



SHARE

*** Survey of Health, Ageing
and Retirement in Europe
50+ in Europe**

Tackling the Demographic Challenge

The Survey of Health, Ageing and Retirement in Europe

“SHARE has become a world-class example of a research infrastructure.”

Daniel McFadden, Nobel Laureate

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The fascination of the ageing process

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 phases of life. 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.

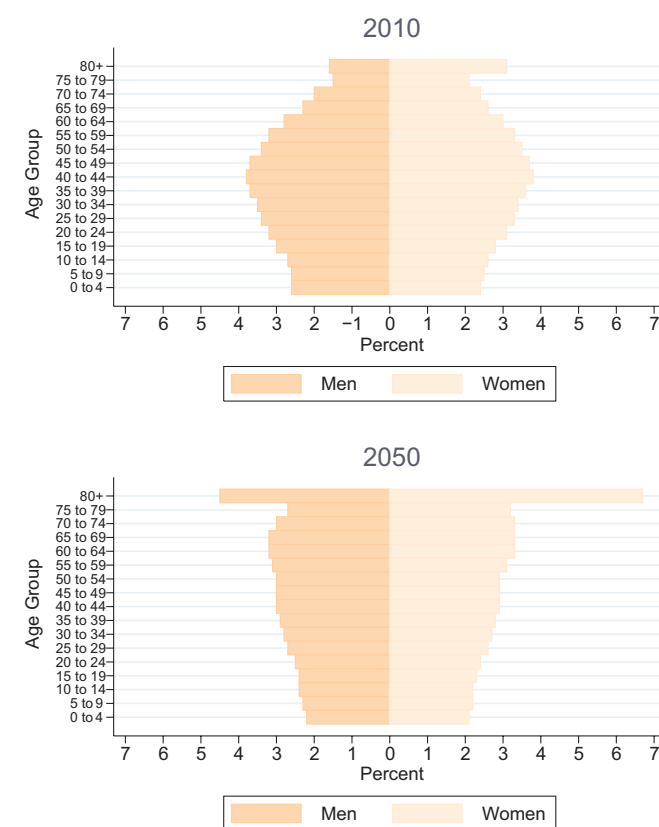
From the societal perspective, ageing is one of the megatrends in our century. This holds in particular for Europe, which is the continent already with the highest proportion of older citizens. This population ageing process will continue for the better part of this century.

Population ageing is often seen as a plague, threatening our living standards. Indeed, there are formidable challenges to our social security and health care systems in providing care to both family and social institutions.

Our longer lives, however, also provide fascinating opportunity. The overlap of four generations is a novelty in human history and will provide the younger generation with more experiences to draw from. Modern technology and the increase of professions in which experience and management abilities count more than physical strength will open new possibilities for older individuals to actively participate.

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.

This is what SHARE – the Survey of Health, Ageing and Retirement in Europe – is all about.



Age pyramids for EU-27 (Eurostat projections for 2010 and 2050)

SHARE – the Survey of Health, Ageing and Retirement in Europe

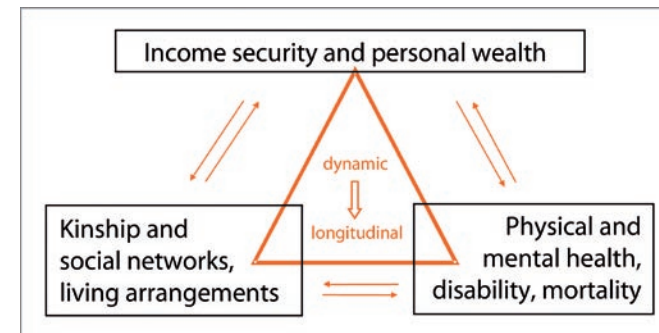
SHARE is a unique and innovative multidisciplinary and cross-national panel database of micro data on health, socio-economic status and social and family networks of more than 45,000 individuals aged 50 or over. As such, it is a response to a Communication by the European Commission calling to “examine the possibility of establishing, in co-operation with Member States, a European Longitudinal Ageing Survey”. While its development process started only in 2002, SHARE has by now become one of the crucial pillars of the European Research Area and was selected for the roadmap of the European Strategy Forum on Research Infrastructures.

“Understanding how the ageing process unfolds in different cultures, societies and political environments over time is a central task for researchers”

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 harmonized with the U.S. Health and Retirement Study (HRS) and the English Longitudinal 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. Rigorous procedural guidelines and programs ensure an ex-ante harmonized cross-national design.



Interplay between economic, health, and social factors in shaping older people’s living conditions

Data collected include health variables (e.g. self-reported health, health conditions, physical and cognitive functioning, health behaviour, use of health care facilities), bio-markers (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). Researchers may download the SHARE data free of charge from the project’s website at <http://www.share-project.org>.

Read more:

* Börsch-Supan, A., K. Hank, and H. Jürges. (2005). A New Comprehensive and International View on Ageing: Introducing the Survey of Health, Ageing and Retirement in Europe. *European Journal of Ageing* 2: 245-253.

Informing public policies in ageing Europe

SHARE contributes directly to informing public policies, both in substance and by providing a much-needed research tool. Its longitudinal, multidisciplinary and cross-nationally comparative approach is essential to analyse the long-term efficacy of welfare state interventions. Globalisation and population ageing exert large pressures on the European welfare state and necessitate reform – especially reform of labour markets, pension and health care systems. Understanding employment at ages 50-65 is crucial for realising the ambitious Lisbon and Stockholm employment targets.

“The SHARE infrastructure is a crucial knowledge base and monitoring tool for national and European policy makers”

Expanding the knowledge base by generating and evaluating comparable cross-national data about older people’s current living conditions and their life histories provides a particularly large added value. There are two reasons why collecting data on a pan-European level is much more than the sum of its national parts. First, matters of economic and social policy are increasingly Community matters, due to the increasing mobility of both persons and capital. This fact has precipitated common policies and common regulations such as the pension directive. Second, the enormous diversity in institutional histories, policies and cultural norms, and the significant variation in the health and financial circumstances of older people in different countries that history has created, represents a unique living laboratory in which the various determinants of the current economic, health and socio-psychological state can much

easier be identified than in the much more homogeneous environment of a single country.

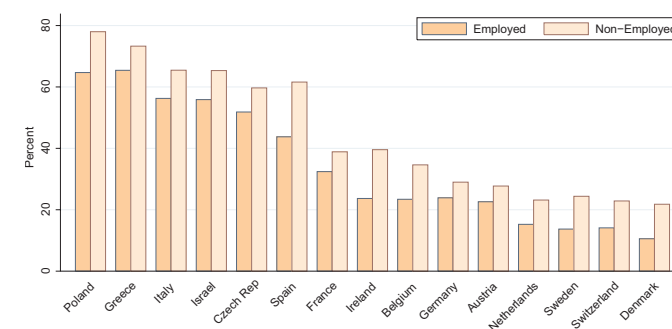


Map of countries participating in SHARE (Waves 1-3)

Our cross-national approach – unique in that it uses comparable micro data rather than macro-level indicators – exploits this living European laboratory, providing the ground for major scientific breakthroughs. The insights gained from analysing and comparing the diversity of experiences will help European countries to more effectively prepare for the continuing challenges to their welfare systems in an ageing society.

Economic well-being before and after retirement – large European differences

SHARE data allow one to draw a detailed picture of the economic situation of older European households. Unprecedented data on income and wealth of older households provide new insights into material living conditions before and after retirement across different countries and pension systems. These data are complemented by subjective data on income adequacy, that is, households' evaluation of the way in which their income meets their needs.



Proportion of households with difficulties to make ends meet, by employment status of household members.
Source: SHARE 2004-2006.

Analyses based on SHARE reveal enormous differences in income adequacy across Europe. Income is considered least adequate in the Eastern European countries Poland and the Czech Republic in the Southern European countries Greece, Italy and Spain, and in Israel. In these countries, more than 50 percent of all households report difficulties in making ends meet. Income is considered most adequate in Sweden, Denmark, the Netherlands and Switzerland. Here, less than 20 percent of the

households find it difficult to make ends meet. The cross-national pattern coincides strongly with other measures of economic well-being, for instance income per capita.

A pattern that is consistent across all countries is the dependence of reported income adequacy on employment status. Households without an employed household member report economic difficulties more often than households with at least one employed household member. The difference, however, is not related to the overall prevalence of income inadequacy. In Poland, for example, the proportion of those reporting inadequate income among non-employed households is 13 percentage points higher than among employed households. In Denmark, the same difference amounts to 11 percentage points.



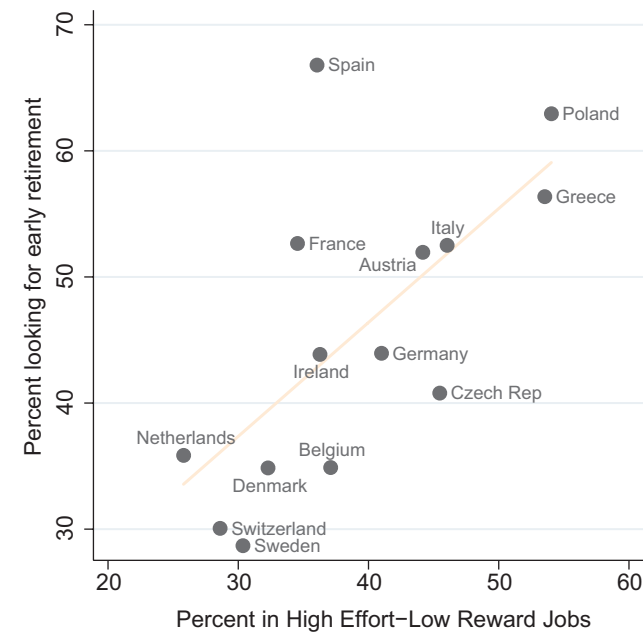
Read more:

- Litwin, H. and E.V. Sapir. (2009). Perceived Income Adequacy Among Older Adults in 12 Countries: Findings from the Survey of Health, Ageing and Retirement in Europe. *The Gerontologist* (forthcoming).
- Christelis, D., T. Jappelli, O. Paccagnella, and G. Weber. (2009). Income, Wealth and Financial Fragility in Europe. *Journal of European Social Policy* (forthcoming).

Plans to retire early are strongly related to poor quality of work

Early retirement from regular employment provides a major challenge to social and health policies in European countries. As people older than 60 will comprise close to one-third of the population in several European countries over the next two decades, a shrinking number of economically active people will have to support a growing number of economically dependent elderly people.

Currently, large variations in workforce participation rates are observed across European countries. SHARE data reveal that poor working conditions are an important determinant of premature departure from working life, where poor quality



Cross-national correlation between job quality and early retirement plans. Source: SHARE 2004-2006.

of work is found in employees with physically or mentally demanding work, with monotonous, repetitive work, and other types of stressful experience. Exposure to poor working conditions was also associated with greater intention to quit or retire, and reduced performance and motivation during earlier stages of employment. Analyses based on SHARE data have found effort-reward imbalance, i.e. the imbalance between high efforts spent and low rewards (in terms of money, esteem, career prospects, and job security) received in turn predict intentions to retire early and retirement decisions, both within and across countries.

„The value of SHARE fully unfolds over time. The SHARE infrastructure is designed for long-term observations of population ageing processes“

The percentage of the working population with work effort exceeding rewards is particularly high in Poland and Greece. Correspondingly, self-reported early retirement intentions are also above average. This finding is particularly relevant because effort-reward imbalance at work was found to predict elevated risks of chronic diseases such as cardiovascular and affective disorders, and disability pensions. Contrary to these countries, quality of work in terms of effort-reward balance is high on average in the Nordic countries, in the Netherlands and in Switzerland. These countries also have the lowest percentage of older workers seeking early retirement.

Read more:

- Alavinia, S.M. and A. Burdorf. (2008). Unemployment and retirement and ill-health: a cross-sectional analysis across European countries. *Int Arch Occup Environ Health* 82: 39-45.
- Siegrist, J., M. Wahrendorf, O.v.d. Knesebeck, H. Jürges, and A. Börsch-Supan. (2007). Quality of Work, Well-being and Intended Early Retirement of Older Employees – Baseline Results from the SHARE Study. *European Journal of Public Health* 17(1): 62-68.
- Schnalzenberger, M., N. Schneeweis, R. Winter-Ebmer, and M. Zweimüller. (2008). Job Quality and Retirement Decisions. In: Börsch-Supan, A. et al. (eds.). *Health, Ageing and Retirement in Europe (2004-2007). Starting the Longitudinal Dimension*. Mannheim: MEA.

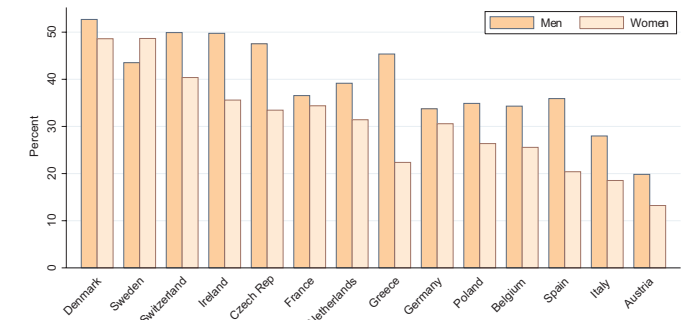
Europe's unused work capacity

Economic activities and retirement decisions of older persons in Europe occupy much of the political debate surrounding pension reforms. The focus is on to increase the number of years in the labour force of current and future cohorts of workers, given higher life expectancy, in order to provide adequate resources for retirement. One question that SHARE data are explicitly designed to answer is: to what extent do social security and pension rules play a role in shaping labour supply decisions of older workers? Some may leave the labour market earlier than desirable given their health and their socio-demographic characteristics. Measuring such „unused work capacity“ is not an easy task, precisely because one needs information on the labour market position of individuals as well as their health conditions, social conditions and preferences for leisure.

„The complex design of SHARE reflects Europe's huge cultural, institutional and linguistic variety“

SHARE offers new information needed to answer these questions because all the relevant dimensions of an individual's retirement decisions framework are jointly documented. One way to measure unused work capacity is to analyse which proportion of individuals of working age (50 to 64) who claim that they are not limited by their health in the amount or type of work they do, are actually working. SHARE data reveal large cross national and also gender differences in unused work capacity. The countries with the largest labor force

participation of healthy individuals are Denmark, Sweden, Switzerland and Ireland, where more than 40 percent are still working. Moreover, Sweden is the only country where more healthy women than men are working.



Percentage of respondents (aged 50/64) who are working and who say they have no health problems that limit their ability to work. Source: SHARE 2004-2006.

The countries with the smallest labor force participation rates and thus largest unused work capacity are Italy and Austria, where less than 25 percent of not disabled respondents aged 50 to 64 are still working.

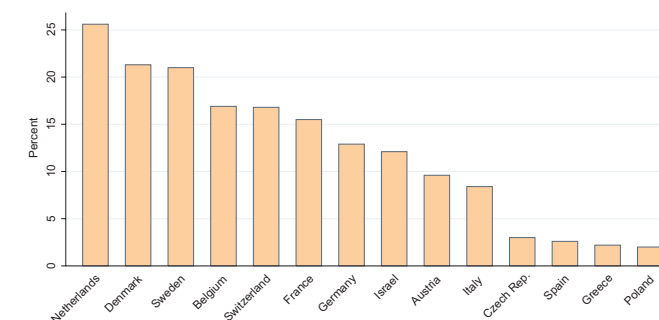
Read more:

- Brugiavini, A., E. Croda, and F. Mariuzzo. (2005). Labour Force Participation of the Elderly: Unused Capacity? In: Börsch-Supan, A. et al. (eds.). *Health, Ageing and Retirement in Europe – First Results from the Survey of Health, Ageing and Retirement in Europe*. Mannheim: MEA.
- Kalwij, A. and F. Vermeulen. (2007). Health and Labour Force Participation of Older People in Europe: What Do Objective Health Indicators Add to the Analysis?. *Health Economics* 17(5): 619-38.

Volunteering – a productive ageing activity for many Europeans

European elders are productive in many different ways. One of the most noteworthy examples is volunteering: On average, 10 % of the population aged 50 or over were engaged in volunteer activities during the month preceding the SHARE interview(s). This proportion doubles to 20 %, taking into account those volunteering in either one of the currently available waves of SHARE. This very clearly shows that the fraction of people involved in voluntary activities at some point during the later stages of their life-course is much higher than simple cross-sectional evidence would suggest.

The highest rates of volunteering are observed in Denmark, Sweden, and the Netherlands, whereas the Mediterranean countries are characterized by below-average proportions of older volunteers. While the share of older Israelis performing voluntary work corresponds to the Continental European average, the respective numbers in Poland and the Czech Republic are very close to those observed in Greece and Spain.



Volunteering among the 50+ in Europe (% by country)

Volunteering depends on individual resources, such as education or health. However, volunteering has also been shown to be an important resource for healthy ageing (and vice versa...).

When thinking about the mechanisms driving the decision to volunteer, it is important to acknowledge the role of the societal context in which older persons live. Comparing, for example, Sweden and Greece suggests that social environments characterized by higher proportions of older volunteers at a given point in time also fare well in establishing structures which stabilize elders' voluntary activity and foster new engagement.



Read more:

- Erlinghagen, M. and K. Hank. (2006). The Participation of Older Europeans in Volunteer Work. *Ageing & Society* 26, 567-584.
- Siegrist, J. and M. Wahrendorf. (forthcoming). Participation in socially productive activities in early old age: Findings from SHARE. *Journal of European Social Policy*.
- Sirven, N. and T. Debrand. (2008). Social participation and healthy ageing: An international comparison using SHARE data. *Social Science & Medicine* 67: 2017-2026.

Close parent-child relations in ageing Europe

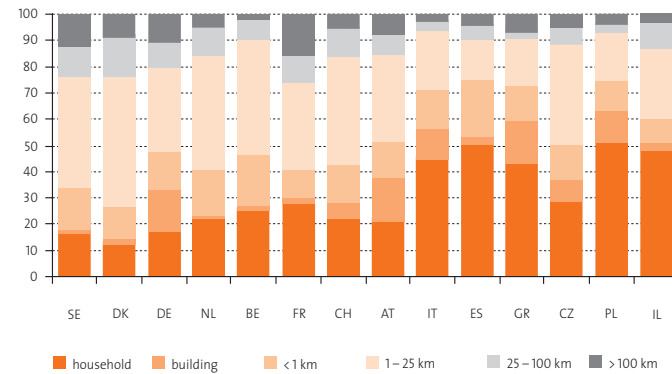
Because the availability of kin support largely depends on geographic accessibility and social contact, it is important to learn more about these two core dimensions of parent-child relations.

In Germany, France, Austria, and Switzerland roughly 50 % of all parents have at least one child living at a distance of less than 25 km (but not living in the same household or building). This proportion is more than 60 % in Denmark, the Netherlands, and Sweden. Similarly high shares of parents in these countries report having at least weekly (though not daily) contact with a child. In the Mediterranean countries, however, co-residence and daily contacts form the dominant pattern (~ 60 %) of parent-child relations.

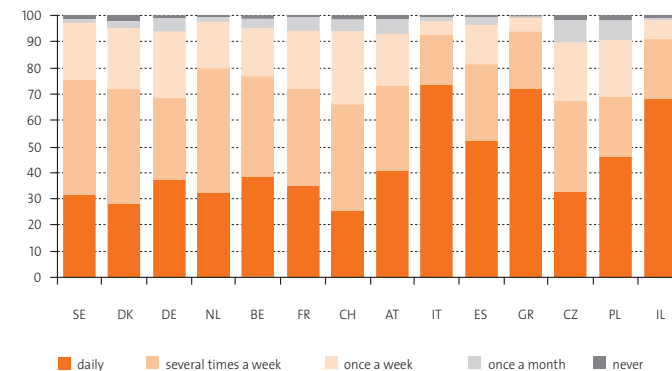
The SHARE data confirm, on the one hand, the existence of longstanding regional patterns of 'weak' and 'strong' family ties, while, on the other hand, they reveal many similarities across Europe. In all countries – and across all age groups – 85 % of all parents have at least one child living at a distance of at most 25 km. Moreover, the share of parents with less than weekly contacts to a child is equally low (7 %) in Sweden and in Spain.

These results provide no evidence to support the notion of a 'decline' of parent-child relations in ageing Europe at the beginning of the 21st century.

Proximity to nearest living child (% by country)



Frequency of contact to most contacted child (% by country)



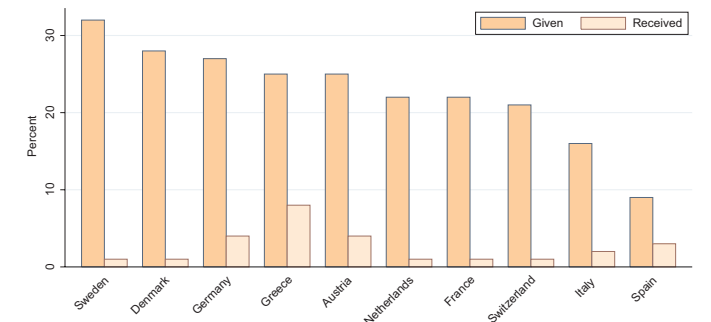
Reciprocity between adult generations

The SHARE data suggest a high degree of reciprocity across various forms of intergenerational support. Financial transfers are predominantly given from parents to their children. On average, 25 % of all parents aged 50 or older provided their children with a transfer of 250 € or more over the 12 months period preceding the SHARE baseline interview. The highest proportions of giving parents were found in the Scandinavian countries, while the respective shares in the Mediterranean countries are below the Continental European average. Although the amounts transferred tend to decrease as parents get older, we observe positive net transfers to the younger generation even among the very old.

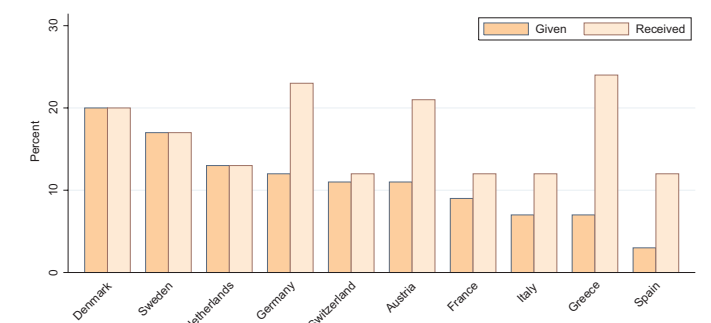
The picture is more balanced, if the exchange of instrumental help is considered (that is help with personal care, getting dressed, eating, household chores, or paperwork). In the Scandinavian countries as well as in the Netherlands and Switzerland, we find equally high proportions of parents providing support to and receiving help from their children. In other countries, though, significantly more parents receive than provide instrumental help. If the time spent on helping is accounted for, there is a positive net transfer from children to the parent generation. This balance changes yet again if grandparent provided child care is taken into consideration.

On average, 60 % of grandmothers and 50 % of grandfathers provided some kind of care for a grandchild aged 15 or younger in the past year. However, while the probability to provide any child care at all was highest among Danish, Dutch, French, and Swedish grandparents and lowest among their counterparts

Financial transfers (≥ 250 €) between parents and children in the last 12 months (% by country)



Instrumental help between parents and children in the last 12 months (% by country)



in Spain and Italy, grandparents in the Mediterranean countries exhibited the highest and Dutch, French as well as Scandinavian elders exhibited the lowest propensity to care almost every week or more often, conditioned on the provision of any grandchild care at all.

Read more:

- Bordone, V. (forthcoming). Contact and Proximity of Older People to Their Adult Children: A Comparison between Italy and Sweden. *Population, Space and Place*.
- Fokkema, T., S. ter Bekke, and P.A. Dykstra. (2008). *Solidarity between parents and their adult children in Europe*. NIDI report No. 76. Amsterdam: KNAW Press.
- Hank, K. (2007). Proximity and Contact Between Older Parents and Their Children: A European Comparison. *Journal of Marriage and Family* 69, 157-173.

Read more:

- Albertini, M., M. Kohli, and C. Vogel. (2007). Intergenerational Transfers of Time and Money in European Families: Common Patterns – Different Regimes? *Journal of European Social Policy* 17: 319-334.
- Brandt, M., K. Haberkern, and M. Szydlik. (forthcoming). Intergenerational Help and Care in Europe. *European Sociological Review*.
- Hank, K. and I. Buber. (2009). Grandparents Caring for Their Grandchildren: Findings from the 2004 Survey of Health, Ageing and Retirement in Europe. *Journal of Family Issues* 30: 53-73.

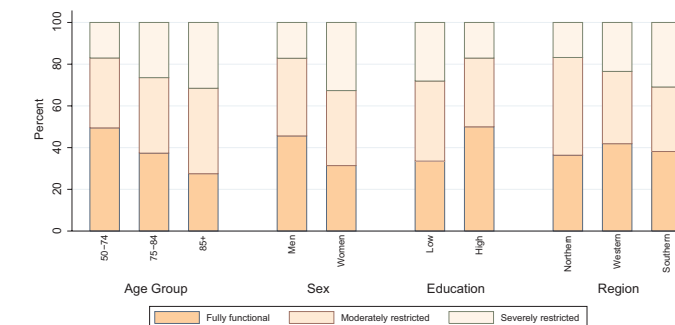
Health inequality continues into last year of life

SHARE collects data on health, social well-being and economic circumstances during the last year of life of deceased respondents. This gives the analyst the rare opportunity to follow the lives of people right until the time of their death. For example, the question how disability rates evolve with age has attracted considerable attention in the literature. If disability rates in the last year before death increase with age at death, increased longevity can have a substantial impact on the health care costs. SHARE-based studies reveal that 40 percent of the deceased have been fully functional in their last year of life, whereas 24 percent were restricted. These numbers vary significantly by age, sex, and country group. 49 percent of the decedents in the youngest age group (50-74) have spent their last year of life fully functional and only 18 percent have experienced severe restrictions for more than three months. In contrast, 32 percent of the decedents in the oldest age group (85+) were severely restricted during at least three months in their last year of life and only 28 percent have been fully functional. We also find significant education

differences. SHARE data show that the better educated are healthier and live longer.

SHARE demonstrates that in their last year of life, the better educated are also better off. While only 34 percent of the low educated, but 50 percent of the high educated, spent their final year fully functional, 28 percent of the low educated and 17 percent of the high educated were severely restricted. Disability rates in the last year of life also differ across European regions. The lowest rates of disability were found in the Northern countries: 38 percent were disability-free and 17 percent were severely restricted. The largest rates of disability were found in the Southern countries, with 39 percent having been fully functional but 30 percent having been severely restricted.

Disability rates in the last year of life, by age, sex, education, and country group. SHARE wave 2.



Read more:

- Andersen-Ranberg, K., J-M. Robine, M. Thinggaard, and K. Christensen. (2008). What Happened to the Oldest Old SHARE Participants after Two Years? In: Börsch-Supan, A. et al. (eds.). *Health, Ageing and Retirement in Europe (2004-2007). Starting the Longitudinal Dimension*. Mannheim: MEA.
- Jürges, H. (2008). Health, Bequests, and Social Support in the Last Year of Life. In: Börsch-Supan, A. et al. (eds.). *Health, Ageing and Retirement in Europe (2004-2007). Starting the Longitudinal Dimension*. Mannheim: MEA.
- Rueda, S. and L. Artazcoz. (2008). Health Inequalities Among the Elderly in Western Europe. *Journal of Epidemiology and Community Health* 62(6): 492-98.

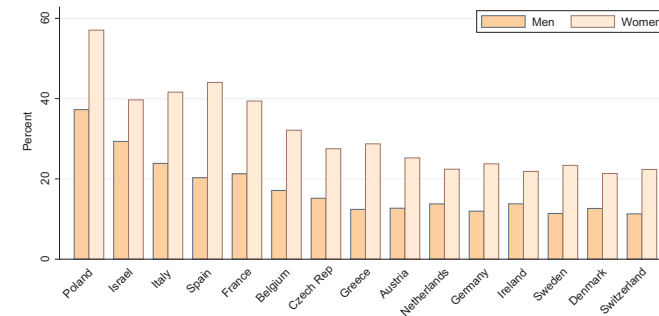
Depression is common in later life but prevalence varies greatly between countries

Late-life depression poses serious economic and social concerns for many countries worldwide as it is a debilitating, costly, and often prolonged condition. However, there is considerable variation in reported prevalence between studies worldwide. Relatively few direct cross-national comparisons of the prevalence of depression exist which use comparable methodology, particularly with respect to sampling, definition and assessment of outcome. Methodological differences between studies preclude firm conclusions about cross-cultural and geographical variation.

Improving the comparability of epidemiological research constitutes an important step forward. SHARE informs a wide range of questions, such as: are there differences in the prevalence of depression between European countries; are there compositional differences between the older European populations in terms of age and gender; do these compositional differences account, wholly or partly, for any observed differences in depression prevalence? SHARE data reveal that the prevalence of depression shows clear geographical variation, with a higher prevalence in Poland, Israel and the three Mediterranean countries – France, Italy and Spain, and lower prevalence in the prevalence in Northern countries, Germany and Switzerland.

Gender differences in depression prevalence are largest in Spain, Greece, and Sweden, where women at each age are more than twice as likely than men to suffer from depression as measured by the EURO-D scale. Gender differences are

Prevalence of depression in later life, by country and gender. Data from SHARE waves 1 and 2 (2004-2007).



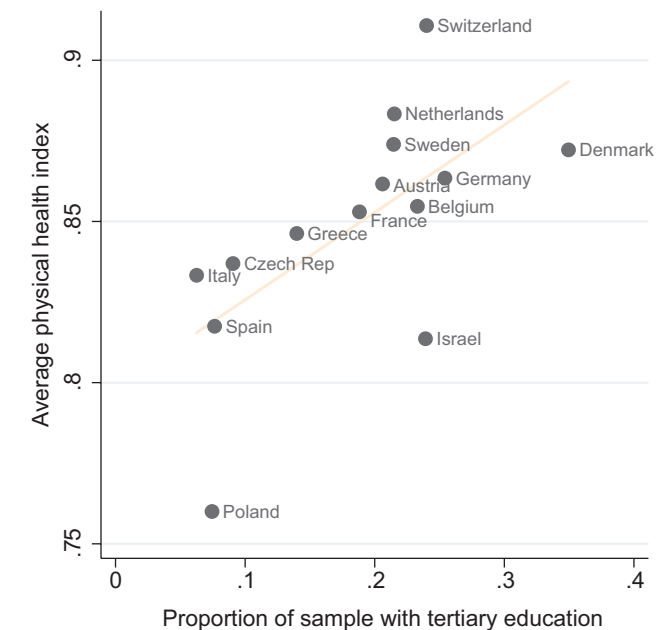
smallest in Poland and Ireland. Further analyses using SHARE data show a clear association between (early) retirement and depression.

While depression is certainly partly a reason for early retirement, it is also found that retirement – even with some delay – induces the onset of depression symptoms.

Consistent relationship between education and health

SHARE data document a strong relationship between education and health among the older population. This holds not only on the individual level (better educated individuals are healthier than less educated) but also across European nations. Earlier studies have found similar results on the basis of subjective health data. The detailed health information collected in SHARE enables researchers to overcome this important limitation and to base cross-national comparisons of morbidity on a health (utility) index derived from objective health data.

Cross-national correlation between education and physical health. Source: SHARE 2004-2006.



„SHARE measures the ageing process with a life sciences approach. It collects social, financial and demographic data alongside medical data, including bio-markers“

Comparing average education and average health levels in SHARE countries reveals that in particular the East European and Mediterranean countries are characterised by low levels of education and health simultaneously. In contrast, populations in Northern European countries and Switzerland are both healthier and better educated than the average. Further analyses show a marked education-health gradient in all SHARE countries. People without a formal education had the highest prevalence poor health compared with those with higher educational attainments. Across countries, large differences in inequality in health prevail. For instance, the SHARE data show that education-related inequality in health is larger in Mediterranean countries than in Nordic or Western European countries.

Read more:

- Brugiavini, A., E. Croda, and M. Dewey. (2008). Retirement and Mental Health. In: Börsch-Supan, A. et al. (eds.). Health, Ageing and Retirement in Europe (2004-2007). Starting the Longitudinal Dimension. Mannheim: MEA
- Castro-Costa, E., M. Dewey, R. Stewart, S. Banerjee, F. Huppert, C. Mendoca-Lima, C. Bula, F. Reisches, et al. (2007). Prevalence of Depressive Symptoms and Syndromes in Later Life in Ten European Countries - The SHARE Study. The British Journal of Psychiatry 191: 393-401.
- Ladin, K. (2008). Deconstructing the Education Effect: Risk of Late-Life Depression Across 10 European Union Countries. Journal of Aging and Health 20: 653-70.
- Peytremann-Bridevaux, I, and H. Chevrou-Severac. (2008). Financial Burden of Medical Care and Risk of Forgoing Care Among Europeans with Depressive Symptoms. Psychiatric Services 59: 840-42.

Read more:

- Bago d'Uva, T., O. O'Donnell, and E. van Doorslaer. (2008). Differential health reporting by education level and its impact on the measurement of health inequalities among older Europeans. International Journal of Epidemiology 37(6): 1375-83.
- Jürges, H. (2009). Healthy Minds in Healthy Bodies. An International Comparison of Education-Related Inequality in Physical Health Among Older Adults, Scottish Journal of Political Economy (forthcoming).
- Rueda, S. and L. Artazcoz. (2008). Health Inequalities Among the Elderly in Western Europe. Journal of Epidemiology and Community Health 62(6): 492-98.

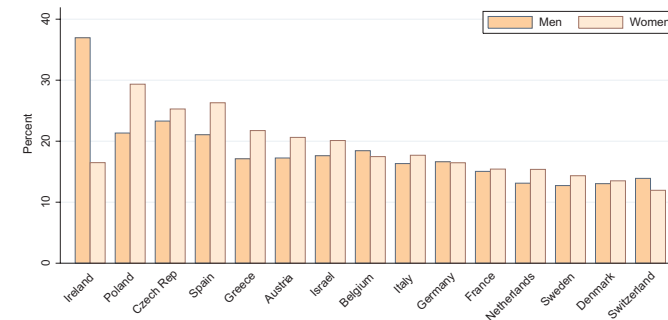
Obesity is a growing concern among Europe's older population

Many studies have shown that people who are overweight or obese have a larger probability of developing chronic diseases and other health problems than people of normal weight. While the fraction of obese people is not as large in Europe as in the United States, obesity is becoming an important issue in Europe as well. SHARE data was used to analyze the prevalence and correlates of obesity in the population aged 50 and over.

„SHARE guarantees truly comparable data. This is imperative for cross-national research. Tailored software tools and rigorous procedural guidelines ensure harmonized data collection“

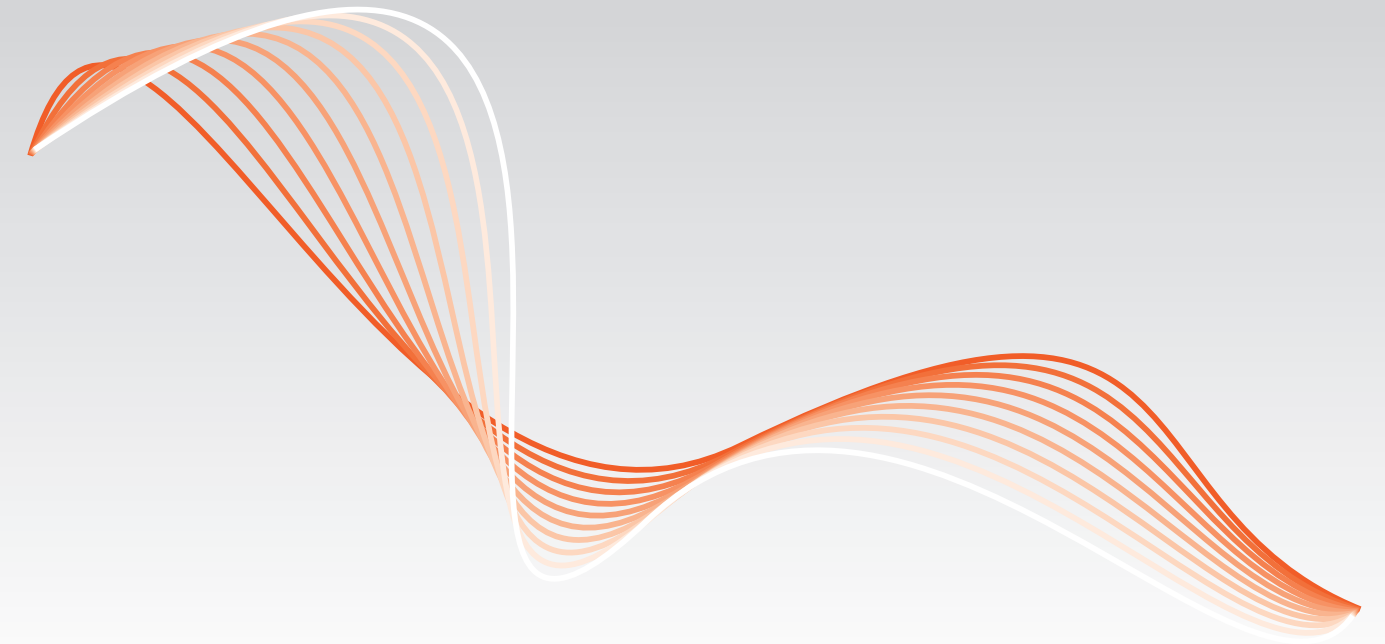
Following the WHO definition of obesity (body mass index greater than 30), about 20 percent of the older Europeans living in countries covered by SHARE can be classified as obese. Obesity is more common among men than among women. However, there are a notable differences across countries in overall prevalence as well as sex differences in obesity. Overall, Ireland and Poland are the two countries with the highest prevalence of obesity. In both countries, obesity rates are roughly 25 percent, yet sex differences in obesity rates are very different. While in Ireland, many more men than women are obese, the opposite holds in Poland. Note that also

Proportion of obese respondents (BMI>30 kg/m²) by country and gender. Source: SHARE 2004-2006.



in neighboring Czechia, women are more often obese than in Poland. The countries with the smallest overall obesity rates in the population 50 and over are the Nordic countries and the Netherlands.

Further analyses of the SHARE data have revealed that obesity prevalence is highly correlated with socio-economic status and that this association also persists when socio-economic differences in lifestyles (physical activity, lifestyle) are taken into account.



Read more:

- Andreyeva, T., P.C. Michaud, and A. van Soest. (2007). Obesity and Health in Europeans aged 50 years and older. *Public Health* 121(7): 497-509.
- Peytremann-Bridevaux, I. & B. Santos-Eggimann. (2007). Healthcare utilization of overweight and obese Europeans aged 50–79 years. *Journal of Public Health* 15: 377-384.

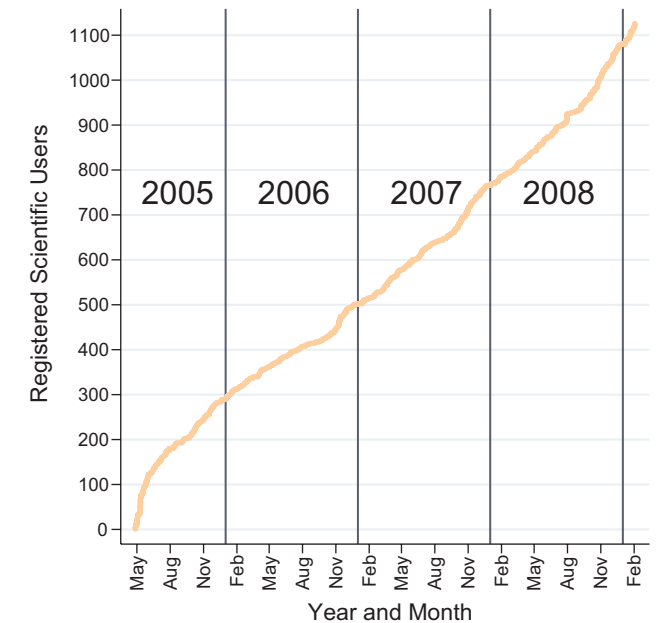
SHARE – users & publications

Since the first public release of SHARE data in April 2005, a steadily rising number of currently (February 2009) more than 1,100 official applications were registered on the project's website. While the majority of users are affiliated with academic institutions in Europe, there are also many non-European researchers analyzing SHARE, especially in the United States. Moreover, SHARE is widely used in academic training (note that students do not have to register as users themselves, but get access to the data through their instructor's license).

“SHARE based research generates the knowledge we need to turn the demographic challenge into opportunities”

In addition to two comprehensive volumes of 'first results' from the SHARE baseline and longitudinal waves (2004-2007) – which have been complemented by several national collections of findings – more than 200 articles based on SHARE data have been published in peer-reviewed journals and books until today. It is not only the sheer number of studies conducted within the four years after the first data release, it is also the quality of publications that is impressive. One indicator one may use for such an assessment is the number of articles published in journals covered by the renowned Social Science Citation Index. This amounts to currently 56 (February 2009), including contributions to leading international journals such as the Economic Journal, the European Journal of Public Health, the European Sociological Review, the Gerontologist, the Journal of Health Economics, the Journal of Marriage and Family, and Social Science & Medicine.

Number of registered applications on SHARE website



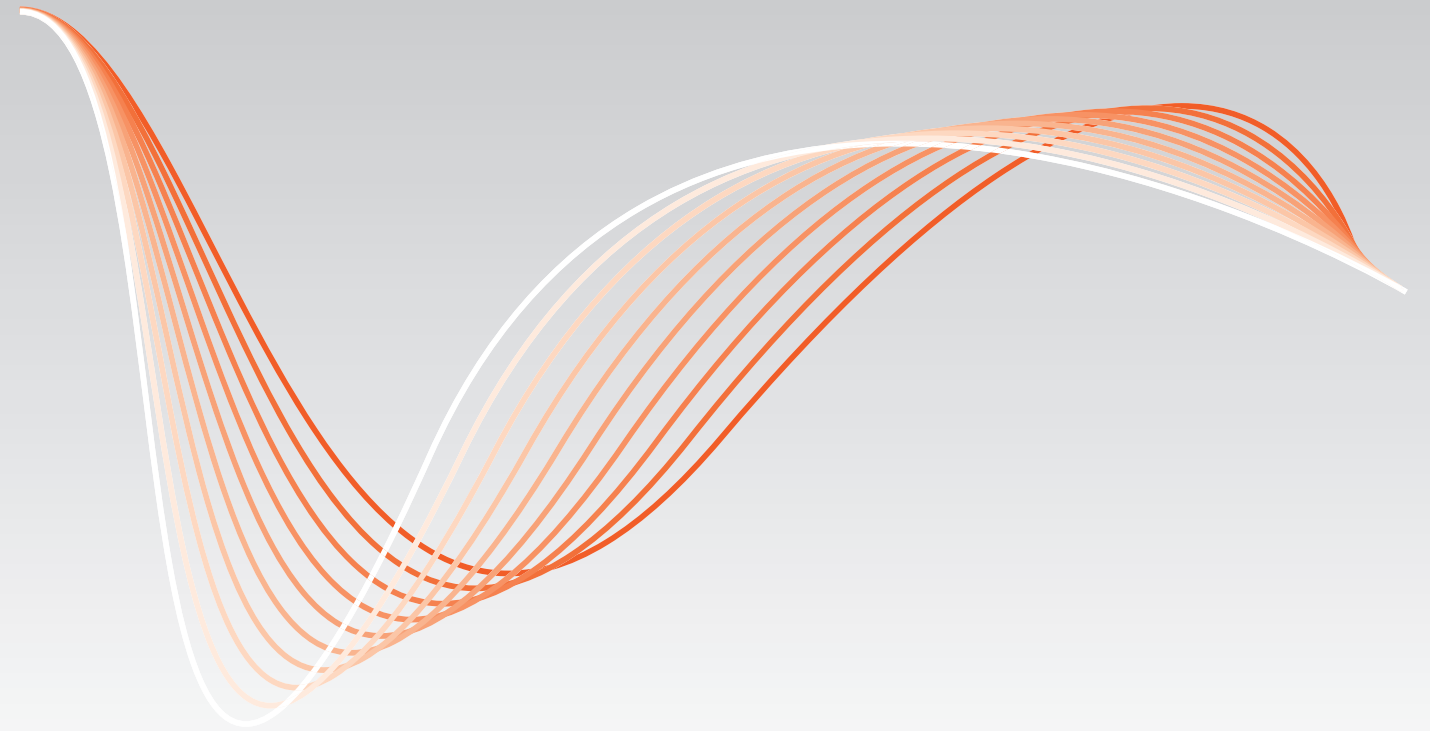
SHARE – project team & funders

SHARE is coordinated centrally at the Mannheim Research Institute for the Economics of Aging (MEA), with substantial central tasks in Italy and the Netherlands. It is a collaborative effort of more than 150 researchers worldwide organized in multidisciplinary national teams and cross-national working groups. A Scientific Monitoring Board, composed of eminent international researchers, and a network of advisors (including three Nobel Laureates) help to maintain and improve the project's high scientific standards. Without the generous support from various international and national funders, however, SHARE would not have been possible.

Data collection for Waves 1-3 has been primarily funded by the European Commission through the 5th framework programme (project QLK6-CT-2001- 00360 in the thematic programme Quality of Life) and through the 6th framework programme (projects SHARE-I3, RII-CT-2006-062193, COMPARE, CIT5-CT-2005-028857, and SHARELIFE, CT-2007-028812-2). Additional funding came from the U.S. National Institute on Aging (U01 AG09740-13S2, P01 AG005842, P01 AG08291, P30 AG12815, Y1-AG-4553-01 and OGHA 04-064, IAG

BSR06-11, OGHA04-064). The projects SHARE-PREP and SHARE-LEAP are funded through the European Commission's 7th framework programme.

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“SHARE has become a pillar of European research on ageing.”

James Heckman, Nobel Laureate

Find out more about SHARE on the project's websites:

General information on SHARE and its related projects

<http://www.share-project.org>

SHARE national websites

Austria

<http://www.econ.jku.at/share/>

Belgium

<http://www.share-project.be/>

Czech Republic

<http://www.cerge-ei.cz/share/>

Denmark

<http://www.share-project.dk/>

France

<http://www.irdes.fr/EspaceRecherche/Enquetes/SHARE/EnqueteSHARE.html>

Germany

<http://www.share-project.org/deutsch/>

Greece

<http://www.share-project.org/greece>

Ireland

<http://geary.ucd.ie/share/index.php>

Israel

<http://igdc.huji.ac.il/>

Italy

<http://venus.unive.it/share/>

Netherlands

<http://www.share-project.nl/>

Poland

http://www.simpl.pl/pl/projekty/projekty_pl4.html

Slovenia

<http://www.share-project.org/slovenia>

Spain

<http://www.share.cemfi.es/>

Sweden

<http://www.share-project.org/sweden>

Switzerland

<http://www.unil.ch/share>



ESFRI website
<http://cordis.europa.eu/esfri/>