



ANNUAL
ACTIVITY
REPORT

2020/21

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, Arne Bethmann, Johanna Bristle, Martina Börsch-Supan, Verena Coscia, Salima Douhou, Stefan Gruber, Julia Knoblechner, Diana Maria López-Falcón, Veronika Máté, Andrea Oepen, Yuri Pettinicchi, Gregor Sand, Karin Schuller, Elena Sommer, Stephanie Stuck

Managing Editor:

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

Conceptual Design & Layout:

Valentum Kommunikation GmbH, Regensburg

Picture Credits:

aerogondo, ArtFamily, chinnarach, contrastwerkstatt, De Visu, Gorodenkoff, Halfpoint, imageBROKER, Inna, krakenimages.com, Monkey Business, New Africa, picsfive, pressmaster, pixelheadphoto, Rido, Syda Productions, ulza, VadimGuzhva, Westend61 – stock.adobe.com

Copyright ©SHARE-ERIC 2021



SHARE’s Mission7
 Foreword from the Chair8
 Foreword from the Managing Director9
 What is SHARE?10

SHARE IN THE PANDEMIC

Turning Challenges into Chances14
 The SHARE Corona Survey16
 Train the Trainer (TTT)18
 The SHARE-COVID19 Project19
 First Release of SHARE Wave 8 COVID-19 Data21

SCIENTIFIC ASPECTS

At a Glance24
 Collecting and Releasing SHARE Data26
 Data Quality Assessment in SHARE28
 SHARE Wave 930
 Data Releases31
 Cognition and Ageing – Introducing SHARE-HCAP32
 SPLASH34
 The SHARE Biomarker Project36
 SHARE Users in Europe38
 Number of SHARE Users is Constantly Growing40
 User Support and Workshops41
 SHARE Users all over the World42
 SHARE-based Journal Publications 202044

POLICY IMPACT

Policy Impact58

OPERATIONAL ASPECTS

SHARE-ERIC Council Meeting 2020 (virtual)72
 SHARE Wave 8 Midterm Meeting 2020 (virtual)73
 SHARE Wave 9 Planning Meeting 2020 (virtual)73
 SHARE-ERIC and the ERIC Forum (Project)74
 Social Sciences and Humanities Open Cloud (SSHOC)76
 PR Updates in the Year of the Pandemic78
 The SHARE 2.0 Process80

FINANCIAL ASPECTS

Financial Aspects84

SHARE IN NUMBERS

Facts & Numbers94

 Scientific Partners of SHARE-ERIC Members96
 Scientific Partners of SHARE99



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, 480,000 in-depth interviews with 140,000 people aged 50 or older from 28 European countries and Israel have been conducted.

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.

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.

FOREWORD FROM THE CHAIR

We look back on a challenging and demanding year.

During the ongoing Corona crisis, SHARE-ERIC has proven its resilience. At the same time SHARE has shown its value as a long-term study that reacts flexible to the challenges that came along with the pandemic for researchers and policy makers. This has become especially evident with regard to the SHARE COVID-19 data. They will help enormously to deal with the socio-economic consequences of the crisis.

I would like to thank the whole SHARE Team for its willingness to adapt the study to the adverse circumstances. Furthermore, I want to thank the representatives of the SHARE countries who supported the continuation of the study during the pandemic, which was new territory for all of us. Finally, my thanks go to the European Commission for investing in a second phone-based SHARE Corona survey.

My involvement as Chair of SHARE-ERIC during that last year had to focus specifically on the task of setting the course for a new institutional affiliation for SHARE Central in Germany from 2023 onwards – in order to make sure that the “European back office” of SHARE can continue its outstanding work. We are now on the right path, which we would like to present to our European partners as the basis for a further pan-European SHARE.

After a year as Chair of SHARE-ERIC, I myself have to say goodbye, because other tasks are waiting for me in the Ministry. I wish everyone involved in SHARE all the best and continued successful work.

Dr. Maïke Koops

FOREWORD FROM THE MANAGING DIRECTOR

Dramatic turns in life require decisive action. In response to the outbreak of the pandemic over a year ago, we put the SHARE survey into the service of combatting the consequences of the pandemic. In very short time we designed a new survey instrument which reached out by telephone to our respondents, some of whom we have already followed up for several survey waves, to ask them about the consequences of the pandemic and the epidemiological control measures. These data will help Member States and the EU Commission to manage the social and economic consequences of the pandemic.

DG Research has recognized this SHARE initiative and awarded in mid 2020 a special COVID-19 grant to SHARE (*SHARE-COVID19 Understanding non-intended consequences of epidemic control decisions to contain the pandemic*). Most of these funds will be used to produce targeted scientific analyses of the health, economic and social situation of the citizens in our 28 SHARE countries. Moreover, the funds will partially support a second telephone survey on the medium and long-term consequences of the pandemic in June of this year.

First analyses have already been transmitted to the EU Commission and numerous publications using our SHARE Corona Survey are filling a new webpage: <http://www.share-project.org/share-covid19.html>.

We would like to thank our SHARE-ERIC members, all further participating countries and the EU Commission for their huge support and trust, but also our respondents and survey agencies for being open to the necessary adaptations of the fieldwork of Waves 8 and 9 during the pandemic.

The world is changing and so does SHARE. We are already in the middle of the preparations to establish a new home for SHARE-Central in Berlin, Germany. Now it is time to plan the future of SHARE-ERIC, which recently celebrated its 10th birthday. We are ready to prepare the scientific and governance future for SHARE 2.0 after 2024, together with the EU Commission and all SHARE countries.




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, the latest wave of data collection, SHARE has conducted around 480,000 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. 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 especially in the second half of the life cycle, bringing together many scientific disciplines, including demography, economics, epidemiology, psychology, sociology, medicine, biology and statistics. SHARE also offers several special data sets. These include retrospective data on the respondents' entire life course, the linkage of survey data with institutional pension information, 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 in 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-econom-

ic 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 new SHARE-COVID19 research project, funded by Horizon 2020 and the Coronavirus Global Response.

Becoming the First ERIC

SHARE has become a major pillar of the European Research Area, selected as one of the projects to be implemented by the European Strategy Forum on Research Infrastructures (ESFRI) in 2006, given a new legal status as the first ever European Research Infrastructure Consortium (SHARE-ERIC) in March 2011, and becoming an ESFRI landmark in 2016.

Central Coordination

SHARE is centrally led 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 40 people work in the SHARE central office in Munich, 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.

Area Coordination

SHARE's multidisciplinary 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*, Professor Howard Litwin, Ph.D., (Hebrew University of Jerusalem, Israel) for *Social Networks* and Anna Rieckmann, Ph.D., (Munich Center for the Economics of Ageing, Germany; Umeå University, Sweden) for *Cognition*.

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

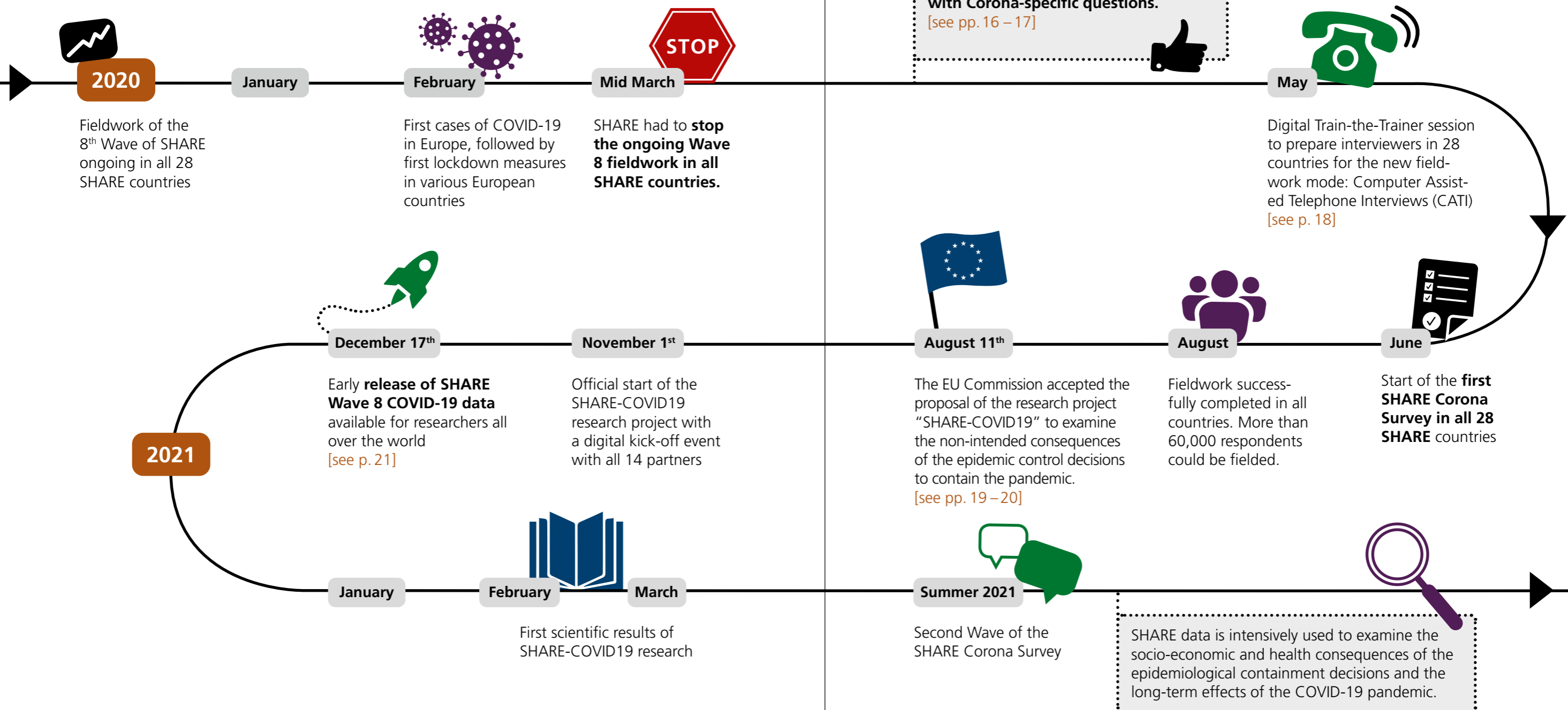
In each participating country, a country team manages the national or regional data collection. Scientists from local research institutions lead a team of one to five members and ensure the same methodological standards in all SHARE countries. To conduct the survey, carefully selected survey agencies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

SHARE IN THE PANDEMIC

TURNING CHALLENGES INTO CHANCES

How SHARE was coping with the pandemic

This timeline gives an overview of SHARE's most important developments from the beginning of the COVID-19 crisis in 2020 until beginning of 2021:



THE SHARE CORONA SURVEY

SHARE's contribution to research about the social, health and economic impact of COVID-19

Interrupting Wave 8 due to the outbreak of COVID-19

The outbreak of COVID-19 hit SHARE in the middle of its 8th Wave of data collection. Fieldwork had to be suspended in all participating countries in March 2020 in order to protect both, interviewers and SHARE respondents, many of whom are people in retirement or nursing homes who have the greatest risk of infection. At that point, about 70 percent of all expected longitudinal and 50 percent of all expected refreshment interviews had been completed across all countries. Refreshment interviews are conducted in new samples of respondents that have not yet participated in SHARE in order to compensate for the ageing of the panel by recruiting the younger age-cohorts and to compensate for panel sample size reduction due to deaths, illness, and refusals. All SHARE stakeholders shared the opinion that data about the health and living situation of the 50+ population in Europe were needed more than ever to shed light on the short- and long-term economic, social, and health implications of the epidemic control measures.

Adaptation of interview mode: Switch to telephone interviewing

To resume fieldwork, a mode switch to Computer Assisted Telephone Interviews (CATI) was decided. Based on methodological considerations in connection with the health protection of respondents and interviewers, the use of CATI was the preferred alternative to the previous face-to-face-interviewing.

Restructuring samples and questions

For the new CATI instrument on the life circumstances during the first wave of the pandemic, a sample was selected in each country that included 1) panel members who had not been interviewed before the suspension of fieldwork and 2) panel members who had already been interviewed in Wave 8. Overall, more than 80,000 respondents were eligible to take part in the study. Both respondent groups received the same questionnaire; the only difference was that the panel members who had not been interviewed face-to-face in Wave 8 were asked questions on changes in the household composition before Wave 8. For respondents who were re-interviewed, researchers are able to explore changes in their social networks and health behaviour, their self-rated mental and physical health, or their economic situation due to the COVID-19 crisis. In addition, the selection of already/not yet interviewed panel members allows methodological research about effects on (non-)response, measurement error, and survey/fieldwork costs regarding the SHARE Corona Survey. This is the basis for reliable empirical results in the field of social sciences and is particularly important when changing the interview mode.

Back in the field in early summer

In the beginning of June 2020, SHARE started the fieldwork of the SHARE Corona Survey in all 28 SHARE countries and successfully completed fieldwork in August 2020. Overall, the telephone survey yielded about 60,000 interviews.

In depth: Items on the SHARE Corona Questionnaire

The new SHARE Corona Questionnaire covers the most important life domains for the target population and asks specific questions about infections and changes in life during the lockdown:

- Health and health behaviour**
 General health before and after the COVID-19 outbreak, practice of safety measures (e.g. social distancing, wearing a mask)
- Mental health**
 Anxiety, depression, sleeping problems, and loneliness before and after the COVID-19 outbreak
- Infections and healthcare**
 COVID-19 related symptoms, SARS-CoV-2 testing and hospitalization, forgone medical treatment, satisfaction with treatments
- Changes in work and economic situation**
 Unemployment, business closures, working from home, changes in working hours and income, financial support
- Social networks**
 Changes in personal contacts with family and friends, help given and received, personal care given and received.

SHARE's COVID-19 Data

The release 0.0.1 beta of SHARE Wave 8 COVID-19 data has been available for researchers since December 2020. The data collected with this questionnaire allows examining in-depth how the risk group of the older individuals is coping with the health-related and socioeconomic impact of COVID-19. The great advantage of these data is the possibility to measure and interpret differenc-

es in a cross-country perspective and to compare outcomes to the pre-pandemic data collected in SHARE Waves 1 to 8.

Worldwide pandemic needs international data comparisons

SHARE's embeddedness in a worldwide network of harmonised ageing surveys permits European and even worldwide comparisons of how well the healthcare and social systems have responded to the pandemic and which lessons should be drawn for the future. Moreover, the use of data from previous waves allows comparing this crisis' socioeconomic impact with previous hardships, for example the economic crisis in 2008.

Implications for future waves of SHARE

Beginning in spring 2021 SHARE will conduct another round of the SHARE Corona Survey in all 28 countries that will repeat as many questions as possible from the first survey and add questions on recent developments. For example, it will allow for comparing how the high-risk group of older respondents coped with the ongoing crisis, how the national healthcare and social systems responded to the pandemic, and which lessons for the future should be drawn from the very different political reactions of the SHARE countries towards the pandemic.

More detailed information on methodological adaptations and the innovations of this new questionnaire can be found in:

Scherpenzeel, A., Axt, K., Bergmann, M., Douthou, S., Oepen, A., Sand, G., Schuller, K., Stuck, S., Wagner, M., & Börsch-Supan, A. (2020). <https://doi.org/10.18148/srm/2020.v14i2.7738> Survey Research Methods, 14(2), 217-221.

TRAIN THE TRAINER (TTT)

Preparations for data collection of the SHARE Corona Survey

In order to prepare all participating countries for the fieldwork of the Corona survey in June and July 2020, the SHARE Central team in Munich conducted the so-called Train-the-Trainer (TTT) sessions. The TTT training program conveys all technical, logistical and managerial aspects of successful fieldwork and proved itself as a valuable tool in preceding waves. The participants of the TTT are representatives of the involved survey agencies who are instructed to then pass on the obtained information to their interviewers during National Training Sessions in the respective countries.

Due to the ongoing Corona pandemic, the TTT could not take place as usual in a face-to-face mode. Instead, it was carried out as a webinar by the SHARE Central team and took place at the end of May 2020, followed by virtual National Training Sessions (NTS) at the beginning of June 2020. A key element was again the mock interview, which

is a simulation of an actual SHARE interview and covered details of the special questionnaire on the Corona pandemic. Another focus was on training in the use of the software adapted for the Corona survey and on the interview scenario – from contacting a household and handling refusals to conducting the actual interview. In addition to that, the main TTT agenda included a session on fieldwork management. Part of the TTT also allowed for an open discussion of all involved parties about how to handle the mode switch to telephone interviews, including the search for telephone numbers or the handling of incentives.

Furthermore, CentERdata organized one-on-one remote online sessions to help each survey agency separately to correctly install the Sample Control software, that helps the survey agency of a country to manage the sample and to monitor fieldwork, on their servers.



THE SHARE-COVID19 PROJECT

EU Commission Grant enables start of the SHARE-COVID19 research project

SHARE-ERIC becomes important pillar in Corona crisis-related research

In August 2020, the European Commission announced to support SHARE-ERIC's COVID-19 research project (SHARE-COVID19) by funding through Horizon 2020 and the Coronavirus Global Response initiative launched by the EU Commission's President Ursula von der Leyen in May 2020. SHARE-COVID19 is one out of 23 European projects "of excellent scientific quality and high potential impact"¹ that were short-listed for funding with a total of 128.2 million €. Thus, SHARE-ERIC is becoming an important pillar in Corona crisis-related research.

About the SHARE-COVID19 Research Project

The non-intended consequences of the epidemic control decisions to contain the COVID-19 pandemic are huge and affect the well-being of European citizens in terms of economics, social relationships and health. The SHARE-COVID19 project wants to answer a multitude of questions about these non-intended effects. The overarching aim of this project is to devise improved health, economic and social policies by delivering quick and well-founded research results.

The results will help to understand the lockdown effects on people's mental health (e.g., loneliness,

depression, anxiety), health behaviours (e.g., drinking, smoking, physical activities as well as protective behaviours such as physical distancing and hygiene measures) and social relationships. Furthermore, researchers will analyse labour market implications (e.g., job loss, short-time work, working from home) and explore the impact of the control measures on income, wealth, and healthcare inequalities. In addition, the project aims at finding solutions to improve future epidemic control measures by taking the spread of the disease and its relationship with people's contact and activity patterns into account. Another objective is to explore ways to improve the housing and living arrangement choices of the older generation during a pandemic (e.g., living alone, co-residence, nursing home).

Hence, SHARE strives to contribute to make healthcare systems and societies in the EU more resilient to pandemics in terms of prevention, protection and treatment of the population 50+.

The SHARE-COVID19 project pursues a transdisciplinary and internationally comparative approach by exploiting the data sources of the SHARE research infrastructure. It covers all EU Member States. The project is centrally coordinated by the Max Planck Society and lists 14 scientific partners from 12 countries (for a full list of project partners, see below). The project has started on 1 November 2020 and will end on 30 October 2023.

¹ https://ec.europa.eu/commission/presscorner/detail/en/ip_20_1460

List of project partners of the SHARE-COVID19 project

- University of Southern Denmark (SDU), Odense, Denmark
- University of Paris-Dauphine (DAUPHINE), Paris, France
- Hebrew University (HUJI), Jerusalem, Israel
- Università Ca' Foscari (UNIVE), Venice, Italy
- University of Padova, Department of Economics and Management (UNIPD), Padova, Italy
- Center for Monetary and Financial Studies (CEMFI), Madrid, Spain
- SGH Warsaw School of Economics (SGH), Warsaw, Poland
- University of Piraeus Research Centre (UPRC), Piraeus, Greece
- Economics Institute of the Czech Academy of Sciences (NHU AV CR), Prague, Czech Republic
- Faculty of Economics & Business, University of Zagreb (UniZG-FEB), Zagreb, Croatia
- Umeå University (UmU), Umeå, Sweden
- Universitätsklinikum Heidelberg (UKHD), Heidelberg Institute of Global Health (HIGH), Medical Faculty and University Hospital, Heidelberg University, Heidelberg, Germany
- CentERdata, Tilburg, Netherlands
- SHARE-ERIC, Munich, Germany



FIRST RELEASE OF SHARE WAVE 8 COVID-19 DATA

Release 0.0.1 beta published in December 2020

The team at SHARE Central in Munich in close collaboration with the country teams managed it not only to launch the SHARE Corona Survey very soon after the outbreak of the COVID-19 pandemic, but also to make the first release of the data available to the international scientific community shortly after the end of fieldwork. The Database Management team at SHARE Central ran all data processes before, during and after fieldwork that are necessary for the release of a new dataset as fast as possible. This permitted the publication of *Release 0.0.1* beta of the SHARE Wave 8 COVID-19 data already in December 2020 (DOI: 10.6103/SHARE.w8cabeta.001). Like for all SHARE datasets, the access to the SHARE Wave 8 COVID-19 data is provided free of charge for scientists worldwide. Additional to basic household information provided in

the Coverscreen module and information collected during the interview about respondent's life circumstances during the first wave of the pandemic, *Release 0.0.1* beta comprises weights for handling unit nonresponse and attrition.

In addition to month and year of the COVID-19 interviews, which are included in the Coverscreen module, registered SHARE users can apply for access to an additional dataset that includes the day of the COVID-19 interviews (DOI: 10.6103/SHARE.w8caindbeta.001). To be granted access to this sensitive dataset, users have to fill in and sign a special user statement in which they are requested to provide a comprehensible justification why access to this more sensitive data is needed in order to carry out their scientific research.



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

- **Collecting and Releasing SHARE data:** After an interruption of Wave 8 due to the Corona pandemic, SHARE has successfully conducted its 8th Wave with the switch to the “Corona Survey” via telephone interviews. The data from the SHARE Corona Survey has been released in a beta version in December 2020. The release of the complete Wave 8 data is scheduled for mid 2021 and will enable researchers to analyse data from 140,000 individuals collected in about 480,000 interviews. (pp. 26–27)
- **Data Quality Assessment in SHARE:** SHARE has continued to push for the achievement of the same standards in all participating countries by establishing a common legal, scientific and data quality framework to which all survey agencies have to adhere. SHARE publicly documents compliance profiles and retention rates. (pp. 28–29)
- **SHARE Wave 9:** Novelties planned for Wave 9, including an add-on module on long-term care expectations, which was selected in an Open Call initiative, were postponed to Wave 10. Wave 9 will instead catch up on modules which had to be suspended in Wave 8 due to the interruption in spring 2020. (p. 30)
- **Data Releases:** SHARE has released two data updates with major improvements. They contained the latest state of data cleaning, harmonisation across waves as well as a considerable range of updates and innovations. The two releases of the main data of Wave 1 to 7 were accompanied by the first release of data from the SHARE Interviewer Survey of Wave 7 and an update of easySHARE and the Job Episodes Panel. (p. 31)
- **Cognition and Ageing:** SHARE will adopt 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 will join an international research network of harmonized HCAP studies and help to identify, which conditions over the life course affect cognition in later life. Since the study design requires personal interaction, fieldwork will be postponed to early 2022 due to the Corona crisis. (pp. 32–33)
- **SPLASH:** The **S**ocial **P**olicy **A**rchive 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. SPLASH does this by incorporating the repository of social policies collected until 2016 by the Max Planck Institute for Demographic Research. (pp. 34–35)
- **The SHARE Biomarker Project:** SHARE had implemented the collection of dried blood spots (DBS) to obtain further objective health information in Wave 6. After first analyses of around 8,000 samples in 2017 at the University of Washington, USA, the remainder of circa 17,000 samples could be analysed in 2020. The data were transferred to SHARE in January 2021, where data cleaning and validation studies will be pursued. (pp. 36–37)
- **SHARE Users & Publications:** By the end of 2020, SHARE counted more than 12,000 user registrations from all over the world. With more than 1,600 new registrations in 2020, 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 more than 3,000 by the end of 2020. In 2020, SHARE registered one new publication every day on average. (pp. 38–40; pp. 42–55)
- **User Support and Workshops:** SHARE supports its users through the provision of ready-to-be-used variables, special (training) datasets, constantly updated documentation files, and user workshops in SHARE countries. In 2020, several user workshops and webinars took place online. Furthermore, SHARE offers a helpdesk to which users can send their questions by email. (p. 41)

COLLECTING AND RELEASING SHARE DATA

Release of Wave 8 data is scheduled for early summer 2021

Since 2004, SHARE has provided every other year longitudinal micro data on the changing health, economic and social living conditions of Europeans aged 50 and older. It is a unique database laying the foundations for empirical research on ageing and life-courses through many disciplines, including epidemiology, gerontology, medicine, psychology, public health, demography, economics, sociology, and statistics. In Wave 7, eight new countries (Bulgaria, Cyprus, Finland, Latvia, Lithuania, Malta, Romania, and Slovakia) have joined SHARE, since then covering 26 continental EU member states plus Switzerland and Israel. In addition, SHARE is closely harmonised with several studies worldwide, most closely with the HRS (USA), ELSA (England) and TILDA (Ireland). The network of harmonised global ageing studies also includes four Asian countries (China, Korea, Japan, and India) and two Latin American countries (Mexico and Brazil).

To date, SHARE has in total collected eight waves of current living circumstances (2004, 2006, 2010, 2013, 2015, 2017, 2019/2020) and of retrospective life histories (SHARELIFE; 2008, 2017) in person. An additional Corona Telephone Survey collected data on the most important life domains for the target population and asked specific questions about infections and life during the lockdown after the face-to-face fieldwork in Wave 8 had to

be suspended in March 2020. Two additional regular face-to-face waves are planned until 2024. A second SHARE Corona Survey is planned for early summer 2021. With the forthcoming release of Wave 8 in early summer 2021, which has been conducted in person, SHARE provides data that have been generated by more than 480,000 interviews (including end-of-life interviews) on about 140,000 respondents in 28 countries to the scientific community free of charge. A comprehensive overview of the conducted data is given in the SHARE “data resource profile”, which has been authored by the central coordination team and is published in the International Journal of Epidemiology (Börsch-Supan et al. 2013)¹.

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 mentioned above.

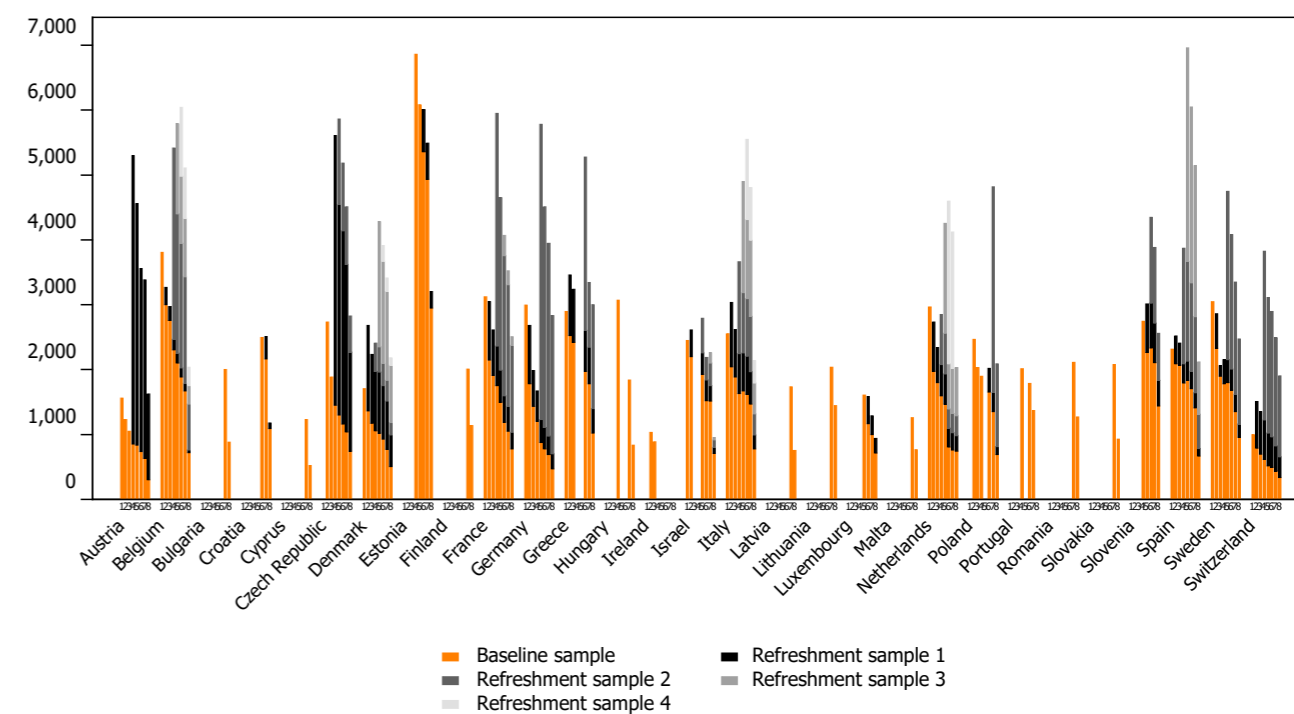


Figure 1: Overview of released samples in SHARE (including the forthcoming public release of early summer 2021)

Further information on both the participation of respondents in their first (baseline/refreshment) interview as well as the longitudinal development of the survey so far are presented in the technical report “Survey Participation in the Survey of Health, Ageing and Retirement in Europe (SHARE)” that is updated with every public data release and can be found on the SHARE website.²

Content of the Wave 8 CAPI Survey

In terms of new content, the Wave 8 CAPI (Computer Assisted Personal Interviews) questionnaire contained four new modules on cognition, saving regrets, time use, and a collection of accelerometry data. Several new tests of cognitive functioning (e.g. backward counting, object naming test, draw-

ing exercise) were added to the cognition module in the panel questionnaire. A new add-on module on “Saving Regret” asked questions about life-course events that had positive and negative effects of household’s financial situation, whether the respondents wished they had saved more or less in the past, and about areas for which they wished they had spent less. The “Time Expenditure” module collected data on time use among SHARE respondents offering valuable insights into how active the elderly people still are and at what age important changes in their activity patterns occur. Another innovation in SHARE Wave 8 was the collection of accelerometer data for the measurement of physical activities of a randomly selected subsample of SHARE respondents in 10 European countries.

¹ Available online: <https://doi.org/10.1093/ije/dyt088>

² Available online: <http://www.share-project.org/share-publications/share-working-paper-series.html>

DATA QUALITY ASSESSMENT IN SHARE

Indicators to measure data quality in a cross-national survey

The SHARE Compliance Profiles

In order to maximise cross-national comparability, SHARE applies an ex-ante harmonisation approach which goes beyond standardised questionnaire design. This includes the centrally programmed CAPI instrument, harmonisation of fieldwork procedures via centralised training sessions as well as centralised electronic instruments for contact data collection (CASE CTRL) and fieldwork management (SAMPLE CTRL). This approach has been chosen by SHARE for scientific reasons as it minimises artifacts in cross-national comparisons that are created by country-specific survey design. SHARE is currently conducted in 28 countries. While national operations in all participating countries are coordinated by university-based groups of researchers, the actual interviewing is – in most countries – subcontracted to commercial survey organisations. The latter have the expertise, staff capacities and logistics available to conduct such a large-scale complex panel study as SHARE. It is a major challenge to ensure proper implementation of ex-ante harmonisation within such a decentralised environment. To this effect, SHARE employs three instruments: 1) the SHARE Model Contract which provides the legal framework for standards and quality control; 2)

the SHARE Survey Specifications (“Appendix 1” of the Model Contract) which define the quality standards of the survey; and 3) the SHARE Compliance Profiles, which report assessing adherence to those standards ex-post. The first two instruments build the legal and scientific framework to be adopted by all participating countries without modifications whereas the compliance profiles serve as a quality assessment instrument. The SHARE Compliance Profiles report¹ is based on a set of quality control indicators, such as timely data uploads, careful implementation of interviewer trainings, proper back checks of conducted interviews, high response rates, or a minimum number of contact attempts in households without an interview. All participating countries are evaluated on these indicators uniformly. The combination of ex-ante specifications and ex-post Compliance Profiles levels the playing field for all participating countries and allows for a fair comparison of national survey quality.

Survey participation and representativeness in SHARE

In addition to the compliance profiles that report how SHARE quality standards were adhered to in Wave 8, further information on both the par-

ticipation of respondents in their first (baseline/refreshment) interview as well as the longitudinal development of the survey so far are presented in the technical report “Survey participation in the Survey of Health, Ageing and Retirement in Europe (SHARE)”.² This report is updated with every public data release (latest: 7.0.0) and describes how many households and individuals of the initial gross sample delivered completed interviews, how many were found to be ineligible, and how many did not respond. Survey participation patterns are presented separately for baseline and refreshment samples as well as longitudinal samples for countries that have already participated in SHARE before. Whereas in the context of baseline and refreshment samples the focus is on response behavior towards the initial survey request, for the longitudinal samples the focus is on response behavior in subsequent waves, i.e. on panel retention. Especially the latter is of utmost importance to exploit the full potential of SHARE regarding longitudinal analyses. Only if persons can be observed repeatedly as time passes by, it is possible to understand individual ageing processes and to learn how respondents adapt to the changing environment over time.

Taken together, the compliance profiles and the report on survey participation provide users of SHARE with the information needed to evaluate their results and conclusions in terms of representativeness and quality of the data.

Literature

¹ Schuller, K, Lasson, S., Sand, G., Bergmann, M., Pflüger, S.-M., Hannemann, T., Börsch-Supan, A. (2021). SHARE Compliance Profiles – Wave 8. Munich: MEA, Max Planck Institute for Social Law and Social Policy. Can be downloaded here: <http://www.share-project.org/data-documentation/methodology-volumes.html>.

² Bergmann, M.; Kneip, T.; De Luca, G.; Scherpenzeel, A. (2019). Survey Participation in the Survey of Health, Ageing and Retirement (SHARE), Wave 1-7. Based on Release 7.0.0 (May 2019). SHARE Working Paper Series 41-2019. Munich: SHARE-ERIC. Can be downloaded here: <http://www.share-project.org/data-documentation/sample.html>.

SHARE WAVE 9

Changes in Wave 9 and aftermath of the Open Call

As it was not possible for most countries to achieve the required samples of completed SHARE interviews for Wave 8 due to the outbreak of the COVID-19 pandemic leading to the suspension of the face-to-face fieldwork in March 2020, it was decided to repeat the Computer Assisted Personal Interviews (CAPI) questionnaire without the accelerometer data collection and the “Saving Regrets” module in Wave 9. The end-of-life interview (a proxy interview for deceased SHARE respondents) in Wave 9 was extended by several pandemic-related questions.

The initial plan for the Wave 9 CAPI was to include several novelties with regard to the questionnaire content: additional questions on internet usage, eating habits and money management; an extension of the health care module with questions on dental care; a module assessing respondents’ awareness of age-related changes; a sleeping behavior module; and a module on long-term care expectations. The add-on module on long-term care expectations was selected by the SHARE Management Board as part of the Open Call initiative that invited researchers to submit their proposal for new content to be fielded in SHARE Wave 9. The care expectations module is

designed to shed light on individuals’ beliefs about their probability of developing limitations in activities of their daily living in future and their beliefs about the chances that their family and the public health care system would cover their needs in case they develop such limitations.

The conceptual development of the new questionnaire content that was planned to be fielded in Wave 9 included cognitive pretesting to explore whether the respondents understood the new questions and response options as intended by the researchers. Further, a translatability assessment was introduced as part of the questionnaire development to identify potential issues with translation and adaptation of the new generic questions to varying linguistic, cultural and institutional contexts across Europe.

As it was not possible to implement the new content initially developed for Wave 9 due to the pandemic situation in Europe, it was decided to postpone its inclusion to Wave 10. In addition, a collaboration with the German Robert-Koch-Institute for a development of another new epidemiologic module is planned for Wave 10.

DATA RELEASES

Release Updates 7.1.0 and 7.1.1

In early summer 2020, a new release update was published by SHARE Central. Release 7.1.0 contained the latest state of data cleaning and a major update of weights and imputations of all seven so far released SHARE waves. Additionally, the complete Portuguese sample of Wave 7 could be integrated into the data. The release update also comprised data from the SHARE Interviewer Survey of Wave 7 for the first time as well as updated information on the vital status of respondents by using national register data or administrative records where available: Denmark, Estonia, Sweden,

Belgium, the Netherlands, France, Austria, and Germany. Release 7.1.0 also included minor corrections of the ISCED (International Standard Classification of Education) coding scheme for Croatian respondents. Lastly, also easySHARE, our simplified training data set, as well as the Job Episodes Panel have been updated. In December 2020, Release 7.1.1 contained further updates in the CH module.

For information about the first release of SHARE Wave 8 COVID-19 data, see page 21.



COGNITION AND AGEING – INTRODUCING SHARE-HCAP

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 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.

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 ageing surveys. HCAP consists of a recently developed battery of in-depth cognition measures¹. More specifically, it consists of about one hour of subject cognitive testing and a twenty-minute informant interview, both of which can be administered in the home or care facilities by survey interviewers with advanced training.

The measures included in HCAP were selected by three criteria: (a) can be administered in the home by a survey interviewer in about one hour, (b) can be administered comparably and lead to comparably valid assessments in other countries where HRS-type surveys are conducted, and (c) has sufficient overlap with the 2002/03 HRS-ADAMS study that it can be used to establish trends in the prevalence of cognitive impairment in the US.

HRS has established a research network to support the continued harmonization of the HCAP studies and address harmonization challenges across the studies. In addition to the US, England, Mexico, India, China and South Africa have thus far participated in HCAP and more countries are planning to participate in this global initiative. The HCAP network of studies continues to meet on a yearly basis to discuss data harmonization, funding opportunities for special research projects within this network and updates from ongoing HCAP studies.

The project will be implemented in five SHARE countries (Denmark, Czech Republic, Germany, France, Italy) in a stratified study sample of 2,500 SHARE panel respondents following similar protocols as HRS. The project will draw from existing measures on cognitive functioning in SHARE to select target respondents for SHARE-HCAP.

SHARE HCAP

Think-Recognise-Remember: the Health Study

The design of the study requires face-to-face interaction between interviewer and respondent, which has been heavily restricted in many European countries in 2020 and will be restricted for the most part of 2021 due to the COVID-19 pandemic. Therefore, the start of fieldwork for SHARE-HCAP has been postponed to early 2022 with two pretest phases scheduled for mid to end 2021.

One of the challenges is to adapt the study such that a) it is relevant for the European and national context and b) the study content is harmonized across the countries that participate in HCAP. SHARE-HCAP's Advisory board members have been involved in an initial assessment of the content of the two HCAP questionnaires. The next step is to assess the need for further localization of the content with the help from SHARE's country teams and instruments such as cognitive pretesting (in one or more languages) and translation verification.

With a new study, there is also the need to develop training for country teams, survey agencies and interviewers to administer content that only partly overlaps with SHARE. SHARE's Train-the-Trainers (TTT) method will also be implemented for SHARE-HCAP. In addition to general interviewer training, we will design and deliver extensive training on the administration of cognitive assessment, which is a

non-standard task to survey interviewers, and administration of a questionnaire with a family member or friend regarding the circumstances of the SHARE-HCAP respondent.

Ultimately, this project's data will be used to 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 bio-medical and socio-economic conditions over the life-course affect cognition later in life.

Principal Investigator of the SHARE-HCAP project, funded by the US National Institute on Aging, is Prof. Dr. h.c. Axel Börsch-Supan, Ph. D.; the leading scientist is Dr. Salima Douhou.

Literature

¹ Weir, D. McCammon, R., Ryan, L. and Langa, K. (2014). Cognitive Test Selection for the Harmonized Cognitive Assessment Protocol (HCAP). Accessed in March 2020 at: https://hrs.isr.umich.edu/sites/default/files/biblio/HCAP_testselection.pdf

SPLASH

The Social Policy Archive for SHARE

SPLASH and the SHARE-COVID19 PROJECT

To analyse the influence of the COVID-19 measures on the living conditions of individuals, it is important to integrate information about the environment. The contextual data collection addressing the cross-national differences related to the COVID-19 pandemic will be integrated into the Social Policy Archive for SHARE (www.splash-db.eu), the contextual data portal of SHARE. All data has been collected and processed at the Research Data Center of the Munich Center for the Economics of Aging (MEA).

The first step carried out was mapping the available quantitative and qualitative COVID-19-related data sources, as well as contextual sources of information. Coinciding with this, the SHARE country team leaders drafted reports documenting the public policy measures affecting fieldwork at the beginning of the pandemic that allowed identifying key actors and sources of information at national and subnational level.

The activities focused on providing content that would aid in the analysis of SHARE data by addressing the gaps in available data, and attempted to include all SHARE countries for geographical coverage. Cross-country comparability was also a priority throughout the data collection process. For the main areas of research covered by the SHARE-COVID19 project (employment, healthcare, social life), the mapping and data collection considered the period before and during the pandemic. Thus, the contextual data will support the study of the orig-

inal scenario and the effects of the reactive policy measures on the lives of the respondents.

The revised catalogue of sources for academic study from international and stakeholder organizations, as well as research infrastructures will be available in SPLASH's map of external resources. Following the preliminary search, the focus shifted to job retention measures, namely short-time employment and wage subsidy programs given their relevance as instruments to combat unemployment and loss of income during the current crisis. Almost 400 employment-related measures and related indicators have been identified for the SHARE countries until December 2020. The data will be later coded into proxy and numeric variables for analysis in econometric models and composite measures.

The collections of quantitative contextual indicators gauging the severity of the pandemic in the SHARE countries will also be available on SPLASH's data section. These include cases and associated mortality, as well as information about the evolution of the containment measures. These can be analysed in combination with the health related indicators collected from international organizations such as the WHO covering health infrastructure, health-risk related behaviors, morbidity and preventive healthcare recently updated in SPLASH.

SPLASH's general role as SHARE's contextual database

The complexity of demographic processes such as population ageing represent challenges for all types

of welfare states, leading to an increased need for policy-oriented research. In this context, to identify the best policy options, it is crucial to learn from experiences about the interactions and effects of policies on individual behaviors. The "Social Policy Archive for SHARE" (SPLASH) aims to overcome existing data limitations in order to foster comparative policy-oriented research using SHARE micro-data. It provides easy access to macro-indicators and policy information, as well as socio-economic contextual data. Unlike other databases, which often only have data for cross-sectional research, it supports longitudinal multilevel research by providing time-series data at the national level, but also, whenever possible, at the regional level.

As SHARE provides micro-data for the study of ageing as a life-long process, the aim of SPLASH is to provide macro-level data on the heterogeneity of the different welfare regimes. Therefore, in addition to quantitative indicators, it incorporates the repository of social policies collected until 2016 by the Max Planck Institute for Demographic Research. These cover up to 19 European countries in the fields of education, family & children, health, migration, and work & retirement offering access to the supporting legislation for policies as early as 1800. The combination of policy details and quantitative macro-indicators substantially enriches the analytical potential of the SHARE data. For instance, the data gathered in SPLASH could help us understand not only today's living conditions of the SHARE respondents, but the policies that might have affected their behaviors at earlier ages while using the retrospective Waves 3 and 7 data.

In the framework of the SHARE-COVID19 project, the SPLASH contextual data collection will address the cross-national differences related to the pandemic, as well as the severity and stringency of the epidemic control actions to measure their non-intended effects on health, economic and social outcome variables for all SHARE countries. In addition, the portal will also serve as a platform to exchange and publish related research outcomes. The main points of research can be grouped into the following categories: healthcare (access, treatment and preventive measures), employment, and social life. For instance, it will document societal and cultural structures, health system preparedness and resilience, population densities, population risk groups, as well as environmental and economic factors at the national and regional level.

The website interface was recently improved to accommodate the COVID-19 contextual data and support the direct exchange of research results among project partners. Further, to promote and facilitate the use of the data collected, it is envisaged to include sample STATA do files to show how to combine the contextual indicators in SPLASH with the SHARE microdata.

Leading scientist of the SPLASH project, funded mainly by the Max Planck Society, is Dr. Diana María López-Falcón.



THE SHARE BIOMARKER PROJECT

Status of the project: continuing analyses for all remaining SHARE Wave 6 DBS samples

In its Wave 6 in 2015, SHARE has implemented the collection of dried blood spot (DBS) samples to obtain further objective health information. About 27,000 blood samples have been collected in 12 countries and were sent for storage to the SHARE biobank in Odense, DK. About 25,000 samples yielded enough blood to perform assays for some or all blood markers SHARE had intended to analyse¹.

In 2017, a first batch of circa 8,000 randomly selected samples was transferred to the Department of Laboratory Medicine at the University of Washington (UW), Seattle, USA for analyses of the following blood biomarkers: HbA1c, total Hemoglobin (tHb), total Cholesterol (CHO), HDL-cholesterol (HDL), Triglycerides (TRG), C-reactive protein (CRP), and Cystatin C (CysC). Analyses of these samples were completed in May 2018.

The remaining larger second batch of circa 17,000 samples was transferred to Seattle in November 2019. After a promising start in 2020, lab work came to a hold due to the Corona pandemic. It only resumed by the end of June 2020 with necessary inter-batch validations (to account for prolonged storage of the 17,000 samples and different lots of reagents) and, finally, marker analyses. Till the end of 2020, the Seattle team was able to analyse all remaining samples for the markers CHO, TRG, CRP, and CysC. After compiling, the data was trans-

ferred to SHARE in January 2021. The SHARE team will clean the data of this second batch and apply the conversion equations gained in the validation study from 2018 to translate the raw DBS values obtained under field conditions into venous-blood equivalent standard values for subsequent data analyses². Assay work for the still missing analyses for the markers HbA1c, tHb, and HDL-cholesterol started in January 2021 in Seattle.

The analysis of 16,000 DBS samples for markers of inflammation, risk of cardiovascular disease, and neurodegeneration/cognitive decline was completed in August 2018 by the laboratory at Staten Serum Institut (SSI) in Copenhagen. A validation experiment necessary to adjust for fieldwork and environmental conditions – analogous to the one mentioned above – was performed in 2019 in Copenhagen. Regression models for the correction of treatment effects were developed. For each marker, the best-fit model will be selected to correct for fieldwork conditions.

Principal Investigator of the SHARE Biomarker project, funded by the US National Institute on Aging, is Prof. Dr. h.c. Axel Börsch-Supan, Ph. D.; the leading scientist is Martina Börsch-Supan, Ph. D.

Literature

¹ Börsch-Supan, Weiss, Andersen-Ranberg, and Börsch-Supan 2020. Collection of Dried Blood Spots in the Survey of Health, Ageing and Retirement in Europe (SHARE): From implementation to blood-marker analyses, SHARE Working Paper Series 47-2020. Available online on the SHARE website:

<http://www.share-project.org/share-publications/share-working-paper-series.html#c1342>

² Börsch-Supan, Weiss, Börsch-Supan, Potter, Cofferen, Kerschner 2020. Dried blood spot collection, sample quality, and fieldwork conditions: Structural validations for conversion into standard values. Am J Hum Biol;

<https://doi.org/10.1002/ajhb.23517>



SHARE USERS IN EUROPE

Number of users per country



NUMBER OF SHARE USERS IS CONSTANTLY GROWING

More than 12,000 Scientific SHARE Users

By the end of December 2020, SHARE counted more than 12,000 user registrations from all over the world. Not only did the total number of registered users increase. The annual growth rate also increased compared to the previous year, resulting in more than 1,600 new registrations recorded in 2020.

These numbers emphasise the importance of SHARE and its data to investigate the effects of health, social, economic and environmental policies over the life-course of individuals. SHARE data allow focusing on European citizens and cit-

izens all over the world when combined with harmonised datasets of SHARE's international sister studies, like ELSA in England or HRS in the USA. SHARE's holistic approach is also reflected by the background of its users, who display diverse origins from all over the world. The country with the highest number of registered users remains Germany with almost 2,500; followed by the Netherlands with around 1,250 registered users and the United Kingdom with almost 1,100. With over 700 registered users, the USA rank fourth while also being the country with the highest number of SHARE users outside of Europe.

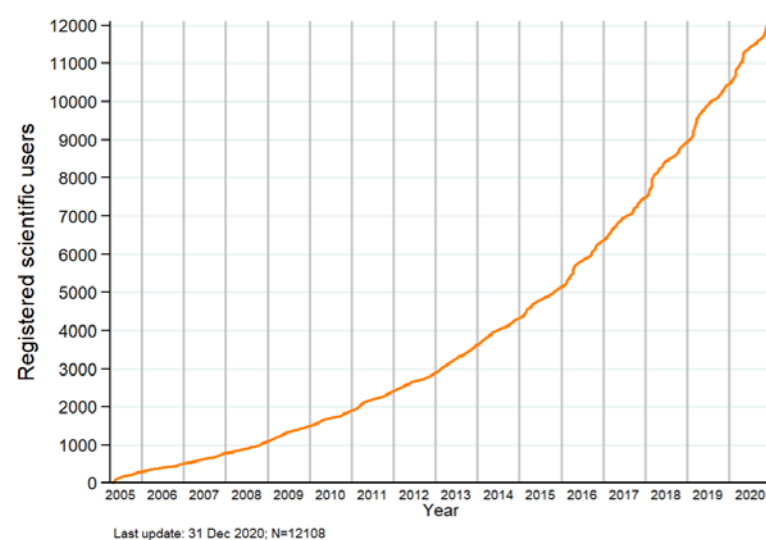


Figure 1: SHARE Data Users

USER SUPPORT AND WORKSHOPS

Facilitating working with SHARE data

The SHARE Central team in Munich has established different user support activities. First, a comprehensive 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. An overview of all documentation files provided to users is available at <http://www.share-project.org/data-documentation.html>. 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. With more than 550

handled user requests in 2020, this was a central part of the user support activities by SHARE Central. 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 unexperienced users. Additionally, workshops are a good opportunity to receive user feedback that we use to constantly improve both the data and the documentation material. The following user workshops were provided in 2020, most of them as online workshops or interactive webinars. The Bulgarian country team organized a webinar on working with SHARE data files and basic statistical analysis using the statistical software SPSS. Workshops with the aim of introducing new users to the SHARE data were organized in Israel, France and Cyprus. Additionally, the SHARE Central team gave a workshop for the SHARE country team members with the aim to improve their skills in the statistical software package STATA.

SHARE USERS

ALL OVER THE WORLD



SHARE-BASED JOURNAL PUBLICATIONS 2020

A–C

Abuladze, L., G. Opikova and K. Lang (2020): **Factors associated with incidence of depressiveness among the middle-aged and older Estonian population.** SAGE Open Medicine 8: 1-12. DOI: 10.1177/2050312120974167.

Ahrenfeldt, L., C. R. Nielsen, S. Möller, K. Christensen and R. Lindahl-Jacobsen (2020): **Burden and prevalence of risk factors for severe COVID-19 disease in the ageing European population – A SHARE-based analysis.** DOI: 10.21203/rs.3.rs-73657/v1.

Ahrenfeldt, L., N. Hvidt, T. Opsahl and S. Möller (2020): **Re: Letter to the Editor of Public Health in response to ‘Religiousness and depressive symptoms in Europeans: findings from the Survey of Health, Ageing, and Retirement in Europe’.** Public Health 185: 37-38. DOI: 10.1016/j.puhe.2020.04.025.

Ailshire, J., M. Osuna, J. Wilkens and J. Lee (2020). **Family Caregiving and Place of Death: Insights from Cross-National Analysis of the Harmonised End of Life Data.** Journals of Gerontology Series B - Psychological Sciences and Social Sciences. DOI: 10.1093/geronb/gbaa225.

Akdede, S. H. and E. Giovanis (2020): **The Impact of Migration Flows on Well-Being of Elderly Natives and Migrants: Evidence from the Survey of Health, Ageing and Retirement in Europe.** Social Indicators Research. DOI: 10.1007/s11205-020-02503-8.

Almada, M., P. Brochado, D. Portela, L. Midão and E. Costa (2020): **Prevalence of Fall and Associated Factors Among Community-Dwelling European Older Adults: A Cross-Sectional Study.** The Journal of Frailty & Aging 10: 10-16. DOI: 10.14283/jfa.2020.44.

Arpino, B., V. Bordone and M. Pasqualini (2020): **No Clear Association Emerges between Intergenerational Relationships and COVID-19 Fatality Rates from Macro-Level Analyses.** Proceedings of the National Academy of Sciences of the United States of America. DOI: 10.1073/pnas.2008581117.

Axelrad, H. (2020): **Perception versus Official Data: Employers’ Knowledge about the Aging Workforce.** Journal of Aging & Social Policy (online first). DOI: 10.1080/08959420.2020.1769535.

Baranyi, G., S. Sieber, S. Cullati, J. Pearce, C. Dibben and D. Courvoisier (2020): **The Longitudinal Associations of Perceived Neighborhood Disorder and Lack of Social Cohesion with Depression among Adults Aged 50 Years or Older: An Individual-Participant-Data Meta-Analysis from 16 High-Income Countries.** American Journal of Epidemiology 189: 343-353. DOI: 10.1093/aje/kwz209.

Barbosa, F., G. Voss and A. Delerue Matos (2020): **Do European Co-Residential Caregivers Aged 50+ have an Increased Risk of Frailty?** Health and Social Care in the Community 28: 2418-2430. DOI: 10.1111/hsc.13064.

Barbosa, F., G. Voss and A. Delerue Matos (2020): **Health Impact of Providing Informal Care in Portugal.** BMC Geriatrics 20. DOI: 10.1186/s12877-020-01841-z.

Barbosa, R., L. Midão, M. Almada and E. Costa (2020): **Cognitive Performance in Older Adults Across Europe Based on the SHARE Database.** Aging, Neuropsychology, and Cognition. DOI: 10.1080/13825585.2020.1799927.

Bayes-Marin, I., A. Sanchez-Niubo, L. Egea-Cortés, H. Nguyen, M. Prina, D. Fernández, J. M. Haro and B. Olaya (2020): **Multimorbidity Patterns in Low-Middle and High Income Regions: A Multiregion Latent Class Analysis Using ATHLOS Harmonised Cohorts.** BMJ Open 10 (7). DOI: 10.1136/bmjopen-2019-034441.

Becchetti, L. and D. Bellucci (2020): **Generativity, Aging and Subjective Well-being.** International Review of Economics. DOI: 10.1007/s12232-020-00358-6.

Becchetti, L. and F. Pisani (2020): **When Money Matters More: Long-Term Illness and the Income/Life Satisfaction Slope.** The review of Income and Wealth. DOI: 10.1111/roiw.12485.

Beller, J. and A. Wagner (2020): **Loneliness and Health: The Moderating Effect of Cross-Cultural Individualism/Collectivism.** Journal of Aging and Health 32(10) 1516-1527. DOI: 10.1177/0898264320943336.

Bergeot, J. and R. Fontaine (2020): **The Heterogeneous Effect of Retirement on Informal Care Behavior.** Health Economics 29(10) 1101-1116. DOI: 10.1002/hec.4121.

Bergman, Y. S. and A. Shrira (2020): **Cultural Differences in the Association Between Subjective Age and Health: Evidence from the Israeli Component of the Survey of Health, Ageing and Retirement in Europe (SHARE-Israel).** Ageing & Society, 1-16. DOI: 10.1017/S0144686X20000707.

Bergmann, M. and A. Scherpenzeel (2020): **Using Field Monitoring Strategies to Improve Panel Sample Representativeness: Application During Data Collection in the Survey of Health, Ageing and Retirement in Europe (SHARE).** Survey Methods: Insights from the Field, Special Issue: ‘Fieldwork Monitoring Strategies for Interviewer-Administered Surveys’. DOI: 10.13094/SMIF-2020-00003.

Bertogg, A., T. Nazio and S. Strauss (2020): **Work-family Balance in the Second Half of Life: Caregivers’ Decisions Regarding Retirement and Working Time Reduction in Europe.** Social Policy & Administration: 1-16. DOI: 10.1111/spol.12662.

Bíró, A. and R. Branyiczki (2020): **Transition Shocks During Adulthood and Health a Few Decades Later in Post-Socialist Central and Eastern Europe.** BMC Public Health 20 (698). DOI: 10.1186/s12889-020-08839-7.

Boisgontier, M., D. Orsholits, M. von Arx, S. Sieber, M. Miller, D. Courvoisier, M. Iversen, S. Cullati and B. Cheval (2020). **Adverse Childhood Experiences, Depressive Symptoms, Functional Dependence, and Physical Activity: A Moderated Mediation Model.** Journal of Physical Activity and Health 17: 790-799. DOI: 10.1123/jpah.2019-0133.

Borboudaki, L., M. Linardakis, A. M. Markaki, A. Papadaki, A. Trichopoulou and A. Philalithis (2020): **Health Service Utilization among Adults Aged 50+ across Eleven European Countries (the SHARE study 2004/5).** Journal of Public Health. DOI: 10.1007/s10389-019-01173-2.

Borrot-Besson, C., S. Vilpert, G. D. Borasio and J. Maurer (2020): **Views on a “Good Death”: End-of-Life Preferences and Their Association with Socio-Demographic Characteristics in a Representative Sample of Older Adults in Switzerland.** OMEGA – Journal of Death and Dying (online first). DOI: 10.1177/0030222820945071.

Börsch-Supan, A., L. Weiss, M. Börsch-Supan, A. Potter, J. Cofferen and E. Kerschner (2020): **Dried Blood Spot Collection, Sample Quality, and Fieldwork Conditions: Structural Validations for Conversion Into Standard Values.** American Journal of Human Biology. DOI: 10.1002/ajhb.23517.

Börsch-Supan, A., T. Bucher-Koenen and F. Hanemann (2020): **Early Determinants of Work Disability in an International Perspective.** Demography 57: 1853-1879. DOI: 10.1007/s13524-020-00902-7.

Brandão, M. P. and M. F. Cardoso (2020): **Associations between Depressive Symptoms and Being Employed or Retired in Older Adults with Type 2 Diabetes.** Primary Care Diabetes 14: 464-468. DOI: 10.1016/j.pcd.2020.01.006.

Brønnum-Hansen, H., E. Foverskov and I. Andersen (2020): **Income inequality in life expectancy and disability-free life expectancy in Denmark.** Journal of Epidemiology & Community Health 75: 145-150. DOI: 10.1136/jech-2020-214108.

Brulé, G., L. Ravazzini and C. Suter (2020): **The Rolling 50s (and More): Cars and Life Satisfaction Among Seniors Across Europe.** Applied Research in Quality of Life. DOI: 10.1007/s11482-020-09887-2.

Cai, Y., L. Liu, J. Wang, Y. Gao, Z. Guo and Z. Ping (2020): **Linear Association between Grip Strength and All-Cause Mortality among the Elderly: Results from the SHARE Study.** Aging Clinical and Experimental Research. DOI: 10.1007/s40520-020-01614-z.

Cantarero-Prieto, D., M. Pascual-Sáez and B. Rodríguez-Sánchez (2020). **Differences in the Use of Formal and Informal Services among Older Adults after the Implementation of the Dependency Act in Spain.** Review of Public Economics.

Cantarero-Prieto, D., M. Pascual-Sáez and J. Lera Torres (2020): **Healthcare Utilization and Healthy Lifestyles among Elderly People Living in Southern Europe: Recent Evidence from the SHARE.** Atlantic Economic Journal 48: 53-66, DOI: 10.1007/s11293-020-09657-3.

Cardoso, M. F. and M. P. Brandão (2020): **Having Type 2 Diabetes Does Not Imply Retirement before Age 65 in Europe.** Journal of Population Ageing. DOI: 10.1007/s12062-020-09306-2.

Castelló, J. V. and C. Tubianosa (2020): **Linking Mediterranean Diet and Lifestyle with Cardio Metabolic Disease and Depressive Symptoms: A Study on the Elderly in Europe.** International Journal of Environmental Research and Public Health 17(19): 7053. DOI: 10.3390/ijerph17197053.

SHARE-BASED JOURNAL PUBLICATIONS 2020

C–G

Čeh Časni, A., I. Palić and P. Palić (2020): **Determinants of Consumption of 50+ Population in Croatia.** *Ekonomický časopis (Journal of Economics)* 68 (7): 737-755. DOI: 10.31577/ekoncas.2020.07.05.

Celidoni, M., C. Dal Bianco, V. Rebba and G. Weber (2020): **Retirement and Healthy Eating.** *Fiscal Studies* 41 (1): 199-219. DOI: 10.1111/1475-5890.12196.

Chen, C., C. Stock, M. Hoffmeister and H. Brenner (2020): **Self-Reported Lower Gastrointestinal Endoscopy Use and Changes in Colorectal Cancer Mortality Rates in European Countries.** *Clinical and Translational Gastroenterology* 11(10). DOI: 10.14309/ctg.0000000000000243.

Cheung, J., R. Yu and J. Woo (2020): **Is Polypharmacy Beneficial or Detrimental for Older Adults with Cardiometabolic Multimorbidity? Pooled Analysis of Studies from Hong Kong and Europe.** *Family Practice* 37 (6): 793-800. DOI: 10.1093/fampra/cmab062.

Cheval, B., D. Orsholits, S. Sieber, D. Courvoisier, S. Cullati and M. Boissongier (2020): **Relationship between Decline in Cognitive Resources and Physical Activity.** *Health Psychology* 39(6):519-528. DOI: 10.1037/hea0000857.

Clemente, C. and T. García-Pereiro (2020): **Health Promotion during the Life Course. Lifestyle Determinants of Self-Declared Health Status in some European Countries.** *Italian Journal of Sociology of Education* 12(3): 11-39. DOI: 10.14658/pupj-ijse-2020-3-2.

Cohn-Schwartz, E. (2020): **Pathways from Social Activities to Cognitive Functioning: The Role of Physical Activity and Mental Health.** *Innovation in Aging* 4 (3). DOI: 10.1093/geroni/igaa015.

Cohn-Schwartz, E. and G. Weinstein (2020): **Early-Life Food Deprivation and Cognitive Performance among Older Europeans.** *Maturitas* 141: 26-32. DOI: 10.1016/j.maturitas.2020.06.020.

Cohn-Schwartz, E., M. Levinsky and H. Litwin (2020): **Social Network Type and Subsequent Cognitive Health Among Older Europeans.** *International Psychogeriatrics*, 1-10. DOI: 10.1017/S1041610220003439.

Conde-Sala, J. and J. Garre-Olmo (2020): **Early Parental Death and Psychosocial Risk Factors for Dementia: A Case-Control Study in Europe.** *International Journal of Geriatric Psychiatry* 35(9): 1051-1059. DOI: 10.1002/gps.5328.

Conde-Sala, J., J. Garre-Olmo, L. Calvó-Perxas, O. Turró-Garriga, J. Vilalta-Franch and S. López-Pousa (2020): **CAUSES, Mortality Rates and Risk Factors of Death in Community-dwelling Europeans Aged 50 Years and Over: Results from the Survey of Health, Ageing and Retirement in Europe 2013-2015.** *Archives of Gerontology and Geriatrics* 89, DOI: 10.1016/j.archger.2020.104035.

Costa, A. R., L. Alves and N. Lunet (2020): **Healthcare Services and Medication Use among Widowed Partners of Patients Deceased due to Cancer – Results from the Survey of Health, Ageing and Retirement in Europe (SHARE).** *Psycho-Oncology* 29(8): 1255-1262. DOI: 10.1002/pon.5400.

Costa, A. R., L. Alves and N. Lunet (2020): **Healthcare Services and Medication Use among Cancer Survivors and their Partners: A Cross-Sectional Analysis of 16 European Countries.** *Journal of Cancer Survivorship* 14: 720-730. DOI: 10.1007/s11764-020-00886-8.

Cote-Sergent, A., R. Fonseca and E. Strumpf (2020): **Comparing the Education Gradient in Health Deterioration Among the Elderly in Six OECD Countries.** *Health Policy* 124(3): 326-335. DOI: 10.1016/j.healthpol.2019.12.015.

Courbage, C., G. Montoliu-Montes and J. Wagner (2020): **The Effect of Long-Term Care Public Benefits and Insurance on Informal Care from Outside the Household: Empirical Evidence from Italy and Spain.** *European Journal of Health Economics* 21: 1131–1147. DOI: 10.1007/s10198-020-01215-7.

Critselis, E., D. Panaretos, A. Sánchez-Niubò, I. Giné-Vázquez, J. L. Ayuso-Mateos, F. F. Caballero, J. de la Fuente, J. M. Haro and D. Panagiotakos (2020): **Ageing Trajectories of Health – Longitudinal Opportunities and Synergies (ATHLOS) Healthy Ageing Scale in Adults from 16 International Cohorts Representing 38 Countries Worldwide.** *Journal of Epidemiology & Community Health* 74:1043-1049. DOI: 10.1136/jech-2020-214496.

d’Errico, A., H. Burr, D. Pattloch, N. Kersten and U. Rose (2020): **Working Conditions as Risk Factors for Early Exit from Work – In a Cohort of 2351 Employees in Germany.** *International Archives of Occupational and Environmental Health* 94: 117–138. DOI: 10.1007/s00420-020-01566-x.

Dallmeyer, S., P. Wicker and C. Breuer (2020): **The Relationship between Physical Activity and Out-of-Pocket Health Care Costs of the Elderly in Europe.** *European Journal of Public Health* 30(4): 628–632. DOI: 10.1093/eu-rpub/ckaa045.

de Andrade, F. B., J. Antunes, F. Andrade, M. Lima-Costa and J. Macinko (2020): **Education-Related Inequalities in Dental Services Use among Older Adults in 23 Countries.** *Journal of Dental Research* 99(12):1341-1347. DOI: 10.1177/0022034520935854.

Dermatis, Z., A. Lazakidou, A. Anastasiou and P. Liargovas (2020): **Analyzing Socio-Economic and Geographical Factors that Affect the Health of the Elderly.** *Journal of the Knowledge Economy.* DOI: 10.1007/s13132-020-00691-9.

Dominko, M. and M. Verbi (2020): **Subjective Quality of Life and Stock Market Participation of the Elderly: A Structural Equation Modelling Approach.** *Journal of Family and Economic Issues* 41, 505–519. DOI: 10.1007/s10834-020-09673-0.

Dotti Sani, G. and M. Luppi (2020): **Absence from Work after the Birth of the First Child and Mothers’ Retirement Incomes: A Comparative Analysis of 10 European Countries.** *Work, Employment and Society* 1-20. DOI: 10.1177/0950017020937935.

Elek, P. and A. Bíró (2020). **Regional Differences in Diabetes across Europe – Regression and Causal Forest Analyses.** *Economics & Human Biology* 40. DOI: 10.1016/j.ehb.2020.100948.

Engels, M., D. de Moortel, S. Weyers, N. Dragano and M. Wahrendorf (2020): **Linked Work Lives: The Interrelation of Own and Partner’s Employment History and their Relationship with Mental Health in Older European Couples.** *Archives of Gerontology and Geriatrics* 89. DOI: 10.1016/j.archger.2020.104092.

Federičová, M. (2020). **Teacher Turnover: What Can we Learn from Europe?.** *European Journal of Education* 00: 1-15. DOI: 10.1111/ejed.12429.

Fernandez, I., T. Sentandreu-Mano and J. Tomas (2020): **Impacto del Estatus de Fragilidad Sobre la Salud y Calidad de Vida en Personas Mayores Españolas. (Impact of Frailty Status on Health and Quality of Life in Spanish Older Adults.)** *Atención Primaria* 52: 731-737. DOI: 10.1016/j.aprim.2019.11.006.

Ferrari, L. and F. Salustri (2020): **The Relationship between Corruption and Chronic Diseases: Evidence from Europeans Aged 50 Years and Older.** *International Journal of Public Health* 65: 345-355. DOI: 10.1007/s00038-020-01347-w.

Flores, M., P. García-Gómez and A. Kalwij (2020): **Early Life Circumstances and Labor Market Outcomes Over the Life Cycle.** *Journal of Economic Inequality* 18, 449–468. DOI: 10.1007/s10888-020-09446-7.

Floridi, G. (2020): **Daily Grandchild Care and Grandparents’ Employment: A Comparison of Four European Child-Care Policy Regimes.** *Ageing and Society* 1-32. DOI: 10.1017/S0144686X20000987.

Floridi, G., L. Carrino and K. Glaser (2020): **Socioeconomic Inequalities in Home-Care Use Across Regional Long-term Care Systems in Europe.** *The Journals of Gerontology Series B* gbaa139. DOI: 10.1093/geronb/gbaa139.

Ford, K., D. Batty and A. K. Leist (2020): **Examining Gender Differentials in the Association of Low Control Work with Cognitive Performance in Older Workers.** *European Journal of Public Health* ckaa173. DOI: 10.1093/eurpub/ckaa173.

Formánek, T., Z. Csajbók, K. Wolfová, M. Kučera, S. Tom, D. Aarsland and P. Cermakova (2020). **Trajectories of Depressive Symptoms and Associated Patterns of Cognitive Decline.** *Scientific Reports* 10. DOI: 10.1038/s41598-020-77866-6.

Friedel, S. and T. Birkenbach (2020): **Evolution of the Initially Recruited SHARE Panel Sample Over the First Six Waves.** *Journal of Official Statistics* 36 (3): 507-527. DOI: 10.2478/jos-2020-0027.

Gallistl, V., R. Rohner, A. Seifert and A. Wanka (2020): **Configuring the Older Non-User: Between Research, Policy and Practice of Digital Exclusion.** *Social Inclusion* 8 (2): 233-243. DOI: 10.17645/si.v8i2.2607.

Garcia, M. T. M. (2020): **Individual Retirement Accounts in Portugal.** *Mediterranean Journal of Social Sciences* 11(1): 97-107. DOI: 10.36941/mjss-2020-0010.

Garcia, M. T. M. and R. Figueira (2020): **Determinants of Homeownership in Europe – An Empirical Analysis Based on SHARE.** *International Journal of Housing Markets and Analysis* 14(1): 14-38. DOI: 10.1108/IJHMA-12-2019-0120.

SHARE-BASED JOURNAL PUBLICATIONS 2020

G–L

GBD 2019 Diseases and Injuries Collaborators (2020): **Global Burden of 369 Diseases and Injuries in 204 Countries and Territories, 1990–2019: A Systematic Analysis for the Global Burden of Disease Study 2019.** *Lancet* 396: 1204-1222. DOI: 10.1016/S0140-6736(20)30925-9.

GBD 2019 Risk Factors Collaborators (2020): **Global Burden of 87 Risk Factors in 204 Countries and Territories, 1990–2019: A Systematic Analysis for the Global Burden of Disease Study 2019.** *Lancet* 396: 1223-1249. DOI: 10.1016/S0140-6736(20)30752-2.

Giné-Garriga, M., J. Jerez-Roig, L. Coll-Planas, D. A. Skeltion, M. Inzitari, J. Booth and D. L. Souza. (2020). **Is Loneliness a Predictor of the Modern Geriatric Giants? Analysis from the Survey of Health, Ageing, and Retirement in Europe.** *Maturitas* 144: 93-101. DOI: 10.1016/j.maturitas.2020.11.010.

Goerdten, J., I. Carriere and G. Muniz-Terrera. (2020). **Does an Advanced Statistical Technique Perform Better Than a Simple Technique for Dementia Prediction?** *Alzheimer's & Dementia* 16. DOI: 10.1002/alz.040837.

Grané, A., I. Albarrán and R. Lumley (2020): **Visualizing Inequality in Health and Socioeconomic Wellbeing in the EU: Findings from the SHARE Survey.** *Environmental Research and Public Health* 17(21). DOI: 10.3390/ijerph17217747.

Gruber, S. (2020): **The Long-term Effect of Intra-European Migration on Cognitive Abilities in Later Life.** *Social Science & Medicine* 265. DOI: 10.1016/j.socscimed.2020.113399.

Gruber, S. and G. Sand (2020): **Does Migration Pay Off in Later Life? Income and Subjective Well-Being of Older Migrants in Europe.** *Social Indicators Research*. DOI: 10.1007/s11205-020-02502-9.

Guido, D., M. Leonardi, B. Mellor-Marsá, M. Moneta, A. Sanchez-Niubo, S. Tyrovolas, I. Giné-Vázquez, J. M. Haro, S. Chatterji, M. Bobak, J. L. Ayuso-Mateos, H. Arndt, I. Koupil, J. Bickenbach, S. Koskinen, B. Tobiasz-Adamczyk, D. Panagiotakos and A. Raggi (2020): **Pain Rates in General Population for the Period 1991–2015 and 10-years Prediction: Results from a Multi-Continent Age-Period-Cohort Analysis.** *The Journal of Headache and Pain* 21 (52). DOI: 10.1186/s10194-020-01108-3.

Hajek, A. and H.-H. König (2020): **Asymmetric Effects of Obesity on Loneliness Among Older Germans. Longitudinal Findings from the Survey of Health, Ageing and Retirement in Europe.** *Aging & Mental Health*. DOI: 10.1080/13607863.2020.1822285.

Hajek, A. and H.-H. König (2020): **Which Factors Contribute to Loneliness among Older Europeans? Findings from the Survey of Health, Ageing and Retirement in Europe: Determinants of Loneliness.** *Archives of Gerontology and Geriatrics* 89. DOI: 10.1016/j.archger.2020.104080.

Hartley, P., A. deWitt, F. Forsyth, R. Romero-Ortuno and C. Deaton (2020): **Predictors of Physical Activity in Older Adults Early in an Emergency Hospital Admission: A Prospective Cohort Study.** *BMC Geriatrics* 20 (177). DOI: 10.1186/s12877-020-01562-3.

Hassen, H. Y., H. Bastiaens, K. Van Royen and S. Abrams. (2020). **Socioeconomic and Behavioral Determinants of Cardiovascular Diseases among Older Adults in Belgium and France: A Longitudinal Analysis from the SHARE Study.** *PLoS ONE* 15(12). DOI: 10.1371/journal.pone.0243422.

Havari, E. and M. Savegnago (2020): **The Intergenerational Effects of Birth Order on Education.** *Journal of Population Economics* (online first). DOI: 10.1007/s00148-020-00810-5.

Herold, S. C., N. Hvidt, S. Möller, K. Christensen and L. Ahrenfeldt (2020): **Is Religiousness Associated with Better Lifestyle and Health among Danes? Findings From SHARE.** *Journal of Religion and Health*. DOI: 10.1007/s10943-020-01050-3.

Homocianu, D., A.-P. Plopeanu, N. Florea and A. M. Andries (2020): **Exploring the Patterns of Job Satisfaction for Individuals Aged 50 and over from Three Historical Regions of Romania. An Inductive Approach with Respect to Triangulation, Cross-Validation and Support for Replication of Results.** *Applied Sciences* 10 (7). DOI: 10.3390/app10072573.

Hoven, H., N. Dragano, T. Lunau, C. Deindl and M. Wahrendorf (2020): **The Role of Pension Contributions in Explaining Inequalities in Depressive Symptoms. Results from SHARE.** *Scandinavian Journal of Public Health* 1–8. DOI: 10.1177/1403494820909011.

Ice, E., S. Ang, K. Greenberg and S. Burgard (2020): **Women's Work-Family Histories and Cognitive Performance in Later Life.** *American Journal of Epidemiology* 189(9): 922–930. DOI: 10.1093/aje/kwaa042.

Isengard, B. and R. König (2020): **Being Poor and Feeling Rich or Vice Versa? The Determinants of Unequal Income Positions in Old Age Across Europe.** *Social Indicators Research* (online first). DOI: 10.1007/s11205-020-02546-x.

Jahagirdar, D., M. Dimitris, E. Strumpf, J. Kaufman, S. Harper, J. Heymann, E. Atabay, I. Vincent and A. Nandi (2020): **Balancing Work and Care: The Effect of Paid Adult Medical Leave Policies on Employment in Europe.** *Journal of Social Policy*: 1-17. DOI: 10.1017/S0047279420000264.

Jajko-Siwiek, A. (2020): **Adequate Retirement Paths in the Polish Pension System.** *Review of Socio-Economic Perspectives* 5 (2): 107-115. DOI: 10.19275/RSEP084.

Káčerová, M. and J. Ondačková (2020): **How Seniors Live from an Economic, Health, Social and Emotional Point of View? Multidimensional Review of the Quality of Life of Seniors in Europe.** *Geographia Polonica* 93 (2): 183-209. DOI: 10.7163/GPol.0169.

Kamin, S. T., A. Seifert and F. R. Lang. (2020). **Participation in Activities Mediates the Effect of Internet Use on Cognitive Functioning in Old Age.** *International Psychogeriatrics*: 1-6 DOI: 10.1017/S1041610220003634.

Kämpfen, F., I. Kohler, M. Bountogo, J. Mwera, H.-P. Kohler and J. Maurer (2020): **Using Grip Strength to Compute Physical Health-Adjusted Old Age Dependency Ratios.** *SSM - Population Health* 11. DOI: 10.1016/j.ssmph.2020.100579.

Kim, M. and Y.-H. Khang (2020): **Inequalities in Longitudinal Health Trajectories in Middle to Later Life: A Comparison of European Countries and Korea.** *Journal of Korean Medical Science* 35 (21). DOI: 10.3346/jkms.2020.35.e141.

Komulainen, K., K. Gluschkoff, R. García Velázquez, J. Airaksinen, A. Szmulewicz and M. Jokela (2020): **Association of Depressive Symptoms With Health Care Utilization in Older Adults: Longitudinal Evidence from the Survey of Health, Ageing and Retirement in Europe.** *International Journal of Geriatric Psychiatry*. DOI: 10.1002/gps.5447.

König, R. and A. Seifert (2020): **From Online to Offline and Vice Versa: Change in Internet Use in Later Life Across Europe.** *Frontiers in Sociology* 5. DOI: 10.3389/fsoc.2020.00004.

Korfhage, T. and D. Heger (2020): **Short- and Medium-Term Effects of Informal Eldercare on Labor Market Outcomes.** *Feminist Economics* 26(4): 205-227. DOI: 10.1080/13545701.2020.1786594.

Kowatz, U., H. Mayerl, E. Stolz and W. Freidl (2020): **Arbeitsbedingungen und Gesundheit im Alter: Eine Geschlechtsstratifizierte Längsschnittuntersuchung. (Working Conditions and Health in Old Age: A Gender-Stratified Longitudinal Examination.)** *Gesundheitswesen* 82 (05). DOI: 10.1055/s-0040-1708972.

Laferrère, A. (2020): **Retired, but still Active: Is Retirement a Springboard for New Activities?** *Retraite et Société* 73: 89-118. DOI: 10.3917/rs.073.0089.

Laires, P., M. Serrano-Alarcon, H. Canhao and J. Perelman (2020): **Multimorbidity and Intention to Retire: A Cross-Sectional Study on 14 European Countries.** *International Journal of Public Health* 65: 187-195. DOI: 10.1007/s00038-019-01322-0.

Lakomý, M. (2020): **Prevalence of Activities in Later Life Across European Regions.** *Central European Journal of Public Policy* 14(2). DOI: 10.2478/cejpp-2020-0006.

Lazarevič, P. and M. Brandt (2020): **Diverging Ideas of Health? Comparing the Basis of Health Ratings across Gender, Age, and Country.** *Social Science & Medicine* 267. DOI: 10.1016/j.socscimed.2020.112913.

Lee, S. (2020): **Loneliness among Older Adults in the Czech Republic: A Socio-Demographic, Health and Psychosocial Profile.** *Archives of Gerontology and Geriatrics* 90. DOI: 10.1016/j.archger.2020.104068.

Leist, A., G. Muniz-Terrera and A. Solomon. (2020). **Using Cohort Data to Emulate Lifestyle Interventions: Long-term Beneficial Effects of Initiating Physical Activity on Cognitive Decline and Dementia.** *Alzheimer's & Dementia* 16. DOI: 10.1002/alz.044493.

Lenzen, S., B. Gannon and C. Rose (2020): **A Dynamic Microeconomic Analysis of the Impact of Physical Activity on Cognition Among Older People.** *Economics & Human Biology* 39. DOI: 10.1016/j.ehb.2020.100933.

SHARE-BASED JOURNAL PUBLICATIONS 2020

L–O

Lestari, S., X. de Luna, M. Eriksson, G. Malmberg and N. Ng (2020): **Changes in the Provision of Instrumental Support by Older Adults in Nine European Countries During 2004-2015: A Panel Data Analysis.** BMC Geriatrics 20. DOI: 10.1186/s12877-020-01785-4.

Litwin, H. and M. Levinsky (2020): **Always alone? Network Transitions among Detached Older Europeans and their Effects.** Ageing and Society 1-15. DOI: 10.1017/S0144686X20000240.

Luchetti, M., A. Terracciano, D. Aschwanden, J. H. Lee, Y. Stephan and A. R. Sutin (2020): **Loneliness is Associated with Risk of Cognitive Impairment in the Survey of Health, Ageing and Retirement in Europe.** International Journal of Geriatric Psychiatry 35(7): 794-801. DOI: 10.1002/gps.5304.

Lyberaki, A., P. Tinios, G. Papadoudis and T. Georgiadis (2017): **Do People with Different Employment Background Age Differently? European Evidence from SHARE Survey.** Regional Science Inquiry 0(2): 197-209.

Macinko, J., J. Vaz de Melo Mambrini, F. Bof de Andrade, F. C. Drummond Andrade, G. Lazalde and M. F. Lima-Costa (2020): **Life-course Risk Factors are Associated with Activity of Daily Living Disability in Older Adults.** European Journal of Public Health. DOI: 10.1093/eurpub/ckaa156.

Macinko, J., F. C. Drummond Andrade, F. Bof de Andrade and M. F. Lima-Costa (2020): **Universal Health Coverage: Are Older Adults Being left Behind? Evidence from Aging Cohorts in Twenty-Three Countries.** Health Affairs 39 (11): 1951-1960. DOI: 10.1377/hlthaff.2019.01570.

Mäcken, J., A. Riley and M. M. Glymour. (2020). **Cross-National Differences in the Association between Retirement and Memory Decline.** The Journals of Gerontology Series B - Psychological Sciences and Social Science. DOI: 10.1093/geronb/gbaa22.

Maharani, A., P. Dawes, J. Nazroo, G. Tampubolon and N. Pendleton (2020): **Healthcare System Performance and Socioeconomic Inequalities in Hearing and Visual Impairments in 17 European Countries.** European Journal of Public Health ckaa155. DOI: 10.1093/eurpub/ckaa155.

Makovski, T., G. Le Coroller, P. Putrik, Y. H. Choi, M. Zeegers, S. Stranges, M. Ruiz Castell, L. Huiart and M. van den Akker (2020): **Role of Clinical, Functional and Social Factors in The Association Between Multimorbidity and Quality of Life: Findings from the Survey of Health, Ageing and Retirement in Europe (SHARE).** Plos One. DOI: 10.1371/journal.pone.0240024.

Maniscalco, L., S. Miceli, F. Bono and D. Matranga (2020): **Self-Perceived Health, Objective Health, and Quality of Life among People Aged 50 and Over: Interrelationship among Health Indicators in Italy, Spain, and Greece.** International Journal of Environmental Research and Public Health 17 (7). DOI: 10.3390/ijerph17072414.

Marconcin, P., M. Peralta, G. Ferrari, M. Gaspar de Matos, M. Espanha, E. Murawska-Ciałowicz and A. Marques (2020): **The Association of Grip Strength with Depressive Symptoms among Middle-Aged and Older Adults with Different Chronic Diseases.** International Journal of Environmental Research and Public Health 17(19): 6942. DOI: 10.3390/ijerph17196942.

Markova, E. and E. Tosheva (2020). **Why to go for Early Retirement? Determinants for Early Exit from the Labour Market: The Evidence from Bulgaria.** Balkan Social Science Review 16: 299-315. DOI: 10.46763/BSSR2016299m

Marques, A., J. Bordado, M. Peralta, E. Gouveia, R. Tesler, Y. Demetriou and D. Gomez (2020): **Cross-sectional and Prospective Relationship Between Physical Activity and Depression Symptoms.** Scientific Reports 10. DOI: 10.1038/s41598-020-72987-4.

Marques, A., M. Gaspar de Matos, D. Henriques-Neto, M. Peralta, É. Gouveia, R. Tesler, J. Martins and D. Gomez-Baya (2020): **Grip Strength and Depression Symptoms Among Middle-Age and Older Adults.** Mayo Clinic Proceedings 95(10): 2134-2143. DOI: 10.1016/j.mayocp.2020.02.035.

Marques, A., M. Gaspar de Matos, J. Bordado, É. R. Gouveia, M. Peralta and D. Gomez-Baya (2020): **Different Levels of Physical Activity and Depression Symptoms among Older Adults from 18 Countries: A Population-Based Study from the Survey of Health, Ageing and Retirement in Europe (SHARE).** European Journal of Sport Science. DOI: 10.1080/17461391.2020.1795273.

Matos, G., R. de Campos, M. Moreira, M. F. Figueró, G. V. Nicolodi, R. Krug and K. D. Keller (2020): **Avaliação da Fragilidade de Doentes Renais Crônicos em Tratamento de Hemodiálise. (Frailty Evaluation of Chronic Renal Patients in Hemodialysis Treatment.)** Revista Contexto & Saúde 20 (38): 28-33. DOI: 10.21527/2176-7114.2020.38.28-33.

Mayerl, H., E. Stolz and W. Freidl (2020): **Frailty and Depression: Reciprocal Influences or Common Causes?** Social Science & Medicine 263. DOI: 10.1016/j.socscimed.2020.113273.

Mayerl, H., E. Stolz, U. Kowatz and W. Freidl (2020). **Within- and Between-Person Effects in the Relationship between Effort-Reward Imbalance and Depressive Symptoms.** Advances in Life Course Research 46. DOI: 10.1016/j.alcr.2020.100394.

Mayerl, H., E. Stolz, U. Kowatz and W. Freidl (2020): **Arbeitsbezogener Stress und Psychische Gesundheit: Wechselseitige Beeinflussung oder Drittvariablenproblem? (Work-Related Stress and Mental Health: Mutual Influence or Third Variable Problem?)** Gesundheitswesen 82 (05). DOI: 10.1055/s-0040-1708971.

Mazzotta, F. and L. Parisi (2020): **Money and Time: What Would you Give back to Me? Reciprocity between Children and their Elderly Parents in Europe.** Economia Politica 37, 941–969. DOI: 10.1007/s40888-020-00181-w.

McAllister, A., T. Bodin, H. Brønnum-Hansen, L. Harber-Aschan, B. Barr, L. Bentley, Q. Liao, N. Koitzsch Jensen, I. Andersen, W.-H. Chen, K. Thielen, C. Mustard, F. Diderichsen, M. Whitehead and B. Burström (2020): **Inequalities in Extending Working Lives beyond Age 60 in Canada, Denmark, Sweden and England – By Gender, Level of Education and Health.** Plos One 15 (8). DOI: 10.1371/journal.pone.0234900.

Mönkediek, B. (2020): **Family Systems and the Timing and Spacing of Bearing Children.** Demographic Research 42(16). Max Planck Institute for Demographic Research, Rostock, Germany, 461-496. DOI: 10.4054/Dem-Res.2020.42.16.

Morawski, L., A. Okulicz-Kozaryn and M. Strzelecka (2020): **Elderly Volunteering in Europe: The Relationship Between Volunteering and Quality of Life Depends on Volunteering Rates.** Voluntas: International Journal of Voluntary and Nonprofit Organizations. DOI: 10.1007/s11266-020-00267-w.

Moreno Mencia, P. and D. Cantarero Prieto. (2020). **Job Status and depressive Symptoms in Older Employees: An Empirical Analysis with SHARE (Survey of Health, Ageing and Retirement in Europe) Data.** European Journal of Mental Health 15(2): 168-177. DOI: 10.5708/EJMh.15.2020.2.6.

Moreno-Agostino, D., C. Daskalopoulou, Y.-T. Wu, A. Koukounari, J. M. Haro, S. Tyrovolas, D. Panagiotakos, M. Prince and M. Prina (2020): **The Impact of Physical Activity on Healthy Ageing Trajectories: Evidence from Eight Cohort Studies.** International Journal of Behavioral Nutrition and Physical Activity 17. DOI: 10.1186/s12966-020-00995-8.

Morris, Z. (2020): **Making Ends Meet on Disability Benefits: How Well Do Programs Decommodify?** Alter, European Journal of Disability Research 15(1): 15-28 DOI: 10.1016/j.alter.2020.06.013.

Morris, Z. and A. Zaidi (2020): **Estimating the Extra Costs of Disability in European Countries: Implications for Poverty Measurement and Disability-Related Decommodification.** Journal of European Social Policy 30(3):339-354. DOI: 10.1177/0958928719891317.

Mudrazija, S., J. Angel, I. Cipin and S. Smolic (2020): **Living Alone in the United States and Europe: The Impact of Public Support on the Independence of older Adults.** Research on Aging 42(5-6):150-162. DOI: 10.1177/0164027520907332.

Muller, J., N. Hiekel and A. Liefbroer (2020): **The Long-Term Costs of Family Trajectories: Women's Later-Life Employment and Earnings Across Europe.** Demography 57: 1007-1034. DOI: 10.1007/s13524-020-00874-8.

Mussard, S. and M. N. Pi Alperin (2020): **Accounting for Risk Factors on Health Outcomes: The Case of Luxembourg.** European Journal of Operational Research 291(3): 1180-1197. DOI: 10.1016/j.ejor.2020.09.040.

Nicińska, A., M. Kalbarczyk and A. Fihel (2020): **Financial and Non-Financial Private Transfers from Close Ones: Beyond Family and Kinship.** Journal of Family Studies (online first). DOI: 10.1080/13229400.2020.1750452.

O'Donovan, M., D. Sezgin, R. O'Caomh and A. Liew (2020). **The Impact of and Interaction between Diabetes and Frailty on Psychosocial Wellbeing and Mortality in Ireland.** International Journal of Environmental Research and Public Health 17(24). DOI: 10.3390/ijerph17249535.

SHARE-BASED JOURNAL PUBLICATIONS 2020

O–S

Okulicz-Kozaryn, A. (2020): **Effect of Volunteering and Pensions on Subjective Wellbeing of Elderly: Are there Cross-Country Differences?** Applied Research in Quality of Life (online first). DOI: 10.7282/t3-s498-g546.

Otones, P., E. García, T. Sanz and A. Pedraz (2020): **A Physical Activity Program Versus Usual Care in the Management of Quality of Life for Pre-Frail Older Adults with Chronic Pain in Primary Care: Randomized Controlled Trial.** BMC Geriatrics. DOI: 10.21203/rs.3.rs-33919/v1.

Papachristos, A., G. Verropoulou, G. Ploubidis and C. Tsimbos (2020): **Factors Incorporated into Future Survival Estimation among Europeans.** Demographic Research 42: 15-56. DOI: 10.4054/DemRes.2020.42.2.

Pasquariello, P. and S. Stranges (2020): **Excess Mortality from COVID-19: Lessons Learned from the Italian Experience.** Preprints (online first). DOI: 10.20944/preprints202004.0065.v1.

Patel, P., S. Reid and M. Wolfe (2020): **Self-Employment, Depression, and Older Individuals: A Cross-Country Study.** Journal of Affective Disorders 265: 175-184. DOI: 10.1016/j.jad.2020.01.067.

Pérez-Belmonte, S., L. Galiana, P. Sancho, A. Oliver and J. Tomás (2020): **Subtypes of Depression: Latent Class Analysis in Spanish Old People with Depressive Symptoms.** Life 10 (5). DOI: 10.3390/life10050070.

Pertold, F. (2020): **Obesity around Retirement Age: International Comparison Using SHARE.** Central European Journal of Public Policy 14 (1). DOI: 10.2478/cejpp-2019-00010.

Philipov, D. and S. Scherbov (2020): **Subjective Length of Life of European Individuals at Older Ages: Temporal and Gender Distinctions.** Plos One 15 (3). DOI: 10.1371/journal.pone.0229975.

Portela, D., M. Almada, L. Midão and E. Costa (2020): **Instrumental Activities of Daily Living (iADL) Limitations in Europe: An Assessment of SHARE Data.** International Journal of Environmental Research and Public Health 17(20). DOI: 10.3390/ijerph17207387.

Raggi, A., M. Leonardi, B. Mellor-Marsá, M. Moneta, A. Sanchez-Niubo, S. Tyrovolas, I. Giné-Vázquez, J. Haron, S. Chatterji, M. Bobak, J. L. Ayuso-Mateos, H. Arndt, M. Z. Hossin, J. Bickenbach, S. Koskinen, B. Tobiasz-Adamczyk, D. Panagiotakos and B. Corso (2020): **Predictors of Pain in General Ageing Populations: Results from a Multi-Country Analysis Based on ATHLOS Harmonized Database.** The Journal of Headache and Pain 21 (45). DOI: 10.1186/s10194-020-01116-3.

Rapp, M. A., M. Tschorn, T. Supprian, C. Thomas, S. Kreisel, J. Benninghoff, G. Schumann and A. Heinz. (2020). **Potenziale und Grenzen von Alternskohortenstudien für die Gerontopsychiatrie. (Potentials and limits of aging cohort studies for geriatric psychiatry).** Nervenarzt. DOI: 10.1007/s00115-020-01035-3.

Ribeiro, O., L. Teixeira, L. Araújo, C. Rodríguez-Blázquez, A. Calderón-Larrañaga and M. João Forjaz. (2020). **Anxiety, Depression and Quality of Life in Older Adults: Trajectories of Influence across Age.** International Journal of Environmental Research and Public Health 17(23). DOI: 10.3390/ijerph17239039.

Richardson, R., K. Keyes, J. Medina and E. Calvo (2020): **Sociodemographic Inequalities in Depression Among Older Adults: Cross-Sectional Evidence from 18 Countries.** Lancet Psychiatry 7 (8): 673-681. DOI: 10.1016/S2215-0366(20)30151-6.

Rodríguez-Blázquez, C., O. Ribeiro, A. Ayala, L. Teixeira, L. Araújo and M. J. Forjaz (2020): **Psychometric Properties of the CASP-12 Scale in Portugal: An Analysis Using SHARE Data.** International Journal of Environmental Research and Public Health 17(18). DOI: 10.3390/ijerph17186610.

Roig, J. J., D. Souza, A. Oliveras-Fabregas, E. Minobes-Molina, M. de Camargo Cancela and P. Galbany-Estragués (2020): **Trends of Multimorbidity in 15 European Countries: A Population-based Study in Community-dwelling Adults Aged 50 and over.** Europe PMC 21(1):76. DOI: 10.21203/rs.3.rs-17055/v1.

Rosen, B., S. C. Schoenbaum and A. Israeli. (2020). **Opportunities for Diversifying and Enriching our Article Mix.** Israel Journal of Health Policy Research 9. DOI: 10.1186/s13584-020-00427-9.

Rutigliano, R. (2020): **Counting on Potential Grandparents? Adult Children's Entry Into Parenthood Across European Countries.** Demography 57, 1393–1414. DOI: 10.1007/s13524-020-00890-8.

Salaffi, F., M. Di Carlo, M. Carotti, S. Farah and A. Giovagnoni (2020): **Frailty Prevalence According to the Survey of Health, Ageing and Retirement in Europe-Frailty Instrument (SHARE-FI) Definition, and its Variables Associated, in Patients with Symptomatic Knee Osteoarthritis: Findings from a Cross-Sectional Study.** Aging Clinical and Experimental Research. DOI: 10.1007/s40520-020-01667-0.

Salaffi, F., M. Di Carlo, S. Farah and M. Carotti (2020): **The Comprehensive Rheumatologic Assessment of Frailty (CRAF): Development and Validation of a Multidimensional Frailty Screening Tool in Patients with Rheumatoid Arthritis.** Clinical and Experimental Rheumatology 38 (3): 488-499.

Salaffi, F., S. Farah and M. Di Carlo (2020): **Frailty Syndrome in Musculoskeletal Disorders: An Emerging Concept in Rheumatology.** Acta Biomedica 91(2): 274–296. DOI: 10.23750/abm.v91i2.9094

Santini, Z. I., P. Jose, A. Koyanagi, C. Meilstrup, L. Nielsen, K. Madsen and V. Koushede (2020): **Formal Social Participation Protects Physical Health through Enhanced Mental Health: A Longitudinal Mediation Analysis Using three Consecutive Waves of the Survey of Health, Ageing and Retirement in Europe (SHARE).** Social Science & Medicine 251. DOI: 10.1016/j.socscimed.2020.112906.

Santini, Z. I., P. Jose, A. Koyanagi, C. Meilstrup, L. Nielsen, K. Madsen, C. Hinrichsen, R. Dunbar and V. Koushede (2020): **The Moderating Role of Social Network Size in the Temporal Association Between Formal Social Participation and Mental Health: A Longitudinal Analysis Using Two Consecutive Waves of the Survey of Health, Ageing and Retirement in Europe (SHARE).** Social Psychiatry and Psychiatric Epidemiology. DOI: 10.1007/s00127-020-01961-2.

Scherpenzeel, A., K. Axt, M. Bergmann, S. Douhou, A. Oepen, G. Sand, K. Schuller, S. Stuck, M. Wagner and A. Börsch-Supan (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.

Schmitz, A. and P. Lazarevič (2020): **The Gender Health Gap in Europe's Ageing Societies: Universal Findings Across Countries and Age Groups?** European Journal of Ageing 17:509–520. DOI: 10.1007/s10433-020-00559-6.

Seltzer, R. G. N. (2020): **The Perilous Use of Proxy Variables.** Evaluation & the Health Professions 1-8. DOI: 10.1177/0163278720903358.

Ševčíková, A., D. Vašek, L. Blinka, H. Macháčková and S. Ježek (2020): **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. DOI: 10.1007/s13178-020-00463-9.

Shipovskaya, V. (2020): **Patterns of Healthy Aging and Household Size Dynamics in Western Europe.** Economic and Social Changes Journal 4: 93-118. DOI: 10.14515/monitoring.2020.4.1647.

Silva, P., A. Delerue Matos and R. Martinez-Pecino (2020): **Can the Internet Reduce the Loneliness of 50+ Living Alone?** Information, Communication & Society. DOI: 10.1080/1369118X.2020.1760917.

Silverstein, M., N. Lewin-Epstein and A. Tur-Sinai (2020): **Intergenerational Support of Older Adults by the 'Mature' Sandwich Generation: The Relevance of National Policy Regimes.** Theoretical Inquiries in Law 21(1): 55-76.

Sirven, N., M. Dumontet and T. Rapp (2020): **The Dynamics of Frailty and Change in Socio-Economic Conditions: Evidence for the 65+ in Europe.** European Journal of Public Health 30 (4): 715–719. DOI: 10.1093/eurpub/ckaa068.

Škarić-Jurić, T., N. Smolej Narančić and Š. Smolić (2020): **Health-Risk Behaviours in Objective and Subjective Health among Croatians Aged 50 and Older.** Društvena istraživanja: Journal for General Social Issues 29 (2): 217-239. DOI: 10.5559/di.29.2.03.

Smolić, Š., I. Čipin and P. Medimurec (2020): **How is Health Associated with Employment during Later Working Life in Croatia?** Public Sector Economics 44(1): 99-116. DOI: 10.3326/pse.44.1.3.

Sperlich, S., J. Beller, J. Epping, B. Safieddine, J. Tetzlaff and S. Geyer (2020): **Are Disability Rates Among People with Diabetes Increasing in Germany? A Decomposition Analysis of Temporal Change between 2004 and 2015.** Journal of Aging and Health. DOI: 10.1177/0898264320970324.

Spitzer, S. (2020): **Biases in Health Expectancies Due to Educational Differences in Survey Participation of Older Europeans: It's Worth Weighting for.** The European Journal of Health Economics 21, 573-605. DOI: 10.1007/s10198-019-01152-0.

Staudinger, U. M. (2020): **The Positive Plasticity of Adult Development: Potential for the 21st Century.** American Psychologist 75 (4): 540-553. DOI: 10.1037/amp0000612.

SHARE-BASED JOURNAL PUBLICATIONS 2020

S–Z

Steinmayr, D., D. Weichselbaumer and R. Winter-Ebmer (2020): **Gender Differences in Active Ageing: Findings from a New Individual-Level Index for European Countries.** *Social Indicators Research* 151, 691–721. DOI: 10.1007/s11205-020-02380-1.

Stolz, E., E. O. Hoogendijk, H. Mayerl and W. Freidl (2020): **Frailty Changes Predict Mortality in Four Longitudinal Studies of Aging.** *The Journals of Gerontology Series A* glaa266. DOI: 10.1093/gerona/glaa266.

Struffolino, E. and D. Zaccaria (2020): **Did You Realize your Preferences for Early Retirement? Insights on the Agency-Within-Structure Mechanism across Welfare Regimes.** *Polis* 1/2020: 33-58. DOI: 10.1424/96439.

Sutin, A. R., M. Luchetti, Y. Stephan and A. Terracciano (2020): **Meaning in Life and Risk of Cognitive Impairment: A 9-Year Prospective Study in 14 Countries.** *Archives of Gerontology and Geriatrics* 88. DOI: 10.1016/j.archger.2020.104033.

Tankumpuan, T., S. Sindhu, N. Perrin, Y. Commodore-Mensah, C. Budhatthoki, W. Padula, C. Dennison Himmelfarb and P. Davidson (2020): **Profile of Patients with Heart Failure: A Multi-Site Thailand Heart Failure Snapshot Study.** *BMC Cardiovascular Disorders*. DOI: 10.21203/rs.3.rs-93387/v1.

Tanskanen, A., M. Danielsbacka and A. Rotkirch (2020): **Grandparental Childcare for Biological, Adopted, and Step-Offspring: Findings From Cross-National Surveys.** *Evolutionary Psychology* 18 (1). DOI: 10.1177/1474704920907894.

Tavares, A. I. (2020): **Self-Assessed Health among Older People in Europe and Internet Use.** *International Journal of Medical Informatics* 141. DOI: 10.1016/j.ijmedinf.2020.104240.

Tavares, A. I. and P. L. Ferreira (2020): **Public Satisfaction with Health System Coverage, Empirical Evidence from SHARE Data.** *International Journal of Health Economics and Management* 20, 229-249. DOI: 10.1007/s10754-020-09279-x.

Tomás, J., T. Sentandreu-Mañó and I. Fernández (2020): **Frailty Status Typologies in Spanish Older Population: Associations with Successful Aging.** *International Journal of Environmental Research and Public Health* 17(18). DOI: 10.3390/ijerph17186772.

Tosheva, E. (2020). **Participation in Activities: Determinants and Reflection on Quality of Life and Satisfaction in Old Age Population in Bulgaria.** *Revista Inclusiones* 7: 353-367.

Trentini, M. (2020): **Retirement Timing in Italy: Rising Age and the Advantages of a Stable Working Career.** *Ageing & Society*, 1-19. DOI: 10.1017/S0144686X20000148.

Trias-Llimós, S., M. Bosque-Prous, N. Obradors-Rial, E. Teixidó-Compañó, M. J. Belza, F. Janssen and A. Espelt (2020): **Alcohol and Educational Inequalities: Hazardous Drinking Prevalence and All-Cause Mortality by Hazardous Drinking Group in People Aged 50 and Older in Europe.** *Substance Abuse*. DOI: 10.1080/08897077.2020.1773597.

Turek, K. and K. Henkens (2020). **Participation in Training at Older Ages: A European Perspective on Path Dependency in Life Course Trajectories.** *Advances in Life Course Research* 46. DOI: 10.1016/j.alcr.2020.100396.

Tur-Sinai, A. and V. Soskolne (2020): **Socioeconomic Status and Health Behaviors as Predictors of Changes in Self-rated Health among Older Persons in Israel.** *Health and Social Care in the Community*. DOI: 10.1111/hsc.13205.

Tyrovolas, S., D. Panaretos, C. Daskalopoulou, I. Gine-Vazquez, A. S. Niubo, B. Olaya, M. Bobak, M. Prince, M. Prina, J. L. Ayuso-Mateos, F. F. Caballero, E. Garcia-Esquinas, A. Holger, S. Scherbov, W. Sanderson, I. Gheno, I. Koupil, J. Bickenbach, S. Chatterji, S. Koskinen, A. Raggi, A. Pajak, B. Tobiasz-Adamczyk, J. M. Haro and D. Panagiotakos (2020): **Alcohol Drinking and Health in Ageing: A Global Scale Analysis of Older Individual Data through the Harmonised Dataset of ATHLOS.** *Nutrients* 12 (6). DOI: 10.3390/nu12061746.

Valdez, R., G. Arabi, K. Spinler, C. Walther, C. Kofahl, E. Buczak-Stek, G. Heydecke, H.-H. König and A. Hajek (2020): **Do Postponed Dental Visits for Financial Reasons Reduce Quality of Life? Evidence from the Survey of Health, Ageing and Retirement in Europe.** *Ageing Clinical and Experimental Research*. DOI: 10.1007/s40520-020-01536-w.

van de Straat, V., B. Willems and P. Bracke (2020): **Care to Sleep? Daily Caregiving and Sleep Problems in an Ageing European Population.** *Health Sociology Review*. DOI: 10.1080/14461242.2020.1787187.

Vergauwen, J. and D. Mortelmans (2020): **Parental Health, Informal Support and Geographic Mobility between Parents and Adult Children.** *Population, Space and Place* 26. DOI: 10.1002/psp.2301.

Vilpert, S., C. Borrat-Besson, G. D. Borasio and J. Maurer (2020): **Associations of End-of-Life Preferences and Trust in Institutions with Public Support for Assisted Suicide Evidence from Nationally Representative Survey Data of Older Adults in Switzerland.** *PLoS ONE* 15 (4). DOI: 10.1371/journal.pone.0232109.

Vilpert, S., E. Bolliger, C. Borrat-Besson, G. D. Borasio and J. Maurer (2020): **Social, Cultural and Experiential Pattern of Attitudes and Behaviour towards Assisted Suicide in Switzerland: Evidence from a National Population-Based Study.** *Swiss Medical Weekly* 150. DOI: 10.4414/sm.w.2020.20275.

Vu, T.-H.-P., C.-S. Li and C.-C. Liu (2020): **Effects of the financial crisis on household financial risky assets holdings: Empirical evidence from Europe.** *International Review of Economics & Finance* 71, 342-358. DOI: 10.1016/j.iref.2020.09.009.

Wahrendorf, M., H. Hoven, C. Deindl, T. Lunau and P. Zaninotto (2020): **Adverse Employment Histories, Later Health Functioning and National Labor Market Policies: European Findings Based on Life History Data from SHARE and ELSA.** *The Journals of Gerontology: Series B*. DOI: 10.1093/geronb/gbaa049.

Weber, D. and E. Loichinger. (2020). **Live Longer, Retire later? Developments of Healthy Life Expectancies and Working Life Expectancies between Age 50–59 and Age 60–69 in Europe.** *European Journal of Ageing*. DOI: 10.1007/s10433-020-00592-5.

Wetzel, M. and B. Vanhoutte. (2020). **Putting Cumulative (dis)advantages in Context: Comparing the Role of Educational Inequality in Later-Life Functional Health Trajectories in England and Germany.** *PLoS ONE* 15(12). DOI: 10.1371/journal.pone.0244371.

Wiß, T., L. Schmidhuber and V. Bordone (2020): **Quality of Working Conditions, Sector of Employment and Age at Retirement.** *Management Revue - Socio-Economic Studies* 31 (2): 145-166. DOI: 10.5771/0935-9915-2020-2-145.

Wu, J.-J., H.-X. Wang, W. Yao, Z. Yan and J.-J. Pei (2020): **Late-Life Depression and the Risk of Dementia in 14 Countries: A 10-Year Follow-Up Study from the Survey of Health, Ageing and Retirement in Europe.** *Journal of Affective Disorders* 274. DOI: 10.1016/j.jad.2020.05.059.

Wu, Y.-T., C. Daskalopoulou, G. Muniz Terrera, A. Sanchez Niubo, F. Rodríguez-Artalejo, J. L. Ayuso-Mateos, M. Bobak, F. F. Caballero, J. de la Fuente, A. de la Torre-Luque, E. Garcia-Esquinas, J. M. Haro, S. Koskinen, I. Koupil, M. Leonardi, A. Pajak, D. Panagiotakos, D. Stefler, B. Tobiasz-Adamczyk, M. Prince and M. Prina (2020): **Education and Wealth Inequalities in Healthy Ageing in Eight Harmonised Cohorts in the ATHLOS Consortium: A Population-Based Study.** *The Lancet Public Health* 5 (7). DOI: 10.1016/S2468-2667(20)30077-3.

Yixian Han, C., M. Miller, A. Yaxley, C. Baldwin, Y. Sharma and R. Woodman (2020). **Effectiveness of Combined Exercise and Nutrition Interventions in Pre frail or Frail Older Hospitalised Patients: a Systematic Review and Meta-Analysis.** *BMJ Open* 10. DOI: 10.1136/bmjopen-2020-040146.

Zagel, H. and Z. Van Winkle (2020): **Women's Family and Employment Life Courses Across Twentieth-Century Europe: The Role of Policies and Norms.** *Social Politics: International Studies in Gender, State & Society*, 1-31. DOI: 10.1093/sp/jxz056.

Zamarro, G. (2020): **Family Labor Participation and Child Care Decisions: The Role of Grannies.** *SERIEs* 11 (3): 287-312. DOI: 10.1007/s13209-020-00213-5.

Zella, S. and S. Harper (2020): **Employment Trajectories and Health: Cohort Differences in English and French Women.** *Journal of Public Health*, 1–8. DOI: 10.1093/pubmed/fdaa064.

Zhuo LB., Yao W., Yan Z., Giron MS., Pei JJ. and Wang HX. (2020): **Impact of Effort Reward Imbalance at Work on Suicidal Ideation in Ten European Countries: The Role of Depressive Symptoms.** *Journal of Affective Disorders* 260: 214-221. DOI: 10.1016/j.jad.2019.09.007.

Zimmer, Z., A. Zajacova and H. Grol-Prokopczyk (2020): **Trends in Pain Prevalence among Adults Aged 50 and Older across Europe, 2004 to 2015.** *Journal of Aging and Health* 32(10). DOI: 10.1177/0898264320931665.

Zueras, P., R. Rutigliano and S. Trias-Llimós (2020): **Marital Status, Living Arrangements, and Mortality in Middle and Older Age in Europe.** *International Journal of Public Health* 65, 627–636. DOI: 10.1007/s00038-020-01371-w.

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. Dr. h. c. Axel Börsch-Supan, PhD.

Since its initial setup, SHARE has supplied policymakers with reliable and comparable data to base their decisions on. In 2020, the survey has continued to serve as a valuable source for a wide variety of policy analyses. With the outbreak of the COVID-19 pandemic, SHARE has become even more important as a tool for evidence-based policy making. 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. We have selected some examples to illustrate the contribution of SHARE to national, European and global evidence-based policymaking.

ON THE NATIONAL LEVEL

Belgium

Equity in the Belgian health system



In December 2020, the Belgian Health Care Knowledge Center (KCE) published the report “Health System Performance Assessment: how equitable is the Belgian health system?” (KCE Report 334) in which SHARE data was used to examine the topic of unmet health care needs in Belgium due to financial reasons.¹ SHARE research found that 3.1 % of Belgians above 50 have unmet needs for a doctor because of financial reasons and 5.3% for a dentist.

The KCE is a federal research institute in Belgium that provides multidisciplinary scientific advice to relevant persons and authorities on topics related to health care, specifically on the organisation and financing of the Belgian health system. It assesses health technologies, guidelines for clinical practice etc. and reviews foreign research (institutes and journals), all of which could be of interest to Belgian clinicians and authorities. The KCE operates under the administrative authority of the Federal Minister of Public Health of Belgium. Overall, the KCE was founded to tackle the challenges of organising and financing health care and help health-care policymakers with their decisions. KCE’s mission is to advise policymakers on decisions relating to health care and health insurance on the basis of scientific and objective research.

¹ <https://kce.fgov.be/en/health-system-performance-assessment-how-equitable-is-the-belgian-health-system>

Bulgaria

National strategy for demographic development



Ekaterina Markova and Gabriela Yordanova from SHARE Bulgaria advised the Bulgarian Minister of Labour and Social Policy, Denitsa Sacheva, and her team on joint initiatives on analyses of active labour market policies, especially for vulnerable groups. Further, on request of Minister Sacheva, they prepared analytical material about individuals aged 65+ based on SHARE Wave 7 data.

SHARE Bulgaria and SHARE-ERIC continue to be part of the National Strategy for Demographic Development Action Plan of the Bulgarian government. With SHARE’s inclusion, the state is aware of the data collection importance for public policy, and for the activities of the national SHARE infrastructure.

Croatia

The Public Health Institute’s program for Alzheimer’s disease



SHARE data has been used as the basis for the program “Improving the care for people with Alzheimer’s disease and other dementias”. The program is coordinated by the Department of Public Health Gerontology at the ‘Andrija Stampar’ Teaching

Institute of Public Health, City of Zagreb. The gerontological activity of the Department has a long tradition since 1978 and has been recognized by the appointment of the Reference Centre of the Ministry of Health of the Republic of Croatia for the protection of the health of the elderly since 2002. The work of the Department is organisationally structured through two departments, and the employees are of different professional profiles: specialist doctors, graduate nurses, technicians, nutritionists and economists, all of them educated in gerontology and geriatrics.

Long-term care in Croatia

The OECD used SHARE data (SHARE Waves 6 and 7), among others, to provide a comprehensive analysis of the long-term care (LTC) system for the elderly in Croatia. The work on this important challenge of our ageing societies is done in a cooperation with the Ministry of Labour, Pension System, Family and Social Policy which is also a coordinating ministry for the SHARE study in Croatia. The analyses should serve as informed source about LTC needs in Croatia, about the main actors in provision of care (formal and informal carers) as well as the economic, mainly financial, effects of possible LTC reform.

Denmark

Danish Roadmap for Research Infrastructure 2020



SHARE Denmark has been included in the official “Danish Roadmap for Research Infrastructure 2020” by the Danish Ministry of Higher Education and Science. The Roadmap presents 16 proposals

for new national research infrastructures and contains strategic objectives for the Ministry’s work with research infrastructures.²

The roadmap is Denmark’s national strategy for the research infrastructure area. It contains strategic objectives and specific milestones that point towards the direction for the upcoming years’ development in the area. It also includes specific proposals for which new national research infrastructures Denmark should invest in over the upcoming years.

Among other things, the roadmap can be viewed as an instrument for the strategic prioritization of financing decisions for the research infrastructure area and as a basis for international collaboration on research infrastructures. By putting SHARE on the map, the Danish Ministry is acknowledging its significance for the Danish research area.

France

Social mobility in France



France Stratégie, a national institution which serves as an interface between political decision and academic world, utilises SHARE research in a recent policy brief about social mobility in France (title “La mobilité sociale en France: que sait-on vraiment?”; English: “Social mobility in France: what do we really know?”)³. France Stratégie is an independent institution reporting directly to the Prime Minister office. France Stratégie contributes to public action through its analyses and policy proposals. It facilitates public debate and guides collective choices on social, economic and environmental issues. It also carries out evaluations of public policies at the request of the

government. The results of its work are intended for public authorities, civil society and citizens.

Commission of Experts for Great Economic Challenges

SHARE data was also 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. The 26-member commission was made up of renowned economists from France, Europe and the USA, including SHARE managing director Axel Börsch-Supan. He chaired the working group that offered advice on demography to the president, including a template for pension reform, elements for healthcare reform and a better integration of workers with migration background. The pension reform part has been delivered to the government in March 2021.

The Commission also gained attention in the media, for example:

Jean Tirole: «Le grand danger serait d’oublier l’avenir de la France et de l’Europe» dans la réponse à la crise (Jean Tirole: “The great danger would be to forget the future of France and of Europe” in the response to the crisis), Le Monde, 28.05.2020 (in French).

<https://tinyurl.com/LeMonde2020>

Macron holt sich Rat bei internationalen Ökonomen (Macron seeks advice from international economists), Frankfurter Allgemeine Zeitung, 30.05.2020 (in German).

<https://tinyurl.com/FAZ2020>

Germany

Eighth Government Report on Older People



In every legislative period, the German Federal Ministry for Family Affairs, Senior Citizens, Women and Youth publishes a report on the situation of the older generation in the Federal Republic of Germany, so called *Government Report on Older People* (Altersbericht der Bundesregierung), to continuously support decision processes related to all kinds of age- and ageing-related questions. These Government Reports on Older People are an important source for policy advice and public discourse in the fields of age and ageing. Further, they make an important contribution in deepening and spreading knowledge about ageing processes and older people’s living situations.

In August 2020, the Ministry published its *Eighth Government Report on Older People*.⁴ For its development, also research based on SHARE data was used. The report puts an emphasis on the topic “older people and digitisation” by focusing on the use of digital technologies in areas which are especially important for older individuals like housing, mobility, social integration, health and care. The aim is to show how politics can positively contribute/support the effects of digitisation on the living situation of the elderly. The Expert Commission has identified the digital technologies relevant to all of these life areas, singled out emerging new developments and assessed how such developments are having an impact on life in old age.

² Can be downloaded at <https://ufm.dk/publikationer>
³ <https://www.strategie.gouv.fr/point-de-vue/mobilite-sociale-france-sait-vraiment>

⁴ <https://www.achter-altersbericht.de/bericht>

Commission for a Reliable Generational Compact

With the intention to develop proposals to reform the German public pension system, the German Federal government had installed a pension commission in which Max-Planck director and SHARE managing director, Axel Börsch-Supan, together with representatives from the ruling political parties, the social partners, and two other scientists, participated. This pension commission, called “Commission for a Reliable Generational Compact” (“Kommission Verlässlicher Generationenvertrag”), formulated their final advisory positions in a report to the German government in March 2020.⁵ SHARE contributed findings about the development of health and retirement behaviour in Germany to the report.

Hungary

Links between health and labour market

A new edition of the “Hungarian Labour Market Yearbook” series was published at the end of 2020.⁶ The yearbook series was launched in 2020 with the aim of providing detailed analyses of the Hungarian labour market tendencies, focusing on a special key issue each year. The target audience consists mainly of policymakers in Hungary. The focus of this year’s edition was on the links between health and labour market. The Hungarian SHARE team contributed the first chapter of the report, “Health and labour force status in Hungary and Europe” (original: “Egészségi állapot és munkapiaci státus összefüggései Magyarországon és Európában”), where they used SHARE data to compare the health differences by labour force status in Hungary and the EU.

⁵ <https://tinyurl.com/GenCompact>
⁶ <https://www.mtaki.hu/publikacio/publikacio-kategoria/munkaeropiaci-tukor/>

Israel

Policy advice for the Israeli Ministry of Social Equality and Senior Citizens

The Israeli SHARE team repeatedly gave advice to the Israeli Ministry of Social Equality and Senior Citizens. In March 2020, they prepared a document about “The older population in Israel in the shade of the COVID-19 pandemic”, in which they analysed the health, economic and social characteristics of the 60+ population in Israel based on SHARE data. The aim was to predict the vulnerability of this population group during the COVID pandemic. In April 2020, SHARE Israel prepared a complementary document which focused on the comparison between the older Israeli population and the older European population before the outbreak of the pandemic in terms of health, social and economy. The documents were distributed to policy makers and professionals by the Ministry.

Following a request by the CEO of the Israeli Ministry of Social Equality and Senior Citizens, the Israeli team prepared a document providing a detailed description of SHARE’s major contributions for social policy makers in the field of ageing and, in particular, in times of pandemic. As a consequence, the team met with the CEO to further discuss the importance of SHARE for social policy and its significance in terms of science quality.

Shortly after, another senior representative of the Ministry requested data on the Arab population in Israel, which the Israeli SHARE team was able to answer with data on loneliness among older Arabs based on the SHARE Wave 8 COVID-19 data which was published in December. They further provided



selected findings on the 65+ population in Israel during the pandemic for the assistant of the Minister of Social Equality. These selected findings were based on the SHARE Wave 8 COVID-19 data and were incorporated in the annual presentation of the Ministry.

Map of national indices for optimal ageing

In a joint working team of government ministries, JDC Israel Eshel, JDC Israel Brookdale, the Central Bureau of Statistics and the Israel Gerontological Data Center (IGDC), a map of national indices for optimal aging was compiled. The goal is to measure these indices repeatedly in order to learn about changes over time. The map serves as a guide for the Israeli government to deal with the widespread challenge of aging, by monitoring the condition of the older population according to the optimal aging indices over the years and in international comparison. One of the main data sources for this map is the SHARE survey.

Israel Gerontological Data Center leaflet

The Israel Gerontological Data Center extended leaflet includes a detailed report that describes the data collection in SHARE during the pandemic and provides selected findings of the health, social and economic situation of the older population in Israel with comparisons to Europe. The leaflet was delivered at the end of December 2020 to the IGDC mailing list that includes approximately 4000 professionals, academics and policy makers in the field of aging.

⁷ <https://www.openscience.nl/projecten/project-e-verkenning-en-optimisering-nationaal-datalandschap>

Netherlands

The national data landscape in the Netherlands



During the Dutch EU presidency in 2016, EU-wide agreements about Open Science, in particular about the 100% Open Access ambition to scientific publications, were made. As a result of this chairmanship, the Dutch government set up the Amsterdam Call for Action, which stated that each member state would develop a national plan for Open Science. This process started in 2017 in the Netherlands and resulted in the National Open Science Program (Nationaal Programma Open Science), in which the Dutch Ministry of Education, Culture and Science works together with various political and scientific actors.

In 2020, the National Open Science Program has published the final report “Verkenning en optimaliseren nationaal datalandschap” (“Exploration and optimization of the national data landscape”), which focuses on the optimal reuse of research data.⁷ The report maps out all actors that are active in the field of research data management. They were particularly looking for good practices and points for improvement to make proposals for optimizing the national data landscape. SHARE, as a certified repository in the Netherlands, is integrated in the national data landscape and highlighted as a particularly good example for an international data provision service.

The project is carried out against the background of the development of the European Open Science Cloud (EOSC) with the goal to implement the EOSC at a national level.

Slovenia

Gender equality in informal long-term care



On 3-4 December 2020, the European Commission's Directorate-General for Employment, Social Affairs and Inclusion (DG EMPL) hosted a peer review on "Work-life balance: promoting gender equality in informal long-term care provision". On this occasion, the German Federal Ministry for Family Affairs, Senior Citizens, Women and Youth invited experts from the Czech Republic, Malta, Portugal, Slovenia, Spain, France and Latvia, together with representatives from the European Commission as well as thematic experts to explore challenges and good practices of gender equality in informal long-term care provision.

As one of the peer countries, Slovenia provided a Peer Country Comments Paper regarding the caregivers of family members, written by the Slovenian Ministry of Health and published by the European Commission, DG Employment, in which important findings were demonstrated by SHARE data.⁸

Development Report 2020

The Development Report, published by the Institute of Macroeconomic Analysis and Development of the Republic of Slovenia, an independent government office, is a document monitoring the implementation of the Slovenian Development Strategy. The 2020 Report presents the baselines for monitoring the realisation of the Slovenian Development Strategy 2030, adopted by the government of the Republic of Slovenia in

December 2017. The Strategy's primary objective is to ensure a high quality of life for all through balanced economic, social and environmental development, which creates conditions and opportunities for present and future generations. The Development Report 2020 refers to SHARE findings regarding overweight and obesity among older people (Chapter 3: An inclusive, healthy, safe and responsible society). It is accessible in Slovenian and English.⁹

Reform of the long-term care system

Slovenia is currently working on a reform of its long-term care system. The aim of the reform is to ensure a fiscally sustainable, accessible and high-quality system, with an emphasis on care in the home environment. Further, in order to slow down the rapid growth of public expenditure in this area in the long run, the reform targets more effective prevention, early rehabilitation and the effective use of information and communication technologies.

Throughout the preparation of the latest proposal for the new Long-Term Care Act, the Slovenian Ministry of Health used SHARE data for estimates about the current recipients of informal care or persons with unmet needs who could enter the new long-term care system. Additionally, SHARE data was used for insights into how individuals think about the long-term care system itself, how to organise care for their close relatives or what form of long-term care they would like to receive personally. This information represented the basis for estimating the funds to cover the expenses of those now informal care recipients who are supposed to enter the new long-term care system.

Further, the SHARE Slovenia team provided advice to the Slovenian Ministry of Health about measures of long-term care provision and their impact on costs of the health care system, especially about the effects of receiving different types of long-term care on health care utilization.

The analysis is presented in:
Srakar, A.; Majcen, B.; Bartolj, T.: Does Long-Term Care Provision Reduce Health Care Utilization? A Bayesian Nonparametric Approach to Longitudinal Mediation Analysis. SHARE Working Paper Series 48-2020. Munich Center for the Economics of Aging (MEA). Munich. DOI: 10.17617/2.3257699.

Switzerland



Policy challenges of Switzerland's ageing society

Working papers from the Economics Department of the OECD cover the full range of the Department's work with the intention to stimulate discussion on certain issues within the OECD and beyond. The 2020 paper "Policies for Switzerland's ageing society", which relates to the 2019 OECD Economic Survey of Switzerland, highlights three key policy challenges for Switzerland's ageing society to preserve high living standards in coming decades: how to reform the pension system, how to keep older workers in employment and how to more efficiently finance long-term care in the future. For figures regarding the last point, long-term care and informal care in Switzerland, the paper draws on SHARE data.¹⁰

¹⁰ <https://doi.org/10.1787/3f8a12c6-en>

ON THE EUROPEAN LEVEL

EU

Informal long-term care in the European Union

End of 2019, the European Commission's Directorate-General for Employment, Social Affairs and Inclusion (DG EMPL) commissioned a consortium led by Ecoys NL and the Erasmus University Rotterdam to conduct a study on the incidence and costs of informal long-term care (LTC) in the European Union. The aims of this study are to define informal LTC, to quantify the incidence and the costs related to informal LTC, and to analyse the impact of informal caregiving regarding the employment, income, and wellbeing of informal care givers and the macroeconomic impact for the labour market and welfare state.

In order to quantify incidence and costs related to informal LTC and to analyse the impacts of informal caregiving, to assess care-giving and -receiving of specific subgroups and to correlate care-giving with social and economic outcome measures, the research group analysed several relevant datasets, including SHARE. Since SHARE is one of the only datasets that covers multiple countries and provides information on the type of informal care given, as well as the frequency and the receiver of the care given, SHARE data was essential for this project. Further, SHARE's longitudinal set-up makes it possible to assess changes in caregiving and other variables over time.

The final report including all results is expected to be published in 2021 by the European Commission.

⁸ <https://tinyurl.com/CommentsPaperSlovenia>
⁹ <https://tinyurl.com/DevelopmentReport2020>



ON THE GLOBAL LEVEL

United Nations Organization (UNO)

Human rights of older persons: the data gap

The UN Independent Expert on the rights of older persons has published a report on how data collection, analysis and use (or their lack) impacts awareness of the challenges faced by older persons in the exercise of their human rights.¹¹ This study is supposed to map the ways in which data is being collected and the extent to which they reflect the situation of older persons around the world. It is meant to identify gaps in the data, to analyse the impact of lack of data on older per-

sons in the enjoyment of their human rights, and to formulate recommendations about how to improve data collection, analysis and use. As an organisation working long-time in this field (data production as well as analysis), SHARE has been consulted as a key expert entity, among others, to ascertain its views and to collate existing evidence or insights on these issues.

The report aims to influence the deliberations of both individual states and various UN mechanisms, including the SDGs and the UN Open Ended Working Group on Ageing.

World Population Ageing

The report “World Population Ageing 2020 Highlights: Living arrangements of older persons” by

the Population Division of the United Nations Department of Economic and Social Affairs (UN DESA) examines living arrangements of older persons and their interrelationship with socio-economic, cultural and health related aspects of their lives in the context of the 2030 Agenda for Sustainable Development.¹² Here, SHARE research is used to shed light on the living situation of older persons who live independently, i.e. not in some kind of care facility, especially regarding these people’s satisfaction with their living situation. Further, it discusses preliminary results of the analysis of the susceptibility of older persons to COVID-19. The report concludes with recommendations for government policies to address population ageing.

OECD

Health at a Glance: Europe 2020

The OCED report “Health at a Glance: Europe” compares key indicators for population health and health system performance across the 27 EU member states, candidate and partner countries.¹³ It highlights how countries differ in terms of the health status and health-seeking behaviour of their citizens, risk factors, health expenditure and financing, and quality and accessibility of care. The 2020 edition of the report sets focus on the impact of the COVID-19 crisis on European health systems and their ability to contain and respond to the pandemic. Further emphasis lays on the health and welfare burden of air pollution as another major public health issue in European countries. SHARE has been involved for evidence on chronic diseases and disabilities among older people, especially to understand the prevalence and distribution of chronic diseases across Europe, across age and between women and men.

The report is the first step in the *State of Health in the EU* cycle, an initiative launched by the European Commission in 2016 to assist EU member states in improving the health of their citizens and the performance of their health systems.

Social protection in old age

In their Health Working Paper series, the OECD strives to make health studies which had been prepared for policy advice within the OECD available to a wider audience. The 2020 working paper Nr. 117 puts a focus on the increasing demand of long-term care and its associated challenges, especially the financial risks long-term care can bear.¹⁴ The report makes use of SHARE data to investigate cross-country and regional variations in long-term care and complements it with information about costs of care services, the degree of public coverage and more. The special policy relevance of the report arises from a simulation of the distributive effects of actual and hypothetical policy scenarios and possible reforms.

World Bank

Reforms for public pension schemes

The World Bank Group has published the book “Addressing Gender, Administration, and Communication”, which is the second Volume of the series “Progress and Challenges of Nonfinancial Defined Contribution Pension Schemes”. The series analyses progress, challenges and adjustment options of reforms for mandated public pension schemes with nonfinancial defined contribution (NDC) schemes as a reform benchmark. The first volume assesses early reform countries, followed by key aspects of

11 <https://undocs.org/A/HRC/45/14>

12 <https://www.un.org/development/desa/pd/news/world-population-ageing-2020-highlights>

13 <https://doi.org/10.1787/82129230-en>

14 <https://doi.org/10.1787/2592f06e-en>

policy implementation and design review. The second volume addresses issues like the gender pension gap, administrative challenges of NDCs and cross-border pension taxation, among others. Elsa Fornero, Vice Chair of SHARE-ERIC, has contributed a chapter about Information and Financial Literacy for socially sustainable NDC pension schemes to the second volume of this series.¹⁵

WHO

Regional Action Plan on Healthy Ageing in the Western Pacific

In 2020, the WHO Regional Committee for the Western Pacific endorsed the Regional Action Plan on Healthy Ageing for the Western Pacific.¹⁶ Recognizing that population ageing is a global trend and accelerating, the action plan was developed to support WHO member states in taking early action to prepare for population ageing. It focuses on health and social transformation to enable people to age in good health, receive tailored community supports and contribute meaningfully to society

¹⁵ <http://hdl.handle.net/10986/32439>

¹⁶ <https://apps.who.int/iris/handle/10665/339869>

¹⁷ <https://apps.who.int/iris/handle/10665/332075>

throughout their lives. The report employs SHARE research for evidence on the impact of socioeconomic status on ageing trajectories.

Policy brief: Living longer, but in better or worse health?

A policy brief from the WHO Economics of Healthy and Active Ageing Series explores health and disability of older people in Europe and how they relate to increases in life expectancy.¹⁷ The brief considers the latest evidence on health and disability measures and considers policy options to support healthy and active ageing. SHARE, being described as “one of the most important comparative sources of information on these limitations in Europe” in the policy brief, is being used as a main source for information about the prevalence of functional limitations across countries and for comparisons between age cohorts. For instance, one of the findings from SHARE research is that older people of more recent cohorts had substantially better cognitive functioning than those in cohorts born earlier.

Age-friendly environments in Europe: indicators, monitoring and assessments

The WHO Regional Office for Europe has published the report “Age-friendly environments in Europe: indicators, monitoring and assessments” (original: “Altersgerechte Umfelder in Europa: Indikatoren, Monitoring und Bewertungen”).¹⁸ This publication in German examines the contribution of information systems, indicators, monitoring and assessment to the success and sustainability of age-friendly policy initiatives. Among others, it sets out SHARE as a potential source for drawing a comprehensive picture of the situation of older people and their quality of life. It further examines existing age-friendly initiatives in Europe and the various ways in which these are supported by measurement, monitoring and tailored communication tools.

¹⁸ <https://apps.who.int/iris/handle/10665/334286>

¹⁹ https://apps.who.int/gb/e/e_wha73.html

Global Status Report on Healthy Ageing, 73rd World Health Assembly

On prior resolution, a global status report on healthy ageing has been submitted to the WHO’s 73rd World Health Assembly held in 2020.¹⁹ It provides data and figures, and reviews progress made on actions for the proposed Decade of Healthy Ageing 2020-2030. SHARE data builds the main data source for the report’s analyses about healthy ageing: data for 27 out of the 30 countries included are dragged from SHARE’s Wave 7, thus, making use of SHARE’s cross-country perspective and comparability with its sister studies. Researched topics include age distribution across countries, prevalence of functional limitations and impact of health services and social care systems, amongst others.



Around 5% of SHARE Users are Policy Actors

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 2020 (VIRTUAL)

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

The 12th SHARE-ERIC Council meeting took place on Wednesday 20th May 2020. 15 out of the 16 SHARE-ERIC countries attended the meeting.

The meeting was marked by the sudden outbreak of COVID-19: In his summary, the Managing Director Axel Börsch-Supan explained how SHARE has been financially consolidated due to the successful application for a new INFRADEV 3 call (SHARE COHESION) and could therefore manage again to integrate all 28 countries into the current wave. However, then SHARE was hit by the sudden spread of the Sars-CoV-2 virus in spring 2020, which would have meant a very high risk of infection, especially for the older SHARE respondents but also for the interviewers. After notifying the Council, the ongoing face-to-face interviews were immediately stopped in all SHARE countries. The SHARE Head of Operations, Karin Schuller, highlighted how the SHARE management has been working intensely during spring in order to continue Wave 8: A Corona related questionnaire suitable for telephone interviews has been developed. The outcome of this survey will be highly relevant data on the immediate consequences of the pandemic.

In order to make these telephone interviews possible, the running contracts in all SHARE countries had to be adapted. Upon suggestion of the Austrian delegate, Matthias Reiter-Pázmándy, a good solution could finally also be found for the problem of the incomplete refreshment sample after the Council meeting: As this sample requires face-to-face interviews, it is now planned to continue the refreshment sample in autumn 2021 still as part of the Wave 8 contract. By this, already made investments can be further used.

Other agenda items were several elections: Dr. Maïke Koops, the new German delegate, was elected as Chair of the SHARE-ERIC Council. Prof. Elsa Fornero was confirmed in her role as Vice Chair. Šime Smolić, country team leader of Croatia, will follow as new Chair of the Assembly of country team leaders. Finally, a SHARE 2.0 working group was set up in order to prepare the extension of the duration of SHARE-ERIC beyond 2024.



SHARE WAVE 8 MIDTERM MEETING 2020 (VIRTUAL)

From Helsinki to a virtual space

Due to the outbreak of the Corona pandemic, the SHARE meeting – that was initially planned to be held in Helsinki – was changed to an online format.

This meeting was held from 1 April to 3 April 2020. It aimed at discussing the project progress as well as next steps and launching a discussion about the future of SHARE. Regarding funding options, all countries were encouraged to explore and secure national funding for SHARE including structural funds.



SHARE WAVE 9 PLANNING MEETING 2020 (VIRTUAL)

Focusing on the new SHARE Corona Surveys

Also the second meeting of the year 2020 was held online, due to the ongoing travel restrictions connected to the Corona pandemic. It was held from 12 October to 14 October. The focus of this meeting was the planning of a second survey round of the special SHARE-COVID19 project that was initiated during the year and the presentation of first research results from the first survey round of this project. On the administrative level one focus was laid on clarifying the process for the upcoming procurement phase. The meeting was rounded off with an appreciative statement from the Scientific Monitoring Board of SHARE acknowledging the quick reaction to the Corona pandemic and the development of the special COVID-19 project and voicing strong support for the efforts in developing a multi-mode data collection strategy.



SHARE-ERIC AND THE ERIC FORUM (PROJECT)

Revising the Forum's governance structure

In 2020, under the lead of SHARE-ERIC, a revision of the ERIC Forum governance model was successfully carried out – a governance model which has been designed within the ERIC Forum project's work package 2, in which SHARE-ERIC acted as the work package leader, in 2019. As a result, more detailed electoral regulations were developed and the wish of the ERIC Forum members for more transparency and diversity within the Forum was implemented. On the basis of the new regulations, the Chair John Womersley (European Spallation Source ERIC) and the Vice chair Anton Ussi (EATRIS ERIC) have been recently confirmed for another year of Chairmanship. SHARE-ERIC has presented the results of this work package during the annual ERIC Forum Meeting end of January 2021.



The ERIC Forum at its annual Forum Meeting in Brussels, Febr. 2020



SOCIAL SCIENCES AND HUMANITIES OPEN CLOUD (SSHOC)

Integrating the social sciences and humanities into the European Open Science Cloud (EOSC)

SHARE participates in the Social Sciences and Humanities Open Cloud (SSHOC) project, which started in 2019. SSHOC will realise 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 part of SSHOC alongside 47 other organisations: all SSH ESFRI Landmarks and Projects (including CESSDA, CLARIN, DARIAH and ESS), relevant international SSH data infrastructures and the Association of European Research Libraries (LIBER) participate in the project, ensuring an inclusive approach. Coordinator of the project is Ron Dekker, head of CESSDA.

SHARE's work package leading and participation

SHARE led Work Package 5 "Innovations in data access" in SSHOC until December 2020, which aims to adapt the way in which social surveys commonly provide data access to scientific researchers, in response to developments in technology and EU policy. SHARE mainly contributes to considerations and steps needed for data access of biomarker and accelerometer data and shares knowledge on how to make such data accessible following Open Science and FAIR principles.

In addition, SHARE is involved in Work Package 3 "Lifting Technologies and Services into the SSH Cloud" and leads one task in Work Package 4 "Innovations in Data Production". In these Work Packages, SHARE participates in specific tasks to develop a historical job data base and to develop tools for the use of Computer Assisted Translation.

Progress in year two of the project

In 2020, year two of the project, the COVID-19 pandemic crisis did not bypass the 48 partners and more than 230 people involved in this project. However, the project has not suffered, and was able to continue the work planned, mitigating the risks and finding solutions to the challenges that arose. Working in virtual areas, remotely, reformatting events, adapting activities, adjusting the timelines, and prioritising effective and constant communication among partners made this possible. For year two, SSHOC Project managed to achieve 12 Milestones and successfully submit 16 Deliverables to the EC. SHARE delivered the Milestone 22: *Inventory of computing space needed for processing and analyzing accelerometer data* in August 2020, delivered Deliverable 5.2: *Data access protocol for DBSS data* in December 2020, and worked on

Milestone 18: *Beta version of automatic verification software available for testing.*

Selected publications:

Versic, I. I., Komljenovic, V., Drascic, M., et al. (2020). D1.6 SSHOC Data Management Plan. Zenodo.

Weiss, L. M. (2020). D5.2 Data access protocol for DBSS data, linked to survey data, conforming FAIR principles (Access to biomedical data) (Version v1.0). Zenodo.



PR UPDATES IN THE YEAR OF THE PANDEMIC

Communication in times of a global crisis

To keep scientists, SHARE country teams, officials in the EU and national ministries as well as respondents up-to-date of the developments around SHARE, a grounded and consistent communication is essential. Therefore, SHARE's PR team continued addressing these diverse audience groups with targeted (online) content and worked on establishing sustainable dialogue-oriented communication channels.

Communication in the crisis

When the ongoing face-to-face survey of the 8th SHARE Wave was interrupted in spring 2020, it was not only necessary to act quickly to protect respondents and SHARE interviewers, but also to intensify communication with scientific partners, funders at national and international level and, last but not least, respondents. The PR team therefore supported the (operational) management in quickly and precisely formulating status updates and planned next steps in this first crisis period of the Corona pandemic. Up-to-date information in form of website news, press releases, newsletters and targeted letters to partners and interviewers was provided by the team.

Communication with SHARE Country Teams

The SHARE PR team also increased its internal communication activities through digital channels to support the country teams with their PR activities. In the online SHARE Wave 9 Planning Meeting in October for example, the PR team offered a live PR helpdesk

to all SHARE country team members. In this meeting with around 40 participants from all SHARE countries, questions in the areas of "cross-country press releases and monitoring", "SHARE publications", "SHARE user statistics", as well as "respondent materials" were discussed directly and corresponding follow-up processes initiated.

Communication via Social Media

Also in 2020, SHARE continued to engage with international researchers and policy makers through various social media channels, e.g. Twitter and Facebook. This included regular formats such as disseminating SHARE Findings, #SHAREfacts and #SHAREBlogposts as well as news of online events, exchange and networking with partner projects, job offers and scientific updates.

Communication with Respondents

SHARE would not be possible without the respondents' willingness to participate and their trust in the survey. Substantial communication with them is therefore essential for the success of the project. In the pandemic year, perhaps more important than ever, the PR team also supported the country teams with their respondent communication. The PR team, among others, helped developing letters to respondents informing them about the suspension of the face-to-face survey and the resumption of telephone surveys and provided communication templates for the country teams, e.g. a Christmas Card.

Dissemination of SHARE-COVID19 results

A large number of professionals from different areas are interested in SHARE-based research results, among them policy makers and policy advisors, researchers from multiple research areas, (scientific) institutions and NGOs, and journalists from all over the world. In order to keep them as up to date as possible, the SHARE PR team regularly publishes

new SHARE-based publications on the website and disseminates summaries of SHARE-based research results on the pandemic via its PR channels and mailing lists.

For an overview of SHARE-based COVID-19 research, see www.share-eric.eu/share-publications/share-covid-19-publications.



THE SHARE 2.0 PROCESS

Planning the Future of SHARE

When SHARE was established as a European Research Infrastructure Consortium in 2011 it was planned to collect a total of ten waves of data and to conclude at the end of 2024 (see SHARE-ERIC Statutes). Due to its outstanding success and the need for subsequent research that would be greatly facilitated by building on the established panel infrastructure, it became clear that it would be desirable for both the scientific community, as well as political stakeholders as the recipients of policy advice, to extend SHARE for the foreseeable future.

While a consensus on the general desirability of continuing SHARE past its deadline was evident, it was also plain to see that a SHARE past 2024 would have to be adapted to the changes in society, science and survey technologies. In order to steer this adaptation process a SHARE 2.0 Working Group was set up by the SHARE-ERIC Council, comprising council members and scientist. The aims of this group are to develop a concept for SHARE's future regarding scientific content, survey methodology, governance and funding.

Subsequently, 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. The call went out to a diverse mixture of more established and early-stage researchers all across Europe in order to capture a broad picture of ideas on the most relevant future research topics. Response to the call was very good and yielded well over a 100 suggestions, ranging from first ideas to concrete research proposals. In

conjunction with the SHARE Management Board's own considerations this was condensed into a position paper in autumn 2020. SHARE's Scientific Monitoring Board (SMB) approved this concept shortly after and recommended it as the scientific framework for SHARE's future. Further deliberations of the SHARE 2.0 Working Group regarding governance and funding are currently ongoing.

Flexibility and innovation – The scientific framework for SHARE 2.0

While there will be continuity in SHARE's general research directions, its exact future mission will be defined as understanding the interactions between health and socio-economic living conditions, significantly influenced by health, social and economic policies, over the life-courses of European citizens in a multidisciplinary and pan-European context. With the baby-boom generation now retiring, the dangers to health becoming more salient after the COVID-19 pandemic and the long-term care costs looming in the future, SHARE is needed more than ever.

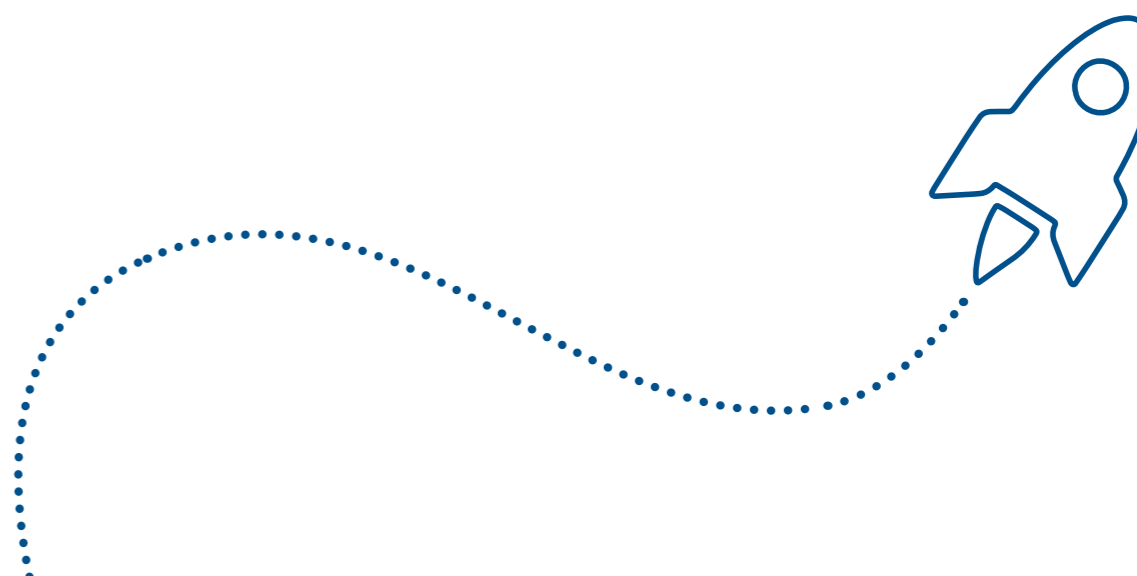
In order to implement these mission goals SHARE will keep following its basic principles of being a **multi-disciplinary** and **longitudinal study**, capturing the **cross-national** variation in welfare policies and collecting primarily **objective data**. Finally, SHARE is **designed by researchers for researchers**, i.e. excellence in research is paramount to all other considerations, and the close interaction between survey design and substantive research is essential for its success. The focus for SHARE 2.0 was adapted to include

four research areas, covering the **retirement of the baby-boomers** and its relation to the Silver Economy and digitalization, **health prevention and maintenance** in an ageing world threatened by new infections and chronic diseases, **flexible old-age care**, as well as **rising inequality** in income, wealth, and health (see MPISOC Research Report 2018 – 2020 for more details).

The revised research agenda and the lessons from the recent pandemic are precipitating some major methodology updates for SHARE. Face-to-face interviewing has become costly and together with low survey participation rates a switch to a **mixed-mode design** of data collection, including e.g. telephone, mail and web, is called for. This approach will also increase **flexibility** enabling SHARE to react quickly to suddenly arising research issues, due to e.g. policy changes, public health emergencies or economic crises. SHARE's focus on **objective**

data will remain and be enhanced e.g. by using **new devices**, like accelerometers or bio-impedance measures. **Linkage with administrative data** will be extended to new countries and data sources. **Geocoding** will allow to enrich SHARE with regional information, while highest data protection standards will be maintained. The Social Policy Archive for SHARE (SPLASH) will enable researchers to add **contextual data**, e.g. date, scope, and content of new laws and policies, to SHARE data.

With these principles, research directions and methodological innovations, agreed upon by SHARE's scientific coordination and monitoring boards, SHARE is well set-up for the next steps in the SHARE 2.0 process. Its success will enable SHARE to keep providing a reliable and innovative research infrastructure, as well as high-quality scientific output and policy advice for years to come.



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 2020 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 2021.

Financial Statement for SHARE-ERIC 2020

SHARE's financial year 2020 was strongly influenced by the pandemic. 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, became impossible. The switch to CATI and the continuation of Wave 8 in a new survey mode made it necessary to agree on new contract specifications. Moreover, prices needed to be re-negotiated in order to (a) allow for a maximum of SHARE panel respondents to be re-interviewed in CATI mode and (b) to stay nevertheless within the originally planned budget for each country.

SHARE succeeded to sign amendments with the agencies. They include two parts. The first part enables the switch from CAPI to CATI, while the second part regulates the complex resumption of the refreshment studies that had been ongoing in several SHARE countries before the pandemic. We were able to postpone the full execution of these refreshments to Wave 9. This rescues the initial investments made in sampling during Wave 8.

The accounting for the financial year 2020 could be closed as planned in mid-March 2021 with an audit report which found that all figures provided below (Figure 1) are in agreement with the bank accounts.

Summary		2020		
By expense/contribution type:				
Type	Code	Expenses	Contributions	Gain/Loss
INITIAL BALANCE				4.537.030,79
CC: Country Contributions acc. to Art.9	CC	59.990,00	3.743.201,12	3.683.211,12
GC: Grants & contracts	GC	424.315,93	3.774.759,96	3.350.444,03
MF: Membership fees	MF	0,00	160.000,00	160.000,00
II: Interest income	II	0,00	4.059,67	4.059,67
VA: VAT reimbursement	VA	0,00	195.488,00	195.488,00
PF: Participation fee	PF	0,00	309.900,00	309.900,00
SV: Survey costs	SV	5.245.885,88	0,00	-5.245.885,88
PE: Personnel costs	PE	0,00	0,00	0,00
TV: Travel costs	TV	1.243,64	785,20	-458,44
MA: Materials costs	MA	2.826,00	0,00	-2.826,00
AC: Account and other charges	AC	10.453,10	25,00	-10.428,10
SC: Other subcontracts	SC	1.426.285,65	4.031,77	-1.422.253,88
CD: Column D	CD	0,00	0,00	0,00
XX: unknown, not yet categorized	XX	32,26	32,26	0,00
TOTAL FLOWS		7.171.032,46	8.192.282,98	1.021.250,52
END BALANCE				5.558.281,31

Figure 1: Summary flow of funds in calendar year 2020

Figure 1 provides a summary of all account movements in 2020. 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 expenses paid in 2020. "Expenses" here represent also withdrawals from country contributions towards membership and participation fees. It also includes expenses for subcontracts, including the costs of the SHARE country team at the national institution in some countries, and the costs of the international coordination outside Munich. These expenses are paid mostly by re-distribution of EU funds towards the coordination nodes as beneficiaries within an EU project ("expense" under GC).

Column 4 shows the contributions from member countries and grants received in 2020, which finance these expenses. Membership and partic-

ipation fees are two separate types of country contributions since 2019. The total income from these two categories can be found in column 5. The balance between expenses and contributions is also 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 (€5.6m) is due to country contributions as well as pre-financing and final payments of grant amounts which were received in 2020 for payments in 2021. This positive balance is higher than in the previous years since Wave 8 started in 2019 but some final payments for CAPI, CATI and the resumption of Wave 8 refreshments after the pandemic will be made only in 2021 and 2022.

Income	Amount	Amount	Y/N	Y/N
Membership and Participation fees 2020				
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	10.000,00 €	19.950,00 €	Y	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	10.000,00 €	15.000,00 €	Y	Y
EE	10.000,00 €	10.050,00 €	Y	Y
ES	10.000,00 €	19.950,00 €	Y	Y
FI	10.000,00 €	15.000,00 €	N	N
FR	10.000,00 €	19.950,00 €	N	N
GR	10.000,00 €	10.050,00 €	Y	Y
HR	10.000,00 €	10.050,00 €	Y	N
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	10.000,00 €	10.050,00 €	N	N
LT	10.000,00 €	10.050,00 €	Y	Y
LU	10.000,00 €	15.000,00 €	Y	Y
MT	10.000,00 €	10.050,00 €	N	N
NL	10.000,00 €	19.950,00 €	Y	Y
PL	10.000,00 €	10.050,00 €	Y	Y
PT	10.000,00 €	10.050,00 €	N	N
RO	10.000,00 €	10.050,00 €	N	N
SE	10.000,00 €	19.950,00 €	Y	Y
SI	10.000,00 €	10.050,00 €	Y	Y
SK	10.000,00 €	10.050,00 €	N	N
Expected income	160.000,00 €	385.350,00 €		
Actual income*	150.000,00 €	290.100,00 €		
* as of 16 May 2021	still missing	10.000,00 €	95.250,00 €	

Expenditure	Amount
ERIC administration 2020	
Account charges/transaction fees	443,70 €
Safekeeping charges/negative interest (applied since August, for 3rd and 4th quarter 2020)	9.972,85 €
Auditor	4.500,00 €
Budget SMB/Travel	66,91 €
1 FTE accountant	56.613,44 €
2 Council meetings	- €
ESFRI Workshop, travel and subsistence	1.243,64 €
Internet domains SHARE	937,99 €
Design and Print annual activity report	6.378,45 €
MEA-SHARE GmbH operational costs 2020	2.273,72 €
Bundesanzeiger Transparency Register	13,01 €
Total expenditures	82.443,71 €
Surplus/deficit	67.556,29 €
Carry-over Surplus 2019	74.679,35 €
Surplus/deficit	142.235,64 €
IT and software coordination services ex Munich, 2020	
IT routine support: CentERdata Tilburg	370.688,00 €
reimbursement VAT Data protection company for 6 agency desk checks in 2019	570,00 €
Total expenditures	370.118,00 €
Surplus/deficit	-80.018,00 €
Carry-over Surplus 2019	225.936,00 €
Surplus/deficit	145.918,00 €
Surplus/deficit from fees 2020	288.153,64 €

EU-COM 2020 New countries		
DG EMPL 2019/ Jan-Sept 2020	286.737,33 €	Y
DG EMPL 2020/ Oct-Dec 2020	83.134,00 €	Y
expected income	369.871,33 €	
actual income	369.871,33 €	

EU-COM 2020 New countries		
IT support new countries at CentERdata	90.300,00 €	
EU Project Coordinator MEA, Munich	279.571,33 €	
total expenditures	369.871,33 €	
Surplus/deficit	- €	

EU-COM 2021 Int'l Coordination ex Munich, Innovation		
COHESION	1.240.859,00 €	Y
SHARE-COVID (SHARE-ERIC)	30.126,00 €	Y
expected income	1.270.985,00 €	
actual income	1.270.985,00 €	

EU-COM 2020 Int'l Coordination ex Munich, Innovation		
IT support innovation: CentERdata	131.954,00 €	
Economics Area: Padua	150.681,00 €	
Economics Area: Venice	150.681,00 €	
Health Area: Odense	206.120,00 €	
Social Area: Jerusalem	113.409,00 €	
Survey Mgmt/Methodology: Paris	85.265,00 €	
Health Care Area: Wuppertal	99.185,00 €	
SHARE-ERIC Admin: Madrid	12.697,00 €	
SHARE-ERIC subcontracts (weights, imputations, PR, Meetings)	92.500,00 €	
EU Project Coordinator MEA, Munich	228.495,00 €	
total expenditures	1.270.987,00 €	
Surplus/deficit	2,00 €	

Survey contributions in 2020		
Country	Own	DG EMPL
All, EU SHARE-COVID survey fund		
AT	507.781,12 €	
BE*		
CZ	179.293,60 €	
DE - via DFGTU	1.064.925,00 €	
FR	538.470,00 €	
GR		166.377,89 €
IL*		
IT	250.000,00 €	
NL		
PL	243.833,53 €	
SE	575.784,02 €	
SI	146.520,00 €	
CH*		
BG own/ via DG EMPL wave 8	12.000,00 €	69.918,79 €
CY via DG EMPL wave 8	- €	88.715,50 €
DK*		
EE own/partially via DG EMPL wave 8	19.450,00 €	153.730,05 €
ES own/partially via DG EMPL wave 8		185.986,99 €
FI own/partially via DG EMPL wave 8	111.644,00 €	130.983,29 €
HR	51.396,97 €	
HU	167.500,00 €	
LT via DG EMPL wave 8	32.950,00 €	179.626,16 €
LV via DG EMPL wave 8	- €	89.916,74 €
LUX*		
MT via DG EMPL wave 8	- €	83.317,80 €
PT*		
SK via DG EMPL wave 8	- €	129.104,19 €
RO via DG EMPL wave 8	- €	94.626,27 €
Totals own/DG EMPL	3.901.548,24 €	1.372.303,67 €
Total income survey 2020		5.273.851,91 €
* funding not via SHARE-ERIC		

Survey costs in 2020	
Country	Amount
All	
AT	917.781,12 €
BE*	
CZ	319.330,31 €
DE - via DFGTU	1.064.925,00 €
FR	763.940,30 €
GR	166.377,89 €
IL*	
IT	126.452,30 €
NL	- €
PL	- €
SE	575.735,40 €
SI	100.000,00 €
CH*	
BG	69.918,79 €
CY	88.715,50 €
DK*	
EE	153.730,05 €
ES	234.913,31 €
FI	130.983,29 €
HR	51.396,97 €
HU	- €
LT	179.626,16 €
LV	89.916,74 €
LUX*	
MT	83.317,80 €
PT*	
SK	129.104,19 €
RO	94.626,27 €
Total expenditures	5.340.791,45 €
Surplus/deficit	66.939,54 €
Carry-over Surplus 2019	1.211.828,36 €
Surplus/deficit	1.144.888,82 €

US-NIA grants 2020		
NIA grant	30.000,00 €	Y
NIA grant	378.000,00 €	Y
NIA grant	200.000,00 €	Y
expected income	608.000,00 €	
actual income	608.000,00 €	

Biomarker and cognition 2020	
DBS laboratory analyses	30.000,00 €
Biomarker material	378.000,00 €
hCAP personnel, licences	200.000,00 €
expected expenditures	608.000,00 €
Expected surplus/deficit	- €

Figure 2 provides more detail by country and category. Figure 2 shows the expenditures per items that occurred in 2020 and the related incomes. Figure 2 is defined by SHARE activities occurring in 2020, while Figure 2 above was defined by account movements in 2020. The totals differ slightly between the two figures since, on the one hand, some income arrived already in 2019 and, on the other hand, some expenses which are attributable to 2019 were invoiced only in 2020. We show the situation according to the final accounts per 31.12.2020 as of March 2021.

Several line items are worth noting. First, since most countries pre-financed their survey expenses, the account shows a large surplus of €1.144.888 which will be offset by the expenses in 2021.

Second, Wave 8 started in 2019. However, as already explained, some countries will finish the refreshment sample only in 2022, due to the pandemic-related postponement. Hence, surpluses in 2020 will disappear by 2022.

Third, all countries have paid their membership fee for 2020 except one country where it is still delayed at the time of this report for administrative reasons.

Finally, nine countries have not paid their participation fee: three countries for administrative reasons and six countries for lack of funds. We expect all of these participation fees to be paid in 2021 by the three countries and by the Directorate-General for Employment, Social Affairs and Inclusion (DG EMPL) for the six countries, respectively.

In spite of this deficit, 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 is the hiring of a data protection specialist to certify technical and organizational measures of the survey agencies which had to be postponed to 2021.

Figure 2 shows the expenditures per items that occurred in 2020 and the related incomes. Figure 2 is defined by SHARE activities occurring in 2020, while Figure 2 above was defined by account movements in 2020. The totals differ slightly between the two figures since, on the one hand, some income arrived already in 2019 and, on the other hand, some expenses which are attributable to 2019 were invoiced only in 2020. We show the situation according to the final accounts per 31.12.2020 as of March 2021.

Funding all of SHARE

Total costs of the entire SHARE operation during the two years of Wave 8 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 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. In Wave 8, as of December 2020, 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

Figure 2: Detailed flow of funds in calendar year 2020

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 subcontracted 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 European Commission for new and crisis countries) and to purposes for all of SHARE (e.g. support by the European Commission for software programming and area coordination outside of Munich and the support to the second Corona survey in 2021 within the SHARE-COVID19 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 8, 17 countries financed 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 2020 again 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 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 2021

Figure 3 presents the financial plan for 2021. On the contribution side, it is based on known contributions as of April 2021 and does contain contributions by countries and the European Commission which are expected to be paid during 2021. On the expenditure side, 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 2021 will be covered by surpluses from 2020 (Figure 3). 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 2021. The financial plan for 2021 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 European Commission and its usage; (c) survey contributions and costs for Field Rehearsal W9, the second Corona survey and start of CAPI W9; and (d) the current US NIA grant and its associated expenditure.

Several line items are worth noting:

- Since August 2020, the SHARE-ERIC bank account is subject to the newly introduced “safe-keeping 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. This cost item has been added to the expenditure items for the category membership fee.
- After the expiration of the DEV3 grant from the European Commission in 2019, international

coordination ex Munich (IT and software) has 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.

- The new European Commission’s Directorate-General for Employment, Social Affairs and Inclusion (DG EMPL) grant for 2021 has not yet been granted for financing the international coordination (development in the new and accession countries). This creates a deficit of €166.268 in 2021. However, DG EMPL has orally confirmed payment. For the items membership and participation fees there are €60.300 still outstanding.
- SHARE has been successful in receiving a grant that finances COVID-related research. This grant includes a survey fund (€1.965.964) paid to SHARE-ERIC. This fund will cover survey expenditures in all SHARE countries which are not able to fully fund a second Corona telephone survey by their own means. The fund will be disbursed in 2021 as shown on the expenditure side.
- Finally, contributions in 2021 and the surplus from 2020 cover all expected survey expenditures with a surplus of €165.636 for countries’ survey contributions. This surplus will be disbursed in 2022 for the remaining costs of Wave 9. Countries marked by an asterisk will fund the survey directly without funds flowing through SHARE-ERIC; the respective rows are therefore empty.

Income	Amount	Amount		
Membership and Participation fees 2021				
Country	Membership fee	Participation fee	M fee	Pfee
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	10.000,00 €	19.950,00 €	Y	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	10.000,00 €	15.000,00 €	Y	Y
EE	10.000,00 €	10.050,00 €	Y	Y
ES	10.000,00 €	19.950,00 €	Y	Y
FI	10.000,00 €	15.000,00 €	Y	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	10.000,00 €	10.050,00 €	Y	Y
LT	10.000,00 €	10.050,00 €	N	N
LU	10.000,00 €	15.000,00 €	Y	Y
MT	10.000,00 €	10.050,00 €	N	N
NL	10.000,00 €	19.950,00 €	Y	Y
PL	10.000,00 €	10.050,00 €	Y	Y
PT	10.000,00 €	10.050,00 €	N	N
RO	10.000,00 €	10.050,00 €	N	N
SE	10.000,00 €	19.950,00 €	Y	Y
SI	10.000,00 €	10.050,00 €	Y	Y
SK	10.000,00 €	10.050,00 €	N	N
Expected income		170.000,00 €	385.350,00 €	
Actual income*		160.000,00 €	325.050,00 €	
* as of 16 May 2021		still missing	10.000,00 €	60.300,00 €

Expenditure	Amount
ERIC administration 2021	
Account charges/transaction fees	500,00 €
Safekeeping charges/negative interest	20.000,00 €
Auditor	4.500,00 €
Budget SMB/Travel	30.000,00 €
1 FTE accountant	60.000,00 €
1 Council meeting, SHARE 2.0 meetings	24.000,00 €
Travel to ERIC Committee+ESFRI Workshop	2.000,00 €
Internet domains SHARE	1.000,00 €
Design and Print annual activity report	6.500,00 €
MEA-SHARE GmbH operational costs 2021	2.300,00 €
Bundesanzeiger Transparency Register	13,00 €
Website relaunch	60.000,00 €
Legal and admin fees for setting up SHARE Berlin	100.000,00 €
total expenditures	310.813,00 €
Surplus/deficit, based on expected income membership fee	- 140.813,00 €
Carry-over Surplus 2020	142.235,64 €
Surplus/deficit	1.422,64 €
IT and software coordination services ex Munich, 2021	
IT routine support: CentERdata	421.980,00 €
IT routine support: CentERdata	51.292,00 €
Data protection expert for agency desk checks	100.000,00 €
total expenditures	573.272,00 €
Surplus/deficit, based on expected income participation fee	- 187.922,00 €
Carry-over Surplus 2020	145.918,00 €
Surplus/deficit	- 42.004,00 €
Surplus/deficit from fees 2021	- 40.581,36 €

EU-COM 2021 New countries		
DG EMPL 2020	166.268,00 €	Y
DG EMPL 2021	166.268,00 €	N
expected income	332.536,00 €	
actual income	166.268,00 €	

EU-COM 2021 Int'l Coordination ex Munich, Innovation		
COHESION	1.240.859,00 €	Y
SHARE-COVID	180.756,00 €	Y
expected income	1.421.615,00 €	
actual income	1.421.615,00 €	

Second Corona Survey 2021 contribution			
Country	own	DG RTD	
All	1.639.447,23 €	1.965.964,00 €	
expected income	3.605.411,23 €		
actual income	3.605.411,23 €		

Survey contributions 2021 (Wave 8 remainder, Wave 9 FiRe, CATI (estim.), CAPI 1st instalment)			
Country	own	DG EMPL	
AT	385.369,00 €		
BE*			
CZ	78.678,00 €		
DE	439.379,00 €		
FR	498.877,00 €		
GR own/via DG EMPL		202.127,00 €	
IL*			
IT	250.000,00 €		
NL	159.448,00 €		
PL	140.104,00 €		
SE	224.337,00 €		
SI			
BG own/via DG EMPL	30.000,00 €	7.458,00 €	
CH*			
CY own/via DG EMPL		34.901,00 €	
DK*			
EE own/DG EMPL	25.000,00 €	255.201,00 €	
ES own/DG EMPL		167.498,00 €	
FI own/DG EMPL		18.600,00 €	
HR	142.384,00 €		
HU	86.575,00 €		
LT own/via DG EMPL		180.254,00 €	
LV own/via DG EMPL	40.798,00 €	67.560,00 €	
LUX*			
MT own/via DG EMPL	- €	90.666,00 €	
PT own/via DG EMPL			
SK own/via DG EMPL	- €	56.791,00 €	
RO own/via DG EMPL	- €	112.248,00 €	
expected income	2.500.949,00 €	1.193.304,00 €	
		3.694.253,00 €	

US-NIA grants 2021		
NIA grant	400.000,00 €	Y
expected income	400.000,00 €	
actual income	400.000,00 €	

EU-COM 2021 New countries	
IT support new countries: CentERdata	80.400,00 €
EU Project Coordination MEA, Munich	252.136,00 €
total expenditures	332.536,00 €
Surplus/deficit	- 166.268,00 €

EU-COM 2021 Int'l Coordination ex Munich, Innovation	
IT support innovation: CentERdata	131.953,50 €
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 €
Health Care Area: Wuppertal	99.184,50 €
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 €
total expenditures	1.421.615,00 €
Surplus/deficit	- €

Second Corona Survey 2021 Expenditure	
Country	Amount
All	3.605.411,23 €
total expenditures	3.605.411,23 €
Surplus/deficit	- €

Survey costs 2021 Wave 8 remainder, Wave 9 FiRe, CATI (estim.), CAPI 1st instalment	
Country	Amount
AT	488.621,00 €
BE*	
CZ	78.678,00 €
DE	439.379,00 €
FR	509.256,00 €
GR own/via DG EMPL	202.127,00 €
IL*	
IT	419.984,00 €
NL	297.734,00 €
PL	350.490,00 €
SE	224.337,00 €
SI	319.571,00 €
BG	34.068,00 €
CH*	
CY	52.901,00 €
DK*	
EE	272.395,00 €
ES	183.676,22 €
FI	76.660,00 €
HR	142.384,00 €
HU	157.002,00 €
LT	213.204,00 €
LV	108.358,00 €
LUX*	
MT	90.666,00 €
PT own/via DG EMPL	- €
SK	56.791,00 €
RO	112.248,00 €
expected expenditures	4.830.530,22 €
Expected surplus/deficit	- 1.136.277,22 €
Carry-over Surplus 2020	1.144.888,82 €
Surplus/deficit	8.611,60 €

Biomarker and cognition 2021	
HCAP personnel, licenses, fieldwork	400.000,00 €
expected expenditures	400.000,00 €
Expected surplus/deficit	- €

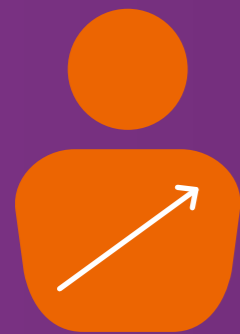
Figure 3: Financial plan for calendar year 2021

Figure 3: Financial plan for calendar year 2021

SHARE IN NUMBERS

IMPACT

Number of Registered Users



10,368
in year 2019

12,108
in year 2020

2019: **470**
2020: **570**

Processed 
User Requests

User Workshops

2020: **12**



User
Countries

75



Publications

2019: **2,630**

2020: **3,009**

SSCI-ranked Publications

2019: **802**

2020: **991**



100%

100% of our own
Publications are pub-
lished as Open Access

Coverage

Wave 8: **28 of 28 Countries**
Corona Survey: **28 of 28 Countries**



Countries covered in Publications¹

Until 2020:

51% of publications used 10 or more countries

11% of publications used 20 or more countries



Interviews

Wave 1 to 7: **380,000**

Wave 1 to 8: **480,000**

Policy Actors Using SHARE Data



2019: **459**

2020: **530**

Social Media Followers



Twitter

2019: 1,035
2020: 1,258



Facebook

2019: 882
2020: 949

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.

¹ This includes publications since 2018.

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 Professor 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 sav-

ings, 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 Business and 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, 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

VISIT YOUR COUNTRY TEAM ONLINE:

Austria	www.share-eric.eu/at
Belgium	www.share-eric.eu/be
Bulgaria	www.share-eric.eu/bg
Croatia	www.share-eric.eu/hr
Cyprus	www.share-eric.eu/cy
Czech Republic	www.share-eric.eu/cz
Denmark	www.share-eric.eu/dk
Estonia	www.share-eric.eu/ee
France	www.share-eric.eu/fr
Finland	www.share-eric.eu/fi
Germany	www.share-eric.eu/de
Greece	www.share-eric.eu/gr
Hungary	www.share-eric.eu/hu
Israel	www.share-eric.eu/il
Italy	www.share-eric.eu/it
Latvia	www.share-eric.eu/lv
Lithuania	www.share-eric.eu/lt
Luxembourg	www.share-eric.eu/lu
Malta	www.share-eric.eu/mt
Netherlands	www.share-eric.eu/nl
Poland	www.share-eric.eu/pl
Portugal	www.share-eric.eu/pt
Romania	www.share-eric.eu/ro
Slovakia	www.share-eric.eu/sk
Slovenia	www.share-eric.eu/si
Spain	www.share-eric.eu/es
Sweden	www.share-eric.eu/se
Switzerland	www.share-eric.eu/ch



share-eric.eu

Sponsored by



This project has received funding from the European Union under grant agreements VS/2019/0332, VS/2020/0313 and the European Union's Horizon 2020 research and innovation programme under grant agreement No 870628, No 823782, No 823798, No 101015924.



Federal Ministry
of Education
and Research



National Institute
on Aging