

SHARE, THE SURVEY OF HEALTH, AGEING AND RETIREMENT IN EUROPE

Ageing affects all of us, both as individuals and as societies. As individuals, ageing is an emotional topic because it affects us so profoundly. For most people, after a period of stability during midlife, retirement and old-age present renewed uncertainty with new life phases. Concerned about declining health and deteriorating productivity, we worry about what life will be like after retirement. Part of this uncertainty stems from the great variety of individual ageing processes.

Understanding how the ageing process will affect us and the unique effect of aging on European countries stemming from cultural differences, historically grown societal structures and distinct public policy approaches is an important task for researchers in economics, social sciences and public health in order to turn the challenges of population ageing in Europe into opportunities.

SHARE is a unique and innovative multidisciplinary and cross-national panel database of micro data on health, socioeconomic status and social and family networks of more than 45,000 individuals aged 50 or over. While its development process started only in 2002, SHARE has by now become one of the crucial pillars of the European Research Area.

Eleven countries have contributed data to the 2004 SHARE baseline study. They are a balanced representation of the various regions in Europe, ranging from Scandinavia (Denmark and Sweden) through Central Europe (Austria, France, Germany, Switzerland, Belgium and the Netherlands) to the Mediterranean (Spain, Italy and Greece). Further data were collected in 2005–06 in Israel. Two ‘new’ EU member states – the Czech Republic and Poland – as well as Ireland joined SHARE in 2006 and participated in the second wave of data collection in 2006–07. The survey’s third wave, SHARELIFE, has collected detailed retrospective life-histories in fourteen countries in 2008–09. SHARE is scheduled to include all EU member countries, with Finland, Hungary, Portugal and Slovenia scheduled to participate in the project’s fourth wave in the years 2010–11.

SHARE is harmonised with the US Health and Retirement Study (HRS) and the English Longitu-

dinal Study of Ageing (ELSA). Studies in Japan, Korea, China, and India follow the SHARE model. Its scientific power is based on its panel design that grasps the dynamic character of the ageing process. SHARE’s multi-disciplinary approach delivers the full picture of the ageing process.

Data collected include health variables (e.g., self-reported health, health conditions, physical and cognitive functioning, health behaviour, use of health care facilities), biomarkers (e.g., grip strength, body-mass index, peak flow), psychological variables (e.g., psychological health, well-being, life satisfaction), economic variables (current work activity, job characteristics, opportunities to work past retirement age, sources and composition of current income, wealth and consumption, housing, education), and social support variables (e.g., assistance within families, transfers of income and assets, social networks, volunteer activities).

SHARE contributes to informing public policies. It expands our knowledge on important topics:

- Economic wellbeing before and after retirement,
- the relation of early retirement to the quality of work,
- unused work capacity,
- volunteering,
- parent-child relations,
- reciprocity between adult generations,
- health inequality,
- depression,
- relationship between education and health and
- obesity.

SHARE is coordinated centrally at the Mannheim Research Institute for the Economics of Aging (MEA). Researchers may download the SHARE data free of charge from the projects website at <http://www.share-project.org>

W.O.

Reference

SHARE, Survey of Health, Ageing and Retirement in Europe, 50+ in Europe, *Tackling the Demographic Challenge*.