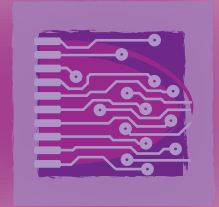




To continue as an FP7-funded project

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SHARE-I3: Survey of Health, Ageing and Retirement in Europe

What are the real reasons why richer people live longer than those less well off? Why do people retire earlier in some European countries than in others? Does paying more for healthcare guarantee greater benefits? To find the answers to these questions and many more, the Survey of Health, Ageing and Retirement in Europe (SHARE) project has been set up to collect data from across the European Union and beyond on the health, socio-economic status and social and family networks of citizens aged 50 or over. SHARE is the first step to a better understanding of where we are, where we are heading and how we can influence the quality of life as we age – both as individuals and as societies.

● AS TIME GOES BY

Ageing is one of the greatest social and economic challenges of the 21st century for European societies. As the proportion of the population aged 65 or over continues to grow, it risks placing an increasing financial burden on society. To give an idea of how our lives are changing, a 70-year-old today has a life expectancy 10 years longer than that of 50 years ago. SHARE helps us to understand this new challenge, using an international perspective to learn from differences between countries. Against a background of major variations between European countries, for example in fertility rates and life expectancy, SHARE contributes to uncovering possible explanations hidden in genetics, lifestyle and healthcare provision.

The main aim of SHARE is to arrive at a deeper understanding of individuals as they age over time and how they adapt to changed health, economic and family circumstances. It focuses on gathering information on the over-50s, reflecting three rather distinct phases of life: the time before retirement, the time after retirement, and old age and frail health. In addition, SHARE is designed to provide an insight into the policy changes that are made in response to ageing and then to develop indicators that are comparable between countries for key concepts relevant to EU policy.

● THE BENEFITS OF SHARING

For the first wave of data collection under the SHARE initiative, the original design phase was launched in January 2002, when a first English-language questionnaire was completed. This was piloted in the UK in September 2002, with the help of the National Centre for Social Research, London. Following improvements and translation, the questionnaire was used in a first European pilot in June 2003 with the official survey carried out in 2004, involving more than 30 000



individuals. Researchers were able to access the data from the wave 1 of data collection from April 2005, and had access to a web-based user support system.

While a different agency for each country carried out the fieldwork, CentERdata – a survey research institute affiliated with Tilburg University in the Netherlands – coordinated activity centrally.

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A computer-assisted personal interviewing (CAPI) programme was used to collect the data, supplemented by a self-completion pencil-and-paper questionnaire. This allowed each country involved to use exactly the same underlying structure of meta-data.

The first wave of data collection revealed some interesting phenomena related to the relationships between psychological, health, economic and social support variables, and brought out the differences that exist in different regions – for example, people with low education are 50% more likely to be obese; people in the north are richer and in better health than those in the south, but this does not translate into longer life expectancies; and there is a potentially huge unused labour capacity in countries such as Austria, Italy and France.

The SHARE-I3 phase of the SHARE initiative funded a second wave of data collection, which provides the project with a longitudinal dimension and allows for a greater understanding of causes of various phenomena. It also means that reactions to changes can be observed – which is particularly relevant given the rapid changes taking place in the EU in terms of reforms of healthcare and labour markets. And more countries are included in this wave; as well as the 11 countries already involved, data from the Czech Republic, Ireland, Israel and Poland will be obtained. Information from Great Britain will also be added via the integration of the English Longitudinal Study of Ageing (ELSA). The resulting database (that was due to be published together with the SHARE wave 2 data in November 2008) will merge SHARE

2004 and ELSA 2004 with SHARE 2006 and ELSA 2006.

Scientists from some 15 countries are participating, drawn from disciplines including epidemiology, sociology, statistics, psychology, demography and economics. The activity is centrally coordinated at the Mannheim Research Institute for the Economics of Ageing in Germany. SHARE employs state-of-the-art technology to meet all country-specific institutional and linguistic requirements in a single common design. The SHARE team, together with CentERdata, has developed a set of innovative software instruments such as translation and survey management tools. The design used is based on the model of the US Health and Retirement Study (HRS) and ELSA. The advantage of SHARE is that it encompasses a cross-national variety of European countries, resulting in a unique and innovative data set.

The data collected include health variables such as physical and cognitive functioning, psychological variables such as life satisfaction, economic variables such as current work activity, housing and education, and social support variables such as assistance within families. In addition, the database includes variables and indicators created by the EU-funded AMANDA RTD project, and vignettes generated in the context of the COMPARE project.

SHARE is a unique initiative for understanding ageing and the data gathered will be freely available to the benefit of the entire research community.

● SURVEY OF HEALTH, AGEING AND RETIREMENT IN EUROPE

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Coordinator: Axel Börsch-Supan, University of Mannheim, axel@boersch-supan.de

Partners: University of Mannheim (DE), University of Linz (AT), University of Liège (BE), University of Antwerp (BE), CERGE-EI (CZ), University of Southern Denmark (DK), IRDES (FR), Panteion University (EL), University of Padua (IT), University of Tilburg (NL), Warsaw University (PL), CEMFI (ES), University of Uppsala (SE), University of Lausanne (CH), Institute of Psychiatry (GB), University of Düsseldorf (DE), ENSANS (FR), Erasmus University (NL), University of Venice (IT), European University Institute (IT)