Research Infrastructures for Ageing

Axel Börsch-Supan
Director of MEA, Coordinator of SHARE
Future of Ageing Research

- **Science approach:** Formulate falsifiable hypotheses, collect suitable data, exploit experiments, use mathematical models to formulate mechanisms.

- **Principle 1 = Breadth:** Understand the *interactions* between health, economic status, and social/family networks. Plus institutional and cultural environment.

- **Principle 2 = Laboratory:** Use *European variation* in policies, histories, cultures to understand causes and effects of welfare state interventions.

- **Thus:** Need *longitudinal interdisciplinary* data to understand the *ageing process* in Europe on the individual and the societal level.
Wave 1: 2004/05
**11 countries**, 32,000 resp. 50+

Wave 2: 2006/07
**15 countries**, 38,000 responds.

Wave 3: 2008/09
**19 countries**, 43,000 est. responds.
Research Infrastructures for Ageing

► Crossnational:
  ▶ Exploit the variety of European cultures and policy approaches
  ▶ Ex ante harmonization across languages and cultures to
distinguish true differences from measurement differences
  ▶ Laboratory approach

► Multidisciplinary:
  ▶ Get the full picture: health, economics & social/family environm.
  ▶ Understand interactions (e.g. health → economic conditions;
work conditions and social/family environm. → health outcomes)

► Longitudinal:
  ▶ Need time dimension because ageing is a process not a state
  ▶ Reactions to ongoing reform processes
1. **Health variables**: Self-reported health, self-reported conditions, physical functioning (ADLs, IADLs, walking speed/ chair stand, grip strength, peak flow, dry blood spots), mental health and cognition, health behaviors and health service utilization, insurance coverage; vignettes.

2. **Economic variables**: Current work activity and job characteristics (job demands, flexibility, hours worked, opportunities to work post-retirement age), employment history, pension rights, sources and composition of current income, wealth and consumption.
3. **Family and Social Network:** Family structure, assistance within families, intergenerational transfers of assets, money and time, social networks, proximity to relatives and activities (shopping, amusement), time use after retirement, volunteer activities.

4. **Psychological data:** Expectations, preferences, risk aversion, time horizon

5. **Demographic data:** Basics (age, gender, marital status...), housing, education, links to administrative data
Northern Europeans are healthier, happier and wealthier but Southern Europeans live longer.
The socio-economic gradient of health

Log-odds ratio

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Brussels, 02 February 2009
Odds ratio of self-perceived health according to educational level among men and women in 10 European countries.
Underused capacity

Individuals *without any* functional limitation, age 50-64:

- Working: 63%
- Retired: 22%
- Other not working: 18%
- Total: 100%

Sample size: 14,020

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Nevertheless: Health as Investment

Men: +13 months
Women: +16 months

SHARE:
Interactions between health, work and socio-economic status

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- Ageing is a serious and multifaceted challenge for Europe
- Not a given fate: many responses possible; turn challenges into chances!
- Need a crossnational, longitudinal and interdisciplinary research infrastructure…
  …for evidence-based EU-policy
  …for basic research on human behaviour
- Thank you!