



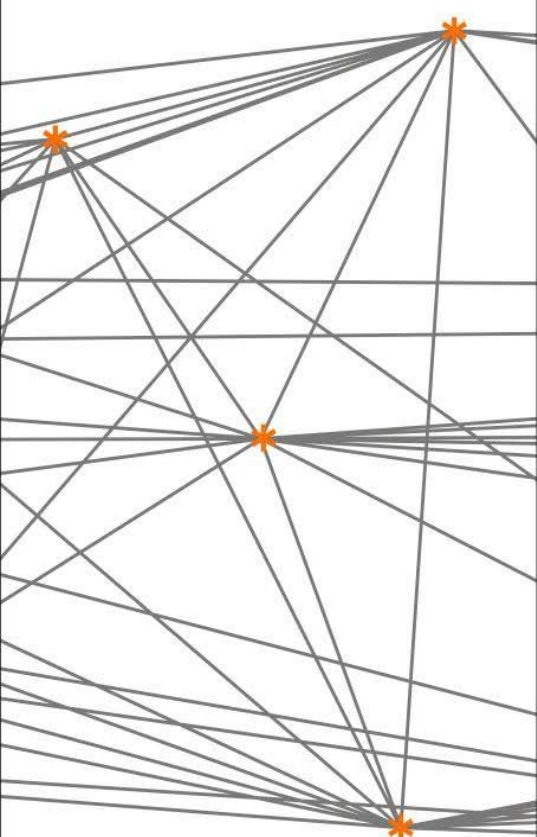
Low employment among the 50+ population in Hungary

The role of incentives, health and cognitive capacities

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and

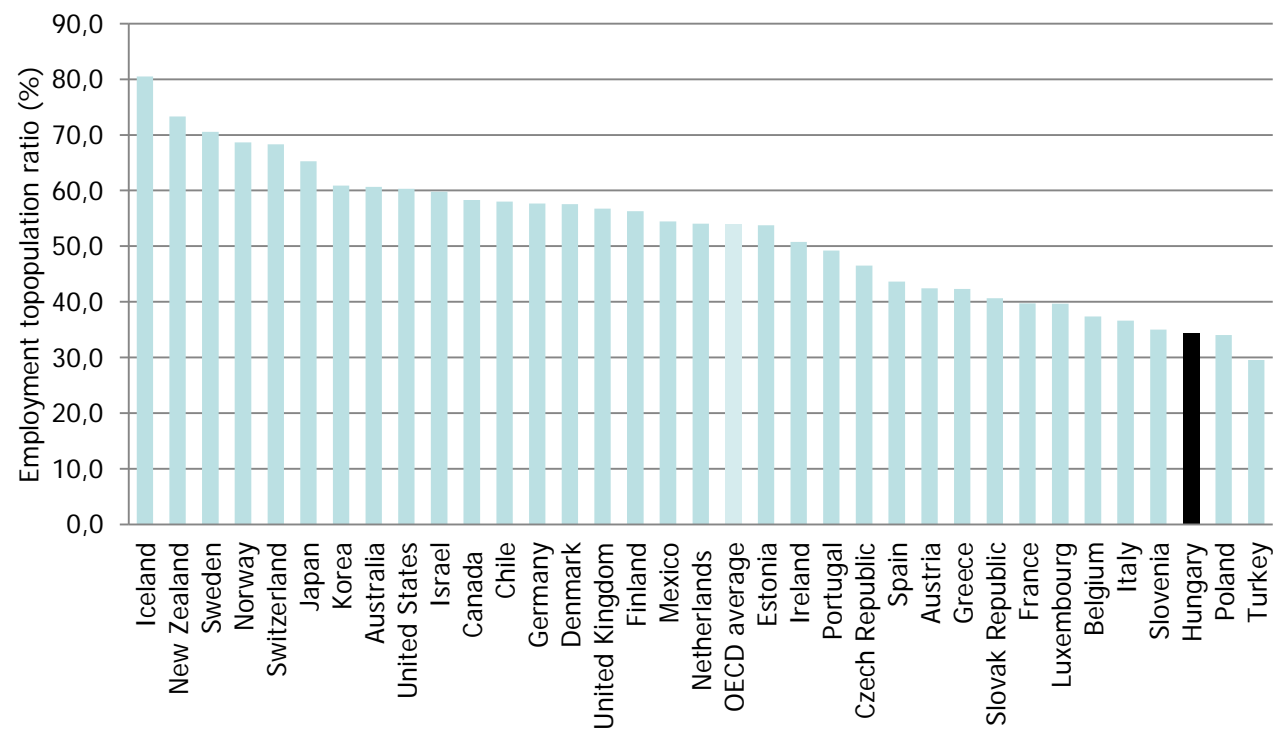
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Motivation

- ▶ Employment rate in Hungary among the 50+ population is among the lowest in the OECD. Why?

Employment to population ratio, 55 to 64 old, in 2010



- ▶ This is an exploratory analysis
 - ▶ Searching for potentially important factors
 - ▶ Establishing causal relationships is beyond our scope
- ▶ Three major factors considered
 1. Financial incentives (earnings vs. pension incomes)
 2. Cognitive skills
 3. Health
- ▶ Comparisons across countries
 - ▶ If factors are different in Hungary from other countries
 - ▶ Decomposition of employment gap between Hungary and other countries

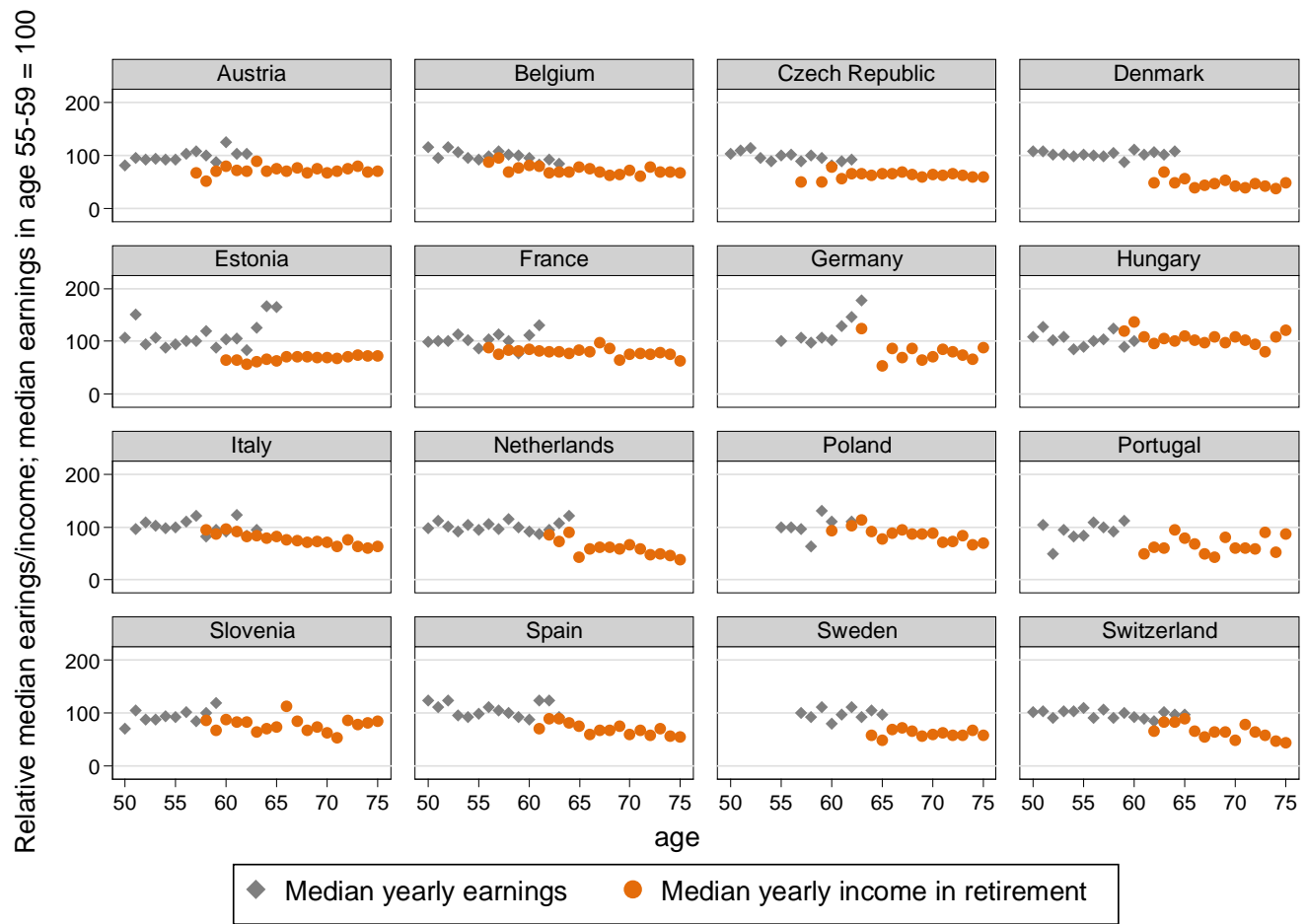
SHARE offers the best data

- ▶ When searching for explanations, one needs data that combines measures in many domains
 - ▶ Employment, earnings, pension income, skills, health
- ▶ SHARE combines these measures
 - ▶ It is designed to answer complex questions of this sort
- ▶ SHARE allows for direct cross-country comparisons
- ▶ We use wave 4 data
 - ▶ Hungary joined SHARE in wave 4
 - ▶ Age 50 to 75; sample size 2,500 for Hungary, 45,000 total
- ▶ Further waves would be helpful for longitudinal analysis
 - ▶ Analyzing the transitions from employment

- ▶ Earnings in Hungary are very close to retirement income, creating incentives to retire early
 - ▶ Substantially closer than in most other European countries
 - ▶ This may be an important factor in explaining low employment in Hungary in comparison with the other European countries

- ▶ The figure on next slide shows median earnings of employed respondents together with median income of retired respondents
 - ▶ By age and country

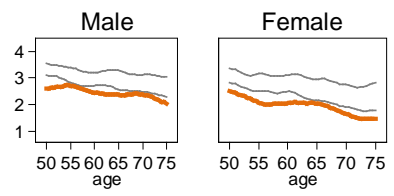
Evidence on financial (dis-)incentives



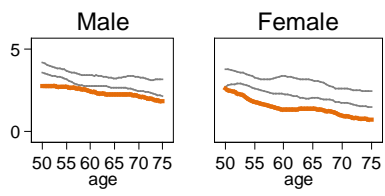
- ▶ Earnings are close to retirement income for two reasons
 - ▶ Pension incomes are set relatively high
 - ▶ Attainable earnings are low in this age group
- ▶ Attainable earnings and employment prospects may be low because of low skills
 - ▶ Not supported by data: skills of Hungarians in this age group is in middle range of other European countries
- ▶ Attainable earnings and employment prospects may be low because of bad health
 - ▶ Supported by data: Hungarians are in significantly worse health than the people in most other European countries
 - ▶ See graph on next page

Evidence on health

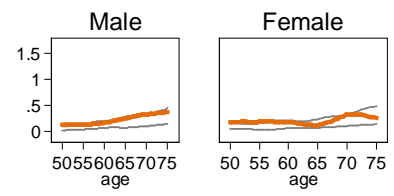
self assessed general health



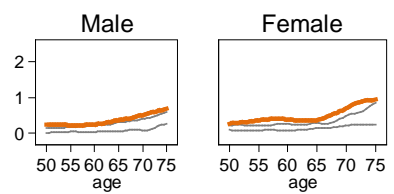
longterm illness



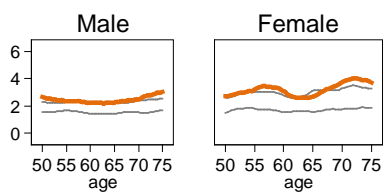
ADL



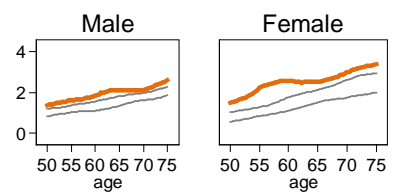
IADL



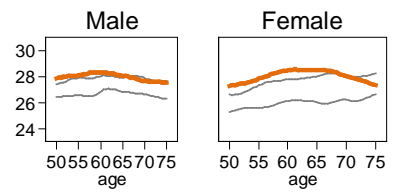
EURO-D



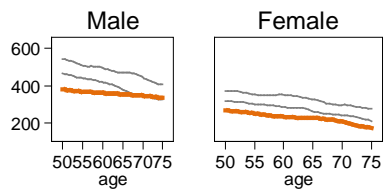
number of chronic diseases



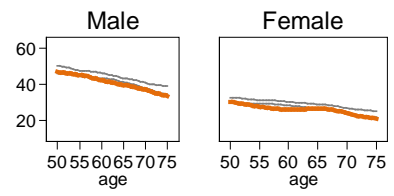
BMI



peak flow



right grip strength



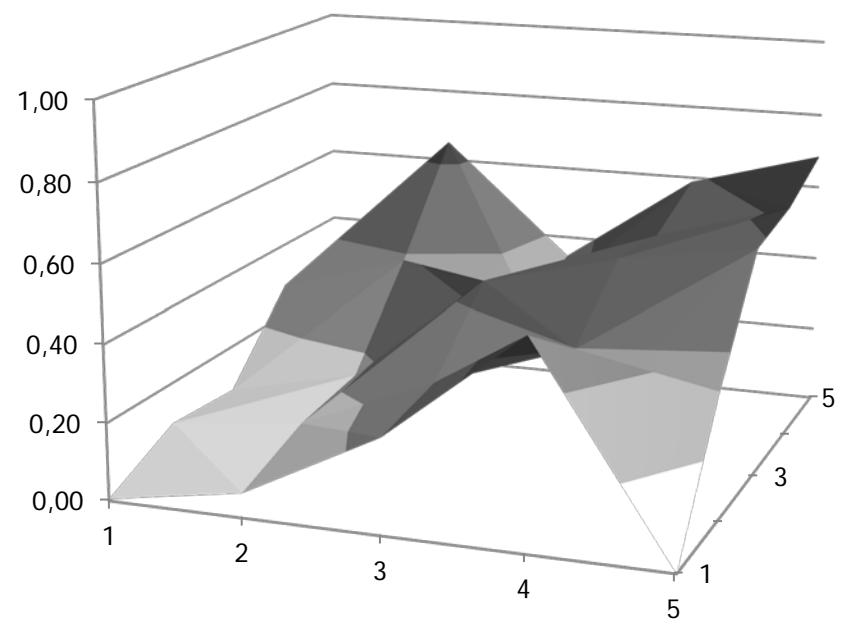
— Hungary — other, 1st and 3rd quartile

Employment of people with comparable skills and health

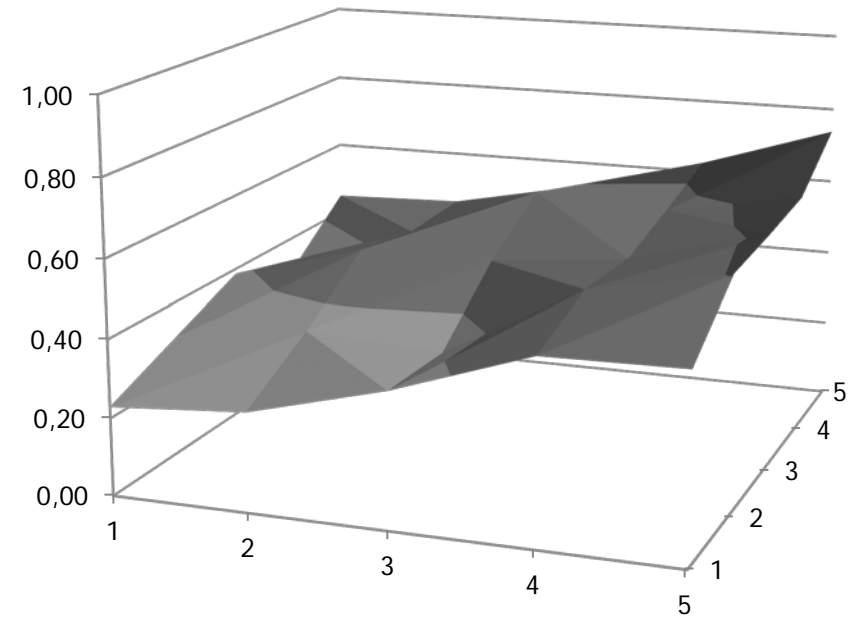
- ▶ Health differences explain one third of the employment gap between Hungary and Europe
 - ▶ If Hungarians were of similar skills and health, their employment rate would be closer to the employment rate of other Europeans by a third of the current gap on average
- ▶ Skill differences explain nothing of the employment gap
- ▶ If we compare people with similar skills and health the employment gap between Hungary and Europe varies
- ▶ The gap between Hungary and Europe is largest among people with bad health and low skills
 - ▶ See figure next page

Employment by health and cognitive skills

Hungary, men



Other European countries, men



Employment rate by 5x5 categories of synthetic health and cognitive variables, 50–69-year-old men; Hungary and the other European countries in SHARE Wave 4
 Notes: x-axis: health; z-axis: cognitive capacity; y-axis: employment rate

Conclusions

- ▶ Research and policy should focus on the employment of less healthy and less skilled Hungarians of older age
 - ▶ Address the role of health in low employment
 - ▶ And the role of incentives for the less healthy and less skilled groups
- ▶ The multidisciplinary and multi-country data of SHARE is the best source for analyses of this kind
 - ▶ Larger samples, longitudinal data and more measures on health and attainable pension incomes would be especially helpful