeting basic needs



# UN Decade of Healthy Ageing (2021-2030)

- Global collaboration that aims to foster **healthy ageing** and improve the lives of older people, their families and communities
- 4 areas of action: developing **age-friendly environments**, combatting **ageism**, delivering person-centered **integrated care** & providing **long-term care**



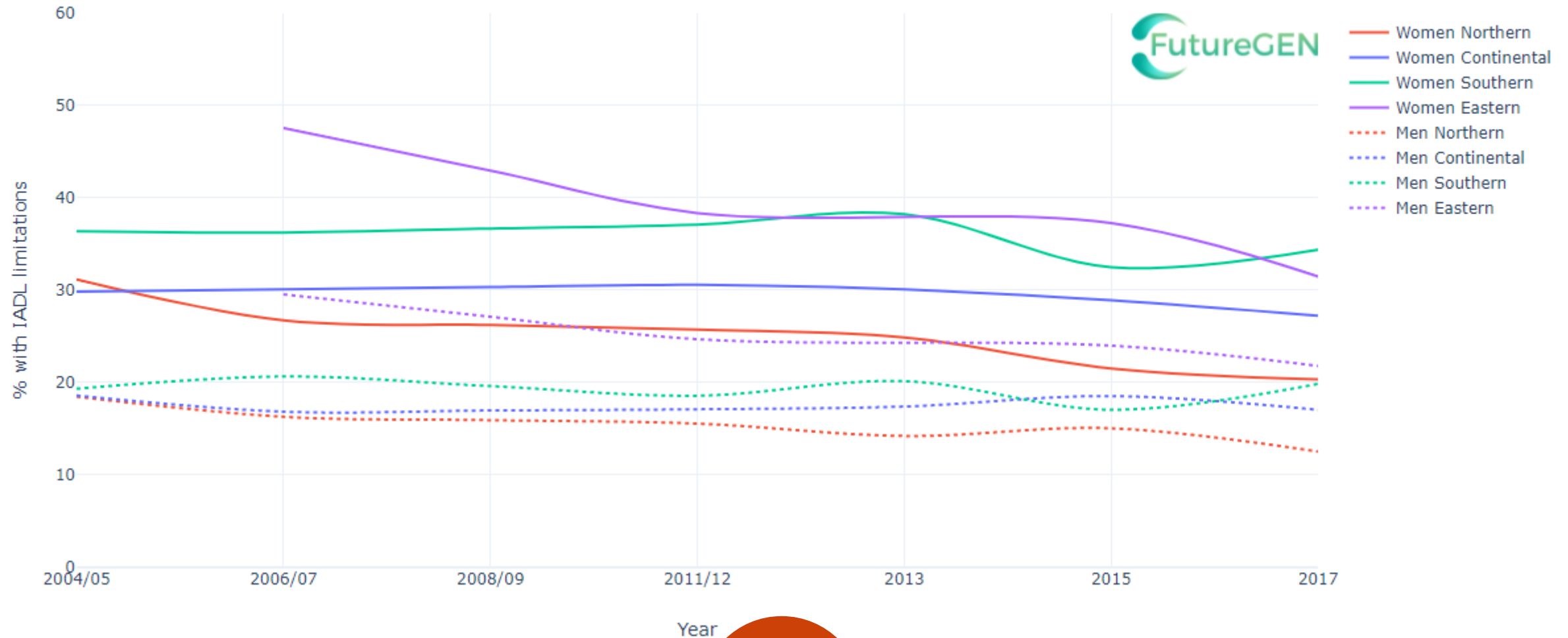
# Data Navigator

- Crucial to monitor changes in functional ability over time to analyze progress; necessity to have sufficiently disaggregated data
- Data Navigator: online tool to monitor and compare trends in gender inequality in health and long-term care use across Europe (ADLs, IADLs, formal care, informal caregiving, informal care-receiving)
- Intersection of socio-economic status (income & wealth)
- Using data from the Survey on Health, Ageing and Retirement in Europe (SHARE) (2004-2017); 4 care regimes (Northern, Continental, Southern, Eastern)



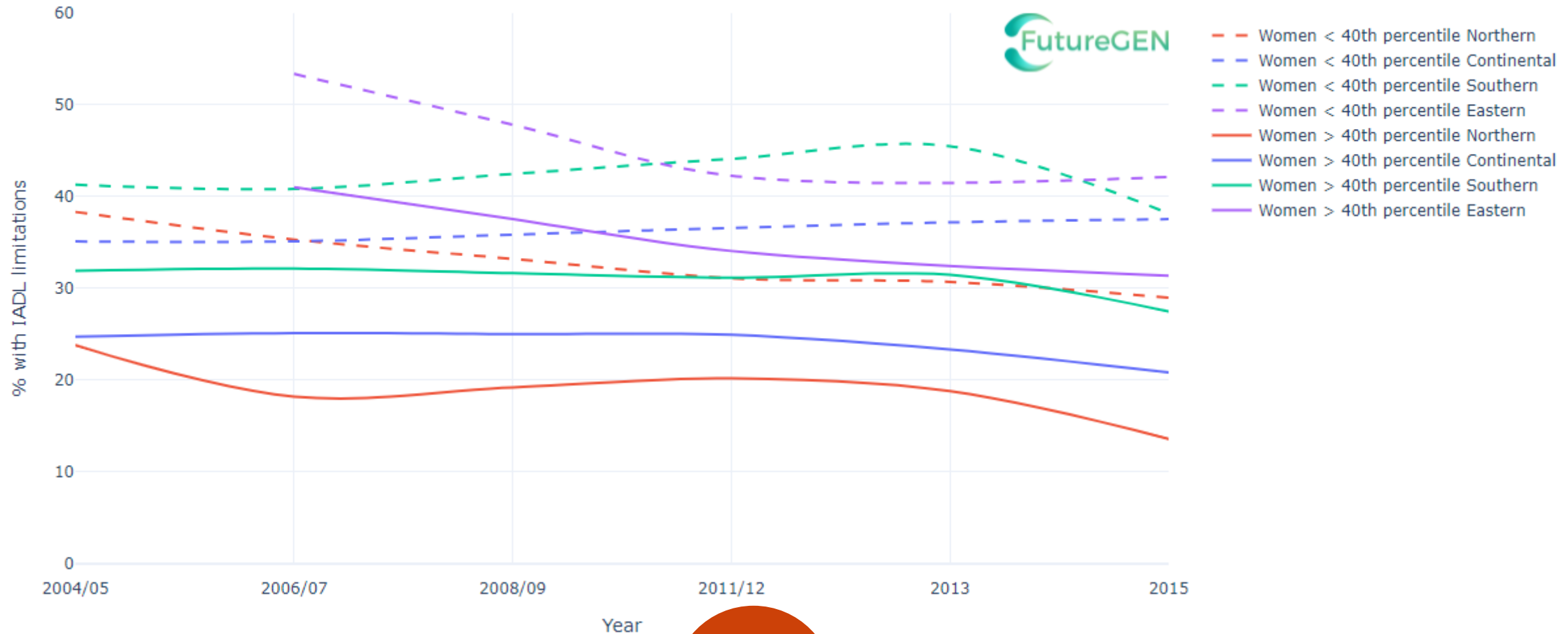
# Gender inequalities in functional ability

Prevalence of IADL limitations by gender (Aged 65+ years)



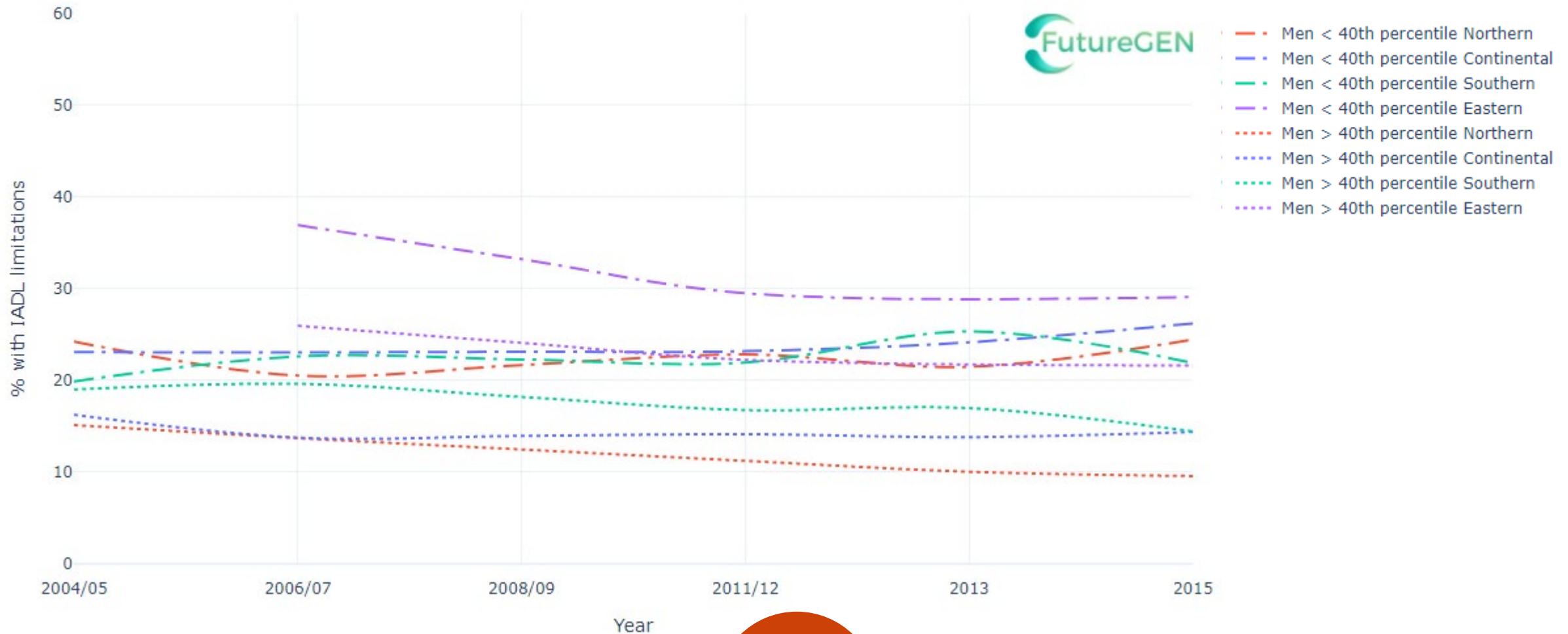
# Trends in functional ability (Women x Income)

Prevalence of IADL limitations by gender and income (Aged 65+ years)



# Trends in functional ability (Men x Income)

Prevalence of IADL limitations by gender and income (Aged 65+ years)



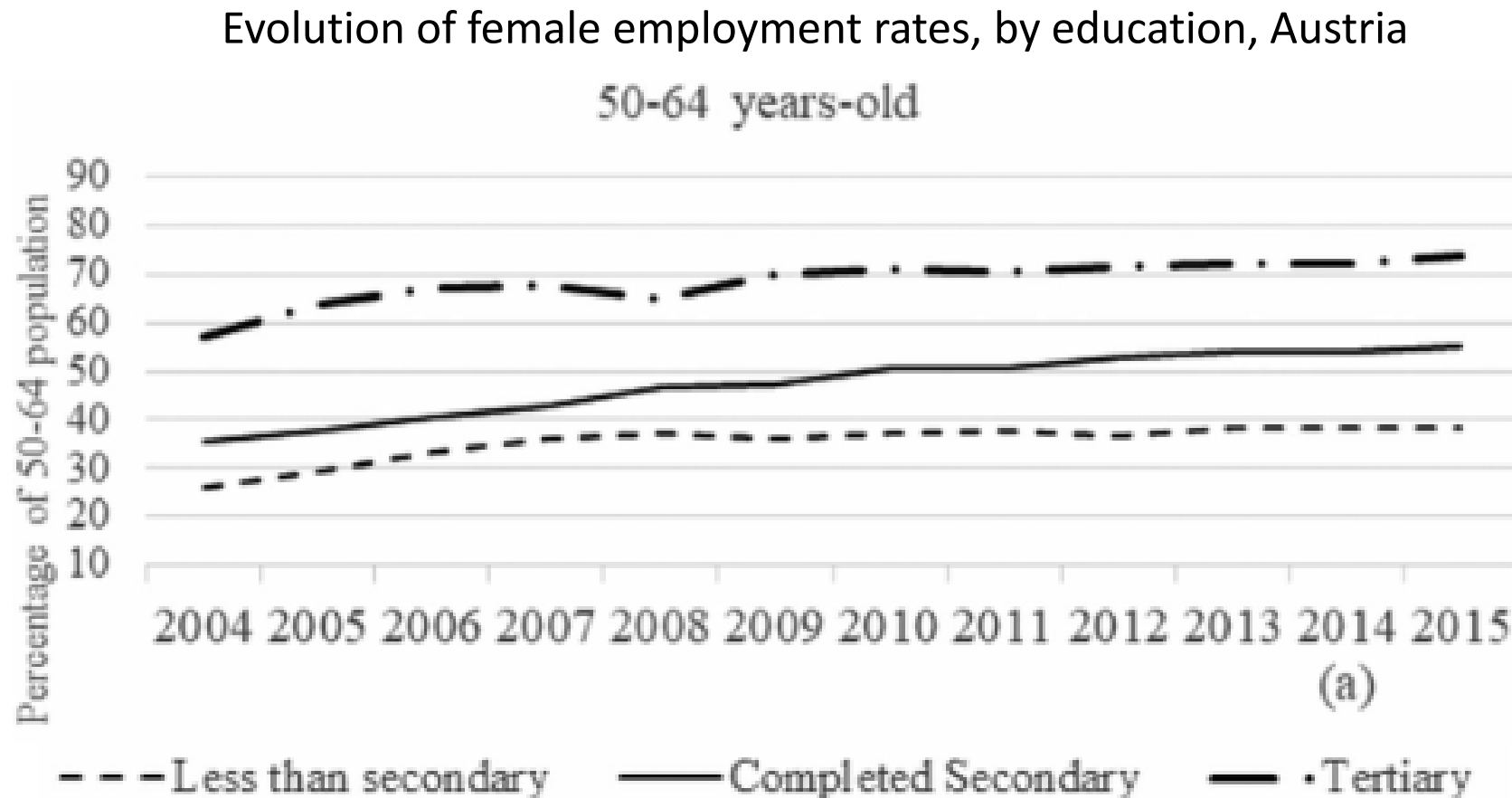
# Ensuring access to care: gender and informal care

- **Gender gap** prevalent in informal caregiving:
- **Women** more likely to provide care, to provide **intensive care**, and to experience high levels of **burden** (OECD, 2011; Rodrigues et al. 2013)
- **Men** more likely to provide spousal care (Penning & Wu, 2016; Pinquart & Sörensen, 2006)



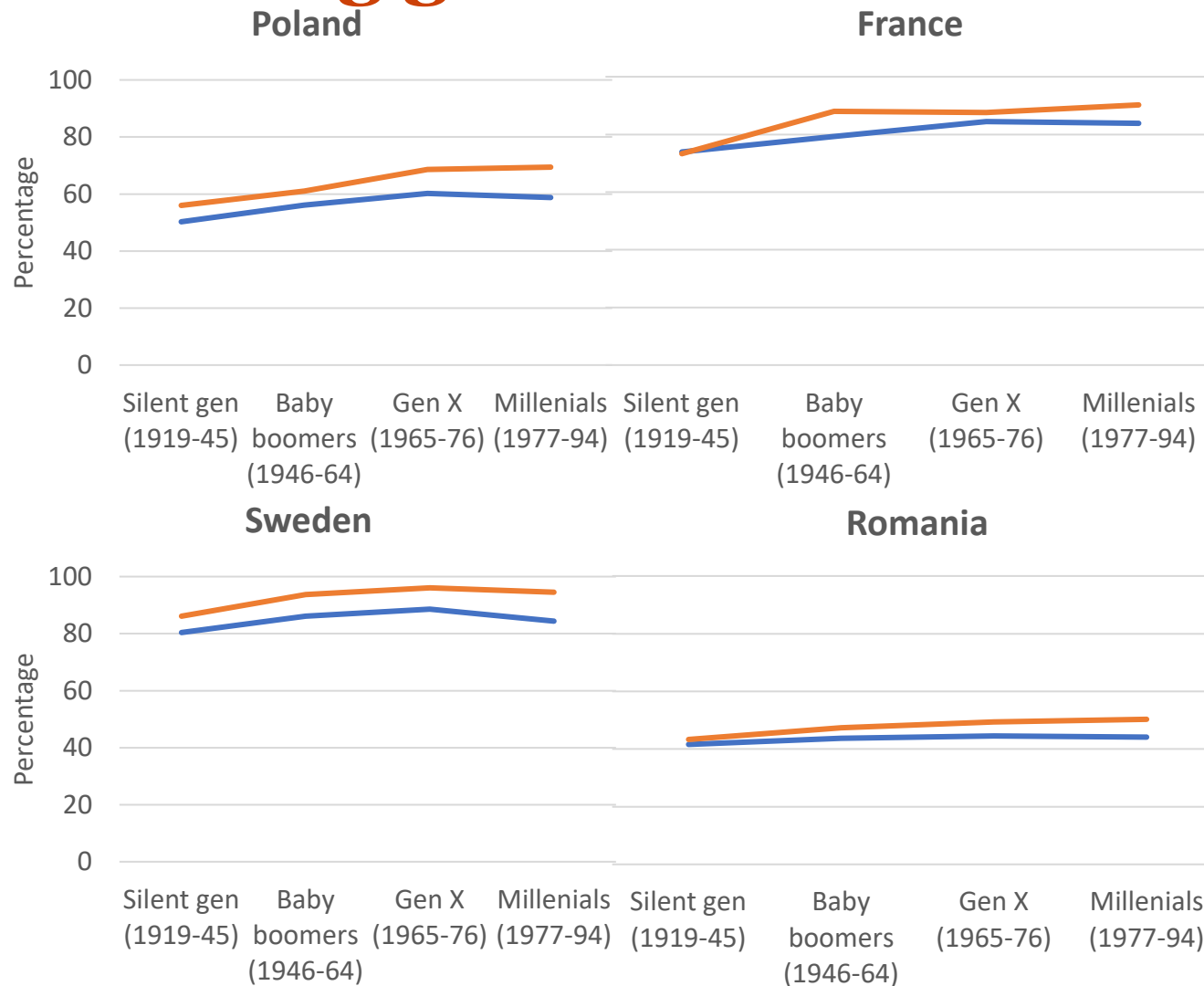
# Will informal care be available in the future?

## Shifting employment patterns



# Will informal care be available in the future?

## Shifting gender norms



Respondents who strongly disagree or disagree with statement “When parents in need, daughters should take more caring responsibility than sons”, by country and cohort

— Men — Women

Source: Own calculations based on GGS (wave 1)

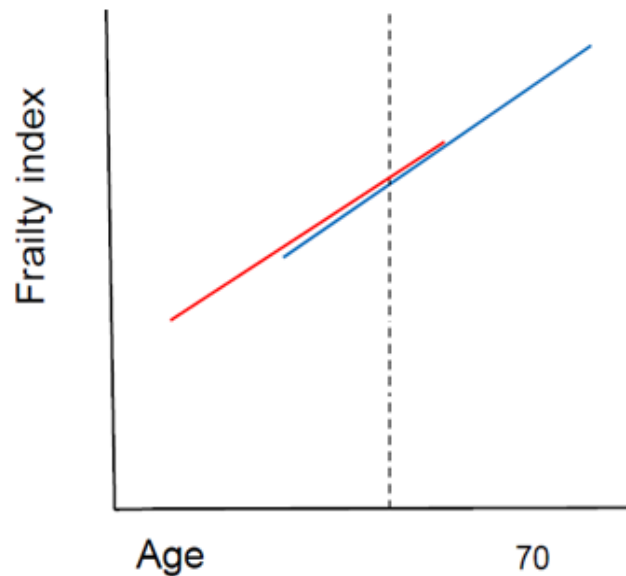
# Research questions, data and methods

- RQ1: How has the **gender gap** in informal caregiving evolved across cohorts over time?
- RQ2: Has this gap evolved differently across **care regimes**?
- SHARE, waves 1, 2, 4, 5 and 6 (2004-2015) (71,166 observations: 50+ at time of 1<sup>st</sup> interview and participated in at least one subsequent wave)
- 6 birth cohorts: 5-year intervals born between 1930-1954, and oldest born before 1929
- Mixed effects logistic regression on probability of providing informal care

# Graphs with cohort analysis: a reading guide

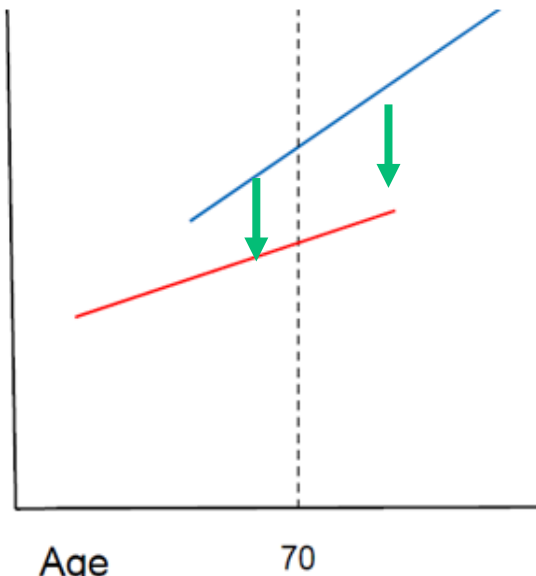
## Permanence scenario

70 year old in 2010/11 are as likely to care as 70 year old in 2002/03



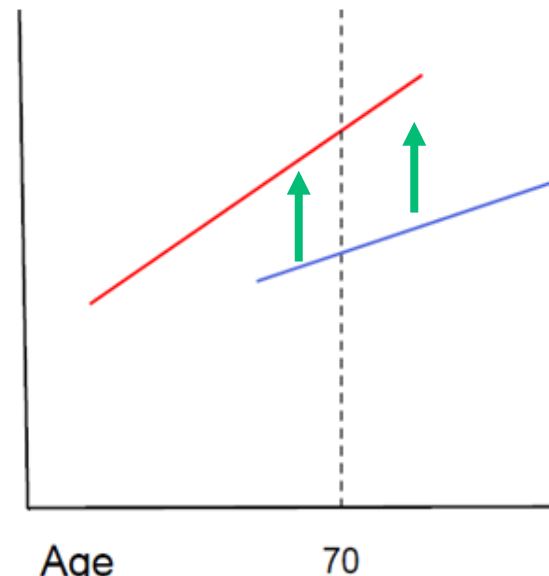
## Pessimistic scenario

70 year old in 2010/11 are less likely to be carers than 70 year old in 2002/03



## Optimistic scenario

70 year old in 2010/11 are more likely to care than 70 year old in 2002/03



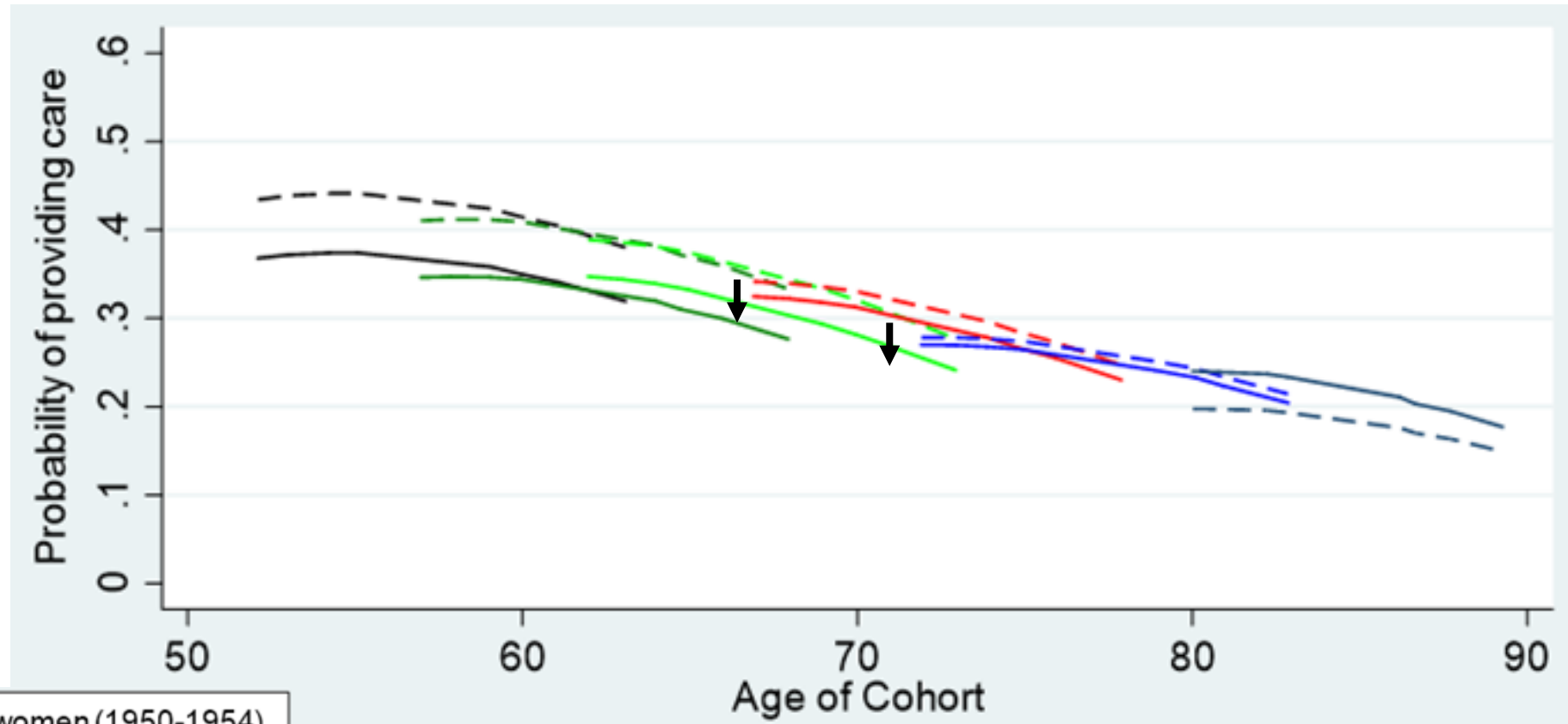
70 year old in 2010/11

70 year old in 2002/03

Source: Adapted from Nazroo (2015)

# Increasing gender gap for younger cohorts

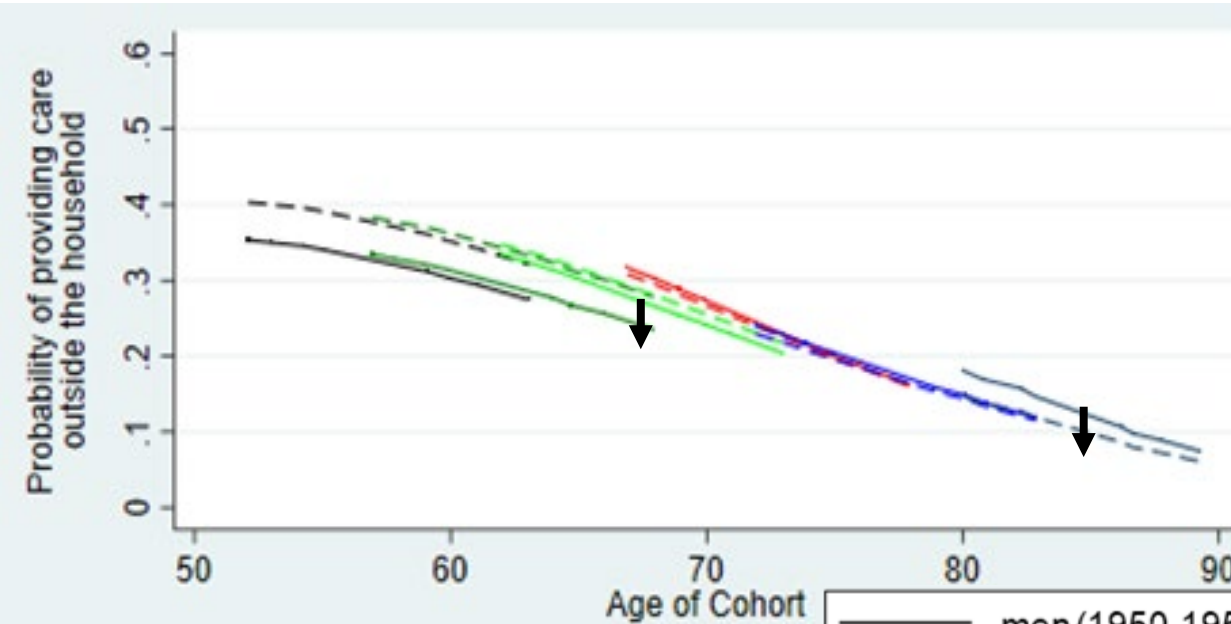
Estimated probabilities of giving care, by gender in 11 European countries, 2004 – 15



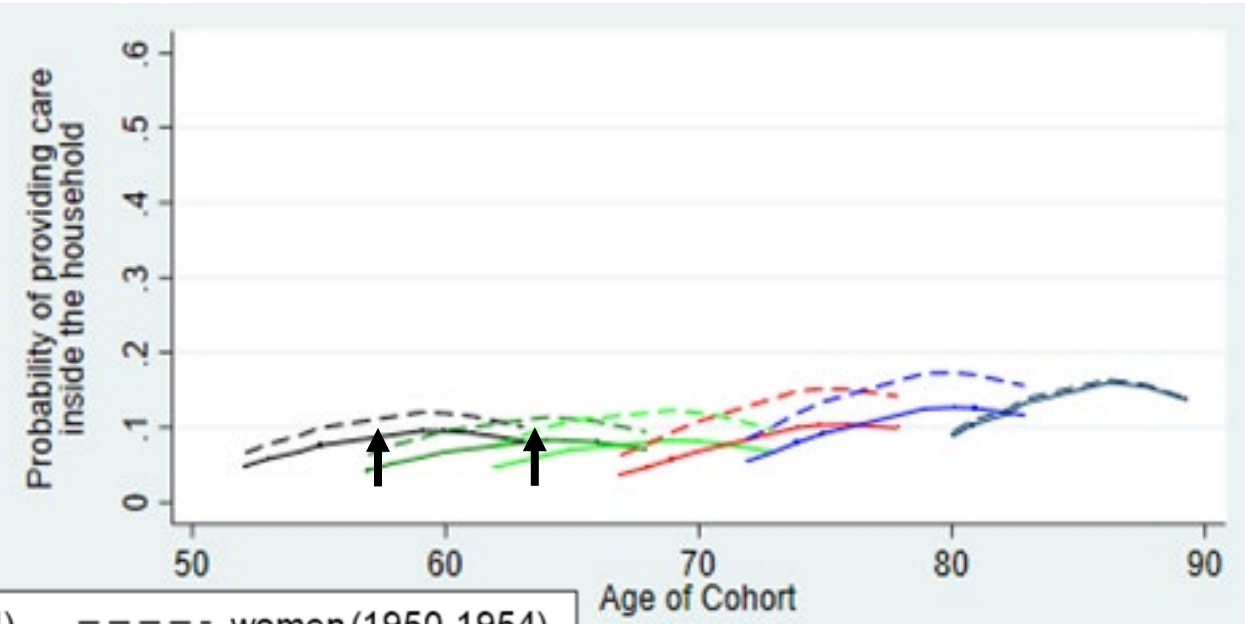
# Gender gap driven by care outside the household— primarily by men

Estimated probabilities of giving care outside and inside the household, by gender in 11 European countries, 2004 – 15

Care outside the household



Care inside the household



# Older people's perspectives on ageing well

- ageing without health issues and disabilities (successful ageing, Rowe and Kahn 1997)
- focusing on developing and maintaining functionality that enables wellbeing in later life, health issues per se no hindrance (healthy ageing WHO 2016)

**Study design**

- **Semi-structured interviews** with 20 women and men who are 60 years or older in Austria, Canada and Sweden; N=60; recruitment through snowballing and organisations;
- **Framework analysis** to describe older people's perspectives on ageing well and perceived impact of gender

	<b>Austria</b>	<b>Sweden</b>	<b>Canada</b>
<b>Gender</b>			
Female	10	10	10
Male	10	10	10
<b>Current civil status</b>			
Married, partnered	14	14	15
Unmarried, widowed, divorced	6	6	5
<b>Highest educational degree</b>			
Lower than University	11	11	7
University	9	9	13
<b>Number of health problems</b>			
1-4	9	12	16
0	11	8	4

Sample characteristics



## 4 themes to describe older people's perspectives on ageing well

- Ageing well as **multidimensional and participatory process** (social context, participation, independence)
- **Health and wellbeing** (health, personal disposition, social circumstances)
- **Disability** (compatible with ageing well depending on attitude, personal experience)
- **Support** for ageing well (personal connections, resources, lifelong process, confronting ageism)

*"For me ageing well means to have a task, to live in relative prosperity, that's of course always relative, to remain healthy and to be integrated into life."* male participant from Austria, 70 years

*"...you're really winding down in your older age. So you just have to embrace it and say this is the way it is. I've got to enjoy every moment, while I can"* female participant from Canada, 81 years

*"Some people with disabilities ... they make the best of the situation, other people handle it a little worse depending on what opportunities they have for coping."* female participant from Sweden, 88 years

*„First of all consideration for older people. Since unfortunately in these times, there is no consideration for older people, in no way nowadays. It is sad to hear ,you have lived long enough, actually you should die already“"* Female participant from Austria, 69 years

## Perceived gender differences

- women **care more about their bodies, health and ageing**; men **lose identity with retirement**
- men **more likely to live with a disability in later life**
- women are **more active, have more connections, find it easier to ask for help**

## Differences between countries

- **Independence** as an element of ageing well in Sweden and in Canada but not in Austria
- **Social circumstances** (giving and receiving support) as an element of health and wellbeing in Sweden and Canada but not in Austria
- **Perceived gender differences in how ageing well is defined** in Sweden

# Policy Implications & future research?

- Need for further high quality disaggregated data: **admin data** at country level?
- Lower **functional ability** among **lower income groups**
- Gray tsunami may be an exaggeration: care inside vs outside hh
- **Gender gap is not closing**, especially on care outside hh
- Exception on **care inside hh**: dual-dependent or able-fit caring couples?
- Supporting ageing well through policies that foster **social connections, participation and confront ageism**
- Men perceived as having **more difficulties** with ageing well

