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Veröffentlichungsversion / Published Version

Zeitschriftenartikel / journal article

Zur Verfügung gestellt in Kooperation mit / provided in cooperation with:

GESIS - Leibniz-Institut für Sozialwissenschaften

Empfohlene Zitierung / Suggested Citation:

Börsch-Supan, A., Jürges, H., & Lipps, O. (2003). SHARE - measuring the ageing process in Europe. *ZUMA Nachrichten*, 27(53), 96-113. <https://nbn-resolving.org/urn:nbn:de:0168-ssoar-207756>

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SHARE¹ – MEASURING THE AGEING PROCESS IN EUROPE

AXEL BÖRSCH-SUPAN, HENDRIK JÜRGES & OLIVER LIPPS

The purpose of the paper is to present SHARE, a EU-sponsored project that will build up a Survey of Health, Aging and Retirement in Europe. We detail objectives, milestones, and current status. A special focus is the description of the cross-national and interdisciplinary nature of the project which introduces considerable complexity in light of the many different options and restrictions in the participating countries.

Ageing is one of the largest social and economic challenges of the 21st century in Europe. SHARE will be a fundamental resource to help mastering this unprecedented challenge. The main aim of SHARE is to create a pan-European interdisciplinary panel data set covering persons aged 50 and over. Scientists from some 15 countries work on feasibility studies, experiments, and instrument development, culminating in a survey of about 22.000 individuals. Project participants are currently eleven countries ranging from Scandinavia (Sweden, Denmark), Western and Central Europe (France, Belgium, The Netherlands, Germany, Switzerland, Austria) to the Mediterranean (Spain, Italy, Greece). SHARE will be based on best practice technologies in the participating countries. The survey will follow a common set-up across all countries with the goal of collecting data that are strictly comparable to allow cross-country research. Hence, one of the most difficult tasks consist in taking into account differences in language, culture and institutions. Other difficult tasks are of a more technical nature such as developing country-specific feasible sample designs and making use of suitable sampling frames that are already available.

The main objective of SHARE is to provide a fundamental knowledge base for science and public policy in order to understand and to master the challenges posed by population

1 A Survey on Health, Aging and Retirement in Europe. The paper is basically an excerpt of the mea discussion paper 32-03: http://www.mea.uni-mannheim.de/mea_neu/pages/files/nopage_pubs/k3pzhnwk1t1zjymk_dp32.pdf
Acknowledgements: We are grateful for financial support from the European Union DG RESEARCH under the 5th framework program and from the U.S. National Institute on Aging (NIA).

ageing. Due to the dynamic character of ageing, both on an aggregate and an individual level, SHARE is being designed in a longitudinal way. Specifically, SHARE aims to create, evaluate and analyse a large-scale pan-European and interdisciplinary household panel as a new state of the art survey. The collected data include information on economics, physical and mental health, and social support networks. The multidisciplinary nature of the data will provide new insights in the complex interactions between economic, health, psychological and social factors determining the quality of life of the elderly in Europe.

1. Introduction

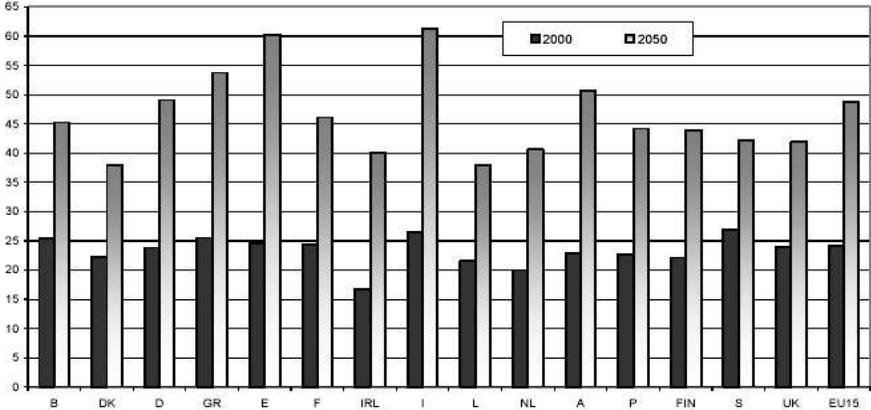
1.1 Background

Ageing is one of the greatest social and economic challenges of the 21st century in Europe. Of the world regions, Europe has the highest proportion of population aged 65 or over, with Italy the leading country. Outside Europe, only Japan has a similar age structure. In Europe, the ratio of persons aged over 65 as a percentage of the working age population 20-64 (the dependency ratio), is expected to increase from about 24% in 2000 to 38% in 2025, and to 49% in 2050, see Figure 1. This increase of the dependency ratio in itself places a heavy financial burden on society through pay-as-you-go financed pension, health and long-term care systems.

In addition, Europeans retire much earlier than inhabitants of other developed countries: for instance, in Belgium only a quarter of all males are still in the labour force at age 55-64, (see Figure 2, compared to three quarters in Japan (U.S. National Academy of Sciences 2001). This typically European combination of an ageing population and retirement at ever earlier ages with relatively generous benefits puts very severe strains on our capacity to care for the elderly in the future.

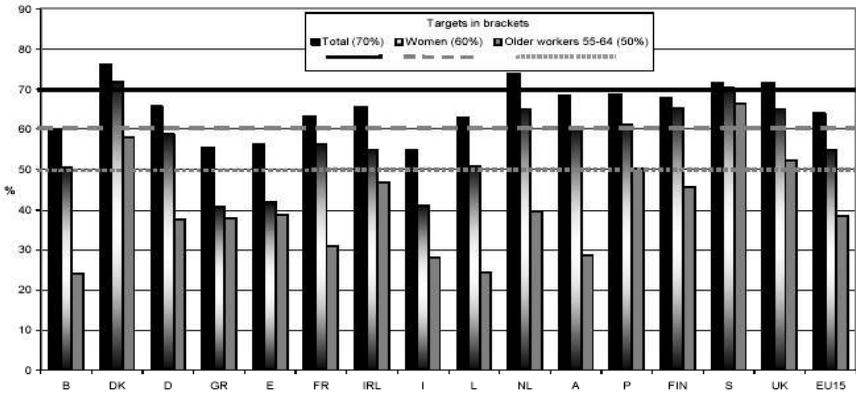
There are other pressures on the social security and welfare system as well. Older workers are more likely to be in disability programmes and generally the health care cost of the elderly is substantially higher per capita than of the non-elderly. A special aspect of ageing lies in the increasing number of the oldest old, a population segment with a high prevalence of long-term care needs (Suzman et al. 1992). The ageing of society will cause the number of people on disability or consuming health care to go up.

Figure 1: Old-Age Dependency Ratio (persons aged 65 and over divided by persons 20-64), 2000-2050 ²



Source: EUROSTAT Population projections - Baseline scenario

Figure 2: Share of Men Aged 55-64 Still in the Labour Force, 2001



Source: EU-LFS, EUROSTAT

² Taken from: www.europa.eu.int/comm/employment_social/soc-prot/pensions/index_en.htm

Thus, everything else equal, ageing places a much higher burden on the sustainability of income maintenance systems in Europe than elsewhere in the world, and European public policy – pension policy, health care policy, labour market policy – is challenged in particular. Public policy plays an important role in explaining the differences in health care utilisation or disability insurance across countries (Aarts et al. 1996), public policy appears to be a major factor in explaining the low retirement ages in Europe (Gruber/Wise 1999), and public policy has strongly shaped savings and wealth patterns across Europe, Japan and the United States (Börsch-Supan 2003).

1.2 Prepared policy making

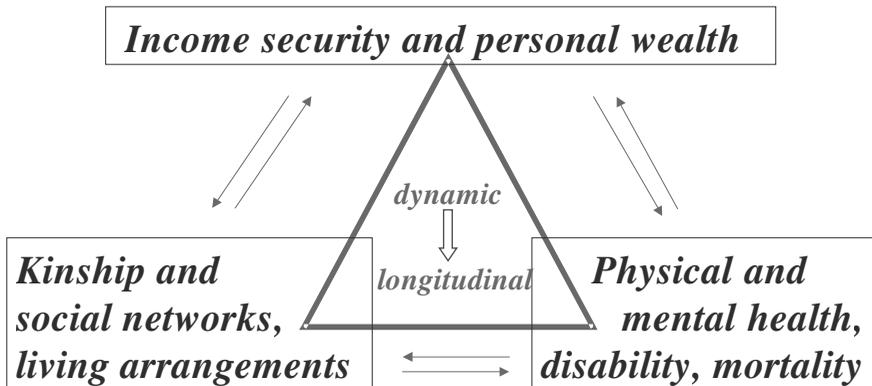
To deal with the challenges for public policy posed by the ageing of European societies, one needs to understand the complex interactions among economic, health, psychological and social factors that determine the quality of life of the elderly. These interactions are symbolised by the arrows in Figure 3 which link the three corners of the triangle, each representing the three broad fields of economics, health and social networks.

Income and wealth strongly affect health and well-being of the elderly. For example, it is well-known that wealthier persons live considerably longer than poorer persons. The direction of causality, however, is not well understood. Wealthier people may be able to afford more health care and thus remain longer healthy, once older. On the other hand, less healthy people may have been hampered in their earnings ability and career chances, ending up as less wealthy elderly. A better understanding of what causes what under which circumstances will permit us to better target our policy actions.

Another bidirectional link is between health and family/social networks. A “healthy” social environment keeps elderly longer healthy, In turn, health shocks such as a stroke often precipitate a change in living arrangements such as a move to children or into a nursing home. Again, understanding the linkages is important in times of population ageing when the potential supply of family help (the number of children per elderly) will decline and the demand for state-provided help will increase, straining the financial abilities of the EU member states.

The triangle is closed by interactions between income security and social environment. On the one hand, a well working social network is a resource also in an economic sense, providing money and in-kind support for the less well-to-do elderly. In turn, income and wealth position are strong determinants of where the elderly will live. Also these linkages are strongly affected by public policy such as income maintenance programs, old-age and disability pensions.

Figure 3: Interactions among economic, health, and social factors in the well-being of the elderly



The linkages are dynamic because the elderly age individually (ageing is a process over time, not a state in time). An analysis of the linkages in Figure 3 therefore requires a longitudinal point of view, symbolised in the interior of the triangle. Moreover, the institutional frame is changing over time since we observe how the EU member states go through the demographic ageing process and adapt their pension systems, restructure health care policies and labour market regulations accordingly.

An understanding of these dynamic linkages and how they are affected by community and national policies requires multidisciplinary data and research on ageing. In this respect, however, Europe is ill-equipped. While some member states have collected data in specific disciplines at various points in time, there is no Europe-wide longitudinal and multifaceted knowledge base for this crucial challenge of our new century. Analysing cross-nationally comparable data provides a large added value to the EU because analysing data on a pan-European level is worth more than the sum of its national parts. The main reasons are:

First, matters of economic and social policy are increasingly Community matters, due to the increasing personal and capital mobility, precipitating common policies and regulations such as the pension directive. The gradually increasing importance of the method of open co-ordination requires indicators based on reliable and comparable data such as collected in SHARE to assess and guide Community policy.

Second, the diversity in institutional histories, policies, and cultural norms, represents a unique living laboratory in which the various determinants of the current economic, health and socio-psychological conditions can be understood much easier than in the more homogeneous environment of a single country. A large added value provided by SHARE both to science and to society is to exploit this living European laboratory for the analysis of the elderly's quality of life. The insights gained from analysing and comparing the diversity of experiences will help both a supranational body like the EU and its member countries to prepare more effectively for the continuing changes in age demographics in the future.

2. Innovation

The innovation of the SHARE project lies in its multidimensional design which combines interdisciplinarity, cross-national comparability, and longitudinality. Never before has a team from such diverse disciplines collected longitudinal data involving so many countries.

In order to study the quality of the life of the elderly and how it is affected by the population ageing process and by the various social and economic policies in Europe, one needs multidisciplinary, longitudinal and internationally comparable data:

Multidisciplinary data

- One needs *multidisciplinary data*, for the simple reason that many societal aspects of ageing have a multidisciplinary character (e.g. retirement and health, or financial and health factors determining inflow in disability insurance programmes). To deal with the challenges for public policy posed by the ageing of European societies, one needs to understand the complex interactions among economic, health, psychological and social factors that determine the quality of life of the elderly, and in particular the mechanisms through which policy measures such as pension reform, health care reorganisation and labour market restructuring affect elderly citizens.

Longitudinal data

- One needs *longitudinal data*, because many events associated with ageing are dynamic in nature. For instance, current pensions or social security benefits will usually depend on one's earnings history; current health is partly determined by past behaviour and past health events. Without longitudinal data one cannot distinguish between age and cohort effects. That is, if we observe differences in, for example, health, income or wealth between individuals of different age, we cannot ascertain if the difference is simply due to age or due to the fact that the younger person is on a different trajectory than the older person, because of the different life experiences associated with different cohorts.

Internationally comparative data

- One needs *internationally comparative data* to exploit the rich variety in policies, institutions and other factors across European countries. The impact of public policy can only be understood if we observe one policy in contrast to other policies. Many of the policies that one might want to consider to address future public policy challenges resulting from an ageing population, have already been implemented in some form in at least one of the European countries. Exploiting the variation in institutions across European countries creates a unique *laboratory* in which to study the effects of institutions on societal processes (Gruber/Wise 1999).

The unique and innovative feature of SHARE lies in the *combination* of these three features. We have interdisciplinary data sets in some countries, notably the English Longitudinal Survey on Ageing (ELSA)³ and the Health and Retirement Study (HRS)⁴ in the United States, the German “Alterssurvey” and the Italian Longitudinal Survey on Ageing. We also have cross-national data sets on single issues, notably the European Community Household Panel (ECHP), its successor, the Survey of Income and Living Conditions (SILC), the European Social Survey (ESS), and the various health surveys collected by the WHO. Some of these data sets are longitudinal (ELSA, HRS and ECHP). The combination of interdisciplinarity and longitudinality has made ELSA and HRS role-models for SHARE.

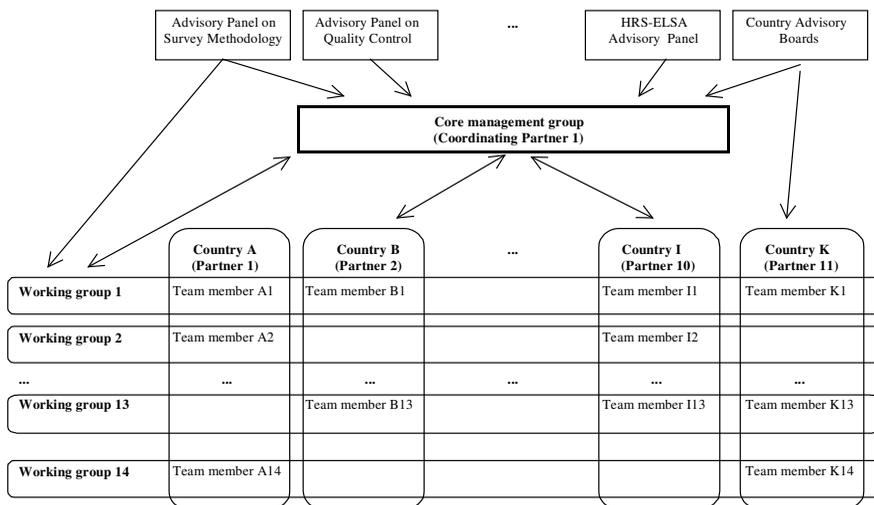
The cross of longitudinality, genuine interdisciplinarity, and a truly cross-national design, however, has not been attempted before. In addition, SHARE is designed to meet all country specific institutional and linguistic requirements in a single common design.

3. Participating Partners and Organisational Structure

Researchers involved in SHARE are organised in multidisciplinary country teams (CT) and cross-national working groups (WG) in a “matrix organisation”, assisted by a number of expert support and advisory teams. Each researcher belongs to both a country team and a working group. The organisational structure is summarised in Figure 4:

3 <http://www.natcen.ac.uk/elsa/>

4 <http://hrsonline.isr.umich.edu/>

Figure 4: Matrix structure of SHARE working groups and country teams

Team member A1 comes from country A and is an expert in field 1. This team member therefore is a member of country team A and working group 1. Ideally, each country is represented in all working groups. This is not always feasible, explaining some empty cells in the matrix. Multidisciplinary country team A consists of researchers A1, A2, ..., and A14. In turn, the cross-national working group 1 consists of researchers A1, B1, ..., I1 and K1.

In addition to the matrix of country teams and working groups, the SHARE structure involves a core management group, advisory boards and support groups. The division of labour is as follows:

A *core management group* supervises the entire project. The overall direction of the project will be carried out by the co-ordinator in collaboration with the core management group which consists of internationally-respected senior experts in their fields. The core management group settles potential disagreements among country teams and working groups or between a country team and a working group.

The co-ordinator is aided by a *co-ordination team*. It ensures overall quality and cross-national comparability, co-ordinates the development of the questionnaire modules, and co-ordinates and participates in all crucial negotiations.

The *country teams* are responsible to conduct the project in all of its phases in their respective countries. In particular, they negotiate with the survey agencies to conduct the national survey, manage the translations, participate in the training process to motivate the interviewers and oversee the fieldwork. The country teams are also responsible to make sure that the survey does justice to country-specific institutions (such as health care and pension system) and follows country-specific legal requirements (such as data confidentiality).

The task-oriented cross-national *working groups* consist of those members in each country team who are specialists in the field of the working group. The working groups design the questionnaire modules, conduct response analyses during the development process and modify the questionnaires accordingly. The working group leaders (WGL) are leading specialists in their fields. The composition and leadership of each working group is determined by the co-ordinator. Eleven working groups will produce the questionnaire design and write up subject-specific parts of the final report on a design of SHARE. In addition, three working groups address methodological issues.

In order to draw from the best experience available, several *advisory institutions and review panels* have been set up. There are several ad hoc advisory panels on overarching issues such as survey methodology, quality control, and data management and dissemination. Furthermore, SHARE is supported by an advisory group consisting of leading researchers of the US HRS and the UK ELSA.

4. Questionnaire Content and Questionnaire Design

Data to be collected will include *health variables* (e.g. self-reported health, physical functioning, cognitive functioning, health behaviour, use of health care facilities), *psychological variables* (e.g. psychological health, well-being, life satisfaction, control beliefs), *economic variables* (e.g. current work activity, job characteristics, job flexibility, opportunities to work past retirement age, employment history, pension rights, sources and composition of current income, wealth and consumption, housing, education), *social support variables* (e.g. assistance within families, transfers of income and assets, social networks, volunteer activities, time use).

All data will be collected by face-to-face, computer-aided personal interviews (CAPI), supplemented by a self-completion (“drop off”) paper and pencil section. The generic survey instrument is written in English as a computer program in the Blaise language. In each country or region, the English text is replaced with text in its own language. All texts are stored in a data base that can be accessed for translation and editing by a “language management utility” (LMU).

4.1 Respondents

Respondents are all household members aged 50 and over, plus their spouses, independent of age. Example: Anna is 52 years old. She lives together with her husband Bert of age 49 and her daughter Cecilia (age 17). In the same household lives also Bert's mother Dorothy who is of age 70. SHARE will interview Anna, Bert and Dorothy.

In order to save time and avoid duplications, some parts of the questionnaire need only be answered by one respondent in a household or couple, respectively. Questions on housing and housing finances should be answered by the household member who is most knowledgeable in housing matters ("housing respondent"). Questions about finances need be answered by one person in a couple only, again preferably by the partner who is most knowledgeable ("financial respondent"). If a couple keeps its finances completely separate, each partner will be treated as a separate financial unit and each will answer his/her own questions on finances.

A single-person interview is designed to take 80 minutes while the interview length for a couple is about 120 minutes.

4.2 Description of modules

In the following, each module of the questionnaire is described, in the order in which it appears in the questionnaire. The current version of the questionnaire is available on www.SHARE-project.org.

Coverscreen: The interview starts with a "coverscreen" that provides an introduction to the study and contains the statement of confidentiality. The coverscreen collects basic demographic information about everyone who currently lives in the household (name, gender, birth year and month, relationship to informant, and whether married or living with someone as married). It establishes whether household members are eligible for a SHARE interview and who is going to be the housing, financial, and family respondent. This section only needs to be completed by one person in each household, the "informant".

Demographics: This module collects details about each respondent's marital status, country of birth, education, and occupation. It also collects selected details about parents such as their last occupation, health status, and frequency of contact.

Physical Health: This module covers many different aspects of people's health; self-reported general health, longstanding illness or disability, eyesight and hearing, specific diagnoses and symptoms, pain, and difficulties with a range of activities of daily living.

Behavioural Risks: This module collects information on health behaviours such as smoking, alcohol use, and physical activities.

Cognitive function: This module contains subjective and objective measures of four aspects of the respondents' cognitive functioning: literacy, numeracy, memory, and verbal fluency.

Mental Health: This module asks how the respondents' view their lives and collect information about emotional problems.

Health Care: This module asks about recent doctor visits and hospital stays. It also contains questions about the respondents' level of health insurance.

Employment and Pensions: This module collects information about the respondents' current work activities, their income from work and other sources, and any current or past pensions that they may be entitled to. For respondents who have retired and are receiving a pension, we ask about the number and kind of pensions and how much they receive.

Grip Strength: This type of physical measurement involves recording the respondents' maximum handgrip strength with the aid of a dynamometer.

Walking Speed: This type of physical measurement involves asking the respondents to walk a certain distance and measuring the time it takes for the respondents to complete this activity. Only persons of age 65+ conditional of previously asked physical health, or persons of age 75+, respectively, are asked to perform this test.

Children: This module collects information about the respondents' children.

Social Support: This module collects information about any help the respondents might receive from family and other people not living in the household and how household members help others. Questions on most kinds of help received by members of a couple are asked of the "family respondent".

Financial Transfers: This module asks the "financial respondent" about any regular financial transfers and payments the respondents may have given or received from non-household members. It also asks about inheritances.

Housing: This module collects information about the respondents' current housing situation, including the size and quality of the accommodation. Owners are asked about the value of their property and, depending on the individuals' tenure, questions are asked about mortgages and rent payments. The section on housing is asked of one person per household, regardless of how many people are eligible for the interview.

Household Income: This module collects summary measures of the household income from various sources.

Consumption: This module asks about various types of household expenditures, e.g. on food, fuel, electricity, and telephone. It is answered by the “housing respondent”.

Assets: This module asks about the amount of financial and non-financial assets held in various forms and income from these assets. This section will be completed by one person in each financial unit (the “financial respondent”). A financial unit is defined as either a single person or a couple, so in most couples only one of them will complete the sections on assets on behalf of both of them.

Expectations: This module explores people’s expectations, the level of certainty they feel about the future, and how they value risk and make financial decisions within their household.

Interviewer Observations: This module concerns the interviewing experience and should be answered by the interviewer as soon as possible after the interview. These questions are important in understanding the circumstances surrounding the interview and can sometimes help researchers clarify any confusing or conflicting information. Included are e.g. information of background interview characteristics, third persons present, time and day, atmosphere, area, housing, household characteristics, etc.

5. Fieldwork Procedures

It is crucial in SHARE to ensure consistency of methods and fieldwork procedures across countries in order to obtain a genuinely comparable cross-national survey of high quality. This section summarises the main elements by which SHARE enforces cross-national comparability and high quality standards.⁵

5.1 Objectives

The first objective of tight fieldwork procedures is to achieve high data quality, such as high response and low non-contact rates. For this reason, SHARE has selected most reputable survey agencies capable of carrying out data collection for this complex study. In all countries, the agencies must sign a common standard contract, along with country specific specifications. In order to provide common standards, our second and equally important objective, a member of the SHARE co-ordination team and a member of the

5 See Lipps (2002) for details.

working group on cross-national survey design must be involved in all the crucial negotiations, and detailed written standards have to be adhered to.

5.2 Keeping track of contacts and non-response

Contact data which are collected at all interactions with respondents, informants, and gatekeepers are sent to SHARE. Contacts, response and non-response outcomes are recorded, calculated and keyed according to a pre-specified standard format, which includes at least the mutually exclusive categories listed below, which are part of the sample management system provided by SHARE:

- Number of total issued and contacted addresses (or other sample units) and mode, time and date of contact and – if applicable – date of appointments for the interview
- Mode, time, and date of all contact attempts. Further details of the attempts must be delivered to the survey agency, including observable area, stratum, dwelling and housing conditions, information about moving or deceased, where possible
- Number, time, and date of household and “target respondents” refusal (if applicable) classified into standard categories (including where possible details of gender, age-bands)
- Number of respondents who are too ill or otherwise incapable (e.g. language problems) or not available, split into temporarily and permanently, if possible
- Number, time, and date of achieved interviews, started and still to be completed, and started but not to be completed interviews
- Number, time, and date of collected drop off questionnaires

These data are used to compute the following key statistics:

- Household – non-response
- Person–non-response (unit-non-response, by a set of pre-specified reasons, see below)
- Break-off during the interview by specific persons
- Item–non-response by person

In addition, reports are regularly submitted on verification efforts, plus regular frequency lists of key variables. The leader of the country teams (CTL) review the timing, breakout and frequency of the reports together with the SHARE co-ordinator.

Appropriate measures must be taken in case of a large discrepancy between current and prospected statistics of key variables.

5.3 Probability samples

Samples for the pre-test and the main survey⁶ are full probability samples. The sampling frames will differ according to availability in different countries. It is the responsibility of the CTL to construct together with the survey agency a sample design that is at the same time suitable for this country and compatible with all other SHARE sampling designs. All country-specific sampling procedures and the sampling process has to be approved by the SHARE co-ordination team and the SHARE working group on cross-national survey design. The addresses used in the main test survey will remain (co-)property of SHARE, such that re-interviewing in a future wave is feasible.

Quota sampling is not permissible for the pre-test and the main test survey. No oversampling by age or other socio-demographic characteristics is planned. The sampling frame (if existing and generally accepted) or sampling units at different stages, including the degree of clustering and the data base used for the selection of communities as well as stratification factors applied to the sampling frame, will be described in detail in the final report, detailing the following:

- The process of the household selection from a multi-household (or multi-individual) address has to be spelled out in detail by the agency and agreed in advance, before signing the contract.
- The selection probabilities of every sample household and every sample member must be estimated and recorded after the survey.
- The remaining systematic non-coverage problems (telephone sample coverage, language minorities, other impairments, e.g. a high rate of illiteracy) must be recorded.

5.4 Interviewer training

Training is the key to a successful survey. Hence, SHARE pays a lot of attention to interviewer training. This includes both technical aspects and motivation. The interviewers are trained personally by the survey agency and the CTL, who in turn is trained using the “train-the-trainer” materials. Participation of the CTL at all training meetings is crucial for the motivation of the interviewers and the quality of the content.

5.5 Fieldwork monitoring

SHARE will closely monitor the fieldwork progress during the pre-test and main test survey. This includes producing a weekly report on response rates. All survey agency must accept quality control back-checks (e.g. contacting interviewed households by SHARE to

6 See Stage 3: Development of multi-language sampling frame and Stage 4: Running the prototype “main test survey”.

ensure that the interview actually took place, acceptance of visits by CTL/co-ordinator, acceptance of code of ethics). The survey agency sends the raw data on a weekly basis directly to SHARE (i.e. without editing), by electronic means. In case of interviews with errors, these may be sent back to the field for correction.

5.6 Debriefing sessions

After each survey, survey agencies hold “debriefing” meetings with their interviewers, the CTL and, possibly, members of the SHARE co-ordination team in which interviewers report on their experiences during the fieldwork. The debriefing meetings after the UK and the all-country pilots⁷ were very successful in showing where such a complex survey needs improvement and revision to become efficient for the interviewer and pleasant for the respondents.

6. The Development Process

Core of the SHARE development process is the iteration between *questionnaire development* and *data collection*. Point of departure was the US HRS (Health and Retirement Survey), the UK ELSA (English Longitudinal Survey of Ageing) and similar other survey instruments (e.g., in Germany, Italy and Sweden) which have addressed relevant questions.

The development process is taking place in four stages:

Stage 1: Initial questionnaire design in English language

In the first stage, completed by now, the working groups produced an English-language draft questionnaire. The entire group met in plenary sessions during this process to test ideas and ensured that the proposed questions are likely to be viable in all participating countries.

The first stage culminated in an English-language pilot which took place in the UK in September 2002. The main purpose of this pilot was to test the feasibility of the survey instrument and the CAPI program. It was based on a quota sample: 40 households had at least one respondent aged 50-70, 40 households had at least one respondent aged 71-85, and 10 households had at least one respondent aged 86+. 30 households contained at least one respondent who was working. Single/couple or composite households were equally frequent. The pilot was conducted by the National Centre for Social Research (London) which has also conducted the first wave of ELSA. The aim of this pilot was to test the

7 See Stage 2: Development of multi-language instrument.

English language questionnaire, explore its length and item non-response frequencies for various household types, and collect interviewer feedback.

Stage 2: Development of multi-language instrument

Starting from the lessons from this UK-pilot, the English-language questionnaire was thoroughly revised. The next stage consisted of an array of cognitive interviews in selected countries based on the English-language questionnaire in order to test the international feasibility of the generic instrument. After an additional round of revisions, a translation tool (the “language management utility”, LMU) was developed to enforce the comparability of all national translations with the generic English-language questionnaire. This tool is also used to keep track of necessary further adaptations to each country’s institutions and circumstances.

The translation tool and the translated questionnaires were tested in two countries, Germany and Italy. These test runs resulted in another round of improvements of tools and instrument, before the English version was translated in all SHARE languages. Languages include language variants which are treated separately, such as Belgian French and Swiss German.

The second stage culminated in a first *pilot* simultaneously in all SHARE countries, using quota samples ($n = 50$ households, some 75 persons) similar to the UK-Pilot in stage one. These interviews were conducted in June 2003 and aimed at testing whether the questions are understood and answered as intended in each country, along with measuring the duration of the different modules. Overall, this June Pilot was a success as it showed the general feasibility of such an ambitious survey, in all of the SHARE countries. More refinement will be done based on the experiences drawn, to be prepared for a pure random sample.

Stage 3: Development of multi-language sampling frame

In the next stage, after further refinements of the instrument, the full questionnaire using random samples ($n = 100$ primary respondents per country plus their spouses) will be fielded in January/February 2003. Aim is to allow predictions to be made of the reliability and validity of the full questionnaire, including more “problematic” respondents than are to be expected using a quota sample. In addition, this *pre-test* should also test the country-specific procedures to achieve a probability sample, as well as a sample management system.

An extensive statistical analysis of the pilot results will be performed to assess the reliability and validity of the questions. Using data from the testing interviews, the pilot

results and past data, these will suggest improvements to questions, and assist in the design of the final questionnaire.

Stage 4: Running the prototype “main test survey”

The last stage will consist of a medium-scale survey of this final questionnaire (n = 1000-1500 primary respondents per country plus their spouses, totalling some 25.000 respondents), scheduled for Spring/Summer 2004. This stage will be the essential step to demonstrate the feasibility and the usefulness of SHARE, in that it permits substantive data analysis addressing the main questions of interest. This “main test survey” will deliver a prototype for the planned multi-year panel, and should serve as a demonstration object to the European Commission.

Contact Addresses

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