

Survey of Health, Ageing and Retirement in Europe (SHARE) Scientific Team -SHARE-Luxembourg

Maria Noel PI ALPERIN (Country Team Leader) Gaetan de LANCHY (Operator) Nathalie LORENTZ (Operator) Jordane SEGURA (Legal Support)

What is SHARE?

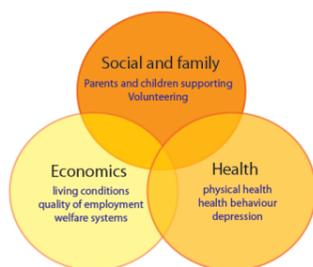
The Survey of Health, Ageing and Retirement in Europe (SHARE) is a **multidisciplinary** and **cross-national panel** database of micro data on health, socio-economic status and social and family networks of more than 85,000 individuals from 20 European countries (from Scandinavian to the Mediterranean and in Israel) aged 50 or over. SHARE responds 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".

During 2013, all countries have collected data for the fifth wave of SHARE. Luxembourg participates for the first time in this wave.

How SHARE works?

- **Cross-nationality:** SHARE proposes a database with harmonized variables to facilitate the comparability between countries.
- **Longitudinal:** Since 2004, SHARE is a biannual survey. This facilitates the understanding of the ageing process.
- **Interdisciplinary:** Near 700 questions concerning health, economics, social and family themes to analyze the demographic process from different perspectives.

Three majors domains of research



1. Social and family

- The **Coverscreen** allows identifying the household and details its composition: name, gender, year and month of birth, marital status, among many others.
- The **Demographics** module complements the Coverscreen with various elements such as education, nationality and the commune.
- The **Social Network** module focuses on the respondent's most frequent social relationships, such as family members, neighbors, colleagues and friends.
- The **Children** module collects information on the respondent's children and spouse, namely gender, year of birth, marital status, education, employment and geographical proximity to the respondent.
- The **Mutual and Services** module examines the different types of aid and care received or given by the respondent.
- The module **Activities and Well-being** focuses on all activities (volunteering, sports) carried out by the respondent, their frequency and the satisfaction they provide.

2. Health:

- **Physical Health** module collects information on self-perception health and declared diseases by the respondents.
- The **Risky Behaviors** module focuses on the consumption of tobacco and alcohol, the practice of physical activities and other risky behaviors.
- In the **Cognitive Skills** module, the interviewer tests the memory, degree of concentration and the ability to make some current calculations of the respondent.
- The **Mental Health** module deals with the emotional health and sense of well-being of the respondent. In particular, it identifies symptoms of depression or anxiety.
- The **Health Care** module enumerates the respondent's visits to specialists, dentists, hospitalization, surgery, home care.
- Several physical tests complement the Physical Health module: **Grip Strength of the hand, Raised Chair, Breath Test, Speed.**

3. Economics conditions:

- The **Employment and Pensions** module collects information on the respondent occupation and income level depending on whether the respondent is active (business, schedules, job satisfaction) or not (age and circumstances of retirement, details of the last job).
- The **Financial Transfers** module focuses on all donations received or made during the last twelve months, their amounts, the reasons for such donations.
- The **Housing** module describes the size and characteristics of the dwelling (ownership, lease or loan made, rent paid).
- The **Household Income** module collects information on the income level of the other members of the family.
- The **Consumption** module looks into the self-consumption habits of the respondent and food expenditure (at home or outside).
- The **Heritage** module evaluates the financial and non-financial assets and liabilities of the household.



Policy and research publications

Nearly 850 scientific publications. More 3,500 users worldwide are identified.

Articles:

- Albertini, M. and A. Garriga. (2011). *The effect of divorce on parent-child contacts: Evidence on two declining effect hypotheses.* *European Societies* 13(2): 257-278.
- Angelini, V., A. Laferrère and G. Weber. (2013). *Home-Ownership in Europe: How did it happen?* *Advances in Life Course Research* 18(1): 83-90.
- Bagod'Uva, T., M. Lindeboom, O. O'Donnell and E. van Doorslaer. (2011). *Education-related inequity in health care with heterogeneous reporting of health.* *Journal of the Royal Statistical Society - Series A* 174(3): 639-664.

Policy papers:

- Börsch-Supan A., A. Chtoi-Domińczak and V. Skirbekk. (2012). *Riding the population wave: Policy options for the ageing baby-boomer generation in Europe.* *Population Europe Policy Brief* (4). Berlin.
- Bonneux, L., N. van der Gaag, G. Bijwaard, E. Mot, and P. Willemé. (2012). *Demographic epidemiologic projections of long-term care needs in selected European countries.* *ENEPRI Policy Brief* (8). Brussels.
- Herlofson, K., G. Hagestad, B. Slagsvold and A.-M. Sørensen. (2011). *Intergenerational family responsibility and solidarity in Europe.* *Multilinks deliverable* (4.3). NOVA, Oslo.

Books:

- Börsch-Supan, A., M. Brandt, H. Litwinand G. Weber (Eds). (2013). *Active ageing and solidarity between generations in Europe: First results from SHARE after the economic crisis.* Berlin: De Gruyter.

Some results of Wave 4 were published in June 2013

- Many older people have little wealth, especially in Southern and Eastern European countries. These individuals lack the buffer necessary to sustain economic shocks such as those caused by the crisis. Poverty is highest in Eastern Europe and in the Mediterranean countries, correlating strongly with the deterioration of a broad set of measures describing the quality of life.
- Poor health is more common in Eastern European countries. The SHARE data show that institutional differences (e.g. in education, income support and health care provision) have a major impact on health disparities. They must be addressed to increase healthy - and therefore also active - ageing in Europe.



- With government finances under pressure, family and non-family help becomes more important. There are, however, large regional differences in intergenerational and peer solidarity in Europe. People in the North have the diverse social networks, while those in the East and South rely more on the family.

