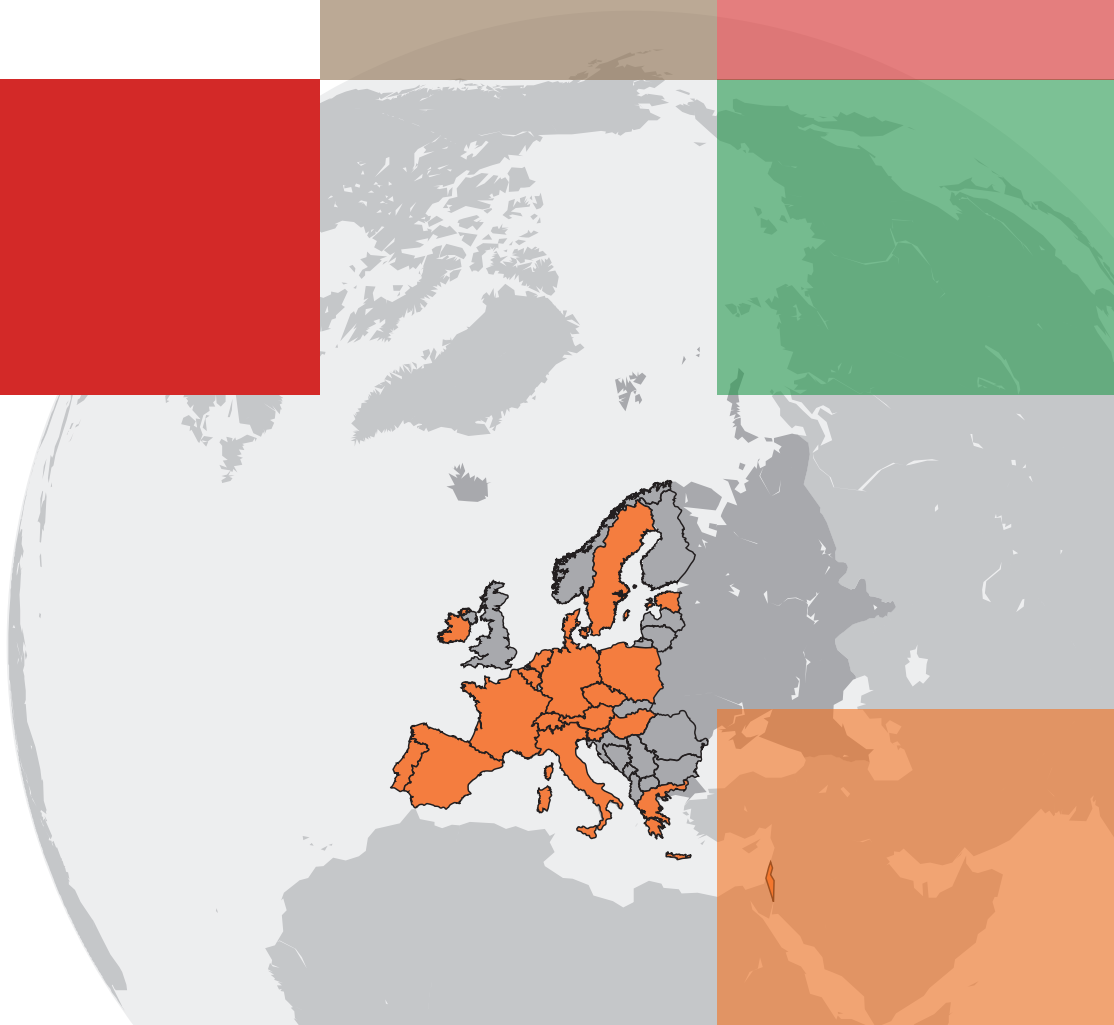
SHARE

Survey of Health, Ageing and Retirement in Europe



"SHARE has become a pillar of European research on ageing."

James Heckman, Nobel Laureate

Overview	Keyfacts	3
	The fascination of the ageing process	5
	SHARE – the Survey of Health, Ageing and Retirement in Europe	6
	Informing public policies in an ageing Europe	7
Economics	Economic well-being and retirement – large European differences	9
	Plans to retire early are strongly related to poor quality of work	10
	Europe's unused work capacity	11
	Historical legacies of oppression and persecution	12
Social	Volunteering – a productive activity for many Europeans	15
	Close parent-child relations in ageing Europe	16
	Reciprocity between adult generations	17
Health	A century of life histories: persisting health inequalities	19
	Cross country differences in the prevalence of depression	20
	Consistent relationship between education and health	21
Additional information	Users, publications and data access	23
	Funders	24
	National SHARE Websites	25

Keyfacts

The Survey of Health, Ageing and Retirement in Europe seeks to analyse the process of population ageing in depth. It is the first study to examine the different ways in which people aged 50 and older live in 20 European countries from Sweden to Greece and Portugal to Estonia. Its scientific potential lies in the extensive data gathered from more than 60.000 people all across Europe, covering the interplay between economic, health, and social factors in shaping older people's living conditions.

Economics

- Living conditions before and after retirement vary considerably across Europe. In this context the employment status plays a significant role (**see page 9**).
- As quality of employment is associated with well-being, lower quality goes hand in hand with poor health and depression – and consequently strongly influences plans to retire early (**see page 10**).
- Welfare systems with incentives to early retirement create early retirement and therefore strongly influence a countries' work capacity (**see page 11**).
- SHARELIFE demonstrates the historical legacies of oppression in Europe. Individuals who were subject to persecution at work identify substantial negative effects on the quality of their work (**see page 12**).

Social

- Volunteering is frequent among the elder generation. The main motivation is to do something useful in retirement (**see page 15**).
- Family has remained strong across generations. While there are regional differences, there is no evidence of a general decline in parent-child closeness in Europe (**see page 16**).
- Parents and children supporting each other is widespread across Europe. The 50+ frequently provide financial transfers as well as grandparental support to their offspring (**see page 17**).

Health

- SHARELIFE data demonstrates that childhood health is a strong predictor of health care utilization and payments in middle and old age (**see page 19**).
- Depression is a common phenomenon in later life, yet there are crucial differences between countries. Generally women are more prone to suffer from depression than men (**see page 20**).
- Physical health and health behaviour is linked with education and socioeconomic status. Especially people in Northern European countries are both healthier and higher educated (**see page 21**).

Overview

Understanding how the ageing process unfolds in different cultures, societies and political environments over time is a central task for researchers.

The fascination of the ageing process

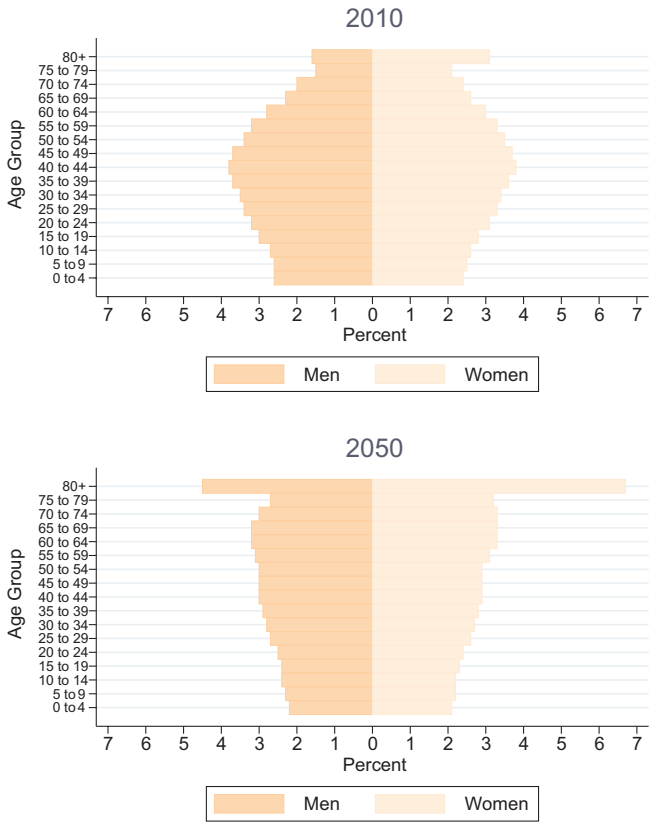
Ageing affects all of us, both as individuals and as societies. As individuals, ageing is an emotional topic because it touches us so profoundly. For most people, after a period of stability during midlife, retirement and old-age present renewed uncertainty with new phases of life. Concerned about declining health and deteriorating productivity, we worry about what life will be like after retirement. Part of this uncertainty stems from the great variety of individual ageing processes.

From the societal perspective, ageing is one of the megatrends in our century. This holds in particular for Europe, which is the continent already with the highest proportion of older citizens. This population ageing process will continue for the better part of this century.

Population ageing is often seen as a plague, threatening our living standards. Indeed, there are formidable challenges to our social security and health care systems in providing care to both individuals and families.

Our longer lives, however, also provide fascinating opportunity. The overlap of four generations is a novelty in human history and will provide the younger generation with more experiences to draw from. Modern technology and the increase of professions in which experience and management abilities count more than physical strength will open new possibilities for older individuals to actively participate.

Understanding how the ageing process will affect us and the unique effect of ageing on European countries stemming from cultural differences, historically grown societal structures and distinct public policy approaches, is an important task for researchers in economics, social sciences, and public health in order to turn the challenges of population ageing in Europe into opportunities.



Age pyramids for EU-27 (Eurostat projections for 2010 and 2050)

We gratefully acknowledge the support from our funders (for details see page 25), especially the European Commission, the US National Institute on Aging, and national sources, specifically the German Federal Ministry of Education and Research.

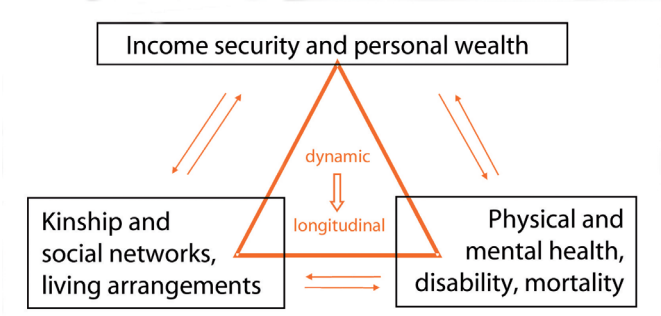
SHARE - The Survey of Health, Ageing and Retirement in Europe

In SHARE is a unique and innovative multidisciplinary and cross-national panel database of micro data on health, socio-economic status and social and family networks of more than 60.000 individuals aged 50 or over.

SHARE was created as a response to a Communication by the European Commission calling to "examine the possibility of establishing, in co-operation with Member States, a European Longitudinal Ageing Survey". While its development process started only in 2002, SHARE has become one of the crucial pillars of the European Research Area. Additionally, it is the first ever European Research Infrastructure Consortium (ERIC), giving it a new legal status with many of the advantages of major international organisations, as well as a long-term perspective up to 2024.

Eleven countries have contributed data to the 2004 SHARE baseline study. They are a balanced representation of the various regions in Europe, ranging from Scandinavia (Denmark and Sweden) through Central Europe (Austria, France, Germany, Switzerland, Belgium, and the Netherlands) to the Mediterranean (Spain, Italy and Greece). Further data were collected in 2005-06 in Israel.
Two new EU member states – the Czech Republic and Poland – as well as Ireland joined SHARE in 2006 and participated in the second wave of data collection in 2006-07. The survey's third wave, SHARELIFE, has collected detailed retrospective life histories in thirteen countries in 2008-09.
The fourth wave (2010-11) – including a new social network module based on a name generator approach – also included Estonia, Hungary, Portugal and Slovenia. This adds up to 19 European countries that contribute to the survey and prepare collecting data for the fifth wave in 2012.

SHARE is harmonized with the U.S. Health and Retirement Study (HRS) and the English Longitudinal Study of Ageing (ELSA). Studies in Korea, Japan, China, India, and Brazil follow the SHARE model. Its scientific power is based on its panel design which grasps the dynamic character of the ageing process. SHARE's multidisciplinary approach delivers the full picture of the ageing process. Rigorous procedural guidelines, electronic tools, and instruments ensure an ex-ante harmonized cross-national design.



Interplay between economic, health, and social factors in shaping older people's living conditions

Covering the key areas of life, namely health, socio-economics and social networks, SHARE includes a great variety of information: health variables (e.g. self-reported health, health conditions, physical and cognitive functioning, health behaviour, use of health care facilities), bio-markers (e.g. grip strength, body-mass index, peak flow; and piloting dried blood spots, waist circumference, blood pressure), psychological variables (e.g. psychological health, well-being, life satisfaction), economic variables (current work activity, job characteristics, opportunities to work past retirement age, sources and composition of current income, wealth and consumption, housing, education), and social support variables (e.g. assistance within families, transfers of income and assets, social networks, volunteer activities) as well as social network information (e.g. contacts, proximity, satisfaction with network). Researchers may download the SHARE data free of charge from the project's website at **www.share-project.org**

Read more

Börsch-Supan, A., Hank, K., Jürges, H., & Schröder, M. (2009). Introduction: Empirical research on health, ageing and retirement in Europe. Journal of European Social Policy, 19(4): 293-300.

Börsch-Supan, A., Brugiavini, A., Jürges, H., Kapteyn, A., Mackenbach, J., Siegrist, J., & Weber, G. (Eds.). (2008). Health, ageing and retirement in Europe (2004-2007). Starting the longitudinal dimension. Mannheim: Mannheim Research Institute for the Economics of Aging (MEA).

Börsch-Supan, A., Brugiavini, A., Jürges, H., Mackenbach, J., Siegrist, J., & Weber, G. (Eds.). (2005). Health, ageing and retirement in Europe – First results from the Survey of Health, Ageing and Retirement in Europe. Mannheim: Mannheim Research Institute for the Economics of Aging (MEA).

Informing public policies in an ageing Europe

SHARE informs public policies, both in substance and by providing a much-needed research tool. Its longitudinal, multidisciplinary, and cross-nationally comparative approach is essential to analyse the long-term efficacy of welfare state interventions. Globalisation and population ageing exert large pressures on the European welfare state and necessitate reform – especially reform of labour markets, pension and health care systems. Understanding employment at ages 50-65 is crucial for realising the ambitious Lisbon and Stockholm employment targets.

The SHARE infrastructure is a crucial knowledge base and monitoring tool for national and European policy makers

Expanding the knowledge base by generating and evaluating comparable cross-national data about older people's current living conditions and their life histories provides a particularly large added value. There are two reasons why collecting data on a pan-European level is much more than the sum of its national parts.

First, matters of economic and social policy are increasingly community matters, due to the increasing mobility of both persons and capital. This fact has precipitated common policies and common regulations such as the pension directive.

Second, the enormous diversity in institutional histories, policies and cultural norms, and the significant variation in health and financial circumstances of older people in different countries represents a unique living laboratory. Various determinants of the current economic, health and socio-psychological state can therefore much easier be identified than in the much more homogeneous environment of a single country.

SHARE's cross-national approach – unique in that it uses comparable micro data rather than macro-level indicators – exploits this living European laboratory, providing the ground for major scientific breakthroughs. The insights gained from analysing and comparing the diversity of experiences will help European countries to more effectively prepare for the continuing challenges to their welfare systems in an ageing society.

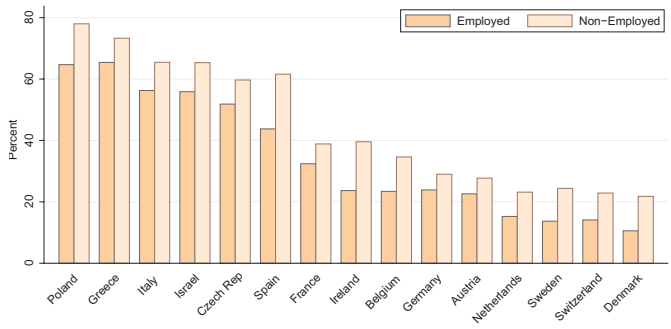
Map of countries participating in SHARE (Waves 1-4)

Economics

The value of SHARE fully unfolds over time. The SHARE infrastructure is designed for long-term observations of population ageing processes.

Economic well-being and retirement – large differences in Europe

In addition to a host of subjective and objective indicators of health and wellbeing, SHARE data allow analysts to draw a detailed picture of the economic situation of older European households. Unprecedented data on income and wealth of older households provide new insights into material living conditions before and after retirement across different countries and pension systems. These data are complemented by subjective data on income adequacy, that is, households' evaluation of the way in which their income meets their needs.



Proportion of households with difficulties to make ends meet, by employment status of household members.
Source: SHARE 2004-2006.

Analyses based on SHARE reveal enormous differences in income adequacy across Europe. Income is considered least adequate in the Eastern European countries Poland and the Czech Republic, in the Southern European countries Greece, Italy and Spain, and in Israel.

In these countries, more than 50 percent of all households report difficulties in making ends meet. Income is considered most adequate in Sweden, Denmark, the Netherlands and Switzerland. Here, less than 20 percent of the households find it difficult to make ends meet.

The cross-national pattern coincides strongly with other measures of economic well-being, for instance income per capita.

A pattern that is consistent across all countries is the dependence of reported income adequacy on employment status. Households without an employed household member report economic difficulties more often than households with at least one employed household member. The difference, however, is not related to the overall prevalence of income inadequacy. In Poland, for example, the proportion of those reporting inadequate income among non-employed households is 13 percentage points higher than among employed households. In Denmark, the same difference amounts to 11 percentage points.

Read more

Achdut, L. & Biton, D. (2008). Employment, standard of living and economic gaps among persons aged 50 and over: Israel in a European perspective. Social Security 76: 125-151.

Christelis, D., Jappelli, T., Paccagnella, O., & Weber, G. (2009). Income, wealth and financial fragility in Europe. Journal of European Social Policy, 19(4): 359-376.

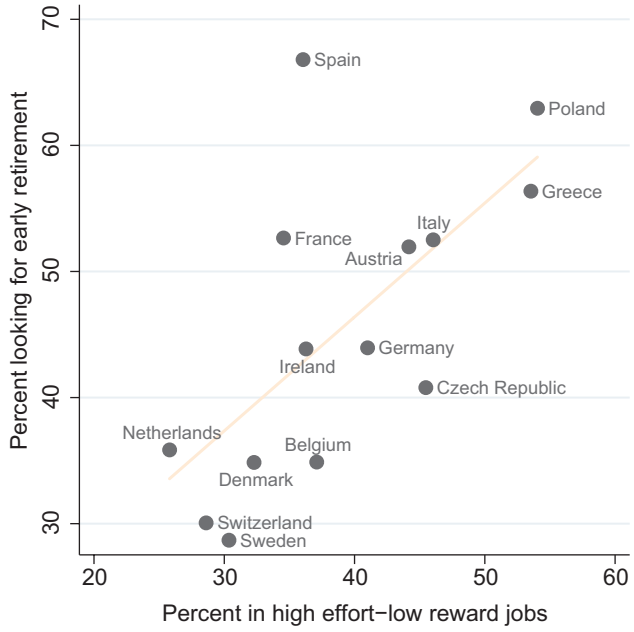
Litwin, H. & Sapir, E.V. (2009). Perceived income adequacy among older adults in 12 countries: Findings from the Survey of Health, Ageing, and Retirement in Europe. The Gerontologist, 49(3): 397-406.

Plans to retire early are strongly related to poor quality of work

Early retirement provides a major challenge to social and health policies in European countries. As people older than 60 will comprise close to one-third of the population in many European countries over the next two decades, a shrinking number of economically active people will have to support a growing number of economically dependent elderly people.

Currently, large variations in labour force participation rates are observed across European countries. SHARE data reveal that poor working conditions are an important determinant of premature departure from working life. Poor quality of work is found in jobs with physically or mentally demanding work, with monotonous, repetitive work, and other types of stressful experience. Exposure to poor working conditions is associated with greater intention to quit or retire, and reduced performance and motivation during earlier stages of employment. Analyses based on SHARE data have found imbalances between high efforts spent and low rewards received which in turn predict intentions to retire early.

The percentage of the working population with work effort exceeding rewards is particularly high in Poland and Greece. This finding is particularly relevant because effort-reward imbalance at work was found to predict elevated risks of chronic diseases such as cardiovascular and affective disorders, and disability pensions. Correspondingly, self-reported early retirement intentions are also above average. Contrary to these countries, quality of work in terms of effort-reward balance is high on average in the Nordic countries, in the Netherlands and in Switzerland. These countries also have the lowest percentage of older workers seeking early retirement.



Cross-national correlation between job quality and early retirement plans.
Source: SHARE 2004-2006.

Read more

Alavinia, S.M. & Burdorf, A. (2008). Unemployment and retirement and ill-health: A cross-sectional analysis across European countries. International Archives of Occupational and Environmental Health, 82(1): 39-45.

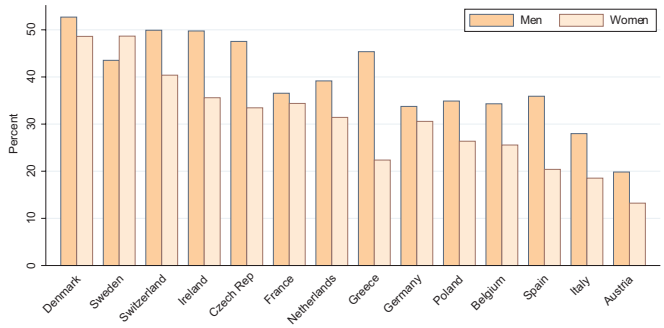
van den Berg, T., Schuring, M., Avendano, M., Mackenbach J., & Burdorf, A. (2010). The impact of ill health on exit from paid employment in Europe among older workers. Occupational and Environmental Medicine, 67(12): 845-852.

Schnalzenberger, M., Schneeweis, R., Winter-Ebmer, R., & Zweimüller, M. (2008). Job quality and retirement decisions. In: Börsch-Supan, A. et al. (Eds.). Health, ageing and retirement in Europe (2004-2007). Starting the longitudinal dimension. Mannheim: MEA, p.215-221.

Siegrist, J., Wahrendorf, M., von dem Knesebeck, O., Jürges, H., & Börsch-Supan, A. (2007). Well-being and intended early retirement of older employees – Baseline results from the SHARE study. European Journal of Public Health, 17(1): 162-168.

Europe‘s unused work capacity

Economic activities and retirement decisions of older persons in Europe occupy much of the political debate surrounding pension reforms. The focus is to increase the number of years in the labour force of current and future cohorts of workers, given higher life expectancy, in order to provide adequate resources for retirement. One question that SHARE data are explicitly designed to answer is: to what extent do social security and pension rules play a role in shaping labour supply decisions of older workers? Some may leave the labour market earlier than desirable given their health and their socio-demographic characteristics. Measuring such ”unused work capacity“ is not an easy task, precisely because one needs information on the labour market position of individuals as well as their health conditions, social conditions and preferences for leisure.



Percentage of respondents (aged 50/64) who are working and who say they have no health problems that limit their ability to work.
Source: SHARE 2004-2006.

SHARE offers new information needed to answer these questions because all the relevant dimensions of an individual’s retirement decision framework are jointly documented. One way to measure unused work capacity is to analyse which proportion of individuals of working age (50 to 64) who claim, that they are not limited by their health in the amount or type of work they do, are actually working.

SHARE data reveal large cross national and also gender differences in unused work capacity. The countries with the largest labour force participation of healthy individuals are Denmark, Sweden, Switzerland and Ireland, where more than 40 percent are still working. Moreover, Sweden is the only country where more healthy women than men are working.

The countries with the smallest labour force participation rates and thus largest unused work capacity are Italy and Austria, where less than 25 percent of not disabled respondents aged 50 to 64 are still working.

Read more

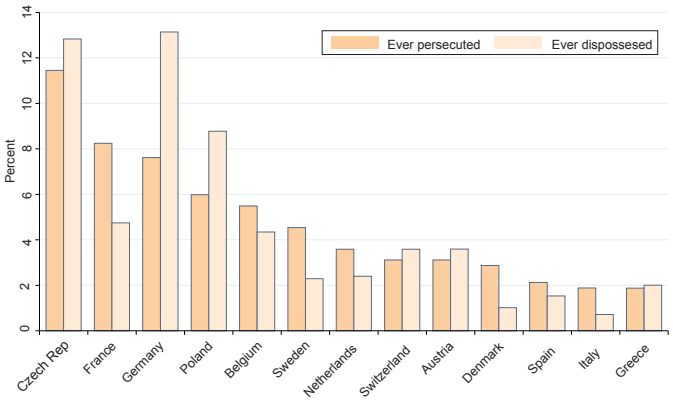
Angelini, V., Brugiavini, A., & Weber, G. (2009). Ageing and unused capacity in Europe: Is there an early retirement trap? Economic Policy, 24(59): 463-508.

Brugiavini, A., Croda, E., & Mariuzzo, F. (2005). Labour force participation of the elderly: Unused capacity? In: Börsch-Supan, A. et al. (Eds.). Health, ageing and retirement – First results from the Survey of Health, Ageing and Retirement in Europe. Mannheim: MEA, p.236-240.

Kalwij, A. & Vermeulen, F. (2007). Health and labour force participation of older people in Europe: What do objective health indicators add to the analysis? Health Economics, 17(5): 619-638.

Historical legacies of oppression and persecution

Despite the fact that more than 20 years have passed since the fall of the Berlin Wall and the collapse of the Soviet Union, the legacy of oppression and persecution still influences the lives of people especially in Eastern Europe. Going further into the past, even effects of Nazi oppression and World War II are still visible. In the Czech Republic and Poland, 56 percent and 52 percent respectively of the respondents were born before 1946 and are therefore able to give detailed accounts of their eventful lives. Results of several factors contribute to a broad picture of the past influencing the present: job-related persecution, financial hardship and stress, assessment of main job quality on earnings as well as overall career assessment.



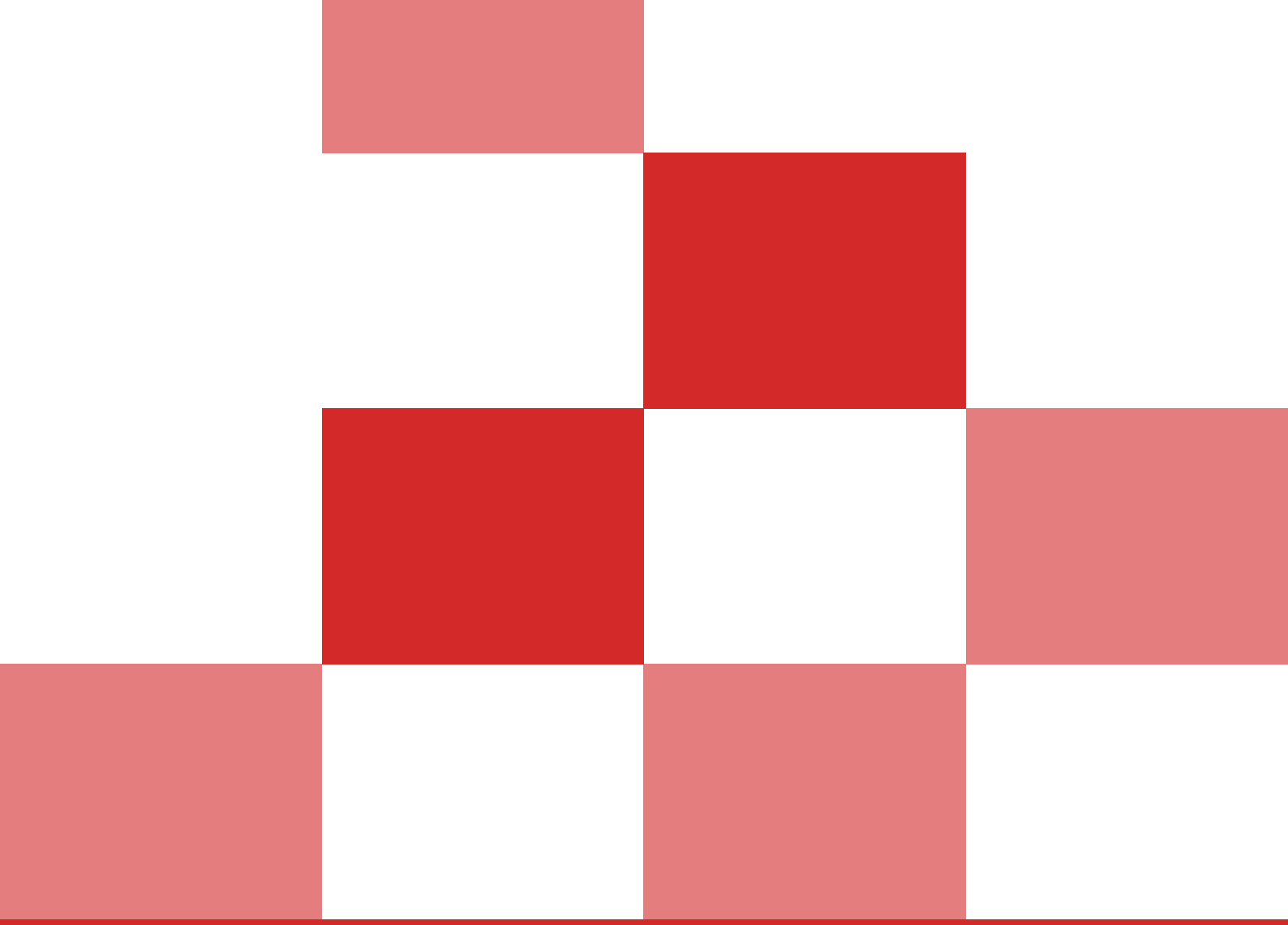
Persecution and dispossession in Europe.
Source: SHARE 2010-11.

In the Czech Republic, Poland, Germany, France, and Belgium more than 5 percent of SHARE respondents have been persecuted or dispossessed of their property. In the Czech Republic more than 10 percent of the current 50+ population have been directly affected by persecution. The fraction of persecuted persons grows with age: among respondents who are older than 80 years, 18 percent were persecuted in the Czech Republic, 14 percent in Poland and 11 percent in Germany. Among those who prior to 1990 lived in former East Germany, more than 37 percent of respondents older than 80 years were dispossessed compared to only 18 percent in the former West Germany.

SHARELIFE shows that individuals who were subjected to persecution at work identify its substantial negative effects on the quality of their work. Particularly in the Czech case it can be seen how professional careers could have been destroyed by the powerful communist state. In terms of career satisfaction the consequences of this influence in the Czech Republic are felt until this day. Those who were subjected to job-related persecution are around 40 percent more likely to report having a distinct period of stress. Evidence in Poland suggests a different picture, with less dramatic consequences of persecution on professional careers and less severe financial penalties experienced over the course of working life. Both the nature of the state's control in Poland and the severity of immediate consequences of persecution during communism as well as the fact that opposition in Poland was much more centred on industry and manual works may explain these findings.

Read more

Boháček, R. & M. Myck. (2011). Persecution in Central Europe and its consequences on the lives of SHARE respondents. In: A. Börsch-Supan et al. (Eds.). The Individual and the Welfare State. Life Histories in Europe, Heidelberg: Springer, p.271-285.



The complex design of SHARE reflects Europe's huge cultural, institutional and linguistic variety.

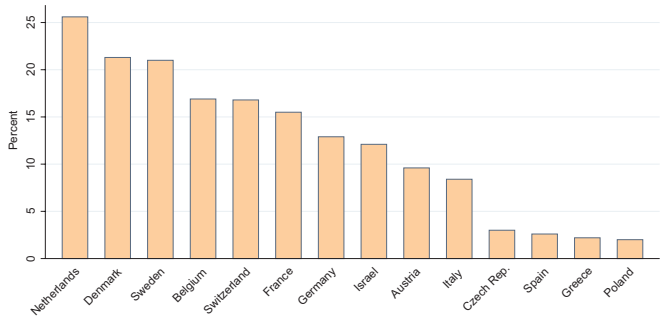
Social

SHARE guarantees truly comparable data. This is imperative for cross-national research. Tailored software tools and rigorous procedural guidelines ensure harmonized data collection.

Volunteering – a productive activity for many Europeans

European elders are productive in many different ways. One of the most noteworthy examples is volunteering: On average, 10 percent of the population aged 50 or over were engaged in volunteer activities during the month preceding the SHARE interview. This proportion doubles to 20 percent if individuals who have volunteered in the first two waves of SHARE are taken into account. This very clearly shows that the fraction of people involved in voluntary activities at some point during the later stages of their life-course is much higher than simple cross-sectional evidence would suggest.

The highest rates of volunteering are observed in Denmark, Sweden, and the Netherlands, whereas the Mediterranean countries are characterized by below-average proportions of older volunteers. While the share of older Israelis performing voluntary work corresponds to the Continental European average, the respective numbers in Poland and the Czech Republic are low and close to those observed in Greece and Spain.



Volunteering among the 50+ in Europe (% by country)
Source: SHARE 2004-2006.

Volunteering depends on individual resources, such as education or health. However, volunteering has also been shown to be an important resource for healthy ageing (and vice versa...).

When thinking about the mechanisms driving the decision to volunteer, it is important to acknowledge the role of the societal context in which older persons live. Comparing, for example, Sweden and Greece suggests that social environments characterized by higher proportions of older volunteers at a given point in time also fare well in establishing structures which stabilize elders' voluntary activity and foster new engagement.

Read more

Erlinghagen, M. & Hank, K. (2006). The participation of older Europeans in volunteer work. Ageing and Society, 26: 567-584.

Hank, K. & Erlinghagen, M. (2010). Dynamics of volunteering in older Europeans. The Gerontologist 50(2): 170-178.

Siegrist, J. & Wahrendorf, M. (2009). Participation in socially productive activities and quality of life in early old age: Findings from SHARE. Journal of European Social Policy, 19(4): 317-326.

Sirven, N. & Debrand, T. (2008). Social participation and healthy ageing: An international comparison using SHARE data. Social Science & Medicine, 67(12): 2017-2026.

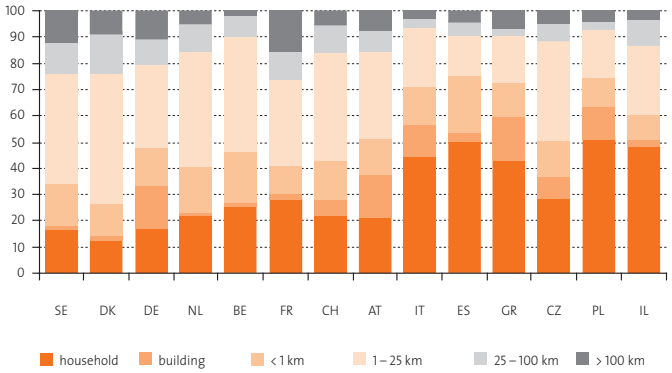
Close parent-child relations in ageing Europe

The availability of kin support largely depends on geographic accessibility and social contact It is important to learn more about these two core dimensions of parent-child relations.

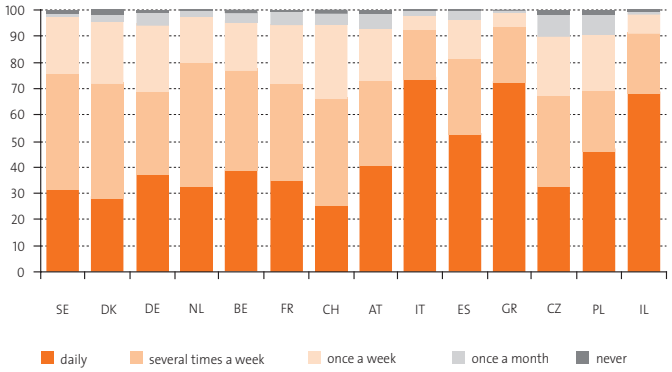
In Germany, France, Austria, and Switzerland roughly 50 percent of all parents have at least one child living at a distance of less than 25 km (but not living in the same household or building). This proportion is more than 60 percent in Denmark, the Netherlands, and Sweden. Similarly high shares of parents in these countries report having at least weekly (though not daily) contact with a child. In the Mediterranean countries, however, co-residence and daily contacts form the dominant pattern of parent-child relations (about 60%).

On the one hand, the SHARE data confirm the existence of longstanding regional patterns of 'weak' and 'strong' family ties, while, on the other hand, they reveal many similarities across Europe. In all countries – and across all age groups – 85 percent of parents have at least one child living close. Moreover, the proportion of parents with less than weekly contacts to a child is equally low in Sweden and in Spain (about 7%).

These results are in strong contrast to the notion of a 'decline' of parent-child relations in ageing Europe at the beginning of the 21st century that is frequently but falsely depicted in the popular press.



Proximity to nearest living child (% by country)
Source: SHARE 2004-2006



Frequency of contact to most contacted child (% by country)
Source: SHARE 2004-2006

Read more

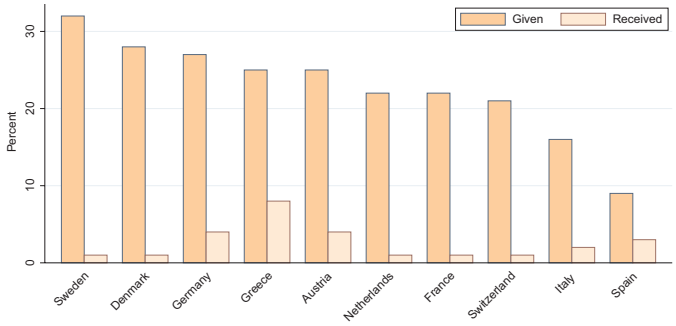
Bordone, V. (2009). Contact and proximity of older people to their adult children: A comparison between Italy and Sweden. Population, Space and Place, 15(4): 359-380.

Dykstra, P.A. & Fokkema, T. (2011). Relationships between parents and their adult children: A West European typology of late-life families. Ageing and Society, 34(4): 545-569.

Hank, K. (2007). Proximity and contact between older parents and their children. A European comparison. Journal of Marriage and Family, 69(1): 157-173.

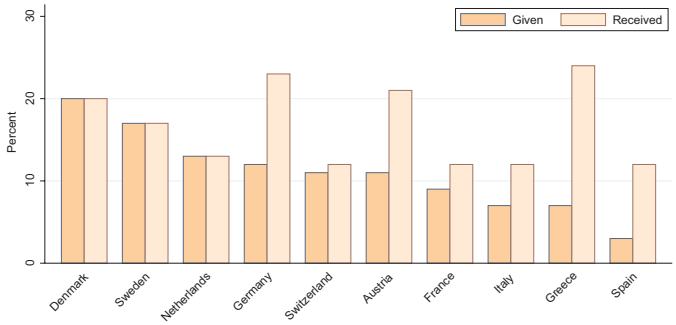
Reciprocity between adult generations

The SHARE data suggest a high degree of reciprocity across various forms of intergenerational support. Financial transfers are predominantly given from parents to their children. On average, 25 percent of all parents aged 50 or older provided their children with a transfer of 250 € or more over the 12 months period preceding the SHARE baseline interview. The highest proportions of giving parents were found in the Scandinavian countries, while the respective shares in the Mediterranean countries are below the Continental European average. Although the amounts transferred tend to decrease as parents get older, we observe positive net transfers to the younger generation even among the very old.



Financial transfers (≥ 250 €) between responding parents and children in the last 12 months (% by country).
Source: SHARE 2004-2006.

The picture is more balanced, if the exchange of instrumental help is considered (that is help with personal care, getting dressed, eating, household chores, or paperwork). In the Scandinavian countries as well as in the Netherlands and Switzerland, we find equally high proportions of parents providing support to and receiving help from their children. In other countries, though, significantly more parents receive than provide instrumental help. If the time spent on helping is accounted for, there is a positive net transfer from children to the parent generation. This balance changes yet again if grandparent provided child care is taken into consideration.



Instrumental help between responding parents and children in the last 12 months (% by country).
Source: SHARE 2004-2006.

On average, 60 percent of grandmothers and 50 percent of grandfathers provided some kind of care for a grandchild aged 15 or younger in the past year. However, while the probability to provide any child care at all was highest among Danish, Dutch, French, and Swedish grandparents and lowest among their counterparts in Spain and Italy, grandparents in the Mediterranean countries exhibited the highest and Dutch, French as well as Scandinavian elders exhibited the lowest propensity to care almost every week or more often, conditioned on the provision of any grandchild care at all.

Read more

Albertini, M., Kohli, M., & Vogel, C. (2007). Intergenerational transfers of time and money in European families: Common patterns – different regimes? Journal of European Social Policy, 17(4): 319-334.

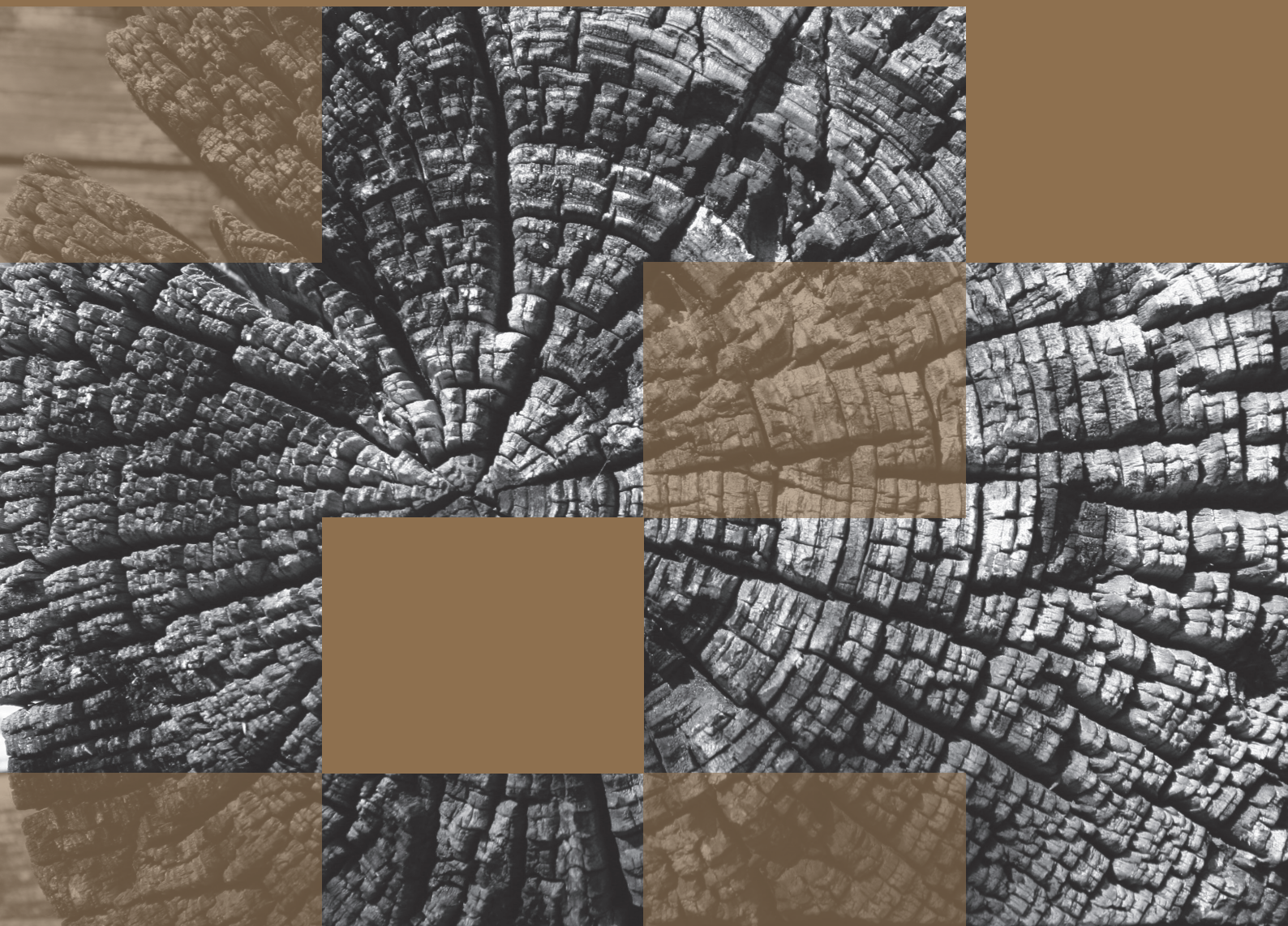
Brandt, M., Haberkern, K., & Szydlik, M. (2009). Intergenerational help and care in Europe. European Sociological Review, 25(5): 585-601.

Hank, K. & Buber, I. (2009). Grandparents caring for their grandchildren: Findings from the 2004 Survey of Health, Ageing and Retirement in Europe. Journal of Family Issues, 30(1): 53-73.

Leopold, T. & Raab, M. (2011). Short-Term reciprocity in late parent-child relationships. Journal of Marriage and Family, 73(1): 105-119.

Health

SHARE measures the ageing process with a life sciences approach. It collects social, financial and demographic data alongside medical data, including bio-markers.

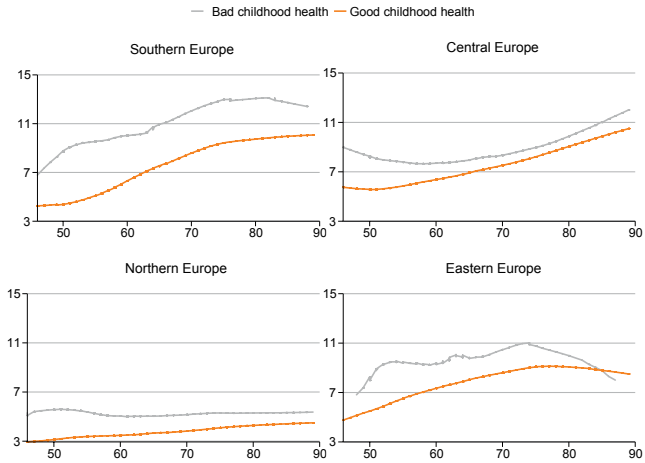


A century of life histories: persisting health inequalities

SHARELIFE, the survey's third wave, complements the SHARE data by providing life history information to enhance our understanding of how early life experiences and events throughout life influence the lives of older people today.

Through the introduction of SHARELIFE the SHARE panel data has been enriched with detailed accounts of the respondents' life histories. By integrating this retrospective view, the living conditions in the preceding decades become accessible, thus granting various insights going back as far as the person's childhood. 28,000 individual life histories have been collected in 13 European countries, delivering a vast amount of information covering the most important domains of the life course: children (e.g., number of children, maternity leave, decisions, pregnancies), partners (e.g., number of partners, history for each serious relationship), accommodations (e.g., place of birth, amenities during childhood, number of moves), employment (e.g., number of jobs, job quality, financial history, history of work disability), and health (e.g. childhood health, current health, health care usage).

The design of the survey allows linking individual micro data over the respondents' entire life with institutional macro data on the welfare state. Political interventions through social policy measures or varying institutional designs and their specific outcomes can now be seen more clearly and may even allow establishing causal links. Data on health events in childhood of a certain cohort enable research on the association between childhood health status, health care use and payments in middle and old age. Respondents were asked whether they consider their health status in childhood as "fair" or "poor" versus "good", "very good", or "excellent" and additionally gave information on having childhood illnesses such as polio, asthma etc. Individuals who report poor or fair health during childhood consult the doctor 50 years later significantly more often than those who report good to excellent health in childhood. SHARELIFE data thus demonstrate that childhood health is a strong predictor of health care utilization and payments in middle and old age.



Mean number of doctor visits by age split by health status in childhood for European regions.
Source: SHARE 2010/11.

There is significant variation among Europe's regions: considering all ages, the average numbers of visits to a doctor is lowest in Northern European countries and highest in Southern Europe. Whereas some sort of medical coverage now exists in every European country, early till mid-20th century institutional differences of welfare states in general, and health care systems in particular, still impact the health of elder Europeans substantially.

Read more

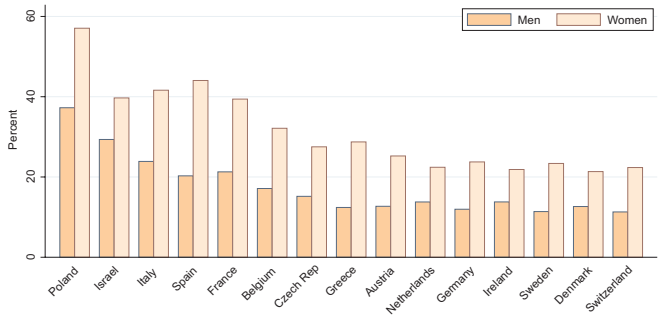
Börsch-Supan, A., Brandt, M., Hank, K., & Schröder, M. (Eds.). (2011). The individual and the welfare state. Life histories in Europe. Heidelberg: Springer.

Brandt, M., Deindl, C., & Hank, K. (2012). Tracing the origins of successful aging: The role of childhood conditions and societal context. Social Science and Medicine 74(9): 1418–1425.

Moschetti, K., Lamiraud, K., O'Donnell, O., Holly, A. (2011). Does poor childhood health explain increased health care utilisation and payments in middle and old age? In: A. Börsch-Supan et al. (Eds.). The Individual and the Welfare State. Life Histories in Europe, Heidelberg: Springer, p.255-267.

Cross country differences in the prevalence of depression

Late-life depression poses serious economic and social concerns for many countries worldwide as it is a debilitating, costly, and often prolonged condition. However, there is considerable variation in reported prevalence between studies worldwide. Relatively few direct cross-national comparisons of the prevalence of depression exist which use comparable methodology, particularly with respect to sampling, definition and assessment of outcome. Methodological differences between studies preclude firm conclusions about cross-cultural and geographical variation. SHARE data greatly improve the state-of-the-art.



Prevalence of depression in later life, by country and gender.
Source: SHARE 2004-2006.

Improving the comparability of epidemiological research constitutes an important step forward. SHARE informs a wide range of questions, such as: are there differences in the prevalence of depression between European countries; are there compositional differences between the older European populations in terms of age and gender; do these compositional differences account, wholly or partly, for any observed differences in depression prevalence? SHARE data reveal that the prevalence of depression shows clear geographical variation, with a higher prevalence in Poland, Israel and the three Mediterranean countries – France, Italy and Spain, and lower prevalence in the Northern countries, Germany and Switzerland.

Gender differences in depression prevalence are largest in Spain, Greece, and Sweden, where women at each age are more than twice as likely as men to suffer from depression as measured by the EURO-D scale. Gender differences are smallest in Poland and Ireland. Further analyses using SHARE data show a clear association between (early) retirement and depression.

Depression and early retirement are linked in both directions: while depression is frequently a reason for early retirement, it is also found that retirement – even with some delay – induces the onset of depression symptoms.

Read more

Castro-Costa, E., Dewey, E., Stewart, S., Banerjee, S., Huppert, F., Mendoca-Lima, C., Bula, C., & Reisches, F. et al. (2007). Prevalence of depressive symptoms and syndromes in later life in ten European countries – The SHARE study. The British Journal of Psychiatry, 191: 393-401.

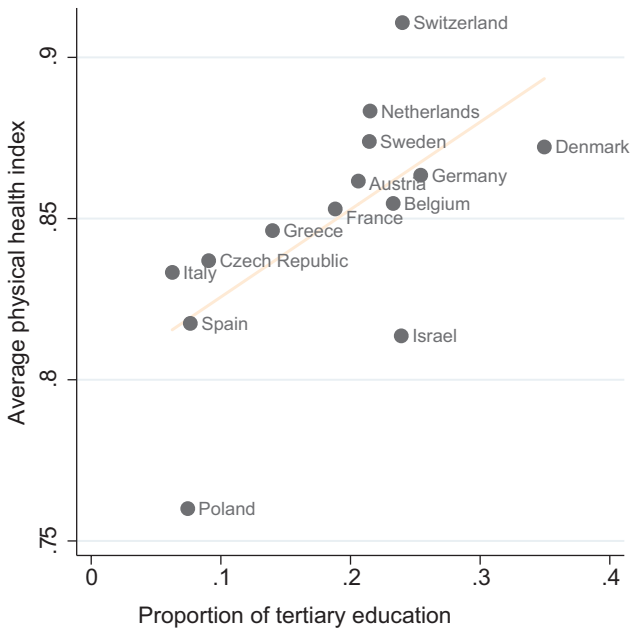
Lindwall, M., Larsman, P., & Hagger, M.S. (2011). The reciprocal relationship between physical activity and depression in older European adults: a prospective cross-lagged panel design using SHARE data. Health Psychology, 30(4): 453-462.

Peytremann-Bridevaux, I. & Chevrou-Severac, H. (2008). Financial burden of medical care and risk of forgoing care among Europeans with depressive symptoms. Psychiatric Services, 59: 840-842.

Ploubidis, G.B. & Grundy, E. (2009). Later-Life mental health in Europe: A country-level comparison. Journal of Genrontology: Social Sciences, 64B(5): 666-676.

Consistent relationship between education and health

SHARE data document a strong relationship between education and health among the older population. This holds not only on the individual level (better educated individuals are healthier than less educated) but also across European nations. Earlier studies have found similar results on the basis of subjective health data. The detailed health information collected in SHARE enables researchers to overcome the limitations of subjective measures and to base cross-national comparisons of morbidity on a health (utility) index derived from objective health data.



Cross-national correlation between education and physical health.
Source: SHARE 2004-2006.

Comparing average education and average health levels in SHARE countries reveals that in particular the Eastern European and Mediterranean countries are characterised by low levels of education and health simultaneously. In contrast, populations in Northern European countries and Switzerland are both healthier and better educated than the average. Further analyses show a marked education-health gradient in all SHARE countries. People without formal education had the highest prevalence of poor health compared with those with higher educational attainments. Across countries, large differences in inequality in health prevail. For instance, the SHARE data show that education-related inequality in health is larger in Mediterranean countries than in Nordic or Western European countries.

Read more

Avendano, M., Jürges, H., & Mackenbach, J.P. (2009). Educational level and changes in health across Europe: Longitudinal results from SHARE. Journal of European Social Policy, 19(4): 301-316.

Bago d'Uva, T., O'Donell, O., & van Doorslaer, E. (2008). Different health reporting by education level and its impact on the measurement of health inequalities among older Europeans. International Journal of Epidemiology, 37(6): 1375-1383.

Jürges, H. (2009). Healthy minds in healthy bodies. An international comparison of education-related inequality in physical health among older adults. Scottish Journal of Political Economy, 56: 296–320.

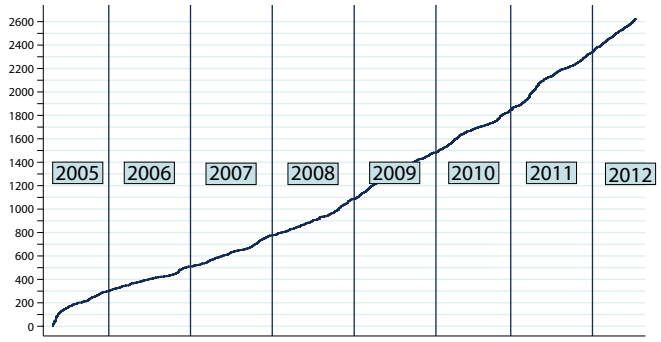
Ladin, K. (2008). Deconstructing the education effect: Risk of late-life depression across 10 European Union countries. Journal of Ageing and Health, 20(6): 653-670.

Additional Information

SHARE based research generates the knowledge we need to turn the demographic challenge into opportunities.

Users, publications and data access

Since the first public release of SHARE data in April 2005, a steadily rising number of currently (June 2012) more than 2,600 users registered on www.share-project.org. While the majority of users are affiliated with academic institutions in Europe, there are also many non-European researchers analysing SHARE, especially in the United States. Moreover, SHARE is widely used in academic training.



Number of registered data users.

In addition to three comprehensive volumes of first results from the SHARE baseline, longitudinal, and retrospective waves (2004-2009) – which have been complemented by several national collections of findings – more than 300 articles (June 2012) based on SHARE data have been published in peer-reviewed journals and books until today. It is not only the sheer number of studies conducted within the four years after the first data release, it is also the quality of publications that is impressive. One indicator one may use for such an assessment is the number of articles published in journals covered by the renowned Social Science Citation Index.

This amounts to currently around 200, including contributions to leading international journals such as the Economic Journal, the European Journal of Public Health, the European Sociological Review, the Gerontologist, the Journal of Health Economics, the Journal of Marriage and Family, and Social Science & Medicine.

How to obtain the data

The SHARE data are distributed through our Research Data Center which is physically located at CentERdata on the Tilburg University campus in the Netherlands. The SHARE Research Data Center complies with the Criteria of the German Council for Social and Economic Data for providing access to microdata.

SHARE Data Access Rules

The SHARE data can be downloaded from the SHARE Research Data Center (www.share-project.org) under the following conditions:

1. Applicants must have a scientific affiliation and have to sign a statement confirming that under no circumstances the data will be used for other than purely scientific purposes.
2. Data will only be made available after these documents have been received, by mail or fax (care of Josette Janssen; address: CentERdata, Tilburg University, P.O. Box 90153, 5000 LE Tilburg, The Netherlands; e-mail: jjanssenuvt.nl; fax: +31 13 4662764). The required forms can be downloaded. Upon request a copy by fax can be sent. Upon receipt of the signed statements users will receive a username and password enabling them to download the data. Registration is free of charge. Registered users are allowed to use data of the SHARE project as long as the scientific affiliation indicated in the user statement is valid. The original login code and password persist for all subsequent releases of the data. A new statement has to be filled, however, when any of the specifications given in the statement (incl. e-mail address) change. If users forgot their password, they should go to http://centerdata.nl/link/sharedata. A password can however only be resent if the e-mail address typed in is the same as used when applying for the data. Additionally, the data are available via the GESIS Data Archive for the Social Sciences.
3. Data users are not allowed to make copies of the data available to others and/or enable any third party access to the database. Anyone wanting to use the data must contact CentERdata directly to request a copy of the data free of charge.
4. Users are requested to provide references to all papers based on the SHARE data to the SHARE co-ordination team. Whenever a paper is being written using SHARE data, a disclaimer and an acknowledgement have to be included in the following form:
5. "This paper uses data from SHARELIFE release 1, as of November 24th 2010 or SHARE release 2.5.0, as of May 24th 2011. The SHARE data collection has been primarily funded by the European Commission through the 5th framework programme (project QLK6-CT-2001- 00360 in the thematic programme Quality of Life), through the 6th framework programme (projects SHARE-I3, RII-CT- 2006-062193, COMPARE, CIT5-CT-2005-028857, and SHARELIFE, CIT4-CT-2006-028812) and through the 7th framework programme (SHARE-PREP, 211909 and SHARE-LEAP, 227822). Additional funding from the U.S. National Institute on Aging (U01 AG09740-13S2, P01 AG005842, P01 AG08291, P30 AG12815, Y1-AG-4553-01 and OGHA 04-064, IAG BSR06-11, R21 AG025169) as well as from various national sources is gratefully acknowledged (see www.share-project.org for a full list of funding institutions)."
6. Registered users of the data will be included in the list of users of the SHARE project. By signing the user statement users agree to be informed about updates of data via e-mail.
7. In case of doubt whether or not the data have been used for purely scientific research, the Coordinator of SHARE will decide whether the password will be removed and legal action will be taken.

Funders

The SHARE data collection has been funded by the European Commission through the 5th framework programme (project QLK6-CT-2001-00360 in the thematic programme Quality of Life). Further support by the European Commission through the 6th framework programme (projects SHARE-I3, RII-CT-2006-062193, as an Integrated Infrastructure Initiative, COMPARE, CIT5-CT-2005-028857, as a project in Priority 7, Citizens and Governance in a Knowledge Based Society, and SHARE-LIFE (CIT4-CT-2006-028812)) and through the 7th framework programme (SHARE-PREP (No 211909), SHARE-LEAP (No 227822) and M4 (No 261982)) is gratefully acknowledged.

Substantial co-funding for add-ons such as the intensive training programme for SHARE interviewers came from the US National Institute on Aging (U01 AG09740-13S2, P01 AG005842, P01 AG08291, P30 AG12815, R21 AG025169, Y1-AG-4553-01, IAG BSR06-11 and OGHA 04-064). Substantial funding for the central coordination of SHARE came from the German Federal Ministry for Education and Research (Bundesministerium für Bildung und Forschung, BMBF).

SHARE has been part of the ESFRI (European Strategy Forum on Research Infrastructures) roadmap and became the first ERIC (European Research Infrastructure Consortium) with the fourth wave. National funding (see below for details) is now dominant, with substantial support by the European Commission's DG Employment, Social Affairs and Equal Opportunities to new SHARE countries.

We thank, in alphabetical order, Giulia Amaducci, Kevin McCarthy, Hervé Pero, Ian Perry, Robert-Jan Smits, Dominik Sobczak and Maria Theofilatou in DG Research for their continuing support of SHARE. We are grateful for the support by DG Employment, Social Affairs, and Equal Opportunities through Georg Fischer, Ruth Paserman, Fritz von Nordheim, and Jérôme Vignon, by DG Economic and Financial Affairs through Declan Costello, Bartosz Pzrywara and Klaus Regling, by DG Health and Consumer Affairs, through Andrzej Rys, and by the U.S. National Institute on Aging, through Richard Suzman. In Germany, our thanks go to Brunhild Spannhake and Beatrix Vierkorn-Rudolph in the German Federal Ministry for Education and Research as well as Hans Nerlich and Ranja Sakar at the Project Management Agency of the German Aerospace Center.

National funding was provided by:

- **Austria**: Bundesministerium für Wissenschaft und Forschung (BMWf), Austrian Science Foundation (FWF), Österreichische Nationalbank (OeNB)
- **Belgium**: wave 4: Belgian Science Policy Administration (BELSPO), Flemish Agency for Innovation by Science and Technology (IWT), University of Liege (ULG) & University of Antwerpen (UA) and wave 5: The Federation Wallonia-Brussels, The Walloon Region
- **Czech Republic**: Ministry of Education, Youth and Sports
- **Denmark**: Danish Council for Independent Research – Social Science
- **France**: Caisse des dépôts et consignations (CDC), Caisse nationale d'assurance maladie (CNAM), Caisse nationale d'assurance vieillesse (CNAV), Caisse nationale de solidarité pour l'autonomie (CNSA), Commissariat général du plan, Conseil d'orientation des retraites (COR), Direction de l'animation de la recherche, des études et des statistiques du ministère du travail (DARES), Direction de la recherche, des études, de l'évaluation et des statistiques du ministère de la santé (DREES), Institut de recherche en santé publique (IReSP), Institut national de la statistique et des études économiques (INSEE), Institut national de prévention et d'éducation pour la santé (INPES) and Ministère de l'enseignement supérieur et de la recherche
- **Germany**: German Research Fund (grant to research survey methodological questions in wave 4), Forschungsnetzwerk Alterssicherung (FNA), Volkswagenstiftung, German Federal Ministry for Education and Research (Bundesministerium für Bildung und Forschung, BMBF)
- **Ireland**: Irish Research Council for Humanities and Social Sciences
- **Israel**: U.S.National Institute of Aging (R03AG029258, R01AG031729, R21AG025169), National Insurance Institute of Israel, The German-Israeli Foundation for Scientific Research and Development (GIF), Ministry of Science, Ministry of Senior Citizens
- **Netherlands**: The Netherlands Organisation for Scientific Research (NWO), The Dutch Ministry of Education, Culture and Science, The Province of Noord-Brabant, Netspar and Tilburg University
- **Portugal**: Alto Comissariado da Saúde for the national survey, Câmara Municipal de Lisboa, Instituto do Envelhecimento
- **Slovenia**: Ministry of Education, Science, Culture and Sport (MIZKS) in wave 4
- **Spain**: Spanish Ministry of Science and Innovation (MICINN)
- **Sweden**: Swedish Social Insurance Agency
- **Switzerland**: University of Lausanne (UNIL), Département Universitaire de Médecine et Santé Communautaires (DUMSC), HEC Lausanne (Faculté des Hautes Etudes Commerciales), Federal Office for Education and Science (OFES), Swiss National Science Foundation (SNSF)

www.share-project.org

Austria
www.share-austria.at

Belgium
www.share-project.be

Czech Republic
https://iweb.cerge-ei.cz/share

Denmark
www.sdu.dk/share

Estonia
www.share-estonia.ee

France
www.irdes.fr/share

Germany
www.share-project.org/deutsch.html

Greece
www.share-project.gr

Hungary
www.share-project.org

Ireland
www.share-project.org

Israel
http://igdc.huji.ac.il/share

Italy
http://venus.unive.it/share

Netherlands
www.share-project.nl

Poland
www.cenea.org.pl/share

Portugal
www.share-project.org.pt

Slovenia
www.share-slovenija.si

Spain
www.share.cemfi.es

Switzerland
www.unil.ch/share

Sweden
www.share-project.org

Imprint

Copyright © Survey of Health, Ageing and Retirement in Europe (SHARE) 2012

General Inquiries: info@share-project.org
Coordinator: Prof. Axel Börsch-Supan, Ph.D.

SHARE
Max Planck Institute for Social Law and Social Policy
Munich Center for the Economics of Aging (MEA)
Amalienstr. 33
D-80799 Munich
Germany

Redesign: Markus Berger, SHARE Public Relations
Content updated: June 2012

“SHARE has become a world-class example of a research infrastructure.”

Daniel McFadden, Nobel Laureate

Federal Ministry of Education and Research

ESFRI

SIXTH FRAMEWORK PROGRAMME

SEVENTH FRAMEWORK PROGRAMME

National Institute on Aging

www.share-project.org