

The Survey of Health, Ageing and Retirement in Europe

Karen Andersen-Ranberg MD, PhD

Specialist consultant in Internal Medicine:Geriatrics

Associate Professor in Ageing Epidemiology

SHARE Country Team Leader (Denmark)

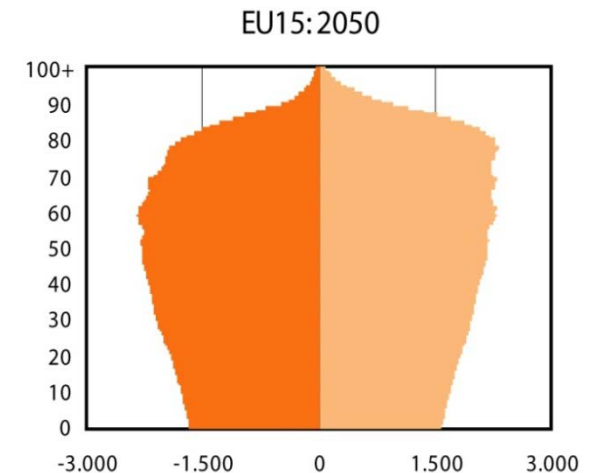
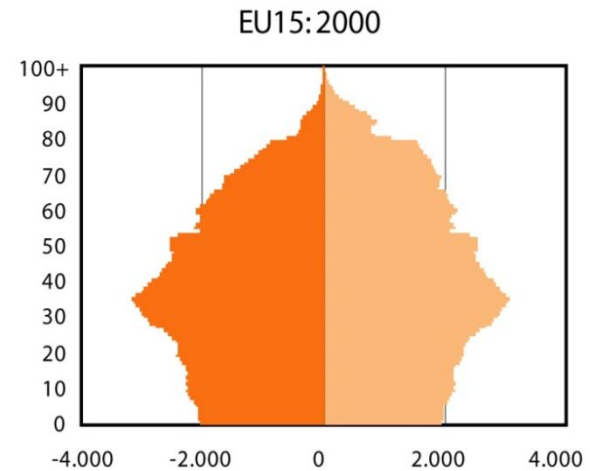
SHARE Health Area Coordinator

EGHI meeting - Luxembourg, 30. May 2013

Faculty of Health Sciences

- ▶ **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**
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- ▶ **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 co-operation 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

Economic

Income security, personal wealth, education

dynamic

longitudinal

Social

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

Health

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

Principles 2 & 3



Wave 1 participation (2004):

11 countries: NL, DE, AT, DK, BE, FR, CH, SP, IT, GR, SE (+UK)

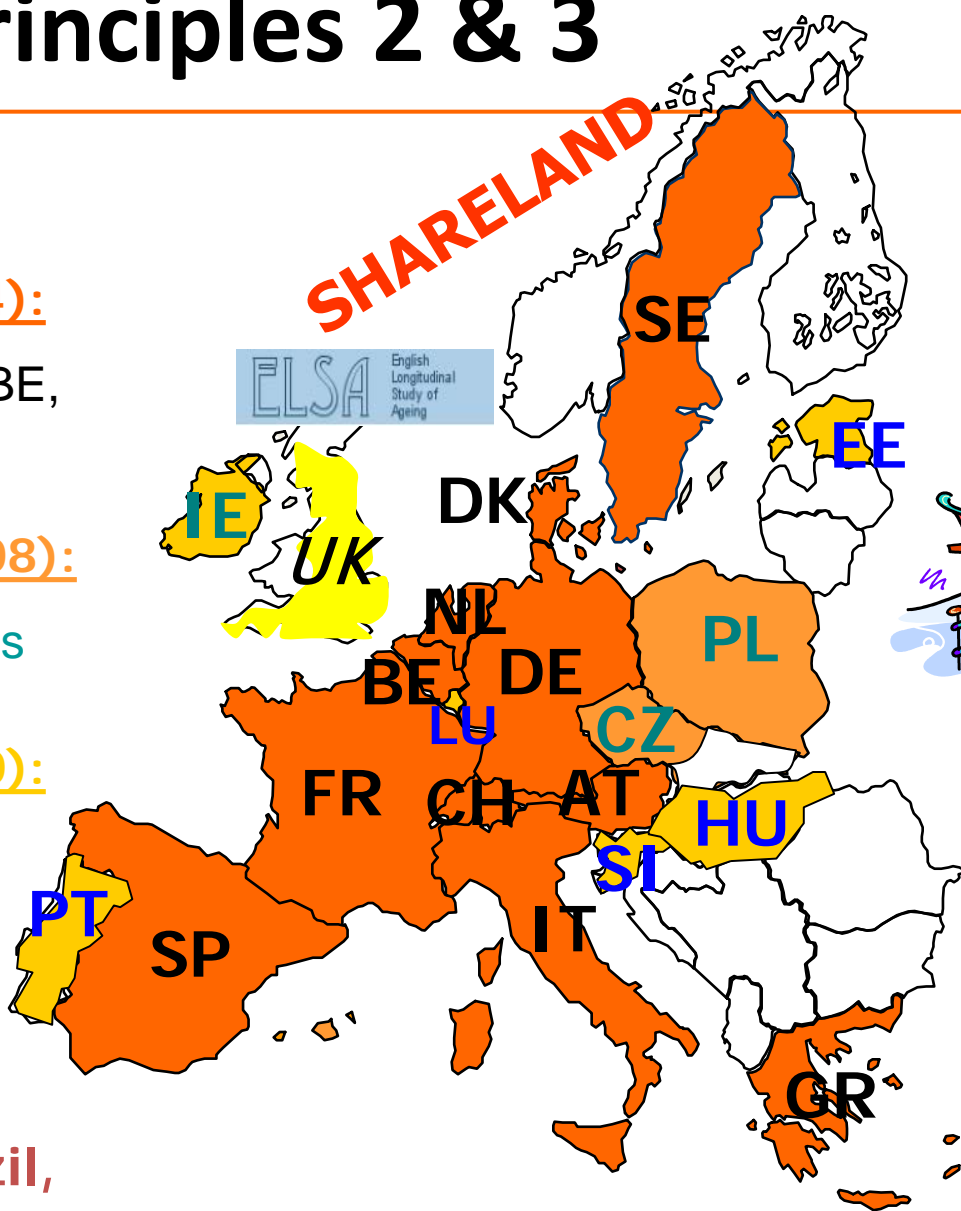
Waves 2 and 3 (2006 and 08):

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



**Korea
Japan
China**



India



**Mexico, Brazil,
Argentina**

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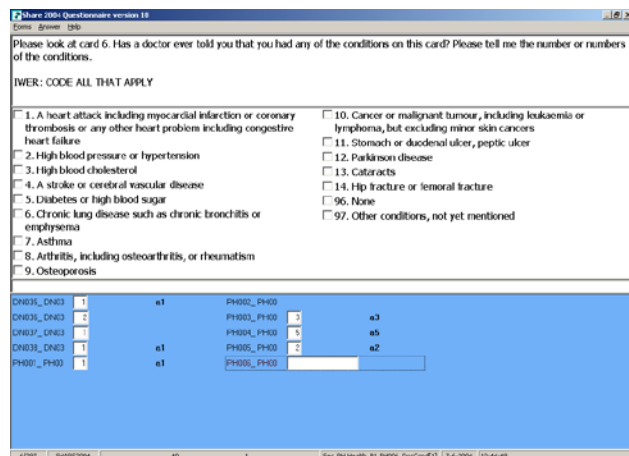
Distinguish methodological effects from genuine policy effects:

- 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)**



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.

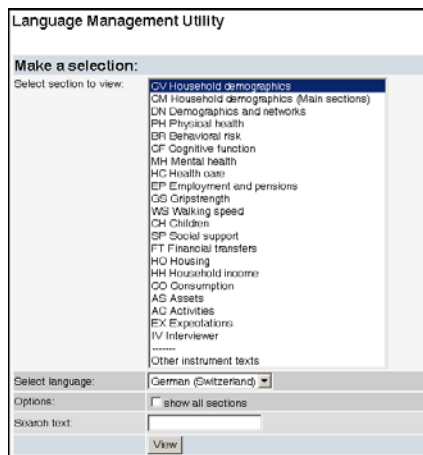
IWER: CODE ALL THAT APPLY

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
 15. None
 16. Other conditions, not yet mentioned

DN035_DN03	1	a1	PH001_PH00		
DN035_DN03	2		PH001_PH00	2	a3
DN037_DN03	1		PH001_PH00	5	a5
DN033_DN03	1	a1	PH005_PH00	2	a2
PH001_PH00	1	a1	PH001_PH00		

➤ **Internet based translation tool (LMU)**



Language Management Utility

Make a selection:
 Select section to view:

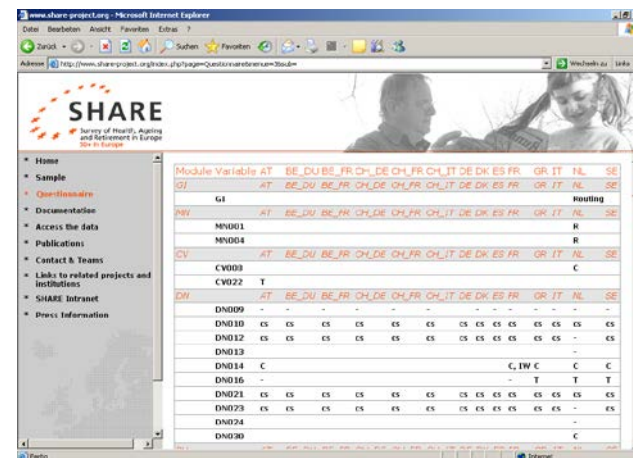
- OH Household demographics**
- OH Household demographics (Main sections)
- DN Demographics and networks
- PH Physical health
- BR Behavioral risk
- CF Cognitive function
- MH Mental health
- HC Health care
- EP Employment and pensions
- GS Grip strength
- WS Walking speed
- CH Children
- SP Social support
- 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:

➤ **Online overview of country specifics**



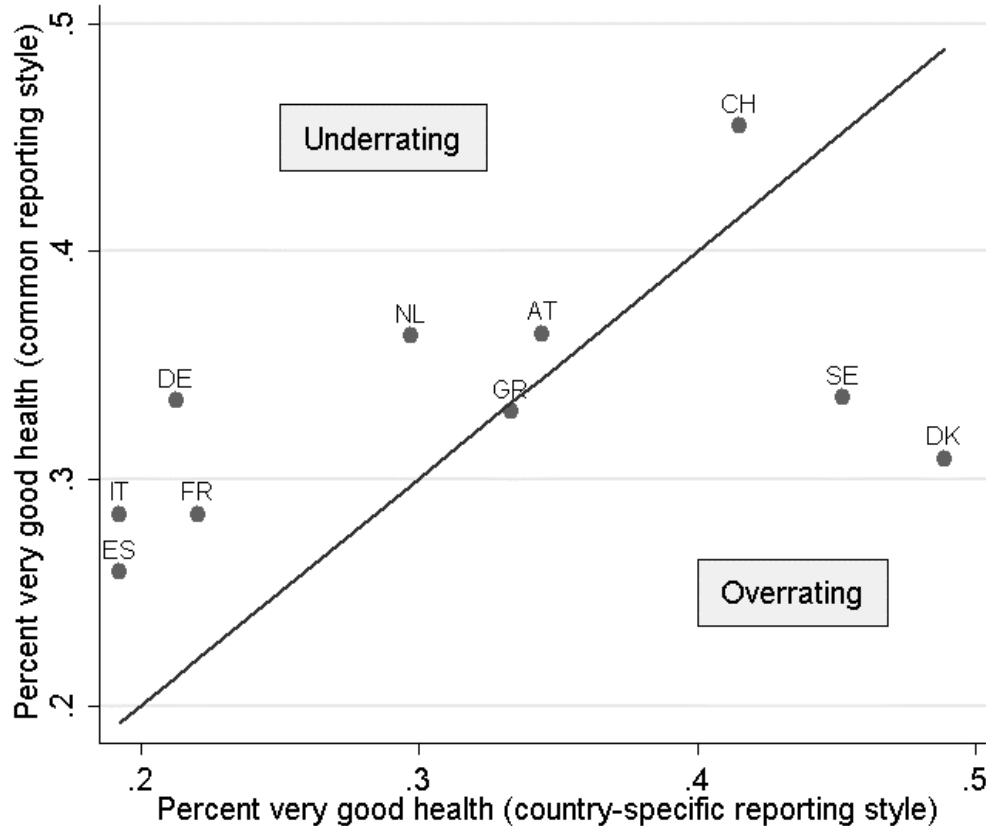
SHARE
Survey of Health, Ageing and Retirement in Europe

Module	Variable	AT	BE	DU	BE_FR	CH	DE	CH_FR	CH_IT	DE	DK	ES	FR	GR	IT	NL	SE
GI																	
GI																	
NW																	
MND01																	
MND04																	
CV																	
CV003																	
CV022	T																
DN																	
DN009																	
DN010	ES	ES	ES	ES	ES	ES	ES	ES	ES	ES	ES	ES	ES	ES	ES	ES	ES
DN012	ES	ES	ES	ES	ES	ES	ES	ES	ES	ES	ES	ES	ES	ES	ES	ES	ES
DN013																	
DN014	C													C, TW	C	C	C
DN016														T	T	T	T
DN021	ES	ES	ES	ES	ES	ES	ES	ES	ES	ES	ES	ES	ES	ES	ES	ES	ES
DN023	ES	ES	ES	ES	ES	ES	ES	ES	ES	ES	ES	ES	ES	ES	ES	ES	ES
DN024																	
DN030																	

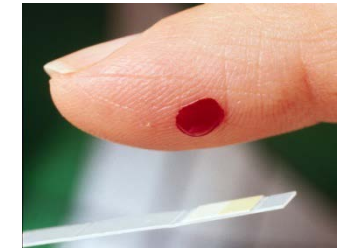
Different institutions

- **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

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

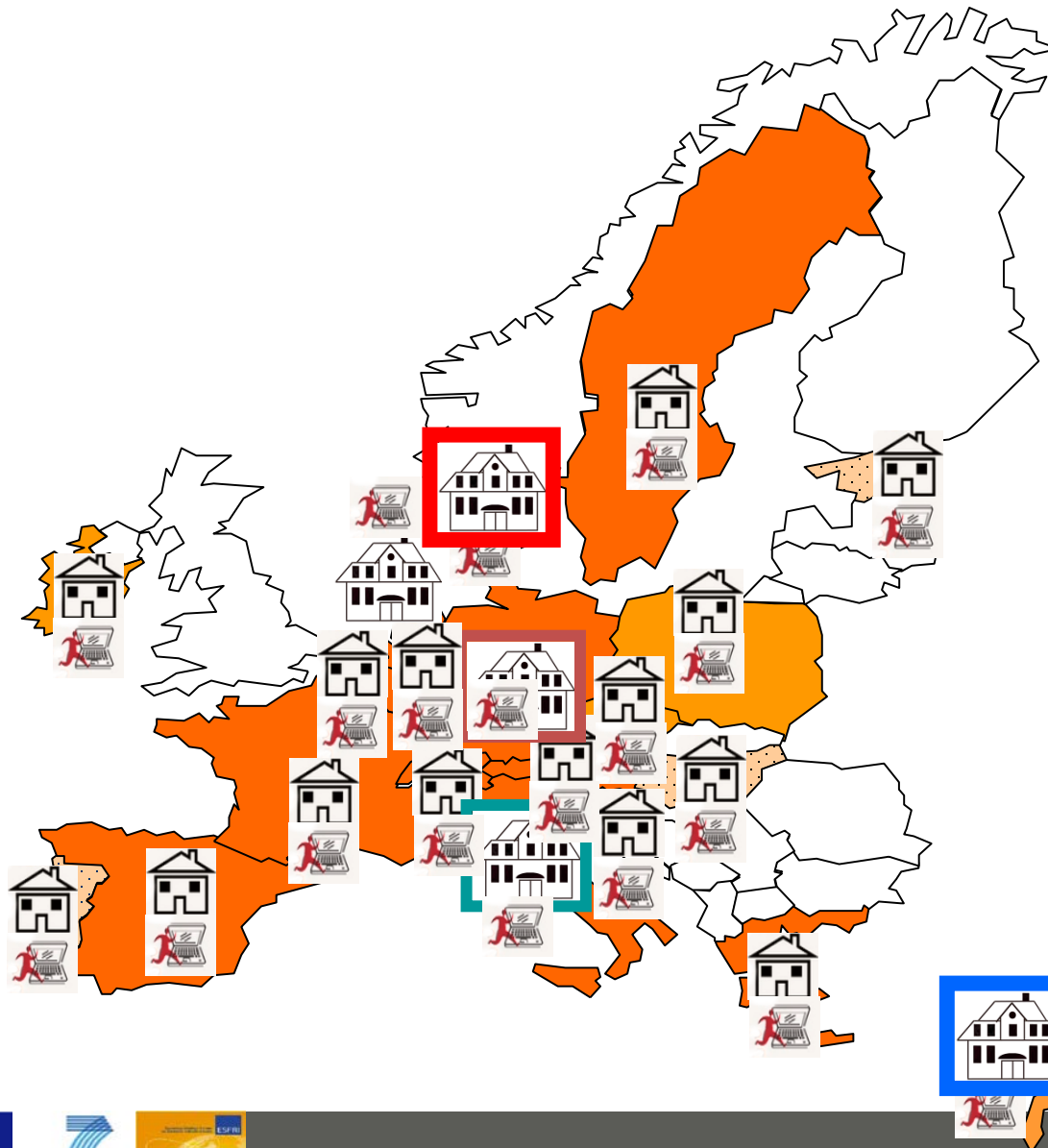
Different methods

- **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

- **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**



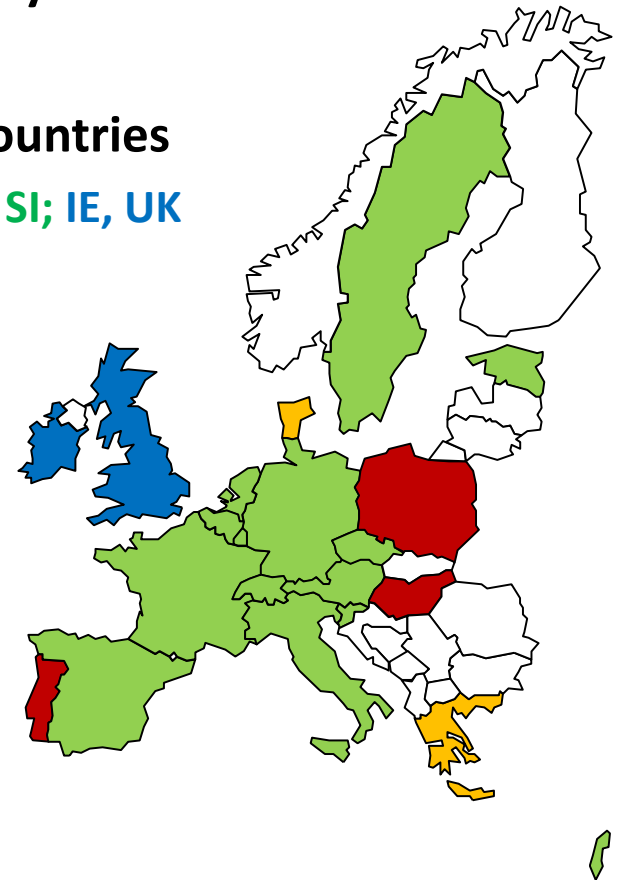
- ▶ SHARE ERIC (Commission decision March 17, 2011)

- ▶ 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

- **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**

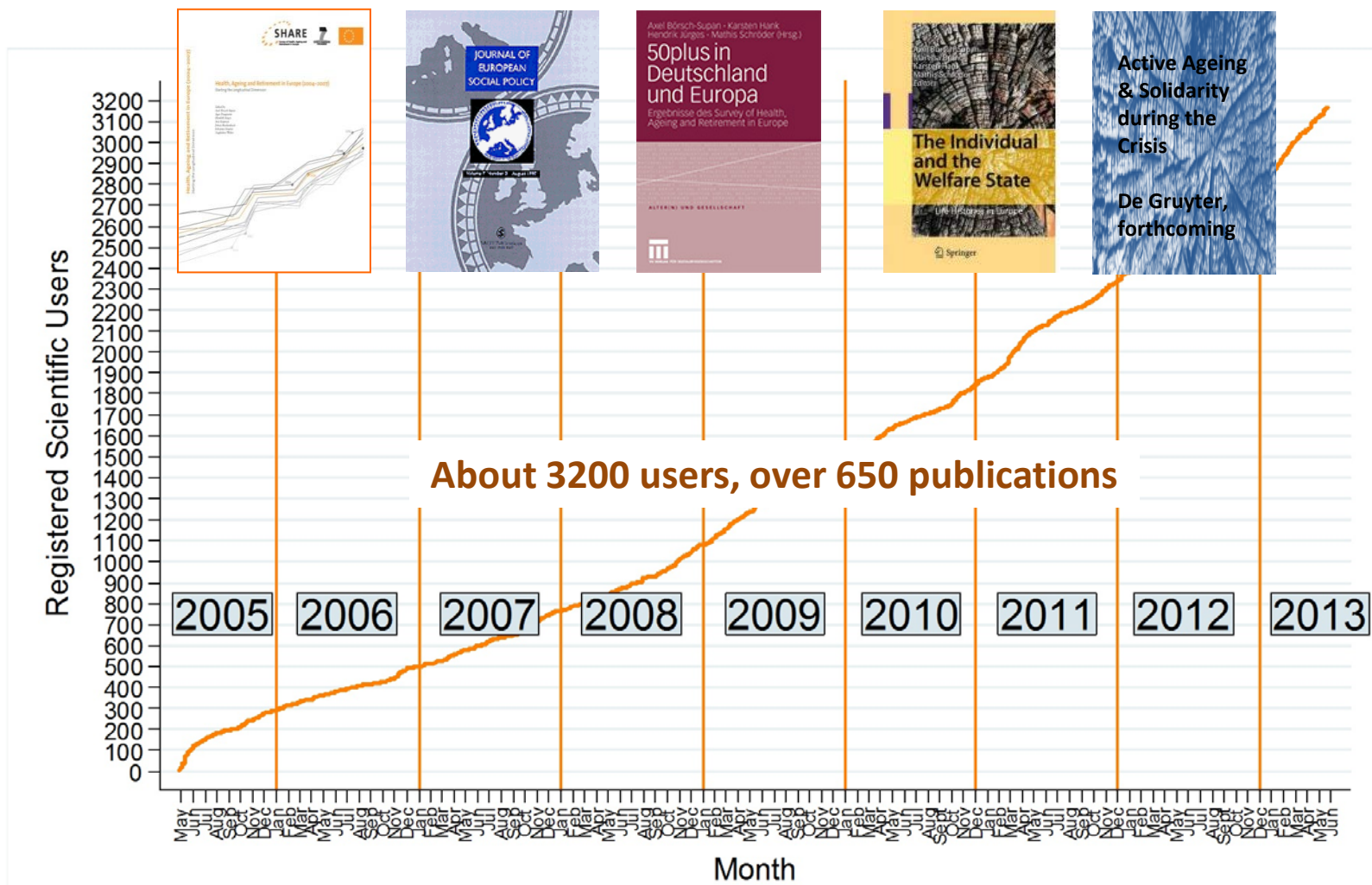
- Diabetes (HbA1c)
- Sarcopenia, and osteoporosis (Vitamin D)
- Cardiovascular disease (Cholesterol)
- Frailty and low-grade inflammation (C-reactive protein and cytokines)



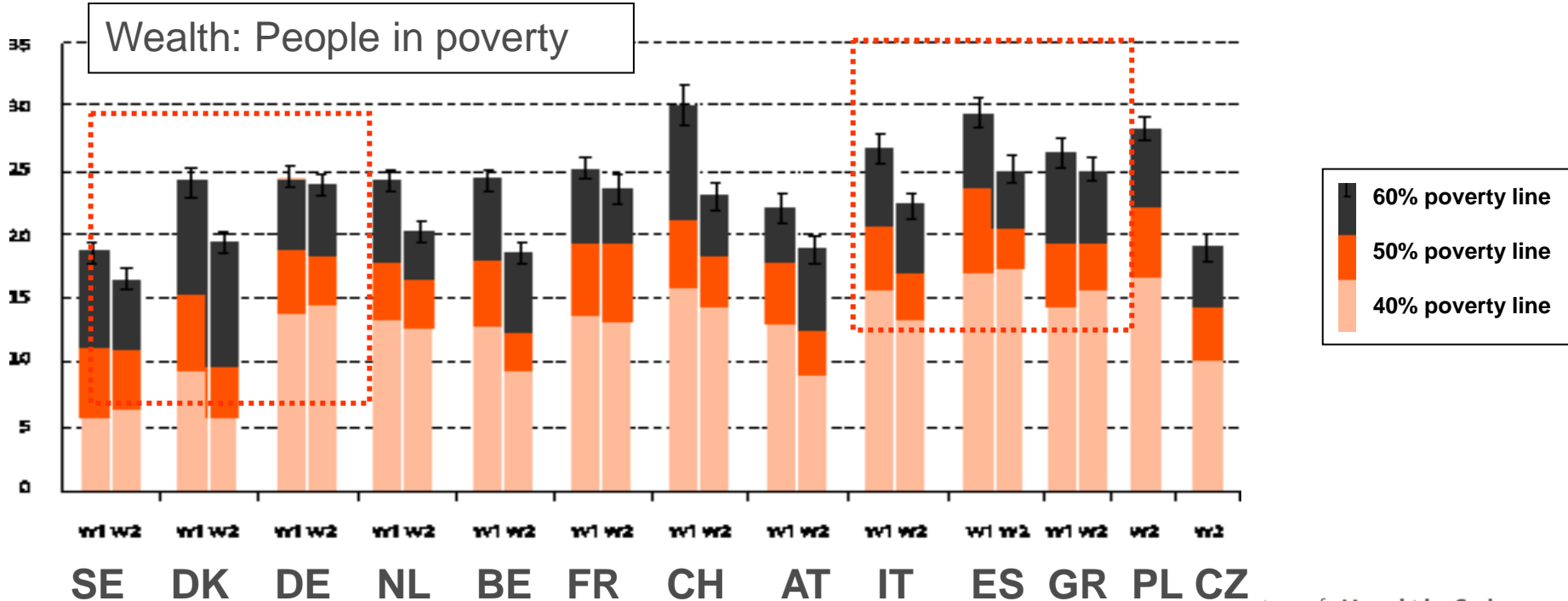
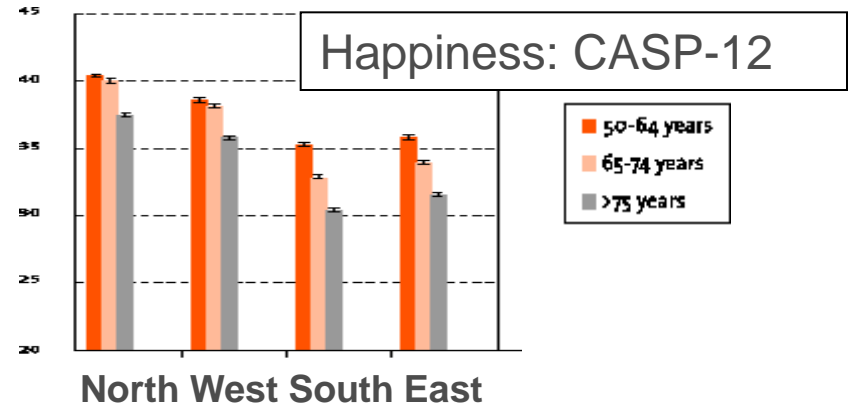
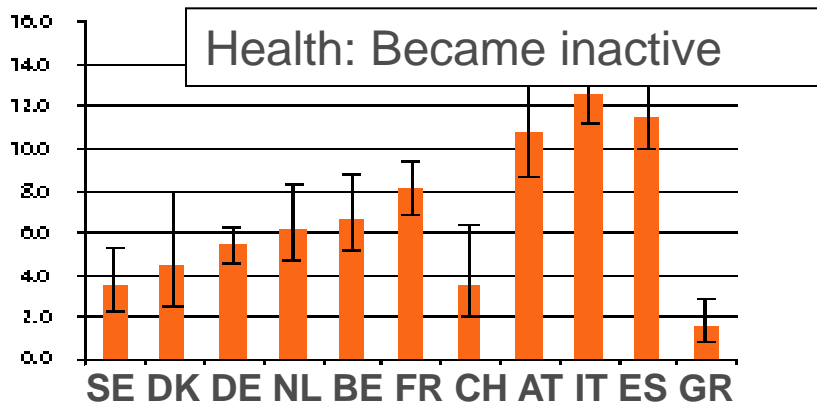
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Data use and publications

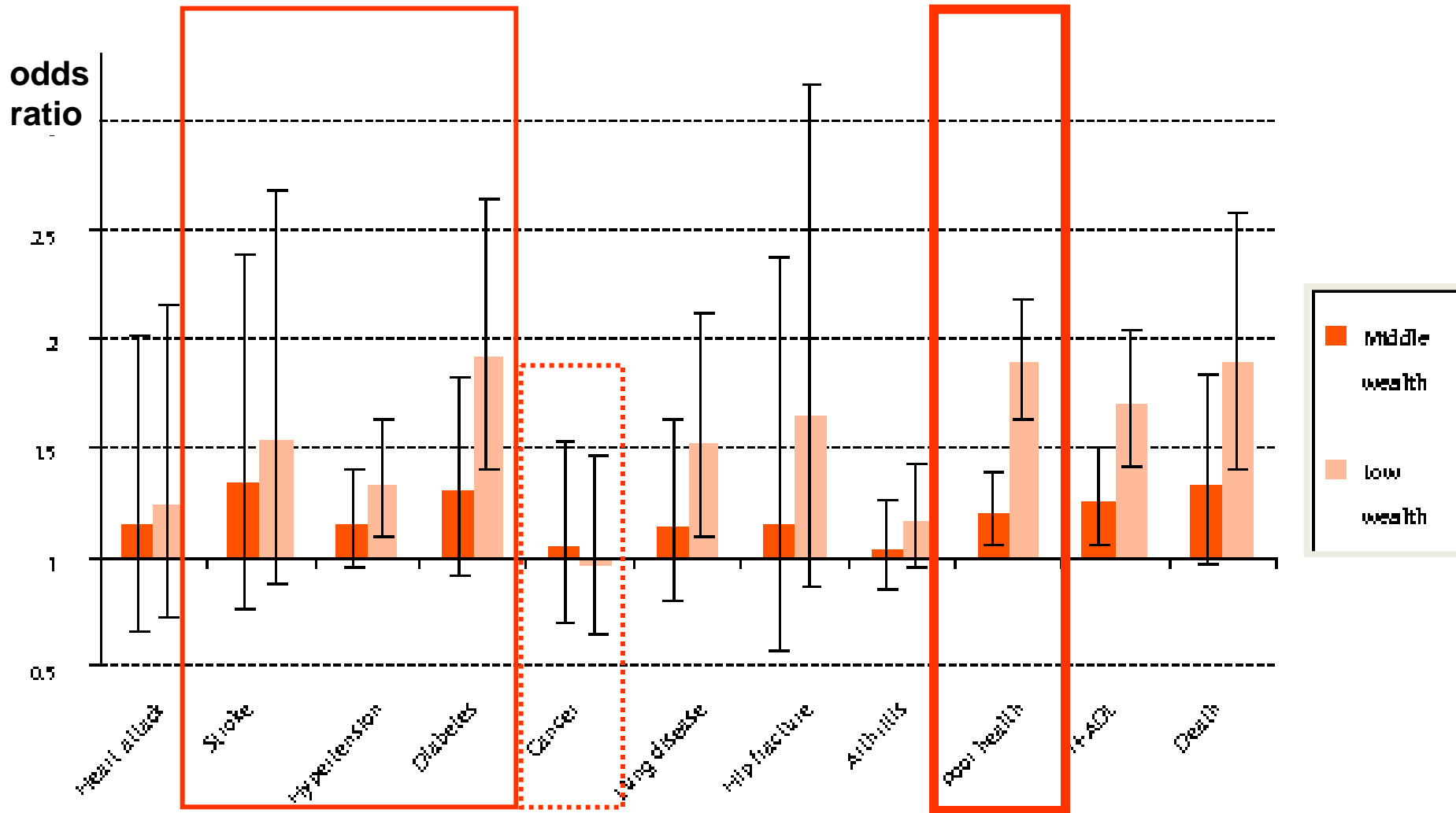
Free data access for scientific use: www.share-project.org



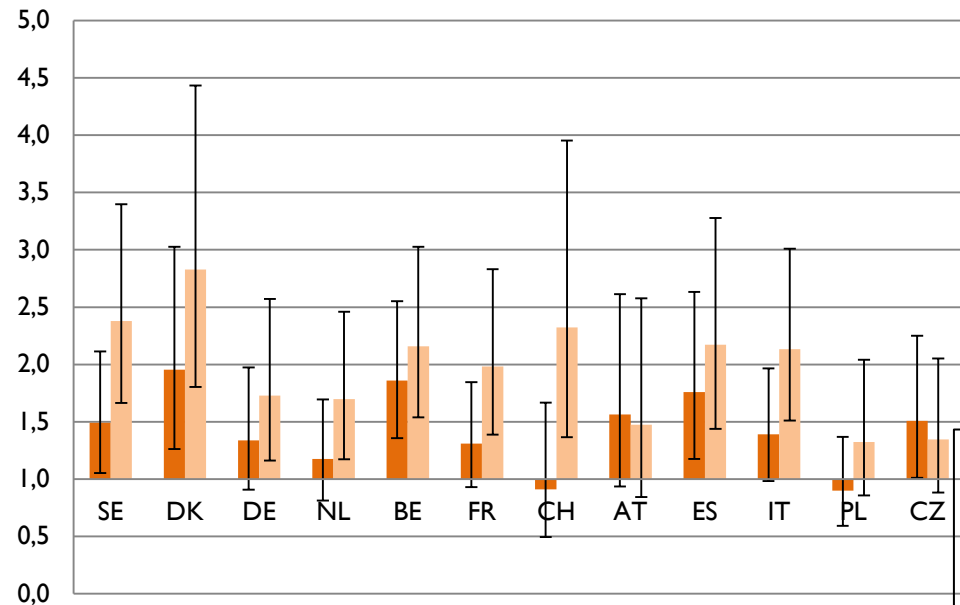
Northern Europeans are healthier, happier and wealthier but Southern Europeans live longer



The socio-economic gradient of health



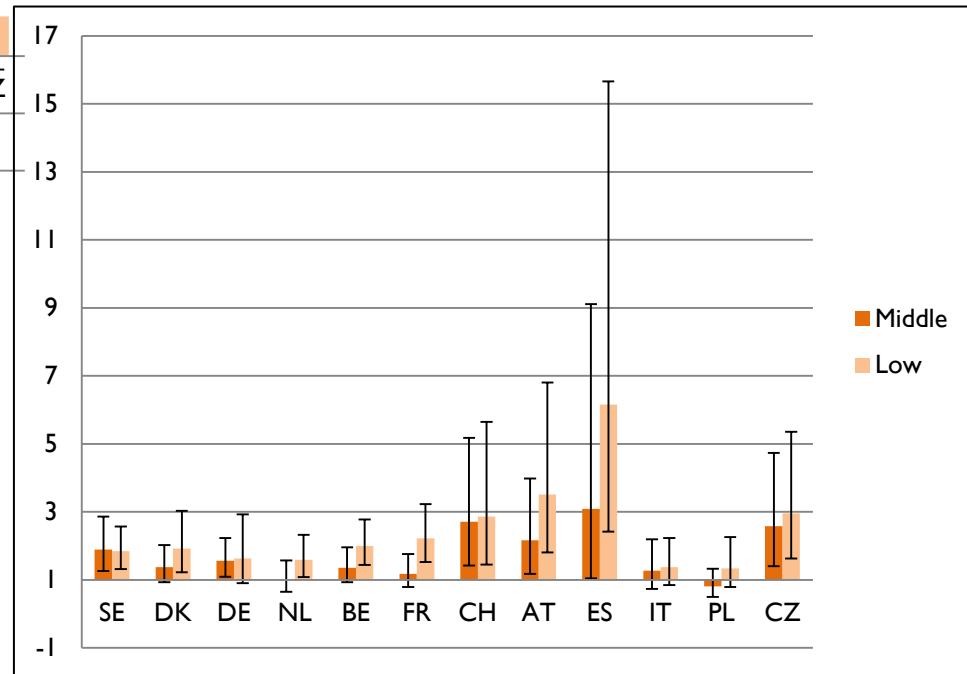
The socio-economic gradient of developing poor health by country w2 – w4



By wealth

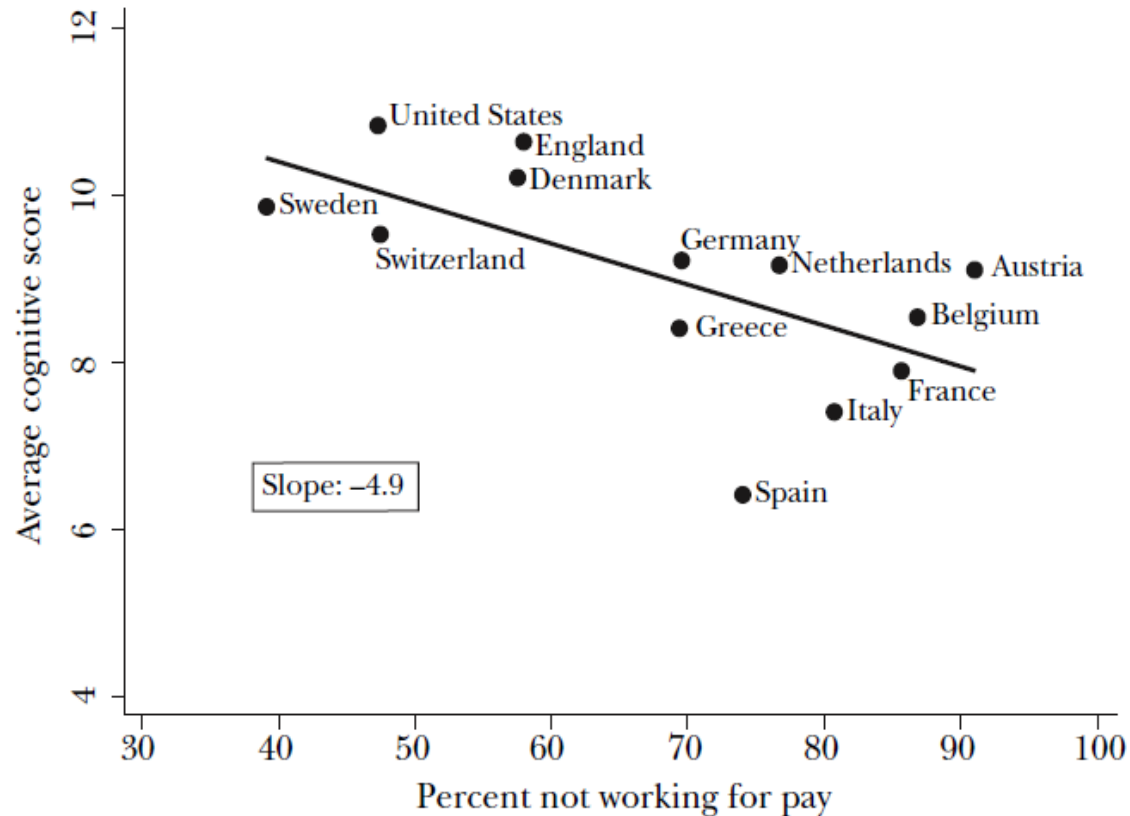
By education

N = ~ 12,000



Mental retirement

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



Use pension policies as instruments to isolate causal direction

Cross-cutting policy results

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