



Health and Well-being

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Introduction

Health is important – and stays essential for a lifetime. In the second half of life, health becomes increasingly important for many people since in this phase of life sickness and physical disabilities occur more often. This can be a hindrance to various kinds of activities, participation in social life and ultimately to leading an independent life. Because people are living longer, it is essential that they find support in retaining their health and well-being so that the years they have gained are also quality years.

As part of the German Ageing Survey (DEAS), people from the age of 40 on have been interviewed since 1996 about their health. The third

survey wave took place in 2008. The data collected can show how people are faring in the second half of life and how health and well-being have developed over the past twelve years.

Some examples of key issues are:

- How healthy are people between the ages of 40 and 85 and how well do they feel?
- What health risks are prevalent in this population group?
- What measures do they take to stay healthy?

Health

Generally speaking, people in the second half of life rate their health and mobility as quite good. Nevertheless, a significant proportion of people suffer from several diseases and are impaired when undertaking strenuous activities, even when still of working age. As they grow older the incidence of multiple diseases and impairment to mobility become more frequent. There are in some cases great differences apparent between the various education and age groups. People with a lower level of education are less healthy and are less likely to engage in physical activity. The upcoming cohorts of older people are, however, healthier and do more physical exercise than the people in that age group before them.

a) The older people of the future are healthier than the birth cohorts before them

In the process of growing older, the number of people who suffer from several diseases simultaneously increases (see Figure 1). In 2008, at

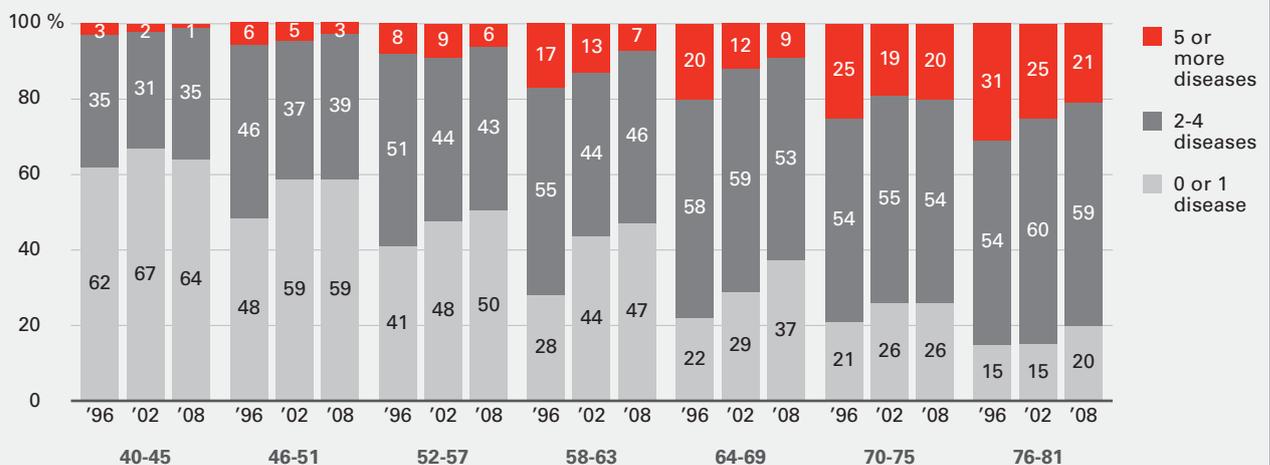
least three out of four people aged between 70 and 81 had at least two coincident diseases, 20 percent of this group had five or more diseases. But there is also a considerable number of people of working age who have at least two simultaneous chronic diseases.

Figure 1 shows the number of diseases reported by people in the second half of their life. It can be seen that from the early 50s on more than every second person has at least two diseases. The extent to which certain illnesses occur is also dependent on a person's level of education. People with a low educational level (i. e. with no vocational training or high school leaving certificate), for instance, suffer more frequently from high blood pressure or diabetes.

In order to answer the question as to whether the health of future cohorts of older people will be better, the same or worse than their predecessors, a comparison is made between people who reached the same age in 1996, 2002 and

Figure 1 | Number of diseases reported.

The graph compares the physical health of seven age groups and shows how within the various age groups the upcoming birth cohorts enter old age with fewer diseases.



Source: German Ageing Survey, German Centre of Gerontology.

2008 (for example aged between 64 and 69 in that particular year). *Figure 1* shows that upcoming cohorts have fewer diseases. This is particularly obvious for those aged between 64 and 69: for this group the proportion of people with five or more diseases is halved from 20 percent in 1996 to a mere nine percent in 2008. But all the other age groups too are shown to have improved health over the past twelve years.

The only exception is for the youngest and healthiest of the age groups shown here. Many factors are assumed to play a role in this positive development. Some of these are better medical treatment, higher educational level among upcoming cohorts of older people and changes in lifestyles.

b) Mobility impairments increase with old age

Although it is true that the physical health of people in the second half of life has improved over the past twelve years, we should bear in mind that mobility impairments increase with age. Mobility impairments make everyday life more difficult and can present a threat to an independent lifestyle.

The DEAS results for 2008 show that over a half of those aged between 70 and 85 are no longer able to bend, stoop or kneel without difficulty (see *Figure 2*).

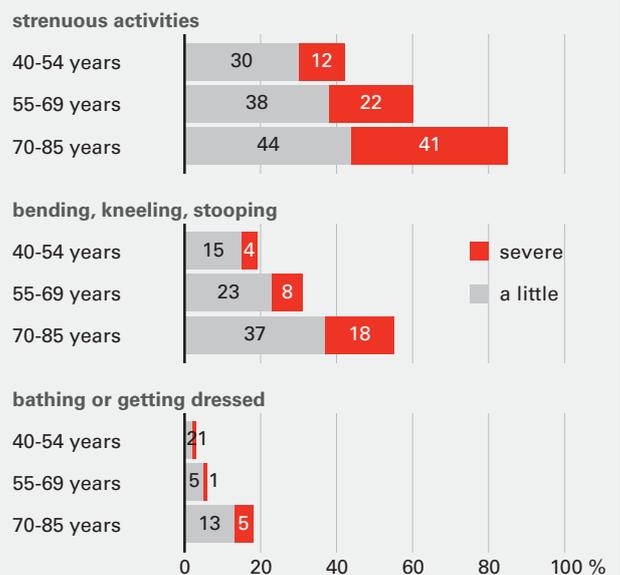
But only a 5 percent minority of 70-85 year olds have serious impairments in carrying out basic activities like bathing or getting dressed. This information relates to people living in private households and not in homes.

It should be noted that a significant proportion of people of working age are impaired when carrying out strenuous activities like energetic running or lifting heavy objects. One in five of

those aged between 40 and 54 reports first problems with bending, kneeling or stooping. These are important findings in relation to the health of older members of the workforce and raising the statutory pension age. A comparison of various education groups reveals that better educated people have fewer mobility impairments than those less well educated. In 2008, for example, it was established that 70-85 year olds with a higher educational level had the same degree of physical mobility as 55-69 year olds with a low level of education.

Figure 2 | Mobility impairment according to age groups.

The graph shows how many 40-54, 55-69 and 70-85 year olds have problems with strenuous activities, with bending, kneeling, stooping or bathing and getting dressed.



Source: German Ageing Survey, German Centre of Gerontology.

c) People with a low level of education exercise less too but in all education groups the upcoming cohorts exercise more often

People who exercise regularly are often not only healthier, they also feel better. The current rule of thumb is to exercise at least three to five times per week for around twenty to thirty minutes. People with chronic diseases and older people are also strongly recommended to be physically active.

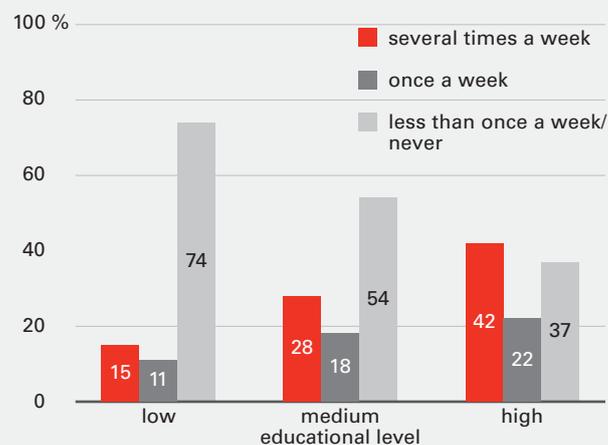
As part of the DEAS, everyone is asked how often they engage in physical activities like swimming, ball games or hiking. Nearly one third of those aged 40-85 engages in physical activity several times a week. Conversely, however, over one half of the people asked exercised less than once a week or never. Age differences play a role here: little under one half of those between 40 and 69 are among those who do not exercise, and almost two thirds (63 percent) of the 70-85 year olds.

There are also considerable differences among the various education groups (see Figure 3). Three out of four, and thus the majority of those with a low educational level exercise seldom or never – the proportion of the physically inactive is double that of the groups of better educated people.

Since 1996, however, the proportion of non-active people has fallen. This is particularly noticeable in the 64-69 age group. Most of whom are

Figure 3 Frequency of physical activity among the various education groups.

The graph shows that people with a low education level have a high incidence of physical inactivity.



Source: German Ageing Survey, German Centre of Gerontology.

in their first years of retirement: here the proportion of those who were physically inactive dropped from 70 percent in 1996 to 47 percent in 2008.

With the exception of the 76-81 year old age group, it was shown that for all other age groups the upcoming cohorts are physically more active. This overall positive trend is probably not due to improved physical health alone but also to the fact that more and more people know what to do to improve their health. The trend points to the potential there is for improving the health and thus also the well-being of the older people of today and tomorrow. ■

Well-being

Most people in the second half of life are content with their life and this applies to all the age groups. Over the past twelve years the differing degrees of satisfaction with their lives between East and West Germany has narrowed. People with a better education are much more satisfied than those with little education. These differences widened between 1996 and 2008.

a) Most people in the second half of life are content with their lives

In 2008 over one half (56 percent) of 40-54 year olds reported high life satisfaction, for the 55-85 year olds the figure was even five percent higher. Why is life satisfaction so stable throughout the age groups and why does it increase slightly

as age progresses? This stability is all the more remarkable in the light of the fact that ageing often means that more and more impairments and losses have to be faced. The constant level of life satisfaction shows that many people cope surprisingly well with changes in circumstances and health deterioration.

One useful strategy is, for example, when older people do not compare their current situation with earlier phases of their lives but with that of other people in the same age group. New criteria for assessing things are thus often helpful in coping with ageing. Well-being is not only dependent on objective factors such as health problems but also on how people view and assess their lives subjectively.

b) The better educated are increasingly more satisfied with their lives and feel better than those with little education

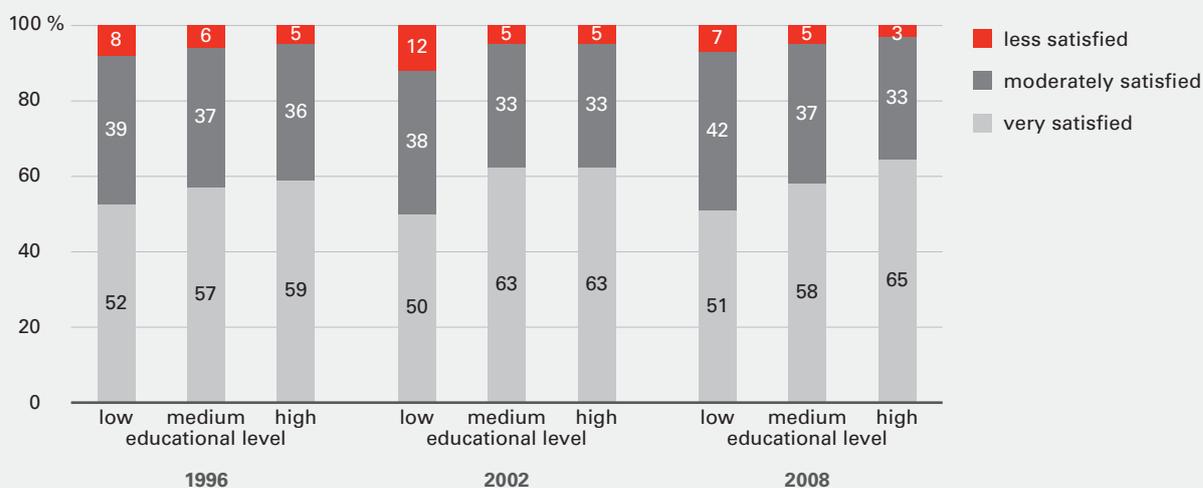
In 2008 around two thirds of people with a high educational level were satisfied with their lives, but only one half of those with a low educational level. Over the past few years the differences in the education groups have grown (see Figure 4): In 1996 the number of very satisfied people with a low educational level was seven percent less

than for those with better education, by 2008 the difference between the education groups had doubled to 14 percent.

The differences in life satisfaction between East and West Germany over the last twelve years have narrowed, on the other hand. In 1996 60 percent of West Germans and a mere 45 percent of East Germans were satisfied with their lives, in 2008 the proportion in West Germany was 61 percent and in East Germany had risen to 53 percent.

Figure 4 | Life satisfaction according to educational levels.

The graph shows that the differences in life satisfaction for people with a low and those with a high educational level have widened.



Source: German Ageing Survey, German Centre of Gerontology.

Summary: Prevention is important despite improved health

Multiple diseases and physical impairments remain widespread among older people, as anticipated. But DEAS findings reveal that even within the twelve year period, there had been a decline in diseases among people in the second half of life. A growing number of people are also improving their health by exercising.

An important target group for health promoting measures are people with a poor educational background. This group is much more often subject to health impairments, does not exercise so often and generally feels less well.

Over the past twelve years these differences between the education groups have even widened. This trend shows how important it is for health promoting measures to target specific groups.

At the same time the health of those aged 70 and over should be kept in focus. The high prevalence of diseases and impairments in this age group demonstrates the key role of suitable health care services as well as health conscious behaviour on the part of people themselves.

The implementation of preventive health measures is also important.

This is demonstrated in the findings presented here by the continuing number of people who are physically inactive.

Various studies have shown that old and very old people can still improve their health and well-being by physical activity even when they begin this activity late in life. ■

The German Ageing Survey (DEAS)

The German Ageing Survey is a comprehensive study of the second half of life, meaning mid- and late adulthood. The study aims to provide scientifically sound information helpful for political decision makers and relevant sections of the general public as well as providing data to be used in scientific research. The study was conducted to date in 1996, 2002 and 2008. The DEAS is funded by the Federal Ministry of Family Affairs, Senior Citizens, Women and Youth (BMFSFJ). The authors are responsible for the contents of this publication.

This document is based on the following book:

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This document is free of charge and not for sale.

The following documents summarizing main results are available online at

<http://www.dza.de/EN/DEAS-Press-Information>

- The German Ageing Survey (DEAS):
A Long-Term Study on the
Second Half of Life in Germany
- Material Security
- Health and Well-being
- Participation in Society:
Employment, Voluntary Work and Education
- Living Arrangements and Partnership
- Intergenerational Family Relations in
Transition

A brochure containing the press information listed above is published as part of their public relations work by the Federal Ministry of Family Affairs, Senior Citizens, Women and Youth (www.bmfsfj.de).

You may obtain further information on this topic from the German Centre of Gerontology (DZA) and online from www.german-ageing-survey.de ■

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