The Survey of Health, Ageing and Retirement in Europe

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Outline

- Background
  - Aims and Principles
- Design
  - How we harmonize
  - Longitudinality and SHARELIFE
- Organisation
  - Central/decentral/ERIC
  - ESFRI and the challenges of sustainability
- Information on Health
  - Interview: self-reported Health and use of Health Care
  - Objective Assessments, physical and biological biomarkers
- Results
  - Users/publications
  - Results on Health
  - Some policy applications
Population ageing in Europe is one of the challenge of the 21st century

European Commission (2000): Communication to the Council and the European Parliament: finds “serious infrastructure gaps in understanding individual and population ageing” and calls “to examine the possibility of establishing, in cooperation with Member States, a European Longitudinal Ageing Survey” in order to foster European research on ageing

2002 SHARE established as project in FP5 Quality of Life Program, later in FP6 and FP7

Support from DG ECFIN, DG EMPL and DG SANCO
Aim & principles

• **Aim:**
  • Understand the *ageing process* in Europe...
    ...on the *individual* and the *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 *welfare state interventions*

• **Principle 3:** *Longitudinal* – since *ageing is a process in time*, not a state – ageing happens as time goes by
Principle 1

Context

Social
Living arrangements, partnership, family, social networks, social support

Economic
Income security, personal wealth, education

Health
Physical and mental, health care, disability, morbidity, mortality

Dynamic

Longitudinal
**Wave 1 participation (2004):**
11 countries: NL, DE, AT, DK, BE, FR, CH, SP, IT, GR, SE (+UK)

**Waves 2 and 3 (2006 and 08):**
plus CZ, PL, IE, IL: 15 countries

**Wave 4 participation (2010):**
plus EE, HU, SI, PT: now 20 countries

62,000 resps, 130,000 i’views

**Principles 2 & 3**

Mexico, Brazil, Argentina
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Main design challenges

Distinguish methodological effects from genuine policy effects:

- Different languages
- Different institutions
- Different interpretations
- Different methods

Ex ante/ex post harmonization
Different languages

- Generic survey instrument to conduct face-to-face Computer Assisted Personal Interviews (CAPI)
- Internet based translation tool (LMU)
- Online overview of country specifics
Different institutions

- **Contextual database**: institutional data on all areas of the questionnaire
- Varying not only over countries but also over time
- **Example: Education Policies** (Christelle Garrouste)
  - Collects education policies in Europe from 1830s
  - Lists major reform, both dates and content by pre-primary, primary, secondary, and tertiary school systems
objective measures of health help distinguishing actual differences in health from different response styles to extract genuine policy effects
Different methods

- **Sampling**: not really in our hands

- **Fieldwork**: very difficult to harmonize (delegation to private/public sector survey agencies)

- **Ex-post harmonization**: done centrally
  - E.g. gross-net-take home income
  - E.g. pension claims
Longitudinal: panel/life histories

- **Conventional panel design**
  - Takes time
  - Initial conditions (e.g. childhood health and SES) are important

- Asking **retrospectively** may not be perfect, but it is better than not knowing anything about the past

- **Design** challenges:
  - What do people remember easily?
  - How detailed can we be?

- Exploit previous **cognitive research**, use **electronic implementation** to help memory:
  - Life grid representation
  - Anchoring by using “landmark events”
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Organisational challenges

5 main nodes

20 country scientific partner institutions & 150+ scientists

20 independent survey agencies & about 2000 mostly free-lance interviewers

Synchronized schedule
Central data base management
Technical infrastructure
Many meetings & Internet
SHARE ERIC

- SHARE ERIC (Commission decision March 17, 2011)

- Participation
  - AT, BE, CZ, DE (coordination), IT, SI, NL, ES (current host), CH (observer)
  - DK, FR, PT intention to sign
  - All other countries still discussing

- What changed?
  - a new legal entity made for long term pan-European research infrastructures
  - a long term perspective (6 more panel waves up to 2024)
  - Streamlined procurement rules, VAT exemption

- However, still a rough road to have ERIC accepted as European instrument (ERIC data sets SHARE and ESS not members of the system of EU statistics)
Wave 5 funding during the debt crisis: Pretest & training done in all countries, but main field postponed to January:

- Funding for survey is still not secured in all countries
  - AT, BE, CH, CZ, DE, EE, ES, FR, IL, IT, LX, NL, SE, SI; IE, UK
  - DK, GR
  - HU, (PL), PT

- Long-term mechanism to fund the core (= data for EU comparison & policy) of a distributed infrastructure in order to sustainably create EU added value
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Self-reported Health and Care

- **General health**
  - Self-perceived, activity limitations (GALI), mobility, disability

- **Morbidity**
  - Prevalent diseases
  - Incident cases
  - Use of medicine

- **Behavioural factors**
  - Smoking, alcohol, physical activity, nutrition

- **Health care use**
  - Home care
  - Hospital treatment (in-/outpatients)
  - Informal care (giving/receiving)
  - Dentist
Objective Health

- **Screening tests**
  - depressive symptoms
  - cognitive impairment

- **Physical biomarkers**
  - Grip strength
  - Chair stand 5x
  - Lung function – Peak flow
  - Blood pressure
  - Waist circumference

- **Biological biomarkers – Dried Blood Spot Samples**
  - Diabetes (HbA1c)
  - Sarcopenia, and osteoporosis (Vitamin D)
  - Cardiovascular disease (Cholesterol)
  - Frailty and low-grade inflammation (C-reactive protein and cytokines)
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Data use and publications

Free data access for scientific use: www.share-project.org

About 3200 users, over 650 publications
Northern Europeans are healthier, happier and wealthier but Southern Europeans live longer.
The socio-economic gradient of health

odds ratio

- Heart attack
- Stroke
- Hypertension
- Diabetes
- Cancer
- Lung disease
- Hip fracture
- Arthritis
- Poor health
- ADL
- Death

[Graph showing the socio-economic gradient of health with odds ratios for various health conditions.]
The socio-economic gradient of developing poor health by country w2 – w4

By wealth

By education

N ~ 12,000
Mental retirement

Use pension policies as instruments to isolate causal direction

Cognition by Percent Not Working for Pay, 60–64 Year-Old Men and Women, Weighted

Slope: -4.9
Cross-cutting policy results

- **Guglielmo Weber: Parental status and Retirement income**
  Importance of intergenerational linkages: Books in parental home increase early earnings. Effects persist onto later earnings.

- **Mathis Schröder: Health and Employment**
  Experience of redundancy reduces health at retirement. Unemployment benefits appear to reduce this effect.

- **Agar Brugiavini: Work and Retirement I**
  Gaps in employment history reduce retirement income. Maternity benefits first increases female labour force participation, thus retirement income, but U-shape pattern

- **Johannes Siegrist/Morten Wahrendorf: Work and Retirement II**
  Work quality improves health at retirement. Active labour market policies are associated with higher work quality and thus better health

- **Nicolas Sirven: Health Care Utilisation in Europe**
  Doctor density helps to improve preventive care, positive effects on health at retirement. Could reduce health disparities across Europe.

- **Radim Bohacek/Michal Myck: Histories of War**
  Strong effects of persecution on later-life health and income situation
The crisis

....there is still a lot more
to happen,
and to find out!

- e.g., on the long-term effects of the crisis and effectiveness of policy interventions (old age poverty, health, labor market participation,...)
- especially in countries with funding problems