



ANNUAL ACTIVITY REPORT
2021/22



SHARE-ERIC

Amalienstr. 33
80799 Munich
Germany
info@share-project.org

Host Institution:

Max Planck Institute for Social Law and Social Policy
Munich Center for the Economics of Aging (MEA)

Editorial Board:

Axel Börsch-Supan, Kathrin Axt, Michael Bergmann, Martina Börsch-Supan, Verena Coscia, Salima Douhou, Fabio Franzese, Stefan Gruber, Julia Knoblechner, Stephanie Lasson, Diana Maria López-Falcón, Veronika Máté, Andrea Oepen, Yuri Pettinicchi, Jeny Tony Philip, Gregor Sand, Karin Schuller, Daniel Schmidutz, Stephanie Stuck, Afife Yasemin Yilmaz

Managing Editor:

Andrea Oepen, SHARE European Relations and International Management
Verena Coscia, SHARE Public Relations

Conceptual Design & Layout:

Valentum Kommunikation GmbH, Regensburg

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FOREWORD FROM THE CHAIR

A few months ago I took over the chairmanship of SHARE-ERIC at a very turbulent time. I deeply regret that personal meetings were not possible in 2021 due to the ongoing pandemic. With the end of the pandemic not yet in full sight and new crises emerging in Europe, times certainly have not become less turbulent and we still feel far away from normality.

With that in mind, I am all the more grateful to everyone involved for their continued support and efforts in advancing the long-term future of SHARE within the context of so-called SHARE 2.0 process in 2021.

One big step has now been taken with the establishment of the SHARE Berlin Institute on March 21st 2022. As a result, the central administration of SHARE will soon have a new “home” at this new institute in Berlin which itself is a joint venture of four well-known research institutions: the WZB Berlin Social Science Center, the German Institute for Economic Research (DIW), the Charité – Universitätsmedizin Berlin and the German Centre of Gerontology - Deutsches Zentrum für Altersfragen (DZA). The new institute will also closely work together with the Robert Koch Institute (RKI). Hence, the establishment of the SHARE Berlin Institute also marks the beginning of a period of novel interdisciplinary approaches and synergies for SHARE.

The Federal Ministry of Education and Research of Germany (BMBF) has supported this development and is certain that the SHARE Berlin Institute provides a strong basis for the future development of SHARE.

The next steps to be taken concern the European level: Currently, the duration of SHARE-ERIC is still set to end at the end of 2024 making it not only the first ERIC but also the only ERIC with a limited run-time. In the coming months, we will therefore have to focus our joint efforts towards taking the necessary steps at European level to extend SHARE-ERIC beyond 2024. Thanks to the strong commitment of all European countries, I am confident that we will also meet this challenge and be successful in ensuring a stable and sustainable future for SHARE from 2025 onwards.




Dr. Sandro Holzheimer
SHARE-ERIC Chair

FOREWORD FROM THE MANAGING DIRECTOR

We live in turbulent times, indeed. The pandemic is not over, and a horrible new crisis will affect all of us since Russia invaded Ukraine. SHARE had started a data collection project in Ukraine but the Principal Investigator emigrated. SHARE had also started a cooperation project with Russia, a first wave of data had been collected, and a presentation was planned for this April. Now all of this has been cancelled. SHARE is part of the pleasant and unpleasant realities of our world.

Evidence what these turbulent times mean for social, economic and health policies is therefore needed more than ever. The crises make all of us poorer, but certainly not equally. Many have suffered from worse health, also this unequally. Similarly loneliness, especially in nursing homes. In these regards, SHARE was not only able to collect highly relevant data with another dedicated telephone survey during 2021, it also managed to get back again “in the field” and continue our comprehensive face-to-face data collection as part of Wave 9.

I would like to take the occasion to thank the entire SHARE team, all across Europe, the country teams in 28 countries, the team in Munich and our support team at Centerdata, who have shown and continue to show a huge loyalty to SHARE in these turbulent times. I also want to thank the SHARE respondents who have repeatedly taken the time to answer the SHARE questionnaires and have remained loyal to SHARE even during the COVID pandemic. They are the foundation for the new SHARE 2.0.

The new SHARE, called “SHARE 2.0”, will contain many new elements: changed, adapted survey methods and a focus on the pressing issues of the time. New challenges will occur when SHARE Central will move to Berlin from next year onwards. At the same time, however, we are sticking to what has been tried and tested successfully and are consciously building on the assets of SHARE as a stable pan-European long-term panel study.

Finally, I would like to thank the German Federal Ministry of Education and Research and the new Chair of SHARE-ERIC, Dr. Sandro Holzheimer, who have brought forward the continuation of SHARE as a SHARE 2.0 past 2024 by strongly supporting the foundation of SHARE Central's new home, both politically and financially, the SHARE Berlin Institute.




Prof. Dr. h.c. Axel Börsch-Supan, Ph.D.
Managing Director of SHARE-ERIC

WHAT IS SHARE?

The Survey of Health, Ageing and Retirement in Europe

With the growing and ageing population in Europe, well-founded evaluation of the effects of health, social, economic and environmental policies on the lives of European citizens becomes ever more important. In order to meet this challenge, excellent scientific research is needed. SHARE, the Survey of Health, Ageing and Retirement in Europe, was created to deliver the data to conduct this research. In 2004, SHARE started interviewing people of the generation 50+. Since then, the same people have been interviewed every two years. As of Wave 8, SHARE has conducted around 530,000 interviews with 140,000 respondents. In general, specially trained interviewers collect the data on the participants' economic, social and health situation in computer-assisted personal interviews. This data is complemented by large-scale objective physical measures, such as grip strength, lung function and chair stand. Additionally, in the course of the COVID-19 pandemic, SHARE has conducted two Corona Surveys. The data were collected through telephone interviews. Thus, SHARE is the largest pan-European social science panel study providing internationally comparable longitudinal micro data, which allows insights in the fields of public health and socio-economic living conditions of European individuals, both for scientists and policy makers.

Research on a Global Scale

SHARE operates in all Member States of the European Union as well as in Switzerland and Israel. Strictly harmonised questionnaires guarantee cross-national comparability. SHARE is also embedded in a global network of sister studies, thus allowing comparative research on a truly global scale.

Exploiting Europe's "Natural Observatory"

With the help of SHARE data, researchers can provide a better understanding of how individuals and families are affected by various policy decisions. The survey exploits Europe's institutional, economic, social and cultural diversity as a "natural observatory" to investigate the impact of policy decisions. In particular, it analyses the second half of the life cycle and brings together many scientific disciplines, including demography, economics, epidemiology, psychology, sociology, medicine, biology and statistics. SHARE's special data sets include retrospective data on the respondents' entire life course, the linkage of survey data with institutional pension information, objective health measures like biomarkers and accelerometer data, or a simplified dataset for training and teaching purposes. The data are available to all researchers around the globe free of charge.

Deep understanding of crisis effects and challenges

Be it the financial crisis in 2008 or the global pandemic since 2020: SHARE is an excellent tool to research and understand the effects of crises and societal challenges in Europe and beyond. With the outbreak of the COVID-19 pandemic, SHARE has become ever more important as a tool for evidence-based policy making. It offers the ideal infrastructure to study the non-intended socio-economic and health consequences of the epidemiological containment decisions and the long-term effects of the COVID-19 pandemic due to its life-course and multidisciplinary

approach. These synergies have been pooled in the SHARE-COVID19 research project, funded by Horizon 2020 and the Coronavirus Global Response.

10 Years an ERIC

SHARE has become a major pillar of the European Research Area. It was selected as one of the projects to be implemented by the European Strategy Forum on Research Infrastructures (ESFRI) in 2006. Ten years ago in March 2011, SHARE was given a new legal status as the first European Research Infrastructure Consortium (SHARE-ERIC) ever. Finally, SHARE became an ESFRI landmark in 2016. More details can be found on p. 14.

Central Coordination

SHARE is centrally coordinated by the Managing Director of SHARE-ERIC, Professor Dr. h.c. Axel Börsch-Supan, Ph.D., at the Munich Center for the Economics of Aging, a division of the Max Planck Institute for Social Law and Social Policy. About 44 people work in the SHARE central office in Munich (as of end 2021), taking care of the Database Management, Questionnaire Development, Survey Methodology, Operations, and the various research projects of SHARE. They are complemented by the Financial Affairs, European Relations and International Management, and Public Relations units, which are responsible for the administrative aspects of the survey, such as funding, governance, central procurement for the survey agencies, data protection and public relations. A particular challenge in 2022/2023 will be the relocation of SHARE's infrastructure to its new home in Berlin.

Area Coordination

SHARE's multidisciplinary nature is reflected in the coordination of the questionnaire's various research fields. Professor Guglielmo Weber, Ph.D., (University of Padua, Italy) is the coordinator for the Income & Wealth section, Karen Andersen-Ranberg, Ph.D., (University of Southern Denmark) for Health, Professor Florence Jusot (Université Paris-Dauphine, France) for Health Care, Professor Agar Brugiavini, Ph.D., (Ca' Foscari University of Venice, Italy) for Work & Retirement and Professor Howard Litwin, Ph.D., (Hebrew University of Jerusalem, Israel) for Social Networks.

Software Infrastructure

The software tools used by SHARE are provided by Centerdata, a research institute located on the Tilburg University campus. Centerdata not only programs the questionnaires, but also provides the software infrastructure for SHARE as well as the online data access for users.

Country Teams

In each participating country, a country team manages the national or regional data collection. Scientists from local research institutions lead a team of one to five members and ensure the same methodological standards in all SHARE countries. To conduct the survey, carefully selected survey agencies assist these teams with their professional knowhow and their highly trained interviewers.

SHARE IN TRANSITION

SHARE has been successful over the last years and proudly celebrated its 10th birthday as Europe's first European Research Infrastructure Consortium (ERIC) ever. The following pages (pp. 14 – 17) give an overview of SHARE's achievements over the past years.

After 10 years as an ERIC and 18 years of SHARE in total, it is time for renewal. SHARE faces an exciting transition process with the move of its headquarter to Germany's capital city Berlin. This goes hand in hand with new collaborations: SHARE will be embedded in a network of four leading research institutions (see pp. 18–23).

SHARE'S MISSION & VISION

SHARE's Mission

SHARE, the Survey of Health, Ageing and Retirement in Europe, is a research infrastructure for studying the effects of health, social, economic and environmental policies over the life-course of European citizens and beyond. From 2004 until today, 530,000 in-depth interviews with 140,000 people aged 50 or older from 28 European countries and Israel have been conducted.

SHARE is the largest pan-European social science panel study providing internationally comparable longitudinal micro data, which allows insights in the fields of public health and socio-economic living conditions of European individuals, both for scientists and policy makers.

SHARE is the ideal database to study the non-intended socio-economic and health consequences of the epidemiological containment decisions and the long-term effects of the COVID-19 pandemic due to its life-course and multidisciplinary approach combining health with socio-economic data.

SHARE has global impact since it not only covers all EU member countries in a strictly harmonized way but additionally is embedded in a network of sister studies all over the world, from the Americas to Eastern Asia, now also expanding to Africa.

SHARE

EMPOWERS decision makers
to MAKE data-driven decisions
by PROVIDING world-class
research and data to researchers
on how people RESPOND
to a changing world.

SHARE's Vision

How do people respond to a changing world?

Facing the risks to health even in modern times became obvious after the COVID-19 pandemic. Global crises reaching out to Europe. The effects of demographic change are becoming noticeable in Europe's ageing societies. Therefore, longitudinal data that allow for cross-country comparisons and research with a lifecycle perspective are needed to investigate how people cope with a changing world – who gains and who loses. SHARE will therefore expand collaboration and research projects particularly in the following areas: "Baby Boomer Retirement, Silver Economy and Digitalization", "Health prevention and maintenance in an aging world", "Flexible elderly care" and "Growing inequalities".

SHARE's scientific aim is to stay a world leader in harmonizing international surveys and strengthen its connections in a global network of similar surveys.



To achieve this, SHARE focuses on methodological innovations: multi-mode interviewing, flexible frequency, objective data and links to process data.

With the foundation of the SHARE Berlin Institute, SHARE will evolve scientifically through new partnerships and scientific concepts and at the same time will remain true to its unique selling point: SHARE's fundamental structure as a panel as well as its multidisciplinary and international design.

SHARE's vision is to help improve people's lives by providing world class research and data on how people respond to a changing world.

SHARE'S ACHIEVEMENTS: 10 YEARS OF RESEARCH EXCELLENCE AS ERIC

SHARE-ERIC is celebrating its 10th anniversary as the first European Research Infrastructure Consortium

In March 2021, SHARE-ERIC has **celebrated its 10th Anniversary as European Research Infrastructure Consortium (ERIC)**. The establishment as an ERIC assists SHARE in its research activities on highly topical health and socio-economic issues for Europe and beyond.

ative infrastructure with research teams in 27 European countries and Israel. All continental member states of the European Union participate in SHARE. The survey's large-scale design has encouraged the SHARE team to come up with constant conceptual improvements, bearing plenty innovations in the fields of methodology. Furthermore, SHARE data enabled researchers all over the world to practice in-depth and topical research in a variety of research fields, from biology to demography, economics, epidemiology, gerontology, medicine, psychology, public health, sociology, and more. Research based on SHARE data can be used as a valuable tool for evidence-based policy making – among others – for the European Commission, the OECD, the WHO and several national governments.

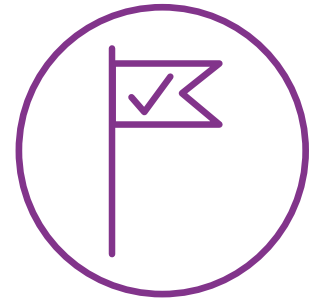


"SHARE is a unique observatory for policy effects over the life course and for people's reactions to policies and events like reforms and crises.

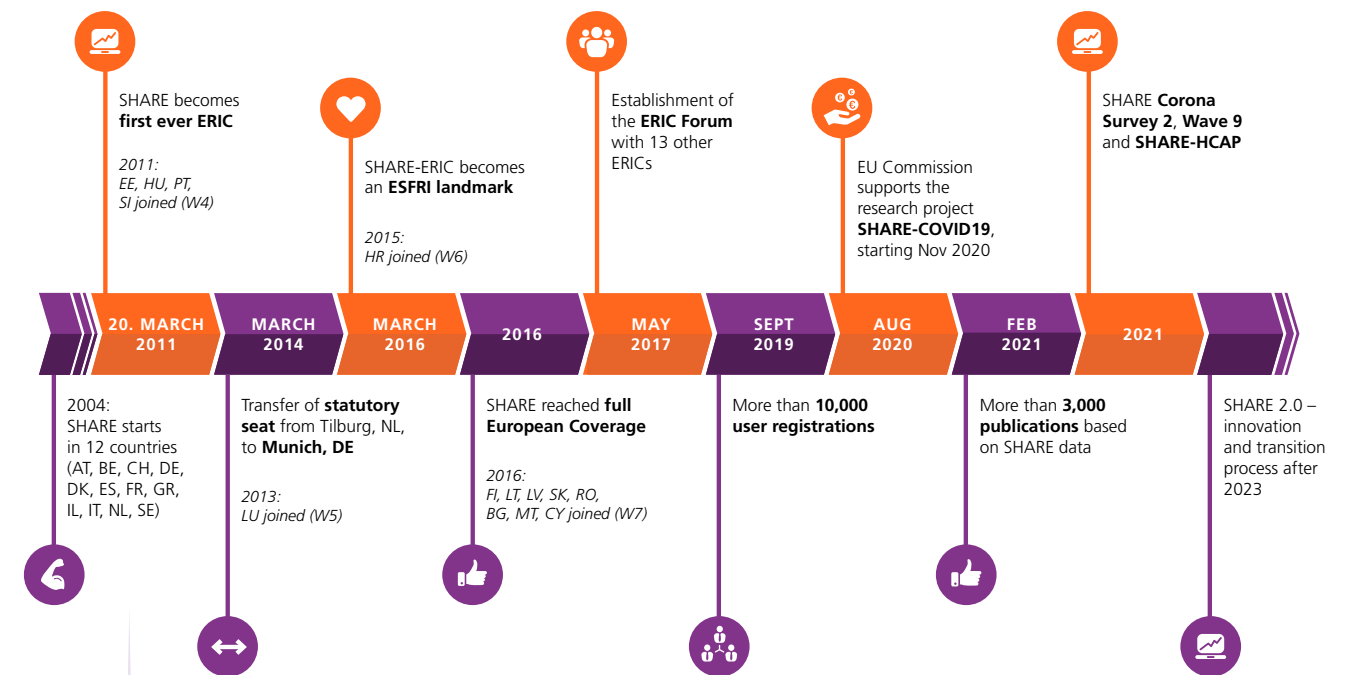
Our aim is to improve people's quality of life with high-quality research on their health and socio-economic living situations and to help making policy reforms more targeted to the needs of people", says SHARE-ERIC Managing Director, Prof. Dr. h. c. Axel Börsch-Supan, PhD.

To date, more than **14,000 researchers** in **76 countries** are working with SHARE data and have produced more than **3,400 SHARE-based publications**. The number of publications and users are steadily increasing. In 2021, SHARE registered **one new publication every day** on average.

SHARE has set new standards in research and scientific data collection: Over the years, it built an oper-



SHARE-ERIC has reached a huge number of milestones over the last 10 years:



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SHARE-ERIC's rooting in the European Research Area

In March 2011, when SHARE had already been operating for seven years, the EU Commission laid the foundation for its establishment in the European Research Area by announcing SHARE to become the first European Research Infrastructure Consortium (ERIC) ever. Another important goal was achieved when the European Strategy Forum on Research Infrastructures (ESFRI) appointed SHARE-ERIC an ESFRI landmark in 2016. **SHARE-ERIC constantly grew and gained new members:** The founding members of SHARE-ERIC have been Austria, Belgium, the Czech Republic, Germany and the Netherlands, with Switzerland having an observer status. Italy joined in June 2011, followed by Greece, Israel, Slovenia and Sweden in 2013, Poland in 2014, France in 2015, Hungary in 2017, Croatia and Cyprus in 2018, and Bulgaria in 2019. Further SHARE countries are currently in the preparation of achieving the status as ERIC member. In 2016 SHARE reached full coverage in the European Union by including all continental EU member states plus Switzerland and Israel.

In May 2017, SHARE-ERIC, with 13 other ERICs, established the ERIC Forum – an undertaking that entered new territory in collaboration of ERICs and has since become an important pillar in the European Research Area. Meanwhile 23 ERICs are members of the Forum, including SHARE-ERIC (for more in-

formation, see p. 87). Beginning 2019, SHARE-ERIC worked together with the ERICs ESS and CESSDA to build the Social Sciences and Humanities Open Cloud (SSHOC) cluster project, which is realizing the social sciences and humanities part of the European Open Science Cloud (EOSC). Other cluster projects supported by the European Commission's Directorate-General for Research and Innovation (DG RTD) in which SHARE was involved were DASISH (Data Service Infrastructure for the Social Sciences and Humanities) and SERISS (Synergies for Europe's Research Infrastructures in the Social Sciences). They offered the frame to achieve common goals, for instance a common software, implementing FAIR data principles or the handling of ethical issues. Since its preparation phase, the European Commission has continuously invested in SHARE through the projects SHARE PREP, SHARE M4, SHARE DEV3, SHARE COHESION, and recently SHARE-COVID19. We are grateful for the funding by the European Commission and by all SHARE-ERIC members and further countries participating in the SHARE study. This has permitted SHARE-ERIC to grow and rise in an unprecedented breadth and depth. It also proved the concept of a European Research Infrastructure Consortium, and affirmed the European Union's aspirations to create an entity, which not only provides a legal framework, but also bears innovative science.

For the next decade we have already started the SHARE 2.0 process based on a further developed

scientific concept in order to adequately meet the current global challenges. We very much hope to be able to persuade other countries to become members of the SHARE-ERIC and thereby make their contribution to the "big picture", comparable data from all continental European countries, harmonized with data worldwide.

SHARE-based research – a journey through the past 10 years

Please join our journey through SHARE's research over time and explore selected remarkable scientific results from the past 10 years ago until today: <https://tinyurl.com/10YearsSHAREresearch>



SHARE IN TRANSITION

On the road to a new future

The organizational level: solid management of a stable future after 2024

Background – why change?

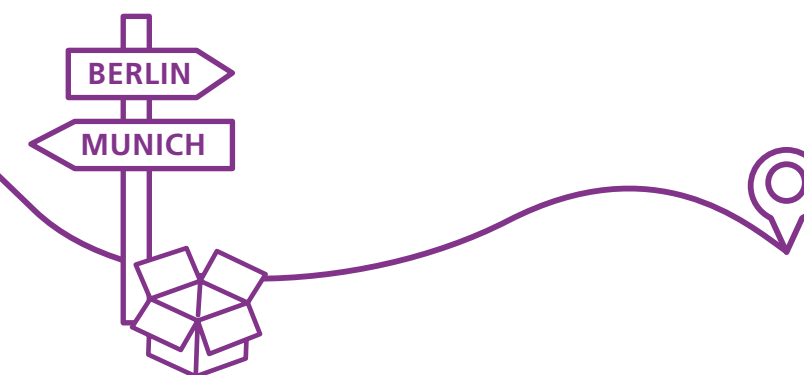
The international coordination of SHARE is currently based at the Max Planck Society (MPG) at the Munich Center for the Economics of Aging (MEA), a department of the Max Planck Institute for Social Law and Social Policy (MPISOC). The national data collection for SHARE in Germany is located at the Technical University of Munich (TUM) at the Chair for Economics of Aging. In these functions, MPG and TUM are “scientific partner institutions” of SHARE-ERIC within the meaning of Article 5 and Appendix 1 of the SHARE-ERIC statutes. The current Principal Investigator of SHARE and Managing Director of SHARE-ERIC, Axel Börsch-Supan, will re-

tire from both MPG and TUM at the end of 2022. Therefore the international coordination can no longer be hosted by the MPG. Subsequently, MEA at MPISOC and the chair at TUM will be closed and cooperation agreements that regulate the cooperation between SHARE-ERIC, MPG and TUM will be ending. Irrespective of this, Börsch-Supan’s current term as Managing Director of SHARE-ERIC runs until the end of 2024.

Against this background, efforts have been made to give SHARE a permanent new home. At the same time, this obligatory change process was seen as an opportunity to evaluate new scientific approaches.

Timeline of the transition process

- On **May 20th, 2020**, a “SHARE 2.0 Working Group” was set up by the SHARE-ERIC Council, comprising Council delegates and other experts sent by the Ministries and country team leaders of SHARE. The aim of this group has been is to develop a concept for SHARE’s future regarding governance and funding. In parallel, a process was started to develop a new scientific design for SHARE, including a new scientific content and survey methodology.
- In a first step, a call for ideas on SHARE’s future research agenda and methodology was issued in **summer 2020** and distributed to experts in the fields of ageing related bio-medical and socio-economic research.
- In **autumn 2020**, in conjunction with the SHARE Management Board’s own considerations the collection of these ideas was condensed into a position paper. SHARE’s Scientific Monitoring Board (SMB) approved this concept shortly after and recommended it as the **scientific framework for SHARE’s future**.



- Building on this, in **April 2021**, the new scientific concept for the continuation of SHARE was presented under the sponsorship of three consortium partners and future shareholders: WZB Berlin Social Science Center, the German Institute for Economic Research (DIW Berlin) and the Charité – Universitätsmedizin Berlin. Additional elements for the content integration of a fourth partner, the German Centre of Gerontology - Deutsches Zentrum für Altersfragen (DZA) were added in October 2021.
- On **June 17th 2021**, the SHARE-ERIC Council **acknowledged the SHARE 2.0 Scientific Plan**.
- In **September 2021**, the consortium partners submitted a **draft of a partnership agreement** that drafted SHARE’s international coordination and SHARE Germany as well as the associated scientific research as “SHARE Berlin Institute”.
- In **March 2022**, the four German leading research institutions **signed the partnership agreement** to bring SHARE to Berlin. Thus, a new research institute is founded: The SHARE Berlin Institute. The new institute will also work closely with the German Robert-Koch-Institute (RKI).
- At the time of writing, in **spring 2022**, SHARE is in the middle of its transition process, preparing the move to Berlin, connecting with new partners and with an outstanding scientific concept in its pocket.
- In **2023**, the relocation to Berlin will take place .

Axel Börsch-Supan, SHARE-ERIC Managing Director:

“SHARE is a forward-thinking research infrastructure that investigates why people become poor or rich, sick or healthy, lonely or sociable over the life course and, how social, economic, and health policies can change this. I am very pleased that this important research infrastructure will now find a permanent home in Berlin.”

With the foundation of the new institute, the continuation and scientific development of SHARE can be carried out in a reliable multidisciplinary and legally secure framework with strong partners from the scientific community, which jointly succeed the Max Planck Society (MPG) and the Technical University of Munich (TUM) as SHARE's previous scientific partner institutions.

On European level – SHARE beyond 2024

The relocation from Munich to Berlin is accompanied by a parallel development at European level. When SHARE was established as an ERIC – it was decided to collect data for 10 waves by 2024 and assess the success of this undertaking before making

further commitments. Article 19 of the SHARE-ERIC statutes therefore states: "The organization is established for a period up to 31.12.2024." The decision to continue beyond this date has to be made by the Council of SHARE-ERIC, representing the member countries of the ERIC.

Both processes – the move of SHARE from Munich to Berlin with the founding of the SHARE Berlin Institute and the intended continuation of SHARE-ERIC beyond 2024 – are linked. The effort involved in founding the SHARE Berlin Institute is only justified if SHARE is continued as a European research infrastructure. Such a research infrastructure, in turn, requires a stable central organization.

The scientific level – taking advantage of change

The aim of the new scientific concept is to bring together the scientific aspects of the two developments: the move to Berlin and the continuation after 2024, based on the mission and the basic principles of SHARE and the SHARE 2.0 Scientific Plan.

SHARE's scientific aims:

As SHARE's future was redesigned, SHARE will remain true to its basic principles. Together, these five principles form SHARE's worldwide unique selling point.

- First, SHARE should be **designed by researchers for researchers**. Research excellence is paramount to all other considerations, and the close integration of survey design and substantive research is essential.
- Second, SHARE is intended to be **supranational**, since the SHARE data must reflect

cross-country differences in welfare policies in order to identify their impacts. This requires strict ex-ante harmonization of the survey instrument and survey methods across time and countries to avoid artefacts when comparing the impact of different welfare systems. Therefore, topics with supranational research potential should have priority over national topics.

- Third, SHARE should be **multidisciplinary** and provide research capacity to study the interactions between biomedical factors on the one hand and socio-economic factors on the other. Topics with interdisciplinary research potential have priority over single-disciplinary topics.
- Fourth, SHARE should be **longitudinal**, i. e. the same respondents should be followed mul-

iple times over the years to understand their individual ageing processes and how they adapt to changing environments over time. In an era characterized by accelerated technological advances and medical innovations, ongoing changes in healthcare and social policies, as well as major global crises such as the current pandemic and climate change are occurring in quick succession. In order to observe these historical processes and their impact on Europe and its citizens, SHARE is essential.

- Finally, in order to maintain intertemporal, international and intercultural comparability, SHARE has placed an **emphasis on objective data collection**: in the health sector, SHARE uses performance measurements and accelerometers and collects blood samples; in the economic field, income and pension assets are validated by linking them to administrative data.

Key Content:

With the basic principles in mind, four research fields have been identified at the forefront of the collaboration between SHARE and its new partners WZB, DIW, DZA, Charité and RKI:



Baby Boomer Retirement, Silver Economy and Digitalization

The analysis of the social situation and behaviour of retired baby boomers who will shape the digitized "silver economy" includes sub-topics such as the (flexible) extension of the retirement age, employment in retirement, the consequences of social inequalities for late working and early retirement age, the sustainability of pension systems in Europe, the increasing digitization of services and the workplace, lifelong learning and intergenerational

measures to facilitate the reconciliation of family and work.



Health prevention and maintenance in an ageing world threatened by new infections and chronic diseases

This research area includes subtopics such as the emergence of lifestyle diseases over the life course, healthy ageing, multimorbidity, and social determinants of inequalities in health and mortality using combinations of objective and self-reported health data. An overarching theme will be prevention and resilience, specifically resilience in cognitive ageing (deep phenotyping to prevent Alzheimer's disease and related dementias), physical activity, loneliness, social inclusion and nutrition, the emerging role of e-health and the middle and long-term consequences of the COVID-19 pandemic for health and well-being.



Flexible elderly care

This area includes research on the structures of elder care with regard to formal and informal care settings. An important focus will be on preventing the need for long-term care. SHARE will examine the health and morbidity of carers and family carers, the impact of long-term care on their income trajectories, and how informal carers and those cared for have fared during the COVID-19 pandemic. Examination of social relationships and the support provided by family, friends, and neighbours are relevant to understanding the implications of caregiving settings for employment and income. Using comparative analysis of SHARE data in micro simulation models will shed light on the financial sustainability of health and long-term care systems in Europe.



Growing inequality in income, wealth and health

Social inequalities in income, wealth and health and their interactions over the life course are subject of the fourth focus of our joint research agenda. Specifically, SHARE will examine the long-term non-monetary returns of education and their impact on income and wealth inequalities, the impact of critical life events on health and economic inequalities, and the social and health outcomes of older migrants. SHARE researchers will monitor how the COVID-19 pandemic will contribute to social, health and economic inequalities. Finally, they will examine to what extent age discrimination reinforces inequalities across Europe's different societies.

Modernization of survey methods

In addition to the four research areas, SHARE will focus on methodological innovations in four dimensions:

Multi-mode polls

Data users are increasingly emphasizing the responsiveness of a survey to unforeseen events – such as the COVID-19 pandemic – and the resulting societal changes. Meeting this demand requires a shift from a face-to-face-only mode to multi-mode surveys (face-to-face, phone, web) where face-to-face interviews remain the core mode and other modes are applicable for specific modules and appropriate groups of respondents. A second reason for multi-mode surveys are the declining response rates for face-to-face interviews, their relatively high costs and the increasing difficulty to find suitable survey agencies in small countries.

Flexible frequency

SHARE will continue to conduct its core survey every two years. However, SHARE's responsiveness

is increased with shorter themed modules at much shorter intervals. In return, certain specialist modules can be applied at intervals of more than two years (e.g. electronic devices, special medical tests). The mode, length, and interval changes are also intended to address increasing difficulties in persuading respondents to participate in social surveys.

Objective data

SHARE's focus on objective data is strengthened with the help of Charité and RKI. The collection of biomarkers from dried bloodstains is rapidly evolving, as are electronic devices ("wearables") beyond accelerometers. SHARE and Charité will evaluate the current Harmonized Cognitive Assessment Protocol (HCAP) and develop summaries that combine high reliability with less stress on respondents. SHARE, SOEP (Socio-Economic Panel at DIW) and RKI will further develop biological analyses of dried bloodstain samples, creating more detailed biological data for life course analysis of healthy ageing.

Link to regional, administrative and other process data

Users demanded more access to geocoded data, on which SHARE and SOEP will work together. SHARE benefits from SOEP's decade of experience in providing geocoded survey data that requires stringent safeguards. With the help of RKI and Charité, a joint strategy for the separate implementation of linking SHARE and SOEP data with health claims based on health insurance documents is being developed.

SHARE is facing an exciting future which will produce a lot of impact on academic research and evidence-based policy recommendations.



SCIENTIFIC ASPECTS

SHARE'S COMMITMENT

The SHARE infrastructure is based on the trust of its respondents during and beyond the survey waves. The protection of the personal data of the survey participants is a matter of the utmost priority for SHARE and non-negotiable. SHARE promises to the participants that the data will not be used for anything but scientific purposes. Any other uses, such as a commercial use of the data, are therefore excluded as matter of principle.

AT A GLANCE

Overview of the scientific achievements in the past year

- **The SHARE-COVID19 Project and the SHARE Corona Surveys:** Since the start of the SHARE-COVID19 project in 2020, two SHARE Corona Surveys have been conducted (p. 28). Thanks to these data, trans-disciplinary international research results have been generated. A selection of these will be published in a “First Results Book”. This research will help to translate data analysis into concrete policy recommendations, which is an overarching goal of the project. (p. 29)
- **First Results of SHARE-COVID19 Research:** The SHARE-COVID19 project has already yielded various findings and publications on the consequences of the pandemic and subsequent control measures on respondents 50+. Areas covered are healthcare, health, labour market, income, social relationships, geographic patterns, housing and more. (pp. 30–35)
- **Collecting SHARE Data in Wave 9:** As an aftermath of the interruption of Wave 8 fieldwork in 2020, SHARE had to carefully examine how to carry out fieldwork of Wave 9 in a continuing pandemic and therefore uncertain environment. Legal restrictions and obligations in relation to the COVID-19 pandemic and SHARE’s ethical responsibility were taken into account before starting face-to-face fieldwork of Wave 9 in October 2021. Wave 9 data collection is expected to be completed during 2022. (pp. 36–37)
- **New Data Releases:** In June 2021, SHARE published the first release of Wave 8 data. Amongst other novelties, Wave 8 is the first to contain accelerometer data. Another data release followed in February 2022, containing an overall update of SHARE Waves 1 to 8, an update of the SHARE Corona Survey 1, as well as first data of the second SHARE Corona Survey. (pp. 38–39)
- **SHARE Wave 8 Methodology Volume:** SHARE has published a methodology volume for Wave 8, which documents the most important questionnaire innovations, methodological advancements and new procedures introduced during this wave, including a detailed description of the methodology for the first SHARE Corona Survey. (p. 40)
- **Train-the-Trainer Sessions:** SHARE once again successfully implemented its Train-the-Trainer (TTT) sessions before the start of the second SHARE Corona Survey (June 2021) and of Wave 9 fieldwork (October 2021). The TTT training program conveys all technological, logistical and managerial aspects of successful fieldwork and proved itself as a valuable tool for exchange and training in preceding waves. (p. 41)
- **Health Measurements in SHARE:** Objective health measures have been an important part of SHARE from its beginning. The new **accelerometer data** will allow to validate self-reported physical activity across countries, to examine the differences in activity between retired and working panel members, and to study how physical activity and sitting time are related to health outcomes during ageing. (pp. 42–43)
- Further, SHARE had implemented the collection of **biomarkers** (dried blood spots) in Wave 6. These markers will inform about diabetes, anaemia and frailty, kidney degeneration, and the risk of cardiovascular disease. Blood-marker data is currently being prepared for release. (pp. 44–45)
- SHARE also adopted the **Harmonized Cognitive Assessment Protocol** (HCAP) to measure bio-medical and socio-economic precursors of cognitive decline in five SHARE countries. With this new project, SHARE is joining an international research network of harmonized HCAP studies and helps to identify, which conditions over the life course affect cognition in later life. (pp. 46–47)
- **SPLASH:** The Social Policy Archive for SHARE aims to foster comparative policy-oriented research using SHARE microdata. It provides easy access to macro-indicators and policy information, as well as socio-economic contextual data, for longitudinal multilevel research. In 2021, this included the mapping of quantitative and qualitative COVID-19-related data sources to support the analysis of the SHARE Corona Survey data. (pp. 48–49)
- **SHARE Users & Publications:** By the end of 2021, SHARE counted almost 14,000 user registrations from all over the world. With more than 1,700 new registrations in 2021, both the total number of registered SHARE users as well as the annual new registrations have reached an all-time high. This is reflected in the number of publications based on SHARE data, which had risen to 3,380 by the end of 2021. Throughout the years, SHARE has received plenty of positive feedback from its users. (pp. 50–71)
- **User Support Activities:** SHARE supports its users through the provision of ready-to-be-used variables, special (training) datasets, constantly updated documentation files, like the SHARE Release Guide and the Data & Documentation Tool, and user workshops in SHARE countries, which mostly took place online in 2021. Furthermore, SHARE offers a helpdesk to which users can send their questions by email. (p. 53)

THE SHARE-COVID19 PROJECT

Following a transdisciplinary and international approach

SHARE was hit by the outbreak of the COVID-19 pandemic in the middle of the Wave 8 data collection. After the fieldwork was suspended in all 28 participating countries in March 2020, SHARE had to be resumed with Computer Assisted Telephone Interviews (CATI). By changing the survey mode and adapting the questionnaire content to the living situation of respondents during the pandemic, SHARE proved to be suitable for a quick adaptation to the new circumstances. In their paper “Collecting survey data among the 50+ population during the COVID-19 outbreak: The Survey of Health, Ageing and Retirement in Europe (SHARE)” published in ‘Survey Research Methods’, Scherpenzeel et al. (2020) describe this adaptation process and the implementation of the SHARE Corona Survey.

To fund a follow-up questionnaire and topic-related research, SHARE was able to obtain the SHARE-COVID19 grant (grant number 101015924) under the European Commission’s H2020 programme. The project started in November 2020 and aims at understanding the non-intended consequences of the epidemic control decisions on respondents’ life situation.

The implementation of all project tasks requires a transdisciplinary and international approach: transdisciplinary since the outcome domains – health, economic, social – are highly interconnected; international since the pandemic’s severity and the epidemic control decisions have been very different across EU Member States. The transdisciplinary and international project team has representatives in all 28 countries from the fields of medicine, public health, economics, and sociology.

After launching the first SHARE Corona Survey (SCS) in summer 2020, the SHARE-COVID19 grant provided the necessary funding to sponsor the follow-up survey in summer 2021. Both surveys ask respondents about their experiences during the initial phase and the later stage of the pandemic with the various policy interventions implemented by their respective countries. The key advantage of these data are not only their international focus, but also their link to the SHARE base panel study with its life-course information on previous health conditions and economic and social living conditions. Since the COVID-19 illness as well as the economic and social implications of the epidemic-control decisions vary dramatically by these preconditions, an overarching goal of the SHARE-COVID19 project is to understand the links to public policy.

The SHARE-COVID19 project published a report on the “Results of the 1st SHARE Corona Survey” in March 2021. Currently, the project team is working on results that include data from both SHARE Corona Surveys. A corresponding “First Results Book” is in progress and will be published in the course of 2022.

Cited Literature

Scherpenzeel, A., Axt, K., Bergmann, M., Douhou, S., Oepen, A., Sand, G., Schuller, K., Stuck, S., Wagner, M., & Börsch-Supan, A. (2020). Collecting survey data among the 50+ population during the COVID-19 outbreak: The Survey of Health, Ageing and Retirement in Europe (SHARE). *Survey Research Methods*, 14(2), 217-221. DOI: [10.18148/srm/2020.v14i2.7738](https://doi.org/10.18148/srm/2020.v14i2.7738)

SHARE-ERIC (2021). Results of the 1st SHARE Corona Survey; Project SHARE-COVID19 (Project Number 101015924, Report No. 1, March 2021). Munich: SHARE-ERIC. DOI: [10.17617/2.3356927](https://doi.org/10.17617/2.3356927).

SHARE CORONA SURVEY 2

Questionnaire Content and Aims

Background: SHARE Corona Survey 1

The SHARE Corona Survey (SCS) 1 focused on the most immediate reactions to the pandemic, such as adherence to preventive measures, or respondents’ personal and social exposure to the novel coronavirus. The SCS1 also aimed to measure the changes in incomes and employment status of respondents and households, and the respondents’ social and family lives.

Development and Questionnaire Innovations

The primary goal of the second SCS was to keep the questionnaire short and simple, while maintaining a continuity between the two surveys. While the SCS1 had a naturally determined time frame of “since the outbreak of corona”, finding a similar point of reference for SCS2 was a challenge for questionnaire design, as the local pandemic experiences varied greatly. In the end, SCS2 adopted a common time frame of “last three months”, capturing the same spring months. For health and income questions, the technical features of the survey were developed further, to allow for preloading the date of the previous SCS interview. The aim

here was to avoid double counting of information and provide respondents with a clear point in time, since which the question applies.

As novelties, SCS2 asked timely questions on vaccine uptake and willingness, international travel and use of public transportation, and added grandchildren to the list of social contacts questions. Another important novelty is a question on to what extent respondents caught up on previously cancelled medical treatment and appointments, as this will become a relevant issue for public health policy.

The SCS2 questionnaire was designed as the third element out of a four-element strategy for a “before-during-after pandemic” data collection. The first two elements are the Wave 8 and the first SHARE Corona Survey. SCS2, as a follow-up to SCS1, was intended to capture the changing attitudes and experiences in the ongoing pandemic phase. Data collection will be complemented by SHARE Wave 9, with its more detailed questions on health, incomes, and social lives of older Europeans. For more information on Wave 9 fieldwork, please refer to page 36–37.

FIRST SHARE-COVID19 RESULTS

The life situation of the 50+ population during the pandemic

Since its launch in November 2020, the SHARE-COVID19 project has yielded a considerable amount of research findings and publications from each Work Package on the consequences of the pandemic and subsequent control measures on respondents aged 50+. These cover the research areas healthcare, health, labour market, income, social relationships, geographic patterns, and housing. In the following paragraphs, we present some of the most outstanding results.

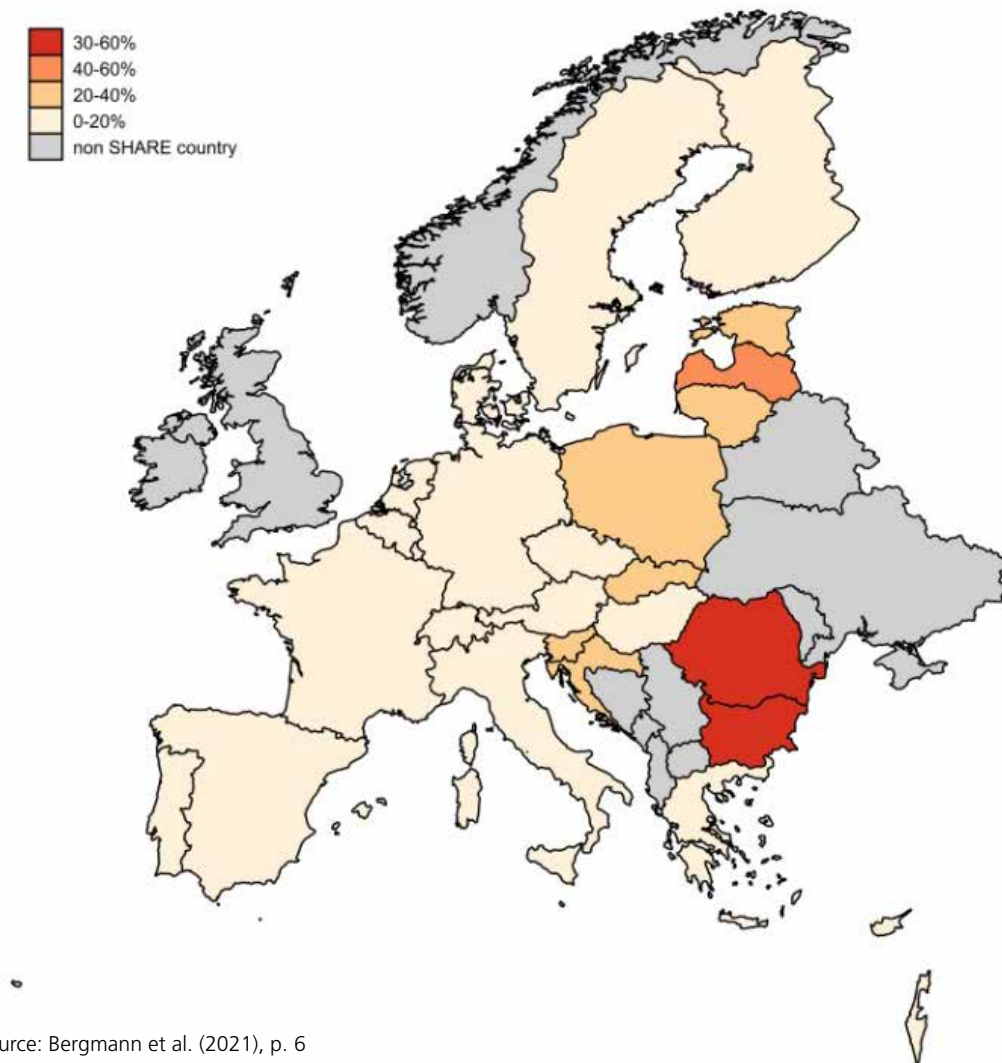
The outbreak of COVID-19 was connected with a substantial increase in forgone care as a result of a reduction in **healthcare** demand. This was due to fear of infection and restrictions of healthcare provision, especially in terms of healthcare not related to a COVID-19 infection. Based on the first SHARE Corona Survey, researchers observed large differences among countries with regard to pandemic-related avoidance of medical care, from slightly less than 4 percent in Spain to over 25 percent in Israel. Data collected in the second SHARE Corona Survey indicate that there was an overall decline in the proportion of persons with unmet healthcare needs. However, individuals who reported unmet care needs in the first survey had poorer self-assessed health one year later, as well as more functional limitations in activities of daily living. This mainly holds for those with cancelled physical therapy appointments, suggesting that it is specifically important to maintain this type of care to prevent an increase in people's functional limitations.

Recommended reading:

Smolić Š., Čipin I., and Medimurec P (2021). Access to healthcare for people aged 50+ in Europe during the COVID-19 outbreak. *European Journal of Ageing*, 1-17. <https://doi.org/10.1007/s10433-021-00631-9>

With respect to respondents' physical and mental **health** as well as their well-being, about one quarter of COVID-19 infected SHARE participants developed at least one post-COVID-19 symptom, such as fatigue, shortness of breath and cough, body or joint pain, and loss of smell or taste. Predictors were advanced age, smoking, and an intermediate or low educational level. Hospitalisations due to COVID-19, used as a proxy for COVID-19 severity, were also an important risk factor for developing post-infection symptoms. As for vaccination as a remedy for COVID-19 infection, many people were hesitant to get vaccinated. Figure 1 indicates a west-east gradient with a higher share of respondents who did not intend to get vaccinated in Eastern European and Baltic countries. A comparative analysis showed that respondents' subjective and objective economic situation, as well as diagnosed physical illnesses and education had the strongest association with vaccination hesitancy. Regarding respondents' well-being during the first lockdown, women, the oldest old, and those living alone had the highest risk of developing depressive symptoms or feelings of loneliness.

Figure 1: Prevalence of respondents that have not been vaccinated/do not intend to get vaccinated by country



Source: Bergmann et al. (2021), p. 6

Recommended reading:

Bergmann M., Hannemann T.-V., Bethmann A. and Schumacher A. (2021). Determinants of SARS-CoV-2 vaccinations in the 50+ population. *SHARE Working Paper Series 72-2021*. <https://doi.org/10.17617/2.3345550>

Scheel-Hincke L.L., Ahrenfeldt L.J. and Andersen-Ranberg K. (2021). Sex differences in activity and health changes following COVID-19 in Europe - Results from the SHARE COVID-19 survey. *European Journal of Public Health*; 31(6):1281-1284. <https://doi.org/10.1093/eurpub/ckab096>

Atzendorf J. and Gruber S. (2021). Depression and Loneliness of Older Adults in Europe and Israel after the First Wave of Covid-19. *European Journal of Ageing*. <https://doi.org/10.1007/s10433-021-00640-8>

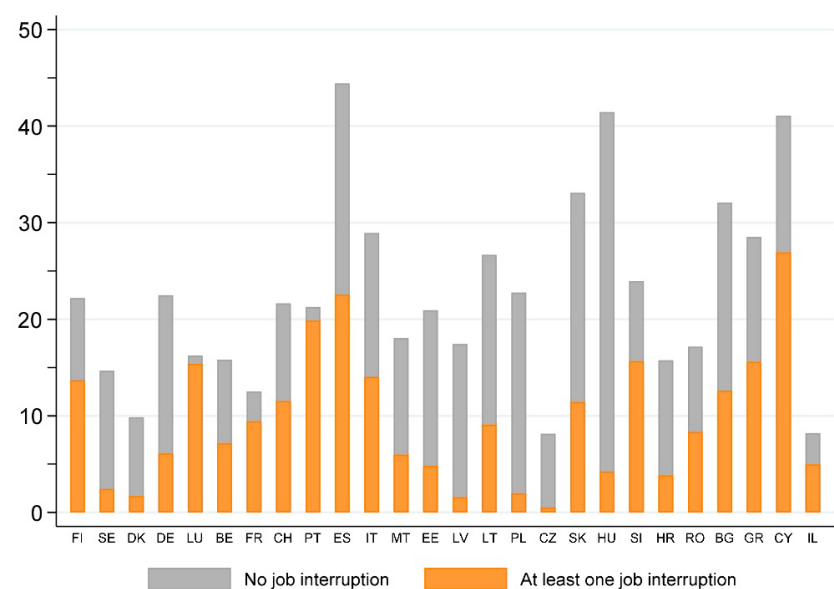
In terms of **labour market implications**, existing studies have shown that age discrimination in the labour market makes it more difficult for older than younger people to remain in the labour market after unemployment or job interruptions. By comparing the pre-pandemic employment status distribution with the situation after the outbreak of COVID-19, the research group found large variation across countries, but on average, respondents had a higher probability of being retired. A significant percentage of individuals did not retire as planned, most of them earlier. Comparing the prevalence of retirement and unemployment separately for those who experienced work interruptions and those who did not, work interruptions were associated with a higher likelihood of retirement. Furthermore, the share of respondents who reported having worked from home was higher in Northern and Central European countries, which might be one part of the explanation for the heterogeneous labour market participation across countries.

Recommended reading:

Brugiavini A., Raluca E. B. and Simonetti I. (2021). Occupation and working outcomes during the Coronavirus Pandemic. *European Journal of Ageing*. <https://doi.org/10.1007/s10433-021-00651-5>

Another project focus is on the **economic consequences**, especially on the severity of financial distress of households with members aged 50 and above. Researchers found that the economies in the EU member states as well as individuals' financial well-being were substantially affected. Job interruptions played a significant role in this context (see figure 2). A job interruption significantly increases the probability of receiving governmental financial support, which in turn alleviates households' financial distress. However, results indicate that respondents' ability to make ends meet worsened more with income losses during the pandemic compared to losses experienced in the two-year period before the pandemic.

Figure 2: Percentage of job interruptions for households that experienced an income loss, by country



Source: Bonfatti et al. (2021), p. 17

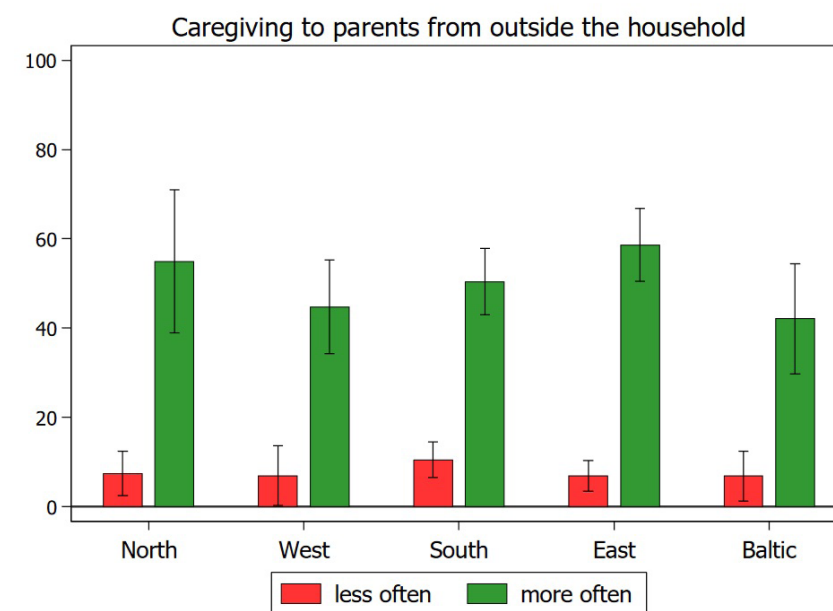
Recommended reading:

Bonfatti, A., G. Pesaresi, G. Weber and N. Zambon (2021): The Economic Impact of the First Wave of the Pandemic on 50+ Europeans. *SHARE Working Paper Series 74-2021*. Munich Center for the Economics of Aging (MEA). Munich. <https://doi.org/10.17617/2.3346667>

Chłoń-Domińczak, A. and D. Holzer-Żelaźewska (2021): Economic Stress of People 50+ in European Countries in the Covid-19 Pandemic–Do Country Policies Matter?. *European Journal of Ageing*. <https://doi.org/10.1007/s10433-021-00662-2>

Findings on changes in **social relationships** show that older people were more willing to engage in informal interpersonal social contacts in summer 2021 than had been the case one year earlier at the outset of the pandemic. There was a drop over time in the frequency of electronic contacts in most (but not all) countries. The results also suggest that informal assistance reached the neediest older people in the first year (see figure 3), although exchange patterns varied across countries. Furthermore, social networks contributed to vaccine take-up among older adults.

Figure 3: Change in frequency of caregiving to someone outside the own household



Source: Bergmann & Wagner (2021), p. 14

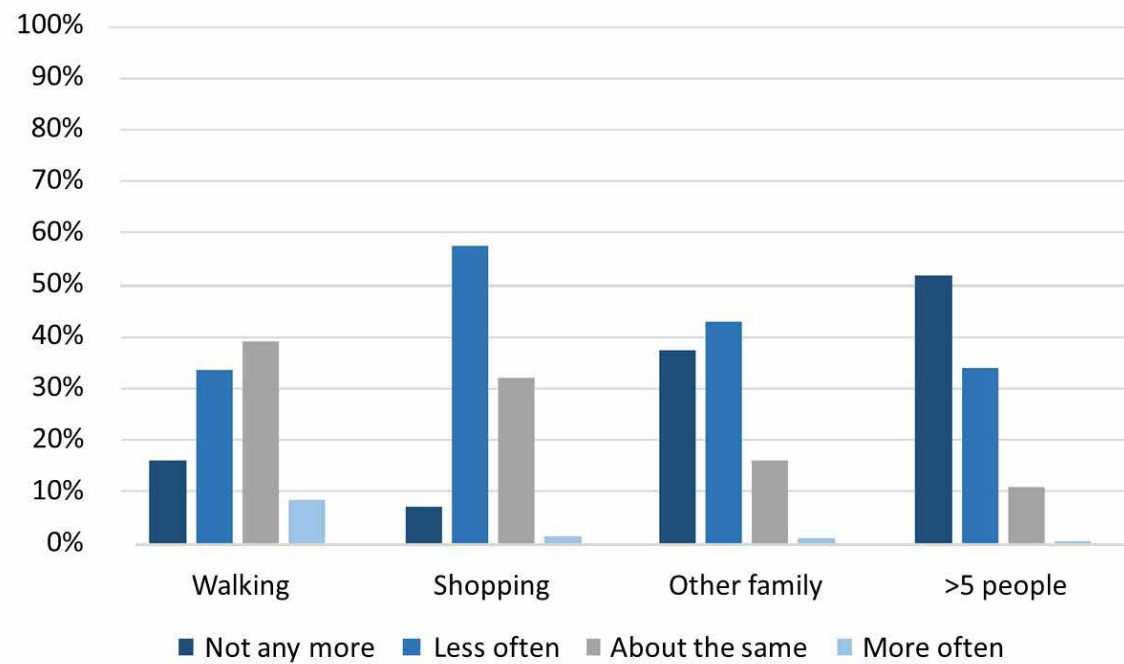
Recommended reading:

Bergmann, M. and M. Wagner (2021): Caregiving and Care Receiving Across Europe in Times of COVID-19. *SHARE Working Paper Series 59-2021*. Munich Center for the Economics of Aging (MEA). Munich. <https://doi.org/10.17617/2.3289768>

Litwin, H. and M. Levinsky (2021): Social Networks and Mental Health Change in Older Adults after the Covid-19 Outbreak. *Ageing & Mental Health* (online first). <https://doi.org/10.1080/13607863.2021.1902468>

Research on **geographical patterns** shows that older Europeans reduced their daily activities during the pandemic, with both restrictions and infections predicting a reduction in mobility. Country differences turned out to be relatively independent of individual factors (old age, poor health, being female). Restrictions primarily reduced daily activities for younger age groups compared to older age groups. Apart from that, preliminary results suggest that respondents' risk attitudes were associated with precautionary behaviour.

Figure 4: Adjustment of daily activities, all countries (%)



Source: Connolly et al. (2021), p. 6

Recommended reading:

Connolly, F. F., J. Olofsson, G. Malmberg and M. Stattin (2021): Adjustment of Daily Activities to Restrictions and Reported Spread of the COVID-19 Pandemic across Europe. SHARE Working Paper Series 62-2021. Munich. <https://doi.org/10.17617/2.3292885>

The last group of researchers describes the health and well-being of individuals as a function of their **housing conditions** and living arrangements. They found lower mental well-being among those who lived with a spouse only. Having (adult) children in the same building (not in the same household) was protective for their well-being. However, the positive influence of close-living children for respondents' mental health turned out to have negative consequences for the risk of infection. The closer the children, the more respondents were infected. Finally, living in cities and in multi-unit housing was linked with a decrease in mental well-being relative to the general population aged 50+.

Recommended reading:

Berniell I., A. Laferrère, P. Mira and E. Pronkina (2021): Robinson Crusoe: Less or More Depressed? With Whom and Where to Live in a Pandemic if you are above 50. SHARE Working Paper Series 70-2021. Munich Center for the Economics of Aging (MEA). Munich. <https://doi.org/10.17617/2.3333206>

COLLECTING SHARE DATA IN WAVE 9

Resuming face-to-face interviews under ongoing pandemic conditions

In March 2020, due to the outbreak of the COVID-19 pandemic, SHARE had to stop the face-to-face interviews in the midst of the Wave 8 fieldwork in all SHARE countries in order to protect both, interviewers and SHARE respondents. While in Wave 8 a mode switch to telephone interviewing was implemented to resume fieldwork, for Wave 9 the question of how it would also be possible to go back to face-to-face interviewing under ongoing pandemic conditions was of paramount importance. This question was not easy to answer due to the very dynamic development of the pandemic. In addition, the pandemic situation as well as the governmental responses to the situation differed a lot in the countries participating in SHARE at certain times.

Therefore, a detailed examination of the situation as well as a meticulous preparation of the face-to-face interviews in Wave 9 was necessary. In order to assess whether face-to-face interviews could be conducted during the continuing pandemic situation and under which conditions the interviews could take place three main dimensions have been taken into account. The development of the pandemic situation on European, national and regional levels, the legal restrictions and obligations in relation to the COVID-19 pandemic, and the ethical responsibility of SHARE to protect the health of respondents and interviewers and

to minimise the risk of spreading the SARS-CoV 2 virus by all available means.

Thus, SHARE Central, e.g., implemented a questionnaire regarding hygiene and safety measures and compliance with national and regional legal provision amongst the SHARE country teams and Survey Agencies in order to ensure the existence of appropriate hygiene concepts before the start of the fieldwork. Furthermore, guidelines regarding general behavioural rules and protective measures for interviews were developed where needed and provided to all parties involved in the data collection process (e.g. in the context of the HCAP pre-test face-to-face interviews). Finally, considering the dynamic development of the pandemic situation, SHARE Central instructed all parties involved in data collection to ensure compliance with all relevant national regulations and to observe the safety of interviewers and the respondents closely at any time during the fieldwork. Accordingly, any necessary reactions to changing circumstances during fieldwork were taken in close cooperation between SHARE Central, the country teams and Survey Agencies.

Conducting Fieldwork with multimode tools

Finally, collecting data using face-to-face interviews



for the ninth Wave of SHARE started in October 2021 and is ongoing at the time of writing. This was achieved by developing, testing and fielding a multimodal survey tool, which could function in two modes by enabling separate questionnaires for telephone and in-person interviews. Work on the multimode adaptations began in late 2020. The beginning of the year 2021 was a time for preparation for the SHARE Wave 9 CAPI survey software functioning in different modes.

A key innovation in the multimodal interview software is functionality in the Sample CTRL (the tool with which agencies manage fieldwork) to enable the agency to switch from CATI (telephone) mode to CAPI (in person) mode and vice versa. The change in mode is synchronised to the Case CTRL, the software on the interviewer laptops, which then switches to the correct mode (with the right interviewer interface with the right buttons displayed). Thereafter, interviews can be conducted in the right mode for that specific phase of fieldwork. The switching of modes from the telephone to the in-person mode is accomplished without a separate preload or patch in between phases. A single preload is provided at the very beginning,

which can be used for both phases. Harmonisation of this mode switch across various SHARE countries was ensured by encrypting the switch functionality with a password so that it can only be done by the survey agency at a specific designated time. An additional feature of the Wave 9 software is that it includes automated functionality to implement data and contact information deletion requests.

Managing and coordinating SHARE fieldwork in order to obtain harmonised data across the countries is a challenging task at the best of times. In spite of this and pandemic-related challenges, there has been a reasonably large number of interviews collected so far. At the time of writing, around 42.000 interviews have been completed with 26 countries having started fieldwork. The countries have been impacted at different levels due to the pandemic and consequential responses – and hence fieldwork rates – show some variation. Moreover, evolving situations have also meant that some countries have had to suspend fieldwork or slow down the process of fieldwork in between. In some cases, however, fieldwork has switched back to normal since the situation improved in the meantime.

NEW DATA RELEASES

Release 1.0.0 of Wave 8 and Release 8.0.0 of all Waves

In June 2021, the team at SHARE Central published the first release 1.0.0 of Wave 8 data. The Computer Assisted Personal Interviews (CAPI) were conducted prior to the pandemic between October 2019 and March 2020. For the third time in SHARE after Waves 4 and 6, Wave 8 contains information on respondents' social networks enabling researchers to study changes in the social networks of the 50+ population over time. In addition, information on saving regrets and time expenditure were collected for the first time in Wave 8. Release 1.0.0 of SHARE Wave 8 also contains accelerometer data for the first time. In order to measure peoples' physical activity, a subsample of panel respondents who already participated in an earlier SHARE wave were asked to wear a specific device (Axivity AX3) for eight consecutive days, both day and night, on their upper thigh. The SHARE accelerometer study was conducted in ten countries: Belgium, Czech Republic, Denmark, France, Germany, Italy, Poland, Slovenia, Spain and Sweden. Release 1.0.0 of Wave 8 also comprised an update of the first SHARE Corona Survey data set as well as various additions in the coverscreen module.

Release 8.0.0 was published in February 2022. This new release contains the latest state of data cleaning and an overall update of SHARE Waves 1 to Wave 8 as well as an update of the SHARE Corona Survey 1 data set including weights and new imputations. SHARE Release 8.0.0 also comes with the first scientific release of the second SHARE Corona Survey data set collected via Computer Assisted Telephone Interviews (CATI) between June and August 2021, one year later than the first SHARE

Corona Survey was fielded. This enables researchers to investigate changes in the life situation of the older part of the population between the initial phase of the pandemic and one year later and to compare the developments across countries.

For the first time, SHARE provides epoch data for the Wave 8 accelerometry project. Furthermore, the update also covers the special datasets easySHARE, the simplified SHARE panel dataset for student training and researchers who have little experience in quantitative analyses of complex survey data, as well as the Job Episodes Panel that contains the labour market status of each respondent throughout her/his life. For more information regarding the accelerometry project, see pp. 42–43.

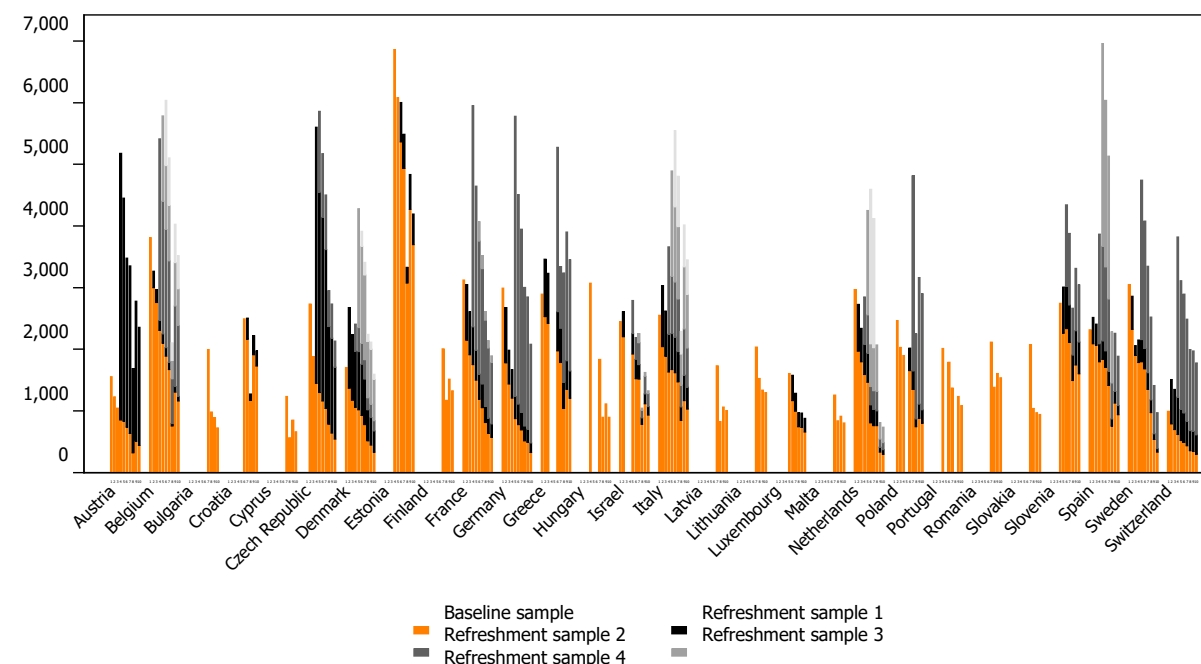


Survey Participation in SHARE

Figure 1 provides an overview about the development of the number of successful interviews in all released samples over time. Note that some countries missed one or more wave(s). For example, Greece had dropped from SHARE in Wave 4 due to the economic crisis. Furthermore, Portugal and Hungary did not participate in Wave 5 after

only having joined SHARE in Wave 4. Fortunately, Greece and Portugal could be recovered for participation in Wave 6, while Hungary returned in Wave 7 along with the eight new countries, which became part of SHARE back then. The last two bars indicate the SHARE Corona Surveys that have been conducted by telephone in summer 2020 and summer 2021 due to the COVID-19 pandemic.

Figure 1: Overview of released samples in SHARE



RELEASE OF SHARE WAVE 8 METHODOLOGY VOLUME

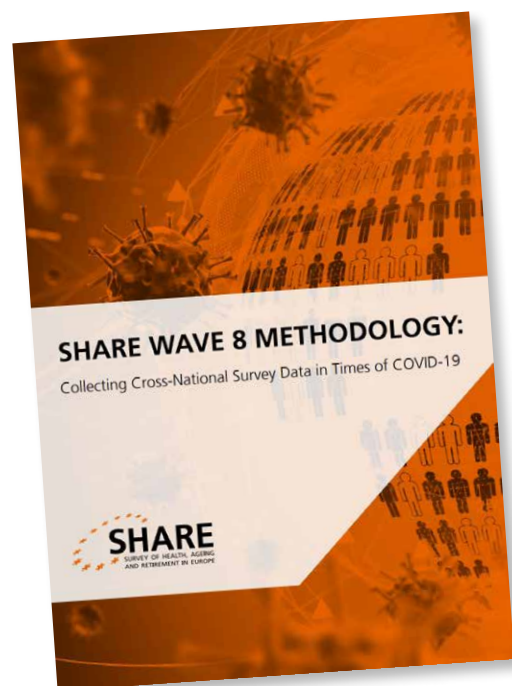
Collecting Cross-National Survey Data in Times of COVID-19

SHARE has released a methodology volume for Wave 8. This volume documents the most important questionnaire innovations, methodological advancements and new procedures introduced during the eighth Wave of SHARE. Compared to previous waves the eighth Wave of SHARE was unique in many ways. While having a smooth start of fieldwork in October 2019, the COVID-19 pandemic started to hit Europe in early 2020 and continues to affect all aspects of life until now – including survey research. Similar to other surveys SHARE had to suspend its regular face-to-face interviewing in all 28 participating countries in March 2020 (see pp. 36–37). The implementation of strict epidemiological control measures in nearly all participating countries made it infeasible to continue face-to-face fieldwork. Stopping the survey was particularly urgent considering SHARE's target population of people aged 50+, including very old respondents as well as retirement and nursing homes residents who face the highest risks from a possible infection. Against this background, SHARE switched the interview mode to telephone interviewing, using a special "SHARE Corona" questionnaire. This switch of the interview mode brought about various changes, a fact that is also reflected in the structure of this volume. It has three parts: First, we describe the methodology of the face-to-face part of Wave 8 that was suspended in March 2020. Second, we detail the methodology of the first SHARE Corona Telephone Survey in early summer 2020. Finally, we present three overarching methodological advances that enhance the collect-

ed responses from our respondents in SHARE: the accelerometer study to measure the level of activity and sedentary behaviour of elderly across countries, the record linkage project to enhance self-reported survey data with administrative data, and the Social Policy Archive in SHARE (SPLASH) that aims to overcome existing data limitations in order to foster comparative policy-oriented research.

Recommended reading:

Bergmann, M., and A. Börsch-Supan (Eds.) (2021). SHARE Wave 8 Methodology: Collecting Cross-National Survey Data in Times of COVID-19. Munich: Munich Center for the Economics of Aging (MEA).



TRAIN-THE-TRAINER SESSIONS

Setting the framework for National Training Sessions

Of utmost importance to help achieve SHARE's standards of strict harmonisation of fieldwork procedures across countries are the Train-the-Trainer (TTT) sessions preceding each round of data collection. The TTT addresses all technical, logistical and managerial aspects of successful fieldwork. The participants of the TTT are representatives of the survey agencies who are instructed to then pass on the obtained information to their interviewers during National Training Sessions (NTS). The TTT sessions are attended by representatives of each contracted survey agency as well as the country team operators.

Field Rehearsal TTT (combined) – Second SHARE Corona and SHARE Wave 9 survey

For SHARE Wave 9 and the second SHARE Corona Survey, the TTT sessions were especially important, because a single software questionnaire tool was used in different modes for the first time – a telephonic mode for the SHARE Corona survey and an in-person mode for the SHARE W9 CAPI survey. Field rehearsal TTTs for the SHARE Corona Survey and SHARE Wave 9 Survey were conducted together preceding the field rehearsal fieldwork period for these two surveys which was very close together in March 2021. For the main fieldwork, SHARE Central conducted separate sessions for the second SHARE Corona survey and the SHARE W9 fieldwork in June 2021 and October 2021 respectively.

TTT – Second SHARE Corona survey

Due to the ongoing Corona pandemic, the TTT for the second SHARE Corona survey could not take place in the typical face-to-face mode. Instead, it was conducted online by the SHARE Central team and took place at the end of May 2021, followed by

virtual NTSs at the start of June 2021. A key element was the mock interview, which included in-depth training in the use of the software adapted for the Corona survey and on various interview scenarios – from contacting households and handling refusals to conducting both end-of-life interviews and interviews with living respondents. The TTT agenda also included a session on fieldwork management and monitoring. There was also detailed training on how to handle delete requests from respondents and implement them in a speedy and effective manner. In addition to this, SHARE's scientific software partner Centerdata organized one-on-one remote online sessions to help each survey agency separately to install the Sample CTRL software on their servers.

TTT – SHARE Wave 9

Once all participating countries were done with the fieldwork of the second SHARE Corona Survey, their questionnaire tools were then adapted for use in the SHARE W9 CAPI in-person survey. The TTT was conducted in an online format in October 2021. It was followed by the NTSs which were conducted either entirely face-to-face, online or in a hybrid format as national regulations permitted in the respective countries from November 2021 onwards. The responsible SHARE Central staff got together in person to conduct the mock interview, demonstrating how to conduct a face-to-face SHARE interview safely using protective measures like masks and maintaining safe distances. Another focus was placed on training in the use of the software, handling concerns due to the transition from the telephone phase, and on the interview scenario. Again, Centerdata organized remote sessions to help each survey agency install the software.

HEALTH MEASUREMENTS IN SHARE

Objective health measures: Added value to analyse respondents' answers on health questions

Although SHARE data largely consists of subjective information gained from respondents' answers, objective health measures have ever played an important role for SHARE. Such measures facilitate the comparison across countries and permit adjustments of self-reported measures of health. In Wave 8, the health care module of the SHARE core questionnaire underwent larger changes. An in-depth revision responded to the need to improve the measurement of access to care, by better identifying unmet needs and barriers to access to care, and by refining our comprehension of healthcare utilisation in its various dimensions. For instance, accelerometer data was introduced as a new objec-

tive health measure. Together with other indicators for health, like grip strength and peak flow, which have been repeatedly measured in SHARE since its first waves, objective health measures help to gain a precise understanding of the demand for care and of healthcare utilisation beyond the diversity of national healthcare and health insurance systems.

On the following pages, we introduce SHARE's most ground-breaking objective health measurements: Accelerometer data, the Harmonized Cognitive Assessment Protocol (HCAP) and the collection of dried blood spot (DBS) samples, called the SHARE Biomarker Project.

ACCELEROMETER STUDY

New objective health measures in SHARE introduced in Wave 8

Objective health measures have been an important part of SHARE from its beginning. In its eighth Wave, SHARE implemented the collection of thigh-worn accelerometer data to objectively measure physical behaviour of respondents aged 50 years or older. In June 2021, the first scientific version of these accelerometer data was made available as part of Release 1.0.0 of SHARE Wave 8. Since Feb-

ruary 2022, updated accelerometer data are available within SHARE Release 8.0.0.

Data collection

During the main fieldwork of SHARE's Wave 8 – in 2019 and 2020 – a subsample of SHARE respondents participated in the accelerometry project in the following ten countries: Denmark, Sweden, Italy,

Spain, Czech Republic, Poland, Slovenia, Belgium, France, and Germany. Drawing the accelerometry subsample in the North, South, East and West of Europe ensured a geographic variation.

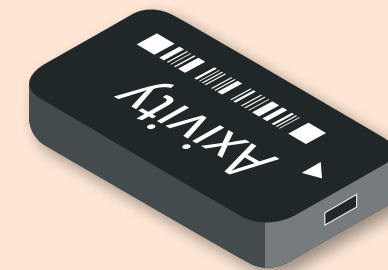
During their participation in the main SHARE interview, participants in the accelerometry project were asked to wear an accelerometer on the thigh for eight consecutive days, day and night, if possible without breaks. Their activity was recorded and stored by the device. After the wearing period, the participants sent the accelerometers to SHARE, where the project's researchers extracted the collected data. In March 2020, the entire fieldwork – including accelerometer measurements – was stopped due to the COVID-19 pandemic. Nevertheless, valid accelerometer data have been collected from 856 respondents.

Data extraction and processing

SHARE Central processed the raw accelerometer data to provide SHARE registered users aggregated measures for activity on different levels, e.g. per hour and day. Data processing was performed with GGIR, an open-source software that enables to compute various metrics of activity.

Data release

In June 2021, the first scientific version of these



generated modules was made available as part of Release 1.0.0 of SHARE Wave 8. Since February 2022 release 8.0.0 is available. This new release comprises an update of the generated accelerometer modules. Minor revisions include minor changes to metrics: An updated version of GGIR was used as well as some new variables in the dataset on day-level activity, namely indicators for most and least active 8 and 16 hours of the day. The major advancement in the new release is the detailed information that is now provided in the so called "epoch" datasets. For each respondent a dataset is available that indicates physical activity (i.e. average acceleration) in 5-second intervals (so-called "epochs") over the whole observation time. Therefore, acceleration data on epoch level enable to look at activity profiles in detail, e.g. for diurnal activity patterns.

Funding information:

The SHARE accelerometer study is financed by the NIA grant "Enhancing the Comparability of SHARE with HRS and ELSA", submitted in June 2015 (R01AG052527). Data processing and release of the accelerometer data were supported by the European Union within the Social Science & Humanities Open Cloud (SSHOC: GA N°823782).

THE SHARE BIOMARKER PROJECT

Status of the project: Laboratory analyses of all SHARE Wave 6 DBS samples are completed

In its Wave 6 in 2015, SHARE had implemented the collection of dried blood spot (DBS) samples as an additional and objective measurement of health. Blood samples from around 27,000 SHARE respondents were collected in 12 of the participating countries: Belgium, Denmark, Estonia, France, Germany, Greece, Israel, Italy, Slovenia, Spain, Sweden, and Switzerland. After collection, DBS samples were mailed to the SHARE biobank in Odense, Denmark. About 25,000 samples had enough blood to assay them for some or all biomarkers SHARE had intended to analyse¹.

The Department of Laboratory Medicine at the University of Washington (UW), Seattle, USA, performed the analyses for the blood biomarkers HbA1c, total Hemoglobin (tHb), and HDL-cholesterol – assayed from the same blood extract. Further, total Cholesterol (CHO), Triglycerides (TRG), C-reactive protein (CRP), and Cystatin C (CysC) were also collectively extracted from the DBS and then assayed. These markers will inform about diabetes, anaemia and frailty, kidney degeneration, and the risk of cardiovascular disease.

What has been started as a seemingly easy task six years ago has evolved into a very challenging scientific endeavour. Lots of new ground had to be broken. The chemical analyses turned out to be much more difficult to interpret, needing sophisticated statistical methods and new validation methods – and all this required additional funding that

was provided by the US National Institute on Aging (NIA). A first batch of ca. 8,000 randomly selected samples was analysed for these biomarkers in 2017/2018 and the remaining ca. 17,000 samples (the second batch) followed with a Corona-pandemic caused delay in 2020/2021. Furthermore in 2018, we conducted a validation experiment in the Seattle laboratory mimicking the field conditions (e.g., high temperatures, long shipping times, missing humidity protection), under which the SHARE DBS samples were collected.

These efforts were successful and produced reliable conversion equations for each marker to correct for the field impacts and to translate the raw (field-collected) DBS values into venous-blood equivalent, standard values for subsequent research². In 2021, the research team further refined the conversion equations by considering the additional impact of storage time for the marker value experienced by the samples of the second batch; TRG, CysC, and CHO exhibited storage changes. And they investigated and corrected for the impact of the hugely varying spot size (indicating the volume of blood deposited on filter paper) on the marker value. A publication describing the precise measurement of spot size and its impact on the marker value of the SHARE DBS samples was submitted for publication end of 2021. All blood-marker values are adjusted now for the above mentioned fieldwork conditions.

Another ground-breaking action was the analyses

of ca. 16,000 (out of the 25,000) SHARE DBS samples for cytokines, growth factors, and apolipoproteins at the Staten Serum Institute (SSI) in Copenhagen, Denmark. Those proteins are involved in the immune response, inflammation, cell growth, fat metabolism, and neurodegeneration. Inflammatory responses are documented in cardiovascular disease and are also believed to influence cognitive decline. The highly specific 10-plex immunoassay was able to identify 10 blood proteins in a single

assay, even at very low levels of concentration. It identified molecules such as BDNF, VEGF, MCP-1, EGF, the interleukins IL-8, IL-16, IL-12/23, and IL-18³, and the apolipoproteins APOJ (Clusterin) and APOE4. In 2019, the research team conducted a validation study at SSI for these markers to correct for field influences, similarly to the markers analysed in Seattle. They gained conversion equations for all 10 markers and corrected the raw DBS values accordingly.

The tables below show the number of observations, which are available for each marker.

HbA1c	tHb	HDL	CHO	CRP	TRG	CysC
19,789	14,900	14,901	23,062	22,712	22,971	23,062

APOE4	BDNF	APOJ	EGF	IL-16	IL-18	IL-8	IL-12/23	MCP-1	VEGF
13,107	15,213	15,513	15,230	15,434	15,514	15,511	15,383	15,514	15,513

What remains to be done?

The research team will now prepare the blood-marker data for release. This will involve exclusion of outliers and restriction to physiologically meaningful values. A performance of validity checks for SHARE DBS blood marker values is ongoing; the research team is comparing their results to published

data (e.g., by the Robert Koch Institute in Germany or comparable institutions in selected SHARE countries). Finally, the research team will document all the many steps which they have done in order to provide a user-friendly data set that can be used to study the effects of socio-economic conditions on objective health measures.



¹ Available online: <https://doi.org/10.17617/2.3245285>
² <https://doi.org/10.1002/ajhb.23517>

³ BDNF Brain-derived neurotrophic factor; VEGF Vascular endothelial growth factor; MCP-1 Monocyte chemoattractant protein-1; EGF Epidermal growth factor; IL interleukin.

SHARE-HCAP: THE HEALTH STUDY

Bio-medical and socio-economic precursors of cognitive decline in SHARE

The expected increase in the prevalence of dementia in ageing populations is a major concern both from a health and from an economic point of view. Dementia is currently without actual cure but symptom progression may be delayed if risk factors for cognitive impairment are diagnosed and treated at an early stage.

The general aim of this new project in SHARE is to exploit the international variation of health and life circumstances in Continental Europe to identify which interactions of bio-medical and socio-economic conditions over the life-course affect cognition in later life. The understanding of such life-course pathways to first mild cognitive impairment and then, possibly, dementia, should help in developing preventive early interventions.

In the first half of 2021, the HCAP and family or friend questionnaires have undergone the final steps of localization to the European context to make it ready for use in the pretest of SHARE-HCAP. In addition, the instruments (CAPI/CATI, CaseCTRL, SampleCTRL) were prepared for in-field use, materials were selected for in-field administration and vendors were selected.

The design of the study requires face-to-face interaction between interviewer and respondent. As face-to-face fieldwork has slowly restarted in 2021, a pretest and field rehearsal for SHARE-HCAP have taken place in that year in the five SHARE-HCAP countries: Denmark, Czech Republic, Germany, France and Italy. The pretest (June-July 2021) was conducted using a very small convenience sample

per country. The country teams were trained by the SHARE-HCAP team to manage fieldwork and conduct the interviews, which resulted in a total of 56 interviews across all countries. The field rehearsal (November 2021-February 2022) has been set-up to mimic main data collection as much as possible: SHARE panel respondents (usually included in SHARE field rehearsals) were interviewed by trained, professional interviewers from the survey agencies. A total of 199 interviews across all countries for this test phase has helped the SHARE-HCAP team make any final changes for the main data collection, scheduled to start end of April 2022.

Special training materials were developed to train interviewers (from survey agencies and country teams) to conduct the HCAP and family or friend

SHARE HCAP

Think-Recognise-Remember: the Health Study

(F&F) interview. Generally, survey interviewers are not trained for administering cognitive tests as in the HCAP battery and it requires particular attention to do the tests correctly, maintain a neutral attitude regarding the assessment towards the respondent while responding correctly to questions and concerns from the respondent. Therefore, the training sessions and materials have been developed with support from experts from SHARE-HCAP's Project Advisory Board.

SHARE-HCAP has continued to stay well-connected with other HCAP studies in the world. A lot of knowledge sharing has taken place to help us implement HCAP as harmonized as possible with the other HCAP studies and to keep track of the latest (data) insights from other studies.



SPLASH

The Social Policy Archive for SHARE

The “Social Policy Archive for SHARE” (SPLASH) aims to overcome existing data limitations in order to foster comparative policy-oriented research using SHARE microdata. In effect, SPLASH functions as an extension, conducting the required searches, evaluation and organization for compiling suitable data for SHARE’s various research projects. The process involves a comprehensive review of online resources from institutions, organizations and independent researchers. Data is vetted based upon SHARE’s criteria for age group, location, years of coverage and other qualitative factors concerning the data quality and contextual relevance. Once approved, data sources are documented and coded according to the website’s system requirements. The continuous survey has produced a collection of resources mapped at the local, national and cross-national level thereby performing the work of identifying policy and population indicators which support the robust analysis of SHARE data.

During 2021, the database development followed three main lines.

First, the activities were focused on updating and expanding the data map and the collection of macro indicators for the analysis of the regular SHARE waves. These cover fields such as employment and retirement, public health and educational policies. The collection of long-series comparative indicators was prioritized to facilitate longitudinal analysis whenever possible with series starting as early as 1935. SPLASH contains a repository of essential demographic indicators identified as benchmarks for evaluating policy outcomes in regards to SHARE

respondents. These are updated regularly and new indicators of interests are added in response to social and economic developments.

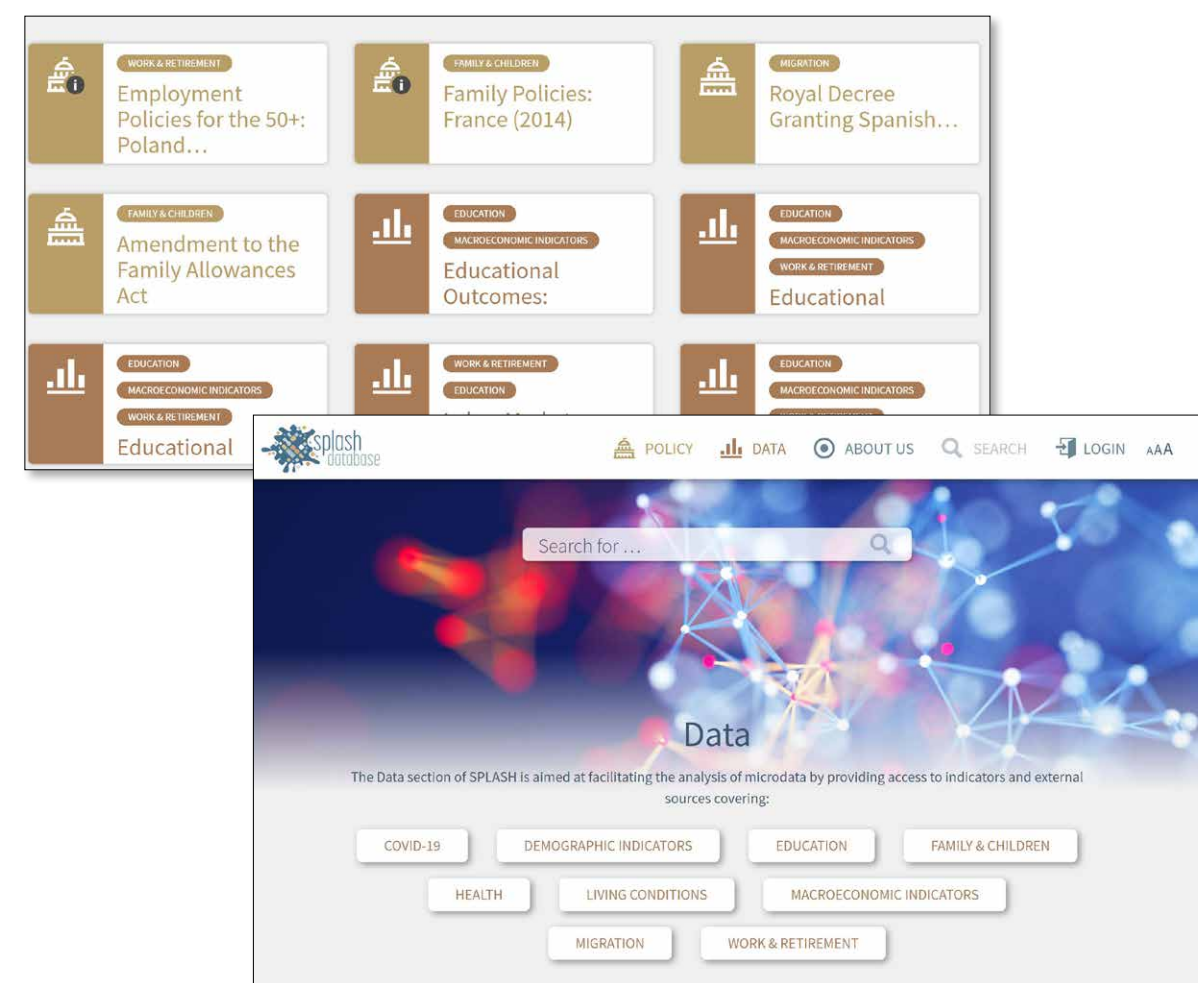
Second, quantitative and qualitative COVID-19-related data sources covering all SHARE countries were mapped to support the analysis of the SHARE Corona Survey data. Further, we collected cross-national comparative indicators addressing public health, containment measures and epidemiological indicators. For the main areas of research covered by the SHARE-COVID19 project (employment, health-care, social life), the mapping and data collection considered the period before and during the pandemic. Special attention was given to locating data that indexed the stringency of government policy measures for the period between 2020 and 2021. Indicators covering the cumulative death rates and cases of COVID-19 were also collected. Because the data was standardized and reported daily, a more nuanced analysis was performed to gauge how pandemic developments related to respondent outcomes from the telephone survey and cross-national differences could be accounted for as well.

Finally, to support the research on the unintended effects of containment policies on the living conditions of individuals across Europe, the policy-specific work focused in the search and collection of data recording job retention measures implemented to combat unemployment and loss of income during the current crisis. These include short-time employment, wage subsidy programs and combined measures at national level. To do so, the activities involved revising and coding data



from reports from international organizations and sources, as well as the search of specific legislation in national sources. Furthermore, the main components of the national measures such as duration of the benefits have been coded for their subsequent revision and evaluation. As a result,

more than 500 employment-related measures and related indicators have been identified for all SHARE countries. The data has already been integrated in discussion papers and research reports, and the database of policy variables will be validated during 2022.



SHARE USERS

Number of users per country



INTERNATIONAL SCIENTIFIC COMMUNITY IS GROWING

Numerous new registrations of SHARE data users

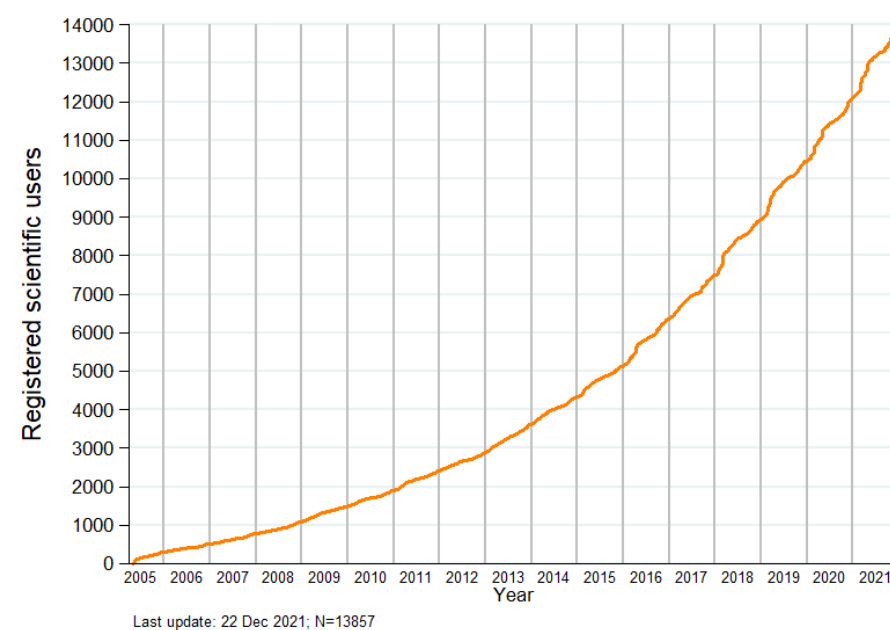
By the end of December 2021, SHARE counted a total of 13,857 user registrations. By the submission deadline of this report, SHARE even counted 14,270 users from all over the world. As in previous years, the total number of registered users as well as the annual growth rate has increased. Therefore, more than 1,700 new registrations were recorded in 2021.

In particular, it seems the data release from the SHARE Corona Survey has given the number of users another growth push. SHARE implemented two rounds of the SHARE Corona Survey and interviewed SHARE respondents to study (intra-individual) changes between the start of the pandemic and the situation one year later in a cross-national perspective. The

data allow examining how the risk group of the older individuals is coping with the health-related and socioeconomic impact of COVID-19.

SHARE's users from all over the world reflect the survey's international strength. Coming from 76 countries, they bring perspectives from different scientific disciplines, societies and cultures. The country with the highest number of registered users remains Germany with more than 2,835; followed by the Netherlands with around 1,500 registered users and the United Kingdom with more than 1,100. With over 850 registered users, the USA rank fourth while also being the country with the highest number of SHARE users outside of Europe.

Figure 1: SHARE Data Users



USER SUPPORT ACTIVITIES

Facilitating the use of SHARE data

The SHARE Central team in Munich has established different user support activities that address both new users as well as established SHARE users.

First, a comprehensible and continuously updated documentation of all SHARE datasets. This is essential for enabling researchers worldwide and from many different scientific disciplines to work with SHARE. Major data releases like Release 8.0.0 require comprehensive updates of the associated documentation files like the SHARE Release Guide and the Data & Documentation Tool (DDT). In February 2022, the “Wave 8 Methodology: Collecting Cross-National Survey Data in Times of COVID-19” was published documenting the most important questionnaire innovations, methodological advancements and new procedures introduced during the eighth Wave of SHARE (for more information, see p. 40).

Second, the maintenance of an email account for user requests: info@share-project.org. Users have the opportunity to send all kinds of SHARE-related questions to this account. Responding to the researchers' questions within a short period, the SHARE Central team provides and further explains documentation material, answers questions on structure and content of the data, assists soon-to-be users with the data access procedure, records SHARE-based publications, and – if necessary – forwards specific requests to country teams, area coordinators or the experts for weights and imputations. In 2021, the SHARE user support team could answer more than 560 user requests.

A third part of the SHARE user support is the engagement in direct contact with researchers at user workshops in order to introduce users to the SHARE data and to train both experienced and un-experienced users.

SHARE USER FEEDBACK

Active exchange with the SHARE user community

Since SHARE data was first made available to the research community with the release of Wave 1 in 2005, it has achieved exceptional popularity among scientists from various research fields. 17 years and several survey waves later, more than 14,000 users from 76 countries have registered for SHARE data. So far, this resulted in more than 3,400 publications based on SHARE data. The SHARE team is incredibly thankful to its users, who have been an essential part in pushing SHARE-ERIC to be the successful research infrastructure that it has become.

On the other hand, SHARE has continuously been in touch with its users. Being in active and constant dialogue with the user community made

sure to see and meet users' needs. For example, repeatedly new questionnaire modules have been introduced after extensive exchange between SHARE and its community. The 28 SHARE country teams could establish themselves as reliable points of contact for local researchers. Additionally, the user support team by SHARE Central, available via the email address info@share-project.org, is answering and helping with any kinds of requests from SHARE users or users-to-be from all over the world. In this ways, the SHARE user support has processed more than 560 user requests only in 2021, this makes more than two every working day. In this regard, SHARE has received plenty of positive feedback from its users – some of which we would proudly like to share.

**The SHARE team takes the opportunity to say:
THANK YOU to all SHARE users for keeping
in touch and using SHARE data for their research!**

Fan mail!



*"Dear SHARE team,
Thank you very much for all your huge efforts to make the amazing SHARE data base available to the research community!"*

"Thank you very much for the invaluable opportunity that the SHARE information provides for research work in the area."

"I take the opportunity to thank you for the fantastic work SHARE has been performing along the years, and in particular during the pandemic."

*"Dear staff,
I am currently working on a project using the SHARE data-set. The data is amazing. (...)"*

"Ok thank you so much for all your help. And thank you for all your work on SHARE, it's very impressive and useful."

"Thank you for your quick and helpful reply! (...) I'm grateful for all the work that the SHARE team is doing."

"I had an excellent experience using the SHARE data set and I will continue to use SHARE data in the future. Thank you for creating such a good and useful data set."



SHARE USERS

ALL OVER THE WORLD



SHARE-BASED JOURNAL PUBLICATIONS 2021

A–B

Aarabi, G., C. Walther, K. Bunte, K. Spinler, E. Buczak-Stec, H.-H. König and A. Hajek (2021): The Big Five Personality Traits and Regularity of Lifetime Dental Visit Attendance: Evidence of the Survey of Health, Ageing, and Retirement in Europe (SHARE). *Aging Clinical and Experimental Research*. DOI: 10.1007/s40520-021-02051-2.

Abu-Omar, K., S. Messing, M. Sarshar, P. Gelius, S. Ferschl, J. Finger and A. Bauman (2021): Sociodemographic Correlates of Physical Activity and Sport among Adults in Germany: 1997–2018. *German Journal of Exercise and Sport Research*. DOI: 10.1007/s12662-021-00714-w.

Ahrenfeldt, L. and S. Möller (2021): The Reciprocal Relationship between Socioeconomic Status and Health and the Influence of Sex: A European SHARE-Analysis Based on Structural Equation Modeling. *International Journal of Environmental Research and Public Health* 18(9): 5045. DOI: 10.3390/ijerph18095045.

Ahrenfeldt, L., C. Riis Nielsen, S. Möller, K. Christensen and R. Lindahl-Jacobsen (2021): Burden and prevalence of risk factors for severe COVID-19 disease in the ageing European population – A SHARE-based analysis. *Journal of Public Health*. DOI: 10.1007/s10389-021-01537-7.

Ahrenfeldt, L., S. Möller and C. Olsen (2021): Sex differences in quality of life and depressive symptoms among middle-aged and elderly Europeans: results from the SHARE survey. *Aging & Mental Health*. DOI: 10.1080/13607863.2021.2013434.

Airaksinen, J., K. Komulainen, M. Jokela and K. Gluschkoff (2021): Big Five Personality Traits and COVID-19 Precautionary Behaviors among Older Adults in Europe. *Aging and health research*, 1(4), 100038. DOI: 10.31234/osf.io/rvbjf.

Akdede, S. H. and E. Giovanis (2021): Cultural Participation in Later Life Among Older-aged Immigrants in the Czech Republic. *Politická ekonomie* 69(2): 193-226. DOI: 10.18267/j.polek.1311.

Almada, M., P. Brochado, D. Portela, L. Midão and E. Costa (2021): Prevalence of Fall and Associated Factors Among Community-Dwelling European Older Adults: A Cross-Sectional Study. *The Journal of Frailty & Aging*: 10-16. DOI: 10.14283/jfa.2020.44.

Álvarez, B. (2021): The Best Years of Older Europeans' Lives. *Social Indicators Research*. DOI: 10.1007/s11205-021-02804-6.

Alves, R. (2021): Mediterranean Diet in Europe: How are Mature Adults and Elderly Moving Closer to this Diet Pattern? *European Journal of Public Health*. DOI: 10.1093/eu-epub/ckab164.447.

Angelova, M. (2021): Factors Affecting the Active Life of People Aged 50 and Over in Europe Before and During the Pandemic. *Revista Inclusiones* 8.

Arnault, L. and S. Juin (2021): Parental Health and Location Choices of Children. *Gérontologie et société* 43(165): 179-203. DOI: 10.3917/g1.165.0179.

Arnault, L., F. Jusot and T. Renaud (2021): Economic Vulnerability and Unmet Healthcare Needs among the Population Aged 50+ years During the COVID-19 Pandemic in Europe. *European Journal of Ageing*. DOI: 10.1007/s10433-021-00645-3.

Arpino, B., P. Conzo and F. Salustri (2021): I am a Survivor, Keep on Surviving: Early-life Exposure to Conflict and Subjective Survival Probabilities in Adult Life. *Journal of Population Economics*. DOI: 10.1007/s00148-021-00859-w.

Atella, V., F. Belotti, D. Kim, D. Goldman, T. Gracner, A. Piano Mortari and B. Tysinger (2021): The Future of the Elderly Population Health Status: Filling a Knowledge Gap. *Health Economics*. DOI: 10.1002/hec.4258.

Atzendorf, J. and S. Gruber (2021): Depression and Loneliness of Older Adults in Europe and Israel after the First Wave of Covid-19. *European Journal of Ageing*. DOI: 10.1007/s10433-021-00640-8.

Axelrad, H. and I. Luski (2021): Actual Retirement Age: A European Cross-Country Analysis. *Ageing International*. DOI: 10.1007/s12126-021-09435-9.

Backhaus, A. and M. Barslund (2021): The Effect of Grandchildren on Grandparental Labor Supply: Evidence from Europe. *European Economic Review* 137. DOI: 10.1016/j.euroecorev.2021.103817.

Barbosa, F., A. Delerue Matos, G. Voss and P. Costa (2021): Spousal Care and Pain among the Population Aged 65 Years and Older: A European Analysis. *Frontiers in Medicine* 8:602276. DOI: 10.3389/fmed.2021.602276.

Bayes-Marin, I., A. Sanchez-Niubo, D. Fernández, J. M. Haro and B. Olaya (2021): Risk of All-cause Mortality Associated with Chronic Obstructive Pulmonary Disease and the Role of Healthy Ageing Trajectories: A Population-based Study of Middle-aged and Older Adults. *BMJ Open* 11(7): 1-9. DOI: 10.1136/bmjopen-2021-050947.

Bergmann, M. and M. Wagner (2021): The Impact of COVID-19 on Informal Caregiving and Care Receiving Across Europe During the First Phase of the Pandemic. *Frontiers in Public Health* 9. DOI: 10.3389/fpubh.2021.673874.

Bernard, A. and F. Perales (2021): Linking Internal and International Migration in 13 European Countries: Complementarity or Substitution? *Journal of Ethnic and Migration Studies*. DOI: 10.1080/1369183X.2020.1868983.

Bernardi, F., M. Cozzani and F. Zanasi (2021): Social Inequality and the Risk of Living in a Nursing Home: Implications for the COVID-19 Pandemic. *Genus. Journal of Population Sciences* 77(9). DOI: 10.1186/s41118-021-00119-5.

Bertogg, A. and A. Leist (2021): Partnership and Cognitive Aging in Europe: Mediating Factors and Social Stratification. *The Journals of Gerontology Series B*. DOI: 10.1093/geronb/gbab02.

Bertoni, M., M. Celidoni, C. Dal Bianco and G. Weber (2021): How did European Retirees Respond to the COVID-19 Pandemic? *Economics Letters* 203. DOI: 10.1016/j.econlet.2021.109853.

Bezerra de Souza, D., A. Oliveras-Fabregas, A. Espelt, M. Bosque-Prous, M. de Camargo Cancela, E. Teixidó-Compañó and J. Jerez-Roig (2021): Multimorbidity and Its Associated Factors Among Adults Aged 50 and Over: A Cross-sectional Study in 17 European Countries. *PLoS ONE*. DOI: 10.1371/journal.pone.0246623.

Blázquez-Fernández, C., D. Cantarero-Prieto and M. Pascual-Sáez (2021): Quality of Life, Health and the Great Recession in Spain: Why Older People Matter? *International Journal of Environmental Research and Public Health* 18(4). DOI: 10.3390/ijerph18042028.

Bloomberg, M., A. Dugravot, B. Landré, A. Britton, A. Step-toe, A. Singh-Manoux and S. Sabia (2021): Sex Differences in Functional Limitations and the Role of Socioeconomic Factors: A Multi-cohort Analysis. *The Lancet Healthy Longevity*. DOI: 10.1016/S2666-7568(21)00249-X.

Boerio, P., E. Garavaglia and A. Gaia (2021): Active Ageing in Europe: Are Changes in Social Capital Associated with Engagement, Initiation and Maintenance of Activity in Later Life? *Ageing and Society*: 1-19. DOI: 10.1017/S0144686X21001021.

Bogdanova, B. and B. Nedev (2021): The Effect of Activities as Prevention Tool for Elderly People in Europe from Depression. *AIP Conference Proceedings* 2333(1). DOI: 10.1063/5.0042807.

Bogdanova, B. and Z. Vladimirov (2021): Cross-sectional differences in the Level of Depression since the COVID-19 Outbreak: A Study on SHARE Data. *Revista Inclusiones* 8.

Boissonneault, M. and P. Rios (2021): Changes in Healthy and Unhealthy Working-life Expectancy over the Period 2002–17: A Population-based Study in People aged 51–65 Years in 14 OECD Countries. *The Lancet Healthy Longevity* 2(10): 629-638. DOI: 10.1016/S2666-7568(21)00202-6.

Börsch-Supan, A., Bucher-Koenen, T., Goll, N., and F. Hane-mann (2022): Targets missed: Three case studies exploiting the linked SHARE-RV data. *Journal of Pension Economics & Finance*, 21(1), 1-21. DOI: <https://doi.org/10.1017/S1474747220000359>.

Börsch-Supan, A., Ferrari, I., and L. Salerno (2021): Long-run health trends in Europe. *The Journal of the Economics of Ageing*, 18, 100303. DOI: <https://doi.org/10.1016/j.jea.2020.100303>.

Brandt, M., J. Kaschowitz and N. T. Quashie (2021): Socioeconomic Inequalities in the Wellbeing of Informal Caregivers across Europe. *Aging & Mental Health*: 1-8. DOI: 10.1080/13607863.2021.1926425.

Brenna, E. (2021): Il Ruolo della Famiglia Nell'Assistenza Agli Anziani in Europa e in Italia. Un'Analisi Basata sui Dati SHARE. (The Role of the Family in Care for the Elderly in Europe and Italy. An Analysis Based on SHARE Data.) *Politiche Sanitarie* 21(1): 1-11. DOI: 10.1706/3572.35550.

Brugiavini, A., R. E. Buia and I. Simonetti (2021): Occupation and Working Outcomes during the Coronavirus Pandemic. *European Journal of Ageing*. DOI: 10.1007/s10433-021-00651-5.

SHARE-BASED JOURNAL PUBLICATIONS 2021

C–G

Cabello, M., L. Rico-Urbe, J. Martínez-Ávila, A. Sánchez-Niubò, F. F. Caballero, G. Borges, B. Mellor-Marsá, J. M. Haro, M. Prina, S. Koskinen and J. L. Ayuso-Mateos (2021): The Role of Ageing in the Wish to be Dead: Disentangling Age, Period and Cohort Effects in Suicide Ideation in European Population. *Epidemiology and Psychiatric Sciences* 30. DOI: 10.1017/S2045796021000020.

Calvo, E., K. Allel, U. Staudinger, A. Castillo-Carniglia, J. Medina and K. Keyes (2021): Cross-country Differences in Age Trends in Alcohol Consumption among Older Adults: A Cross-sectional Study of Individuals Aged 50 Years and Older in 22 countries. *Addiction* 116(6): 1399-1412. DOI: 10.1111/add.15292.

Calvo-Perxas, L., J. Vilalta-Franch, H. Litwin, P. Mira and J. Garre-Olmo (2021): A Longitudinal Study on Public Policy and The Health of In-house Caregivers in Europe. *Health Policy*: 436-441. DOI: 10.1016/j.healthpol.2021.02.001.

Carmel, S. and A. Tur-Sinai (2021): Cognitive Decline among European Retirees: Impact of Early Retirement, Nation-related and Personal Characteristics. *Ageing & Society*: 1-27. DOI: 10.1017/S0144686X21000064.

Cavapozzi, D. and C. Dal Bianco (2021): Does Retirement Reduce Familiarity with Information and Communication Technology? Review of Economics of the Household. DOI: 10.1007/s11150-021-09573-8.

Cavapozzi, D. and C. Dal Bianco (2021): The Effect of Work Disability on the Job Involvement of Older Workers. *Journal of Economic Behavior & Organization* 192: 724-739. DOI: 10.1016/j.jebo.2021.10.021.

Cheval, B., M. Boisgontier, S. Sieber, A. Ihle, D. Orsholits, C. Forestier, D. Sander and A. Chalabaev (2021): Cognitive Functions and Physical Activity in Aging When Energy is Lacking. *European Journal of Ageing*. DOI: 10.1007/s10433-021-00654-2.

Cheval, B., S. Maltagliati, S. Sieber, D. Beran, A. Chalabaev, D. Sander, S. Cullati and M. Boisgontier (2021): Why Are Individuals With Diabetes Less Active? The Mediating Role of Physical, Emotional, and Cognitive Factors. *Annals of Behavioral Medicine*. DOI: 10.1093/abm/kaa120.

Chłoi-Domińczak, A. and D. Holzer-Żelażewsk (2021): Economic Stress of People 50 + in European Countries in the Covid-19 Pandemic—do Country Policies Matter? *European Journal of Ageing*: 1-20. DOI: 10.1007/s10433-021-00662-2.

Chung, K., C. Wilkinson, M. Veerasamy and V. Kunadian (2021): Frailty Scores and Their Utility in Older Patients with Cardiovascular Disease. *Journal of Interventional Cardiology* 16: e05. DOI: 10.15420/icr.2020.18.

Clark, A., C. Dambrosio, I. Onur and R. Zhu (2021): COVID-19 Compliance Behaviors of Older People: The Role of Cognitive and Non-Cognitive Skills. *Economics Letters*.

Cohn-Schwartz, E., A. Vitman-Schorr and R. Khalaila (2021): Physical Distancing is related to Fewer Electronic and In-person Contacts and to Increased Loneliness during the COVID-19 Pandemic among Older Europeans. *Quality of Life Research*. DOI: 10.1007/s11136-021-02949-4.

Csajbók, Z., A. Kagstrom, I. Kåreholt, B. Pawłowski, K. Marečková and P. Cermakova (2021): Sex Differences in The Association of Childhood Socioeconomic Position and Later-life Depressive Symptoms in Europe: The Mediating Effect of Education. *Social Psychiatry and Psychiatric Epidemiology*. DOI: 10.1007/s00127-020-02018-0.

Das, A. (2021): Secularism, Family Ties and Loneliness: A Multilevel Longitudinal Study of Ten European Societies. *Social Science Research*. DOI: 10.1016/j.ssresearch.2021.102619.

Dasgupta, S. and J. Emmerling (2021): COVID-19 Lockdown Led to an Unprecedented Increase in Inequality. *Research Square*. DOI: 10.21203/rs.3.rs-191155/v1.

De Paz Cobo, S., M. Ortín Fernández and M. Goicochea Neyra (2021): Análisis Multifactorial de la Calidad de Vida de la Población de Mayor Edad en Europa. (A Multi-Factor Analysis of the Quality of Life of the Elderly People in Europe.) *Revista Prisma Social* 32: 93-127.

De Witte, J. and T. Van Regenmortel (2021): The Relationship between Loneliness and Migration Among Belgian Older Adults. *Ageing International*. DOI: 10.1007/s12126-021-09460-8.

Delerue Matos, A., F. Barbosa, C. Cunha, G. Voss and F. Correia (2021): Social Isolation, Physical Inactivity and Inadequate Diet among European Middle-aged and Older Adults. *BMC Public Health* 21. DOI: 10.1186/s12889-021-10956-w.

Dimitrova, E. (2021): Social Differences in Self-perceived Health of People at Older Age in European Societies. Results of the Survey of Health, Ageing and Retirement in Europe (SHARE). *Revista Inclusiones* 8: 1-21.

Duminy, L., N. R. Sivapragasam, D. Matchar, A. Visaria, J. P. Ansah, C. R. Blankart and L. Schoenenberger (2021): Validation and Application of a Needs-based Segmentation Tool for Cross-country Comparisons. *Health Services Research* 56(S3): 1394-1404. DOI: 10.1111/1475-6773.13873.

Ecchia, G., C. O'leary and L. Messori (2021): Ex-ante Socio-economic Impact Assessment for a Social Science Research Infrastructure: The Case of EuroCohort. *Annals of Public and Cooperative Economics* 92(3): 531– 563. DOI: 10.1111/apce.12346.

Eimontas, J., A. Bagdonas, A. Kairys, O. Zamalijeva, V. Pakalniškienė and R. Sadauskaitė (2021): Vyresnio amžiaus asmenų psichologinės gerovės sąsajos su šeimoms diskriminacijos patirtimi ir gyvenimo aplinkybėmis vaikystėje. (The Links between Childhood Life Circumstances, Family Persecution and Discrimination Experiences, and Well-Being in Later Life.) *Psichologija* 63: 118–136. DOI: 10.15388/Psichol.2021.31.

Elek, P., R. Branyiczki and A. Bíró (2021): Time Patterns of Precautionary Health Behaviours during An Easing Phase of the COVID-19 Pandemic in Europe. *European Journal of Ageing*. DOI: 10.1007/s10433-021-00636-4.

Engels, M., M. Wahrendorf, N. Dragano, A. McMunn and C. Deindl (2021): Multiple Social Roles in Early Adulthood and Later Mental Health in Different Labour Market Contexts. *Advances in Life Course Research*. DOI: 10.1016/j.alcr.2021.100432.

Fernández-López, S., D. Daoudi and L. Rey-Ares (2021): Do Social Interactions Matter for Borrowing Behaviour of the Europeans Aged 50+? *International Journal of Bank Marketing*. DOI: 10.1108/IJBM-02-2021-0077.

Fihel, A., M. Kalbarczyk and A. Nicińska (2021): Childlessness, Geographical Proximity and Non-family Support in 12 European Countries. *Ageing & Society*: 1-26. DOI: 10.1017/S0144686X21000313.

Floridi, G., N. T. Quashie, K. Glaser and M. Brandt (2021): Partner Care Arrangements and Well-being in Mid- and Later Life: The Role of Gender across Care Contexts. *The Journals of Gerontology Series B*. DOI: 10.1093/geronb/gbab209.

Formosa, M. (2021): From invisibility to inclusion: Opening the doors for older men at the University of the Third Age. *Gérontologie et société*. DOI: 10.1080/02701960.2021.1913413.

Gagesch, M., P. O. Chocano-Bedoya, L. A. Abderhalden, G. Freystaetter, A. Sadlon, J. A. Kanis, R. W. Kressig, S. Guyonnet, J. DaSilva, D. Felsenberg, R. Rizzoli, M. Blauth, E. J. Orav, A. Egli and H. A. Bischoff-Ferrari (2021): Prevalence of Physical Frailty: Results from the DO-HEALTH Study. *The Journal of Frailty & Aging*. DOI: 10.14283/jfa.2021.18.

Georgieva, S., Á. Carbonell, S. Martínez-Gregorio, S. Alberola and A. Oliver (2021): Quality of Life Predictors in European Aging Population: A Multigroup Model. *Anuario de Psicología*. The UB Journal of Psychology 51(3): 185-194. DOI: 10.1344/anpsic2021.51/3.21.

Gil-Clavel, S., E. Zagheni and V. Bordone (2021): Close Social Networks among Older Adults: The Online and Offline Perspectives. *Population Research and Policy Review*. DOI: 10.1007/s11113-021-09682-3.

Gil-Salcedo, A., A. Dugravot, A. Fayosse, L. Jacob, M. Bloomberg, S. Sabia and A. Schnitzler (2021): Long-Term Evolution of Functional Limitations in Stroke Survivors Compared With Stroke-Free Controls: Findings From 15 Years of Follow-Up Across 3 International Surveys of Aging. *Stroke*. DOI: 10.1161/STROKEAHA.121.034534.

Gómez-Costilla, P., C. García-Prieto and N. Somarriba-Arechavala (2021): Aging and Gender Health Gap: A Multilevel Analysis for 17 European Countries. *Social Indicators Research*. DOI: 10.1007/s11205-020-02595-2.

Gonçalves, J., F. von Hafe and L. Filipe (2021): Formal Home Care Use and Spousal Health Outcomes. *Social Science & Medicine* 287. DOI: 10.1016/j.socscimed.2021.114373.

González-Touya, M., A. Stoyanova and R. Urbanos-Garrido (2021): COVID-19 and Unmet Healthcare Needs of Older People: Did Inequity Arise in Europe? *International Journal of Environmental Research and Public Health* 18(17). DOI: 10.3390/ijerph18179177.

Gorbatkin, D., Z. Ilatov, S. Shamai and A. Vitman (2021): Transition to Retirement of 1990s Immigrants from the Former Soviet Union to Israel. *Journal of Cross-Cultural Gerontology* 36: 321–345. DOI: 10.1007/s10823-021-09437-9.

SHARE-BASED JOURNAL PUBLICATIONS 2021

G–L

Grané, A. and A. A. Sow-Barry (2021): Visualizing Profiles of Large Datasets of Weighted and Mixed Data. *Mathematics* 9(8): 891. DOI: 10.3390/math9080891.

Grané, A., I. Albarrán and D. Merchán (2021): Impact of Pandemic on European Well-Being: Visualizing Scenarios from the SHARE Database. *International Journal of Environmental Research and Public Health* 18(9): 4620. DOI: 10.3390/ijerph18094620.

Grané, A., I. Albarrán and Q. Guo (2021): Visualizing Health and Well-Being Inequalities among Older Europeans. *Social Indicators Research*. DOI: 10.1007/s11205-021-02621-x.

Grasshoff, J., J. Beller, B. Kuhlmann and S. Geyer (2021): Increasingly Capable at the Ripe Old Age? Cognitive Abilities from 2004 to 2013 in Germany, Spain, and Sweden. *PLoS ONE* 16(7). DOI: 10.1371/journal.pone.0254038.

Green, C., L. Mao and V. Osullivan (2021): Internet Usage and the Cognitive Function of Retirees. *Journal of Economic Behavior & Organization* 190: 747-767. DOI: 10.1016/j.jebo.2021.08.013.

Hajek, A. and H.-H. König (2021): Personality and Functional Impairment. Evidence from the Survey of Health, Ageing and Retirement in Europe. *Psychogeriatrics*. DOI: 10.1111/psyg.12751.

Hajek, A., H.-H. König, E. Buczak-Stec, L. M. Rose, B. Kretzler, K. Spinler, U. Schiffner, G. Aarabi and C. Walther (2021): Regular Childhood Dental Visits, Health-related Factors and Quality of Life in Later Life. *Archives of Gerontology and Geriatrics*. DOI: 10.1016/j.archger.2021.104585.

Halivni, L. R., D. Christiani and S. Bramli-Grinberg (2021): O-439 The Complex Association of Perceived Workplace Safety, Work Environment, and National Factors with the Mental Health of Aging Workers in Europe during the COVID-19 Pandemic. *Occupational and Environmental Medicine* 78:A2. DOI: 10.1136/OEM-2021-EPI.4.

Han, F.-F., H.-X. Wang, J.-J. Wu, W. Yao, C.-F. Hao and J.-J. Pei (2021): Depressive Symptoms and Cognitive Impairment: A 10-year Follow-up Study from the Survey of Health, Ageing and Retirement in Europe. *European Psychiatry* 64(1): 1-30. DOI: 10.1192/j.eurpsy.2021.2230.

Hansen, T., M. P. Kafková, R. Katz, A. Lowenstein, S. Naim, G. Pavlidis, F. Villar, K. Walsh and M. Aartsen (2021): Exclusion from Social Relations in Later Life: Micro- and Macro-Level Patterns and Correlations in a European Perspective. *International Journal of Environmental Research and Public Health* 18(23). DOI: 10.3390/ijerph182312418.

Henderson, R., D. French, T. Maughan, R. Adams, C. Allemani, P. Minicozzi, M. P. Coleman, E. McFerran, R. Sullivan and M. Lawler (2021): The Economic Burden of Colorectal Cancer across Europe: A Population-Based Cost-of-Illness Study. *The Lancet Gastroenterology & Hepatology*: 709-722. DOI: 10.1016/S2468-1253(21)00147-3.

Hess, M., L. Naegele, L. Becker, J. Mäcken and W. De Tavernier (2021): Planned Retirement Timing in Europe: Are Europeans Adapting to the Policy of Extending Working Lives. *Frontiers in Sociology* 6. DOI: 10.3389/fsoc.2021.691066.

Hofbauer, L. and F. Rodriguez (2021): Validation of a Social Deprivation Index and Association with Cognitive Function and Decline in Older Adults. *International Psychogeriatrics*: 1-12. DOI: 10.1017/S1041610221000995.

Iannario, M. and C. Tarantola (2021): How to Interpret the Effect of Covariates on the Extreme Categories in Ordinal Data Models. *Sociological Methods & Research* 1-37. DOI: 10.1177/0049124120986179.

Jarach, C. M., M. Tettamanti, A. Nobili and B. Davanzo (2021): Social Isolation and Loneliness as related to Progression and Reversion of Frailty in the Survey of Health Ageing Retirement in Europe (SHARE). *Age and Ageing* 50(1): 258-262. DOI: 10.1093/ageing/afaa168.

Jazbar, J., I. Locatelli and M. Kos (2021): The Association between Medication or Alcohol Use and the Incidence of Frailty: A Retrospective Cohort Study. *BMC Geriatrics* 21. DOI: 10.1186/s12877-020-01969-y.

Jazbar, J., Š. Pišek, I. Locatelli and M. Kos (2021): Prevalence and Incidence of Frailty Among Community-dwelling Older Adults in Slovenia. *Zdravstveno Varstvo* 60(3): 190-198. DOI: 10.2478/sjph-2021-0027.

Kairys, A., R. Sadauskaitė, A. Bagdonas, J. Eimontas, V. Pakalniškienė and O. Zamalijeva (2021): Patirto nedarbo sąsajos su vyresnio amžiaus asmenų subjektyvia gerove Baltijos šalyse. (Links of Previously Experienced Unemployment to the Subjective Well-Being of Older Adults in the Baltic States.) *Socialinė teorija, empirija, politika ir praktika* 22: 59-73. DOI: 10.15388/STPEP.2021.29.

Kalbarczyk, M. (2021): Non-Financial Support Provided to Parents in Stepfamilies: Empirical Examination of Europeans 50+. *International Journal of Environmental Research and Public Health* 18(10): 5151. DOI: 10.3390/ijerph18105151.

Kałużna-Oleks, M. (2021): A Simple Risk Score Based on Routine Clinical Parameters Can Predict Frailty in Hospitalized Heart Failure Patients. *Journal of Clinical Medicine*. DOI: 10.3390/jcm10245963.

Karlsen, Tom, H. N. Sheron, S. Zelber-Sagi, P. Carrieri, G. Dushenko, E. Bugianesi, R. Pryke, S. J. Hutchinson, B. Sangro, N. K. Martin, M. Cecchini, M. A. Dirac, A. Belloni, M. Serra-Burriel, C. Y. Ponsioen, B. Sheena, A. Lerouge, M. Devaux, N. Scott, M. Hellard, H. J. Verkade, E. Sturm, G. Marchesini, H. Yki-Järvinen, C. D. Bryne, G. Targher, A. Tur-Sinai, D. Barrett, M. Ninburg, T. Reic, A. Taylor, T. Rhodes, C. Treloar, C. Petersen, C. Schramm, R. Flisiak, M. Y. Simonova, A. Pares, P. Johnson, A. Cucchetti, I. Graupera, C. Lionis, E. Pose, N. Fabrellas, A. T. Ma, J. M. Mendive, V. Mazzaferro, H. Rutter, H. Cortez-Pinto, D. Kelly, R. Burton, J. V. Lazarus, P. Ginès, M. Buti, P. N. Newsome, P. Burra, M. P. Manns (2021). The EASL-Lancet Liver Commission: protecting the next generation of Europeans against liver disease complications and premature mortality. *The Lancet* 399 (10319): 61-116. DOI: 10.1016/S0140-6736(21)01701-3.

Khalaila, R., A. Vitman-Schorr and E. Cohn-Schwartz (2021): A Prospective Association between Tooth Status and Cognitive Performance among Older Adults in Europe. *Ageing & Mental Health*. DOI: 10.1080/13607863.2021.1891201.

Koch, M. and S. Park (2021): Do Government Responses Impact the Relationship between Age, Gender and Psychological Distress during the COVID-19 Pandemic? A Comparison across 27 European Countries. *Social Science & Medicine*. DOI: 10.1016/j.socscimed.2021.114583.

Kočíš Krutilová, V. (2021): The Out-of-pocket Medication Burden: Which Health Problems Impact the Czech Population Aged 50+? *International Journal of Health Planning and Management* 36(6): 2129- 2144. DOI: 10.1002/hpm.3281.

Kočíš Krutilová, V. and L. Bahnsen (2021): Cost-induced Unmet Need for Health Care among Europe's Older Adults – The Role of Specific Diseases. *European Journal of Business Science and Technology* 7(2): 210-222. DOI: 10.11118/ejobsat.2021.014.

Kočíš Krutilová, V., L. Bahnsen and D. De Graeve (2021): The Out-of-pocket Burden of Chronic Diseases: The Cases of Belgian, Czech and German Older Adults. *BMC Health Services Research* 21. DOI: 10.1186/s12913-021-06259-w.

Kouraki, A., T. Bast, E. Ferguson and A. Valdes (2021): Pathways to Pain and Disability: the Impact of Early Social Deprivation and Educational Attainment in Newly Diagnosed Osteoarthritis Patients. *Research Square*. DOI: 10.21203/rs.3.rs-247989/v1.

Kronsnabl, J., T. Kneip, L. Weiss and M. Bergmann (2021): Bodyweight Change and Cognitive Performance in the Older Population. *PLoS ONE* 16(4). DOI: 10.1371/journal.pone.0249651.

Ksinan Jiskrova, G., M. Bobák, H. Pikhart and A. Ksinan (2021): Job Loss and Lower Healthcare Utilisation due to COVID-19 among Older Adults across 27 European Countries. *Journal of Epidemiology & Community Health*: 1078-1083. DOI: 10.1136/jech-2021-216715.

Lackinger, C., I. Grabovac, S. Haider, A. Kapan, E. Winzer, V. Stein and T. E. Dorner (2021): Adherence Is More Than Just Being Present: Example of a Lay-Led Home-Based Programme with Physical Exercise, Nutritional Improvement and Social Support, in Pre frail and Frail Community-Dwelling Older Adults. *International Journal of Environmental Research and Public Health* 18(8): 4192. DOI: 10.3390/ijerph18084192.

LaFerrère, A. (2021): Coresiding with a Child after Age Sixty in Europe and China. *Gérontologie et société* 43 (165): 151-177. DOI: 10.3917/gsl.165.0151.

LaFerrère, A. and L. Arnault (2021): Housing Choices of the Over Sixty-fives in Europe: Ageing in the Community or in a Community? *Gérontologie et société* 43(165): 125-149. DOI: 10.3917/gsl.165.0125.

Lakomý, M. (2021): Differences in Social Participation of Older Adults across European Welfare Regimes: Fourteen Years of SHARE Data Collection. *International Sociology*. DOI: 10.1177/0268580921993326.

Lakomý, M. (2021): The Effect of Roles Prescribed by Active Ageing on Quality of Life across European Regions. *Ageing and Society*: 1-25. DOI: 10.1017/S0144686X21000726.

Lee, S. (2021): Passive Suicidal Ideation in Older Adults from 12 European Countries. *Journal of Population Ageing*. DOI: 10.1007/s12062-021-09350-6.

SHARE-BASED JOURNAL PUBLICATIONS 2021

L–O

Lee, S. (2021): Perceived Health, Psychological Distress, and Subjective Well-Being among Older Adults with Parkinson's Disease: A Cross-Lagged Analyses. *BMC Geriatrics*. DOI: 10.21203/rs.3.rs-673726/v1.

Leist, A., E. Bar-Haim and L. Chauvel (2021): Inequality of Educational Opportunity at Time of Schooling Predicts Cognitive Functioning in Later Adulthood. *SSM-Population Health* 15. DOI: 10.1016/j.ssmph.2021.100837.

Lenzen, S., P. Bakx, J. M. Boman and E. van Doorslaer (2021): Health Care Use and Out-of-pocket Spending by Persons with Dementia Differ between Europe and the United States. *Medical Care*. DOI: 10.1097/MLR.0000000000001539.

Lera, J., M. Pascual-Sáez and D. Cantarero-Prieto (2021): Socioeconomic Inequality in the Use of Long-Term Care among European Older Adults: An Empirical Approach Using the SHARE Survey. *International Journal of Environmental Research and Public Health* 18(1). DOI: 10.3390/ijerph18010020.

Lestari, S., X. de Luna, M. Eriksson, G. Malmberg and N. Ng (2021): A Longitudinal Study on Social Support, Social Participation, and Older Europeans' Quality of Life. *SSM - Population Health* 13. DOI: 10.1016/j.ssmph.2021.100747.

Levinsky, M. and M. Schiff (2021): Lifetime Cumulative Adversity and Physical Health Deterioration in Old Age: Evidence from a Fourteen-year Longitudinal Study. *Social Science & Medicine* 289. DOI: 10.1016/j.socscimed.2021.114407.

Li, G., Y. Qiao, Y. Lu, S. Liu, Y. Ding, X. Chen and C. Ke (2021): Role of Handgrip Strength in Predicting New-onset Diabetes: Findings from the Survey of Health, Ageing and Retirement in Europe. *BMC Geriatrics* 21: 445. DOI: 10.1186/s12877-021-02382-9.

Linder, S., K. Abu-Omar, W. Geidl, S. Messing, M. Sarshar, A. K. Reimers and H. Ziemainz (2021): Physical Inactivity in Healthy, Obese, and Diabetic Adults in Germany: An Analysis of Related Socio-demographic Variables. *PLoS ONE* 16(2). DOI: 10.1371/journal.pone.0246634.

Listabarth, S., B. Vyssoki, T. Waldhoer, A. Gmeiner, S. Vyssoki, A. Wippel, V. Blüml, M. Gruber and D. König (2021): Hazardous Alcohol Consumption among Older Adults: A Comprehensive and Multi-national Analysis of Predictive Factors in 13,351 Individuals. *European Psychiatry* 64(1). DOI: 10.1192/j.eurpsy.2020.112.

Litwin, H. and M. Levinsky (2021): Network-exposure Severity and Self-protective Behaviors: The Case of COVID-19. *Innovation in Aging* 5: 1–11. DOI: 10.1093/geroni/igab015.

Litwin, H. and M. Levinsky (2021): Social Networks and Mental Health Change in Older Adults after the Covid-19 Outbreak. *Ageing & Mental Health*. DOI: 10.1080/13607863.2021.1902468.

Luchetti, M., A. Terracciano, Y. Stephan, D. Aschwanden and A. R. Sutin (2021): Personality Traits and Memory: A Multilevel Analysis across 27 Countries from the Survey of Health, Ageing and Retirement in Europe. *Psychological Science*: 1047-1057. DOI: 10.1177/0956797621993101.

Lucifora, C. and M. Repetto (2021): Big Five Personality Traits and Retirement Decisions. *Labour*: 1– 28. DOI: 10.1111/labr.12210.

Lusa, L. and M. Huebner (2021): Organizing and Analyzing Data from the SHARE Study with an Application to Age and Sex Differences in Depressive Symptoms. *International Journal of Environmental Research and Public Health* 18(18): 9684. DOI: 10.3390/ijerph18189684.

Lutz, W., E. O. P. Striessnig, A. Dimitrova, S. Ghislandi, A. Lijadi, C. Reiter, S. Spitzer and D. Yıldız (2021): Years of Good Life is a Well-being Indicator Designed to Serve Research on Sustainability. *PNAS* 118 (12). DOI: 10.1073/pnas.1907351118.

Mäcken, J., P. Präg, M. Hess and L. Ellwardt (2021): Educational Inequalities in Labor Market Exit of Older Workers in 15 European Countries. *Journal of Social Policy*: 1-25. DOI: 10.1017/S0047279421000258.

Maltagliati, S., S. Sieber, P. Sarrazin, S. Cullati, A. Chalabaev, G. P. Millet, M. P. Boisgontier and B. Cheval (2021): Muscle Strength Explains the Protective Effect of Physical Activity against COVID-19 Hospitalization among Adults aged 50 Years and Older. *Journal of Sports Sciences*, 39(24), 2796-2803. DOI: 10.1101/2021.02.25.21252451.

Marconcin, P., A. Marques, D. Henriques-Neto, É. R. Gouveia, G. Ferrari, M. Peralta and A. Ihle (2021): Grip Strength as a Predictor of Depressive Symptoms among Vulnerable Elderly Europeans with Musculoskeletal Conditions. *Scientific Reports* 11: 21329. DOI: 10.1038/s41598-021-00751-3.

Markova, E., G. Yordanova and E. Tosheva (2021): Mental Health Risk Alerts and Loneliness during the Pandemic: A Comparative Insight from Three Balkan Countries. *Revista Inclusiones* 8: 91-112.

Marois, G. and A. Aktas (2021): Projecting Health-ageing Trajectories in Europe Using a Dynamic Microsimulation Model. *Scientific Reports* 11. DOI: 10.1038/s41598-021-81092-z.

Marques, A., D. Henriques-Neto, M. Peralta, P. Marconcin, É. R. Gouveia, I. Ferrari, J. Martins and A. Ihle (2021): Exploring Grip Strength as a Predictor of Depression in Middle-aged and Older Adults. *Scientific Reports* 11. DOI: 10.1038/s41598-021-95566-7.

Mendoza-Jiménez, M.-J., T.-V. Hannemann and J. Atzendorf (2021): Behavioral Risk Factors and Adherence to Preventive Measures: Evidence from the Early Stages of the COVID-19 Pandemic. *Frontiers in Public Health* 9. DOI: 10.3389/fpubh.2021.674597.

Midão, L., P. Brochado, M. Almada, M. Duarte, C. Paúl and E. Costa (2021): Frailty Status and Polypharmacy Predict All-Cause Mortality in Community Dwelling Older Adults in Europe. *International Journal of Environmental Research and Public Health* 18(7). DOI: 10.3390/ijerph18073580.

Mikelsone, M. and I. Reine (2021): Prognostic Factors of Self-rated Health Deterioration during Covid-19 in the Baltic States. *European Journal of Public Health*. DOI: 10.1093/eurpub/ckab165.109.

Möhrling, K. and A. Weiland (2021): Couples' Life Courses and Women's Income in Later Life: A Multichannel Sequence Analysis of Linked Lives in Germany. *European Sociological Review*: 1–18. DOI: 10.1093/esr/jcab048.

Morris, Z. A., A. Zaidi and S. McGarity (2021): The Extra Costs Associated with a Cognitive Impairment: Estimates from 15 OECD Countries. *European Journal of Public Health*. DOI: 10.1093/eurpub/ckab011.

Nedev, B. and B. Bogdanova (2021): Cross-sectional Differences in the Level of Depression for Elderly People in Europe. *AIP Conference Proceedings* 2333(1). DOI: 10.1063/5.0041786.

Neter, E., S. Chachashvili-Bolotin, B. Erlich and K. Ibrah (2021): Benefiting From Digital Use: Prospective Association of Internet Use With Knowledge and Preventive Behaviors Related to Alzheimer Disease in the Israeli Survey of Aging. *JMIR Aging* 4(2). DOI: 10.2196/25706.

Netov, N. and D. Tisheva (2021): An Intuitionistic Fuzzy Approach for COVID-19 Survey Analytics. *Revista Inclusiones* 8.

Nguyen, H., D. Moreno-Agostino, K.-C. Chua, S. Vitoratou and M. Prina (2021): Trajectories of Healthy Ageing among Older Adults with Multimorbidity: A Growth Mixture Model Using Harmonised Data from Eight ATHLOS Cohorts. *PLoS ONE* 16(4). DOI: 10.1371/journal.pone.0248844.

Nijkamp, P., K. Kourtit, P.-H. Wong and M. G. Celbiş (2021): Impacts of the COVID-19 Outbreak on Older-Age Cohorts in European Labor Markets: A Machine Learning Exploration of Vulnerable Groups. *Regional Science Inquiry*. DOI: 10.1111/rsp3.12520.

Novais, F., C. Cordeiro, P. Câmara Pestana, B. Côrte-Real, T. Reynolds Sousa, A. Delerue Matos and D. Telles-Correia (2021): O Impacto da COVID-19 na População Idosa em Portugal: Resultados do Survey of Health, Ageing and Retirement (SHARE). (The Impact of COVID-19 in Older People in Portugal: Results from the Survey of Health, Ageing and Retirement (SHARE)). *Acta Médica Portuguesa* 34(11): 761-766. DOI: 10.20344/amp.16209.

O'Donoghue, P., P. Claffey, C. Rice, L. Byrne, C. Cunningham, R. A. Kenny and R. Romero-Ortuno (2021): Association between Gait Speed and the SHARE Frailty Instrument in a Falls and Syncope Clinic. *European Geriatric Medicine* 12: 1101–1105. DOI: 10.1007/s41999-021-00509-0.

Oberndorfer, M., C. Mogg, S. Haider, I. Grabovac, D. Drgac and T. E. Dorner (2021): Partner Loss and its Effect on Frailty Trajectories: Results from the 13-year Follow-up Survey of Health, Ageing and Retirement in Europe (SHARE). *Journal of Epidemiology & Community Health*. DOI: 10.1136/jech-2021-216637.

Odonovan, M., D. Sezgin, R. Ocaimh and A. Liew (2021): The Relationship between Frailty and Diabetes: An Investigation of Self-rated Health, Depression Symptoms and Quality of Life in the Study of Health Aging and Retirement in Europe. *Archives of Gerontology and Geriatrics* 96. DOI: 10.1016/j.archger.2021.104448.

SHARE-BASED JOURNAL PUBLICATIONS 2021

O–S

Ogliari, G., J. Ryg, K. Andersen-Ranberg, L. Scheel-Hincke and T. Masud (2021): Association between Body Mass Index and Falls in Community-dwelling Men and Women: A Prospective, Multinational Study in the Survey of Health, Ageing and Retirement in Europe (SHARE). *European Geriatric Medicine*. DOI: 10.1007/s41999-021-00485-5.

Ogliari, G., J. Ryg, N. Qureshi, K. Andersen-Ranberg, L. Scheel-Hincke and T. Masud (2021): Subjective Vision and Hearing Impairment and Falls among Community-dwelling Adults: A Prospective Study in the Survey of Health, Ageing and Retirement in Europe (SHARE). *European Geriatric Medicine*. DOI: 10.1007/s41999-021-00505-4.

Okulicz-Kozaryn, A. and L. Morawski (2021): A Similar Effect of Volunteering and Pensions on Subjective Wellbeing of Elderly. *Economics and Sociology* 14(2): 11-39. DOI: 10.14254/2071-789X.2021/14-2/1.

Oliver, A., T. Sentandreu-Mañó, J. M. Tomás, I. Fernández and P. Sancho (2021): Quality of Life in European Older Adults of SHARE Wave 7: Comparing the Old and the Old-est-Old. *Journal of Clinical Medicine* 10(13). DOI: 10.3390/jcm10132850.

Ophir, A. (2021): The Paid and Unpaid Working Life Expectancy at 50 in Europe. *The Journals of Gerontology*. DOI: 10.1093/geronb/gbab223.

Ortigosa, N., M. Orellana-Panchame, J. C. Castro-Palacio, P. Fernández de Córdoba and J. Isidro (2021): Monte Carlo Simulation of a Modified Chi Distribution Considering Asymmetry in the Generating Functions: Application to the Study of Health-Related Variables. *Symmetry* 13(6): 924. DOI: 10.3390/sym13060924.

Paiva, A. F., C. Cunha, G. Voss and A. Delerue Matos (2021): The Interrelationship between Social Connectedness and Social Engagement and its Relation with Cognition: A Study using SHARE Data. *Ageing and Society*: 1-19. DOI: 10.1017/S0144686X2100129X.

Palaz, F. S. (2021): 50+ Nüfusun Gönüllülüğe Katılımı ve Gönüllülük Motivasyonları: Avrupa Örneği. (Volunteering Among Adults Aged 50+ and their Motivations for Volunteering: The Case of Europe.) *Journal of Economy Culture and Society* 64: 163-182. DOI: 10.26650/JECS2020-803795.

Pamporov, A. (2021): Анализ на взаимовръзката между социалната уязвимост и когнитивните умения при липса на преки индикатори за езиков статус. (Analysis of the Relation between Social Vulnerability and Cognitive Skills in the Absence of Direct Indicators of Language Status.) *Sociological Problems* 53(2): 731-748.

Peleg, S. and G. Nudelman (2021): Associations between Self-rated Health and Depressive Symptoms among Older Adults: Does Age Matter? *Social Science & Medicine* 280. DOI: 10.1016/j.socscimed.2021.114024.

Peña-Longobardo, L., B. Rodríguez-Sánchez and J. Oliva-Moreno (2021): The Impact of Widowhood on Wellbeing, Health, and Care Use: A Longitudinal Analysis across Europe. *Economics & Human Biology*. DOI: 10.1016/j.ehb.2021.101049.

Perelman, J., F. Serranheira, P. P. Barros and P. Laires (2021): Does Working at Home Compromise Mental Health? A Study on European Mature Adults in COVID Times. *Journal of Occupational Health*. DOI: 10.1002/1348-9585.12299.

Perry, G. and M. Daly (2021): Grandparental Partnership Status and Its Effects on Caring for Grandchildren in Europe. *PLoS ONE*. DOI: 10.1371/journal.pone.0248915.

Pijpers, R. and A. Van Beek (2021): The Importance of Social Ties in Later Life. *International Psychogeriatrics* 33(5): 445-447. DOI: 10.1017/S1041610220004159.

Pirani, E., G. De Santis and F. Zanasi (2021): Retirement? Other Ways Out of the Labour Market Are Far More Worrying for Health: Results from a Matching Approach Study. *Journal of Aging and Health*. DOI: 10.1177/08982643211039637.

Plopeanu, A.-P., D. Homocianu, I. Bostan, A.-I. Vodă and N. Florea (2021): Sustainable Careers: Reliability of Job Satisfaction Predictors for Employees Aged 50+. Evidence from Romanian Development Regions. *Sustainability* 13(15). DOI: 10.3390/su13158133.

Qiao, Y.-M., S. Liu, G. Li, Y. Lu, Y. Wu, Y. Shen and C. Ke (2021): Longitudinal Follow-Up Studies on the Bidirectional Association between ADL/IADL Disability and Multimorbidity: Results from Two National Sample Cohorts of Middle-Aged and Elderly Adults. *Gerontology*: 563-571. DOI: 10.1159/000513930.

Quashie, N. T., M. Wagner, E. Verbakel and C. Deindl (2021): Socioeconomic differences in informal caregiving in Europe. *European Journal of Ageing*. DOI: 10.1007/s10433-021-00666-y.

Rachaniotis, N. P., T. K. Dasaklis, F. Fotopoulos and P. Tinnios (2021): A Two-Phase Stochastic Dynamic Model for COVID-19 Mid-Term Policy Recommendations in Greece: A Pathway towards Mass Vaccination. *International Journal of Environmental Research and Public Health* 18(5). DOI: 10.3390/ijerph18052497.

Recksiedler, C., B. Cheval, S. Sieber, D. Orsholits, R. Stawski and S. Cullati (2021): Linking Widowhood and Later-life Depressive Symptoms: Do Childhood Socioeconomic Circumstances Matter? *Ageing & Mental Health*. DOI: 10.1080/13607863.2021.1972930.

Reine, I. (2021): Factors Predicting Loneliness among Ageing Populations in the Baltic States during Covid-19. *European Journal of Public Health* 31(3). DOI: 10.1093/eurpub/ckab165.110.

Richter, L. and T. Heidinger (2021): Hitting Close to Home: The Effect of COVID-19 Illness in the Social Environment on Psychological Burden in Older Adults. *Frontiers in Psychology* 12: 1-9. DOI: 10.3389/fpsyg.2021.737787.

Riekhoff, A.-J. and M. Vaalavuo (2021): Health Shocks and Couples' Labor Market Participation: A Turning Point or Stuck in the Trajectory? *Social Science & Medicine* 276. DOI: 10.1016/j.socscimed.2021.113843.

Riis Nielsen, C., L. Juel Ahrenfeldt, B. Jeune, K. Christensen and R. Lindahl-Jacobsen (2021): Healthy Life Expectancy by Frailty State in Europe from 2004 to 2015: Findings from SHARE. *European Journal of Public Health*. DOI: 10.1093/eurpub/ckab012.

Riva, E., M. Lucchini and C. Piazzioni (2021): The Effect of Job Quality on Quality of Life and Wellbeing in Later Career Stages: A Multilevel and Longitudinal Analysis on Older Workers in Europe. *Applied Research in Quality of Life*: 1-23. DOI: 10.1007/s11482-021-10021-z.

Rodriguez, F., L. Hofbauer and S. Röhr (2021): The Role of Education and Income for Cognitive Functioning in Old Age: A Cross-country Comparison. *International Journal of Geriatric Psychiatry*. DOI: 10.1002/gps.5613.

Rodríguez-Sánchez, B., M. Pascual Sáez and D. Cantare-ro-Prieto (2021): Dependent, Poorer, and More Care-Dependent? An Analysis of the Relationship between Being Dependent, Household Income, and Formal and Informal Care Use in Spain. *International Journal of Environmental Research and Public Health* 18(8): 4339. DOI: 10.3390/ijerph18084339.

Roxo, L., M. Silva and J. Perelman (2021): Gender Gap in Health Service Utilisation and Outcomes of Depression: A Cross-country Longitudinal Analysis of European Middle-aged and Older Adults. *Preventive Medicine*. DOI: 10.1016/j.ypmed.2021.106847.

Rueda-Salazar, S., J. Spijker, D. Devolder and C. Albala (2021): The Contribution of Social Participation to Differences in Life Expectancy and Healthy Years among the Older Population: A Comparison between Chile, Costa Rica and Spain. *PLoS ONE*. DOI: 10.1371/journal.pone.0248179.

Sánchez Salmerón, V., B. Pérez Eransus and L. Martínez Virto (2021): El Modelo Español de Cuidados de Larga Duración Ante el Desafío de la Desigualdad. (Challenging Inequality through the Spanish Long-Term Care Model.) *Revista Prisma Social* 32. DOI: 167-195.

Savelieva, K., K. Komulainen, M. Elovainio and M. Jokela (2021): Longitudinal Associations between Specific Symptoms of Depression: Network Analysis in a Prospective Cohort Study. *Journal of Affective Disorders*: 99-106. DOI: 10.1016/j.jad.2020.09.024.

Scervini, F. and S. Trucchi (2021): Intergenerational Precautionary Savings in Europe. *Oxford Bulletin of Economics and Statistics*. DOI: 10.1111/obes.12461.

Schafer, M. and H. Sun (2021): There at any Distance? Geographic Proximity and the Presence of Adult Children in Older Europeans' Core Discussion Networks. *Social Science Research*. DOI: 10.1016/j.ssresearch.2021.102643.

Schanze, J.-L. (2021): Response Behavior and Quality of Survey Data: Comparing Elderly Respondents in Institutions and Private Households. *Sociological Methods & Research*. DOI: 10.1177/0049124121995534.

Scheel-Hincke, L., L. Ahrenfeldt and K. Andersen-Ranberg (2021): Sex Differences in Activity and Health Changes following COVID-19 in Europe - Results from the SHARE COVID-19 Survey. *European Journal of Public Health*. DOI: 10.1093/eurpub/ckab096.

SHARE-BASED JOURNAL PUBLICATIONS 2021

S–V

Schmidt, T., L. Christiansen, J. Schipperijn and E. Cerin (2021): Social Network Characteristics as Correlates and Moderators of Older Adults' Quality of Life—The SHARE Study. *European Journal of Public Health*. DOI: 10.1093/eurpub/ckab001.

Schmidhuber, L., C. Fechter, H. Schröder and M. Hess (2021): Active Ageing Policies and Delaying Retirement: Comparing Work-retirement Transitions in Austria and Germany. *Journal of International and Comparative Social Policy*.

Schmitz, A. (2021): Gendered Experiences of Widowhood and Depression across Europe: The Role of Loneliness and Financial Resources from a Longitudinal Perspective. *Journal of Affective Disorders*: 114-120. DOI: 10.1016/j.jad.2020.11.091.

Schönenberg, A. and T. Prell (2021): Factors Influencing Self-Reported Medication Use in the Survey of Health Ageing and Retirement in Europe (SHARE) Dataset. *Healthcare*. DOI: 10.3390/healthcare9121752.

Schram, J., J. O. Groeniger, M. Schuring, K. Proper, S. van Oostrom, S. Robroek and A. Burdorf (2021): Working Conditions and Health Behavior as Causes of Educational Inequalities in Self-Rated Health: An Inverse Odds Weighting Approach. *Scandinavian Journal of Work, Environment and Health*: 127-135. DOI: 10.5271/sjweh.3918.

Semyonov, M. and N. Lewin-Epstein (2021): The Wealth Gap between Ageing Immigrants and Native-Born in Ten European Countries. *Sociologický časopis-Czech Sociological Review* 57 (6): 639-660. DOI: 10.13060/csr.2021.033.

Settels, J. (2021): The Health Effects of Workforce Involvement and Transitions for Europeans 50–75 Years of Age: Heterogeneity by Financial Difficulties and Gender. *Canadian Journal on Aging / La Revue Canadienne Du Vieillessement*: 1-16. DOI: 10.1017/S0714980821000556.

Ševčíková, A., D. S. Juhová, L. Blinka, J. Gottfried, S. Elavsky and A. Tápal (2021): Does Living Together or Apart Matter? A Longitudinal Analysis of Relationship Formation in Later Life in Association with Health, Well-being, and Life Satisfaction. *Journal of Social and Personal Relationships*. DOI: 10.1177/0265407521996809.

Ševčíková, A., D. Vašek, L. Blinka, H. Macháčková and S. Ježek (2021): Markers of Sexual Life and Health in Association with Internet Use for Sexual Purposes in Czechs Aged 50 and Older. *Sexuality Research and Social Policy*: 355–367. DOI: 10.1007/s13178-020-00463-9.

Ševčíková, A., J. Gottfried and L. Blinka (2021): Associations among Sexual Activity, Relationship Types, and Health in Mid and Later Life. *Archives of Sexual Behavior* 50: 2667–2677. DOI: 10.1007/s10508-021-02040-6.

Silva, P., A. Delerue Matos and R. Martinez-Pecino (2021): O Papel da Família na Utilização da Internet por Portugueses de 50 e Mais Anos: Uma Análise de Género. (The Family's Role in Internet Use by Portuguese 50 Years and Over: A Gender Analysis.) *Análise Social* 56(2): 322-341. DOI: 10.31447/as00032573.2021239.06.

Sîrbu, A. and M. Asandului (2021): Determinants of Subjective Well-being among Romanian Older Adults. *Review of Economic and Business Studies* 14(2): 111-124. DOI: 10.47743/rebs-2021-2-0006.

Sîrbu, A. C., A. Panaite and M. Asandului (2021): An Overview of the Intergenerational Financial Transfers in Romania. *Journal of Public Administration, Finance and Law*. DOI: 10.47743/jopaf-2021-21-08.

Sjöberg, O. (2021): Work-retirement Transitions and Mental Health: A Longitudinal Analysis of the Role of Social Protection Generosity in 11 Countries. *Scandinavian Journal of Public Health*. DOI: 10.1177/14034948211042130.

Skalacka, K. and G. Pajestka (2021): Digital or In-Person: The Relationship between Mode of Interpersonal Communication during the COVID-19 Pandemic and Mental Health in Older Adults from 27 Countries. *Journal of Family Nursing*. DOI: 10.1177/10748407211031980.

Smolić, Š., I. Čipin and P. Međimurec (2021): Access to Healthcare for People Aged 50+ in Europe during the COVID-19 Outbreak. *European Journal of Ageing*. DOI: 10.1007/s10433-021-00631-9.

Stefler, D., M. Prina, Y.-T. Wu, A. Sánchez-Niubò, W. Lu, J. M. Haro, M. Marmot and M. Bobak (2021): Socioeconomic Inequalities in Physical and Cognitive Functioning: Cross-sectional Evidence from 37 Cohorts across 28 Countries in the ATHLOS Project. *Journal of Epidemiology & Community Health*. DOI: 10.1136/jech-2020-214714.

Stiglic, G., F. Wang, A. Sheikh and L. Cilar (2021): Development and Validation of the Type 2 Diabetes Mellitus 10-year Risk Score Prediction Models from Survey Data. *Primary Care Diabetes*. DOI: 10.1016/j.pcd.2021.04.008.

Styrc, M. (2021): COVID-19 Preventive Behaviours among Population 50+ in Poland. *Studia Demograficzne* 180(2). DOI: 10.33119/SD.2021.2.4.

Sun, H. and M. Schafer (2021): Close Ties, Near and Far Away: Patterns and Predictors of Geographic Network Range among Older Europeans. *European Journal of Ageing*. DOI: 10.1007/s10433-021-00671-1.

Sutin, A. R., M. Luchetti, Y. Stephan, J. Strickhouser and A. Terracciano (2021): The Association between Purpose/meaning in Life and Verbal Fluency and Episodic Memory: A Meta-analysis of >140,000 Participants from up to 32 Countries. *International Psychogeriatrics*. DOI: 10.1017/S1041610220004214.

Tambellini, E. (2021): Exploring the Relationship between Working History, Retirement Transition and Women's Life Satisfaction. *Ageing & Society*: 1-30. DOI: 10.1017/S0144686X2100132X.

Tanskanen, A., M. Danielsbacka, H. Hämäläinen and A. Solé-Auró (2021): Does Transition to Retirement Promote Grandchild Care? Evidence from Europe. *Frontiers in Psychology* 12. DOI: 10.3389/fpsyg.2021.738117.

Tosheva, E., G. Yordanova and E. Markova (2021): Before and During the Outbreak: Prerequisites for the High COVID-19 Mortality Rate in Bulgaria. *Empirical Insights from SHARE Data*. *Revista Inclusiones* 8: 44-61.

Tur-Sinai, A. and A. Spivak (2021): How Generous are Societies toward Their Elderly? A European Comparative Study of Replacement Rates, Well-Being and Economic Adequacy. *Social Indicators Research*. DOI: 10.1007/s11205-021-02822-4.

Tur-Sinai, A. and N. Becker (2021): Risk Factors and Health Status among Older Adults in Europe: A Socioeconomic Analysis. *Journal of Biosocial Science*: 1-18. DOI: 10.1017/S0021932021000432.

Tur-Sinai, A., N. Bentur, P. Fabbietti and G. Lamura (2021): Impact of the Outbreak of the COVID-19 Pandemic on Formal and Informal Care of Community-Dwelling Older Adults: Cross-National Clustering of Empirical Evidence from 23 Countries. *Sustainability* 13(13). DOI: 10.3390/su13137277.

Vaculíková, J. and M. Hanková (2021): Risk Factors Affecting Mental Health during the Early Stages of the Covid-19 Pandemic in High-Risk 50+ Population in the Czech Republic. *Journal of Gerontological Social Work*. DOI: 10.1080/01634372.2021.1939219.

Van den Broek, T. and M. Fleischmann (2021): The Causal Effect of Number of Children on Later-life Overweight and Obesity in Parous Women. An Instrumental Variable Study. *Preventive Medicine Reports* 24. DOI: 10.1016/j.pmedr.2021.101528.

Van der Wal, J. M., C. D. van Borkulo, M. K. Deserno, J. Breedvelt, M. Lees, J. Lokman, D. Borsboom, D. Denys, R. van Holst, M. Smidt, K. Stronks, P. Lucassen, J. van Weert, P. Sloot, C. Bockting and R. Wiers (2021): Advancing Urban Mental Health Research: From Complexity Science to Actionable Targets for Intervention. *The Lancet Psychiatry* 8(11): 991-1000. DOI: 10.1016/S2215-0366(21)00047-X.

Van Winkle, Z., E. Ferragina and E. Recchi (2021): The Unexpected Decline in Feelings of Depression among Adults Ages 50 and Older in 11 European Countries amid the COVID-19 Pandemic. *Socius: Sociological Research for a Dynamic World* 7: 1-11. DOI: 10.1177/23780231211032741.

Vandenberghe, V. (2021): Work beyond the Age of 50. What Role for Mental Versus Physical Health? *Labour* 35: 311–347. DOI: 10.1111/labr.12205.

Vergauwen, J., K. Delaruelle, P. Dykstra, P. Bracke and D. Mortelmans (2021): The COVID-19 Pandemic and Changes in the Level of Contact between Older Parents and their non-coresident Children: A European study. *Journal of Family Research*: 1–26. DOI: 10.20377/jfr-695.

Vonneilich, N., D. Bremer, O. von dem Knesebeck and D. Lüdecke (2021): Health Patterns among Migrant and Non-Migrant Middle- and Older-Aged Individuals in Europe—Analyses Based on SHARE 2004–2017. *International Journal for Equity in Health* 18(22). DOI: 10.3390/ijerph182212047.

SHARE-BASED JOURNAL PUBLICATIONS 2021

V–Z

Voss, G., A. F. Paiva and A. Delerue Matos (2021): A Study of the Association between the Stringency of Covid-19 Government Measures and Depression in Older Adults across Europe and Israel. *International Journal of Environmental Research and Public Health* 18(15). DOI: 10.3390/ijerph18158017.

Walther, C., G. Aarabi, R. Valdez, K. Spinler, G. Heydecke, E. Buczak-Stec, H.-H. König and A. Hajek (2021): Postponed Dental Appointments Due to Costs Are Associated with Increased Loneliness—Evidence from the Survey of Health, Ageing and Retirement in Europe. *International Journal of Environmental Research and Public Health* 18(1): 336. DOI: 10.3390/ijerph18010336.

Wang, D., D. Li, S. R. Mishra, C. Lim, X. Dai, S. Chen and X. Xu (2021): Association between Marital Relationship and Multimorbidity in Middle-aged Adults: A Longitudinal Study across the US, UK, Europe, and China. *Maturitas*. DOI: 10.1016/j.maturitas.2021.09.011.

Wang, H., A. Verdery, R. Margolis and E. Smith-Greenaway (2021): Bereavement from COVID-19, Gender, and Reports of Depression among Older Adults in Europe. *The Journals of Gerontology: Series B*. DOI: 10.1093/geronb/gbab132.

Wang, S., D. Phillips and J. Lee (2021): Disability Prevalence in Midlife (Aged 55–65 years): Cross-Country Comparisons of Gender Differences and Time Trends. *Women's Midlife Health* 7. DOI: 10.1186/s40695-020-00061-0.

Weiland, A. (2021): Married Mothers' Bargaining Power and Their Accrual of Pension Entitlements: Evidence from East and West Germany. *Work, Aging and Retirement*. DOI: 10.1093/workar/waab009.

Weiland, A. and K. Möhring (2021): Couples' Life Courses and Women's Income in Later Life: A Multichannel Sequence Analysis of Linked Lives in Germany. *European Sociological Review*. DOI: 10.1093/esr/jcab048.

Weinstein, G., E. Cohn-Schwartz and N. Damri (2021): Book-Oriented Environment in Childhood and Current Cognitive Performance among Old-Aged Europeans. *Dementia and Geriatric Cognitive Disorders Extra* 50: 274–282. DOI: 10.1159/000518129.

Weziak-Bialowolska, D. and P. Bialowolski (2021): Associations of Recognition at Work with Subsequent Health and Quality of Life among Older Working Adults. *International Archives of Occupational and Environmental Health*. DOI: s00420-021-01804-w.

Wolfova, K., M. Kucera and P. Cermakova (2021): Risk and Protective Factors of Neurocognitive Disorders in Older Adults in Central and Eastern Europe: A Systematic Review of Population-Based Studies. *PLoS ONE*: 1–17. DOI: 10.1371/journal.pone.0260549.

Wolfova, K., Z. Csajbok, A. Kagstrom, I. Kåreholt and P. Cermakova (2021): Role of Sex in the Association between Childhood Socioeconomic Position and Cognitive Ageing in Later Life. *Scientific Reports* 11. DOI: 10.1038/s41598-021-84022-1.

Wu, Y.-T., A. Sanchez Niubo, C. Daskalopoulou, D. Moreno-Agostino, D. Stefler, M. Bobak, S. Oram, M. Prince and M. Prina (2021): Sex Differences in Mortality: Results from a Population-based Study of 12 Longitudinal Cohorts. *Canadian Medical Association Journal (CMAJ)* 193 (11): E361-E370. DOI: 10.1503/cmaj.200484.

Yang, Y. (2021): A Multilevel Analysis of the Impact of Transitioning to Grandparenthood on Individuals' Depression in England, Europe and China. *Aging & Mental Health*. DOI: 10.1080/13607863.2021.1963952.

Yang, Y. (2021): Grandchild Caring and Late-Life Depression: A Comparative Longitudinal Study in China and Europe. *Journal of Family Issues*: 1–26. DOI: 10.1177/0192513X211050327.

Yordanov, V. (2021): COVID-19 Pandemic: A Study on the Relationship between Social Distancing and Mental Health Status among People Aged 50 and Older in Europe. *Revista Inclusiones* 8. DOI: 113-139.

Youssim, I., M. Gorfine, R. Calderon-Margalit, O. Manor, O. Paltiel, D. Siscovick, Y. Friedlander and H. Hochner (2021): Holocaust Experience and Mortality Patterns: 4-Decade Follow-up in a Population-based Cohort. *American Journal of Epidemiology*. DOI: 10.1093/aje/kwab021.

Zacarias-Pons, L., J. Vilalta-Franch, O. Turró-Garriga, M. Saez and J. Garre-Olmo (2021): Multimorbidity Patterns and their Related Characteristics in European Older Adults: A Longitudinal Perspective. *Archives of Gerontology and Geriatrics* 95. DOI: 10.1016/j.archger.2021.104428.

Zhang, X., S. S. Tan, C. Franse, T. Alhambra-Borrás, A. Verma, G. Williams, A. van Grieken and H. Raat (2021): Longitudinal Association between Physical Activity and Health-related Quality of Life among Community-dwelling Older Adults: A Longitudinal Study of Urban Health Centres Europe (UHCE). *BMC Geriatrics* 21(521). DOI: 10.1186/s12877-021-02452-y.

Zheng, H. and C. Jia (2021): Lower Grip Strength and Insufficient Physical Activity Can Increase Depressive Symptoms among Middle-Aged and Older European Adults. *Scientific Reports*. DOI: 10.21203/rs.3.rs-147578/v1.

Zhuo, L.-B., J.-J. Pei, Z. Yan, W. Yao, C.-F. Hao and H.-X. Wang (2021): Working Life Job Strain Status and Cognitive Aging in Europe: A 12-year Follow-up Study. *Journal of Affective Disorders*. DOI: 10.1016/j.jad.2021.08.114.

PO LICY IMP ACT

With its broad data on the economic, social and health situation of European citizens, SHARE enables policymakers to tackle socio-economic and public health challenges with the help of scientific evidence and contributes to improving the living situation of European citizens.

POLICY IMPACT

Using SHARE data for optimal policy design

“SHARE is a unique observatory for policy effects over the life course and for people’s reactions to policies and events like reforms and crises. Our aim is to improve people’s quality of life with high-quality research on their health and socio-economic living situations and to help making policy reforms more targeted to the needs of people”, says SHARE-ERIC Managing Director, Prof. Axel Börsch-Supan

Since its initial setup, SHARE has supplied policymakers with reliable and comparable data to base their decisions on. In 2021, the survey has continued to serve as a valuable source for a wide variety of policy analyses – from the setup of a national index for optimal aging in Israel, to an OCED analysis of the impact of COVID-19 on long-term care. Since the outbreak of the COVID-19 pandemic, SHARE has become even more important as a tool for evidence-based policymaking. SHARE research provides insights to the non-intended health, socio-economic

and environmental consequences of epidemiological containment decisions and the long-term effects of the COVID-19 pandemic, due to its life-course and multidisciplinary approach combining health with socio-economic data. Moving to Berlin, a central hub for European and international policymaking, will further enhance SHARE’s role as valuable source for data-driven decisions. Please find here some selected some examples to illustrate the contribution of SHARE to national, European and global evidence-based policymaking.

ON THE NATIONAL LEVEL

AUSTRIA

Universities and their impact on political decision-makers



During the COVID-19 pandemic, science-based policy advice – especially medical advice – has become more relevant. Not only as educational, but particularly as research institutions, universities gained in importance for political decision-makers. To use this potential, SHARE cooperated with the Medical University of Graz und the University of Applied Sciences for Health Professions Upper Austria to show the impact of COVID-19 on depression and malnutrition of older people in Austria. In connection with other research results, this topic gained in importance in politics: with regard to vaccinations, depressed people were recognized as a risk group in April 2021. Thus, the virological advisory staff in the Ministry of Health was expanded to include psychological advisors. The topic attracted the attention of many specialist journals.

BELGIUM

Identifying patient needs with help of SHARE data



Beginning of 2022, the Belgian Healthcare Knowledge Centre (KCE), a research centre founded to provide scientific advice on health care related topics to public authorities, has published the report “Identifying Patient needs: methodological

approach and application”¹. The study aims to support European and Belgian policymakers to make healthcare policy more needs-driven, particularly in the field of pharmaceuticals. It is doing so by developing a viable scientifically based methodology for the identification of patient needs. SHARE was one of four data sources used to identify conditions associated with high patient needs. The information provided should allow decision-makers to assess whether a new treatment addresses self-reported patient needs and to what extent it meets these needs. With this study, KCE reacted to requests by the Flemish umbrella association of patient organisations, the Vlaams Patiëntenplatform (VPP), as well as the National Institute for Health and Disability Insurance (NIHDI) of Belgium.

FINLAND

Guidelines for Population Policy in Finland



In March 2021, the Finnish Prime Minister’s Office has published a population policy report written by the Finnish SHARE country team leader, Anna Rotkirch². The report “Recovery of the birth rate and longer life expectancy – Guidelines for population policy in the 2020s” first examines the reasons for declining birth rates in Finland in the 2010s and Finland’s demographic change towards an ageing population. Second, it presents guidelines for securing sustainable demographic development. Through an analysis of data from the first SHARE Corona Survey, Rotkirch examines the accessibility of health care during the Corona pandemic, including a comparison of northern European countries.

¹ <https://kce.fgov.be/en/identifying-patient-needs-methodological-approach-and-application>
² <http://urn.fi/URN:ISBN:978-952-383-073-8>

FRANCE

Report of the Commission for Great Economic Challenges



SHARE data was used to inform the “Commission of Experts for Great Economic Challenges” (“Commission d’experts sur les grands défis économiques”) which was invoked in 2020 by the French President Emmanuel Macron. SHARE managing director Axel Börsch-Supan was a member and working group leader on “Demographic change: aging, health and immigration”. In June 2021, the final report of the commission was presented to the public³. The report’s recommendations included a pension reform in France and generally higher employment rates among individuals 55+, among others, based on EU-wide international comparisons with SHARE data that showed that French citizens are on average healthier but work less than their European counterparts.

GERMANY

Pension Report for the Ministry’s Scientific Advisory Council



The Federal Ministry for Economic Affairs in Germany published an expert report “Proposals for a reform of the statutory pension insurance” („Vorschläge für eine Reform der gesetzlichen Rentenversicherung“)⁴. SHARE Managing Director Axel Börsch-Supan, who is a member of the Ministry’s Scientific Advisory Board, was the lead author of the report. The analysis, which is informed by SHARE data, aims to initiate urgent pension poli-

cy reforms. Among other things, it is proposed to link retirement age to life expectancy to ensure the sustainability of Germany’s pension system. SHARE data was used to document the good self-assessed and objective health status of most German citizens in the age range between 60 and 69 years.

ISRAEL

Epidemic control decision based on SHARE-COVID data



As part of the preparations for the outbreak of the Omicron variant in Israel, the Israeli government had considered imposing restrictions on the older population. The Israeli Ministry for Social Equality requested to receive data from the SHARE survey in this context. Thus, SHARE Israel analysed data from the first and second SHARE Corona Survey on the adoption of health behaviours which can prevent infections with the Corona virus (e.g. wearing a mask) among different age groups. The analysis showed that older adults already had high rates of epidemic-related health-promoting behaviours and therefore specific restrictions for this population should be avoided.

National Index for Optimal Aging

In July 2021, the Israeli government adopted a map of national indices for optimal ageing⁵. This provides Israel’s ministries and agencies with a shared set of indices for determining and measuring levels of optimal aging among Israeli citizens. The dashboard will help to guide policy making, budget allocation and program development. SHARE data will be used to monitor these indices across time. Guided by this map, large-scale initiatives were de-

veloped, focusing on minimizing health, social and financial risk among older adults. Overall, they aim to increase older adults’ independence.

SHARE data as reliable information source for governmental decisions

SHARE Israel has been repeatedly consulted by the Israeli government to assist with scientific information regarding health and ageing. For example, information based on the SHARE Corona Surveys about the social, health and economic effects of the Corona pandemic on senior citizens in Israel was provided to the Ministry for Social Equality and Senior Citizens. Another consultation by members of the ministry included SHARE findings on loneliness in the shade of Corona and helped to formulate recommendations for policy and field interventions at the national level. Further, SHARE Israel assisted the ministry to assess the level of ageism with analyses age and gender discrimination in the labour market.

LATVIA

Delivery of public health services during health crises



In Latvia, a large-scale public health study has been carried out to assess the impact of COVID-19 on population and health care system. It aimed to develop recommendations for strengthening the sector in regards to future epidemics. The results of this project contribute to the development of a sustainable approach for the delivery of essential health care and public health services during the present COVID-19 outbreak and in future epidem-

ic events by supporting the Ministry of Health and other stakeholders to plan appropriate actions for the management of services during a pandemic. In a multidisciplinary approach, actors from e.g. research, governmental sector, media and social services worked together for this report⁶. SHARE Latvia took over work package 4 on older adults’ health and contributed with analyses based on SHARE data.

SLOVENIA

Report on inequalities in health and long-term care



In the years 2020 and 2021, the Slovenian SHARE team has participated in preparing the monograph “Inequalities in health: future challenges for intersectoral cooperation”, jointly with several other leading Slovenian institutions in health and social care and economics⁷. Two articles using SHARE data to analyse inequalities in health and long-term care have been contributed. The monograph, published in 2021, has been presented at the National Council of the Republic of Slovenia, the upper chamber of the Slovenian Parliament. As a consequence, the Council adopted a document, among other stating: “The researchers have focused on two types of health care – hospital care and medications, where they have derived their conclusions based on the analysis using the rich dataset on ageing of the SHARE survey”⁸. The publication and its usage of SHARE data has been subject of multiple further discussions and presentations and forms an important document to guide decisions in the areas of health and long-term care in Slovenia.

³ <https://tinyurl.com/MajorEconomicChallengesFR>

⁴ <https://tinyurl.com/PensionReportDE>

⁵ https://www.gov.il/he/departments/policies/dec127_2021; for information in English visit: <https://tinyurl.com/Israelindex>

⁶ <https://tinyurl.com/PublicHealthLV>

⁷ <https://tinyurl.com/MonographSL>

⁸ <https://tinyurl.com/CouncilStatementSL>

ON THE EUROPEAN LEVEL

EUROPEAN COMMISSION

Incidence and Costs of informal long-term care

SHARE data has informed a study commissioned by the Directorate-General for Employment, Social Affairs and Inclusion (DG Empl) on the incidence and costs of informal long-term care in the European Union. The outcomes of this “Study on exploring the incidence and costs of informal long-term care in the EU” have been published in June 2021⁹. The study aimed to develop a common understanding of informal care, to estimate the number of people providing informal long-term care and to analyse their characteristics. Further, it estimated the costs associated with the provision of informal long-term care, both for individuals and states. All of this information was backed up with analyses based on SHARE data.

Report on pension adequacy in the EU

Moreover, DG Empl has published a new edition of the “Pension Adequacy Report: Current and future income adequacy in old age in the EU” in 2021¹⁰. It is the fourth edition of the report, prepared every 3 years by the Social Protection Committee and the European Commission. SHARE has already served as data basis in 2018 and has been used again in the newest edit. The report presents a comparative analysis of the degree to which pension systems in the EU member states enable older people to retire with an adequate income. At the same time, it reflects on pension reforms and current or future

challenges in our societies. In doing so, it contributes to the policy debate on the purpose and direction of pension reforms. SHARE data provides the ground for country profiles in Volume 2 of the current report.

Comparative data on persons with disabilities

To ensure equal opportunities also means removing economic and social barriers for people with disabilities. Thus, in 2021 the European Commission has published a report about “European comparative data on Europe 2020 and persons with disabilities”¹¹. This report is part of the European Disability Expertise (EDE) contract, which started in 2020. The aim of EDE is to collect, analyse and provide independent data, information and analysis about the situation of persons with disabilities. For this, the report is relying on “high quality” statistical data (p. 11). SHARE data is used to assess change in mental health in 2020, compared to before the pandemic.

EUROPEAN PARLIAMENT

Ageing policies and access to services

Following a request of the Committee on Employment and Social Affairs of the European Parliament, the Policy Department for Economic, Scientific and Quality of Life Policies by the Directorate-General for Internal Policies of the European Union has published the study “Ageing policies – access to services in different Member States” in October 2021¹². It focuses on active ageing policies and access to services for the ageing population in the member

states of the European Union. The study covers the areas economic activity, social participation, health and well-being, long-term care, and supportive environments for older people. Data from SHARE Wave 8 and the first SHARE Corona Survey is used for the underlying analyses, among others.

Intergenerational transmission of advantages in the EU

The report “Monitoring multidimensional inequalities in the European Union” summarises findings of a pilot research project for developing a Multidimensional Inequality Monitoring Framework for the EU (EU MIMF) as requested by the European Parliament¹³. The EU MIMF aims to establish a common framework for monitoring and analysing inequalities in the EU, ultimately leading to a more cohesive and social Europe. A chapter of the report draws on SHARE data to gain insights on the intergenerational transmission of education and income across EU member states.

¹³ <https://data.europa.eu/doi/10.2760/726031>

¹⁴ <http://eurofound.link/ef20034>

EUROFOUND

Wealth distribution and social mobility

The European Foundation for the Improvement of Living and Working Conditions (Eurofond), an agency of the European Union, had commissioned a report on “Wealth distribution and social mobility”, which has been published in March 2021¹⁴. The report explores the distribution of household wealth in the EU member states and analyses the role of wealth in social mobility. SHARE has served as one of three datasets used to compare wealth composition across social groups and countries. A key finding was that in order to promote equality of opportunities in terms of access to education and housing, the impact of wealth inequalities should be counterbalanced. Further, the report suggests that regularizing wealth declaration in the EU could be away of promoting social justice. Other topics are the enormous wealth gap in the EU, inclusive growth and housing policies.

⁹ <https://data.europa.eu/doi/10.2767/06382>
¹⁰ <https://data.europa.eu/doi/10.2767/765944>
¹¹ <https://data.europa.eu/doi/10.2767/48279>
¹² <https://tinyurl.com/AgeingPoliciesEU>



ON THE GLOBAL LEVEL

OECD

COVID-19 in long-term care

As in previous years, the Organisation for Economic Cooperation and Development (OECD) has again published a policy report based on SHARE data. The new report “COVID-19 in long-term care – Impact, policy responses and challenges” focuses on the effects of the pandemic on long-term care in OECD countries¹⁵. The long-term care sector was hit particularly hard by the pandemic, with large numbers of vulnerable people both on patient and care giver sides. Thus, the report an analysis of the

degree of preparedness for a pandemic in long-term care was conducted. It includes an overview of the key policy measures adopted and how these changed over time. Finally, workforce, organisation and coordination challenges of long-term care systems were assessed. Moreover, the OECD published a new edition of the report “Pensions at a glance” which made use of SHARE data for many of the tables and figures.

Worldbank & WHO

Universal Health Coverage

In December 2021, the WHO and the Worldbank published a joint report titled “Tracking Universal

Health Coverage: 2021 Global Monitoring Report”¹⁶. The report analyses progress towards and impediments to achieving universal health coverage, as stated in the Sustainable Development Goals – an aim that has been even more difficult to reach since the outbreak of the COVID-19 pandemic. The current report provides a monitoring of trends and patterns in universal health coverage across countries. Within the report, SHARE data is used to analyse unmet healthcare needs among persons aged 60 and older in the WHO European region.

¹⁶ <https://www.who.int/data/monitoring-universal-health-coverage>



¹⁵ <https://doi.org/10.1787/b966f837-en>

OPERATIONAL ASPECTS

SHARE is grateful for the financial support received. We thank the European Commission, the German Federal Ministry of Education and Research, the Max Planck Society, and the US National Institute on Aging for financing the central coordination of SHARE.

We are thankful to national governments, research councils and foundations for funding the data collection in the member countries. We thank the EU Commission for the additional support of data collection in those countries that are facing financial challenges.

SHARE-ERIC COUNCIL MEETING 2021 (VIRTUAL)

Discussing the scientific, operational and financial aspects of the activities of SHARE-ERIC

The 13th SHARE-ERIC Council took place on Thursday, 17th June, 2021. Due to a necessary short-term personnel change in the German Research Ministry, the meeting was chaired by the Vice-Chair of SHARE-ERIC, Prof. Elsa Fornero.

In his presentation, SHARE-ERIC Managing Director, Prof. Dr. h.c. Axel Börsch-Supan, Ph. D., focused on the different scientific outcomes SHARE has produced in spite of or as a consequence of the ongoing pandemic: The SHARE Wave 8 CAPI (computer assisted personal interviews) survey as well as two SHARE Corona Surveys (CATI: computer assisted telephone interviews) could be collected and data have already been released. Preparations for Wave 9 are ongoing. Besides this, SHARE is leading the SHARE-COVID19 project (EC) and the SHARE-HCAP project (US) on dementia and cognitive decline.

Another focus was laid on the SHARE 2.0 process. The new scientific concept including a new methodology was presented as well as plans for the

forthcoming set up of a new scientific partner institution for SHARE in Berlin, including the move of the SHARE Central staff which is currently based in Munich. The SHARE-ERIC 2.0 working group (WG) on governance and finance shall meet as soon as a new Chair will have been elected.

(Side comment: Dr. Sandro Holzheimer (German Federal Ministry of Education and Research) has been elected as Chair; the meeting of the WG took place on 7th.)



SHARE WAVE 9 POST-FIELD REHEARSAL MEETING (VIRTUAL)

SHARE Marathon: Preparing two parallel surveys

With the global coronavirus pandemic still dominating everyday-life in spring of 2021, the SHARE meeting could not go back to the pre-pandemic in-person mode: On 14-15 April 2021, the SHARE Wave 9 Post-Field Rehearsal Meeting took place virtually.

The focus of the meeting was to present and discuss outcomes of the Field Rehearsal which served as the "dress rehearsal" for the main data collection phase that was to start later that year. For the first time, two survey modes were trained and tested

simultaneously – CATI for the second SHARE Corona Survey and CAPI for Wave 9.



SHARE WAVE 10 KICK-OFF MEETING (VIRTUAL)

Future of SHARE

The second SHARE meeting of the year 2021 was held online, too. It took place on 17-18 November. While fieldwork results of the second CATI were presented, fieldwork for Wave 9 CAPI had only just begun. Important topics for the future of SHARE were discussed such as the move to Berlin, funding, the SHARE 2.0 working group of the SHARE Council and preparations for Wave 10. In the afternoon, there was a separate session for the (new)

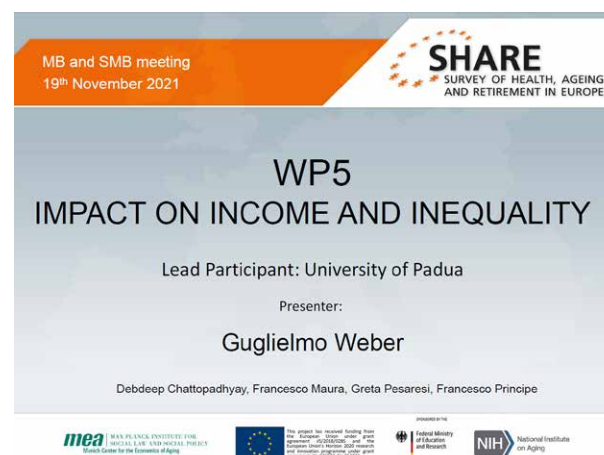
SHARE country and area team operators.



BOARD MEETING

In-person meeting of the Management Board (MB) and the Scientific Monitoring Board (SMB)

For the first time in over two years, it was possible to hold a small in-person meeting with a limited number of participants. More precisely, it was a hybrid format: seventeen people attended the MB/SMB meeting physically while some – especially from overseas – joined via videoconference. It took place on 19 November 2021 at a conference hotel in Munich. In the morning session, selected SHARE research was presented. During the afternoon session, the board members provided valuable advice on the future of SHARE both in terms of scientific aims and the foundation of the new SHARE Berlin Institute. Finally, a search committee for the new International Coordinator was formed.



SHARE-ERIC AND THE ERIC FORUM (PROJECT)

Planning the Future of the ERIC Forum

In 2021, SHARE-ERIC was continuing its intensive collaboration within the ERIC Forum. Though Work Package 2 (Permanent Governance Model for the ERIC Forum) of the ERIC Forum project led by SHARE-ERIC could have been already successfully finalised at the end of 2020, the cross ERIC related activities and common actions are steadily growing – to the same extent the importance and relevance of the ERIC Forum as one key player in the ERA is continuously increasing.

As the project will come to an end in December 2022, it is now time to think about what lies beyond the project. Many important actions have been started – during and thanks to the project – that should be possible to be prolonged also in the future. These could help existing and future ERICs in their operations as well as EU Member States as

owners and the European Commission as birth-givers of the ERICs. To support the ERIC Forum in its efforts to become sustainable, SHARE-ERIC is active member in a dedicated working group. Mechanisms to introduce e.g. a common budget are already foreseen in the ERIC Forum Governance rules and could be implemented in line with the Member States. The ERIC Forum is also open and willing to react again on dedicated calls under Horizon Europe.

The significance of the ERICs and the challenges they are still facing has been addressed in the Report of the Commission expert group to assess the implementation of the ERIC Regulation in 2022¹. SHARE-ERIC is actively participating in a task force to adequately react to the recommendations made in this report.

¹ European Commission, Directorate-General for Research and Innovation, Assessment on the implementation of the Eric Regulation, 2021, <https://data.europa.eu/doi/10.2777/747211>

SHARE'S PUBLIC RELATIONS ACTIVITIES

Making SHARE visible

The SHARE-ERIC Public Relations team maintains communications with researchers, the media, a broader public audience, consults the team regarding corporate communications and assists in the communication activities aimed at the survey's respondents. SHARE's PR is subject to a particular challenge, as SHARE is a complex project with many people involved. In addition, the needs of numerous internal and external project partners as well as different target groups have to be reconciled. The SHARE PR team therefore works strategically with the other departments according to a close focus on the target groups. Furthermore, it manages its own projects, like the SHARE website relaunch.

Engaging with journalists

To disseminate (scientific) results to a broader audience, journalistic media plays an important role. Therefore, SHARE-ERIC continuously works on communicating information about the survey and its research results to them. In 2021, the PR team published several press releases and summaries of research results aimed at national and international media and distributed them via different means of communication. These included direct addressing of journalists through emails or telephone and the publication at SHARE-ERIC's own website or institutionally associated websites, like the website of the Max Planck Society in Germany. To complement such press releases, the PR team coordinated interviews between journalists and

SHARE scientists. A special focus lies on supporting and encouraging young scientists to present their research to the media.

News – News – News

In addition to press releases, the PR team published several news items on the SHARE webpage and made use of other communication channels, like the survey's Social Media accounts, external webpages from cooperation partners or newsletters. Some of these items communicate infrastructural updates in SHARE, such as the start of fieldwork or data releases. However, a special focus in communication is in the area of summarizing research results.

Content Creation: Science communication and dissemination of SHARE Findings

SHARE-based research results are presented as so-called "SHARE Findings" – short articles that summarise the most important results in an easily accessible wording. This serves as a service to media and multipliers to pick up SHARE research results and engage with SHARE and its researchers. Thus, the findings are also published at Social Media channels and in a special findings newsletter, which is sent out on a regular basis about every 2-3 months to 460 recipients. The newsletter is aimed in particular at media, multipliers and other stakeholders, such as research networks and institutions, (political) associations, and policy makers.

National Networks: Enhancing visibility across Europe and beyond

To further promote SHARE on an international level, the PR team provides its news as templates to the SHARE country teams. The country teams can translate the items into their national languages and disseminate them in their respective countries. This approach allows addressing journalists and multipliers in their native language, which increases SHARE's outreach even further.

Media Coverage

With a worldwide media monitoring, the PR team was able to identify 166 articles in international media from 30 different countries about SHARE and SHARE-based research results, and additionally found around 120 duplicates of these articles. SHARE-based research receives high media coverage in national and international media: The study "Determinants of SARS-CoV-2 Vaccinations in the 50+ Population" by Bergmann, Hannemann, Bethmann & Schumacher (2021)¹ may serve as an example. It was picked up in eight countries and led to many interviews of SHARE researchers.

The SHARE Newsletter: SHARE's classic channel to the scientific community

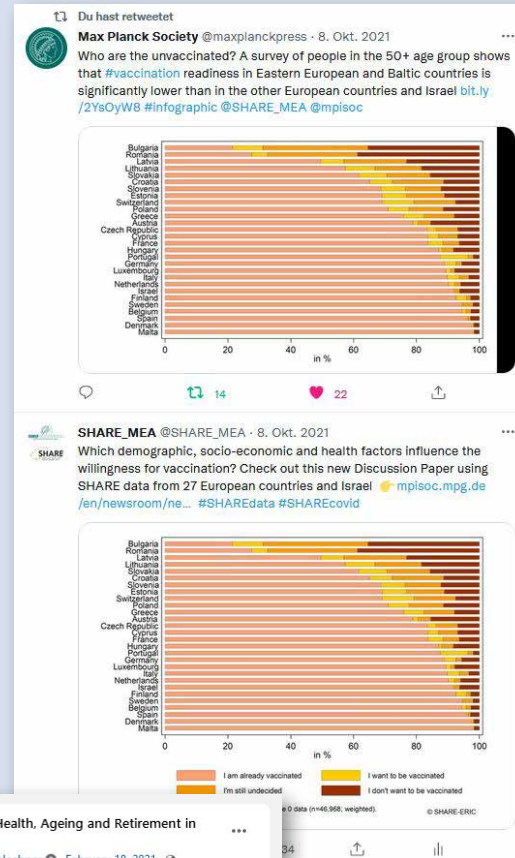
To keep scientists up to date on SHARE, the PR team addresses them through the SHARE newsletter, which is being sent out twice a year. In 2021, 7,500 recipients were addressed with each newsletter issue. The newsletter informs about the state of the art of SHARE data, SHARE's scientific developments and updates and provides an overview on SHARE-based publications that have been registered and managed through the PR team. It thus presents a collection of the most important information on SHARE and its scientific family.



¹ Bergmann, Michael; Hannemann, Tessa-Virginia; Bethmann, Arne; Schumacher, Alexander: Determinants of SARS-CoV-2 vaccinations in the 50+ population. MEA Discussion Paper Series No. 07-2021. Munich Center for the Economics of Aging. Munich. Press release on the homepage of the Max Planck Society: <https://www.mpg.de/17673849/vaccination-willingness-in-europe> (April 1, 2022)

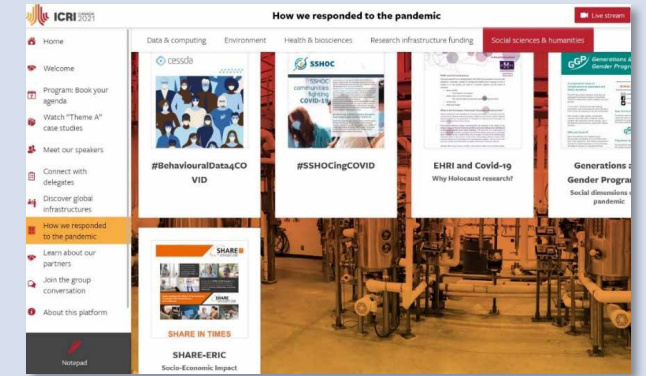
Faster, further, more often: SHARE's Social Media Channels

Some news can't wait! Jobs at SHARE, research results, Calls for Papers, new publications or news from our project partners all over the world – there are news, which need to be shared as soon as possible. Therefore, SHARE is quite active on its Social Media Channels Facebook and Twitter (LinkedIn is under construction at the time of writing). SHARE's Social Media community consists mainly of researchers around the globe who use SHARE data. The PR team engages in online networking with researchers for example through retweeting their SHARE-based research. SHARE benefits from this as it increases its reach across an even wider global network. Overseeing and managing all Social Media activities, the PR team also engages with the SHARE country teams.

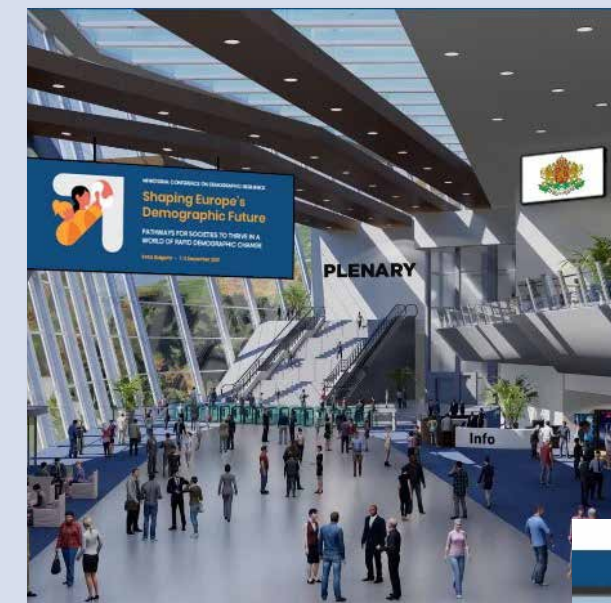


Info Booths

In 2021, SHARE-ERIC participated in two international online conferences with an info booth: From June 1-3, the survey participated in the fifth International Conference on Research Infrastructures (ICRI), which focused on "The role of research infrastructures in building bridges to a sustainable world". In this setting SHARE-ERIC presented its panel in general and its contribution to research on the COVID-19 pandemic in particular.

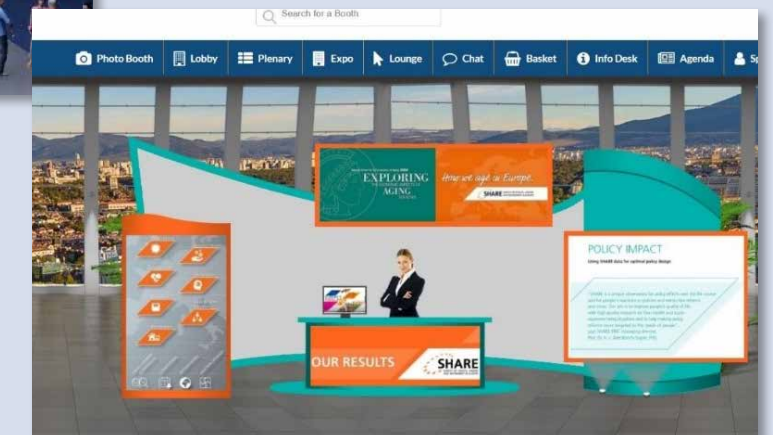


Virtual booths at ICRI 2021



Entrance of the virtual Ministerial Conference on Demographic Resilience "Shaping Europe's Demographic Future" in Sofia, Bulgaria

In December 2021, SHARE-ERIC participated in the virtual Ministerial Conference on Demographic Resilience "Shaping Europe's Demographic Future" in Sofia, Bulgaria. SHARE showed various findings based on SHARE research examining demographic development from different angles. Among them is research on ensuring work-life balance for different age groups, on financing social policies, on gender equality and family policies or fertility. Topics, which all have in common that they can be analysed with the help of SHARE data.



SHARE-ERIC's booth at the virtual Ministerial Conference on Demographic Resilience "Shaping Europe's Demographic Future" in Sofia, Bulgaria

Flyers

The PR team regularly provides printed materials. Since international personal meetings were still limited in 2021 due to the pandemic, the need for printed materials was reduced. Nevertheless, SHARE created and updated different communication materials,

such as factsheets and flyers and provided them as templates to the SHARE country teams. This enabled them to translate and distribute them among their national researcher community. The updated SHARE Researcher Flyer, translated by the Hungarian country team, may serve as an example (see picture).

MI A 'SHARE'?
A "Survey of Health, Ageing and Retirement in Europe", röviden **SHARE**, egy olyan kutatási infrastruktúra Európában, mely az egészségügy, szociális, gazdasági és környezetvédelmi politikák hatásait tanulmányozza az európai polgárok egész életében, valamint azon túlmenően 2004 óta, kétféleképpen hullámokban, 27 európai országból és Izraelből 50 éves vagy idősebb embereket kérdezik meg. Az eddig befejezett nyolc felmérési hullám alatt összesen 480 000 interjú készült el, körülbelül 140 000 személlyel.

A **SHARE** a legnagyobb páneurópai társadalomtudományi paneltanulmány, amely nemzetközileg összehasonlítható longitudinális mikroadatokat szolgáltat, amelyek betekintést adnak az európai országok egészségügyi és társadalmi-gazdasági életkörülményeibe, mind kutatók, mind pedig politikai döntéshozók számára. A **SHARE** kutatás hatása globális, mivel nem csak az Európai Unió összes tagországát fedi le szigorúan összehangolt módon, de emellett világszerte testvér-tanulmányok hálózatába is beágyazódik, Amerikától Kelet-Ázsiáig.

2020-ban megkezdődött az új COVID-19 adatok gyűjtése. A **SHARE** ideális adatbázis a járványügyi elszigetelési döntések nem tervezett társadalmi-gazdasági és egészségügyi következményeinek, valamint a COVID-19 világválság hosszú távú hatásainak tanulmányozására az életút-, és a multidiszciplináris megközelítés miatt, amely az egészségügyi társadalmi-gazdasági adatokkal ötvözi. Az adatok lehetővé teszik a különböző országok és a longitudinális dimenziók közötti különbségek mérésére és értelmezésére, és össze vannak hangolva a **SHARE** testvér-tanulmányi hálózatának adataival.

AZ ADATTÁR TARTALMA
COVID-19 ADATOK
Egészség és egészségügy, mentális egészség, fertőzések és egészségügyi ellátás, munka- és gazdasági helyzetváltozások, közösségi hálózatok a járvány idején

GAZDASÁGI HELYZET
Mint például a jelenlegi munkahelyi helyzet, foglalkoztatottság jellemzők, a nyugdíjkorhatár utáni munkavégzés lehetőségei, a jelenlegi jövedelem forrásai és összetétele, vagyon és fogyasztás, lakhatás, oktatás

FIZIKÁLIS EGÉSZSÉG
Mint például az egyén egészségi állapotát, megfigyelés, diagnosztizált egészségi állapotok, fizikai és kognitív működés, egészségmagatartás, egészségügyi létesítmények igénybevétele

MENTÁLIS EGÉSZSÉG
Mint például a depresszív tünetek, jólét és élettel való elégedettség, az őt nagy személyiségvonalas jellemzők

BIOMARKEREK
Mint például a szorongási erő, testtömeg-index, légzés-funkció, gyorsulásmérési adatok

SZOCIÁLIS HÁLÓZATOK ÉS TÁMOGATÁS
Mint például a családon belüli segítségnyújtás, jövedelem- és vagyonirattalások, közösségi hálózatok, önkéntes tevékenységek

DEMOGRÁFIA
Mint például a családi állapot, gyermekek, lakhatás, oktatás

A SHARED ELŐNYEI
NEMZETKÖZI ÖSSZEHASONLÍTHATÓSÁG
Az előzetesen összehangolt, nemzetközileg szigorú eljárás iránymutatásait követve a mintavétel, a kérdőív-tervezés és az adatgyűjtés vonatkozásban, így a kutatók össze tudják hasonlítani az országokat.

LONGITUDINÁLIS MINTA
A kétféleképpen paneli adatfelvétel megragadja az öregedési folyamat dinamikáját. Továbbá a 3. és 7. hullámban összegyűjtött életstádiumi információk (**SHARELIFE**) összekapcsolják az egyéni mikroadatokat a válaszadók egész életében (kora gyermekkorától napjainkig) a jóléti állapotok előforduló intézményi makroadatokkal.

NEMZETKÖZISÉG
Még a **SHARE** tagországokon túl is, az adatok össze vannak hangolva az Egyesült Államokbeli "Health and Retirement Study" (HRS) és az Egyesült Királyságbeli "Longitudinal Study of Aging" (ELSA) tanulmányokkal, valamint számos öregedési felmérésnek vált példaképévé világszerte.

MULTIDISZCIPLINARITÁS
Holisztikus képet szolgáltat az öregedési folyamatról a gazdasági, társadalmi és orvosi változások közötti kapcsolatakról.

KÜLÖNLEGES ADATTÁRAK
Az **easySHARE** egy egyszerűsített (HRS-adaptált) adatkészlet a diákok képzésére és a komplex felmérési adatok mennyiségi elemzésében kevés tapasztalattal rendelkező kutatók számára.

SHARE-adatok összekapcsolása **SHARE** felmérési adatok adminisztratív adataival. Kapcsolódó adatok állnak rendelkezésre: Németországban (SHARE-RV), Dániában (REGLINK-SHAREDK) és Hollandiában (Linkage SHARE-NL).

A **Job Episodes Panel** egy használatra kész hosszú panel, amely lehetővé teszi a munkaerőpiaci státusz azonosítását a válaszadó egész életében.

HOZZÁFÉRÉS AZ ADATOKHOZ
A **SHARE** adatokhoz világszerte minden kutató igénye...

ALAP IRÓDOLOM:

COVID-19 adatok
Gazdasági helyzet
Egészségi állapotok
Mentális egészség
Biomarkerek
Közösségi hálózatok és támogatás
Demográfia

ASZKÓK FŐTÖRTÉNE
LONGITUDINÁLIS
NEMZETKÖZI
MULTIDISZCIPLINÁRIS

A változók részletes leírása megtalálható a weboldalon: www.share-eric.eu

Icons: © FourLeafOver (calendar, magnifier, puzzle); Majluk (corona virus) – stock.adobe.com

SHARE Researcher Flyer translated into Hungarian by the SHARE country team

Addressing SHARE's respondents

Without the respondents' willingness and trust to participate in SHARE, the survey would not be possible. Therefore, a thorough communication with them is crucial. In 2021, the PR team assisted the SHARE country teams and the HCAP team with the development of their materials. Thus, a 32 page respondent brochure was created in close cooperation with the German country team. This brochure displays research results based on SHARE data, offers information on the data collection and shared insights from the project. The PR team and the German country team further created two respondent flyers, one version for the survey's panel and one for the refresher sample. In addition, one Christmas card was developed. To make these materials accessible to all SHARE country teams, the PR team translated the items into English and provided them in an editable format.

SHARE
SURVEY OF HEALTH, AGEING AND RETIREMENT IN EUROPE

The survey „50+ in Europe”
OUR RESULTS

Think – Recognise – Remember: PR Project Launch – HCAP

Furthermore, the PR team supported the HCAP team in emerging a claim for the study and developing a key visual and two flyers for the respondents. These materials have been produced in English and made accessible to the five country teams.

SHARE HCAP

Think-Recognise-Remember: the Health Study

SHARE HCAP Key visual – English version

Upcoming: Website Relaunch share-eric.eu

SHARE's web presence gets a new look! Content becomes more structured and easier to find. A modern database helps to search for publications and researchers will get their own section with specific content on methodology and data. Stay tuned.

PROJECTS AND COOPERATIONS

Overview of SHARE's current international projects and cooperations

Current SHARE Projects

SHARE-COVID19

(The project has started on 1 November 2020 and will end on 30 October 2023)

The overarching objective of the SHARE-COVID19 project is to understand the non-intended consequences of the epidemic control decisions to contain the COVID-19 pandemic and to devise improved health, economic and social policies. The project pursues a transdisciplinary and internationally comparative approach by exploiting the data sources of the SHARE research infrastructure. It covers all EU Member States. For more information, also see pp. 28–35.

SHARE HCAP

(The project started on 30

September 2017 and will end on 30 April 2024)

The project will administer in-depth measurement of cognition according to the Harmonized Cognitive Assessment Protocol (HCAP) that has been developed for the HRS-style aging surveys supported by NIA. Using these data, the project will estimate prevalence rates of mild and severe cognitive impairment in the SHARE countries; compare these with HRS and other participants in the HCAP studies; and exploit the international variation of the SHARE plus SHARE-HCAP data in order to identify which interactions of biomedical and socioeconomic conditions over the life course affect cognition later in life. For more information, also see pp. 46–47.



Extending the Coverage of the SHARE Survey to all EU Member States

This project extended SHARE to the eight EU member states, which have not been covered by SHARE before: Finland, Latvia, Lithuania, Slovakia, Romania, Bulgaria, Malta and Cyprus and integrate these countries into SHARE Wave 7. The project also covered the development and testing of the SHARE core questionnaire for Wave 8 and the implementation of the main data collection of Wave 8 in these countries. Moreover, the project supports the four crisis countries Portugal, Spain, Greece and Estonia as well as the final database construction, data checks, and data provision after the completion of the main data collection of Wave 8. The project will thus enable the EU Commission and researchers to perform comparative analyses on topics such as employment, health, economic and social status with strictly harmonized data across all EU Member States.

SHARE COHESION

(The project started on 1 October 2019 and will end on 30 September 2023)

The central goal of this project is to upgrade SHARE-ERIC in all SHARE countries. This will improve the cohesion of the Survey of Health, Ageing and Retirement. In addition to integrating as many European countries as possible into SHARE and SHARE-ERIC, the project especially aims to improve the technical architecture, introduce scientific innovations and support central coordination, which is crucial for international cooperation and cross-national comparability.

Current Project Cooperations

SSHOC

(The project started on 1 January 2019 and will end on 30 April 2022)

On 11-12 March 2019, the Social Sciences and Humanities Open Cloud (SSHOC) project's kick-off took place in Utrecht. SSHOC will realize the social sciences and humanities part of the European Open Science Cloud (EOSC) by offering access to research data and related services adapted to the needs of the SSH community. SHARE is one of 47 organizations to take part in the project and leads the work package on "Innovations in data access".



ERIC-Forum

(The project started on 1 January 2019 and will end on 31 December 2022)

The ERIC Forum's aim is to advance operations of ERICs and to strategically contribute to the development of ERIC related policies. The ERIC Forum Implementation Project brings together 23 established European Research Infrastructure Consortia (ERICs) to strengthen their coordination and enhance their collaborations. The strategic approach



of the ERIC Forum will contribute to address critical challenges and develop best practices. The project is composed of 7 different thematic work packages, each focusing on a specific area. SHARE-ERIC is leading work package 2, which aims for a suitable governance model that fulfils the needs of the ERIC Forum and can be accepted by all the participants (ERICs). For more information, also see p. 87.

Global Network of Ageing Surveys: SHARE's Global Sister Studies

This project strengthens the cooperation with a global network of other ageing surveys tackling the same issues relevant for individual and population ageing such as health, disability, retirement, active ageing, family and social support. The global network of ageing surveys (called "sister studies" altogether) consists of "parent surveys" and "daughter surveys" with respect to SHARE. The "parent surveys" have been started earlier than SHARE and have influenced the design of SHARE, namely the US Health and Retirement Study (HRS) and the English Longitudinal Study of Ageing (ELSA), while SHARE has strongly influenced the design of the Japanese Study on Aging and Retirement (JSTAR) and other "daughter surveys". The project is funded by a grant from the US National Institute on Aging.

FINAN CIAL ASPE CTS

SHARE is fully financed by public funds, which are granted by national ministries/research councils, the European Commission or other public funders, such as foundations.

FINANCIAL ASPECTS

This section provides (a) the Financial Statement for SHARE-ERIC 2021 as required by Article 6 (8) of the SHARE-ERIC Statutes, (b) a statement of the funding in all SHARE member countries, and (c) the Financial Plan for 2022.

Financial Statement for SHARE-ERIC 2021

SHARE's financial year 2021 was again strongly influenced by the pandemic. First, due to the interruption of the CAPI panel and refreshment study that took place in March 2020, the full execution of the Wave 8 contracts that were signed with the survey agencies in 2019, had become impossible. The switch to CATI and the continuation of Wave 8 in a new survey mode made it necessary to postpone the refreshments in several countries to Wave 9 and into the year 2022. The resumption of these samples rescued the initial investments made in sampling during Wave 8. Second, the successful grant application to the European Commission for funding of a second CATI Corona Survey in spring 2021 and the additional contracts and co-funding arrangements with the countries resulted in substantial increases both in numbers of financial transactions and total amount of expenditures.

The accounting for the financial year 2021 could be closed as planned in mid-March 2022 with an audit report which found that all figures provided below (Figure 1) are in agreement with the bank accounts.

Figure 1: Summary flow of funds in calendar year 2021

Summary		2021		
By expense/contribution type:				
Type	Code	Expenses	Contributions	Gain/Loss
INITIAL BALANCE				5.558.281,31
CC: Country Contributions acc. to Art.9	CC	1.068.917,32	4.406.193,39	3.337.276,07
GC: Grants & contracts	GC	0,00	4.901.165,27	4.901.165,27
MF: Membership fees	MF	0,00	190.000,00	190.000,00
II: Interest income	II	0,00	0,00	0,00
VA: VAT reimbursement	VA	1.096,30	140.742,40	139.646,10
PF: Participation fee	PF	0,00	425.250,00	425.250,00
SV: Survey costs	SV	5.808.345,54	190.269,29	-5.618.076,25
PE: Personnel costs	PE	0,00	0,00	0,00
TV: Travel costs	TV	0,00	583,33	583,33
MA: Materials costs	MA	0,00	0,00	0,00
AC: Account and other charges	AC	22.119,31	23,10	-22.096,21
SC: Other subcontracts	SC	2.771.185,94	81.541,60	-2.689.644,34
CD: Column D	CD	0,00	0,00	0,00
XX: unknown, not yet categorized	XX	248.880,01	248.880,01	0,00
TOTAL FLOWS		9.920.544,42	10.584.648,39	664.103,98
END BALANCE				6.222.385,29

Figure 1 provides a summary of all account movements in 2021. It covers all countries which channelled funds through SHARE-ERIC and all SHARE-ERIC grant contributions. It is structured by broad expense and contribution categories. Column 3 in Figure 1 shows the survey expenses paid in 2021 (SV). Expenses under "country contributions" here mean co-funding amounts by countries to the SHARE-COVID project funding the second Corona Survey, as well as co-funding by DG employment countries to Wave 8 and Wave 9 FiRe survey expense within the DG EMPL grant VS 2020. It also includes expenses for subcontracts (SC), for example the costs of programming the SHARE software at Centerdata in the Netherlands. Other subcontracts covered weights and imputations, the SHARE country team at the national institution in those countries which are receiving funding from DG EMPL, as well as the costs of the international coordination outside Munich which is funded by distribution of EU funds from the beneficiary SHARE-ERIC towards its linked third

parties within the H2020 projects SHARE-COHESSION and SSHOC ("expense" under GC).

Column 4 shows the contributions from member countries and grants received in 2021, which finance these expenses. The balance between expenses and contributions is shown in column 5.

The positive balance is a reflection of the pre-financing requirement in the SHARE-ERIC bylaws which stipulates that expenses can only be made if the corresponding contributions have been credited. The account balance (€6.2m) is due to country contributions as well as pre-financing and final payments of grant amounts which were received in 2021 for payments in 2022. This positive balance is higher than in the previous years since Wave 9 started in 2021 but some final payments for the second Corona CATI and the resumption of Wave 8 refreshments after the pandemic will be made only in 2022, together with the CAPI payments of Wave 9.

Figure 2 provides more detail by country and category. Figure 2 shows the expenditures per items that occurred in 2021 and the related incomes. Figure 2 is defined by SHARE activities occurring in 2021, while Figure 1 above was defined by account movements in 2021. The totals differ slightly between the two figures since, on the one hand, some income arrived already in 2020 and, on the other hand, some expenses which are attributable to 2020 were invoiced only in 2021 or will be invoiced in 2022. We show the situation according to the final accounts per 31.12.2021 as of March 2022.

Several line items are worth noting. First, since most countries pre-financed their survey expenses, the account shows a large surplus of €1,521,881 which will be offset by the expenses in 2022.

Second, Wave 9 started in 2021. However, as already explained, some countries will finish the refreshment sample of Wave 8 only in 2022, due to

the pandemic-related interruption and postponement to Wave 9. Hence, surpluses in 2021 will disappear by the end of 2022.

Third, all SHARE-ERIC member countries have paid their membership fee for 2021.

Finally, four countries have not paid their participation fee for lack of funds. We were able to cover the expenses of Centerdata related to these participation fees by DG EMPL funds.

In spite of this deficit in participation fees, the account total shows a surplus. This is due to two major expenses that were planned for 2020 but did not materialize. One is travel and conferences which were cancelled due to Corona; the other a data protection specialist to certify technical and organizational measures of the survey agencies who started his work only in 2021 and accordingly, payment is outstanding until 2022.

Figure 2: Detailed flow of funds in calendar year 2021

Income	Amount	Amount	Y/N	Y/N
Membership and Participation fees 2021				
Country	Membership fee	Participation fee	M fee paid	Pfee paid
AT	10,000.00 €	15,000.00 €	Y	Y
BE	10,000.00 €	19,950.00 €	Y	Y
BG	10,000.00 €	10,050.00 €	Y	Y
CH		19,950.00 €		Y
CY	10,000.00 €	10,050.00 €	Y	Y
CZ	10,000.00 €	10,050.00 €	Y	Y
DE	10,000.00 €	19,950.00 €	Y	Y
DK		15,000.00 €		Y
EE		10,050.00 €		Y
ES		19,950.00 €		Y
FI		15,000.00 €		Y
FR	10,000.00 €	19,950.00 €	Y	Y
GR	10,000.00 €	10,050.00 €	Y	Y
HR	10,000.00 €	10,050.00 €	Y	Y
HU	10,000.00 €	10,050.00 €	Y	Y
IL	10,000.00 €	15,000.00 €	Y	Y
IT	10,000.00 €	19,950.00 €	Y	Y
LV		10,050.00 €		Y
LT		10,050.00 €		Y
LU		15,000.00 €		Y
MT		10,050.00 €		N
NL	10,000.00 €	19,950.00 €	Y	Y
PL	10,000.00 €	10,050.00 €	Y	Y
PT		10,050.00 €		N
RO		10,050.00 €		N
SE	10,000.00 €	19,950.00 €	Y	Y
SI	10,000.00 €	10,050.00 €	Y	Y
SK		10,050.00 €		N
Expected income			160,000.00 €	385,350.00 €
Actual income*			160,000.00 €	345,150.00 €
* as of 14 March 2022				40,200.00 €
Expenditure				
ERIC administration 2021				
Account charges/transaction fees				451.32 €
Safekeeping charges/negative interest				21,001.88 €
Auditor				4,575.00 €
Budget SMB/Travel				19,207.76 €
1 FTE accountant				73,681.12 €
Council meeting				- €
ESRI Workshop, travel and subsistence				- €
Internet domains SHARE				1,134.00 €
Design and Print annual activity report				6,250.00 €
MEA-SHARE GmbH operational costs 2021				2,532.36 €
Bundesämterlicher Transparency Register				- €
Total expenditures				129,132.84 €
Surplus/deficit				30,867.36 €
Carry-over Surplus 2020				142,235.64 €
Surplus/deficit				173,103.00 €
IT and software coordination services ex Munich, 2021				
IT routine support: CentERdata Tilburg				398,580.00 €
Total expenditures				398,580.00 €
Surplus/deficit				-53,430.00 €
Carry-over Surplus 2020				145,918.00 €
Surplus/deficit				92,488.00 €
Surplus/deficit from fees 2021				
				265,581.00 €

EU-COM 2021 New countries		
DG EMPL 2020/ Jan 2021-June 2021	188,526 €	Y
DG EMPL SHARE EU-COM/August 2021-Dec 2021	101,022 €	Y
expected income	289,548 €	
actual income	289,548 €	

EU-COM 2021 Int'l Coordination ex Munich, Innovation		
COHESION	1,240,859 €	Y
SHARE-COVID (SHARE-ERIC)	- €	Y
expected income	1,240,859 €	
actual income	1,240,859 €	

Second Corona Survey 2021 contribution		
Country	own	DG RTD
All		1,942,590
actual income		1,942,590

Survey contributions in 2021 (Wave 8 final /FIRE W9/own COVID CATI)		
Country	Own (including COVID CATI)	DG EMPL
AT	317,404 €	
BE*		
CZ	311,356 €	
DE - via DFGTU	561,613 €	
FR	311,301 €	
GR	110,000 €	138,672.00
IL*		
IT	400,000 €	
NL	121,726 €	
PL	161,280 €	
SE	339,673 €	
SI	311,603 €	
CH*		
BG own/ via DG EMPL wave 8	30,000 €	7,457.76
CY via DG EMPL wave 8		48,112.00
DK*		
EE own/partially via DG EMPL wave 8	102,375 €	130,724.00
ES own/partially via DG EMPL wave 8	271,588 €	21,400.00
FI own/partially via DG EMPL wave 8		18,600.00
HR	203,384 €	
HU	86,575 €	
LT via DG EMPL wave 8		155,442.00
LV via DG EMPL wave 8		81,960.54
LUX*		
MT via DG EMPL wave 8		67,425.96
PT*		
SK via DG EMPL wave 8		28,666.31
RO via DG EMPL wave 8		85,664.96
Totals own / DG EMPL		784,126
Total Income survey 2021	3,639,877 €	4,424,002
* funding not via SHARE-ERIC		

US-NIA grants 2021		
NIA grant	40,567	Y
NIA grant	106,985	Y
NIA grant	106,404	Y
actual income		253,956

EU-COM 2021 New countries		
IT support new countries at CentERdata	116,295 €	
EU Project Coordinator MEA, Munich	173,253 €	
total expenditures	289,548 €	
Surplus/deficit	- €	

EU-COM 2021 Int'l Coordination ex Munich, Innovation		
IT support innovation: CentERdata	131,954	
Economics Area: Padua	150,681	
Economics Area: Venice	150,681	
Health Area: Odense	206,120	
Social Area: Jerusalem	113,409	
Survey Mgmt/Methodology: Paris	85,265	
Health Care Area: Wuppertal	99,185	
SHARE-ERIC Admin: Madrid	12,697	
SHARE-ERIC subcontracts (weights, imputations, PR, Meetings)	92,500	
EU Project Coordinator MEA, Munich	379,125	
total expenditures	1,421,617	
Surplus/deficit	-	2

Second Corona Survey 2021 Expenditure		
Country	Amount	
All	1,942,590	
total expenditures	1,942,590	
Surplus/deficit	-	

Survey costs in 2021 (Remainder Wave 8/FIRE W9/own contribution COVID CATI)		
Country	Amount	
AT	254,565	
BE*		
CZ	40,781	
DE - via DFGTU	561,613	
FR	386,302	
GR	172,017	
IL*		
IT	422,578	
NL	245,622	
PL	317,434	
SE	163,234	
SI	323,385	
CH*		
BG	14,565	
CY	78,807	
DK*		
EE	175,738	
ES	96,709	
FI	18,600	
HR	203,384	
HU	152,517	
LT	155,442	
LV	81,961	
LUX*		
MT	67,426	
PT*		
SK	28,666	
RO	85,665	
total expenditures	4,047,010	
Surplus/deficit	376,992	
Carry-over Surplus 2020	1,144,889	
Surplus/deficit	1,521,881	

Biomarker and cognition 2021		
DBS laboratory analyses	40,567	
Biomarker (Accelerometer study Wave 8)	106,985	
HCAP licences, material	106,404	
expenditures	253,956	
Surplus/deficit	-	

Funding all of SHARE

Total costs of the entire SHARE operation during the two years of Wave 9 are expected to be about €32.3m (€16.1m per annum) for the 28 participating countries, based on currently expected sample sizes and costs as contracted, including refreshment costs expenditures postponed to Wave 9 with payment in the year 2022, the international coordination in and out of Munich as well as all national activities.

There is thus a large difference between SHARE-ERIC as shown in Figures 1 and 2 and all of SHARE. Only about a third of the overall SHARE expenses and contributions are flowing through SHARE-ERIC. This has several reasons and makes funding SHARE much more complex than we would like.

First, not all SHARE member countries are currently SHARE-ERIC members. This implies that the overlap between SHARE and SHARE-ERIC is only partial. Moreover, different rules and funding mechanisms exist for ERIC member countries and non-ERIC countries.

Second, there is a multitude of funders on the international and the national levels. For Wave 9, as of December 2021, SHARE had about 60 different funding sources which contributed €10,000 or more, plus smaller contributors.

Third, there are many national idiosyncrasies. Some of them imply that not all expenses for SHARE-ERIC members are showing up in the ERIC accounts. For instance, most ERIC members pay their personnel in kind, mostly as salaries by the universities and other scientific institutions. Moreover, some ERIC members also pay the survey expenses directly. This

is the case, e.g., if the survey is conducted by a university or scientific organization rather than sub-contracted to a third-party provider.

In turn, third-party grants (e.g. H2020, DG EMPL and US NIA) received by SHARE-ERIC are partially dedicated to non-SHARE-ERIC members (e.g. support by the EU Commission for new and crisis countries) and to purposes for all of SHARE (e.g. support by the EU Commission for software programming and area coordination outside of Munich and the support to the second SHARE Corona Survey in 2021 within the SHARE-COVID project).

Overall funding for SHARE has four different cost components:

- The largest component (about €20.4m) is running the survey in each of the 28 SHARE countries. In Wave 9, 18 countries finance the survey entirely from national funds or in combination with EU-Structural funds granted at the national level. The eight new countries and four crisis countries have been financed in 2021 still mostly by the European Commission through a contract between SHARE-ERIC and DG EMPL. Partially, funds from national funders in some of the countries could be added as co-funding.
- International coordination has two components:
 - ➔ First, the international coordination activities which take place at the Munich headquarter. They are mainly covered by a grant from the German Federal Ministry for Research and Education (BMBF) and by institutional support from the Max Planck Society (MPG).

- ➔ Second, Commission support (H2020 call INFRADEV3) has been granted for the international innovation and development activities which take place in Denmark (health), France (healthcare), Israel (social), Italy (economics) and The Netherlands (software development) until 2023.

Finally, several other grants (H2020, US National Institute on Aging; totalling about €3.9m) finance innovation and harmonization activities. Particularly noteworthy is the support by the US National Institute on Aging (NIA) which is funding those parts of the survey that are closely harmonized with the US Health and Retirement Study, the sister survey of SHARE, e.g., the SHARE-HCAP study in Wave 9.

Financial Plan for SHARE-ERIC 2022

Figure 3 presents the financial plan for 2022. On the contribution side, it is based on known contributions as of April 2022 and does not contain contributions by countries and the EU COM which are expected to be paid during 2022. On the expenditure side, however, all expected expenditure items are listed. As pointed out already, Wave 9 will be conducted in two accounting years, starting in 2021 and ending in 2022. This implies that deficits in 2022 will be covered by surpluses from 2021 (Figure 2). So far, only a fraction of the expected income has been credited on the SHARE-ERIC account. This holds in particular for the membership and participation fees in 2022. The financial plan for 2022 is therefore based on those fees which have already been paid including those fees that are known to be regularly paid,

but excluding those fees of countries with an unreliable payment history.

The financial plan is separated by: (a) income from ERIC membership and participation fees and their usage; (b) income from EU-COM and its usage; (c) survey contributions and costs for CAPI panel and refreshments in Wave 9, the remainder to be paid of the second Corona Survey and (d) the current US-NIA grant and the associated HCAP expenditure.

Several line items are worth noting:

- Since August 2020, the SHARE-ERIC bank account is subject to the so-called “safekeeping charges” (negative interest rate) applied by all German banks. It is based on the ECB deposit facility rate and is regularly applied on an end of day balance until further notice.
- The routine costs of the SHARE data IT, software programming and data protection have to be covered by the participation fee. The participation fee is therefore due by all SHARE countries wishing to be part of the SHARE survey.
- A new EU-COM's DG EMPL grant for 2021 has been granted for financing the international coordination (development in the new and accession countries) but only until August 2022. We shall be able to submit a follow-up grant application during the summer. This creates currently a deficit of €98,850 in 2022.
- SHARE has been successful in receiving a grant that finances COVID-related research. This grant included a survey fund (up to

€1,965,964) paid to SHARE-ERIC which covered the survey expenditures in all those SHARE countries which were not able to fully fund a second Corona telephone survey by their own means. The fund was disbursed mostly in 2021 as shown on the expenditure side.

- Finally, contributions in 2022 and the surplus from 2020 and 2021 cover all expected sur-

vey expenditures with a surplus of €64,848 for countries' survey contributions. This surplus will be disbursed in 2023 for the pretest costs of Wave 10.

- Countries marked by an asterisk will fund the survey directly without funds flowing through SHARE-ERIC; the respective rows are therefore empty.

Figure 3: Financial plan for calendar year 2022

Income					Amount		Amount		Expenditure		Amount	
Membership and Participation fees 2022												
Country	Membership fee	Participation fee	M fee	P fee								
AT	10.000,00 €	15.000,00 €	Y	Y								
BE	10.000,00 €	19.950,00 €	Y	Y								
BG	10.000,00 €	10.050,00 €	Y	Y								
CH		19.950,00 €		Y								
CY	10.000,00 €	10.050,00 €	N	N								
CZ	10.000,00 €	10.050,00 €	Y	Y								
DE	10.000,00 €	19.950,00 €	Y	Y								
DK		15.000,00 €		Y								
EE		10.050,00 €		Y								
ES		19.950,00 €		Y								
FI		15.000,00 €		Y								
FR	10.000,00 €	19.950,00 €	Y	Y								
GR	10.000,00 €	10.050,00 €	Y	Y								
HR	10.000,00 €	10.050,00 €	Y	Y								
HU	10.000,00 €	10.050,00 €	Y	Y								
IL	10.000,00 €	15.000,00 €	Y	Y								
IT	10.000,00 €	19.950,00 €	Y	Y								
LV		10.050,00 €		Y								
LT		10.050,00 €		N								
LU		15.000,00 €		Y								
MT		10.050,00 €		N								
NL	10.000,00 €	19.950,00 €	Y	Y								
PL	10.000,00 €	10.050,00 €	Y	Y								
PT		10.050,00 €		N								
RO		10.050,00 €		N								
SE	10.000,00 €	19.950,00 €	Y	Y								
SI	10.000,00 €	10.050,00 €	Y	Y								
SK		10.050,00 €		N								
Expected income			160.000,00 €	385.350,00 €								
Actual income*			150.000,00 €	325.050,00 €								
				still missing	10.000,00 €	60.300,00 €						
ERIC administration 2022												
Account charges/transaction fees											500,00 €	
Safekeeping charges/negative interest											21.000,00 €	
Auditor											4.875,00 €	
Budget SMB/Travel											30.000,00 €	
1 FTE accountant											75.000,00 €	
Council meeting, SHARE 2.0 meetings											12.000,00 €	
Travel to ERIC Committee+ESFRI Workshop											2.000,00 €	
Internet domains SHARE											1.200,00 €	
Design and Print annual activity report											6.500,00 €	
MEA-SHARE GmbH operational costs 2022											- €	
Bundesanzeiger Transparency Register											13,00 €	
Website relaunch											60.000,00 €	
total expenditures											213.088,00 €	
Surplus/deficit, based on expected income membership fee											- 53.088,00 €	
Carry-over Surplus 2020											173.103,00 €	
Surplus/deficit											120.015,00 €	
IT and software coordination services ex Munich, 2022												
IT routine support: CentERdata											386.863,00 €	
Data protection expert for agency desk checks											100.000,00 €	
total expenditures											486.863,00 €	
Surplus/deficit, based on actual income participation fee											- 161.813,00 €	
Carry-over Surplus 2020											92.488,00 €	
Surplus/deficit											-69.325,00 €	
Surplus/deficit from fees 2022											50.690,00 €	

* as of 16 May 2021

Figure 3: Financial plan for calendar year 2022

EU-COM 2022 New countries			EU-COM 2021 New countries	
DG EMPL EU COV Jan.-Aug. 2022	140.171,00 €	Y	IT support new countries: CentERdata	55.217,00 €
DG EMPL Sept.-Dec. 2022	98.850,00 €	N	EU Project Coordination MEA, Munich	183.804,00 €
expected income	239.021,00 €		total expenditures	239.021,00 €
actual income	140.171,00 €		Surplus/deficit	- 98.850,00 €

EU-COM 2021 Int'l Coordination ex Munich, Innovation			EU-COM 2021 Int'l Coordination ex Munich, Innovation	
COHESION	1.240.859,00 €	Y	IT support innovation: CentERdata	131.953,50 €
SHARE-COVID	180.756,00 €	Y	Economics Area: Padua	150.681,00 €
			Economics Area: Venice	150.681,00 €
			Health Area: Odense	206.120,00 €
			Social Area: Jerusalem	113.408,50 €
			Survey Mgmt/Methodology: Paris	85.264,75 €
			SHARE-ERIC Admin: Madrid	12.696,75 €
			SHARE-ERIC subcontracts (weights, imputations, PR, Meetings)	92.500,00 €
			EU Project Coordinator MEA, Munich	379.125,00 €
			EU Project Coordinator MEA, Munich for Wuppertal	99.184,50 €
expected income	1.421.615,00 €		total expenditures	1.421.615,00 €
actual income	1.421.615,00 €		Surplus/deficit	- €

Survey contributions 2022			Survey costs 2022	
Country	own	DG EMPL	Country	Amount
AT	1.192.880 €		AT	1.192.880 €
BE*			BE*	
CZ	229.857 €		CZ	517.878,00 €
DE	1.823.625,00 €		DE	1.823.625,00 €
FR	1.031.059,52 €		FR	1.031.059,52 €
GR own/via DG EMPL		254.000,00 €	GR own/via DG EMPL	275.500,00 €
IL*			IL*	
IT	- €		IT	566.500,00 €
NL	345.900,00 €		NL	345.900,00 €
PL	455.024,00 €		PL	542.704,00 €
SE	860.486,35 €		SE	860.486,35 €
SI	146.520,00 €		SI	419.075,00 €
BG own/via DG EMPL		68.745,00 €	BG	96.180,00 €
CH*			CH*	
CY own/via DG EMPL		94.000,00 €	CY	94.000,00 €
DK*			DK*	
EE own/DG EMPL	67.748,00 €	281.721,00 €	EE	390.661,00 €
ES own/DG EMPL		282.000,00 €	ES	439.968,00 €
FI own/DG EMPL	60.000,00 €	232.240,00 €	FI	326.303,00 €
HR	365.305,00 €	- €	HR	365.305,00 €
HU	108.375,00 €	- €	HU	209.933,00 €
LT own/via DG EMPL		231.050,00 €	LT	231.050,00 €
LV own/via DG EMPL	170.000,00 €	43.987,00 €	LV	160.227,00 €
LUX*			LUX*	
MT own/via DG EMPL		124.520,00 €	MT	124.520,00 €
PT own/via DG EMPL		332.293,93 €	PT own/via DG EMPL	332.293,93 €
SK own/via DG EMPL		123.000,00 €	SK	123.000,00 €
RO own/via DG EMPL		150.432,40 €	RO	150.432,40 €
expected income	6.856.779,33 €	2.217.989,33 €	expected expenditures	10.619.480,86 €
		9.074.768,66 €	Expected surplus/deficit	- 1.544.712,20 €
			Carry-over Surplus 2021	1.521.880,89 €
			Surplus/deficit	- 22.831,31 €

US-NIA grants 2022			Biomarker and cognition 2022	
NIA grant	1.500.000,00 €	Y	HCAP licenses, fieldwork	1.500.000,00 €
expected income	1.500.000,00 €		expected expenditures	1.500.000,00 €
actual income	1.500.000,00 €		Expected surplus/deficit	- €

SHARE IN NUMBERS

FACTS & NUMBERS

Number of Registered Users



2020: **12,108**
in year 2020

2021: **13,857**
in year 2021

2020: **570**
2021: **560**

Processed User Requests 

User Workshops

2020: **12**
2021: **20**




User Countries

2020: **75** 2021: **76**



Publications

2020: **3,009**
2021: **3,380**

SSCI-ranked Publications

2020: **991**
2021: **1,186**



100%

100% of our own Publications are published as Open Access

Participating Countries


Full coverage of 28 countries since 2017 (W7)



Number of SHARE Media Appearances

2021: **286**

Policy Actors Using SHARE Data



2020: **530**
2021: **594**



Interviews


530,000

Global Sister Surveys:


18



Social Media Followers



Twitter
2020: 1,258
2021: 1,502



Facebook
2020: 949
2021: 964



Website Visitors

2020: **83,100**
2021: **96,500**

Please note that these numbers are presented for the purpose of obtaining a quick overview of SHARE's operations – they cannot and should not, however, be used to compare SHARE against other Research Infrastructures (RIs) since KPIs with the same names often have fundamentally different meanings for different RIs. The number of users, for instance, heavily depends on the type of RI and the modes of access. Commercial partners are, for example, necessarily excluded by the nature of SHARE as a social survey based on voluntary participants who report very private health and economic data. Commercial use is thus out of the question due to SHARE's strict protection of the data of its respondents, which in turn affects the number of users. Another example is the financial volume of business with external contractors, which is obviously very different between RIs with mainly digital services and e.g. physical RIs that operate heavy machinery in large facilities. The construction/maintenance costs they require cannot be compared to those of social surveys. Similar specifics are to be taken account in all areas of RI operations.

SCIENTIFIC PARTNERS OF SHARE-ERIC MEMBERS



AUSTRIA

University of Linz, Dept. of Economics

The Department of Economics at the University of Linz directs the Austrian participation in the SHARE project. Its research focus being is labour economics, public economics and problems of pension reform as well environmental economics. It will be represented by Rudolf Winter-Ebmer, Professor of Economics and specialist in empirical labour economics.

BELGIUM – NL

University of Antwerp, CSP

CSP's principal objective has been to study the adequacy of social policies. Its research is mainly based on large-scale socio-economic surveys of households. Koen Decanq, leads the Belgian country team.

BELGIUM – FR

University of Liège, CREPP

CREPP's main fields of specialisation are social security, retirement behaviour and well-being among the elderly and intergenerational transfers. Sergio Perelman is in charge of the SHARE project coordination in the Belgian French-speaking community.

BULGARIA

Institute of Philosophy and Sociology at the Bulgarian Academy of Sciences (IPS-BAS), Sofia
IPS-BAS, the former Institute for the Study of Societies and Knowledge at BAS (ISSK-BAS), conducts complex theoretical and empirical, fundamental and applied, philosophical, sociological, and science-studies-related research on knowledge, values, man and society, in accordance with the academic,

national, and European criteria and world trends in science, and trains highly qualified specialists in the academic disciplines of philosophy, sociology, science studies, and their sub-divisions. Country team leader for Bulgaria is Ekaterina Markova.

CROATIA

University of Zagreb, Faculty of Economics and Business (FEB)

FEB is the most important institution of higher education and research in economics in Croatia. The Centre for Longitudinal Population Studies (CLPS) at the FEB coordinates Croatian participation in the SHARE study. The Centre's research activity is focused on international multidisciplinary population surveys, with dominant reliance on longitudinal survey data. Šime Smolić leads the Croatian country team.

CYPRUS

University of Cyprus, Economics Research Centre

The Economics Research Centre of the University of Cyprus (CypERC) is an independent non-profit research institution aiming at high-quality policy-oriented research in economics with emphasis on subjects concerning the Cyprian economy. The CypERC is financed by research organisations in Cyprus and the European Union, through competitive funding procedures, and contributions from governmental and other organisations. The research activities of the CypERC are divided into the sectors of Microeconomic Analysis and Welfare, Macroeconomic Forecasts and Analysis, Employment, and other research projects. Nikolaos Theodoropoulos, Assistant Profes-

sor at the Department of Economics and member of the academic council of CypERC, is the leader of the Cyprian country team.

CZECH REPUBLIC

Economics Institute (EI) of the Czech Academy of Sciences, Prague

The Economics Institute (EI) of the Czech Academy of Sciences in Prague is a joint work place with CERGE (Center of Economic Research and Graduate Education) of Charles University, Prague. Its main expertise is in social, economic and political transition in the Central and Eastern European countries. Radim Bohacek leads the Czech country team.

FRANCE

LEDa-LEGOS, Paris-Dauphine University

The Department of Health Economics and Management (LEDa-LEGOS) at Paris-Dauphine University is one of the leading departments for Health Economics in France. LEGOS's main fields of specialisation are economics of ageing, health inequalities, social security and health systems efficiency. Florence Jusot, Professor of Economics, leads the French country team.

GERMANY

Max Planck Institute for Social Law and Social Policy, Munich Center for the Economics of Aging (MEA)

Central coordination of SHARE takes place at MEA. MEA is a world-renowned centre of excellence for the economics of ageing. It moved 2011 from Mannheim to Munich after an offer to become part of

the Max Planck Society. Research areas are savings, social insurance and public policy; macroeconomic implications of population ageing; and public health. MEA has been the coordination center of SHARE since its first Wave. MEA is represented by Axel Börsch-Supan, director. The German country team is part of the Economics and Policy Research Department of the TUM School of Management which examines economic processes with a focus on the role of public policy. It addresses contemporary policy issues by means of theoretical as well as empirical investigations into economics (e.g. of aging). The German country team leader is Arne Bethmann.

GREECE

Panteion University, Athens

Panteion University is a public institution centering on social and political sciences. Economics, sociology, social anthropology and psychology are major disciplines while regional development & public administration are interdisciplinary departments where cross-cutting viewpoints from many disciplines met. Antigone Lyberaki leads the Greek country team.

HUNGARY

Centre for Economic and Regional Studies

The basic activity of the Centre for Economic and Regional Studies, consisting of the Institute of Economics, the Regional Research Institute and the Institute of World Economics, is the scientific analysis of the Hungarian economy, the international economic and political environment, and of economics in general. The Centre undertakes theoretical and empirical studies in the fields of national and world

economics, in regional processes and in other interdisciplinary areas of the Social Sciences. Anikó Bíró leads the Hungarian country team.

ISRAEL

The Hebrew University of Jerusalem, IGDC

The Israel Gerontological Data Center (IGDC) at the Hebrew University in Jerusalem facilitates research and dissemination of data on ageing, and directs the Israeli participation in the SHARE project. Sharon Shiovitz-Ezra leads the Israeli country team.

ITALY

University of Padua, Dept. of Economics

Padua's Department for Economics and Management covers the whole spectrum of economics and management science, in particular applied econometrics, public and health economics as well as labour economics. Guglielmo Weber leads the Italian country team. He also serves as deputy coordinator of SHARE.

THE NETHERLANDS

Utrecht University School of Economics

The Utrecht University School of Economics focuses on social themes concerning the future of work, behavioural insights for policy making, entrepreneurship, sustainable finance, and sustainability and economic development. Adriaan Kalwij leads the Dutch country team.

POLAND

Warsaw School of Economics

Warsaw School of Economics is the oldest university of economics in Poland and one of Europe's leading universities in this field. Agnieszka Chłoń-Domińczak is the Polish country team leader.

SLOVENIA

Institute for Economic Research Ljubljana (IER)

The Institute for Economic Research (IER) is the leading institute for macroeconomic research in Slovenia, which recently focuses particularly on economic, social and health aspects of structural reforms in Slovenia. Boris Majcen leads the Slovenian country team.

SWEDEN

Centre for Demographic and Ageing Research, Umeå University

Centre for Demographic and Ageing Research (CEDAR) is an interdisciplinary centre for research on long-term demographic trends and ageing from a social science, humanistic and health perspective. A part from the research CEDAR also produces a number of large longitudinal datasets including both contemporary and historical demographic, socio-economic and health information. Gunnar Malmberg is director of research at CEDAR and leader for the Swedish country team.

SCIENTIFIC PARTNERS OF SHARE

DENMARK

University of Southern Denmark, Department of Economics, Odense

ESTONIA

Tallinn University, Estonian Institute for Population Studies, Tallinn

FINLAND

Väestöliitto, Helsinki

LATVIA

Rīga Stradiņš University, Institute of Public Health, Riga

LITHUANIA

Vilnius University, Faculty of Philosophy, Vilnius

LUXEMBOURG

Luxembourg Institute of Socio-Economic Research, Esch-sur-Alzette

MALTA

University of Malta, Faculty for Social Wellbeing, Department of Gerontology and Dementia Studies, Malta

PORTUGAL

University of Minho, Communication and Society Research Centre, Braga
Nova University of Lisbon, Nova School of Business and Economics, Lisboa

ROMANIA

Alexandru Ioan Cuza University of Iasi, Faculty of Economics and Business Administration, Iasi

SLOVAKIA

University of Economics in Bratislava, Bratislava

SPAIN

Center for Monetary and Financial Studies, Madrid
Girona Biomedical Research Institute, Girona

SWITZERLAND

University of Lausanne, Faculty of Business and Economics, Swiss Centre of expertise in the social sciences, Lausanne

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Austria	www.share-eric.eu/at
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