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3.1 What Has Happened to the Oldest Old SHARE Participants After Two Years?

Karen Andersen-Ranberg, Jean-Marie Robine, Mikael Thinggaard, Kaare Christensen

One of the most recent revolutionary demographic changes in industrialized countries has been the substantial decline in mortality of the oldest old (i.e. persons aged 80 and over). Not only have these changes lead to a major increase in the proportion of oldest old, they have also had as result that the oldest old are the fastest growing age segment in most European countries (Kannisto, 1994; Vaupel, 1998).

Oldest old are in a phase of their lives where ageing processes together with greater risks of contracting diseases and experience bereavement (e.g. loss of spouse) lead to frailty and subsequent dependency of help. Consequently, the increasing proportion of oldest old are forecasted to have major impact on national health care costs, especially when the large post-WW2 birth cohorts reach this age segment in just a few decades. Not only will they be numerous, they will also be more demanding compared to today’s oldest olds who belong to the so-called “gratitude generations”.

There is an ongoing debate (Parker et al., 2005; Parker and Thorslund, 2007) whether the improvements in life-expectancy have been followed by equal improvements in disability and morbidity. A recent review on health trends in the oldest old suggests that “…the prevalence of symptoms, disease, and functional limitations is expanding at the same time that disability is being compressed, or at least postponed” (Parker and Thorslund, 2007).

Nevertheless, oldest old are a very heterogeneous group. Some are well functioning and living independently in their own homes, while others are dependent on help and care from family members and/or formal health care professionals. Many factors influence the type of help and care that can be provided: medical conditions, socioeconomic status, cultural diversities in caring for older people, and access to health care. As an example, southern European countries such as Italy and Spain have the lowest fertility rates in Europe and are also among those countries with the longest life expectancy. This will not only increase the dependency ratio, but with a growing proportion of women on the labour market together with changes in family structure and tradition of cohabiting generations, these southern European countries are facing larger challenges than their more central and northern neighbours.

Following the first SHARE survey in 2004 (Wave 1) we wrote a chapter “Who are the oldest olds?” With the data from the SHARE survey in 2006 (Wave 2) we are able to use the longitudinal results to describe: what happened over the last two years with the oldest olds of Wave 1? As morbidity and disability are highly prevalent in the oldest old and with consequent major impact on health care, we have focused on studying the following key questions: What happens in two years in terms of health and functional abilities of the oldest old SHARE participants? What are the characteristics of those who died between the two waves? And of those who survived?

Data and Methods

As this chapter has a longitudinal focus we have only analyzed the data on oldest old participating in Wave 1 and thus eligible for the two-year follow-up. Participating countries in the SHARE survey 2004 were Sweden, Denmark, the Netherlands, Belgium, Germany, Switzerland, Austria, France, Spain, Italy and Greece. We looked at the following variables: Activities of daily living (ADL) as a measure of dependency and disability defined by having
1 or more limitations in ADL (1+ADL); grip strength (grip strength) as a measure of global health, as this has previously been shown to predict disability, morbidity, and mortality. Grip strength (kg) was measured by using a handheld dynamometer and analysed using either age and gender adjusted means, or dichotomized in having a grip strength measurement performed or not (MISSING); impaired cognitive functions were defined as a score of 3 or less in orientation (<4ORI). Symptoms of depression were defined by a score of 4 or more (4+EURO-D) of depressive symptoms in the EURO-D scale. Additionally we used the number of drugs as a proxy for diseases, based on the hypothesis that in oldest olds, drugs may be a better mirror of ongoing diseases than self-reported diseases. We defined taking 4 or more different drugs (4+MED) to be an objective health measure and a proxy for high morbidity.

The odds ratios (OR) use as reference group the results of those Wave 1 participants who were alive at the two-year follow-up, irrespective of whether they participated in Wave 2 or not. All the analyses have been performed after adjustment for age, gender, and different follow-up times, and the data have been analyzed according to three geographical regions: Northern (Sweden, Denmark and the Netherlands), Continental (Belgium, Germany, Austria, France, and Switzerland), and Southern (Spain, Italy and Greece) European countries.

Results
What Happened Between Wave 1 and Wave 2?

The present results are based on the first release of Wave 2 data. A total of 2,558 (100 per cent) persons aged 80 and over participated in Wave 1, see Table 1. At follow-up two years later only about half (54 per cent) participated. Some had died (12 per cent), fewer had declined to participate (6 per cent), leaving about 28 per cent of non-participants with unknown vital status, where follow-up work in 2008 and 2009 is necessary to verify their status. This group may cover participants who may have died, been hospitalized, or have moved. However, the proportions vary by country. E.g. almost half (44 per cent) of German Wave 1 oldest old are registered as non-participants with vital status unknown, see Table 1. Other countries such as Italy, Austria and France have around one third (31 per cent, 32 per cent and 33 per cent, respectively), while the lowest proportions of non-participants with unknown vital status are found in Greece and Denmark (17 per cent each). Further data cleaning is warranted to confirm the vital status, and until this has been done the results presented here must be interpreted cautiously.
Not surprisingly, some of the Wave 1 oldest old participants died before follow-up. At the country level, Denmark, the Netherlands and Spain have the highest proportions (17-18 per cent) of deceased participants at follow-up. The lowest proportions are seen in Belgium, France and Greece. This leaves various proportions of participants completing both waves: Germany and Spain having the lowest (~40 per cent), while Greece, Belgium and Denmark having the highest proportions (62-70 per cent) of Wave 2 participants.

### What Are the Health Characteristics of Those Who Died After Participating in Wave 1 and Before Follow-Up?

A priori, one would expect that the frailest oldest olds to die before those with better health. SHARE oldest olds in all countries show no exception from this rule, whether we use 1+ADL, MISSING grip strength, 4+EURO-D, ≤3ORI, or 4+MED as independent indicators of being frail and at risk of dying, see Figure 1. Interestingly, all variables with the exception of 4+EURO-D and 4+MED, showed a north-south gradient in odds ratio, with higher odds ratios the more northern the European region. Thus these variables are stronger predictors of death the more northern the geographical region. Even among participants who actually performed a grip strength measurement, those who died had significantly lower grip strength measurement compared to the mean grip strength (adjusted by age and gender), but much more pronounced in the northern and the continental SHARE countries. The 4+EURO-D and 4+MED showed almost similar and positive odds ratios for northern and southern countries (odds ratios around 2.0), but lower odds ratios for continental countries; in fact an insignificant odds ratio for taking 4+MED (odds ratio 0.8 [0.5;1.6]). This could be explained by the fact that in Wave 1 continental SHARE countries had more participants taking 4+MED (16.3 per cent) compared to the northern (10.0 per cent) and the southern (14.6 per cent) SHARE countries. This could be explained by

### Table 1 SHARE oldest old at 2-year follow-up. Numbers of Wave 1 participants and numbers and proportions (percent) (relative to Wave 1) of non-participants (dead, status unknown, refusals), and participants at 2-year follow-up.

<table>
<thead>
<tr>
<th></th>
<th>Wave 1</th>
<th>2 years follow-up</th>
<th>Wave 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N (%)</td>
<td>Dead n (%)</td>
<td>status unknown n (%)</td>
</tr>
<tr>
<td>SE</td>
<td>297 (100)</td>
<td>42 (14)</td>
<td>82 (28)</td>
</tr>
<tr>
<td>DK</td>
<td>169 (100)</td>
<td>30 (18)</td>
<td>29 (17)</td>
</tr>
<tr>
<td>NL</td>
<td>219 (100)</td>
<td>37 (17)</td>
<td>60 (27)</td>
</tr>
<tr>
<td>BE</td>
<td>345 (100)</td>
<td>24 (7)</td>
<td>86 (25)</td>
</tr>
<tr>
<td>DE</td>
<td>189 (100)</td>
<td>21 (11)</td>
<td>83 (44)</td>
</tr>
<tr>
<td>AT</td>
<td>171 (100)</td>
<td>17 (10)</td>
<td>55 (32)</td>
</tr>
<tr>
<td>FR</td>
<td>335 (100)</td>
<td>27 (8)</td>
<td>109 (33)</td>
</tr>
<tr>
<td>CH</td>
<td>102 (100)</td>
<td>12 (12)</td>
<td>28 (27)</td>
</tr>
<tr>
<td>ES</td>
<td>284 (100)</td>
<td>47 (17)</td>
<td>75 (26)</td>
</tr>
<tr>
<td>IT</td>
<td>170 (100)</td>
<td>18 (11)</td>
<td>52 (31)</td>
</tr>
<tr>
<td>GR</td>
<td>277 (100)</td>
<td>26 (9)</td>
<td>46 (17)</td>
</tr>
<tr>
<td>Total</td>
<td>2,558 (100)</td>
<td>301 (12)</td>
<td>705 (28)</td>
</tr>
</tbody>
</table>
cultural differences in the use of various drugs including over-the-counter drugs being self-reported as medication prescribed by a doctor.

**Figure 1a** Odds ratios, adjusted for age and gender, for being dead within 2 years of follow-up compared to the ones who survived. Done separately by Northern (DK, SE, NL), Continental (BE, DE, AT, CH, FR) and Southern Europe (ES, IT, GR).

**Figure 1b** Mean difference in GS, adjusted for age and gender, between the ones who died within 2 years of follow-up and the ones who survived. Done separately by Northern, Continental and Southern Europe.
How Are the Surviving Participants in Wave 2 Doing?

A well-known concept in the gerontological literature is ‘successful ageing’. It has been defined in many ways, but predominantly in relation to health and disease (Bowling and Dieppe, 2005). For the purpose of this article ‘being free from impairments in physical, cognitive and mental health’ may be used as a criterion for successful ageing.

Being alive and participating in Wave 2 could be a criterion of ageing which, per se, is successful, but it could also be hypothesized that Wave 2 participants were not only the most healthy participants in Wave 1, they also remained healthy during follow-up. Nevertheless, the results show that the risk (odds ratio) of having 1+ADL, 4+EURO-D, <4ORI or having MISSING grip strength is higher for Wave 2 than for Wave 1 participants, see Figure 2. In other words, the proportions are higher in Wave 2 compared to Wave 1, with significant odds ratio for having 1+ADL, MISSING grip strength, <4ORI, and taking 4+MED, but not in 4+EURO-D. However, there are some clear differences according to geographical regions. A north to south gradient is seen in odds ratio of having 1+ADL and <4ORI in the more northern countries compared to southern countries at follow-up and relative to Wave 1. odds ratio of having MISSING grip strength and taking 4+MED indicates an increasing proportion of these subjects in Wave 2 compared to Wave 1, but with no clear geographical pattern. However, among those who actually had grip strength measurement performed the difference in mean grip strength of the two waves showed a decline (from Wave 1 to Wave 2), and was large (~1.8 kg) in the northern countries and small (~0.5 kg) in the continental countries. In contrast, there was no decline in the southern SHARE countries, see Figure 2, right part of the graph.

![Figure 2a Odds ratios of having 1+ ADL, Missing GS, <4 ORI, 4+ EURO-D or 4+ MED at Wave 2 compared to Wave 1 for those who managed both waves. Adjusted for age, gender and different follow-up times and done separately by Northern, Continental and Southern Europe.](image-url)
Figure 2b Mean difference in GS, adjusted for age and gender, between Wave 2 and Wave 1 for the ones who managed both waves. Done separately by Northern, Continental and Southern Europe.

Can SHARE Data on the Oldest Old Predict Declines in Physical, Mental and Cognitive Functions Over Two Years, or Death?

Having a MISSING grip strength, <4ORI or 1+ADL separately predicts death during a two-year follow-up time in all SHARE countries, but with a clear gradient of higher odds ratio in the northern European countries compared to the southern countries. The same variables also predict future limitation in their respective domains, as could be expected. However, it is noteworthy that the same variables are stronger predictors in northern compared to southern SHARE regions.

Institutionalisation

To fully understand the results, it is important to notice that in Wave 1 most participating countries excluded institutionalized persons. Thus a selection bias in the present study towards more healthy oldest olds is likely, especially in northern and continental SHARE countries, which, compared to southern SHARE countries, have a relatively high density of nursing homes and special housing units for elderly. But Sweden, Denmark, and to a certain extent the Netherlands, did include institutionalized respondents in Wave 1, thus yielding a less selected population of oldest olds, making these countries more comparable to the less selected southern European SHARE countries with their lower density of care homes and residential facilities. This may partly explain the almost identical death rates of Spain compared to Denmark, Sweden and the Netherlands, but it could also be hypothesized that death rates should have been even higher for Denmark and the Netherlands as they are among those SHARE countries with the highest oldest old mortality (Human Mortality Database: www.mortality.org). The lower death rates of oldest olds in Italy and Greece could be explained by a selection bias towards more healthy oldest olds participating in the study.
Comparing the two-year death rate in the SHARE oldest old with accurate population-based data on death rates derived from the Human Mortality Database (www.mortality.org) (accessed April 2008) shows almost similar ranking orders.

<table>
<thead>
<tr>
<th>Ranking order</th>
<th>Human Mortality Databasea</th>
<th>SHARE mortalityb</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>DK</td>
<td>NL</td>
</tr>
<tr>
<td>2</td>
<td>NL</td>
<td>DE</td>
</tr>
<tr>
<td>3</td>
<td>BE</td>
<td>ES</td>
</tr>
<tr>
<td>4</td>
<td>DE</td>
<td>DK</td>
</tr>
<tr>
<td>5</td>
<td>SE</td>
<td>SE</td>
</tr>
</tbody>
</table>

Table 2: Top-5 mortality rates in the oldest old SHARE participants compared to the population-based Human Mortality Database (1 = highest mortality). Adjusted by gender.

- Mortality rate in age group 80-84; a Median age varied between 82 and 84 years in the different SHARE countries

Conclusion

The above-mentioned assumptions are based on a preliminary data release, which includes non-participating Wave 2 respondents with yet unknown vital status. When this is known for all Wave 1 participants at 2-years follow-up, missing data on non-respondents alive in Wave 2 may be analyzed using the methods described by Little and Rubin (2002). Such analyses may give more insight into the complex pathways of functional decline and death, as survey participants have generally better health than those who decline to participate, especially in surveys including oldest olds (Frederiksen et al., 2006). The present results may thus overrate the general health of oldest olds, i.e. a best case scenario.

This said, we find that the data are in general reliable as they follow well-known patterns of decline in physical and cognitive functions, as well as low scores predicting not only future decline but also death as shown in other studies of decline in physical and cognitive functions in oldest olds (Parker and Thorslund, 2007; Bravell et al., 2008). It is interesting, though, to see that the most predictive variables, i.e. having MISSING grip strength, at least one limitation in ADL, or a bad orientation score, are stronger predictors in northern SHARE countries compared to the more southern countries.

In conclusion, during two years follow-up

- surviving participants were more likely to have disability in physical health, mental and cognitive functions at two-year follow-up compared to Wave 1
- those who died were more likely to have a) no grip strength measurement performed during the interview of Wave 1, b) at least one limitation in disability, c) low cognitive scores (numeracy and orientation), d) more than 4 drugs per day, and e) depressive symptoms
- odds ratios of having a) no grip strength measurement performed, b) at least one limitation in disability, and c) a low cognitive score (only orientation), showed stronger association with mortality in the northern compared to the more southern SHARE countries.
Further and more complex analyses are required to fully elucidate this north to south difference in predicting death and functional decline, as well as understanding possible interactions with different variables, including socioeconomic status. Future waves of SHARE may strengthen the present results and also point at predictors of successful ageing in a time of continuing decline in oldest old mortality.

References
The short but comprehensive SHARE end-of-life interview (also known as the “exit” interview) gives the analyst the rare opportunity to follow the lives of people right until the time of their death. We have collected information on health, social well-being and economic circumstances in the last year of life of all our first wave respondents that have died between the first two rounds of data collection. Overall we have conducted more than 500 end-of-life interviews (for 274 men and 247 women) with so-called proxy-respondents, mostly with relatives, but also with neighbours or friends (see the appendix for a detailed description). The average time between the decedent’s death and the end-of-life interview was 14 months. Average age at death was 75.1 years among men and 80.7 years among women.

One should bear in mind that what we will describe in the following as the life circumstances in the last year of life is likely to be a somewhat positively biased picture. First, almost all of our respondents have been sampled from private households in 2004. We thus miss persons who already lived in nursing homes in 2004 by our initial sample design. Second, the fact that we were able to find a person close enough to our first wave respondent who was willing to share information about a recently deceased relative, neighbour or friend implies that we miss information on persons without close relatives or friends nearby. How biased exactly our results are is yet difficult to say, because the preliminary data release on which the analyses in this chapter are based, does not allow to determine exactly how selective our sample is. Overall, exit interviews have been realised in somewhat more than 60 per cent of the cases of deceased respondents. Exit interviews are mostly missing for respondents who lived as singles. In cases where a member of the deceased’s household could be contacted, exit interviews were conducted in 88 percent of the cases.

The aim of this short chapter is to give a first impression of the research potential of the SHARE exit interview. First, we will describe patterns of ill health in the last year before death, in particular with respect to limitations in performing activities of daily living. We will highlight the role of family and other persons in helping with these health-related limitations. Second, we will look at place of death and how this place is connected to health status before death and the presence of family. Although most people prefer to die in their own home, the majority of people die in institutions: hospitals, hospices, or nursing homes. Third, we will describe what happened to the assets the decedents had at the end of their lives: how is the estate distributed among family and others? Are bequests and their distribution related to family relations in the last year before death, e.g. to help the decedent received with ADLs?

With one wave of exit interview data, we only have a small number of observations available for the analyses, which precludes a fully-fledged analysis of cross-national differences that happens in the last year before death. Still, the distinction between larger European regions (Northern = Sweden, Denmark, the Netherlands; Western = Belgium, France, Germany, Austria, Switzerland; Southern = Spain, Greece, Italy) already bears fruitful and shows how the research potential might expand as SHARE is continued for more waves and the number of exit interviews increases.
Health and Disability in the Last Year Before Death

The question how disability rates evolve with age has attracted considerable attention in the literature (Guralnik et al., 1991). If disability rates in the last year before death increase with age at death, increased longevity can have a substantial impact on the health care costs. We measure disability in the last year of life as the ability to perform activities of daily living (ADLs) without difficulty. We asked respondents to name only difficulties the decedents had with ADLs in their last year before death that have lasted at least three months. Building on the capacity to dress, walk across a room, bathe, eat and use the toilet, we distinguish three groups of decedents: “fully functional” (no limitation), “moderately restricted” (limitations in one to four ADLs), and “severely restricted” (limitations in 5 ADLs).

Figure 1 shows the percentage of fully functional, moderately restricted an severely restricted decedents by age at death, sex, education level, and country group. Overall, 40 percent of the deceased sample members are classified as having been fully functional in their last year of life, 36 percent are classified as moderately restricted and 24 percent are classified as severely restricted. These numbers vary significantly by age, sex, and country group. 49 percent of the decedents in the youngest age group (50-74) have spent their last year of life fully functional and only 18 percent have experienced severe restrictions for more than three months. In contrast, 32 percent of the decedents in the oldest age group (85+) were severely restricted during at least three months in their last year of life and only 28 percent have been fully functional. Differences between the sexes are also notable. More women than men have suffered severe restrictions (33 vs. 17 percent) and less women than men were fully functional (31 vs. 47 percent). Part of this difference is due to the fact that women die at older ages. Our results for age at death and sex are in line with earlier studies from the US (Guralnik et al., 1991).

We also find significant education differences. Earlier analyses using SHARE data have shown that the better educated are healthier than the less educated (Avendano et al., 2005). They also live longer (Lleras-Muney, 2005). Our research demonstrates that also in their last year of life, the better educated are better off. 34 percent of the low educated but 50 percent of the high educated spent their final year fully functional, whereas 28 percent...
of the low educated and 17 percent of the high educated were severely restricted. Logistic regression analyses – which are not shown in detail – confirm that education differences remain significant even after controlling for age, sex, and cause of death.

Disability rates in the last year of life also differ across European regions. The lowest rates of disability were found in the Northern countries: 38 percent were disability-free and 17 percent were severely restricted. The largest rates of disability were found in the Southern countries, with 39 percent having been fully functional but 30 percent having been severely restricted. Again, these differences remain statistically significant when cause of death is controlled for.

In order to understand how much of the disability we observe among the deceased SHARE respondents is actually due to a "terminal decline", i.e. specific to the last year before death, it is useful to compare the increase in disability rates between Wave 1 and the last year before death with the increase in disability rates among those who survived and who were re-interviewed in 2006. Figure 2 shows the percentages of respondents in 2004 and 2006 (or in their last year of life) who were fully functional in 2004 and in 2006, overall and by age group. In total, of those who survived and who were re-interviewed, 91.7 percent were fully functional in Wave 1 and 90.1 percent were fully functional in Wave 2. In contrast, of those who died between Waves 1 and 2, only 62.3 percent were fully functional in Wave 1 and 40.0 percent were fully functional in their last year of life. In other words, those who died between waves were not only less functional on average in the first wave of SHARE, they also experienced a much larger decline in their ability to perform ADLs.

Differences by age group (in 2004) are also substantial. Surviving respondents in the 50-74 age group experienced virtually no change in their functional status (although even the small decline is statistically significant). Survivors in the older age groups experienced larger declines. Among those aged 75-84 and 85+, the percentage of respondents who were fully functional decreased by 5.6 percentage points and 8.7 percentage points, respectively.

![Figure 2](image-url)
In contrast, among the decedents, the functional decline was largest in the youngest age group, both in absolute and relative terms, and smallest in the oldest age group, which is possibly due to some ceiling effect.

**Informal and Formal Help with Activities of Daily Living**

How have the decedents coped with the difficulties they had in their last year before death? More than 98 percent of the decedents who were moderately or severely restricted and for which we have collected end-of-life interviews had help from family, neighbours and friends, or professional helpers. About half of them had one person that helped regularly, 30 percent were helped by two different persons, and 20 percent had at least three persons who helped regularly.

Overall, the most important source of help in the last year of life are children and children-in-law. 48.2 percent of all decedents had help from either sons or daughters or children-in-law of either sex. Daughters (30.1 percent) and daughters in law (9.1 percent) are more often named as helpers than sons (20.1 percent) and sons-in-law (3.9 percent). The second most important source of help with activities of daily living are spouses or partners (42.1 percent). Overall, 84.5 percent of the decedents have been helped by family members.

Non-family also plays an important role in caring for those who are in their last year before death. Overall, 46.3 of decedents who had problems with activities of daily living were helped regularly by professional helpers (39.5 percent) or other non-relative, i.e. friends, neighbours, or volunteers.

Details on helpers, by country group, are shown in Figure 3. The most striking difference can be found for the proportion of decedents who have been helped by professional helpers. In the Northern countries, 70 percent of the decedents had help from professionals. In Western Europe, these were 36.7 percent, and in Southern Europe, only 18 percent had help from professional helpers. In contrast, children (in particular daughters and daughters-in-law) played a bigger role in Southern Europe: whereas 38 percent of the decedents in the South had help from a daughter and 27 percent had help from a son, only 24 percent and 19 percent, respectively, in the North had. In Northern Europe, daughters-in-law and other helpers are also less likely to be among those who help. Spouses, however, are somewhat more likely to help in the North, but they are most important in Western Europe.
Where did people die? Many people state that they prefer to die in their own homes and not in hospitals or nursing homes (Schmitz-Schetzer, 1992). But of course, not everyone dies at their own home. Figure 4 shows the distribution of places of death of the SHARE decedents. We distinguish three categories of places: outside of institutions (which in most cases means at home), in hospitals or hospices, and in nursing homes. Overall, 38.5 percent of the decedents have died outside of institutions, 47.6 percent have died in a hospital or hospice and 13.9 percent have died in a nursing home. We find a clear age gradient with respect to the probability of dying in a nursing home, see Figure 4. The probability is largest in the oldest age group and smallest in the youngest age group. The opposite trend is found for the likelihood of dying in a hospital or hospice: Whereas 58 percent of all decedents at ages 50-74 died in a hospital, only 39 percent of those aged 85 and over did. This is mostly due to the more acute causes of death at younger ages that are treated in hospitals. The probability of dying outside of institutions remains fairly constant across the entire age range.

Whether decedents have close family (spouses or children) also plays some role in determining the location of death. Married decedents had a substantially lower chance of dying in a nursing home but not higher chances of dying outside of institutions than those who were single, divorced, or widowed. Decedents with children had a lower chance of dying in a nursing home and a higher chance of dying outside of institutions.

Cross-country differences are again remarkable and in line with our earlier finding that in Southern Europe, family plays a bigger role in caring for people in their last year before death than in Northern Europe. In the South, 3.3 percent of the decedents have died in a nursing home but 49.9 percent have died outside of institutions, whereas in the North, the proportions of individuals who died in nursing homes and outside of institutions are about equally large (28.4 and 29.1 percent, respectively). Relative to the other groups of countries, dying in a hospital is most common in Western Europe.
Informal Help and the Decedents’ Bequest

In the SHARE end-of-life interview we also investigated who were the beneficiaries of the decedents’ bequest. 11 percent of the decedents left no estate at all – according to the proxy reporters. If something was left and if the decedent was married, the spouse was named as a beneficiary in 82 percent of the cases (92 percent if the decedent had no children). Children – if present – were beneficiaries in 69 percent of the cases (89 percent if the decedent was not married at the time of his or her death). All other groups of potential heirs were mentioned rarely: siblings 9.8 percent, grandchildren 3.2 percent, and other relatives 5.8 percent. Less than 1 percent of the decedents left something to non-relatives or charities.

A recurrent theme in the sociological and economic analysis of intra-family relations is whether these relations are characterised by the altruism or reciprocity (or both). One example of reciprocity would be that those who have cared for the decedent in the last year of life have a higher chance of being a beneficiary of the estate or of being the beneficiary of a life insurance (Brown, 2006). Figure 5 shows the percentage of decedents who left part of their estate to their spouse, a child, etc. depending on whether the spouse, a child, etc. did provide help with ADLs in the last year of life. Analytical samples are restricted to decedents who were not fully functional in their last year of life and who actually had relatives who belong to the respective group. Thus the percentages for spouses are computed for decedents who were married; the percentages for children are based on decedents who had children, and so on. Only the percentages for “other” beneficiaries had to be treated differently, because the group of “other” is not well-defined. The results are surprisingly unambiguous. For each group of potential beneficiaries, help with ADLs increases the likelihood that someone of this group has actually received part of the estate. These results provide indirect evidence for the prevalence of reciprocity within and beyond the family. What we cannot infer from this result is that the deceased actually left something to specific individuals “because” these individuals have helped with ADLs. It is also possible that individuals have helped “because” they expected an inheritance and felt obliged to help, or that bequests and help are jointly determined by a particularly close relationship between the deceased and the helper. Of course, these alternative explanations can still be
interpreted as reciprocal. More elaborate analyses – which are beyond the scope of this overview paper – would be needed to disentangle cause and effect. Moreover, part of the strong correlation between help and inheritance, especially for grandchildren and siblings, might simply be due to the fact that who helps and who inherits is also driven by a “lack of alternatives”. If, say, the only living relative of the deceased was a sister, it might sound not too surprising that she has helped but also inherited from the decedent. However, when in this case the analysis is restricted to unmarried decedents without children, the pattern of reciprocity becomes even stronger. In this case, only 10 percent of the deceased left something to siblings if they had not helped with ADLs and 82 percent left something to siblings if they had helped.

![Figure 5 Beneficiaries of the decedent’s estate, by group of beneficiary and help provided to decedent in the last year of life](image)

In the SHARE end-of-life interview, we followed yet another approach to find out whether bequests are driven by altruism or reciprocity. We asked whether the estate was divided about equally among the decedent’s children, or whether some children received more than others to make up for previous gifts, to give financial support, because they helped the deceased towards the end of his/her life or for other reasons. Here we also find striking results. According to the information given by the proxy reporters, if children received anything, the estate was divided about equally in 87.6 percent of the cases. The remaining 12.4 percent are distributed equally across the remaining categories. Although this confirms earlier findings in the literature (Wilhelm, 1996), it is somehow at odds with the results discussed in the preceding paragraph. Since it seems unlikely that all children provide about the same amount of care, reciprocity would predict a higher prevalence of unequal division (because of help given by some children) if there was any help given by the children. This, however, was not the case in our data. We leave the solution of this puzzle to future research.
Conclusion
This chapter gives a brief introduction into the topics covered by the SHARE exit interview and its research potential. Many more interesting analyses, uncovering health, social and economic issues in the last year of life of older Europeans, are to be expected, in particular when the exit interview information is linked to the detailed information that we obtained from the preceding regular interviews with the decedents – a source that we have not yet fully tapped in this chapter. The key findings are:

• There is a high prevalence of disability in the last year of life which varies by gender and age groups.
• The most important source of help in the last year of life are children and children-in-law, but non-family also plays an major role, particularly in Northern Europe.
• Two fifths of the decedents have died outside of institutions. In Northern Europe, many more have died in a nursing home than in Southern Europe.
• Most decedents leave bequests, which are almost always equally divided between the children.
• Individuals who help a decedent with ADLs are more likely to receive a bequest.

Appendix: Respondent’s Characteristics.
Who Answered the End-of-life Questionnaire?
Here we briefly describe the respondents to our end-of-life questionnaire. Figures A1 and A2 show some detail on the relationship of the respondents to the decedents. 41.4 percent of the proxy reporters were spouses and 39.5 percent of the proxy reporters were children or children-in-law of the deceased. 10.8 percent were other family (siblings, nieces and nephews, grandchildren), and 8.3 percent were non-family (neighbours, friends, social workers, nursing home and community officials). The proxy reporter’s relationship with the deceased varies greatly by age at death and sex of decedent. For instance, for those who died at age 50 to 74, the surviving spouse answered the exit interview in nearly two thirds of the cases, whereas children were proxy reporters in only 20 percent of the cases. For those who died at ages 85+, the percentages are nearly reversed. The numbers on respondent type by sex of decedent are in line with this result. For 58.6 of the deceased men but only for 22.3 percent of the deceased women, the surviving spouse informed us about the last year of life of our initial sample member. Again, the numbers are virtually reversed for children. They acted as proxy informant for 23.7 of the deceased men but 57 percent of the deceased women.
It is noteworthy that our proxy respondents had very frequent contact with the decedent. Across all respondent types, 75.7 percent had daily contact with the deceased in the last year of his or her life. 13.3 percent had contact several times a week and only 11 percent had less frequent contact. Frequency of contact clearly varies by proxy reporter type (i.e. relationship to the deceased). Quite naturally, immediate family had the most frequent contact with the decedent. However, even among other relatives and non-relatives, more than 40 percent of the proxy reporters had daily contact.
References
3.3 Czech Republic and Poland – the 50+ on Labour Markets in Transition

Radim Bohacek, Michal Myck

Extension of the SHARE sample to include two of the “new” European Union countries – the Czech Republic and Poland – is of important value not only as it represents an enlargement of the pool of countries where SHARE data is collected, but also because of the particular histories of the two countries, and thus of the histories and experiences of the populations represented in the data. In no other country which participated in the first wave of SHARE, with the exception of the German population which lived in the former GDR, have the populations gone through as major a shake-up of the political and economic systems as in the Czech Republic and Poland.

Although the two countries joined the European Union in 2004, their level of economic prosperity is still much lower compared to the EU average. The PPP-adjusted GDP per capita in the Czech Republic is 76.6 per cent of the EU-15 average, that of Poland 51.3 per cent. Moreover, the key health indicators are also lagging behind – for example life expectancy at birth is 73.4 and 79.7 years for men and women in the Czech Republic and 70.9 and 79.6 in Poland. In Germany these figures are respectively 76.4 and 82.0, in Spain 77.1 and 84.1. By extending SHARE to include the Czech Republic and Poland, the project has gained both in width and in depth, and the potential of the data for analytical purposes has been greatly enriched.

No other part of the population has been more significantly subjected to the “shock therapy” of the economic transition than the cohorts represented in the SHARE data. The youngest individuals sampled in SHARE were born in 1956. By the time of the collapse of respective communist regimes in 1989 almost all of them have completed their education, and started their professional careers. Many have established marriages or long-term partnerships and families. Therefore individuals observed in the Czech and Polish SHARE data made most important decisions and investments with consequences for their skills and economic potential under the old system of central planning and political oppression. Following the collapse of the regimes they then came to live in circumstances of the free market, with different structure of returns to their qualifications and a much higher degree of economic uncertainty especially in the first years of the transition process.

While the Czech Republic and Poland have shared the experiences of central planning and extensive political control, the two countries differ in many respects. The PPP-adjusted GDP per capita in the Czech Republic is significantly higher compared to Poland. In turn, Poland is much larger and much more populous with a higher share of agricultural population. The two countries have also differed in their approach to transition as well as in the depth of the recession following the collapse of the old regime. In Poland, the trough of the recession occurred earlier in 1991 compared to 1993 in the Czech Republic. It was also more pronounced with the GDP in 1991 at 81 per cent of the 1989 level. In 1993 in the Czech Republic the GDP fell to 87 per cent of the 1989 level.

All these points make the comparative analysis of the Czech Republic and Poland with each other and with other SHARE countries particularly interesting. The differences between the two transition countries and other SHARE populations in various spheres of lives of individuals aged 50+ are made clear throughout this book. While many aspects of people’s lives follow a clear north-south pattern, we shall see in this chapter that in spite of its geographic location, the Czech Republic is more similar to the northern EU15 countries represented in SHARE, while Poland is closer to the southern countries.
This chapter will focus on the differences relating to the labour market with particular attention given to job characteristics. On the one hand, the purpose is to find reflections of the transition process and its effects on the current 50+ populations in the Czech Republic and Poland. On the other hand, we shall identify potential features of the labour market which could be of interest to policy makers. Our analysis is based on the SHARE data collected in 2006/07. We compare the Czech Republic and Poland with two groups of the so-called EU15 countries, of which ten are represented in SHARE (from now on labelled as “EU10”). We divide these ten countries into EU10-North (includes Austria, Belgium, Denmark, France, Germany, the Netherlands and Sweden) and EU10-South (includes Greece, Italy, and Spain).

**Employment and Retirement Age**

In Figures 1 and 2 we present the distribution of a self-declared employment status distinguishing between EU10-North, EU10-South, the Czech Republic and Poland. The data is given separately for men and women, aged 50-64.
The figures reflect several striking characteristics. First of all we can see a very high proportion of retired women in the age-group 50-64 in the two transition countries (54.6 per cent in the Czech Republic and 47.1 per cent in Poland). Secondly there is a high proportion of permanently sick and disabled people in Poland (22.0 per cent of men and 12.0 per cent of women). The high proportion of homemakers among females in EU10 countries is also notable in comparison to the Czech Republic and Poland. This is most probably the consequence of high female labour market participation during the communist times which facilitated accumulation of right to retirement or disability social insurance benefits.

Perhaps the most worrying feature of the comparison is the low level of employment among men and women in Poland. While employment level among men aged 50-64 in the Czech Republic is almost identical with that in EU10-North and EU10-South countries (at 58.9 per cent compared to 56.6 per cent and 57.1 per cent respectively), it is as low as 36.8 per cent in Poland. Female employment level Poland is only 22.0 per cent and is again below that in the Czech Republic (35.4 per cent). Female employment in the EU10-North countries is more than double the level in Poland at 48.3 per cent, while in the EU10-South countries it is in between the Polish and the Czech levels at 26.8 per cent.

With respect to the labour market status of the 50+ population, the Czech Republic can also be distinguished by the fact that a great majority of both men and women fall into either the working or retired category. Such distribution would suggest that individuals retire relatively early, and that the transition is a direct one, from work to retirement. Such pattern is confirmed when we look at the age of retirement among those who are already retired. The cumulative distribution of retirement ages is plotted in Figures 3 and 4 for men and women respectively. The striking feature of the figures for men is the apparent similarity between Czech Republic and EU10-North countries and between Poland and the EU10-South countries. However the retirement ages of Czech and EU10-North retirees diverge at the age of about 60, when the Czech retirement legislation grants retirement benefits to a large proportion of men. While only 34 per cent of retirees retired before reaching the age of 60, over 90 per cent retired before they reached the age of 63. For EU10-North countries the figures are respectively 33.3 per cent and 74.4 per cent. A similar divergence of retirement ages can be noticed in the age range between 60 and 65 for Poland and EU10-South. Age-profile of retirement in the Czech Republic is very different for women, which can be seen in Figure 4. This to a large extent relates to the reduction of retirement age conditional on the number of children a woman has had in her life. While about 19 per cent of Czech female retirees retired before reaching the age of 55, 88.9 per cent retired prior to reaching the age of 60. In EU10-North the numbers were respectively 70 per cent and 26.3 per cent, in EU10-South 22.3 per cent and 47.4 per cent and in Poland 22.4 per cent and 66.3 per cent.

There is no easy way to explain the differences in the patterns of labour market status and labour market dynamics between the Czech Republic and Poland. Certainly conditions on the labour market and the systemic differences concerning the availability of early retirement and/or disability pension have both played important roles. Below we turn the focus on those currently working and the “objective” characteristics of their employment. The data stresses the high degree of transformation that the Czech economy has gone through and once more points to features which distinguish the Czech labour market from that in Poland, and to differences with the other SHARE countries.
The Working 50+

In Figure 5 we show characteristics of jobs among working SHARE participants in the 50-64 age group. Figure 6 reports information on the tenure in individuals’ current jobs. Tenure is divided into four groups in such a way that for Poland and the Czech Republic those belonging to the highest group are those who started their current jobs before 1989. Combining this with information on the proportion of individuals employed in the public sector, see Figure 5, shows how different the labour market experience of the cohort has been in the two transition countries. The proportion of those with tenure of 19 years or more is about 50 per cent higher in Poland than in the Czech Republic, at the level of 45.3 per cent and 28.2 per cent respectively. It is also notable that the proportion of tenure levels in the range between 11 and 17 years in the Czech Republic is almost double that observed for the Polish sample. This suggests that individuals had to (or decided to) change their jobs in the early 1990s but could have maintained relatively stable jobs thereafter. Such pattern is probably also a reflection of the dynamics of the Czech transition with the trough of the recession in 1993.
In Poland a much higher proportion of the jobs of the 50+ population originates from the pre-transition period. This combined with much lower employment levels than in the Czech Republic suggests that those who lost their jobs following the regime change were much less likely to find jobs in the early 1990s and have since remained outside of the labour market. A large proportion of those are either disability or early-retirement pension claimants.

Figure 5. Job characteristics of working individuals aged 50-64

Figure 6 also suggests that the job stability among those aged 50+ in Europe is highest in the southern countries. 67.0 per cent of working individuals in the SHARE data in Italy, Spain and Greece have tenure levels of 19 years or more, i.e. about 23 percentage point higher than older workers in EU10-North countries. The lowest proportion of older workers started their current job less than 6 years ago – only 14.4 per cent compared to about 25 per cent in the EU10-North countries, Czech Republic and Poland. This may on the one hand reflect high levels of job stability – confirmed in Figure 5 in the high proportion of permanent contracts among employees – but it can also imply significant rigidities on the labour market. Judging labour market stability by the proportion of permanent job contracts there seems to be significant differences between the SHARE countries and Czech Republic and Poland with the proportion of permanent contracts in the last country at 70.2 per cent compared to 89.4 per cent in EU10-North countries.
The depth of transition in the Czech Republic is also reflected in the proportion of employment in the public sector which again is much lower for both men and women than in Poland, and in fact significantly below the levels in EU10-North and EU10-South. Only 36.0 per cent of Czech employees are employed in the public sector, compared to 42.6 per cent in EU10-North, 49.4 per cent in EU10-South and 43.9 per cent in Poland. Despite a very significant change that the Czech labour market has gone through two other “objective” labour market characteristics which may reflect the quality of work among those aged 50+ speak further to its advantage. Relative to those working in Poland and the EU10-South countries the Czech 50+ individuals are more likely to be employees, and as we pointed out above among employees the proportion of those on permanent contracts is much higher in the Czech Republic than in Poland.

**Job Quality Assessment in SHARE**

We now turn to the subjective assessment of jobs by individuals. These judgements reflect the perceived quality of the working environment in more detailed aspects than the indicators presented in the preceding section. They can be important determinants of individuals’ retirement plans.

Respondents of the SHARE questionnaire have been asked to refer to several statements relating to their jobs by saying whether they strongly agree, agree, disagree or strongly disagree with them. While these questions have been asked specifically to address the so-called demand-control model and the effort-reward imbalance model (see Siegrist et al., 2005; Siegrist and Wahrendorf in Chapter 6.7 in this volume), the individual questions can provide interesting insights into the nature of jobs of individuals aged 50+ and can be helpful in guiding labour market policy to improve labour market conditions for older workers.

We group answers to these questions in such a way that we assign value 1 if an answer indicates high quality and 0 indicates low quality. In some cases value 1 is assigned if a person agrees or strongly agrees with a positive statement (for example “I have an opportunity to develop new skills”). In others, value 1 is assigned if someone disagrees or strongly disagrees with a negative statement (for example “I am under constant time pressure due to a heavy workload”). Average values of 10 quality indicators composed in this way have been calculated for working individuals aged 50-64 and are presented in Figures 7 and 8.
The first thing to note is that in all cases a great majority of individuals agree that they are overall satisfied with their current jobs. The proportion is slightly higher in EU10-North and in the Czech Republic (92.4 per cent and 92.5 per cent) compared to EU10-South and Poland but is high in the latter two as well (87.7 per cent and 88.3 per cent respectively).

In the Czech Republic and Poland working individuals perceive to have less freedom to decide on how to do their jobs and find their jobs less secure in comparison to the other SHARE countries. Only 57.1 per cent of workers in Poland agree that they have freedom to decide on how they do their jobs, and only 60.1 per cent perceive their job security as high. In these two categories job quality in the EU10-North countries is clearly distinguished from the rest with 77.3 per cent agreeing that they have a lot of freedom at work, and with 84.8 per cent of workers perceiving their job security as high.
Jobs of the 50+ seem most physically demanding in Poland and the perception of adequacy of salaries is considerably lower in Poland in comparison to either EU10-North, EU10-South or the Czech Republic (31.6 per cent in Poland compared to respectively: 55.7 per cent, 51.3 per cent and 53.0 per cent). Out of nine specific quality assessment questions (i.e. all those shown in Figures 7 and 8 except for the overall assessment) the self-assessed quality of jobs in Poland comes last in six categories. Apart from the already mentioned ones, individuals find that their jobs offer little opportunities to develop skills at work and find they have poorest advancement prospects. It is notable that in these two categories the Czech Republic looks very similar to EU10-North countries.

As far as job quality assessment is concerned there are many similarities between the EU10-North and the Czech Republic. EU10-South countries are placed somewhere in between the two with Poland performing poorest in most of the categories. Perhaps it is thus not surprising that most of the working individuals in the Polish SHARE sample express a desire to retire as soon as possible from their jobs (63 per cent).
Figure 9 displays the proportion of those wishing to retire as soon as possible. This proportion is also very high in Spain (66 per cent), while in contrast, in Belgium, Denmark, Sweden and Switzerland it is below 35 per cent. Also in this respect, the Czech Republic seems to be closer to EU10-North countries than to Poland with only 38 per cent of working individuals wishing to retire as soon as possible.

**Conclusions**

In this chapter we looked at the working 50+ populations of the Czech Republic and Poland in a comparative context with ten countries representing the EU15 in SHARE. Extension of the SHARE sample to include the Czech Republic and Poland significantly enriches the research potential of the data by adding to it two populations in which the living conditions of the current 50+ have been very different than in all other SHARE countries.

- The 50+ generations in the Czech Republic and Poland have lived through very demanding and difficult times in their whole life during the communist regime as well as in the democratic period afterwards. Both the Czech Republic and Poland face important policy decisions related to the labour market, retirement system, social security and fiscal reforms.
- While these two countries shared common political and economic experiences for the large part of the 20th century, they are in many dimensions different from each other. They should not be aggregated into a “transition group” of countries in order to avoid false generalizations.
- While the transition from central planning to the free market has significantly affected both the Czech and the Polish current 50+ individuals, the Czech population has maintained a much greater labour market involvement. In Poland not only are the levels of employment significantly lower than those of its southern neighbour, but labour market conditions of those who are working seem to be much inferior.
- In many aspects of job quality both transition countries lag behind compared to other SHARE countries. However, in several respects the conditions in the Czech Republic are very much like those in EU10-North countries. This similarity is also very clear in the expressed desire to retire as early as possible from the current job, a dimension in which Poland also remains far behind the Czech Republic.

The SHARE data presented in this chapter offers a large potential for analyses of important determinants of labour market activity of the 50+ generation. Especially in countries such as Poland, where levels of employment of this population group lag far behind the rest of Europe, understanding these determinants will be a crucial step to and improve the position of older individuals at the workplace and increase their labour market activity.

**References**

Israel joined the SHARE enterprise in late 2004, through special grants from the U.S. National Institute on Aging, the German-Israeli Foundation for Research and Development and the Israeli National Insurance Institute. Data from 2598 individuals residing in 1771 households were collected between late 2005 and mid 2006.

SHARE-Israel enriches the cross-national SHARE data through its diversity among three major population groups that comprise the population in Israel: 1) the Hebrew speaking Jewish majority who make up almost three quarters of the older cohort, 2) Russian speaking new immigrants (mostly Jews) who arrived after 1989 and account for almost a fifth of the cohort, and 3) Arabic speaking non-Jewish Israeli citizens who are about a tenth of the 50+ population. As was necessitated, the SHARE-Israel survey instruments were constructed and delivered in all three languages. Weights based upon national statistics of age, gender, population group and stratified statistical areas yielded a representative sample of the 50+ population.

This chapter presents selected salient findings from the first wave of the Israeli SHARE survey. Additional results can be found in a “First Results Book” of the Israeli data that was published in Hebrew as a special double issue of the journal Social Security (حيحון סוציאלי) (Achdut and Litwin, 2008).

Israelis Aged 50 and Older

Israel has a younger age structure than in the European countries of SHARE — only 23 per cent of its population is aged 50 and older. However, its older cohort is aging quickly. For example, the proportion of persons aged 75 and over within the 65+ population has risen from 39 per cent to 46 per cent in the past 20 years. In addition, the nature of older Israelis and the circumstances in which they live differ across the three major population groups. Figure 1 presents key data on these differences within the 50+ cohort. As may be seen, Russian immigrants are older than their counterparts from the Jewish majority, and Arab-Israelis are younger. Moreover, while about three quarters of Jewish Israelis live with a partner and about 9 out of 10 Arab Israelis do, only some two thirds of Russian immigrants have a live-in partner. As for family size, the average number of children among Jewish Israelis is 3, among Arab-Israelis the number is 8 and among the Russian immigrants it is between 1 and 2. Figure 1 also reveals that almost two thirds of Jewish Israelis have 3 or more children compared to less than 5 per cent among the Russian immigrants. In contrast, more than 90 per cent of Arab-Israelis have 3 children or more. Despite these differences in family size, the great majority of Israelis aged 50 and over co-resides with children, or has contact with them on a daily basis: 95 per cent of the Arabs, 84 per cent of the Jews and 80 per cent of the Russian immigrants. Finally, most Arabs and Jews in the 50+ cohort own their own dwelling, but only a third of the Russian immigrants do. In sum, Jewish Israelis and Arab Israelis are mostly situated in contexts of relative familial and household security. In comparison, recent Russian immigrants to Israel aged 50 and older have less such security.
Variations in Health Status

A preliminary look at the health rankings in SHARE indicates that “less than good” perceived health is more frequent in Israel (53 per cent) than in the corresponding European countries, on average (46 per cent). Within Israel, moreover, perception of less than good health is highest among the Russian immigrants (77 per cent) and lowest among Arab-Israelis (37 per cent). The frequency of reported long term problems in Israel is similar to the European average, but Arab-Israelis report a higher frequency (67 per cent). As for functional capacity, 26 per cent of older Israelis have 1 or more difficulties in instrumental activities of daily living (IADL), compared to the European SHARE average of 18 per cent. However, more than a third of the Russian immigrants report having IADL difficulties and more than a third of Arab Israelis as well.

In order to better understand the state of health of older Israelis, we draw upon an analysis executed by Shmueli (2008), who related health outcomes to gender, population group, age, education and income. Figure 2 presents the likelihood of having poor health in Israel by gender and population group, controlling for the effects of age, educational level and income level. The figure shows that women are more likely to report less than good health, when compared to men (who serve as the gender reference category), but less likely to report IADL difficulties. However, they report about the same degree of long term problems, holding all else constant.

As for population group differences, Russian immigrants are more likely than the Jewish-Israeli reference group to report less than good health and to have difficulty in instrumental functioning (and to a lesser degree, long term problems). Arab Israelis are also more likely than their Jewish-Israeli counterparts to report long term problems and IADL difficulty, all things considered. This is particularly noteworthy, because Arab Israelis are less likely to report their health as less than good. These findings suggest that cultural norms and interpretations may affect self perceived measures of health. It is necessary, therefore, to utilize multiple measures of health in determining the state of health of people from different backgrounds, precisely as is done in SHARE.
Work Force Participation

The rate of employment among Israelis aged 50 and older is relatively high, due, in part, to the somewhat younger distribution of the age structure and to the comparative lack of incentives for early retirement. About 43 per cent of the men in this age group and some 29 per cent of the women are employed. The average rate of employment among women is reduced, however, by the limited participation of Arab-Israeli women, the vast majority of whom are housewives. Russian immigrant men report relatively high rates of unemployment (16 per cent) and Arab Israeli men report high rates of disability (21 per cent) (Achdut and Gharrah, 2008).

Given the substantial overall rate of employment in Israel, we sought to understand the predictors of participation in the labor force among persons aged 50-64. Toward this end, we related work force participation to population group, age, education and income, separately for men and women. Age was considered in 3 groups: 50-54, 55-59 and 60-64. It should be noted that until recently, minimum age eligibility for public retirement benefits in Israel was 65 for men and 60 for women. The age of retirement eligibility has now been extended to 67 for men and will eventually reach 64, for women. In the current analysis, Jewish-Israeli men and women aged 50-54 serve as the respective reference categories.

Figure 3 shows the likelihood of participating in the work force by gender, age group and population group, controlling for the effects of educational level and income level. The figure shows that Jewish-Israeli men aged 55-59 are about as likely as the men in the youngest age group (the reference category) to be employed, but those aged 60-64 are less likely. Arab-Israeli men show a lower likelihood of being in the work force compared to their respective Jewish-Israeli age peers. Among Russian immigrants, on the other hand, a different pattern emerges. As may be seen in the figure, Russian immigrant men in the youngest age category are much more likely to be employed than Jewish-Israeli men of the same age. Moreover, even the older Russian immigrant men show a higher likelihood of being in the work force than the youngest Jewish-Israeli reference category, when holding education and income constant.
Turning to the labor force participation of women in Israel, the figure shows that Jewish-Israeli women aged 55-59 are less likely than those aged 50-54 to be in the work force, and women aged 60-64 in this same population group are much less likely. However, Arab-Israeli women of all ages are very much less likely to be employed when compared to their Jewish-Israeli counterparts. On the other hand, Russian immigrant women aged 50-54 are more likely to participate in the work force than are Jewish-Israeli women of the same age. But older Russian immigrant women are not. As noted earlier, these population group differences in relation to work force participation exist above and beyond the effects of education and income.

In sum, the SHARE-Israel survey findings show that participation in the work force differs significantly across different groups in the population and by gender. Of particular note is the higher rate of employment seen among the Russian immigrants. Late-life immigration apparently encourages continued employment as a means to compensate for the lack of occupational pension accumulation. It will be useful to examine future retirement trends in light of the noted graduated delay of pension eligibility in Israel that was recently legislated. The SHARE project provides the unique capacity to undertake such follow-up.

**Making Ends Meet**

Israelis aged 50 and over have slightly lower median household incomes (17,800 €) than the SHARE median (18,300 €). When corrected for purchasing power parity, however, the median in Israel (25,400 €) rises considerably above the SHARE baseline. In addition, household incomes vary significantly across population groups within Israel. Jewish Israelis report median incomes of some 22,000 €, but Russian immigrants and Arab Israelis have lower medians (14,800 € and 11,000 €, respectively). As was noted earlier, Russian immigrants have smaller households than the Jewish majority, but Arab Israelis have much larger households together with having lower household incomes.

These income discrepancies are underscored by the relative poverty rate found among the 50+ population. Considering the poverty line as 60 per cent of the median individual (that is, total household income, excluding imputed rents, attributed in equal part to all
household members) (Lyberaki and Tinios, 2005), 32 per cent of the Israeli sample are below the poverty cut-off (Endveld and Cohen, 2008). This is higher than the corresponding poverty rate found in the SHARE countries, including nearby Greece (25 per cent) and Italy (28 per cent). Moreover, poverty is distributed unequally across the population groups that comprise the older cohort in Israel. Some 30 per cent of Jewish Israelis aged 50 and over are below the poverty line, as compared to 16 per cent of Russian immigrants, on the one hand, and 64 per cent of Arab Israelis, on the other.

In addition to the objective measures of income and wealth gathered in the SHARE questionnaire, the survey also asks about one’s subjective perception of household income, that is, whether the household is able to make ends meet. About 61 per cent of Israeli households claimed that it was somewhat difficult or very difficult to manage their household finances. Israel is, thus, among the countries with the highest reported rates of difficulty making ends meet. Accordingly, we sought to understand the factors that stand behind the negative evaluation of our respondents’ ability to manage economically.

Perceived income adequacy correlates with sociodemographic background; measures of actual and relative income, wealth and consumption; personal capacity indicators; and psychological orientation (optimism and pessimism) regarding one’s financial future, among others. We related the subjective income outcome, difficulty to make ends meet (yes/no), to this varied set of predictive variables, all available in the SHARE survey instrument. The results are presented in Figure 4.

![Figure 4 Predictors of difficulty making ends meet.](image)

Note: Reference categories: age 50-59; high education; work status: employed; high wealth; high consumption; high income; not depressed; low pessimism; low optimism

The results in Figure 4 show that older age and positive expectations for the future are inversely related to a sense of financial difficulty among Israelis aged 50 and over. However, the greatest predictors of perceived financial difficulty are being out of the labor force due to disability, lower wealth and lower education. Lower levels of consumption, depression and having negative expectations regarding one’s financial future are additional predictors of perceived income inadequacy, but to a lesser degree. Notably unrelated to the subjective income measure, after controlling for the effects of the other variables, are population group, gender and relative income.

Stated differently, the analysis demonstrates that perceived difficulty in making ends meet in the older Israeli cohort is explained mainly by objective economic measures and
by status indicators (education and work disability) that reflect income-producing potential. Poor mental state (depression) and psychological orientation also explain one’s perceived difficulty to manage with one’s available household finances. The analysis points out, moreover, that when controlling for the other study variables, population group differences did not retain significance. In sum, despite the comparable mean income level reported in Israel and its favorable purchasing power, the majority of the 50+ population in the country still feels economically challenged. The SHARE data suggest that this perception is based mostly upon objective indicators.

Conclusions

This chapter documents several significant trends in the lives of Israelis aged 50 and over, trends that have important implications for the development of public policy.

- There are notably different life circumstances across the major population groups in Israel, circumstances that may well have significance for well-being in late life.
- Different population groups in Israel tend to rate subjective health differently, making it necessary to view such ratings in concert with objective health indicators.
- Exit from the labor force in Israel seems to be mediated by occupational pension coverage. Late life immigrants who lack sufficient coverage in the new country tend to remain in the labor force at older ages.
- Despite these differences, population group per se does not affect perceived income adequacy. Subjective economic status is explained mostly by accumulated wealth and other factors.

The findings presented in this chapter underscore the many benefits that SHARE-Israel can offer. The diversity among Israeli population groups provides additional points on the scale of social and economic development among the SHARE countries, thus enriching the SHARE “laboratory” as a resource for scientific inquiry into the life circumstances and their changes in an ageing world.

References


3.5 Home, Houses and Residential Mobility
Viola Angelini, Anne Laferrère

When traveling across Europe, even the most uninformed visitor cannot but be struck by the variety in housing architecture, from stately 19th century apartment buildings, to medieval villages, from rows of narrow houses to large villas or the high rise public housing of the 1960s. Housing seems to summarize the variety of European history, even more than languages, or social insurance systems. Besides, housing is a most important feature of the life of the 50+. Retiring from work and getting older may mean being more sedentary and having to adjust housing consumption.

The 50+ Live in Houses They Own

In many continental languages, the words for home and house are the same. Indeed a majority of Europeans aged 50 and over live in a house, i.e. in a building with less than three dwellings, rather than in a flat. The rate ranges from around 80 percent in Belgium, the Netherlands and Denmark, down to 1 in 2 in Spain and Switzerland, or 1 in 3 in the Czech Republic. Generation effects play in opposite directions. The decline in agriculture translated into a movement from rural to more urban areas from the older generation to the younger ones, and into a parallel move out of farmhouses, which can still be seen for Poland, Greece and Spain in Figure 1. An inverse movement towards houses in the Netherlands, Denmark, Sweden, and Belgium is linked to a shift from renting towards owner-occupation. In countries where less clear age/cohort evolution is seen, the two types of change may have occurred simultaneously and cancelled out, as in France for instance.

![Figure 1 Houses by country and age group](image)

Note: Unless otherwise stated all figures are at the individual, not the household level

1Unless otherwise stated, all figures are on the individual level, not the household level. Hence, they are not directly comparable to the SHARE First Results Book, Wave 1.
In all countries home ownership is higher for people living in a house. The difference is striking as more than 80 percent of those living in a house own it, compared to only 46 percent for those living in a flat. The regularity can be explained by various reasons. On the supply side, houses are more costly to maintain for a landlord than the same number of flats in one building (Hilber, 2007). In continental Europe, the 19th century witnessed the construction of rental “vertical” apartment buildings, as opposed to the “horizontal” developments of Britain, which so much struck visitors from the continent. Most of the supply of rental social (subsidized) housing has been and still is in apartment buildings (Massot, 2007). On the demand side, a taste for more space and privacy, provided by houses, may be linked to a taste for home ownership. Moreover, low-income people might not be able to afford the higher maintenance costs of houses and, therefore, choose flats; since they are also more likely to be credit constrained to buy, the rental demand would be higher for flats than for houses. Indeed among the 50+, a higher income usually goes with living more frequently in a house. This is not so in the Southern countries, in Austria and in the two new Eastern countries, where a house is often more likely to be an old farm than a modern construction.

Most houses are detached except in the Netherlands, where row houses predominate. Row houses are also frequent but to a lesser extent in Belgium and Spain, while they hardly exist in Poland and Greece. As for flats, a majority is located in small buildings of 3 to 8 units, in all countries, except Sweden, Denmark, France, Austria, Spain, the Czech Republic and Poland where larger low rise buildings predominate. Only in the Czech Republic and to a lesser extent in France and Poland a significant proportion of the 50+ live in a high-rise building. The taste for living in houses may pose two types of problems. One is general: the higher maintenance cost of houses often goes with higher energy consumption, both in heating and transportation costs. The internalization of these costs by the consumer may be only partial. One could probe deeper into the elderly taste: is it taste for houses, or desire for ownership, taste for space and garden or wish for privacy? This should be taken into account if the housing supply is to become more environmentally friendly. The second problem is more specific to an ageing population: a house may be less convenient than a flat to an invalid elderly. Either because it involves stairs, is less easy to maintain, or because it is situated further from services. Retirement homes provide mostly flats and we expect moving elderly would choose flats.

Subsidized rental housing goes under various names (social, public, non-profit) and exists in most countries. Even if each system differs with respect to eligibility or rent level, the subsidized supply has an important effect on local housing markets. Social housing is important in the Netherlands, where it makes up to 35 percent of the overall stock, and in Austria, Poland, Sweden, Denmark, France and the Czech Republic, where it is between 15 and 20 percent of the housing supply. It is around 6 percent in Germany and Switzerland, 5 percent in Italy and Belgium, 2 percent in Spain, and is nonexistent in Greece (Ball, 2007; Federcasa, 2006). Moreover, in most countries tenant protection is high, and the evolution of rents is somewhat controlled. For many elderly Europeans renting can be just as secure as owning, and the benefits of home ownership in that respect should not be overstated.

We mentioned that houses are more likely to be owned than flats, but the rate of home ownership is also the result of both life-cycle and cohort effects. If a dwelling is seen as an investment, the life-cycle effect predicts an increasing rate of home ownership with age as saving increases and then a declining rate in old age when the elderly start to run down their assets to support consumption as they age. The positive age gradient is mitigated by
the existence of credit markets and by inheritances, both of which allow owning a home without waiting to build up savings. The decline in old age is mitigated by the fact that living in one’s home is directly consuming its rent, just as one would consume the income from an asset without selling it. Overall in most SHARE countries we find a slightly hump shaped age profile for home ownership. Age has a positive effect up to 58 years old, as most of the first purchases occur before 50. Then the effect is negative but the decline “with age” is mainly an increase “with cohort”, as in many countries home ownership developed after World War II when credit became available and rental public housing declined at the end of the 20th century. Indeed switching from owning to renting is uncommon before age 80. Home ownership is rising among the 50+ from one generation to the next in all countries. The trend is spectacular in the Netherlands where the rate nearly triples between the 80+, born before 1925 (25 percent) and the 50-59, born after 1945 (72 percent). In this country, part of public housing has been sold and the 50+ benefited from it. Hence, in the Netherlands home ownership rate declines linearly with age. The same evolution happened in many other countries, although it often stops with generation aged 60-69 and then home ownership remains stable for the following generations.

There are also important wealth effects. In nearly all countries a higher household income increases the likelihood of ownership, except in Spain (where home ownership is the norm), in Belgium and in the Czech Republic (where home-ownership was granted to many former tenants). Price effects are captured through the urbanization variable: the less urbanized the more ownership.

“Taste” plays an important role as home ownership usually goes with being family oriented. Being married rather than in a partnership increases home ownership, except in the Netherlands and Switzerland, where it does not make any difference, in Poland, where partnership is rare, and in the Czech Republic, where tastes do not play any role. Living in a couple, too, or being widowed rather than single or divorced have a positive effect on ownership. The stability of marriage allows this long-term investment and a taste for
stable marriage may be linked to taste for a home ownership. We would have expected the taste for children to be linked to taste for ownership. However, the effect is counteracted by the income effect as having more than two children means fewer opportunities to save for a home in many countries, such as Denmark, the Netherlands, Belgium and France. Another sign of resource constraint is the negative effect of current household size in some countries, especially France, Spain and Greece. This may point to additional income constraints preventing home ownership by the 50+ in those countries. Note that at a given age women are less likely to own their home than men (in all countries except Spain) but they are not so when controlling for income. This means that if women own less it is because they are poorer.

Home ownership divides Europe into three clearly defined groups of countries, see Figure 2. It is almost universal in the three Southern countries (Greece, Spain and Italy) and in Belgium. Poland and the Czech Republic, where rental housing has been turned to owner occupation, can be included in this high ownership group. At the other extreme, four “central” countries, Austria, Switzerland, Germany and the Netherlands, have a large rental sector (between 43 and 47 percent). These countries offer a good supply of rental units, with high tenant protection, or a supply of social or rent-controlled units that increases the relative cost of owning. Even taking into account observed differences in income, demographics, urbanization or dwelling types, most of the striking country differences remain striking. They capture unobserved heterogeneity, and differences in local housing markets, taxation of home ownership and other institutional features. The opposition remains between on the one hand Germany and the Netherlands, with low ownership rates and a large rental housing supply (large public housing in the latter, large affordable private sector in the former), and the three Southern countries and the Czech Republic with no or little organized rental market on the other. Other countries are characterized by some equilibrium between rental and ownership housing market, even if Switzerland, Denmark and Austria lean toward low-ownership, while Sweden and Poland lean toward high-ownership.

Nearly a third of European elderly live either in the same dwelling or in the same building as their children, see Figure 3. They are more likely to share a building without co-residing when they live in a house (10 percent) rather than in a flat (5 percent). The two ways of close family life seem quite distinct, as for instance co-residence goes with more home ownership and is often associated with a widowed mother, while “child-in-building” goes with less home ownership, other things being equal. Co-residing is common in Spain, Italy and Greece. In a large group of Central-Southern European countries (Austria, the Czech Republic, Poland, Germany, Greece, and Italy) between 14 and 20 percent of the elderly living in a house have a child living in the same building. This form of living, which seems to characterize older middle class households outside large cities, hardly exists in all the other countries, except Switzerland (7 percent) and Spain (5 percent). It provides occasions for family exchanges of services, which might be important for both the 50+ and their children.
Residential Mobility of the Elderly is Low

Beyond describing where the 50+ live, it is crucial to assess what their future housing choices will be as they may have large effect on the European housing markets. SHARE respondents were followed after the first interview, providing an opportunity to measure the mobility rate of the 50+ and probe into their choices. The proportion of mobile 50+ individuals can be estimated in various ways. First, we can look at those who have been living in their present abode for less than 2 years. The rate is a low 2.2 percent at the individual level and around 2.7 at the household level. Residential mobility between the 2004 and the 2006 wave, as declared by the respondents, is another means to get at a yearly mobility rate. However, it is not straightforward as there are significant differences in the time span between interviews, both within and across countries. The time separating Wave 1 and Wave 2 interviews goes from a minimum of 11 months to a maximum of 40 months and we need to correct for it. With due adjustment for the time distance between interviews, the estimated mobility rate is 2 percent at the individual level (weighted, Figure 4). However, the respondents who moved between the two waves might have been particularly difficult to retrieve; hence, this 2 percent may underestimate the true mobility rate. We then try to identify those households who were not retrieved in Wave 2 but presumably moved and include them in the calculation of the mobility rate. If we add them to those who moved between private residences and to those who moved to nursing homes, we arrive at an estimated yearly mobility rate around 2 percent at the household level (Figure 5, unweighted). Hence, all measures converge to a low residential mobility rate somewhat above 2 percent per year. The rate ranges from around 3-3.5 percent in Denmark and Sweden to less than 0.5 percent in Greece.

They answered yes to “Since [[month year previous interview]], have you moved to another residence, house, or flat?” or they moved from a private residence in Wave 1 to a nursing home in Wave 2.
Mobility is found to decrease with age with an important rebound after age 80, as people move to nursing homes, see Figure 4. Mobility rate above 80 is 3 percent. In some countries, such as the Netherlands and Belgium, the mobility rate is higher among the 60-69 than at younger ages, which may be due to moving on retirement. However, we should remain prudent in the interpretation of this result, as it does not translate into a decrease in the number of years in accommodation. Note also the case of Greece where mobility rate is lower than in Italy and Spain, while the number of years in accommodation is very similar.

**Figure 4** One-year mobility rate by age group (individual level - weighted)

**Figure 5** One-year mobility rate (household level - unweighted)
Changing Home Before 80...

The longitudinal nature of SHARE and the unique feature that individuals were followed into nursing homes provide precious information on what determines residential mobility and the choices made by those who move. Moving between private homes is definitely very different from moving to a nursing home. The former is determined by the quality of housing and neighborhood, and mobility costs, whereas moves to a nursing home are determined by age and health. Moreover, the economic situation plays in different directions. Let us look more precisely into both mobility types.

Residential mobility between private homes is usually found to decline with age as housing consumption is progressively adjusted along the life-cycle; but it is also time dependent as the more years spent in an accommodation, the less likely to leave it (Boehm and Schlottmann, 2006). For the 50+ most age adjustments have been made already and, controlling for the time spent in the accommodation, which has a strong negative effect, age has absolutely no effect on mobility, except above age 80 where some decide to move. Even this old age effect disappears when controls other than the number of years in accommodation are added. The elderly who own their home are less likely to move. Mobility costs are higher for them than for tenants as they include higher transaction costs. Besides a home is likely to be more adapted for owners, who can arrange it as they like, than for tenants. Of course, one also selects into owner occupation if one expects not to move. A higher income level helps to move, especially for tenants. So does a higher wealth level, especially for owners who become tenants. Most of the wealth of the European 50+ is embedded in the home (Christelis et al., in this volume). Hence, a higher wealth means a higher home value, which induces owners to release home equity and move out ceteris paribus. A change of home can also be a response to shocks in income, household size, health, or to changes in tastes and preferences that make current accommodation less adapted to new circumstances. Both being divorced and divorcing since Wave 1 have a positive effect on residential mobility, so has being or getting widowed. Other changes in household size, such as the last child moving out, also increase the likelihood to move home. Some factors are clearly linked to age or ageing. Retirement can trigger a move for homeowners, while it has no significant effect for tenants. For owners there is no sign that a decline in income would force them to move, but on the contrary moving seems to be linked to better economic conditions. For tenants, neither a deterioration nor an amelioration in economic conditions are associated to moves. The difference may be linked to higher mobility costs for owners. Among owners, those who have no child and those who are widowed are more mobile. However, widows with no children are less mobile than when they have children, which may be linked to inheritance laws or care giving (Bonnet et al., 2008). As far as living conditions are concerned, complaints of neighborhood crime in the 2004 wave also induce more mobility but only for those who rent, as they may live in the worse neighborhoods. Living in a house, rather than in a flat induces to move. This is a first sign that a house may be not suited for old age.

When all these controlling factors are introduced, Sweden and Denmark are still the most mobile countries. Then by declining mobility rate, we find Switzerland, Spain, France, Belgium, Italy, Germany, the Netherlands, Austria and finally Greece.
... Is Very Different from Moving to a Nursing Home

By contrast, mobility to a nursing home is triggered by age, ill health and the absence of close family (note that none of the respondents moved to a nursing home in Italy and in Greece). Some may be able to adapt their dwelling and “age in place” (see Kohli, Künemund, and Vogel, this volume) but often this is not possible. As is clear from Figure 4, moving to a nursing home begins only after 80. It is more likely for those who have physical health mobility problems and for those who have neither a spouse nor any living child. Becoming widowed since Wave 1 is an important factor of a move to a nursing home; thus, moving to an institution can follow bereavement quite closely. Becoming disabled and having neither spouse nor child are the two main determinants usually found in the literature (Gaymu et al., 2007). Interestingly SHARE allows adding a third element, a low income. Indeed moving to a nursing home is more likely for those in the lowest income quartile. Even if more should be known on long term care availability and financing, it seems likely that both economic and family circumstances play a role in the housing choices of the frail elderly.

Movers Reduce the Number of Rooms and Choose to Rent a Flat

Along the life cycle, adjustments first go from small apartments to bigger houses with marriage and the arrival of children. Then the adjustments are very rare, but one would expect that they would be to smaller homes as children move out, or a spouse dies, especially if the home was a saving device. Indeed, independently of moving, the number of rooms per person increases with age because household size decreases with age. There are two stages. Among the 50-69, most of the increase in rooms per person with age is due to children moving out. This is an important phenomenon in the life of the 50-69: among the 40 percent of the respondents who co-resided with a child in Wave 1, 28 percent had their last child moving out between the two waves. In terms of space, the departure of the children increases parents’ welfare. In a second stage, the death of a spouse is a rarer event, which affected only 6 percent of the 70-79 married respondents, and 15 percent of those aged 80 or over.

More generally, whether the elderly downsize is still debated (Banks et al., 2007). Indeed we find that on average moving implies a negative adjustment and that the older the mover the more important the adjustment is. Among those aged 50-59, the movers lose 0.3 room on average; among the 60-69 they lose 0.7 rooms; they lose 0.8 rooms if aged 70-79 and as much as 1.4 rooms if aged over 80. Even if the movers are not very numerous, their demand is clearly for smaller dwellings, but not much before age 70 or 80. However, even if on average those who change place of residence reduce the number of rooms, still 20 percent of them move to larger homes. Reducing the number of rooms is not linked to income or health, but to a decrease in household size. When the elderly move, a majority choose a flat rather than a house. Both choosing a flat and leaving a house for a flat increase with age. Indeed, 47 percent of movers aged 50-59 choose a flat and the proportion increases to 52 percent when aged 60-69, 57 when 70-79 and a high 63 percent for the 80+. Hence, part of the decline in house living with age is indeed an age effect, even if very small. Moving to a flat is more likely for those in the low-income quartile and for widows, but is not linked to a change in household size.

Even if overall the rate of owner-occupiers does not decline much between the two waves, among those who move, 32 percent of owners move out of ownership, while only 24 percent of renters move to ownership. Overall the rate of owners among movers
declines from 57 percent to 50 percent. So again the trend is clear. Controlling for home ownership in Wave 1, ownership declines with age after 69 and with mobility at all ages, even more at older ages. The move out of ownership is less likely as income increases.

**Conclusions**

- The majority of the 50+ own their home. This is an insurance against rent risk in case their pension income is not indexed to rents. However, if all saving is in the house, the elderly are vulnerable to house price downturn. Among tenants, some of those who do not benefit from social housing may be at risk.
- The majority of the 50+ live in houses. While houses are linked to home-ownership, hence to security and probably to some other aspects of individual and collective well being, a house can be ill suited to very old age. Indeed, many turn to apartments and/or to renting as they get older, especially over 80 years old. The consequences on the housing market, both in terms of supply and demand, might be important.
- The yearly mobility rate is a low 2 percent. However, signs pointing to downsizing are clear, especially among the lower income group. Whether this is linked to reduced housing expenses remains to be seen.
- Becoming disabled, having neither spouse nor child, having a low income, all make moving to a nursing home more likely.

**References**


3.6 Staying or Moving? Housing and Residential Mobility
Martin Kohli, Harald Künemund, Claudia Vogel

The Increasing Importance of Housing in Old Age

Sometimes there are indeed identical goals in social policy and among the elderly themselves. One example is the preference for staying at home as long as possible. “Ageing in place” allows maintaining everyday routines as well as contacts with friends and neighbours and with the embodied memories that anchor one’s biography and identity. It is thus an essential part of the “moral ordering of later life” (Gilleard et al., 2007: 591). Moving may establish a new home closer to one’s children or in a better location, or may give access to less expensive or more amenable space, but it also carries the risk of loss of biographical memory, disorientation, isolation and loneliness. By preserving social networks beyond the family, ageing in place may help to reduce health care spending. However, staying at home requires a home environment that supports independent living. The desire to remain in one’s familiar surroundings may be counterproductive if these surroundings are ill adapted to the needs of advancing age.

Housing and living arrangements provide action spaces and dimensions of meaning all through the life course, but with varying emphasis in the different stages of life. The transition to retirement greatly increases the importance of one’s home because the references and daily routines of the world of employment disappear. This is even more the case in advanced age when restrained physical mobility increasingly makes for a concentration of daily activities in and around the home. Everyday life in old age is above all life at home.

Housing thus becomes a primordial concern for the elderly. Young and old adults attach different meanings and projects to their accommodation (Dittmann-Kohli, 1995): For the young, the projections are positive (a larger apartment, a house of one’s own), while for the old, thinking about the future revolves around the fear of loss. Loss of one’s home is linked to loss of one’s independence, and the dominant concern becomes one of attempting to keep both as long as possible. There are exceptions such as those of retirement migration – people actively embracing the new possibilities for mobility offered by retirement, and moving to more attractive (usually more southern) destinations (King et al., 2000). But for them as well the new home in the sun – and the fear of having to relinquish it eventually – becomes the centre of gravity.

The home is moreover the place where the family convenes. It may be a family home acquired from previous generations or furnished with their belongings, and which may eventually become the centrepiece of the bequest to one’s own descendants. Investing in home ownership may be a specific form of family investment.

At present there exist only very few cross-national studies that allow for a comprehensive assessment of these issues. SHARE presents a unique opportunity for studying housing and its most important correlates in a strictly comparative frame across Europe. The task of this chapter is to give some basic information on housing and living arrangements of the elderly European population covered by SHARE. We will present descriptive findings on size and equipment of residences – and thus of the potential for remaining in one’s home even with some physical impairments – and a multivariate analysis of residential mobility. Most of the presentation is cross-sectional for Wave 2. This includes the three new countries (the Czech Republic, Poland and Israel) that can now be compared to the eleven included in Wave 1. For the latter, we expect most values to have remained fairly stable across the two waves. We point out cross-sectional differences where appropriate.
The panel data now also allows for first longitudinal analyses in view of uncovering causal mechanisms. We present an analysis of the correlates of change in place of residence between the two waves.

**Size of the Accommodation**

Size as a key feature of one’s accommodation is associated with costs. To adjust the size of the accommodation is one of the stated reasons for moving: For example, an elderly person may downsize after her spouse has died. In SHARE, the respondents were asked about the number of rooms for the household members’ personal use, excluding bathrooms, kitchen, hallways, or rooms which are let, see Figure 1. Since only one person per household (the “housing respondent”) had to answer this question, we assigned these answers to the other household members as well.

Our findings show that the number of rooms per person generally increases with age. This pattern is an effect of having the children move out, and especially of becoming widowed. The age gradient is strong in Belgium and Switzerland where those aged 80 or older have on average more than three rooms at their disposal, and in the Mediterranean countries where it reflects both the later age of children at leaving the parental home and the more massive onset of widowhood. In Italy, the 50-59 year olds have only 1.5 rooms per person at their disposal, compared to 2.2 rooms for those aged 80 and over; in Spain, these numbers are 1.7 and 2.6, and in Greece, 1.3 and 2.0.

If we define undersupply as less than one room per person, we find that in Greece more than a quarter of the 50-59 year olds live in a situation of undersupply. This again decreases by age, so that in the oldest age group the rate of undersupply is down to less than 5 percent. The highest rate of undersupply is found in Poland, with 39 percent of the population aged 50-59 and little improvement with advancing age. This finding corresponds to the lowest average number of rooms per person, 1.1.

Oversupply may seem to be a happier situation, but it also may present problems of social isolation or excessive costs for individuals, or of poor allocation of available resources.
at the aggregate level. The proportion living in a situation of oversupply (defined as having three or more rooms per person) is highest in Belgium, Switzerland and the Netherlands, which may reflect the special features of their housing market.

**Special Provisions for Coping with Physical Impairments**

In the perspective of ageing populations, a further important point covered by SHARE concerns the supply with special provisions that assist persons having physical impairments or health problems. As mentioned above, this is also a key question for the elderly themselves: whether they can remain in their home even with limited physical mobility.

SHARE asks a general question on the presence of special features. Not surprisingly, those 80 and over on average live three times more often in households with special features than those aged 50-59, but even for the former the overall proportion with 15 percent remains fairly low. This overall proportion hides important differences between countries. The highest provision for physical impairments is found in the Netherlands where a sixth of the total elderly population and almost half of those aged 80 and over live in accommodations thus equipped, followed by Denmark and Switzerland. Israel shows a high level of provision for physical impairments especially among the oldest group. On the other hand, Poland, Italy and Greece have almost no accommodations with special features among their elderly populations (1-3 percent), and not much more among their oldest age groups (2-3 percent). This may again be linked to the strong family tradition in the South, where services provided by co-residing or close family members (or migrant domestic carers) are expected to make up for disability instead of any technical features of the home.

Another dimension concerns more general housing amenities which may also be critical for the ability of the elderly to remain in their home: an indoor bath or shower, an indoor toilet, central heating, and/or air conditioning. In this respect our results paint a surprisingly positive picture. Almost 100 percent of our respondents have an indoor bath.
or shower and toilet for their household’s personal use. The only exceptions are Greece, where the proportion of indoor bath or shower amounts to 78 percent, and Poland with 88 percent. The other differences between countries and age groups are obviously rather small. More variation exists with regard to central heating facilities, but the differences between countries correspond closely to the variation in climates and needs, so that one would not readily rate them as indications of deficiencies. While in the Central and Northern countries central heating exists in nine tenths of the cases or more, the corresponding figure for Italy is 54 percent, for Spain, 41 percent, and for Israel, 15 percent.

![Figure 3 Special features for persons with physical impairments or health problems (percentages and standard errors by country)](image)

**Residential Mobility**

Although ageing in place is generally preferred, some elderly move. The main reasons differ across age groups – for amenity reasons immediately after retirement, to move closer to a potential caretaker when health becomes problematic, and to a nursing home when staying at home becomes impossible (Litwak and Longino, 1987). Moving closer to children may also be motivated by a desire to help with grandchildren. The motives that influence the decision to move or stay are thus manifold, but declining health and changes in marital status, as well as less income or too much room to take care of, are usually identified among the main driving factors that promote a residential change (Sabia, 2008).

In SHARE, residential mobility may be assessed directly (cf. Angelini and Laferrière, in this volume) or indirectly by asking for years spent in the present accommodation see Figure 4. Results show the obvious age effect, but it is smaller than expected, with a mean difference of 14 years between the oldest and the youngest group. Overall the elderly Europeans have been living for 27 years in their present home, with Sweden, Denmark and the Netherlands at the lower end, and Poland at the upper end.
The factors accounting for a change in residence can now be analysed longitudinally by combining the two waves of SHARE. A multivariate analysis of the likelihood to move reveals a negative association with age: older age groups are less likely to move. Contrary to expectations, self-reported health does not have a significant impact here, see Figure 5, (non-significant variables not shown). Tenants are significantly more likely to move than owners who acquired their housing property by own means, and even more than owners who inherited their property. This points to the importance of attachment to place. The likelihood of moving also increases with wealth. This suggests that moving is less driven by economic necessity than by the availability of resources. Family reasons come into play as well. Proximity to children does not yield a consistent pattern, but a change in marital status significantly increases the likelihood of moving.

Conclusion

In conclusion, it should be noted that housing patterns differ considerably among countries but have remained fairly stable over the two-year period between Waves 1 and 2. We again emphasize three points:

- Overall there are good housing conditions well into old age, with size increasing, and deficiencies not much higher than among middle-aged adults.
- Home owners are least likely to move. Ownership – typically associated with larger and better-equipped homes – may provide an important form of economic and social security (cf. Angelini and Laferrère, in this volume). As ownership rates are lower in older age groups, there is less security for the current elderly. Given the higher rates among younger groups, it is likely that future cohorts of elderly people will be better off in this respect.
In most countries – especially in the South and East – there is a clear deficit of special provisions that assist persons with physical impairments or health problems. This creates a considerable risk of having to move out of one’s home. Housing policy should focus on making up for this deficit.

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