

The Survey of Health, Ageing and Retirement in Europe

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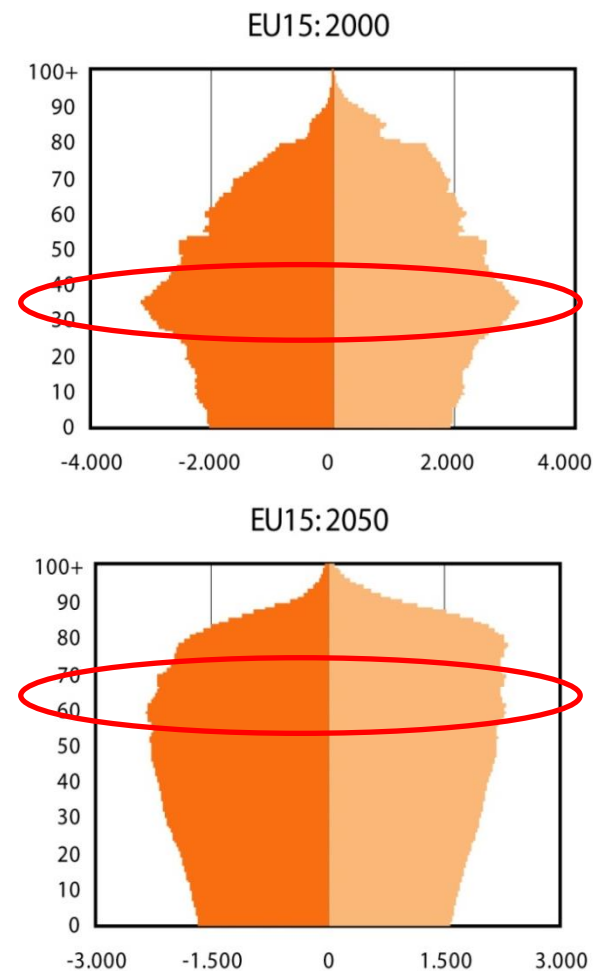
*Max-Planck-Institute for Social Law and Social Policy,
Munich*

Introduction to SHARE: Outline

- ▶ Background
- ▶ Aims and principles
- ▶ International cooperation
- ▶ Research potentials
 - ▶ Data overview
 - ▶ Socio-economics
 - ▶ Health
 - ▶ Social networks
- ▶ More information

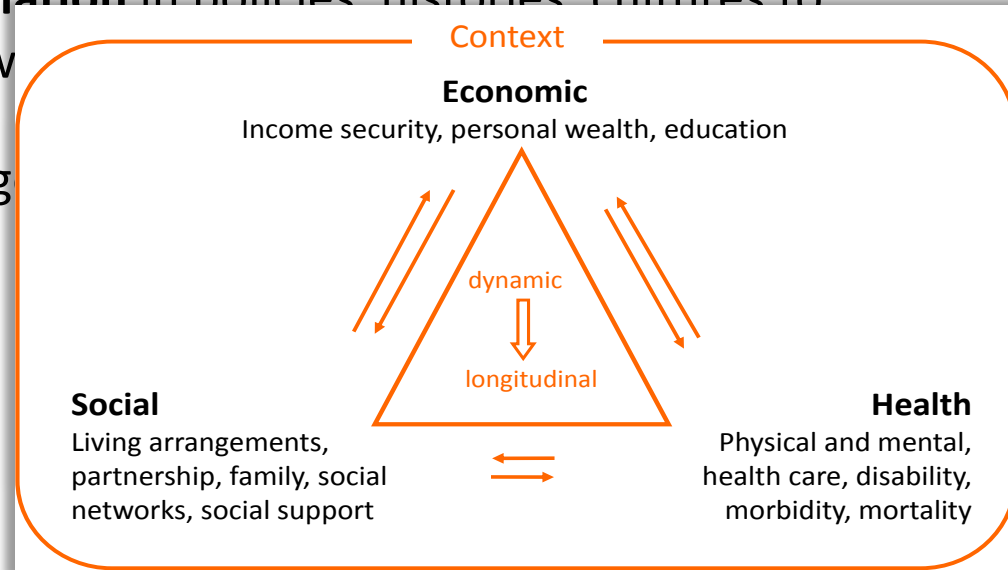
Background

- ▶ Population ageing is one of *the* challenges of the **21st century** affecting:
 - ▶ Pensions, health and long-term care
 - ▶ Economic growth and living standards
 - ▶ Social (esp. intergenerational) cohesion
- ▶ Financial, debt and economic **crises have made matters worse**
- ▶ **Genuine EU challenge**, not only member states
- ▶ Requires **monitoring and benchmarking**
- ▶ **International comparisons** are eye-opener....
- ▶ ...and **age 50+** shows accumulation of welfare state interventions over the life-course: health, wealth, and social networks: **a magnifying glass**



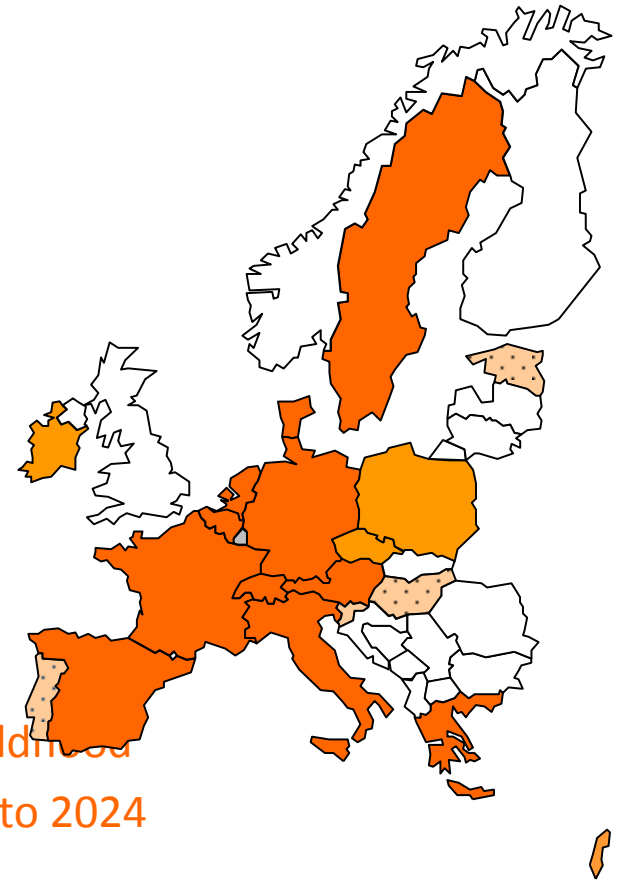
Aims & principles

- **Aim:**
 - Understand the **ageing process** in Europe (**individual** and **societal** level)
 - Basic research and fact-based policy development
- **Principle 1:** Understand the **interactions** between health, labour force participation, and institutional conditions
- **Principle 2:** Use **cross-national variation** in policies, histories, cultures to understand causes and effects of w
- **Principle 3: Longitudinal** – since ag



SHARE in the field

- ▶ Wave 1, 2004-05
SE, DK, NL, DE, BE, FR, CH, AT, ES, IT, GR
- ▶ Wave 2, 2006-07
+ IE, CZ, PL, IL
- ▶ Wave 3, 2008-09
Retrospective life histories
- ▶ Wave 4, 2010-11
+ PT, SI, HU, EE
expansion of the sample
social network module
record linkage, biomarkers,
nonresponse
- ▶ Wave 5, 2012-13 + LU, ES_gi, social exclusion & children
- ▶ Wave 6, 2014-15, + longitudinal SN / + 4 waves up to 2024



Cross national comparability

SHARE 2004 Questionnaire version 10

Please look at card 6. Has a doctor ever told you that you had any of the conditions on this card? Please tell me the number or numbers of the conditions.

IWER: CODE ALL THAT APPLY

1. A heart attack including myocardial infarction or coronary thrombosis or any other heart problem including congestive heart failure
 2. High blood pressure or hypertension
 3. High blood cholesterol
 4. A stroke or cerebral vascular disease
 5. Diabetes or high blood sugar
 6. Chronic lung disease such as chronic bronchitis or emphysema
 7. Asthma
 8. Arthritis, including osteoarthritis, or rheumatism
 9. Osteoporosis

10. Cancer or malignant tumour, including leukaemia or lymphoma, but excluding minor skin cancers
 11. Stomach or duodenal ulcer, peptic ulcer
 12. Parkinson disease
 13. Cataracts
 14. Hip fracture or femoral fracture
 16. None
 17. Other conditions, not yet mentioned

DN035_DN03 1 a1 PH002_PH00
 DN036_DN03 2 a3
 DN037_DN03 1 a5
 DN038_DN03 1 a2
 PH001_PH00 1

Language Management Utility

Make a selection:

Select section to view:

- CV Household demographics
- CM Household demographics (Main sections)
- DN Demographics and networks
- PH Physical health
- BR Behavioral risk
- CF Cognitive function
- MH Mental health
- HG Health care
- EP Employment and pensions
- GS Gripstrength
- WS Walking speed
- CH Children
- SP Social support
- FT Financial transfers
- HO Housing
- HH Household income
- CO Consumption
- AS Assets
- AC Activities
- EX Expectations
- IV Interviewer
-
- Other instrument texts

Select language: German (Switzerland)

Options: ☐ show all sections

Search text:

View

Internet based translation tool

Ex ante harmonisation
 Survey instrument
 to conduct Computer Assisted
 Personal Interviews (CAPI)

Country & wave specifics online overview

Module	Variable	AT	BE_FR	BE_NL	DK	FR	DE	GR	IT	NL	ES	SE	CH_FR	CH_DE
CV	Export	AT	BE_FR	BE_NL	DK	FR	DE	GR	IT	NL	ES	SE	CH_FR	CH_DE
	CV008									C				
	CV022	T												
	CV018													
	CV027													
DN	Export	AT	BE_FR	BE_NL	DK	FR	DE	GR	IT	NL	ES	SE	CH_FR	CH_DE
	DN009		dna	dna	dna	dna		dna	dna	dna	dna	dna	dna	dna
	DN010	CS	CS	CS	CS	CS	CS	CS	CS	CS	CS	CS	CS	CS
	DN012	CS	CS	CS	CS	CS	CS	CS	CS	-	CS	CS	CS	CS
	DN013									-				
	DN014	C				C, IW		C		C		C		
	DN016	-				-		T		T		T		
	DN021	CS	CS	CS	CS	CS	CS	CS	CS	CS	CS	CS	CS	CS
	DN023	CS	CS	CS	CS	CS	CS	CS	CS	-	CS	CS	CS	CS
	DN024									-				
	DN030									C				

Cross national organisation(s)



3 main nodes



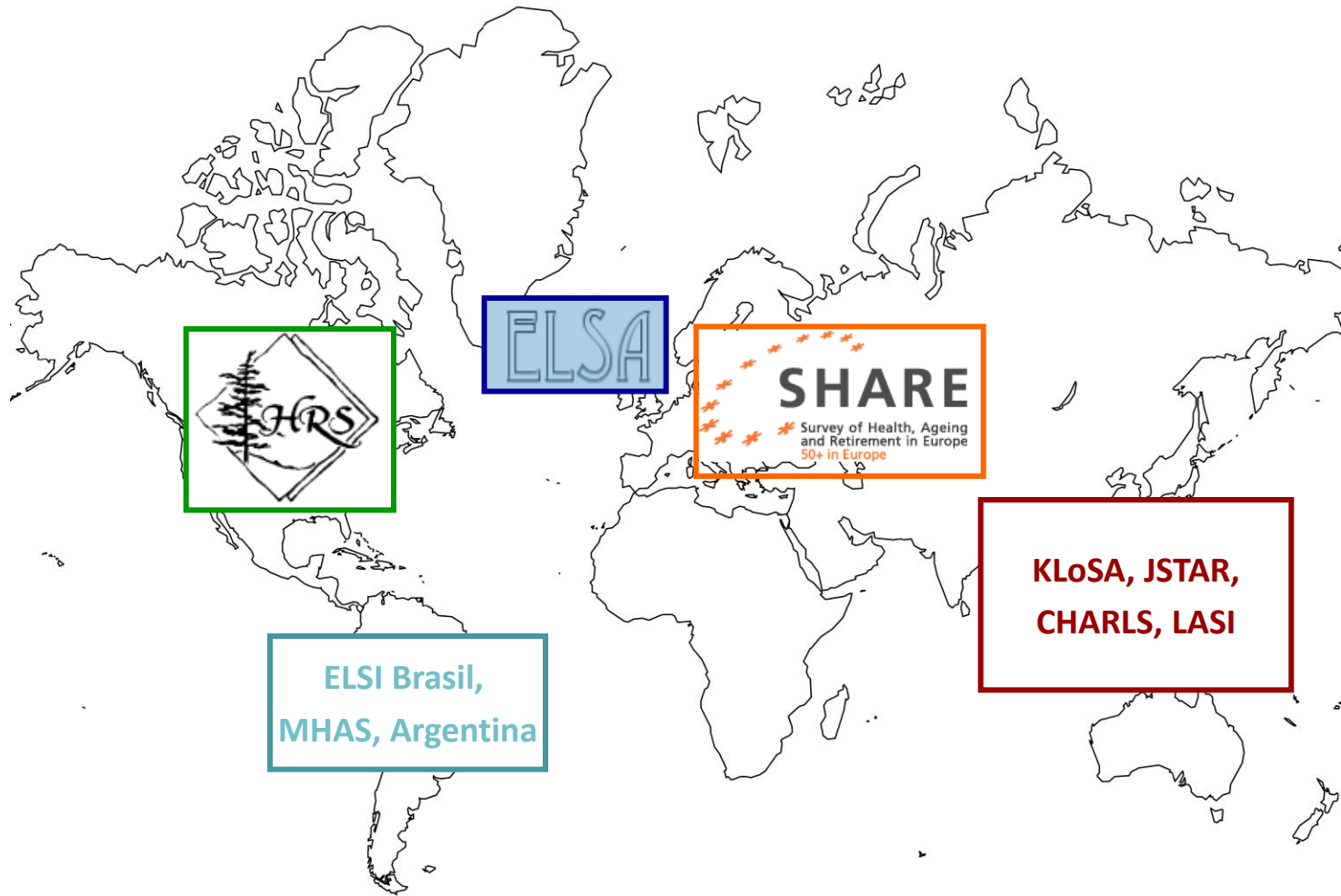
more than 20 scientific partner institutions & 150+ scientists



20 survey agencies & about 1200 interviewers



Co-operation: a global laboratory



Longitudinal

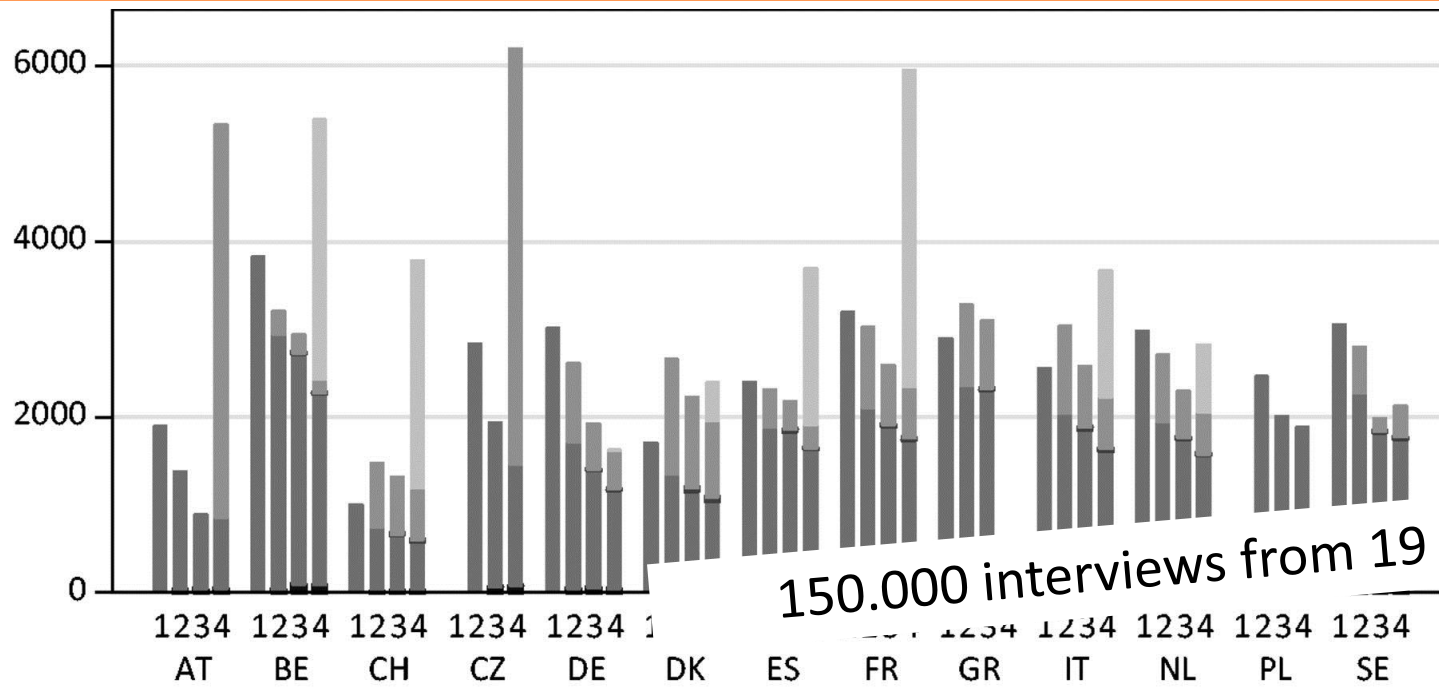
- ▶ Ageing is a **process in historical time**: observe the same people over a long stretch of time, note changes
- ▶ But: much more difficult than cross-sectional
 - ▷ Long-term view: **retain same people**
 - ▶ in spite of fatigue and repetitiveness
 - ▷ **Complexity of households**:
 - ▶ movers, separations, nursing home, death and its circumstances
 - ▷ Interview is dependent on responses from previous wave(s)
 - ▶ questionnaire is **very complex** and **software** driven

Data overview

The panel questionnaire

CAPI Module	Name	All	Financial	Household Respondent	Family	non-proxy
CV	Coverscreen					
DN	Demographics	x				
PH	Physical Health	x				
BR	Behavioural Risks	x				
CF	Cognitive Function	x				x
MH	Mental Health	x				x (partly)
HC	Health Care	x				
EP	Employment and Pensions	x				
GS	Grip Strength	x				x
WS	Walking Speed	x				x
CH	Children				x	
SP	Social Support	x (partly)			x (partly)	
FT	Financial Transfers		x			
HO	Housing			x		
HH	Household Income			x		
CO	Consumption			x		
AS	Assets		x			
AC	Activities	x				x
EX	Expectations	x				x
IV	Interviewer Observations					
New modules in wave 2:						
CS	Chair Stand	x				x
PF	Peak Flow	x				x
XT	End-of-Life Interview	proxy interview, deceased respondents				

Overview of released samples



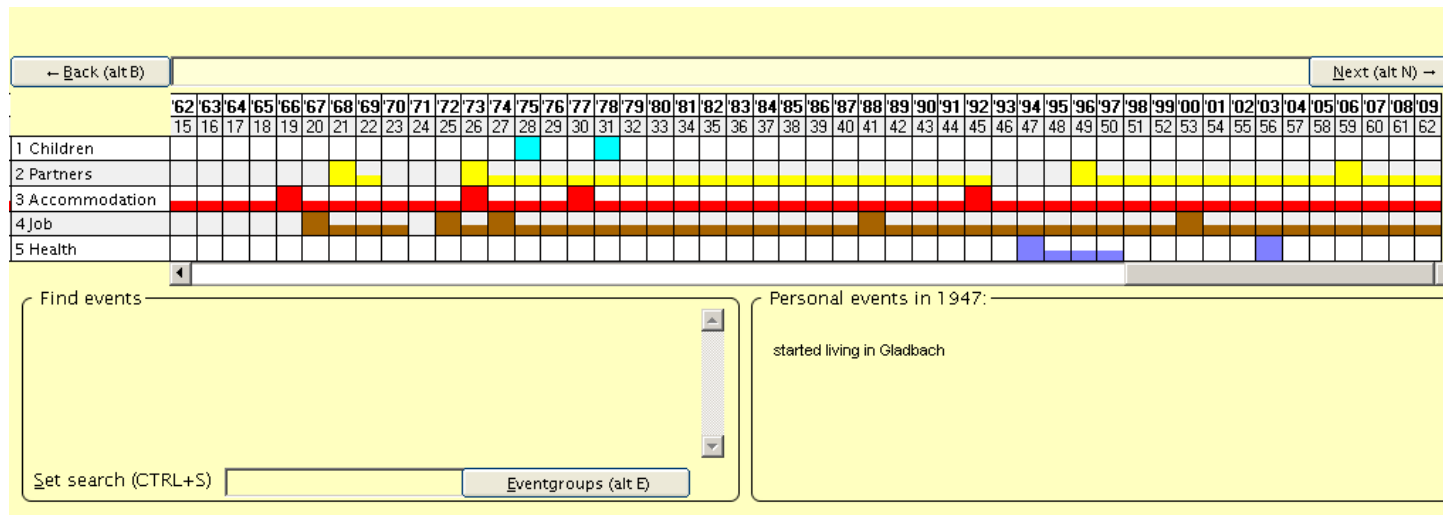
In addition the baseline samples of the first data collections in Israel ($N = 2598$), Estonia ($N = 6828$), Hungary ($N = 3076$), Portugal ($N = 2080$), and Slovenia ($N = 2756$) are released.

AT: Austria, BE: Belgium, CH: Switzerland, CZ: Czechia, DE: Germany, DK: Denmark,

ES: Spain, GR: Greece, IT: Italy, NL: Netherlands, PL: Poland, SE: Sweden

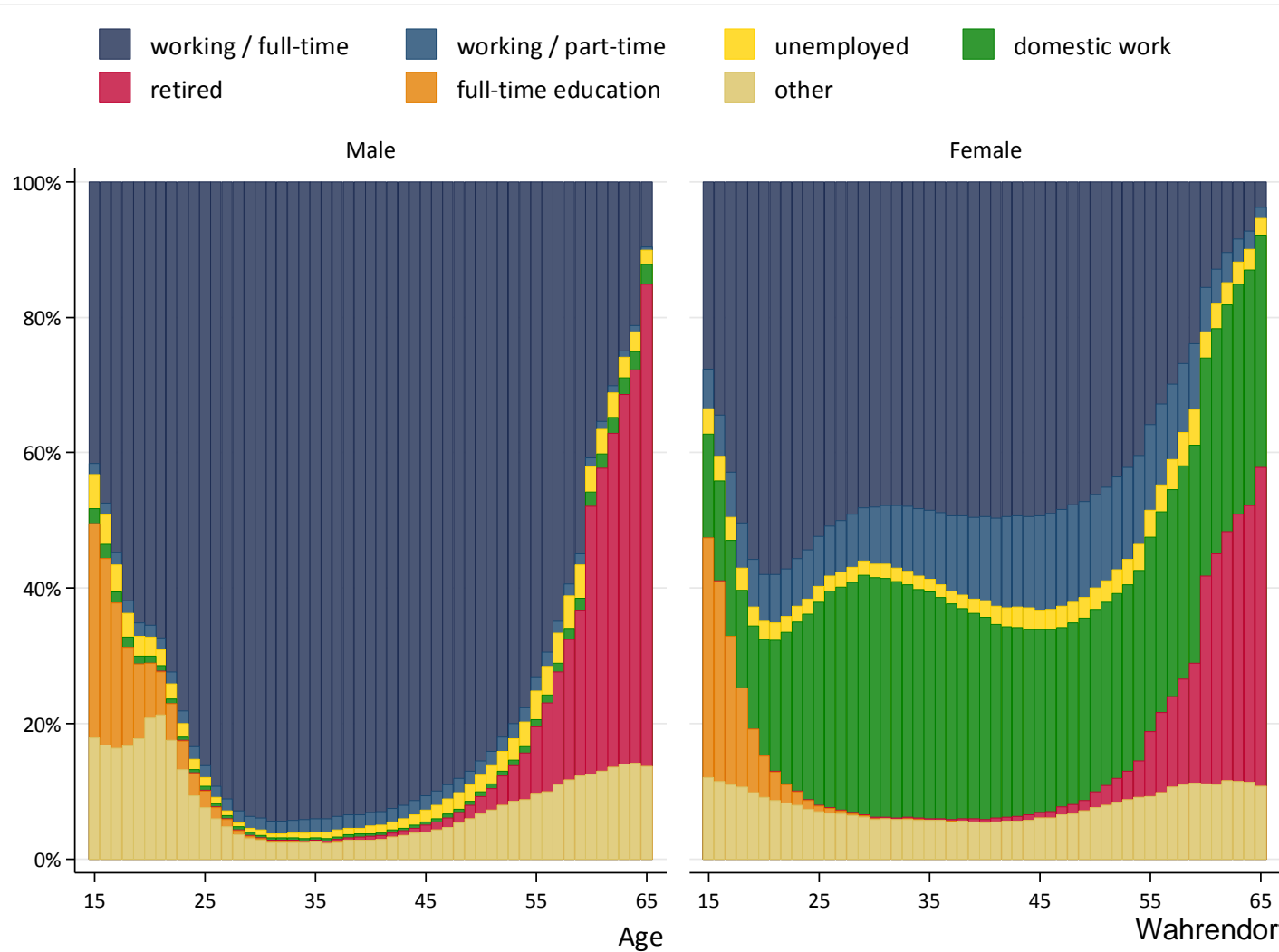
Life histories & administrative data

- ▶ To find out how respondents arrived at the point we observe them now, SHARELIFE (Wave 3) collected retrospective life histories with help of a “LHC”:



- + financial histories, persecution/oppression, childhood (health, living conditions, school performance)
- to be linked to administrative records of the German Pension Fund (DRV), enabling
 - ▶ substantive research (lifetime income, additional income, expected pensions...)
 - ▶ methodological research (recall error, reduction of respondent burden...)

Example: work histories



Innovations Wave 4: social networks

- ▶ The first harmonized cross national SN database ever
- ▶ Who are the most important people in your life?



From time to time, most people discuss things that are important to them with others [...]. Who are the people with whom you discussed things that were important to you?

- ▶ Role relations, network composition, living distance, contact frequency, support exchange, satisfaction with network...
- ▶ Social ties are an important resource for individuals and societies!
 - ▶ Support, self-esteem, health behaviours ...
 - ▶ Social cohesion, solidarity

Example: network composition

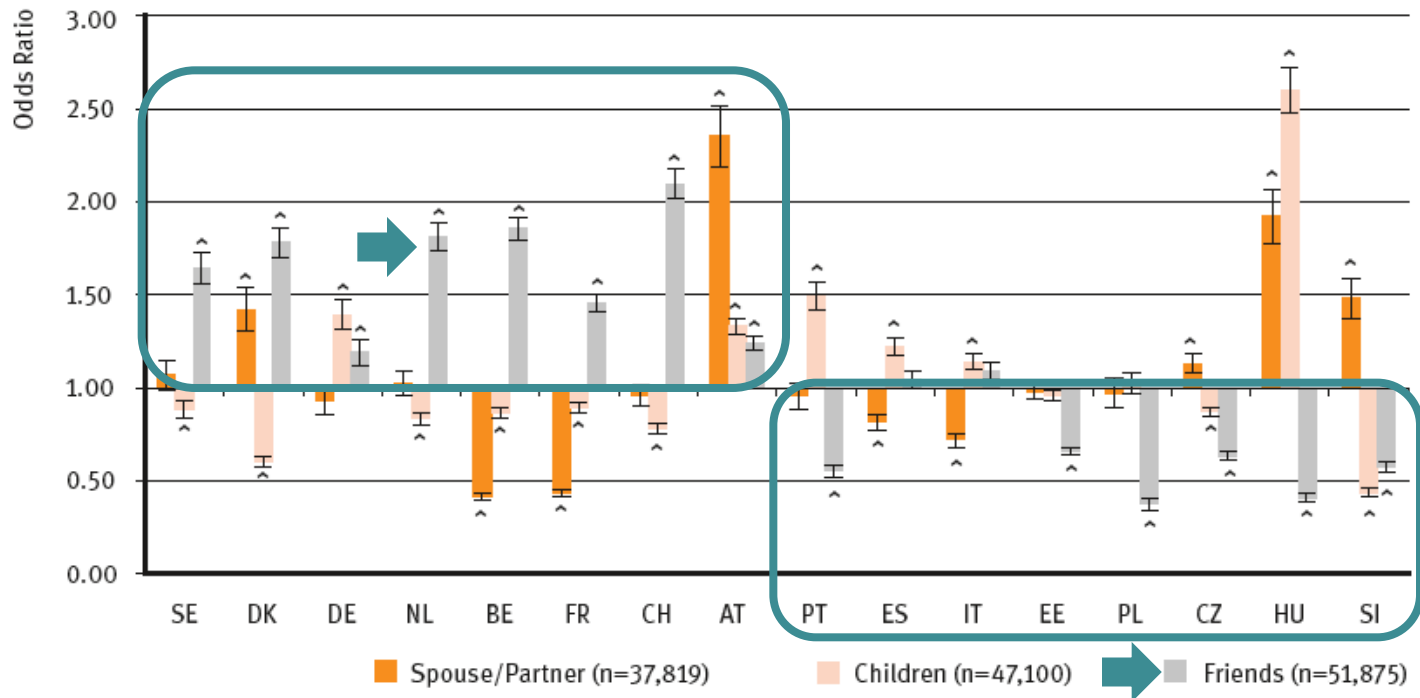


Figure 24.3: Country differences in the selection of spouse/partner, children and friends within named personal social networks

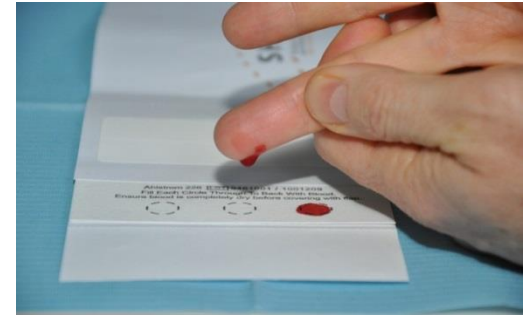
Notes: ^ denotes statistical significance of .05 or less; models are adjusted for age, gender, education, marital status, living siblings, grandchildren, activities of daily living (ADL), instrumental activities of daily living (IADL) and mobility limitations.

Source: SHARE Wave 4 release 1

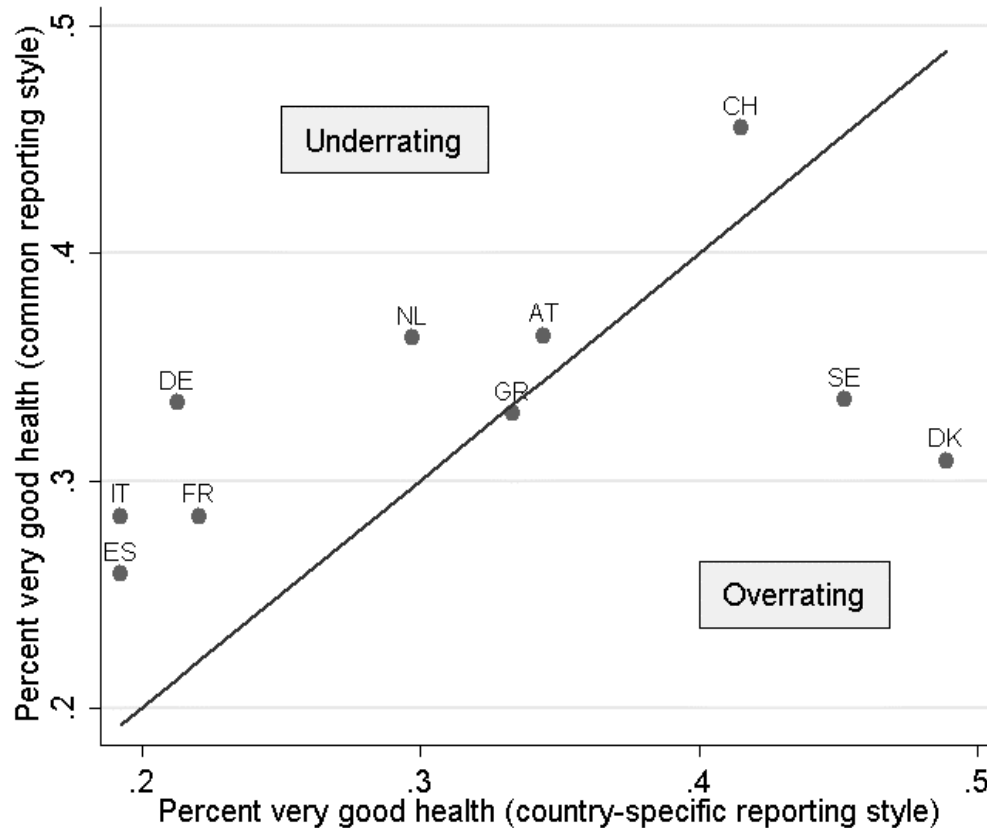
Stoeckel, Litwin 2013

Innovations Wave 4: blood

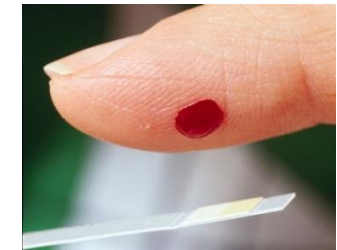
- ▶ New biomarkers: dried bloodspots
 - ▶ Cholesterol / Vitamin D:
Risk of cardiovascular diseases / fractures
 - ▶ HbA1c: long term glucose marker for diabetes
 - ▶ C-reactive proteine (CRP) and other cytokines (W6, BDNF, IL-6, TNF- α)
Inflammation markers associated with cardio-vascular diseases
- ▶ Why health measurements?
 - ▶ Better identify health status
 - ▶ Assess differences between subjective & objective health, e.g. due to
 - ▶ response behaviours
 - ▶ or health knowledge
 - ▶ and identify causal relationships (life style, environment, health care...)
 - ▶ Important for health policy design



Different interpretations



Source: Jürges, 2006

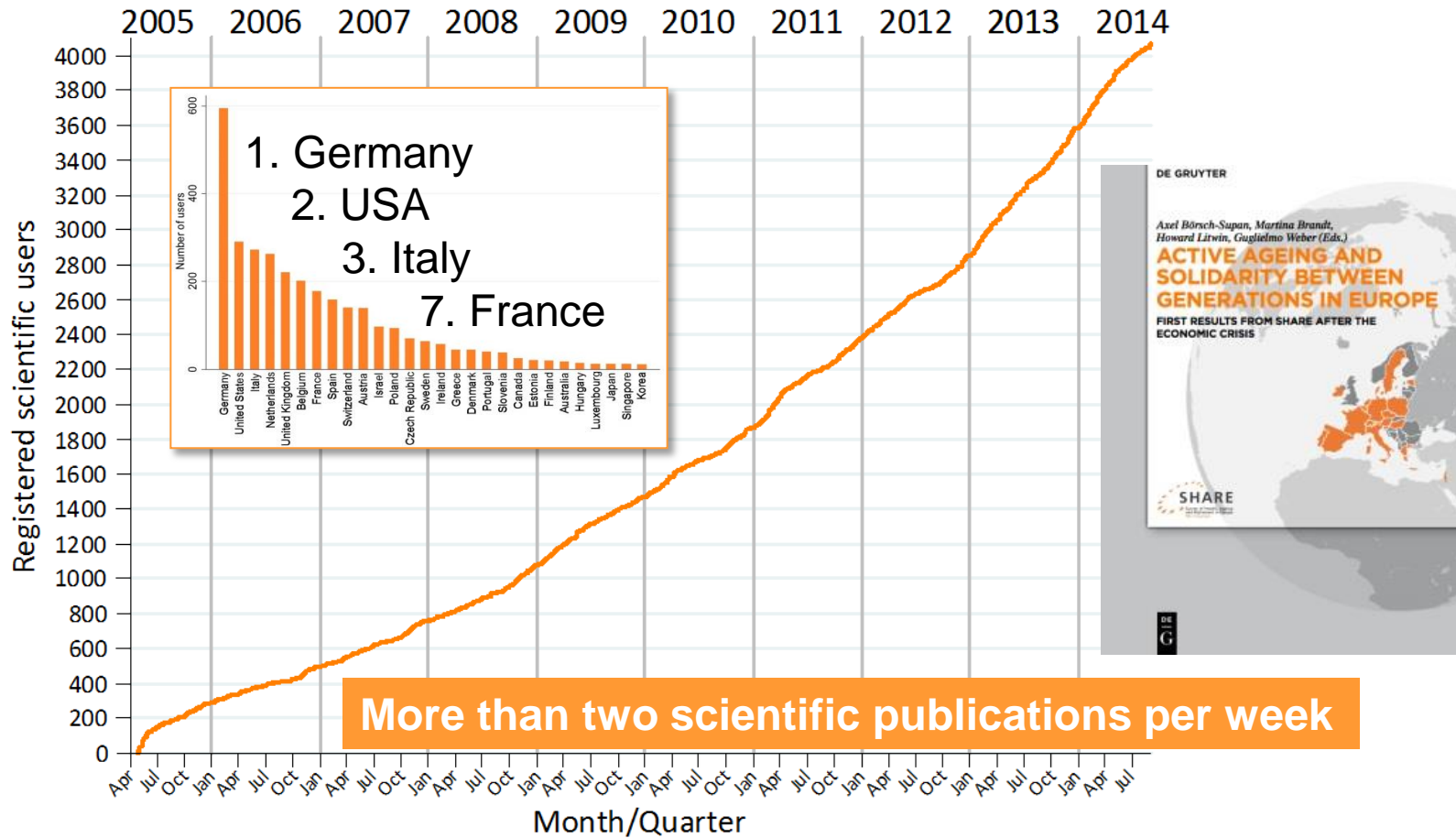


VolkswagenStiftung DFG
National Institute
on Aging ■ ◆ ★ ✨

objective measures of health help distinguishing actual differences in health from different response styles to extract genuine policy effects

Research potentials Socio-economics, Health and Social Networks

Data use and publications



- ▶ Education, family background, individual/household income, lifetime earnings, pensions, insurances, employment, work quality, housing, consumption, assets, expectations, childhood living conditions,....

Articles in the field e.g.,

- ▶ Angelini, Brugiavini, Weber (2009). Ageing and unused capacity in Europe: Is there an early retirement trap? *Economic Policy*.
- ▶ Börsch-Supan, Brugiavini, Croda (2009). The role of institutions and health in European patterns of work and retirement. *Journal of European Social Policy*.
- ▶ Boháček, Myck (2011). Persecution in Central Europe and its consequences on the lives of SHARE respondents. In: *The Individual and the Welfare State. Life Histories in Europe*.
- ▶ Brunello, Fort, Weber (2009). Changes in compulsory schooling, education and the distribution of wages in Europe. *The Economic Journal*.
- ▶ Christelis, Jappelli, Paccagnella, Weber (2009). Income, wealth and financial fragility in Europe. *Journal of European Social Policy*.

Example: financial distress

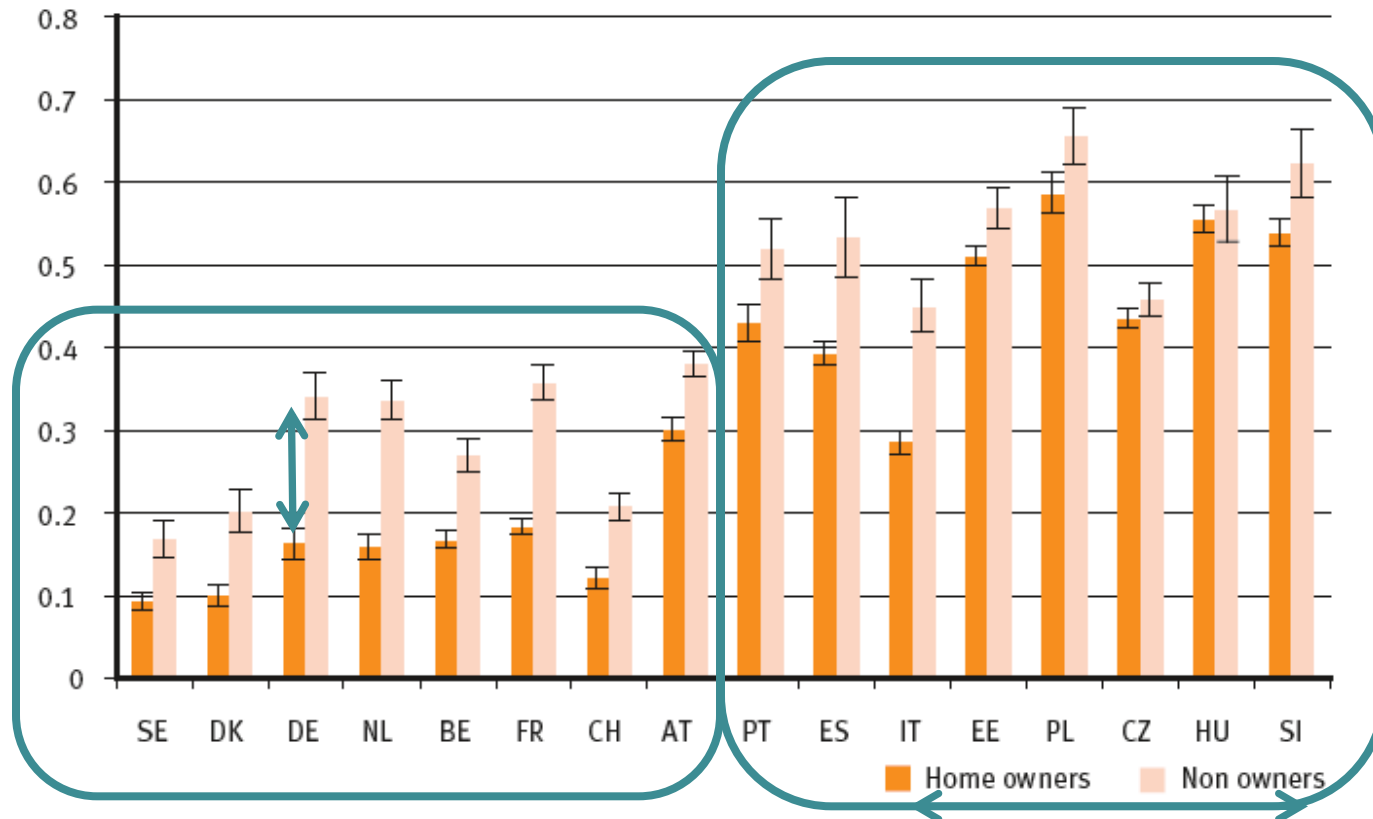


Figure 3.3: Fraction of households in financial distress

Notes: 21,102 observations

Source: SHARE Wave 4 release 1

Cavasso, Weber 2013

- ▶ Physical health, subjective and objective (physical measures, biomarkers), mental health, cognitive function (tests), physical function ((I)ADL), health behavior, health care usage, childhood health, health histories, end of life ...

Articles in the field e.g.,

- ▶ Brandt, Deindl, Hank (2012). Tracing the origins of successful aging: The role of childhood conditions and societal context. *Social Science and Medicine*.
- ▶ Dragano, Siegrist, Wahrendorf (2011). Welfare regimes, labour policies and unhealthy psychosocial working conditions. *Journal of Epidemiology and Community Health*.
- ▶ Jusot, Or, Sirven (2012). Variations in preventive care utilisation in Europe. *European Journal of Ageing*.
- ▶ Lindwall, Larsman, Hagger (2011). The reciprocal relationship between physical activity and depression in older European adults. *Health Psychology*.
- ▶ Moschetti, Lamiraud, O'Donnell, Holly (2011). Does poor childhood health explain increased health care utilisation and payments in middle and old age? In: *The Individual and the Welfare State. Life Histories in Europe*.

Health inequalities in Europe, UK & US

- ▶ Avendano, Glymour, Banks, Mackenbach (2009). Health disadvantage in US adults aged 50 to 74 years: A comparison of the health of rich and poor Americans with that of Europeans. *American Journal of Public Health*.
- ▶ Chan, Kasper, Brandt, Pezzin (2012). Measurement equivalence in ADL and IADL difficulty across international surveys of aging: Findings from the HRS, SHARE, and ELSA. *Journals of Gerontology Series B: Psychological Sciences and Social Sciences*.
- ▶ Crimmins, Kim, Solé-Auró (2010). Gender differences in health: Results from SHARE, ELSA and HRS. *European Journal of Public Health*.
- ▶ Delavande, Rohwedder (2011). Differential survival in Europe and the United States: Estimates based on subjective probabilities of survival. *Demography*.
- ▶ Jürges (2008). Health inequalities by education, income and wealth: A comparison of 11 European countries and the US. *Applied Economics Letters*.
- ▶ Michaud, Soest, Andreyeva (2007). Cross-country variation in obesity patterns among older Americans and Europeans. *Forum for Health Economics and Policy*.

Example: poor self-rated health

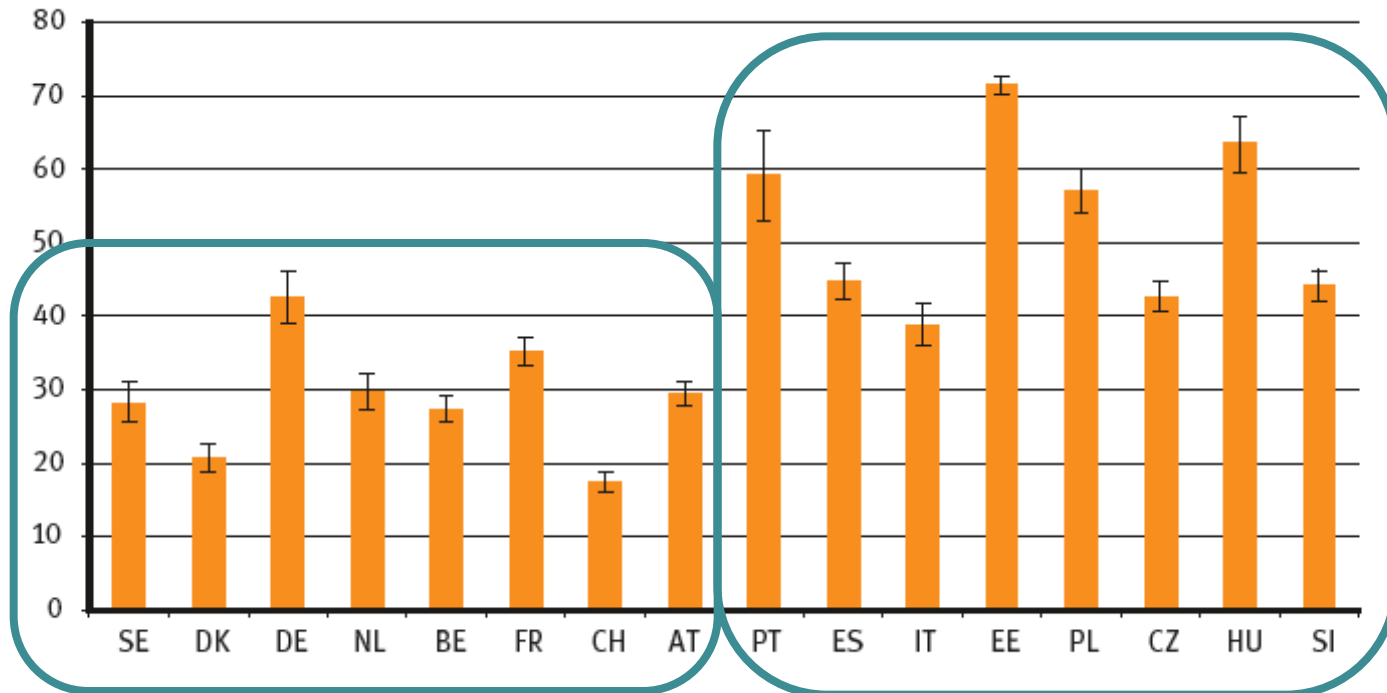


Figure 13.1: Cross-national prevalence proportions (y-axis; per cent) of respondents reporting poor self-perceived health (N=53,213)

Notes: Whiskers represent confidence intervals (CI). Adjusted by age and gender.

Source: SHARE Wave 4 release 1, using calibrated individual weight

Lindholm-Eriksen, Vestergaard, Andersen-Ranberg 2013

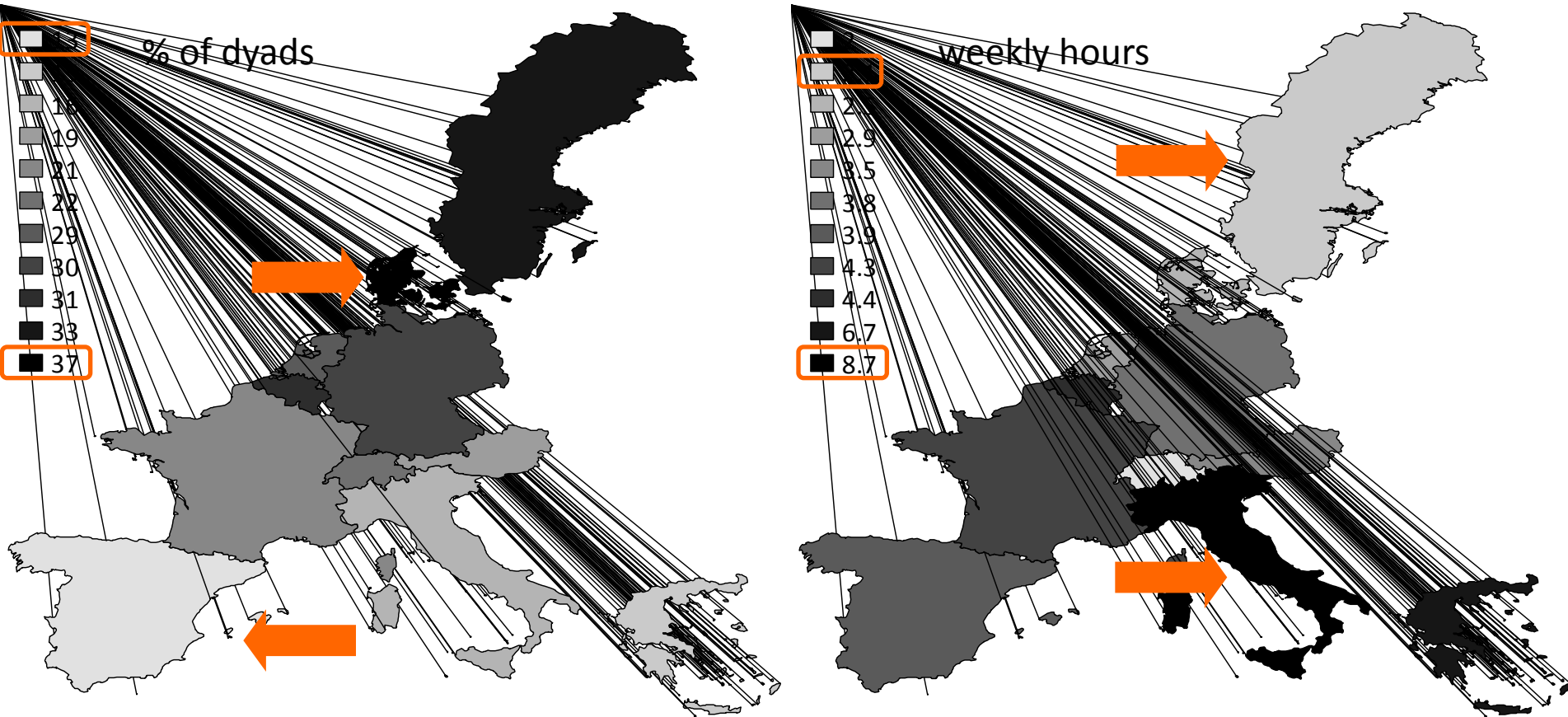
Family & social networks

- ▶ Support networks (support/money given/received), detailed information on children and parents, family structures, activities (volunteering, clubs...), new in W4: detailed information on personal networks (contacts, living distance, satisfaction...)

Articles in the field e.g.,

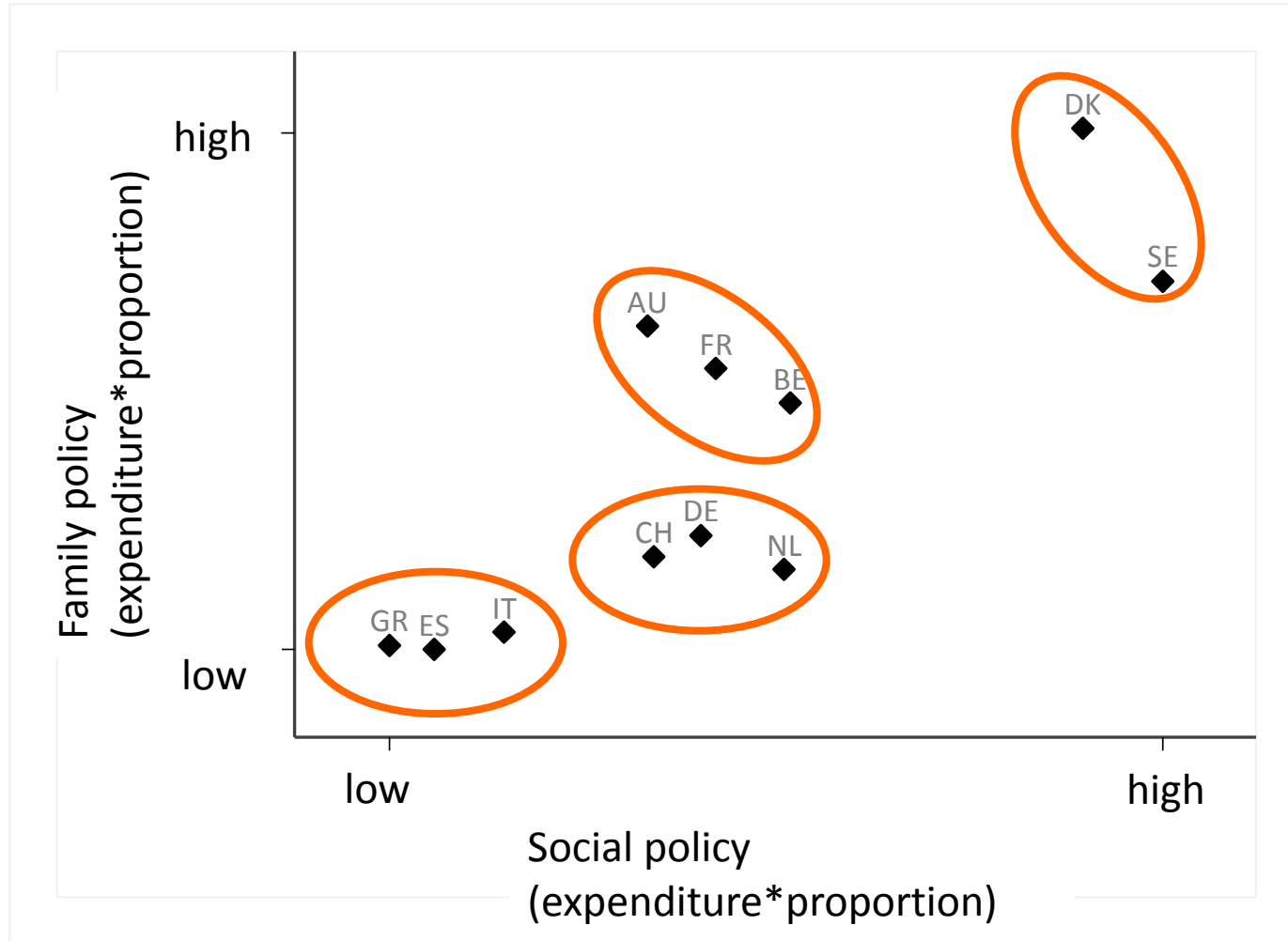
- ▶ Albertini, Kohli, Vogel (2007). Intergenerational transfers of time and money in European families: Common patterns – different regimes? *Journal of European Social Policy*.
- ▶ Hank, Erlinghagen (2010). Dynamics of volunteering in older Europeans. *The Gerontologist*.
- ▶ Hank (2007). Proximity and contact between older parents and their children. A European comparison. *Journal of Marriage and Family*.
- ▶ Igel, Szydlik (2011). Grandchild care and welfare state arrangements in Europe. *Journal of European Social Policy*.
- ▶ Leopold, Raab (2011). Short-term reciprocity in late parent-child relationships. *Journal of Marriage and Family*.

Example: Help to parents 64+

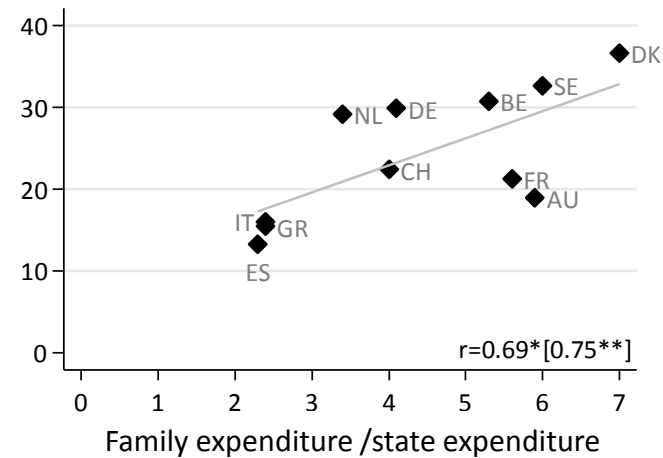
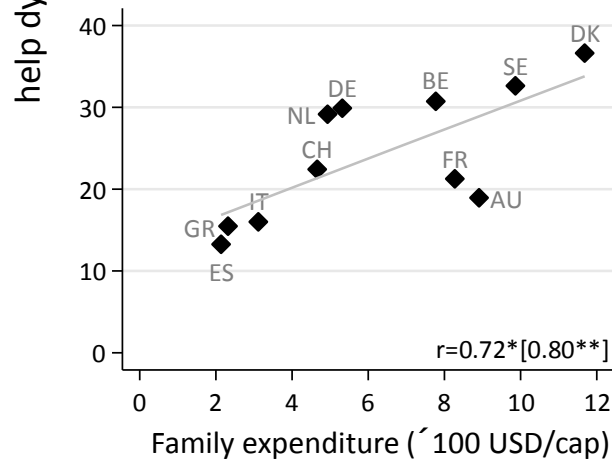
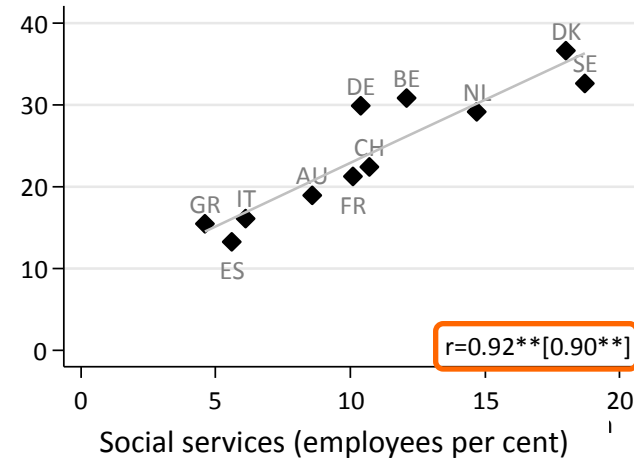
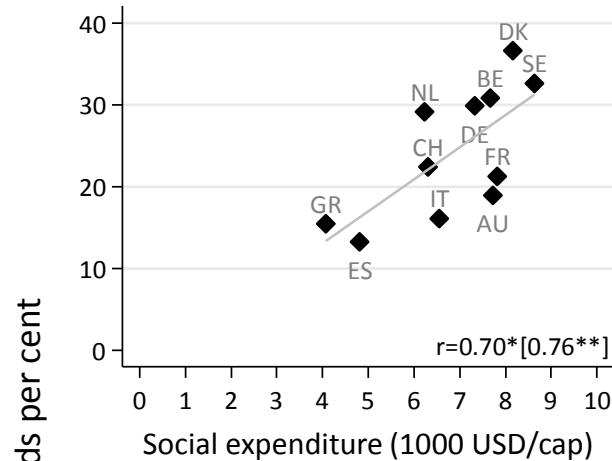


SHARE 2004, $n=7.825/40.073$ dyads

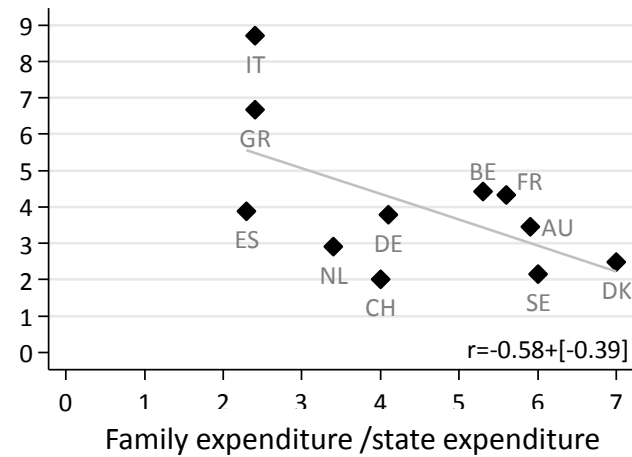
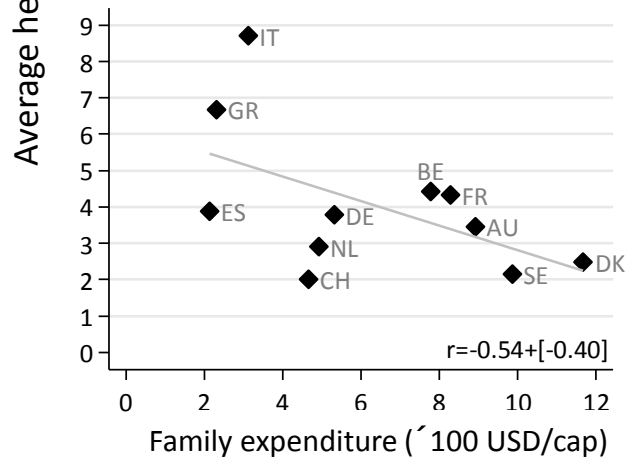
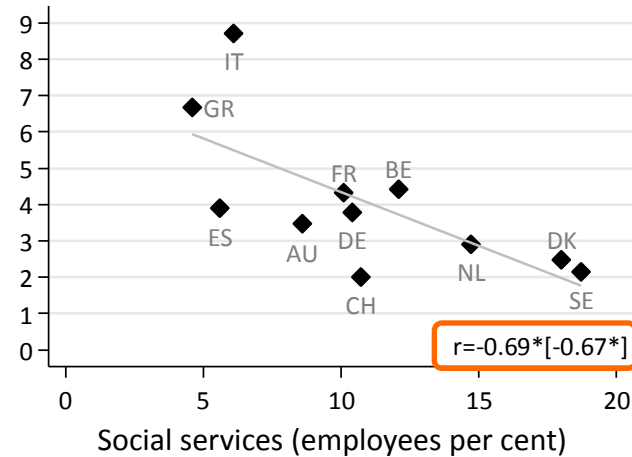
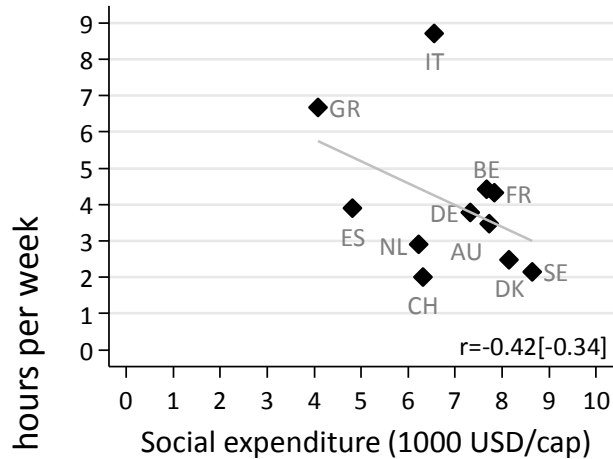
= different help regimes?



Help to parents and social policies



Hours to parents and social policies



► ... there is still a lot more to do and find out!

More information wanted?

- ▶ **www.share-project.org**
- ▶ Data can be accessed free of charge for scientific use
- ▶ “easySHARE” now available
- ▶ Detailed information on SHARE in general, the questionnaires, documentation, methodological research as well as all publications using SHARE data
- ▶ You can sign up for the biannual newsletter to stay updated
- ▶ ...or just “like” and follow us @SHARE_MEA



The screenshot shows the SHARE website interface. At the top, there's a header with the SHARE logo and a map of Europe. Below the header, a navigation menu lists various sections: Home, Data Access & Documentation (highlighted), Research Data Center & Data Access, easySHARE, Record Linkage, Documentation, Questionnaires, Sample, User Statistics, Methodological Research, Press Information & News, Contact & Organisation, and Publications. The 'Data Access & Documentation' section is expanded, showing a sidebar with links to Home, Data Access & Documentation, Research Data Center & Data Access, easySHARE, Record Linkage, Documentation, Questionnaires, Sample, and User Statistics. The main content area is titled 'Research Data Center & Data Access' and contains a search bar, a paragraph about data distribution, 'SHARE Data Access Rules', and a list of six conditions for data access. The conditions include requirements for scientific affiliation, registration, data usage, and acknowledgment. At the bottom of the page, there are logos for the European Union (2007-2013), the Federal Ministry of Education and Research, and the MEA logo.

SHARE
Survey of Health, Ageing
and Retirement in Europe
50+ in Europe

Survey of Health, Ageing and Retirement in Europe

You are here: Data Access & Documentation - Research Data Center & Data Access

Research Data Center & Data Access

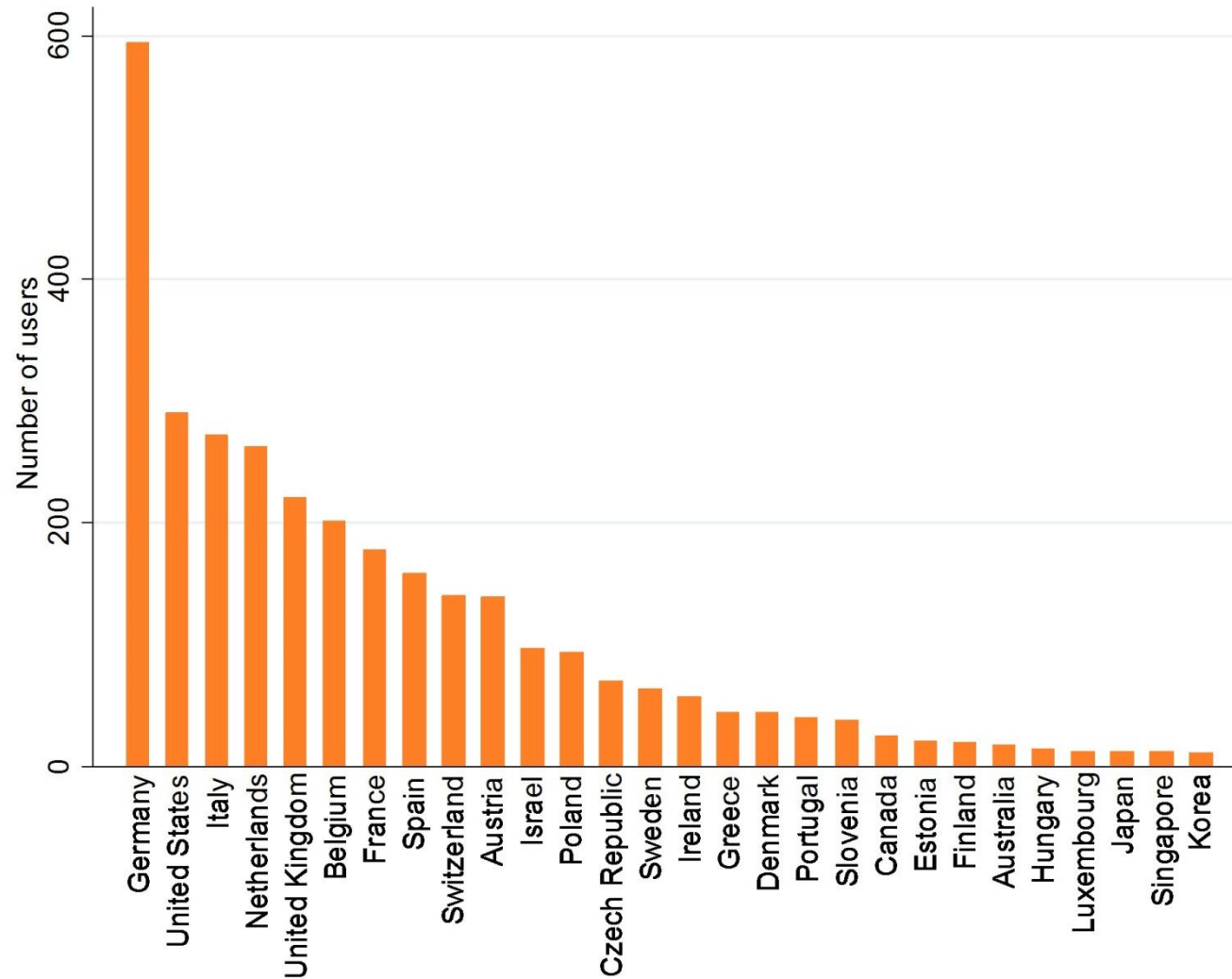
The SHARE data are distributed through our Research Data Center which is physically located at Centerdata on the Tilburg University campus in the Netherlands. The SHARE Research Data Center complies with the *Criteria of the German Council for Social and Economic Data* (document in German language) for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

SHARE Data Access Rules

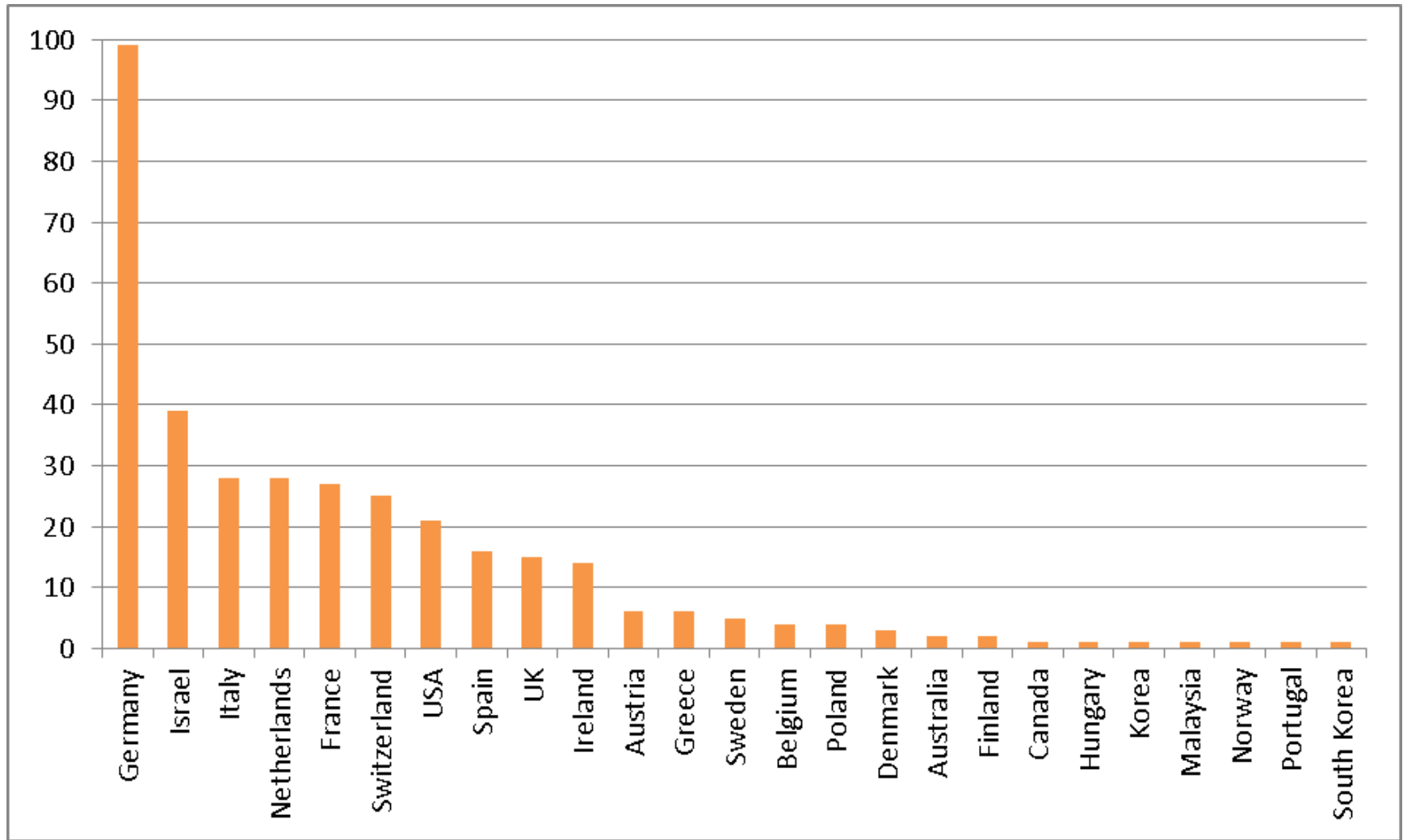
The SHARE data can be **downloaded** from the SHARE Research Data Center under the following conditions:

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: jjanssen@uvt.nl; fax: +31 13 4662764). The required forms can be downloaded [here](#). 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 reset 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-13, 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.

Data users by country



Publications by country



Wave 7

- ▶ **Life histories** for $\geq 50,000$ new respondents (new countries, refresher samples, since W 3)
- ▶ Most impact on publications, special for SHARE (harmonization & policy/cultural variation)
- ▶ **Time use/well-being** for \leq „old“ respondents with life histories in W 3