

The health status of the retirement-age population: a first approach

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Rationale

The health of the population aged 55 to 69 influences their labour supply and retirement decisions. This article aims to document their health status, in Spain and in other European countries, drawing on data from the Survey on Health, Ageing and Retirement in Europe (SHARE).

Takeaways

- There are marked differences by gender in the health status of the Spanish population aged 65 to 69. Among women, 62.9% report chronic health problems, 30.1% mobility limitations and 32.1% depression-related symptoms, compared with 53.3%, 15.8% and 16.3%, respectively, among men. These prevalences are significantly higher in the 65 to 69 age group than in the 55 to 64 age group.
- However, there were some improvements in the incidence of health problems between cohorts in these age groups. For instance, the prevalence of chronic diseases and of mobility limitations among women aged 55 to 64 was lower in 2015 than in 2004.
- In comparison with other European countries, in Spain the prevalence of the three health indicators considered is high among women between 65 and 69. Moreover, Spain is one of the countries with the highest increases in health problems in the 65 to 69 age group compared with the 55 to 64 age group.

Keywords

Chronic health problems, mobility limitations, depression, retirement age, gender.

JEL classification

I10, I14, J16, J26.

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Introduction

In recent years, the employment rates of the population approaching retirement have increased in most European countries (see Charts 1 and 2). At the same time, the effective retirement age has also risen, and is expected to continue to rise in the coming decades. Specifically, for the OECD countries overall, the average retirement age for a man whose working life began at the age of 22 was 64.2 in 2020, whereas it is expected to rise to 66.1 for those whose working life began in 2020. At the same time, between 2020 and 2060-65, life expectancy at the age of 65 is expected to increase from 18.1 to 22.5 years for men and from 21.3 to 25.2 years for women. In other words, the average increase in the retirement age anticipated over the next 40 years will be around one-half of the expected increase in life expectancy at the age of 65.¹

Against this backdrop, apart from the secular improvements in longevity, it is important to consider the health status of the older population, as this plays a key role in their labour supply and retirement decisions, especially for those whose work is physically or mentally demanding. Accordingly, this article aims to document the health status of the Spanish population near retirement age, by gender and compared with the situation in other European countries. To do so, we draw on the data from the sixth wave of **SHARE** for persons in the 55 to 64 and 65 to 69 age groups in 2015. Although this is not the latest wave, it provides information on the three health indicators analysed (unlike subsequent waves, such as the seventh, which did not include information on depression for part of the sample) and is more representative by country (compared with the eighth wave, in which the fieldwork had to be interrupted because of the onset of the pandemic).

Health status of the Spanish population near retirement age

In this article, the health status of the Spanish population near retirement age is proxied using indicators calculated drawing on the responses obtained in the 2015 SHARE.² This European survey provides research infrastructure for studying the effects of health, social, economic and environmental policies on the quality of life of the European population. Among the numerous indicators of the quality of life and socio-economic situation of the elderly European population, SHARE compiles data that provide a more accurate measure of their health status.³ Specifically, to document the health status of the Spanish population, and given the particular focus on

1 OECD (2021).

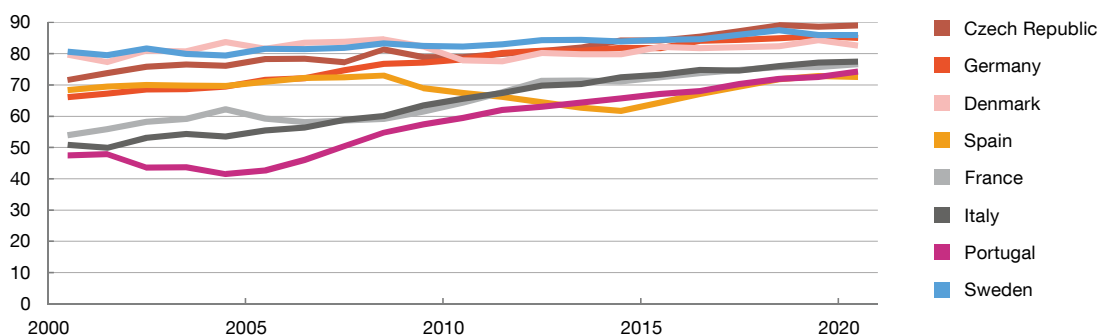
2 Börsch-Supan (2022b) and Bergmann, Kneip, De Luca and Scherpenzeel (2019).

3 Traditionally, non-health surveys measure health through individuals' responses to questions about whether their health is excellent, very good, good, fair or poor. Population health surveys also collect other additional indicators, such as health problems diagnosed by a doctor or based on standardised and validated scales. These indicators seek to be more objective, although they are also the result of reporting by respondents.

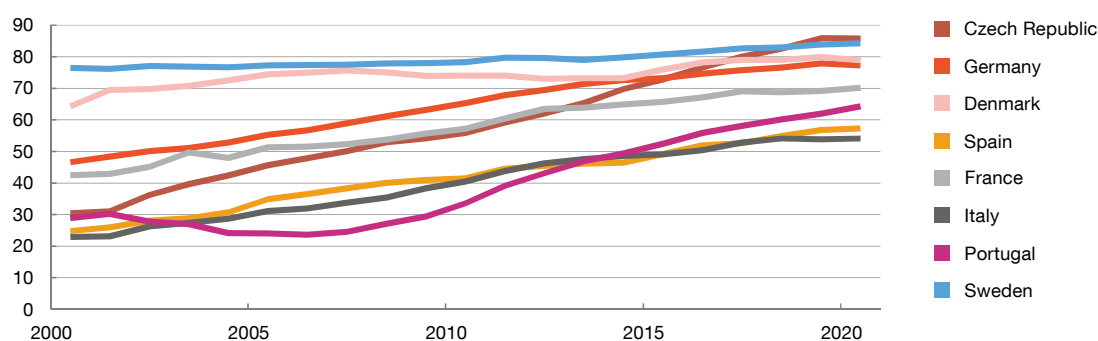
Chart 1

Employment rates, population aged 55 to 59 (%)

1.a Men



1.b Women

SOURCE: OECD, *Pensions at a glance 2021*.

labour supply decisions among age groups near retirement age, three indicators are considered here: chronic health problems, mobility limitations and depression-related symptoms.

First, an indicator of the *incidence of chronic diseases*, based on individuals reporting two or more chronic diseases diagnosed by a doctor.⁴ Chart 3 depicts the prevalence of this indicator in the 55 to 64 and 65 to 69 age groups for a set of European countries. It shows that the prevalence of chronic diseases is high in most countries and that it increases considerably with age. For instance, in Switzerland the prevalence of chronic diseases among the male population is 23% in the 55 to 64 age group and 41% in the 65 to 69 age group.⁵ Spain records intermediate values, of 38% and 53%, respectively. However, the prevalence of chronic diseases among Spanish women in the 65 to 69 age group – over 60% – is the highest of all the countries in the sample.

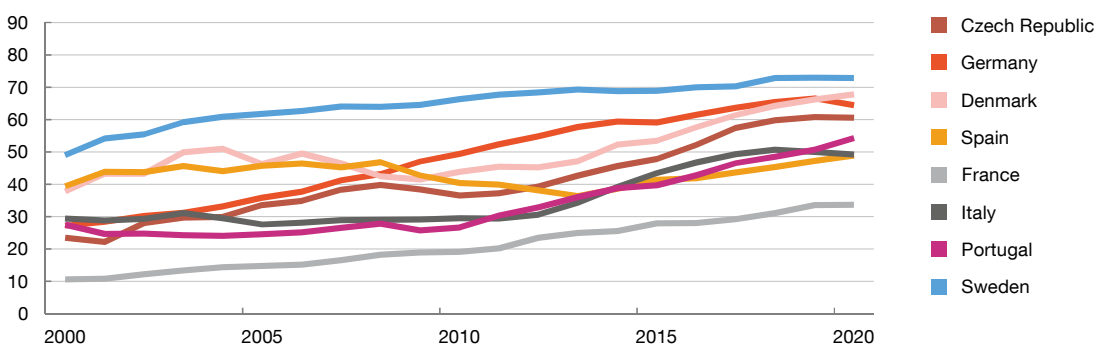
4 Specifically, from a list of 18 chronic diseases, including: heart problems, high blood pressure or hypertension, high cholesterol, cerebrovascular disease, diabetes, chronic obstructive pulmonary disease, cancer, stomach ulcers, Parkinson's disease, cataracts, hip fractures, other fractures, Alzheimer's disease or other serious memory problems, affective or emotional disorders, rheumatoid arthritis, osteoarthritis or other rheumatic conditions, chronic kidney disease.

5 The reported ages correspond to ages at the time of the survey.

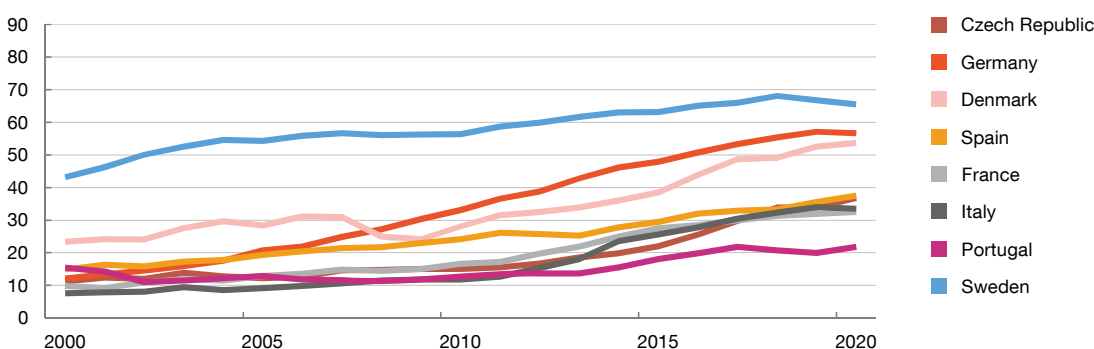
Chart 2

Employment rates, population aged 60 to 64 (%)

2.a Men



2.b Women

SOURCE: OECD, *Pensions at a glance 2021*.

Nevertheless, if problems that will not necessarily affect the ability to work – such as high cholesterol, hypertension or diabetes – are excluded from this indicator, the prevalence of chronic diseases falls substantially across all groups and countries, although differences by age group remain.

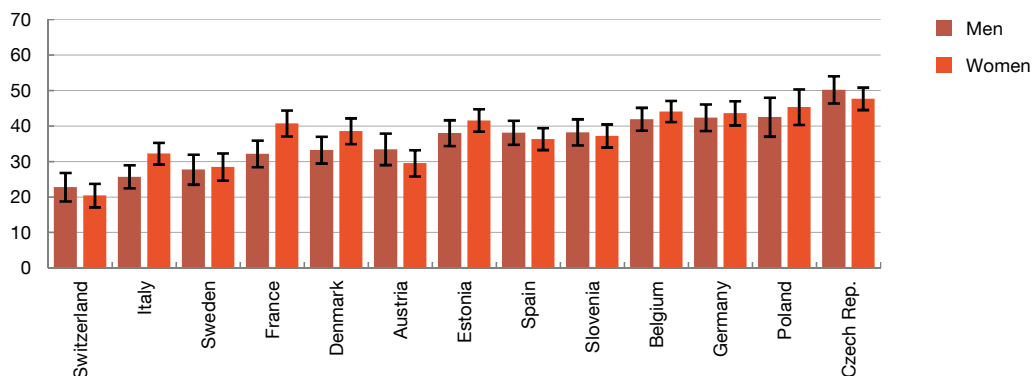
Second, an indicator of the *incidence of mobility limitations*, based on individuals reporting three or more physical mobility or motor function limitations.⁶ In this case, the prevalence in the age groups analysed is lower than for chronic diseases (see Chart 4). Among men aged 55 to 64 it is especially low in Switzerland and highest in Poland (around 20%), while Spain records an intermediate value close to 10%. The differences by age are less marked than for chronic diseases, and prevalence does not exceed 40% in any group. However, there are significant differences by gender, with a higher prevalence of mobility limitations among women.

6 Specifically, from a list of ten mobility limitations, including: walking 100 metres, sitting for approximately two hours, rising from a chair, climbing several flights of stairs without resting, climbing one flight of stairs without resting, bending over, kneeling down or bending down, raising one's arms, dragging or pushing large objects, lifting or carrying objects that weigh more than 5kg, picking up a small coin from a table.

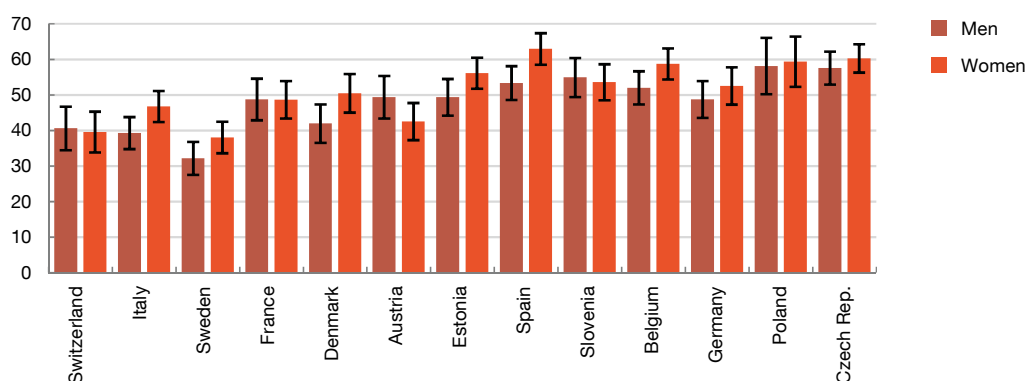
Chart 3

Percentage of population reporting two or more chronic health problems (%)

3.a Aged 55 to 64



3.b Aged 65 to 69



SOURCE: Sixth wave of SHARE (2015).



Third, an indicator of the *incidence of depression-related symptoms*, based on the EURO-D scale which permits a clinical diagnosis of depression.⁷ Based on the survey responses, the prevalence of depression is lower than that of chronic diseases, but higher than that of mobility limitations (see Chart 5). Moreover, in all the countries there is a higher prevalence of depression among women in both age groups considered. Spanish men in the 55 to 64 age group have the lowest prevalence (7.2%), while for Spanish women in that age group the prevalence is quite high (28.9%). Also noteworthy is the increase in the prevalence of depression among men between the two age groups in Spain and Italy.

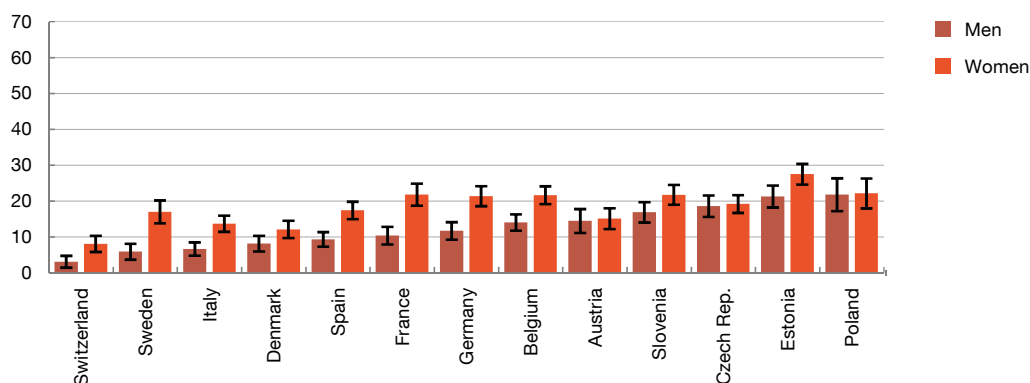
Overall, considering the three indicators combined, the countries of central and eastern Europe (Poland and Estonia) record the worst health indicators.

7 The EURO-D scale is based on 12 symptoms (depression, pessimism, suicidal feelings, excessive guilt, sleeping problems, lack of interest, irritability, lack of appetite, fatigue, lack of concentration, sadness and tearfulness) and has been validated by the EURODEP, a study on the prevalence of depression in several European countries (Prince et al. (1999a and 1999b)). A score of more than 3 is considered a diagnosis of depression requiring therapy or treatment. This score has also been validated by the EURODEP.

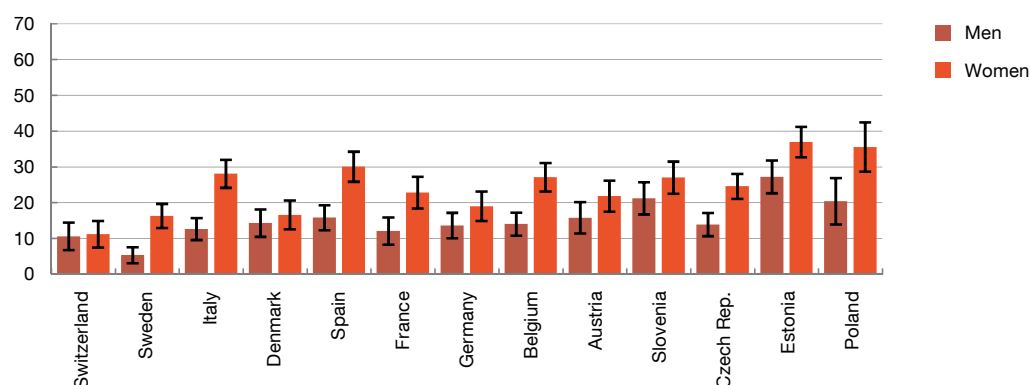
Chart 4

Percentage of population reporting three or more mobility limitations (%)

4.a Aged 55 to 64



4.b Aged 65 to 69



SOURCE: Sixth wave of SHARE (2015).



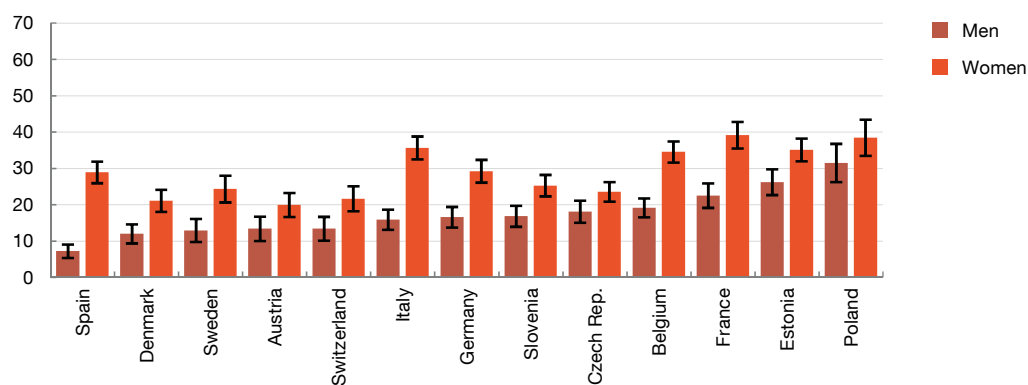
Below we analyse the differences in the prevalence of each of the three indicators for the two age groups considered, separately for men and women. In other words, we explore the possible increase in the incidence of health problems, comparing the prevalence for the population aged 65 to 69 with that for the population aged 55 to 64. This analysis entails comparing two different age groups at the same point in time, specifically in 2015, as we use the sixth wave of SHARE. Accordingly, the conclusions must be considered with due caution, as these differences include not only those owing to the age or ageing of each cohort, but also the differences between cohorts.

In the case of chronic diseases, in Spain there is a difference between the two age groups of 15.2 percentage points (pp) for men and of 26.6 pp for women (see Table 1). Moreover, although this increased prevalence with age is seen in all the countries analysed, it is especially acute in Spain. Indeed, Spain has the largest difference in prevalence among women and the sixth largest difference among men. In the case of mobility limitations, the differences between the two age groups are somewhat smaller: 6.5 pp for men and 12.7 pp for women, with Spain

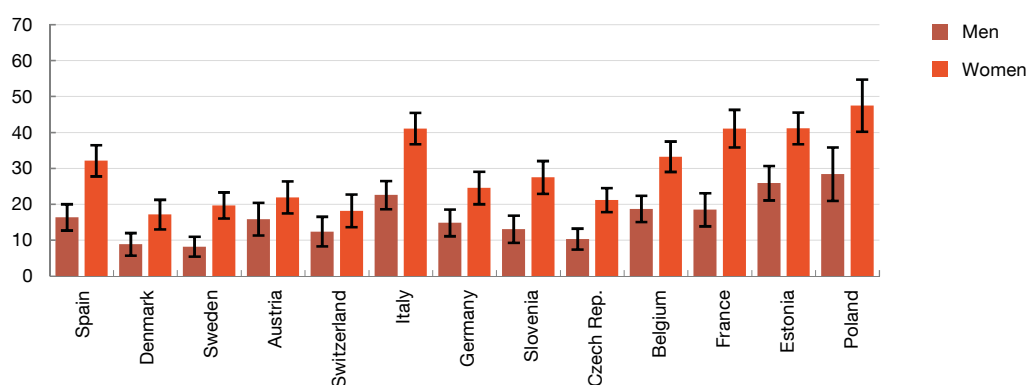
Chart 5

Percentage of population with depression, according to the EURO-D scale (%)

5.a Aged 55 to 64



5.b Aged 65 to 69



SOURCE: Sixth wave of SHARE (2015).

Table 1

Differences between age groups for Spain

Indicator	Gender	Prevalence		Difference in prevalence			
		55 to 64 age group	65 to 69 age group	Difference	p-value	Confidence interval	
Chronic diseases	Men	0.381	0.533	0.152	0.004	0.049	0.255
	Women	0.363	0.629	0.266	0.000	0.174	0.358
Mobility limitations	Men	0.093	0.158	0.065	0.044	0.002	0.128
	Women	0.174	0.301	0.127	0.002	0.047	0.207
Depression-related symptoms	Men	0.072	0.163	0.091	0.005	0.028	0.155
	Women	0.289	0.321	0.032	0.495	-0.060	0.123

SOURCE: Sixth wave of SHARE (2015).

Table 2

Differences between 2004 and 2015 for Spain

Indicator	Age	Gender	Prevalence		Difference in prevalence			
			2004	2015	Difference	p-value	Confidence interval	
Chronic diseases	55-64	Men	0.367	0.381	0.014	0.778	-0.017	0.022
		Women	0.475	0.363	-0.112	0.011	-0.040	-0.005
	65-69	Men	0.508	0.533	0.025	0.664	-0.017	0.027
		Women	0.599	0.629	0.030	0.569	-0.015	0.026
Mobility limitations	55-64	Men	0.140	0.093	-0.047	0.128	-0.022	0.003
		Women	0.288	0.174	-0.115	0.002	-0.037	-0.009
	65-69	Men	0.223	0.158	-0.065	0.136	-0.030	0.004
		Women	0.332	0.301	-0.032	0.518	-0.026	0.013
Depression-related symptoms	55-64	Men	0.194	0.072	-0.122	0.000	-0.037	-0.012
		Women	0.377	0.289	-0.088	0.045	-0.035	0.000
	65-69	Men	0.180	0.163	-0.017	0.692	-0.020	0.013
		Women	0.460	0.321	-0.139	0.009	-0.049	-0.007

SOURCE: First (2004) and sixth (2015) wave of SHARE.

recording the second and third largest difference, respectively, among the countries analysed. Lastly, in the case of depression-related symptoms, only Spanish men present significant differences, amounting to 9.1 pp. Here the comparison between countries shows significant increases for men only in Italy and Spain, and for women only in Estonia.⁸

Lastly, Table 2 presents the same indicators for Spain, but in this case comparing the 2004 and 2015 results for the same age groups. As can be seen, there are some significant improvements in the incidence of health problems between cohorts in these age groups. For instance, in 2015 compared with persons in the same age groups in 2004, the prevalence of chronic diseases and of mobility limitations decreases among women aged 55 to 64, while in the case of depression-related symptoms it declines among both men and women aged 55 to 64, and among women aged 65 to 69. There is no significant increase in prevalence between waves in any of the indicators considered.⁹ These comparisons over time must be considered with due caution, given certain methodological differences between the two waves.¹⁰

To sum up, the SHARE data show that, in terms of the health status of the population near retirement age, Spain stands out compared with the other countries analysed for the high prevalence of chronic health problems, mobility limitations and depression-related symptoms

8 The significant differences seen when comparing between the two age groups reflect an increase in health problems with age in all the countries analysed, both for men and women. The only exception is for men in the Czech Republic, for whom there is a significant decrease of 7.7 pp.

9 This comparison excludes four of the countries included in the earlier analysis – Slovenia, Estonia, the Czech Republic and Poland – because they did not participate in the first wave of SHARE.

10 There are differences in the populations represented in each wave. SHARE is a longitudinal survey that follows the same individuals over time, with refreshment samples being added periodically to ensure representativeness. The sixth wave of the survey in Spain did not include a refreshment sample. There are also differences in the questionnaires used; for instance, the list of chronic diseases used in 2004 included fewer diseases.

among women aged 65 to 69 in 2015. Moreover, in Spain there is a large difference in the prevalence of the indicators between the population in the two age groups considered in 2015, and the difference is also large compared with the other countries analysed. However, the evidence also suggests that there have been some improvements over time, for instance, among women aged 55 to 64, for whom the prevalence of chronic health problems and mobility limitations in 2015 is lower than for women of the same age in 2004.

In short, this article shows that, although the general tendency is towards increased longevity and better health, the prevalence of certain health problems among the population near retirement age could be a constraint when it comes to extending working lives. In this respect, public policies deployed in this area should take into consideration the heterogeneity of these health problems by occupation and socio-economic group (see, for instance, Pijoan-Mas and Ríos-Rull (2014), and Boháček, Bueren, Crespo, Mira and Pijoan-Mas (2021)).

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