“50+ in Europe” - Summary of initial results

SHARE
Survey of Health, Ageing and Retirement in Europe

WWW.SHARE-PROJECT.ORG
What happens next?

The immediate next step for “50+ in Europe” is to add people’s life histories to the existing SHARE database. Connecting the information already collected for two recent points in time to events which happened in earlier life will help researchers as well as policy makers to understand better how people’s living situation at older ages evolved over the life course, depending on personal experiences and on changes in social, economic, and political circumstances.

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On Economic Status, Income and Wealth

*Consumption inequality is much lower than financial inequality:* The SHARE data on consumption expenditures reveal surprising differences across countries. The level of expenditure for food is much lower in the northern countries (e.g. Sweden and Denmark) than it is elsewhere in the countries surveyed. In all countries, inequality in consumption is lower than inequality in income, and income inequality is lower than inequality in wealth.

*Poverty is alleviated by non-financial resources:* While poverty is still serious in some of the SHARE countries, poverty is limited, once the value of an owner-occupied house is taken into account. This is particularly true in the South. Likewise, living close to one’s children – in the same household or the same house – guards against poverty, not only in the Mediterranean but also in Germany.
Understanding Ageing as One of the Most Challenging Megatrends of the 21st century: Results from the “50+ in Europe” study

With the second round of data from the Survey of Health, Ageing and Retirement in Europe (SHARE) being now available to researchers across Europe and beyond, the project “50+ in Europe” has made a major step forward to become the world’s leading database for ageing research. This has also been acknowledged by the European Union, which selected “50+ in Europe” as one of the 35 projects (including a polar research icebreaker and large scale telescopes) which are supposed to shape the European Research Area in the next 10-20 years. After the project’s successful start in 2004–05, we (re-)interviewed more than 35,000 people aged 50 and over in 2006–07, now covering 15 European countries (including Israel). This brochure provides you with a selection of key findings – selected from more than 80 books, articles, and research reports published on basis of the SHARE data so far. In the sequel, we present key findings, from each major domain of SHARE, plus additional supporting evidence from SHARE’s first two waves of data collection in 2004-2007.
On Family and Social Networks

The demise of the family is a myth: The SHARE data show that time spent helping others in the family or looking after grandchildren is substantial: About a third of persons aged 65 and over help others or look after grandchildren on a daily basis, spending on average 4.6 hours per day on such activities. Because the various generations of a family are geographically close, the potential for everyday support is high all across Europe.

Parents give in the North, while children give in the South: The SHARE data show that intergenerational money transfers are a major source of household income, but there is a clear North-South gradient. In the North, younger individuals receive more from their parents. In the South, younger individuals frequently provide more for their parents.

Volunteering is frequent in some countries: Work for pay is not everything: Overall, 10 percent of the 65–74 age group does volunteer work, and in Scandinavia as well as the Netherlands this percentage is even twice as high. However, in other countries, like Spain and Greece, less than 4 percent report doing volunteer work in all age groups.

On Health

Northern Europeans are healthier and wealthier but people in the South live longer. This is particularly true for Northern men and Southern women. The scientific challenge for public health and social science is to understand the causes of these patterns: Are they genetic or driven by socio-economic factors and different lifestyles? SHARE generates the data that are needed to give answers to these kinds of questions.

Education keeps us fit: Within all countries, there is a strong link between health behaviour and socioeconomic status. In contrast to individuals with more years of education, individuals with lower levels of education are 70 percent more likely to be physically inactive and 50 percent more likely to be obese.

Education prevents depression: The strong relation between health and socioeconomic status also holds for mental health. Cross-national differences in depression rates resemble patterns of cross-country differences in education. Within countries, persons with low income or low wealth suffer more frequently from depression, particularly in Europe’s North.

Much room for improvement in geriatric care: SHARE is the first survey that includes comparable indicators of quality of care for older persons. Most of these indicators suggest that there is a serious lack of geriatric assessments and screening tests across Europe.
On Employment

Preventing ill health pays for itself: Individuals in good health retire about two years later than workers in poor health. Spending 3% of labour income on preventing poor health pays for itself by preserving employability.

Incentives to early retirement induce early exit from the labour market and large unused labour capacity: Different welfare systems generate different patterns of the distribution and age pattern of labour market participation and retirement. We see a high prevalence of early retirees in those countries that allow early retirement and/or give generous benefits, such as Southern countries, Austria and France.

Uptake of disability insurance is unrelated to health status: The prevalence of the receipt of disability benefits during early retirement ages between 50 and 64 varies dramatically across countries, from 16 percent in Denmark to 3 percent in Greece. Being the first data base that links these differences to internationally comparable health measures, SHARE reveals that the large variation in disability insurance across Europe cannot be caused by differences in health.

Agreeable work place conditions support later retirement: The quality of employment during the pre-retirement years – for example, how much control we have over our work and how much our efforts are rewarded – varies considerably across Europe, with quality of work being better in the North than in the South. Quality of employment is strongly associated with well-being: Lower quality of employment goes hand in hand with poor health and depression.

Czech Republic = Scandinavia, Poland = Mediterranean? While the transition from central planning to a free market has significantly affected both Czechs and Polish, the Czech population aged 50+ has maintained a much greater labour market involvement. In Poland, levels of employment are much lower and labour market conditions are inferior. Measured by job quality, the situation in the Czech Republic is very similar to northern SHARE countries, while the Polish conditions resemble those around the Mediterranean.