Introduction to SHARE Wave 4

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In a nutshell

- > 60,000 respondents from 16 countries (new: EE, HU, PT, SI)
- Regular panel questionnaire on economics, health, and family
- New social network module
- ... and pilot projects (DE)
  - Additional biomarkers: dried blood spots, height, waist circumference, blood pressure
  - Interviewer survey
    - Attitudes, interview expectations
  - Linkage to administrative pension data
    - Validation, additional information, reduce respondent burden
- Nonresponse experiment
  - Monetary incentives, training, door step questionnaire
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
Innovations Wave 4: biomarkers

- New biomarkers: dried bloodspots
  - Cholesterol, CRP / Vitamin D:
    Risk of cardiovascular diseases / fractures
    (pre-disease information)
  - HbA1c: diabetes

- 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
more than 350 articles with SSCI ranking, for all 850 publications see www.share-project.org
The new book: overview results

- Europe is still divided in many respects
  - Less wealth and more poverty in the South and East
  - Poorer health in the South and East
  - Diverse social networks in the North and West, family networks in the South and East
Figure 3.3: Fraction of households in financial distress
Notes: 21,102 observations
Source: SHARE Wave 4 release 1

Cavasso, Weber
Health: 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
**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
Changes over time

- The crisis hit frail people most
  - It was associated with less retirement & a higher liquidation of assets
  - Individuals with low education, low income, poor health and single females particularly affected
  - The crisis had negative effects on health, especially in areas with rising unemployment

- Social networks are an important buffer
  - 50+ Europeans continue to be ‘givers’ rather than ‘receivers’ of support
  - Participation in social activities leads to a reduction of depression
  - Active & healthy ageing associated with a country`s social cohesion
Some more details next

- The crisis: income, wealth and consumption
  edited by Guglielmo Weber
  - Maja Adena, Michał Myck: Poverty and transitions in key areas of quality of life
- Work and retirement: challenges at the end of working life
  edited by Axel Börsch-Supan
  - János Divényi, Gábor Kézdi: Low employment among the 50+ population in Hungary: the role of incentives, health and cognitive capacities
Active and healthy ageing
edited by Martina Brandt

Tabea Bucher-Koenen, Fabrizio Mazzonna: The recent economic crisis and old-age health in Europe

Social embeddedness and intergenerational solidarity across the life course
edited by Howard Litwin

Agar Brugiavini, Raluca Elena Buia, Giacomo Pasini, Francesca Zantomio: Long-term care and reciprocity: does helping with grandchildren result in the receipt of more help at older ages?
SHARE - Survey of Health, Ageing and Retirement in Europe

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 (approximately 150,000 interviews) from 10 European countries (+Israel) aged 50 or over.

The data are available to the entire research community free of charge. For a summary overview of SHARE, you can download the SHARE brochure.

SHARE responds to a Communication by the European Commission calling to "enhance the possibility of establishing, in co-operation with Member States, a European Longitudinal Aging Survey". SHARE has become a major pillar of the European Research Area, selected as one of the projects to be implemented in the European Strategy Forum on Research Infrastructures (ESFR) in 2008 and given a new legal status as the first ever European Research Infrastructure Consortium (SHARE-Eric) in March 2011.

SHARE is centrally coordinated by Axel Börsch-Supan, Ph.D. at the Munich Center for the Economics of Aging (MEa), Max Planck Institute for Social Law and Social Policy. It is harmonized with the U.S. Health and Retirement Study (HRS) and the English Longitudinal Study of Ageing (ELSA) and has become a role model for several ageing surveys worldwide. SHARE’s scientific power is based on its panel design that grasp the dynamic character of the ageing process. SHARE’s multi-disciplinary approach delivers the full picture of the ageing process. Rigorous methodological guidelines and scoring ensure an extant harmonized cross-national design.

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www.share-project.org
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