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*Health, work and life-style of the 50+ population in Poland  
in comparison with other European countries*

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# **Health, work and life-style of the 50+ population in Poland in comparison with other European countries<sup>1</sup>**

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The process of ageing of societies is often named as one of the most important social challenges of the 21<sup>st</sup> century. The fact of increasing life expectancy with a simultaneous drop in fertility significantly changes the demographic structure of populations in many countries. As a consequence, individuals in retirement and pre-retirement age take an ever more important place in this structure. These processes require adjustment measures in many public policies, including labour market policy and health care.

We are not able to stop or even significantly change the demographic processes. But understanding the socio-economic consequences of population ageing can help us notice and use the advantages of that process. We need answers to questions such as: how to use the potential of elderly people in the labour market and their activity in social life?; what factors affect their physical and mental health and how to take care of it in the most effective manner?; what role in the lives of elderly people is played by family and friends and how to best link the roles of the state and the family in providing help to people who need it most?

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Answers to these questions require thorough research. Some of these answers are given by the "SHARE: 50+ in Europe" project (Survey of Health Ageing and Retirement in Europe). SHARE data provide an insight into the impact of adopted institutional and economic policies or the social situation and the cultural model on individual and social aspects of ageing. In this paper we present the most important initial results of analysis based on the SHARE data. They illustrate the differences between Poland and other countries taking part in the project. The analysis of Polish data is presented in comparison with the data for the Czech Republic and two groups of EU countries (North European – EU10-N: Austria, Belgium, Denmark, the Netherlands, Germany and Sweden; and South European – EU10-S: France, Greece, Spain and Italy).<sup>3</sup>

As shown by the 2006-2007 data presented below, the arising picture of the Polish population aged 50+ is rather pessimistic. Not only does health and well-being of Poles over 50 differ significantly from the results for other countries (including the Czech Republic) participating in SHARE. The Polish population 50+ is also much less active both in the labour market and outside of it in the social sphere. A large percentage of persons who have left the labour market are fully able to work and the potential of their activity is left unused to a large extent. A large fraction of working Poles declare they want to retire "as soon as possible". This is strongly related to the low assessment of working conditions, but also to the early retirement rights that existed until recently.

**Health of Poles aged 50+.** Polish population aged 50+ assesses its own physical and mental health much worse than their peers from other EU countries participating in the study. This is particularly visible with regard to self-assessment of health. But for physical health the worse status of Poles is also confirmed by more objective measures of health status. Only 8.1 percent of Polish men and 7.3 percent of women aged over 50 assess their health as excellent or very good, which remains in stark contrast to the data for northern EU countries, where about one-third of respondents declare excellent or very good health (Table 1). Although in the south of Europe and in the Czech Republic self-assessment of health in these categories is lower than in the North, the percentage of people assessing their own health as good is much higher than in Poland.

The results for other "declarative" measures of health look similar. For example, both in the northern and in the southern countries of the EU, only about 20 percent of men and

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<sup>3</sup> The purpose of this paper is also to present the broad range of SHARE data, to encourage the scientific community in Poland to use this database. SHARE data is available free of charge for all scientists. The only condition of access to data is filling a form confirming scientific character of data usage. See: [www.share-project.org](http://www.share-project.org).

slightly more than 30 percent of women declare three or more health conditions (such as joint aches, breathing difficulties, stomach problems). In the Czech Republic the fraction of respondents with three or more conditions is 24 percent for men and 40 percent for women, and in Poland – 35 and 51 percent, respectively. Poles also turn out to be the worst if we consider their declarations regarding serious limitations of daily activities.

SHARE data also include more objective health measures (such as hand grip strength and walking speed).<sup>4</sup> In this case the health status in Poland is very similar to the measurements from southern countries. In the North, the average grip strength of men is 40.6 kg, in Poland – 38.6 kg, and in the South – 37.6 kg. In this respect very good results are obtained by Czechs aged 50+ (both men and women), for whom the average grip strength is higher than the average for Northern countries of the EU.

Low level of grip strength in the south of Europe is one of the more interesting riddles arising from SHARE data, as in general hand grip strength correlates well with general health status and life expectancy. An interesting observation in SHARE is that the grip strength results suggest worse health status in southern countries, but life expectancy is higher in the South than in the North of Europe.

**Table 1. Selected measure of physical health in SHARE database.**

		EU10-North		EU10-South		Czech Republic		Poland	
		M	F	M	F	M	F	M	F
Health self-assessment (percent)	Excellent or very good	34.4	32.6	26.6	21.6	19.9	18.5	8.1	7.3
	Good	37.1	36.3	39.8	38.9	38.0	38.8	30.2	30.2
	Fair or poor	28.5	31.1	33.6	39.5	42.1	42.7	61.7	62.5
Declaration of three or more health conditions (percent)		19.3	32.8	19.8	35.1	24.3	40.3	34.5	51.4
Limited activities (percent)		14.2	16.3	10.3	11.2	19.4	18.3	29.1	27.4
Average grip strength (kg)		40.6	25.9	37.6	23.4	41.7	26.1	38.6	23.7
Walking speed (75+) (percent person <=0.4m/s)		10.9	14.8	23.7	31.8	16.2	21.1	24.8	29.8

*Source: Based on SHARE data from 2006/07.*

<sup>4</sup> Both hand grip strength and walking speed (measured as the speed of normal, natural movement) are commonly used in epidemiology as indicators reflecting general health status.

**Table 2. Selected measure of mental health in SHARE database.**

	EU10-North		EU10-South		Czech Republic		Poland	
	M	F	M	F	M	F	M	F
Declaration of four or more depression symptoms (percent)	14.1	23.3	21.6	42.3	17.2	30.5	37.0	58.4
Fraction of respondents ever having depression symptoms which lasted at least two weeks (percent)	21.8	31.4	22.7	43.0	22.2	44.2	15.5	25.5
Fraction of respondents ever treated by doctor or psychiatrist for depression (percent)	9.3	16.4	11.4	25.6	5.9	17.2	5.1	11.8
Fraction of respondents ever admitted to hospital or psychiatric ward (percent)	2.3	3.4	1.3	3.2	1.9	4.0	1.4	2.3

*Source: Based on SHARE data from 2006/07. Age as a covariant.*

One of the important observations based on the Polish SHARE data with regard to mental health is a very large discrepancy between the declarations of well-being on the one hand and active seeking medical help or medical identification of depression on the other. As presented in Table 2, 37 percent of Polish men and 58 percent of women declare four or more symptoms of depression (from among 12 surveyed, including feeling depressed, sleeping difficulties, lack of energy for daily activities, concentration problems, tearfulness). In comparison, in Northern EU countries such symptoms are reported by just 14 percent of men and 23 percent of women, whereas in the Czech Republic – 17 percent of men and 35 percent of women.

At the same time, a very low percentage of respondents in Poland identify themselves as having long-term symptoms of depression. This includes persons who call their feelings "depression" (16 percent of men and 26 percent of women). In consequence, we have a low percentage of people ever treated for depression – both hospitalized and not hospitalized. Only 5 percent of men and 12 percent of women in Poland have been treated for depression, whereas in northern EU countries – 9 and 16 percent, and in the South – 11 and 26 percent, respectively.

The results of the study presented above indicate the discrepancies with regard to understanding of the measures of mental health. This may suggest that Poles – compared to other nations – differentiate much more between poor mental disposition, expressed in feeling depressed, tearfulness etc., and "depression" treated as a mental illness. This is followed by the issue of identifying bad mood as "depression" and starting treatment aimed at improving

one's mental health. On the other hand, these results may suggest different approaches on the part of the health care system to the issue of mental problems in Poland and in other SHARE countries (including the Czech Republic). If bad mental disposition is not considered in Poland as a symptom of illness to the same extent as elsewhere, then it is not identified as illness and not treated.

**Table 3. Smoking, alcohol and physical activities in SHARE database (in %).**

		EU10-North		EU10-South		Czech Republic		Poland	
		M	F	M	F	M	F	M	F
<b>Smoking</b>	Ever	61.2	46.5	60.0	28.6	54.6	29.4	75.6	37.4
	At the present time if ever	23.6	20.9	29.7	19.2	48.0	60.2	44.0	53.1
	At the present time: percent of whole population	14.4	9.7	17.8	5.5	26.2	17.7	33.3	19.9
<b>Physical activity</b>	No intensive activity	35.7	43.3	41.5	45.3	39.1	53.3	52.5	60.0
	No moderate activity	7.2	10.3	12.8	16.3	13.2	17.6	21.0	24.9
<b>Overweight</b>	BMI 25/29.9	48.4	35.5	52.8	38.2	52.2	42.1	43.3	38.6
	BMI >=30	13.8	14.9	17.8	17.5	23.3	24.8	21.2	29.2
	BMI >=25	62.2	50.4	70.6	55.7	75.5	66.9	64.5	67.8

*Source: Based on SHARE data from 2006/07.*

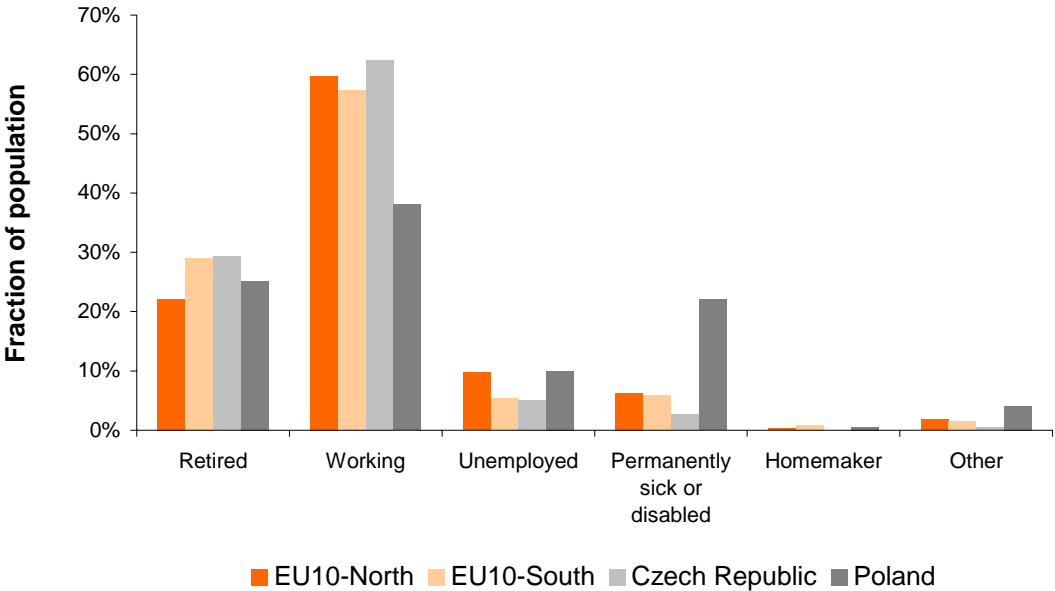
**Poles smoke more and drink less often.** The Polish population of 50+ also differs in lifestyle and tendencies to so-called risky behaviours (smoking and drinking). Obviously this can be related to the above mentioned results regarding health status. As shown in Table 3, Poles are worse than other nations with regard to smoking and physical activity. From among people who ever smoked, 44 percent of men and as much as 53 percent of women currently smoke, compared to 24 percent of men and 21 percent of women in northern countries and 30 percent of men and 19 percent of women in the South. Compared to the entire population 50+, the percentage of people smoking in Poland is twice as high for men than in the EU10 countries, and for women it is two times higher than in the North and almost four times higher than in the south of Europe.

The Polish population 50+ also shows the lowest level of physical activity. More than 50 percent of surveyed men and 60 percent of women lack engagement in intensive physical activity, and lack of even moderate activity is declared by over 20 percent of Poles aged 50+. For comparison, in SHARE-participating countries from the North only 7 percent of men and 10 percent of women declare lack of activity, and in the Czech Republic these percentages are

13 and 18 percent, respectively. This lack of activity is partially reflected in the obesity of the Poles. The so-called Body Mass Index (BMI) is over the obesity threshold in 30 percent of Polish women aged 50+ and in 20 percent of men. In the northern EU countries these percentages are 14 percent for men and 15 percent for women. However, if we take into account both obese (BMI $\geq$ 30) and overweight (BMI=25...29.9) persons, it turns out that the percentage of the latter in Poland is not so high. Nevertheless, the percentage of overweight women (BMI over 25) is higher in Poland than in the Czech Republic and EU10 countries.

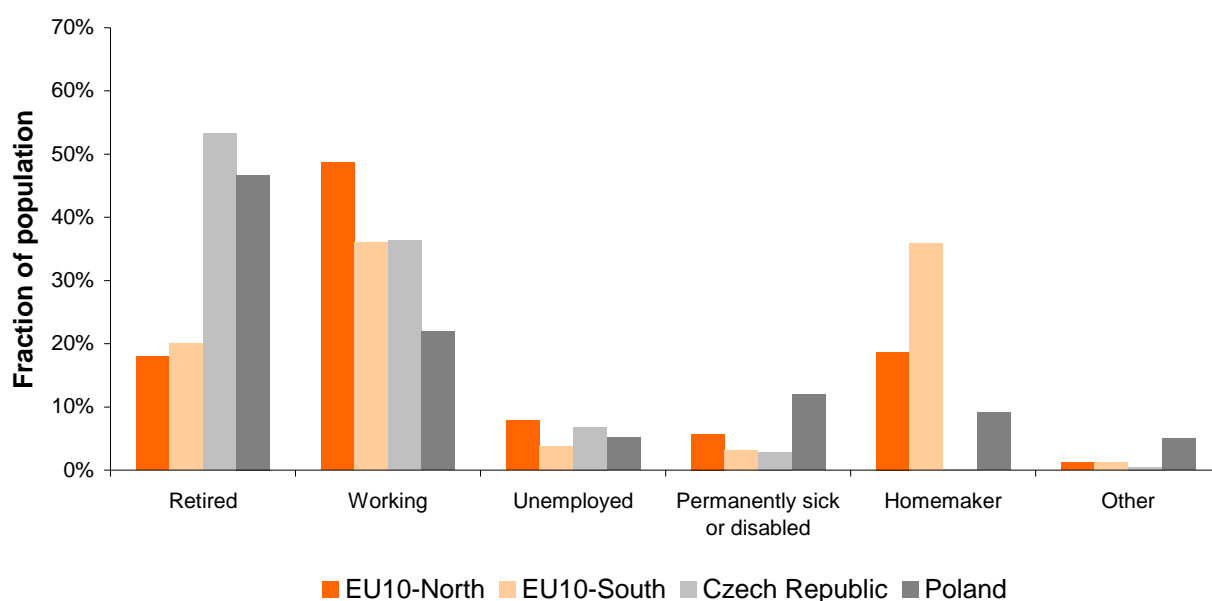
**50+ in the labour market.** The Polish population 50+ is significantly less active on the labour market compared to other SHARE-participating countries. This is true for both men and women, and the differences can be observed both in comparison to the EU10 countries, and to the employment levels in the Czech Republic. In Poland, in the age group of 50-64, only 38 percent of men and 22 percent of women work (describe their labour market status as "employed or self-employed"; see Figure 1a and 1b), whereas in the Czech Republic these numbers are 62 and 36 percent, respectively. In this age group, a very high percentage of Polish men describe themselves as ill or disabled (22 percent), and almost half of the women (48 percent) are retired. Among women the percentage of ill and disabled persons is also very high (12 percent).

**Figure 1a. Current job situation. Men aged 50-64.**



Source: Based on SHARE data from 2006/07.

**Figure 1b. Current job situation. Women aged 50-64.**



*Source: Based on SHARE data from 2006/07.*

The health status of Poles in the age group of 50-64 is unfavourable, similarly to the entire 50+ sample. This refers to most of the health indicators included in the SHARE survey. Moreover, the health status of the Poles is worse than in the EU10 countries and in the Czech Republic, both among retired persons and among working individuals. Among retirees (aged 50-64) as many as 38 percent report three or more health conditions (Figure 2), almost twice as many as in the northern and southern EU10 countries and 6 percentage points more than in the Czech Republic. What's interesting, also in the group of working people (which is relatively smaller in Poland than in other countries), the percentage of people with three or more health conditions is as high as 21 percent. For comparison, this fraction is 13 percent in the North of the EU, and 17 percent in the Czech Republic. When looking at this data, a question appears regarding the nature of relations between the health status and professional activity – to what extent does the health status affect the lack of activity in Poland, and to what extent does the lack of activity influence health and well-being. What is interesting, as presented below, in Poland very few retired persons declare ill health as the main reason of retirement.

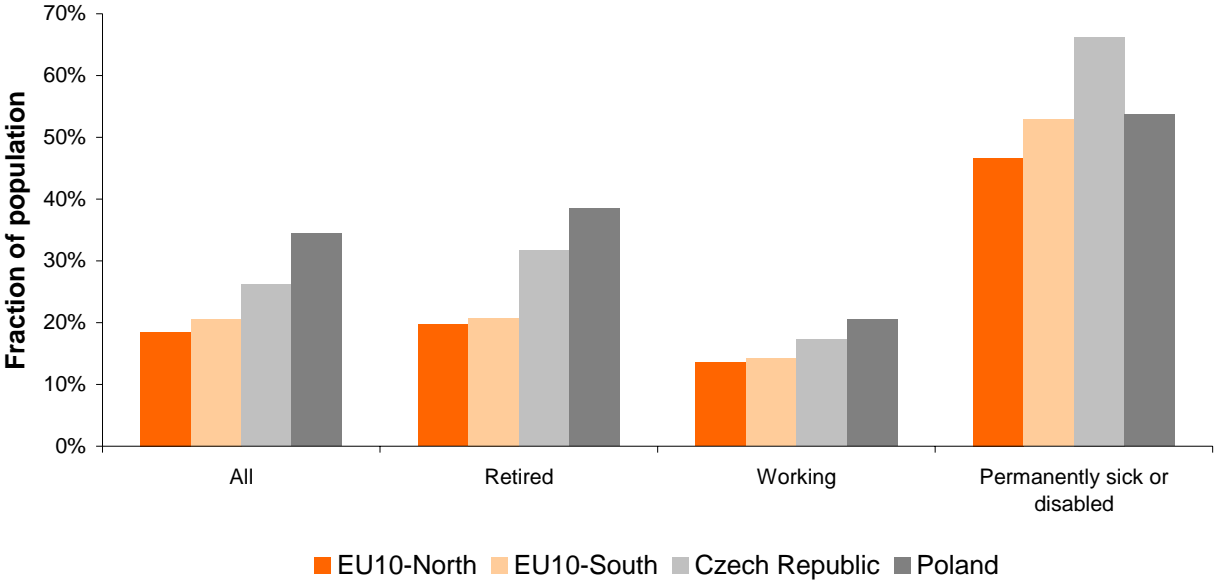
The relation between the health status and employment level is worth considering from the viewpoint of the use of human resources. It is also worthwhile considering from the other side, focusing only on people who are healthy. In this case Poland also turns out to be worse compared to other countries. In southern and northern countries of EU10 and in the Czech Republic, the percentage of working men among those who do not declare any health



conditions is almost 70 percent. This indicator in Poland amounts to 51 percent (Table 4). In the North, among women who declare no health conditions, 49 percent work; in the South and in the Czech Republic – 36 percent. In Poland this indicator is 22 percent. One-third of Polish men and almost half of women aged 50-64 who declare no health conditions are retired.

Therefore, taking into account the above mentioned data it would be difficult to defend a thesis that low employment levels in Poland is determined only by their poor health. The data also point to the highly unused labour market potential of people aged 50-64 in Poland compared to other European countries.

**Figure 2. Health and current job situation: fraction of respondents aged 50-64, who declared three or more health conditions.**



Source: Based on SHARE data from 2006/07.

**Table 4. Current job situation between respondents (aged 50-64) who declared no health conditions.**

	EU10-North	EU10-South	Czech Republic	Poland
<b>Men</b>				
Retired	20.0	25.2	24.1	28.0
Working	68.7	66.7	69.4	50.7
Other	11.2	8.1	6.5	21.3
<b>Women</b>				
Retired	17.9	20.0	53.3	46.7
Working	48.7	36.0	36.4	21.9
Other	33.4	44.0	10.3	31.4

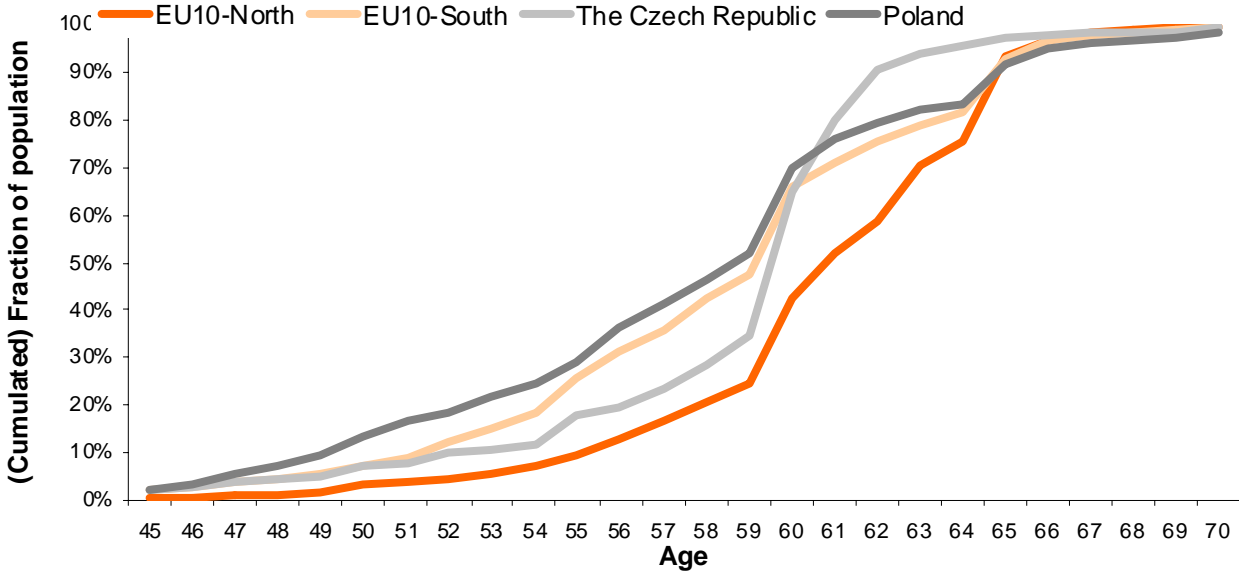
Source: Based on SHARE data from 2006/07.

SHARE data suggest that the main factors determining professional activity of people over 50 include systemic factors, i.e. legislation allowing for early retirement on the one hand and other forms of professional non-activity, such as disability insurance/benefits, on the other. The influence of systemic factors is well reflected by the differences in retirement age presented in Figures 3a and 3b. They show cumulated percentages of population of retired people in the SHARE sample depending on the age at which they had retired. The SHARE data reflect the similarity of the dynamics of retirement in Poland and in southern EU10 countries in case of men, as well as very large differences between the retirement dynamics among women in EU10 countries vs. Poland and the Czech Republic. As presented in the charts, people from the North retire last. For example, only 24 percent of both men and women had retired before turning 60. In the South these percentages are 48 percent for men and 41 percent for women, and in Poland – 52 and 65 percent. In Poland, 45 percent of women who are currently retired, had retired before reaching 56 years of age. In the North – just 11 percent.

One interesting thing is that in many cases current Polish retirees declare that the main reason for their retirement was obtaining retirement rights (80 percent), and only 7 percent quote ill health as the main reason for retirement (Table 5). In northern EU countries, retirement rights are quoted as the main reason for retirement by 59 percent of retirees, and ill health is declared by 13. This data, in comparison with the health status of current pensioners aged 50-64 (Figure 2) may suggest that it is not poor health that makes people retire; quite the opposite, early retirement may contribute to poor mental disposition and worsening health status. Because for Poland so far we do not have panel data allowing for such a hypothesis to be confirmed, we have to wait for such an analysis until data is gathered for the forthcoming waves of SHARE data collection.

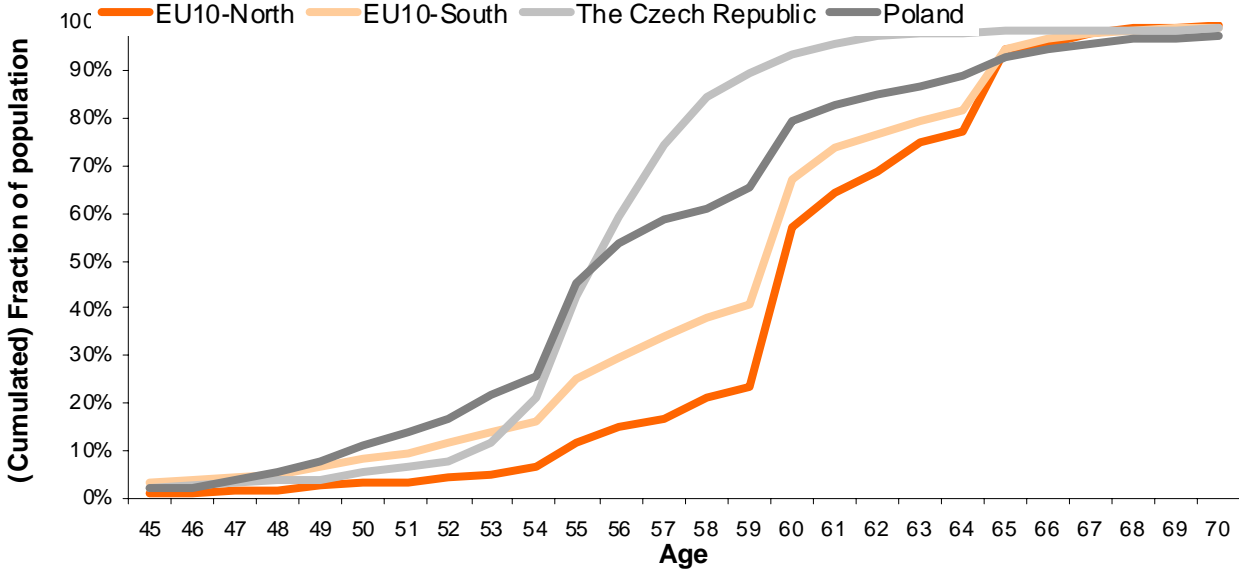
SHARE data confirm that the decision to retire is also strongly influenced by working conditions experienced by people in pre-retirement age. Poles aged 50-64 assess their working conditions much worse, as presented in Table 6. Only 46 percent of working respondents in Poland say that they can develop new skills at work, and only 31 percent – that their salaries are adequate to their efforts and achievements at work. These proportions in northern EU10 countries are, respectively, 75 and 58 percent, and in the Czech Republic – 74 and 71 percent. The work of people aged 50-64 in Poland seems to require more physical effort than in other countries, and only 57 percent of working respondents disagree with the statement that they have little freedom to decide how they do their work.

**Figure 3a. Retirement age - men.**



Source: Based on SHARE data from 2006/07.

**Figure 3b. Retirement age - women.**



Source: Based on SHARE data from 2006/07.

**Table 5. Reason for retirement**

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	<b>EU10- North</b>	<b>EU10- South</b>	<b>Czech Republic</b>	<b>Poland</b>
Reason for retirement				
- Became eligible	59.4	75.8	74.1	79.9
- Was offered an early retirement option	16.6	9.0	6.7	8.1
- Own ill health	13.1	7.4	13.7	6.9
- Other reason	10.9	7.8	5.5	5.1

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*Source: Based on SHARE data from 2006/07.*

What is more, Poles aged 50-64 rate their level of employment security much lower than their peers in other SHARE countries. Therefore, there may be nothing strange in the fact that 62 percent of them would like to retire from their current job as soon as possible (despite the fact that almost 90 percent of working respondents are generally satisfied with their jobs). In case of northern EU10 countries this fraction is just 43 percent, and in the Czech Republic – 39 percent. The subjective measures of employment insecurity are confirmed by the more objective measures. In Poland permanent employment contracts are held by less people aged 50-64 than in other countries. This fraction amounts to 71 percent, whereas in the Czech Republic it is 80 percent, and in the EU10 countries – about 90 percent. In Poland and the Czech Republic there is also more people in this age group who have changed their jobs within the last 5 years – about 26 percent, compared to 20 percent in northern EU10 countries and 14 percent in the south of Europe. It is worth noting that among working respondents aged 50-64, in Poland almost half of them have the same jobs they had before 1990, whereas in the Czech Republic it is only 29 percent. This means that more than two-thirds of the Czechs in this age group have changed their jobs during the transformation period.

**Activity at home and outside.** The SHARE data also contain information regarding social activities and closeness of family ties, as well as mutual help provided and received by members of the 50+ population. In this respect Poland does not differ significantly from the rest of Europe. Polish grandfathers and grandmothers take care of their grandchildren equally often as their peers from other EU countries (41 and 46 percent, respectively), and people aged 50+ equally often help others in their households (10 percent) as they receive help from other household members (14 percent).

**Table 6. Work satisfaction between working respondents aged 50-64**

	EU10- North	EU10- South	Czech Republic	Poland
<b>I agree:</b>				
I have an opportunity to develop new skills	74.8	61.9	73.8	45.5
Considering all my efforts and achievements, my salary is/earnings are adequate	58.3	51.5	52.8	31.4
My job security is poor	18.3	16.1	28.7	39.6
<b>I do not agree:</b>				
My job is physically demanding	58.3	54.1	49.6	38.7
I am under constant time pressure due to a heavy workload	40.5	50.3	43.6	50.5
I have very little freedom to decide how I do my work	75.7	73.9	60.4	56.5
<hr/>				
Fraction of employees	85.2	76.2	82.1	79.1
Employees with permanent contract	92.0	89.8	79.5	70.5
How long employed in current job:	0-5 years	19.8	13.5	25.7
	6-18 years	32.4	23.6	45.8
	19+ years	47.9	62.9	28.6
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All things considered I am satisfied with my job	93.3	89.6	92.3	88.2
I would you like to retire as early as I can from this job	42.7	56.7	39.4	61.7

*Source: Based on SHARE data from 2006/07.*

Although Poles keep their ties close within families on a similar level as in other EU countries, their level of out-of-home activity is significantly lower. Poles aged 50+ very rarely engage in social activities such as charity or voluntary work. Such activity is reported by only 3 percent of men and 1 percent of women, and, interestingly, this level is equally low in Poland and in the Czech Republic. For comparison, in northern EU countries such activity is reported by 17 percent of men and 13 percent of women. In those countries, also training and educational courses are much more popular (7 percent compared to less than 2 percent in Poland). As for non-professional activities, the largest difference between Poland and other SHARE countries appears in sports and social activity. Whereas in northern countries 28 percent of men and 23 percent of women declare attending a sports or social club, in Poland it is just 3 percent both for men and women. This data coincide to some extent with the data on physical activity presented in Table 3, although for social activity the differences between Poland and other SHARE countries are much larger.

**Table 7. Social activities and help.**

	EU10-North		EU10-South		Czech Republic		Poland	
	M	F	M	F	M	F	M	F
Fraction of respondents, who have in last month:*								
- Done voluntary or charity work (percent)	17.3	12.9	10.2	9.2	2.5	3.1	3.4	1.1
- Attended an educational or training course (percent)	7.3	7.0	3.1	3.9	3.7	6.7	1.3	1.6
- Gone to a sport, social or other kind of club (percent)	28.4	23.2	14.5	12.9	17.1	13.2	2.7	2.2
Fraction of grandfathers and grandmothers, who have looked after grandchildren without the presence of the parents in last 12 months (percent):	42.2	42.3	39.4	46.7	34.8	43.4	41.2	46.4
Fraction of respondents, who have in last 12 month								
- regularly gave help to somebody within household	6.2		8.4		8.0		9.8	
- regularly received help from somebody within household	12.0		15.8		13.1		14.4	

*Source: Based on SHARE data from 2006/07. \* - age as a covariant.*

**Conclusions.** As stated above, the first SHARE data collected in Poland in 2006/2007 form a somewhat pessimistic picture of the Polish 50+ population. Poles over 50 stand out with respect to worse health status and well-being than their counterparts from other SHARE countries (including the Czech Republic). They are also much less active, both in the labour market and outside of it. The SHARE data show that a large percentage of people who left the labour market are people who are fully able to work, and the potential of their activity remains largely unused.

A significant part of working Poles declare they want to retire "as soon as possible". This is strongly related to the fact that they assess their working conditions as poor, but it is also related to the existing early retirement privileges. Undoubtedly, if professional activity of people over 50 is to rise, employers must seriously consider the indicators of low assessment of working conditions. This refers both to the issue of employment security and to more attention put on "investing" in productivity of older employees in the form of training or courses.

The analysis of SHARE data suggests serious challenges for social and economic policy. If its objective is to increase professional activity of people aged 50+, then the challenge

should be identified as reforming the health care and pension system, improving working conditions of people in pre-retirement age, and mobilizing elderly people to social activity. It is difficult to question the reasons behind the construction of sports grounds for the youngest, but the conclusions from SHARE suggest a significant lack of infrastructure allowing for social and sports activity also among the older part of the population.



## **SHARE: 50+ in Europe**

[www.share-project.org](http://www.share-project.org)  
[www.cenea.org.pl/share](http://www.cenea.org.pl/share)

SHARE is an international research project carried out since 2004 in Austria, Belgium, Denmark, France, Greece, Spain, the Netherlands, Israel, Germany, Sweden, Switzerland and Italy. The Czech Republic, Ireland and Poland joined in 2006/2007.

The project is financed primarily by the European Commission, DG Research, under the 5<sup>th</sup>, 6<sup>th</sup> and 7<sup>th</sup> Framework Programmes, as well as by the US National Institute on Aging and other national institutions. Initial analyses of the Polish SHARE research group have been co-financed by the Ministry of Science and Higher Education under Special Research Programmes.

On November 28, 2008, SHARE data collected in 2006/2007 were made available to the scientific community. This data covers information on health, socio-economic status, as well as social and family networks for more than 30,000 persons aged 50 and more. The analyses of SHARE data with special emphasis on the Polish sample were presented on September 17, 2008 at a conference organized at the Ministry of Labour and Social Policy.

Data from SHARE show that the 50+ populations in particular European countries are in different situations regarding health, financial status, level of labour market activity and lifestyle. For example it turns out that although Europeans from the North are healthier and wealthier, people from the South (Greece, Israel, Italy and Spain) live longer. Analyses based on SHARE data may help determine whether these differences are genetic or societal. Moreover, SHARE also includes comparable indicators of quality of care for older persons and shows significant need for improvement of geriatric care. Most of these indicators suggest there is a substantial lack of geriatric assessments and screening tests across Europe. Polish SHARE data indicate that our 50+ population differs in many areas of life from populations in other European countries. This is true for both health, lifestyle, social and labour market activity.

The initial results presented in this paper, based on SHARE data, are just a small sample of information included in this data, and just a fraction of analytic possibilities offered by the SHARE database.<sup>5</sup> With the development of the project and construction of longitudinal scientific infrastructure based on the first data collected in Poland, SHARE data will allow for better understanding of the situation of persons aged 50+. As a consequence they may become a valuable tool in the process of improvements in socio-economic policies, addressed at the 50+ population.

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<sup>5</sup> More examples of the use of SHARE data can be found in numerous publications based on this database. The list of most important publications and the so-called "First Results Book" based on the 2004/05 and 2006/07 data is available on the project's website ([www.share-project.org](http://www.share-project.org)).