



SHARE and SHARELIFE
The collection of longitudinal data
on older adults in Europe

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Evidence to Policy
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Contents:

1. Very brief **introduction of SHARE**

- *Conventional **panel** approach: every two years standard instrument, 2004-2006-2008-2010 ... 2024*
- ***SHARELIFE histories**: retrospective data*

2. Methodology and potential of **life-history data**

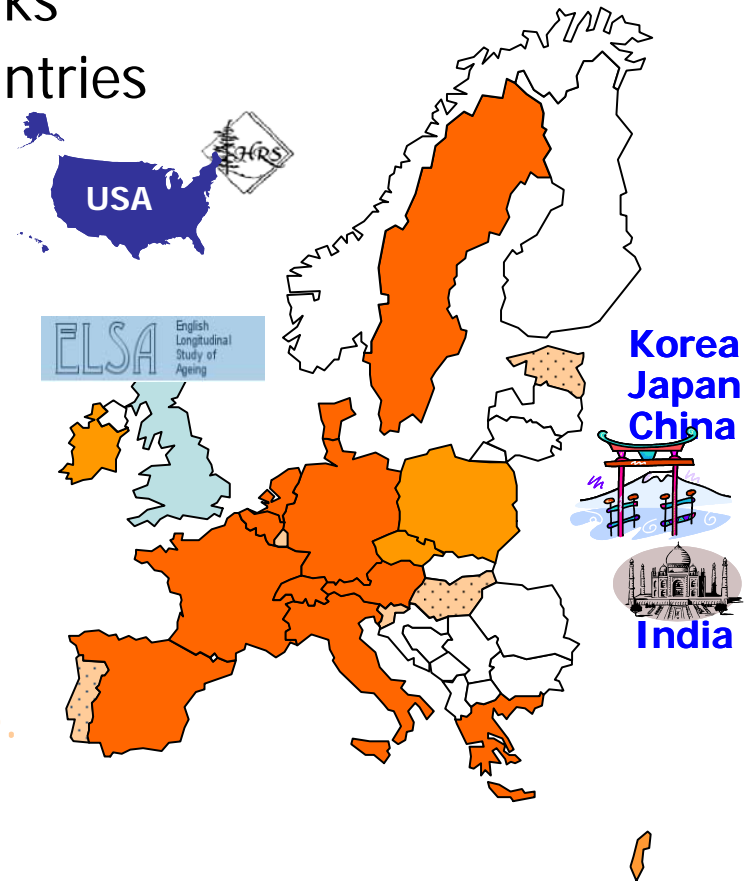
3. From evidence to policy: example of **disability insurance**

- *Some **panel** results*
- *and some preliminary results using the **life histories***



Survey of Health, Ageing and Retirement in Europe

- ▶ Health, Economics, Social Networks
- ▶ Age 50+ in various European countries
- ▶ Wave 1: 11 countries (2004)
SE, DK, NL, DE, BE, FR,
CH, AT, ES, IT, GR
- ▶ Wave 2: 15 countries (2006)
+ IE, CZ, PL, IL
- ▶ Wave 3: Life histories (2008)
- ▶ Wave 4: 20 countries (2010)
+ PT, LUX, SV, HU, EE
sample extension: ~120.000 resp.
- ▶ *Future: All EU 27 + CH, IL*





Interdisciplinary breadth

1. Health variables:

- Self-reported health
- Self-reported conditions
- Physical functioning (ADLs, IADLs, walking speed/chair stand, grip strength, peak flow)
- Mental health and cognition tests
- Health behaviors (smoking, eating, drinking, activities)
- Health insurance coverage and service utilization
- *Vignettes*
- *Biomarkers (dried blood spots, blood pressure, height, waist...)*

The challenge of cross-national comparability (2)

“Would you say your health is ...?”

	<i>Very good</i>	<i>Good</i>	<i>Fair</i>	<i>Bad</i>	<i>Very bad</i>
Austria	18.4	43.6	28.6	7.4	2.1
Germany	11.4	44.8	31.5	10.1	2.3
Sweden	28.7	35.9	25.7	7.7	2.0
The Netherlands	18.4	51.0	24.8	5.0	0.8
Spain	9.7	39.9	33.6	13.1	3.7
Italy	8.4	41.6	37.6	10.2	2.3
France	14.3	50.0	26.5	6.9	2.3
Denmark	25.1	44.4	22.0	5.5	2.9
Greece	23.2	40.9	28.3	6.1	1.6
Switzerland	33.7	46.7	16.5	2.7	0.5

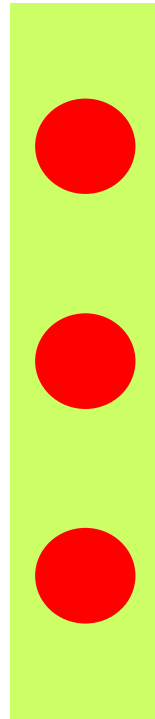


⇒ objective measures of health (e.g. **grip strength**) help distinguishing actual differences in health from different response styles ...

Biomarkers in SHARE Germany



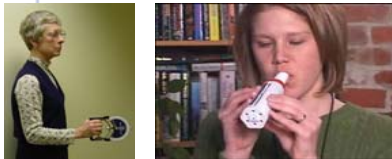
→ e.g. adipositas



→ **HbA1c**
⇒ e.g. diabetes

→ **Cholesterin**
⇒ e.g. cardio-vascular diseases

→ **C-reactive protein**
⇒ e.g. cardio-vascular diseases,
acute inflammation, stress



→ e.g. risk of invalidity (ADL),
cardio-vascular diseases, mortality



Interdisciplinary breadth

2. Economic variables:

- Current work activity and job characteristics (job demands, flexibility, hours worked, opportunities to work past retirement age)
- Employment history and accumulated pension rights in all pillars
- Sources and composition of current income

3. Family and Social Network:

- Family and social network (inner to outer circle, size)
- Intergenerational exchange of assets, money and time
- Proximity and intensity, loneliness
- Activities (work, shopping, amusement,...),



- ▶ **Initial conditions** are important:
 - ▶ Especially health and SES trajectories are driven by childhood experiences
 - ▶ Also some evidence of health causing later SES
- ▶ Asking **retrospectively** may not be perfect, but it is better than leaving it as is
- ▶ Where does the **variation** in life history data come from?
 - ▶ “**Family**” (education/genetic) background
 - ▶ Institutional background (“**welfare state**”)
 - ▶ Over time within country
 - ▶ Across countries



- ▶ Questions during the **design** process:
 - ▶ What do people remember easily?
 - ▶ How detailed can we be?
- ▶ Previous **cognitive** research:
 - ▶ Rare life events are easy: children and partners
 - ▶ Job and accommodation: more difficult
 - ▶ Health and health care usage: nearly impossible
- ▶ **Electronic implementation** of design elements helps **memory**:
 - ▶ Life grid representation
 - ▶ Anchoring by using “landmark events”



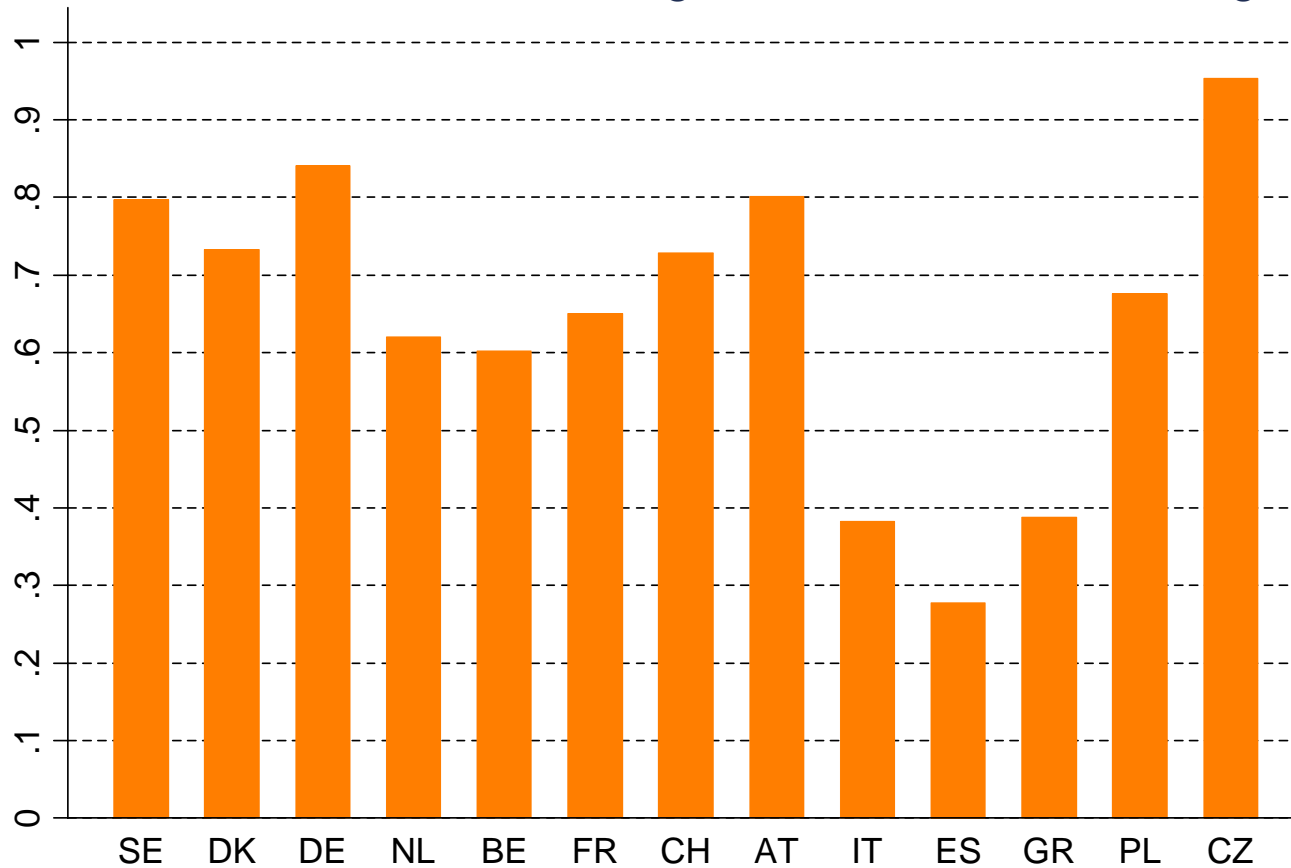
- ▶ SHARELIFE [data](#) were collected up to Summer 2009
- ▶ Currently in data preparation process
- ▶ A [First Results Book](#) is in preparation with preliminary data

- ▶ Release of the data: [16 November 2010](#) with the new EU-Commissioner in Brussels

- ▶ [Here](#): get a first glimpse of variation and possibilities inherent in the data

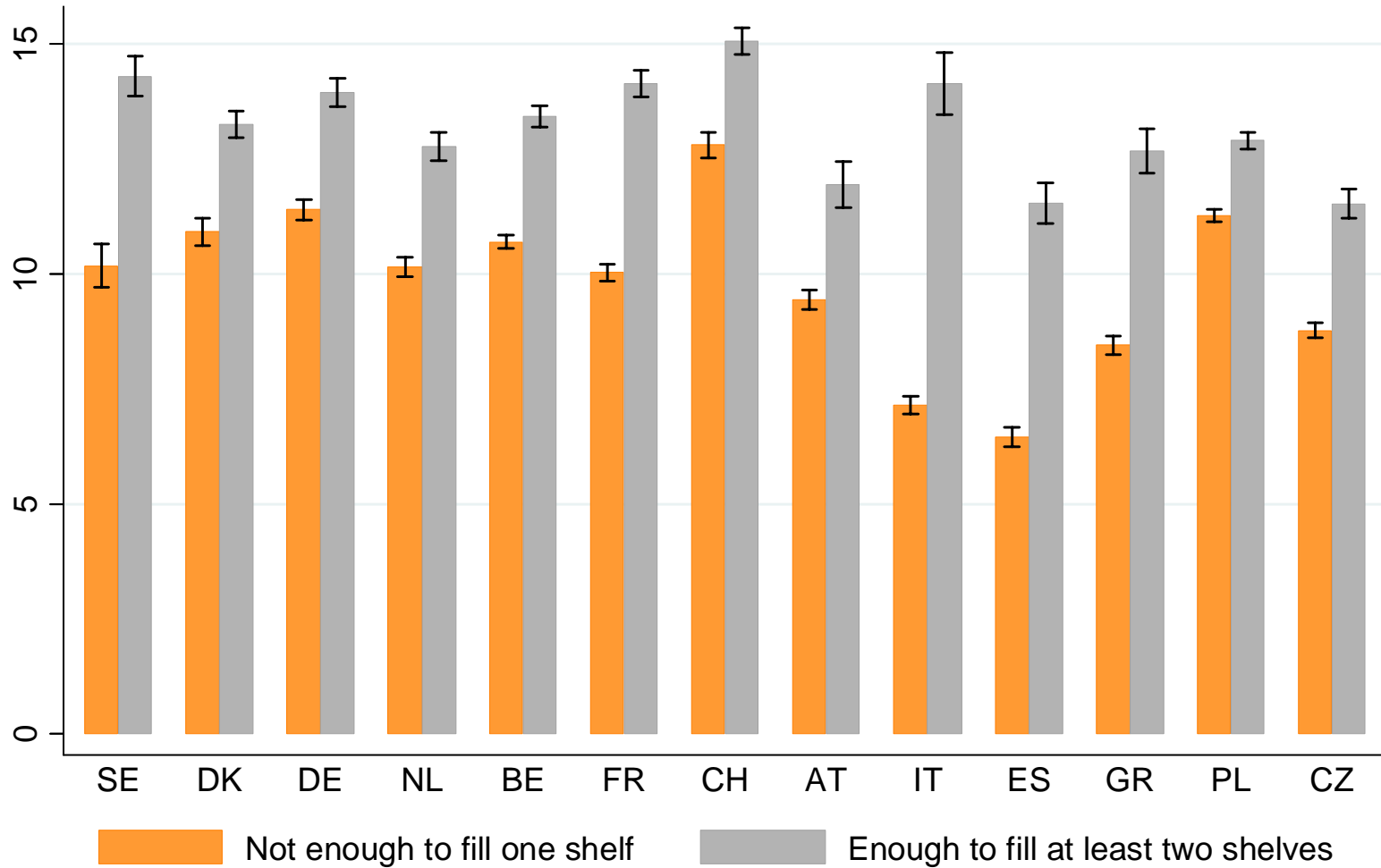


Fraction of women working at the time of childbearing



Source: Brugiavini et al., preliminary FRB version

Number of Books at 10

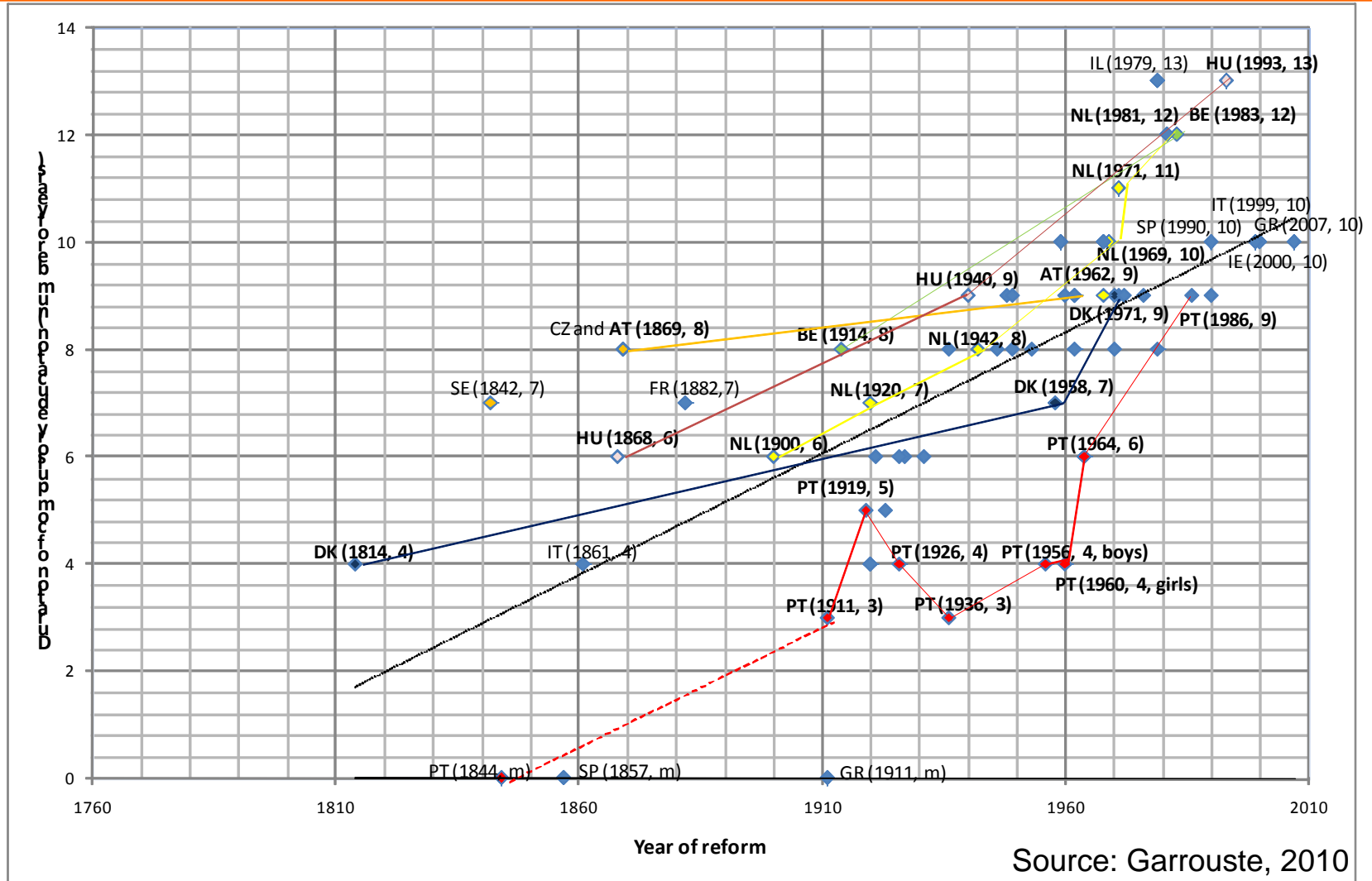


Source: Cavapozzi et al., preliminary FRB version



- ▶ The full value of SHARELIFE is in its **interaction with the welfare state**
- ▶ **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

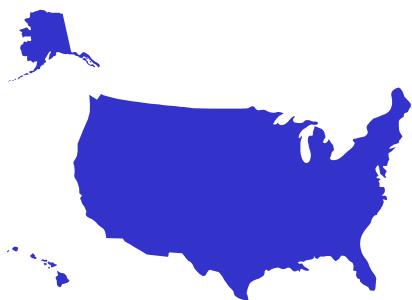
Compulsory Education: Reforms



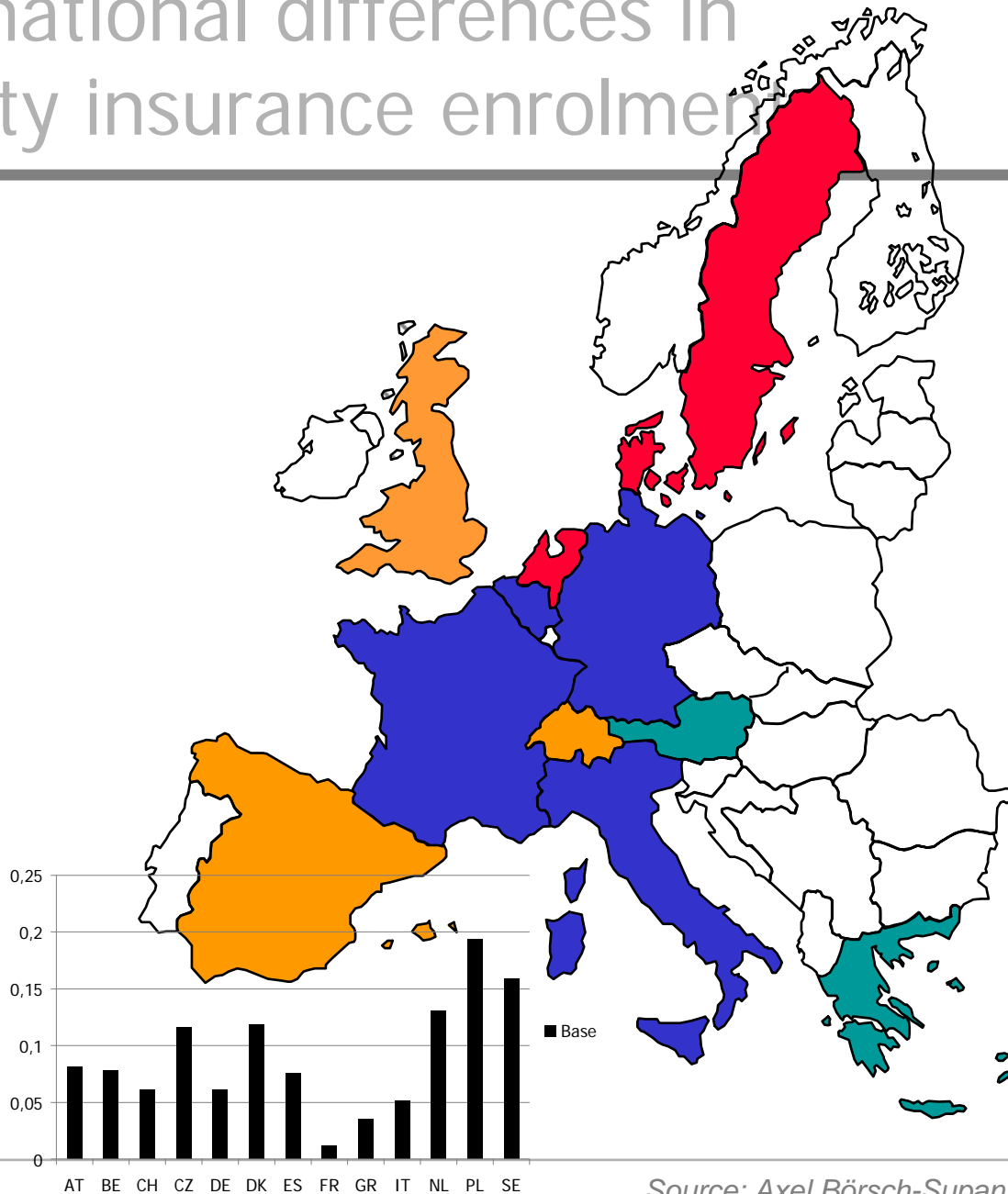
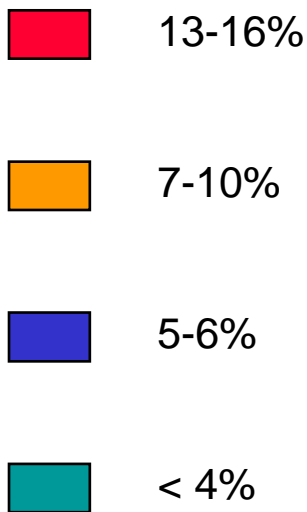
Source: Garrouste, 2010



Cross-national differences in disability insurance enrolment

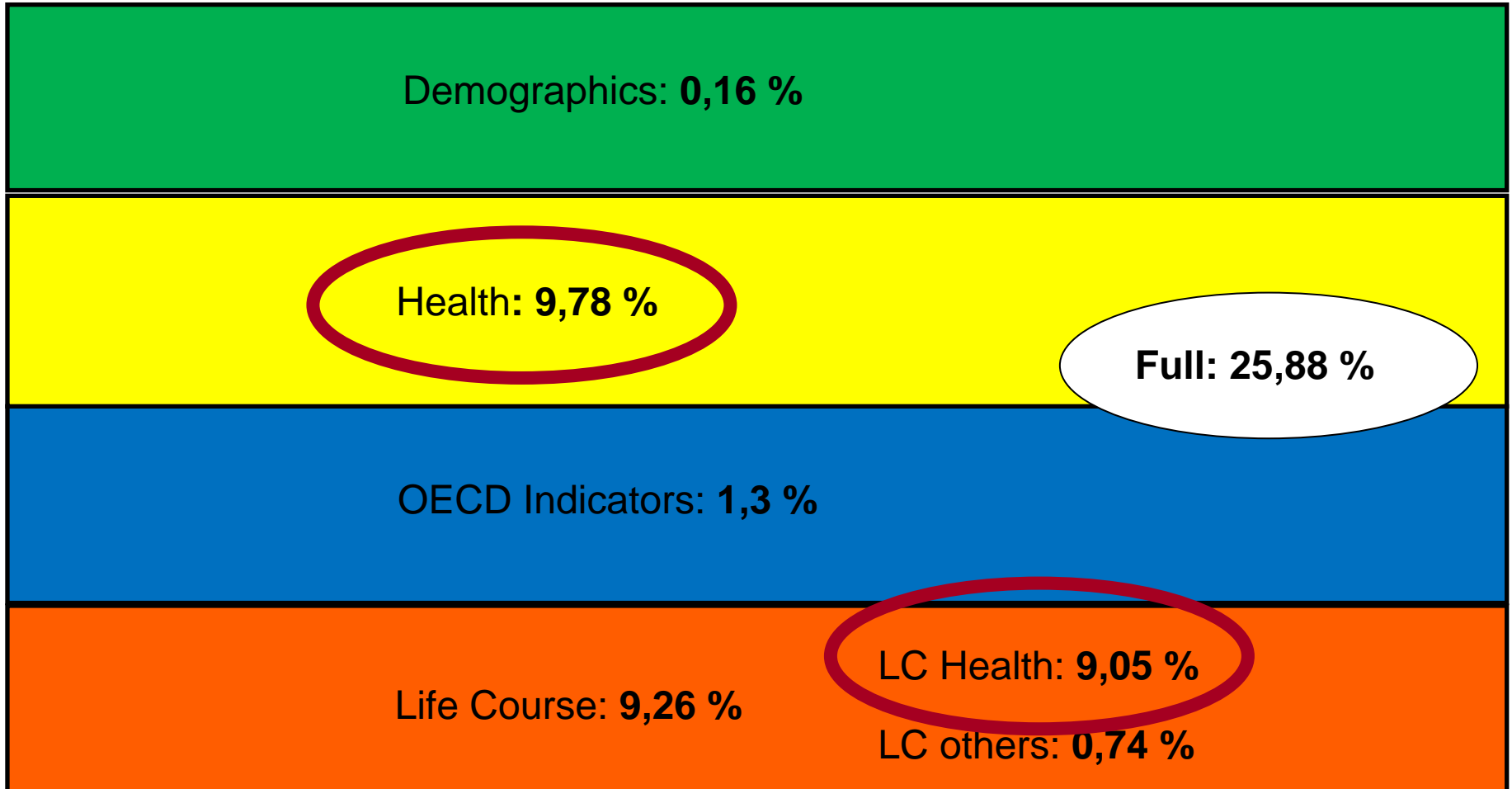


Disability insurance enrolment (age 50-65)



Source: Axel Börsch-Supan

- **Demographic characteristics** (age and gender)
- **Health:**
 - current self-reported health;
 - current functional physical status: ADL, IADL, grip strength, walking speed;
 - current mental health status: CES-D, 10-word recall
- **-- childhood and life course health indicators**
- **Generosity of the disability insurance:**
coverage, minimum disability level required, benefit generosity, medical assessment, vocational assessment



Simulation of DI benefit reciprocity

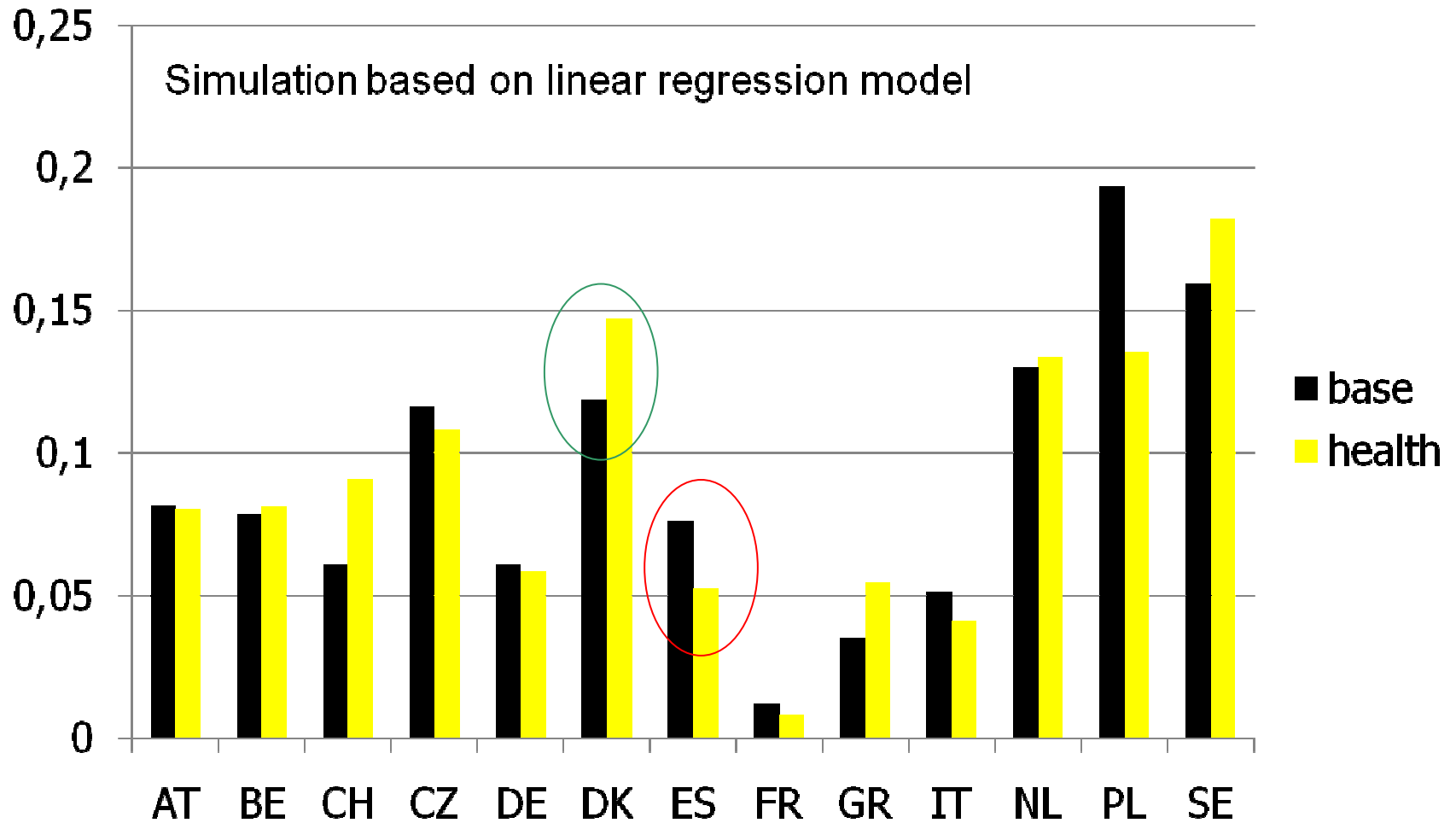


Table 12: New enrolment in disability insurance enrolment as function of health changes

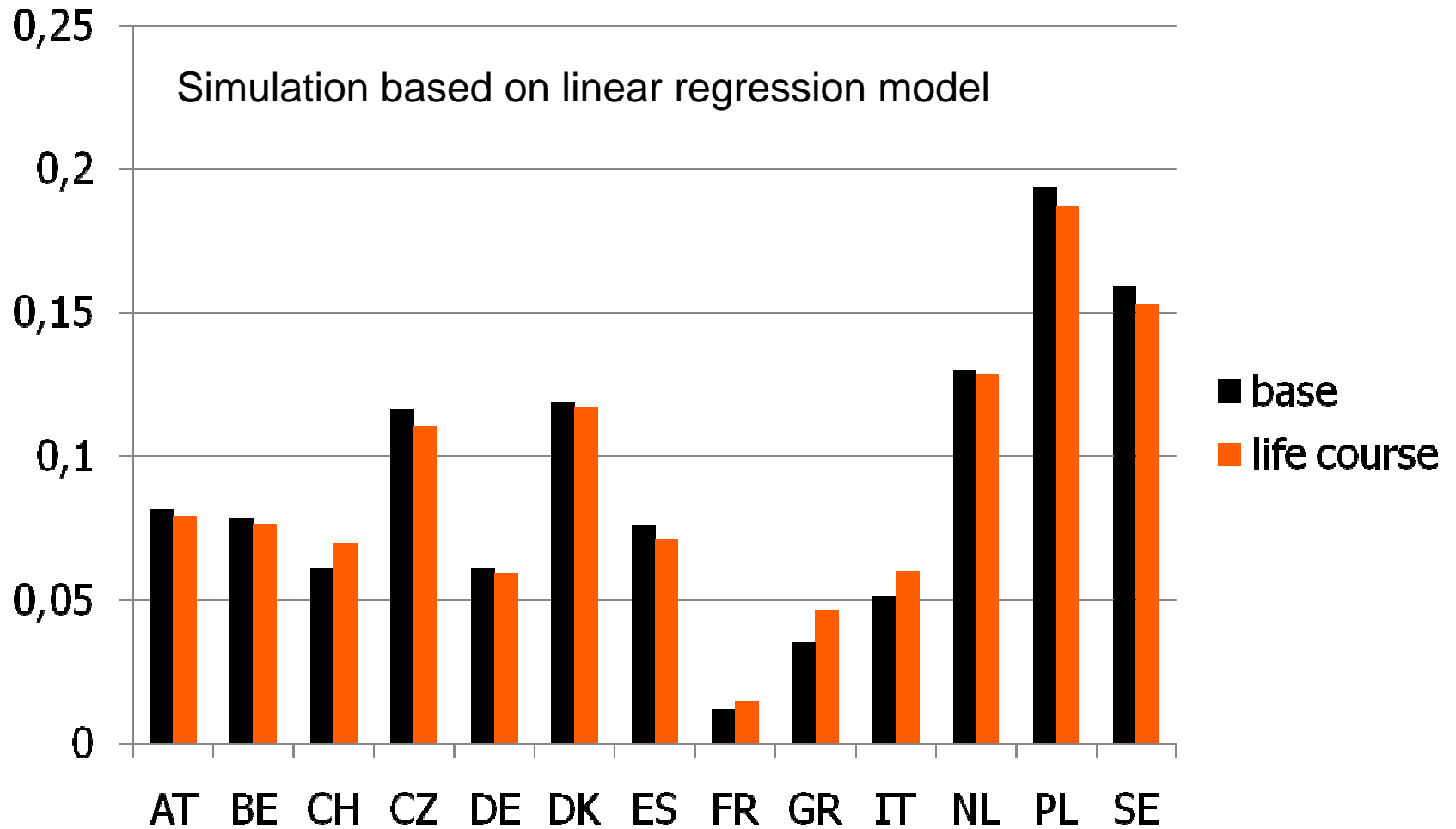
Logistic regression

Number of obs = 8155
 LR chi2(4) = 20.88
 Prob > chi2 = 0.0003
 Pseudo R2 = 0.0079

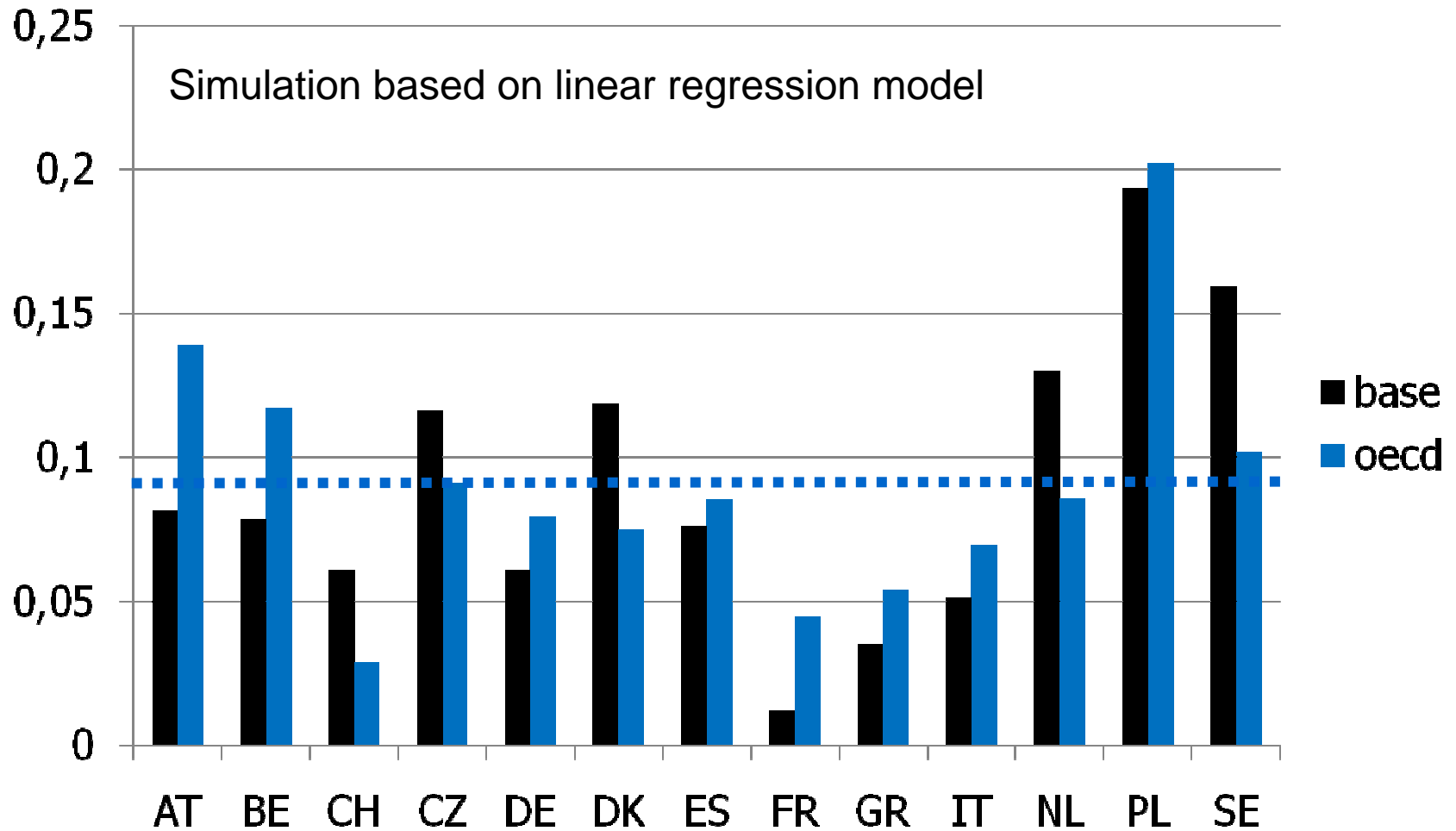
Log likelihood = -1304.0013

D_dis2	Coef.	Std. Err.	z	P> z	[95% Conf. Interval]
D_eurod	.0157195	.0295816	0.53	0.595	-.0422593 .0736984
D_gali	.3922463	.1227093	3.20	0.001	.1517405 .6327522
D_sphus	.144492	.0640435	2.26	0.024	.0189691 .2700149
D_maxgrip	-.0016301	.0093825	-0.17	0.862	-.0200194 .0167592
_cons	-3.281405	.0615506	-53.31	0.000	-3.402042 -3.160768

Simulation of DI benefit recipiency



Simulation of DI benefit recipiency





▶ **Methodology:**

- ▶ **Panel** takes long time, attrition problems
- ▶ **Life histories** may have recall biases, but appear to work

▶ **DI example:**

- ▶ Current and life course variables explain **intra-national** differences well
- ▶ **Cross-national** differences in DI benefit reciprocity not well described by health
- ▶ Variables describing **generosity of DI system** remain the key explanation of cross-national differences, even after correcting for current as well as life course health