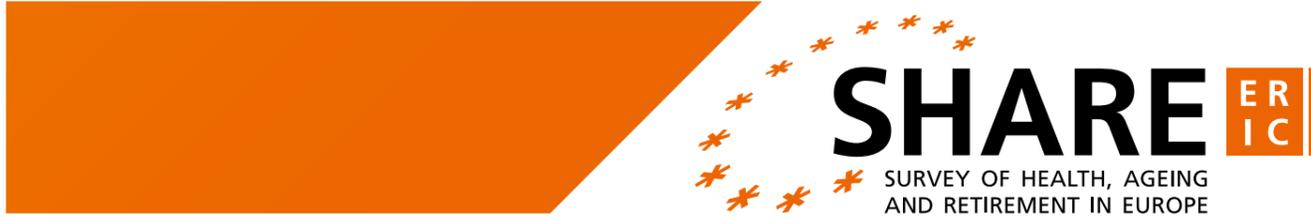




**ANNUAL  
ACTIVITY  
REPORT**

# 2017/18





**SHARE-ERIC**

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Foreword from the Chair .....8

Foreword from the Managing Director .....9

## SCIENTIFIC ASPECTS

At a Glance .....12	User Support & Workshops .....36
SHARE – a Longitudinal Study .....14	Junior Researchers in SHARE .....37
Release of Wave 6 Methodology Volume .....15	References and Further Reading .....40
Prospective and Retrospective Data Collection in SHARE .....16	SHARE-based Journal Publications 2017 .....42
Design and Preparations of the Wave Questionnaire .....17	
Looking Ahead .....18	
The SHARE Biomarker Project .....19	
Data Collection of SHARE Wave 7 .....21	
Train the Trainer .....23	
Collecting and Releasing SHARE Data .....24	
Record Linkage .....26	
Reaching Full European Coverage .....28	
SHARE Users in Europe .....30	
SHARE Users .....32	
Publications Resulting from SHARE .....33	
SHARE Users All Over the World .....34	

## SOCIO-ECONOMIC IMPACT

Political Challenges, Scientific Solutions .....56

## OPERATIONAL ASPECTS

SHARE-ERIC Council in Brussels .....62
Scientific Meetings of SHARE in 2017 .....64
The Procurement Process of SHARE .....68
SHARE Public Relations .....70
Evaluations by the European Commission .....73
Fostering Cooperations between European Research Infrastructures .....74

## FINANCIAL ASPECTS

Financial Aspects .....78
Scientific Partners of SHARE-ERIC Members .....86
Scientific Partners of SHARE .....88



# How we age in Europe.



## SHARE'S MISSION

SHARE, the Survey of Health, Ageing and Retirement in Europe, seeks to analyse the process of population ageing in depth. It is the first study to examine the different ways in which people aged 50 and older live in 27 European countries and Israel.

Its scientific potential lies in the extensive data gathered from more than 140,000 individuals (approximately 380,000 interviews) all across Europe, covering the interplay between economic, health and social factors in shaping older people's living conditions.

SHARE findings have a strong socio-economic impact as they support evidence-based policies on the national as well as on the European and international level.

## FOREWORD FROM THE CHAIR

Welcome to the 6th SHARE-ERIC Annual Activity Report which provides a detailed insight into the scientific achievements, operational activities and financial aspects of SHARE-ERIC in 2017.

While we are all too aware of the current separation tensions in Europe, the Survey of Health, Ageing and Retirement in Europe (SHARE) has managed in its survey Wave 7 for the first time to bring together harmonized data of 27 European countries plus Israel. By this SHARE has become a genuine European Coverage project revealing insights into all continental European countries. Together with its sister studies in the United States, Great Britain and Ireland, Japan, Korea, China, India, Mexico, Brazil and South Africa it enables scientific comparisons between ageing societies globally.

The SHARE data collection has become a precious treasure for scientists worldwide focusing in the consequences of ageing in terms of health and retirement as well as for policy makers endeavouring to base political measures on evidence based policy.

While the responsible scientists of the 28 SHARE countries have grown together naturally, the financial sustainability of SHARE is still a huge challenge, which cannot be reached without a continuous central funding by the European Union.

We take the opportunity to thank not only all SHARE countries but also the European Commission, especially DG Research and DG Employment for their common efforts to finance SHARE as long-term panel project.

Dr. Angelika Willms-Herget  
SHARE-ERIC Chair

*Willms-Herget*



Dr. Angelika Willms-Herget  
Chair of the SHARE-ERIC Council

## FOREWORD FROM THE MANAGING DIRECTOR

“European Coverage” is indeed a key word for SHARE. SHARE is not only a Pan-European research infrastructure with researchers from all European countries but it requires the participation of all EU countries as objects of research. The aim of SHARE is to understand the implications of population aging for individuals and society by comparing countries with different demographic structures, very different pension and health care systems, different mentalities and preferences. SHARE is an observatory for current and future challenges which needs to exploit this treasure of historically given variety to permit meaningful research in disciplines such as demography, economics, epidemiology, gerontology, medicine, psychology, public health, and sociology, often with concrete implications for EU and national policies.

“European Coverage” is thus more than just Pan-Europeaness. We are glad and proud that SHARE has so many countries represented in SHARE, and that much of the research based on SHARE data draws lessons from analysing differences and similarities between countries. Creating sustainable European coverage, however, remains a serious challenge due to the multitude of funding organizations and science policies across the EU member states which are more often than necessary out of sync. We as research infrastructures, the Commission and the member states still have some work to do to provide seamless European coverage.

We are grateful that the Commission and the Council members have helped us to obtain the many achievements described in this report despite all the many small and large obstacles to complete European coverage.

*Börsch-Supan*



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

# SCIENTIFIC ASPECTS

“ SHARE is a long established multi- as well as inter-disciplinary longitudinal cross-country project that has contributed significantly to the study of the living conditions of the elderly in the EU. ”

- Review Report by the European Commission's Directorate-General Research and Innovation

“ ...with the rapid ageing of the population [the objectives of SHARE] are becoming increasingly relevant. ”

- Review Report by the European Commission's Directorate-General Research and Innovation

## 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 2017

- For the first time, SHARE carried out data collection in 28 countries – all continental EU member states as well as Israel and Switzerland. More than 80,000 interviews across all countries were conducted for Wave 7. [Read more in Data Collection of SHARE Wave 7 \(pp. 21-22\)](#)
- In March 2017, Release 6.0.0 of SHARE was made publicly available to the scientific community. The release newly includes data from the sixth wave of data collection in which Croatia had joined SHARE as a new country. [Read more in Collecting and Releasing SHARE Data \(pp. 24-26\)](#)
- By the end of 2017, SHARE had more than 7,400 officially registered data users from all over the world of which 1,100 registered in 2017 alone. Over 2,000 publications had used SHARE data for their research work. [Read more in SHARE Users \(p. 32\)](#) and [Publications Resulting from SHARE \(p. 33\)](#)
- SHARE released a methodology volume for Wave 6 which documents the most important questionnaire innovations, methodological advancements and new procedures introduced during the sixth wave of SHARE. [Read more in Release of Wave 6 Methodology Volume \(p. 15\)](#)
- In Wave 7, SHARE successfully combined the traditional prospective panel approach of SHARE with a retrospective interview about the respondents' life histories within one questionnaire. The data collected this way provides a detailed picture of the current situation of individuals living across the entire EU with a perspective on their entire life courses. [Read more in Prospective and Retrospective Data Collection in SHARE \(p. 16\)](#)

“ Enormous progress has been made since the inception of the project. ”

- Review Report by the European Commission's Directorate-General Research and Innovation

- SHARE has brought preparations for Wave 8 under way by streamlining and modernising the questionnaire development process. To this end, a central Questionnaire Coordinator was appointed and an electronic project management tool was installed. Furthermore, the questionnaire software was updated. [Read more in Design and Preparations of the Wave 8 Questionnaire \(p. 17\)](#)
- The foundations for SHARE Wave 9 and 10 have been laid. Wave 9 will include an extended measurement of cognition in order to address growing concerns about a dementia epidemic while Wave 10 will be devoted to the retirement of the baby boomers since at this time the peak baby-boom cohorts of the participating SHARE countries will have entered the retirement window. [Read more in Looking Ahead \(p.18\)](#)
- SHARE's cutting edge innovation in Wave 6, the implementation of a blood sample collection in 12 SHARE countries, has made further progress: In 2017, a first batch of 8,000 samples was submitted for the analysis of blood markers. To provide values that SHARE users can easily work with, the creation of a conversion equation for each marker has started. [Read more in The SHARE Biomarker Project \(pp. 19-20\)](#)
- In 2017, SHARE has completed the direct linkage of survey data of SHARE with register data from Statistics Denmark and the Danish Health Data Authority. [Read more in Record Linkage \(p. 26\)](#)



> 7,400  
USERS  
> 2,000  
PUBLICATIONS



2017

# SHARE – A LONGITUDINAL STUDY



In order to grasp the dynamic character of the ageing process, SHARE has been conceptualised as a longitudinal study. This means that, unlike cross-sectional studies which compare different individuals with the same characteristics, SHARE is able to follow the ageing process because it tracks the same people and their development over time. By conducting multiple survey waves, SHARE documents how respondents react to the same questions and measurements in the individual waves and, by comparing them, developments over time are rendered visible. In its longitudinal design, SHARE's multi-disciplinary

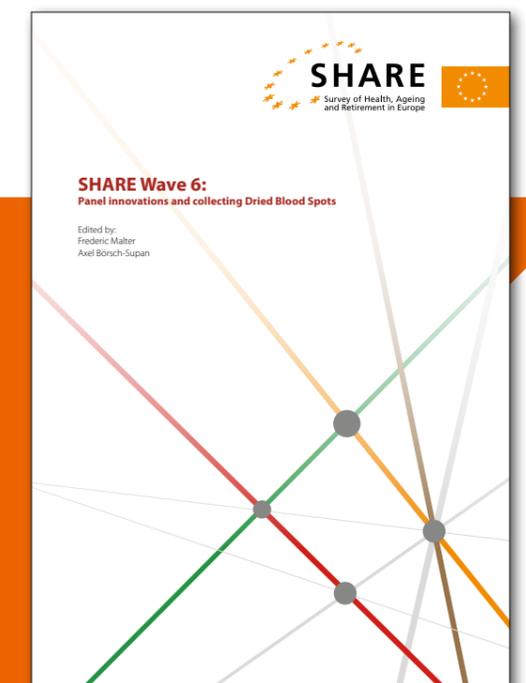
approach allows not only for social and economic analyses but, for example, for medical insights as well as SHARE can be used to uncover predictors of certain diseases. Furthermore, SHARE combines the prospective collection of data in each new wave with retrospective data collection, thus making it possible to evaluate the impact of past policy measures on the lives of the respondents. Its longitudinal character means that SHARE's scientific value increases with each new wave of data collection: the more waves have been conducted, the better the ageing process can be analysed.

# RELEASE OF WAVE 6 METHODOLOGY VOLUME

## Panel Innovations and Collecting Dried Blood Spots in Wave 6

SHARE has released a methodology volume for Wave 6. This volume documents the most important questionnaire innovations, methodological advancements and new procedures introduced during the sixth wave of SHARE. The questionnaire of Wave 6 remained stable with respect to the major areas of life of our respondents and the research interests of our scientists, namely health status and health behavior, socio-economic matters like work, retirement, income and wealth, social networks, cognitive functioning, the use of health care, a number of psychological variables (e.g. mental health, well-being, life satisfaction), and many more. The volume furthermore documents the software innovations introduced in Wave 6, the sampling design and weighting strategies as well

as field-work monitoring and survey participation. The key innovation of Wave 6, however – a truly cutting-edge endeavour – was the inclusion of the Dried Blood Spots (DBS) data collection with lay interviewers. The volume describes the handling of the methodological challenges of collecting blood in a large-scale survey, such as the legal and ethical aspects of the inclusion of DBS in SHARE, the procedures of collecting DBS from respondents, training interviewers in DBS collection and the shipment and storage of the samples.



# PROSPECTIVE AND RETROSPECTIVE DATA COLLECTION IN SHARE

## Combining Life Histories with a Prospective Panel Approach in Wave 7

A main challenge in 2017 was the combination of two questionnaires into one. This resulted in a highly complicated hybrid questionnaire combining the traditional panel approach of SHARE with a retrospective interview about life histories. The regular panel approach of SHARE tracks the same people over time, so in every SHARE wave, the respondents answer the SHARE panel questionnaire which collects a broad overview of their current lives. SHARE documents how the respondents react to the same questions and measurements in each wave and, thus, studies these developments over time.

However, from the beginning a pivotal challenge in SHARE has been that all sampled individuals are at least 50 years of age. Thus, many of the “initial conditions”, i.e., all experiences during the first 50 years of each respondents’ life, are unknown to the researcher. Therefore, in Wave 3 a so-called “SHARELIFE” questionnaire was fielded for the first time and was now repeated in Wave 7. The SHARELIFE interview focuses on people’s life histories and asks retrospectively about the “initial conditions” – the lives of respondents before they were first surveyed by SHARE. The SHARELIFE questionnaire includes all important areas of the respondents’ lives, ranging from childhood condi-

tions, partners, and children to housing, work history and detailed questions on health and health care over the life course. This perspective is especially useful for the analysis of long-term effects, for instance the implications of childhood health for health in later life, of the socio-economic status of parents on their adult children’s financial situation, or of employment history on pension income.

In Wave 7, these two questionnaires were combined into one. It contains a SHARELIFE interview on peoples’ life histories for all respondents who did not participate in Wave 3 and a regular panel interview for all respondents who already answered a SHARELIFE questionnaire back in Wave 3. In addition to that (and contrary to the Wave 3 interview), those respondents who are asked about their life histories received a condensed set of questions from the regular panel questionnaire, too. This was done to have additional information on the current lives of the respondents. These questions include demographic information, the current health status and employment situation, cognitive functioning, consumption, and health care. All this provides a detailed picture of the current situation of individuals living across the entire European Union while also including a perspective on their entire previous life courses.

# DESIGN AND PREPARATIONS OF THE WAVE 8 QUESTIONNAIRE

Wave 8 will be the first panel re-interview for the 8 new countries which were integrated in SHARE for the first time, with baseline data collection, in Wave 7.

At the start of the preparation of the Wave 8 questionnaire, the questionnaire development process was streamlined and modernized. Firstly, a central Questionnaire Coordinator (QC) was appointed. Secondly, an electronic project management tool was installed for the questionnaire decision process. The use of this tool, under control of the QC, now replaces the former Questionnaire Board meetings. The Area Coordinators who are specialists in their respective fields (health, health care, social/family networks, income/assets and work/retirement), are still responsible to provide substantive input for the questionnaire but now do so by uploading their proposals into the electronic tool. The country teams can read this material and leave their comments, to which the AC can react again. All discussions and the final decisions are documented in the tool. The QC coordinates the process and monitors the overall length and quality of the updated questionnaire. For the Wave 8, the core panel questionnaire was thus consolidated, and several add-ons were selected: an extension of the cognitive function module by adding further tests in tight coordination with the US Health and Retirement Study; a time expenditure module; collection of physical activity data using accelerometers; and a saving regrets module asking panel members of 65 and older whether they regret the savings paths

they have taken earlier in life and which saving choices they would have been on hindsight.

A special challenge in the Wave 8 instrument development is the major change in the questionnaire software. Since the start of SHARE in 2004, all questionnaire tools have been developed in software package Blaise 4. This version is now outdated, has no tablet compatibility and is difficult to integrate with new software. In addition, its support will end in early 2019. Therefore, we change to Blaise 5 in Wave 8, which is also used by developers of the US HRS to generate the HRS CAPI. The software change requires that the questionnaire and the interfaces with the sample management, translation management and data extraction tools are revamped. Consequently, before the regular questionnaire testing by the country teams could start, several iterations of extra testing of the basic instruments were needed at the developer level and in-house at SHARE Central. Once a stable version was obtained, two volunteer countries undertook translations of the software to understand the impact of the software changes across languages. In addition, Research Area Coordinators and their teams checked if implementation was in accordance with their requirements. On the whole, the instrument development for Wave 8 progressed well, considering the critical changes and associated risks, and it is expected to be finished after the evaluation of the first pre-test round in September 2018. We will continue with the strategy that we first used in the preparation of Wave 7, of having two full test runs before the main data collection.

# LOOKING AHEAD

## Wave 9 and 10 of SHARE

**Wave 9** (2021) will include an extended measurement of cognition in the main survey in order to address growing concerns about a dementia epidemic. In addition, the US National Institute on Aging will fund an in-depth measurement of mild, moderate and severe cognitive impairment that follows the Harmonized Cognition Assessment Protocol (HCAP) developed by the US Health and Retirement Study. This in-depth measurement will be done for a subsample of about 500 individuals in 4-5 SHARE countries. The aim of this measurement is to distinguish severe cognitive impairment from milder forms of impairment, and mild cognitive impairment from non-impaired status. The instrument 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 advance training. The HCAP instrument will be pre-tested during the regular pre-test and field rehearsal of Wave 9. In addition to the US and a selection of European countries in SHARE, England, Mexico, India, China, and South Africa have thus far been funded to participate. Each country study will adapt the HCAP to their local requirements while maintaining as large a core of identical measurement as possible.



**Wave 10** (2023-24) will be devoted to the retirement of the baby boom since during those years the peak baby-boom cohorts of the participating SHARE countries will have entered the retirement window. Topics will include how health and well-being will change in the years immediately before and after retirement, how consumption and time use will adapt to the respondents' new financial and social situation after retirement, and which level and distribution of living standards will emerge from the combination of private and public pension resources.



All waves will continue to administer the core survey questions as part of SHARE's cross-national observatory function. These ten waves of data, covering the entry of the baby boom into retirement and the medium-term effects of major pension and health care reforms, a broad set of topics about individual and population ageing, will complete the research infrastructure as projected in the ESFRI Roadmap and determined in Article 17 of the SHARE-ERIC statutes.

# THE SHARE BIOMARKER PROJECT

## Collecting Dried Blood Spots in Wave 6

A cutting edge innovation in Wave 6 was the implementation of a blood sample collection in 12 SHARE countries. Blood samples have been collected in the form of Dried Blood Spots (DBS). DBS are drops of blood dried on a special filter paper. The blood is taken by a simple prick into the respondent's fingertip which enables specially trained interviewers to conduct the blood collection.

**From about 27,000 DBS samples collected in SHARE Wave 6, a first batch of 8,000 samples had been randomly selected at the end of 2016 for a first round of blood marker analyses.**

At the Department of Laboratory Medicine at the University of Washington (UW), Seattle, USA we intend to analyse these seven markers: HbA1c, total Hemoglobin (tHb), the blood lipids: total Cholesterol (CHO), HDL-cholesterol (HDL), Triglycerides (TRG), and C-reactive protein (CRP) and Cystatin C (CysC). The two inflammation markers (cytokines) and Vitamin D (VitD) will be assayed at the Staten Serum Institut (SSI) in Copenhagen, Denmark.

**The mentioned biomarkers are related to diseases and conditions typical for older people and might also be influenced by lifestyle.**

They are markers for diabetes (HbA1c), anemia/frailty (tHb), kidney failure (CysC), and stress (CRP,

cytokines) and may inform about the risk of cardiovascular disease (CHO, HDL, TRG, CRP, CysC, VitD, cytokines) and risk of cognitive decline (the blood fats as well as the inflammation markers).

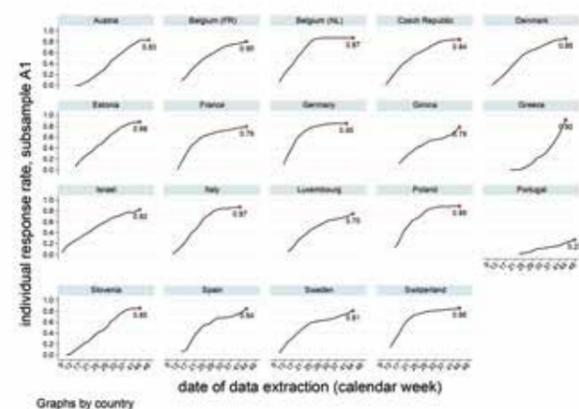
**The blood parameters will provide objective health data and complement the subjective self-reports that SHARE already contains.**

The available amount of blood from those 8,000 samples had to be subdivided for individual marker analyses. This was done by punching small discs of 3.2mm out of the blood spots on the filter paper. Punching this first batch was completed in April 2017 at SSI. Yet, SSI continues to punch all SHARE DBS samples to prepare them for future analyses. For many of the 8,000 samples it turned out that the amount of blood, which means the number of DBS taken from one respondent, was not sufficient to conduct the regular analysis of all desired blood markers. Usually one punch per marker is needed for an analysis. Consequently, we will not be able to receive results for all intended markers from all first-batch samples. Thus, the laboratory at UW developed a SHARE-specific assay protocol to accommodate samples with a small amount of blood to allow analyses of multiple markers from one or two punches only. Though the SHARE-specific assay still does not allow the analysis of the complete set of markers from all DBS samples, we could considerably increase the number of markers to be analysed from one sample.

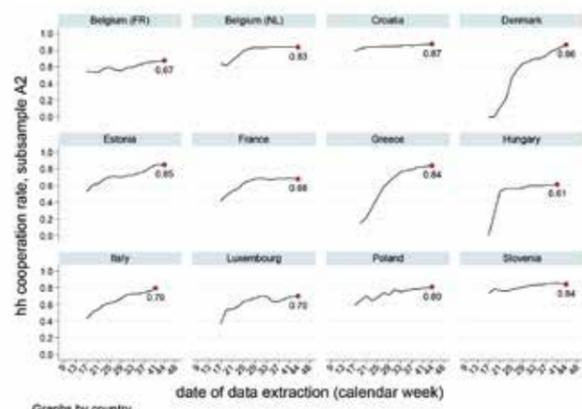


This forced SHARE-ERIC to postpone the initially scheduled end of fieldwork from the end of September 2017 to the end of October 2017. As in previous waves, SHARE Central released fortnightly reports on fieldwork progress to all country teams and survey agencies. One crucial innovation was the implementation of a specific statistical strategy and subsequent work flows to identify and remedy possibly improperly conducted interviews. With this innovation, SHARE was again on the cutting edge of survey methodology. After all countries were urged to close down data collection by the end of October, SHARE-ERIC released the final report

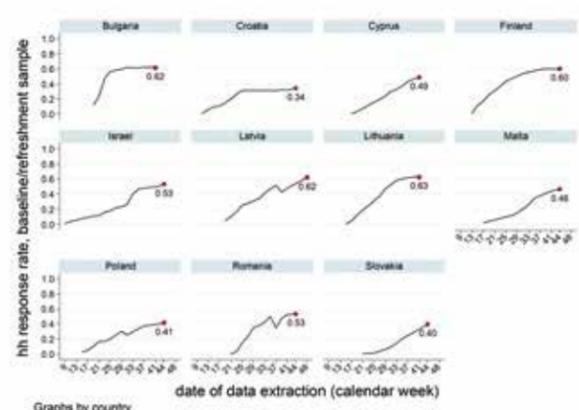
on the state of fieldwork, depicted in the graphs below. Please note that all numbers in both graphs below must be considered as preliminary. Overall, more than 80,000 interviews were conducted across all 28 countries, pushing the overall numbers to about 140,000 respondents and 330,000 interviews. Most countries met or even exceeded the target retention rate of 85 percent in the panel sample and the target response rate of 40 percent in the baseline/refreshment sample. The final response and retention rates will be released once the first public release of the data has been made available to the scientific community.



▲ **Figure 2:** Response rates of Wave 7 panel respondents who participated in the previous wave and live in a household that was not in a baseline/refreshment sample in the previous wave (so-called subsample A1)



▲ **Figure 3:** Response rates of Wave 7 panel respondents who participated in the previous wave and who were newly recruited from a baseline/refreshment sample in the previous wave (so-called subsample A2)



◀ **Figure 4:** Response rates of baseline/refreshment households in Wave 7

# TRAIN THE TRAINER

In preparation of Wave 7, SHARE has again successfully implemented its highly appreciated Train-the-Trainer (TTT) concept, in which all technical, logistical and managerial aspects of successful fieldwork were conveyed and, even more importantly, trained with hands-on experience. SHARE continued with separate TTTs for “old” and “new” country teams and the contracted survey agency, in order to keep the intensive teaching style manageable (i.e. avoiding overly crowded training sessions of 100+ attendees). A total of two two-day training sessions were conducted in 2017 in Munich to prepare all countries for main data collection of Wave 7. Again, great emphasis was put on multi-modal teaching methods that ensure that standardised best practices of interviewing (such as active listening and being prepared to deal with respondent reluctance) were being trained at the national level. The main difference to the TTTs that were conducted

for the test runs in 2016 was an even stronger focus on hands-on training of the software and the interview situation – from contacting a household and handling refusals to conducting the actual interview. Apart from that, the main TTT included a session on fieldwork monitoring.

SHARE also collected feedback from the attendees on everything they liked at the TTT as well as suggestions for improvements. From this feedback, valuable input was received on how to further improve the trainings for Wave 8.



# COLLECTING AND RELEASING SHARE DATA

SHARE is a unique panel database of micro data on the health, socio-economic status, and social and family networks of respondents aged 50 and older covering 28 European countries and Israel. SHARE is closely harmonized with several studies worldwide, most closely with the HRS (USA), TILDA (Ireland) and ELSA (England). The network of harmonized global ageing studies also includes four Asian countries (China, Korea, Japan, and India) and three Latin American countries (Mexico, Brazil and Argentina). To date, SHARE has collected six panel waves of current living circumstances (2004, 2006, 2010, 2013, 2015, 2017) and one wave of retrospective life histories (2008, SHARELIFE); three additional waves are planned until 2024. Since the release of Wave 1 to 6 in March 2017, SHARE provides data which has been generated by nearly 300,000 interviews of more than 120,000 respondents in 21 countries to the scientific commu-

nity free of charge. In Wave 7, eight new countries (Bulgaria, Cyprus, Finland, Latvia, Lithuania, Malta, Romania, and Slovakia) have joined SHARE. Data for these countries will be released in March 2019.

Figure 1 provides an overview about the development of the number of successful interviews in all released samples over time. On average, the sample size (including main interviews as well as End-of-Life interviews) per country is about 4,000 in Wave 6. Note that some countries missed one or more wave(s) due to specific circumstances. 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.

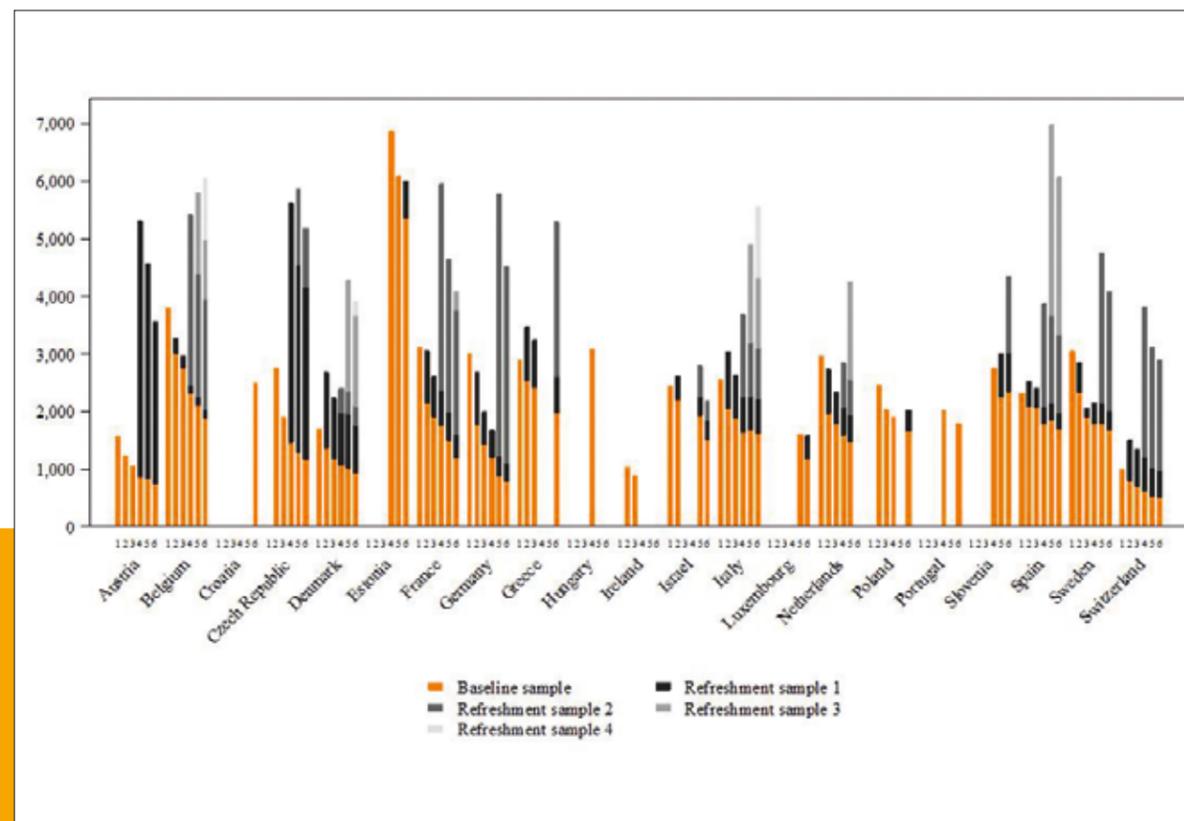


Figure 1: Development of released samples in SHARE

## New Scientific Release 6.0.0

In March 2017, Release 6.0.0 of SHARE was made publicly available to the scientific community. Apart from the latest state of data cleaning, the release newly includes data from the sixth wave of data collection. With Croatia, a new country joined SHARE in Wave 6. For the second time after Wave 4, the scientific release of the sixth wave contains items on the respondents' social network. This makes longitudinal analyses with regard to dynamics in the social network of the SHARE respondents possible for the first time. Like in previous releases, certain variables are provided in a ready-to-be-used state for SHARE users in so-called generated variables (gv) modules to assure an easy and fast entry into cross-national data and high convenience while working with the data. A completely new gv-module of Release 6.0.0 is the *gv\_children* module. The module combines information from various Wave 6 questionnaire modules in order to make information on respondents' children more easily accessible to SHARE users. Additionally, Release 6.0.0 includes updated weights and imputations.

Furthermore, Release 1.0.0 of the Dutch Mixed

Mode Experiment data was made publicly available in September 2017. In SHARE Wave 6, the Netherlands did not participate in the regular SHARE wave but conducted an experiment using an onlinesurvey(CAWI) or telephone interviewing(CATI) instead of face-to-face interviews (CAPI) as conducted in the rest of the SHARE Wave 6 countries.

### easySHARE

With easySHARE, a simplified dataset for training and teaching purposes is provided to the scientific community. easySHARE stores information on all respondents and of all data collection waves in one single dataset. It is stored as a long format panel dataset and hence is very suitable for teaching longitudinal as well as country-comparative analyses. In addition to the dataset, the download zip files include the Stata programme used to extract easySHARE from the regular distribution of SHARE. The programme can be used by researchers as an example to create their own analytical dataset. easySHARE was updated in May 2017 and since then also integrates data from the sixth wave of data collection.

# RECORD LINKAGE

## Linking Survey Data with Administrative Data



SHARE strives for a linkage of its survey data to available administrative data wherever possible because the combination of accurate institutional data and profound information about different aspects of the SHARE respondents' lives provide a wide range of research possibilities.

After the successful linkage of survey data and administrative data in Germany, SHARE was able to implement another successful linkage in Denmark. The linkage in Denmark was completed in February 2017 by establishing the project as a national research infrastructure. For the purpose of the linkage, a consortium has been established between the University of Southern Denmark, Aarhus University, University of Copenhagen, Copenhagen Business School and the National Research Centre for the Working Environment.

In total, the project of linking survey and administrative data currently involves nine countries: Germany, Austria, Denmark, Estonia, Luxemburg, the Netherlands, the province Girona in Spain, Belgium and Finland. The status quo of the implementation of the record linkage project varies a lot between the participating countries. Apart from Germany and Denmark where a successful linkage has already been executed, the project is still work in progress in most of the countries. The next successful linkage is currently prepared in Austria, where Austrian SHARE data is linked with register data of the Main Association of Austrian Social Security Institutions and the Public Employment Service Austria.

# REACHING FULL EUROPEAN COVERAGE

**In 2017, the main data collection for Wave 7 took place in 28 countries**

SHARE is a cross-national population survey focusing on the interactions among employment, health, economic and social status with a European focus. From Wave 7, SHARE covers all continental member states of the European Union as well as Israel and Switzerland, making it a truly pan-European project. The main data collection for Wave 7 took place in 28 countries in 2017, extending SHARE to eight EU member states which had not been covered so far: Finland, Latvia, Lithuania, Slovakia, Romania, Bulgaria, Malta and Cyprus. The integration of these countries means that full European coverage will be reached with the release of Wave 7 data: all continental EU member states will be included in SHARE while data for Ireland is available from SHARE Waves 2 and 3, and England is covered by SHARE's sister study ELSA, the English Longitudinal Study of Ageing. This extended coverage will enable the European Commission and researchers to perform comparative analyses of employment, health, economic and social status with strictly harmonised data across all EU member states.

With this expansion, SHARE helps to close the many knowledge and information gaps in understanding individual and population ageing. These include most prominently the determinants of healthy ageing, the implications of the ageing process for the well-being of the population, and the societal costs of improving public health and maintaining social insurance schemes. The plurali-

ty of European countries in SHARE, their different cultures, histories and policies provide a unique database to comprehensively study the interactions of macro-level forces with the heterogeneity of individual life circumstances in the European population. It is exactly this, which makes the SHARE data so powerful for policy analyses.

SHARE data for all 28 countries will provide sufficient long-term data to study the many complex interactions between health, gender, economic and socio-psychological status. Among others, this will provide answers to the following questions:

- Which causal pathways create the ubiquitous link between health and economic status? How important are they? Can they be influenced by welfare state policy? If so, how and ideally when during the life course?
- What are the effects of a shift of retirement age in the wake of population aging? How much labour supply can and will be added? For which type of individual (including their work history) will the side effects on health, cognition and social inclusion be positive or negative?
- How will intergenerational relationships change as Europe's diverse populations age? What is the interplay between family help and state support when long-term care needs will

increase due to higher dementia prevalence? How will bequests and transfers react to cuts in pension benefits? How do these developments differ between the Nordic, Western, Central, Eastern and Mediterranean countries?

As the stream of publications in the past has shown, the goal of answering these as well as

many additional questions can realistically be achieved with the help of SHARE data. With the integration of previously missing EU member states, SHARE data permits very structured innovative analyses along well-defined areas of emphasis and, thus, significantly contributes to the consolidation of the European Integration from a scientific point of view.



# SHARE USERS IN EUROPE

Number of users per country



# SHARE USERS

By the end of 2017, SHARE had more than 7,400 officially registered data users from all over the world (Figure 1). The increase in user registrations has been more than proportional from the outset: From about 200-300 user registrations in the first four years, the number of new users has increased to more than 1,100 in 2017. The ever-growing number of new users demonstrates the importance of SHARE. Furthermore, each new wave is more valuable to the users than the previous ones, which

has a scientific reason: ageing needs to be studied in its development over time.

Most of the users are from European countries, but there is also an increased number of users from countries all over the world. The USA remains the country with the highest number of users outside Europe (533). This shows the value of the comparability of SHARE data with other international ageing surveys, such as HRS in the US, ELSA in the UK, and others.

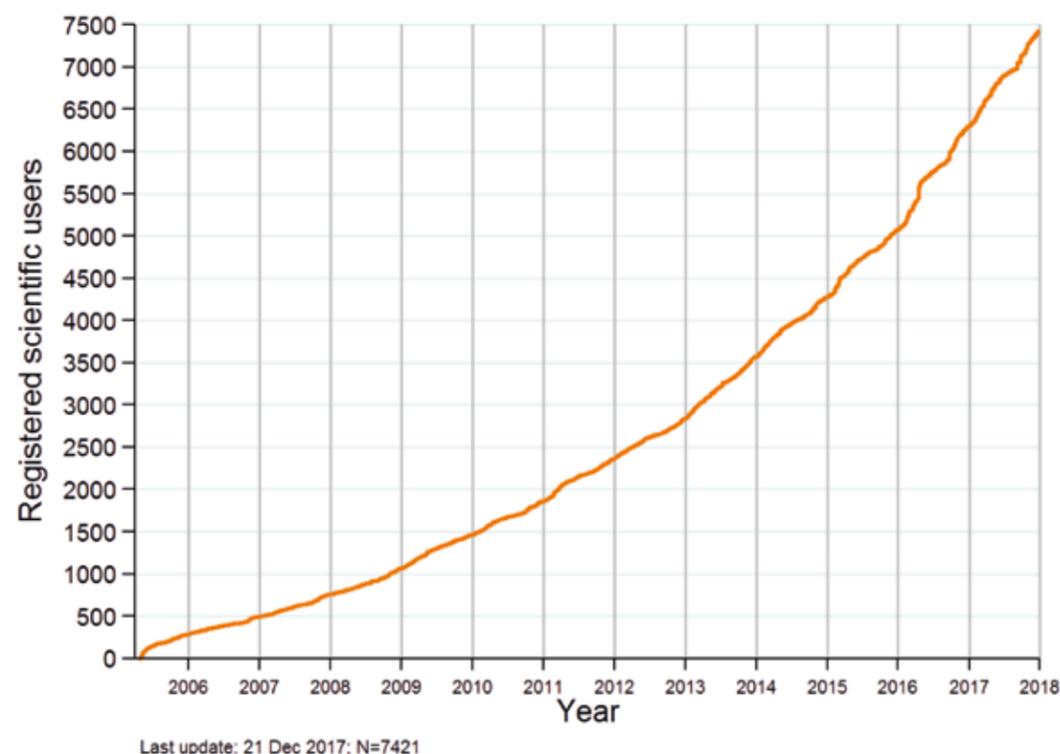


Figure 1: Officially registered data users

# PUBLICATIONS RESULTING FROM SHARE

While the community of SHARE users is continually growing, so is the number of publications based on SHARE data (Figure 2). By the end of 2017, more than 2,000 publications had used SHARE data for their analyses. The majority of publications are articles in scientific journals, including about 530 Social Science Citation Index ranked articles. In 2017 alone, 117 articles using SHARE data have been published in peer-reviewed journals. The second most frequent type (“Other”) includes working/

discussion papers, theses and policy papers. It has to be noted that all publication numbers are limited to those publications that are known to SHARE Central. Researchers working publishing with SHARE data are required to report their publications to SHARE. Unfortunately, however, this is not always the case even though we regularly encourage all users to report new publications by means of newsletters, e-mails, and our website. Literature research frequently finds unreported publications, meaning the reported number of publications is probably an underestimate.

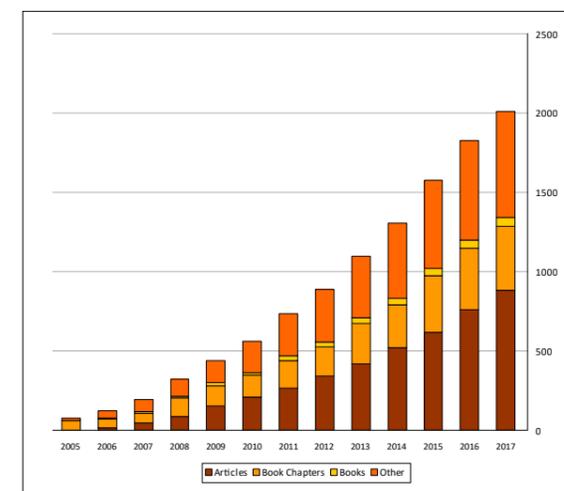


Figure 2: Publications based on SHARE data by year (cumulative)

An overview of all SHARE based publications is available on our website:

[www.share-project.org/share-publications.html](http://www.share-project.org/share-publications.html)

A selection of some the most recent publications is given later in this report. The selection includes all English language publications in refereed journals. Many additional publications have appeared in edited volumes or were written in other languages. It provides a good impression of the diversity of the inter- and multi-disciplinary research that has become possible through SHARE data.

“ Researchers working in fields such as economics, sociology, psychology, demography, gerontology, epidemiology, medicine and health policy have benefited from the use of the data collected in the framework of the project. ”  
 - Review Report by the European Commission’s Directorate-General Research and Innovation

# SHARE USERS

# ALL OVER THE WORLD



## USER SUPPORT & WORKSHOPS

Due to its longitudinal, cross-national and multidisciplinary nature, right from the start SHARE was a very large and complex research database requiring extensive documentation and user support.

In order to facilitate working with the SHARE data, SHARE Central has established different user support activities. Of major importance for enabling researchers worldwide and from many different scientific disciplines to work with SHARE is a comprehensible documentation of the dataset. In 2017, the methodology volume for the sixth wave of data collection was released. The volume documents the most important questionnaire innovations, methodological advancements and new procedures introduced during the sixth wave of SHARE. Additionally, the SHARE Release Guide was updated. It contains general information on the SHARE database like naming of variables, the missing code scheme, how to merge modules and/or waves as well as wave-specific information like important questionnaire innovations. A new documentation file introduced in 2017 is the SHARE Scales and Multi-Item Indicators Manual providing an informative overview of all scales and item groups included in the questionnaires of SHARE Wave 1 to Wave 6.

Another central part of the user support activities by SHARE Central is the maintenance of the [info@share-project.org](mailto:info@share-project.org) email account. Users have the opportunity to send all kinds of SHARE-related questions to this account. Responding to the

researchers' questions within a short period of time, SHARE Central 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. The questions and feedback the user support receives is also used as input for constantly updating the documentation files and the FAQ section on the SHARE website.

An additional part of the SHARE user support is the engagement in direct contact with researchers at one of the national SHARE user workshops. In 2017, six national SHARE user workshops took place in: Bern (Switzerland), Zagreb (Croatia), Jerusalem (Israel), Berlin (Germany), Antwerp (Belgium) and Ljubljana (Slovenia). The goals of these workshops are: (i) make researchers aware that SHARE exists, (ii) recruit new users, (iii) introduce users to the SHARE data, (iv) train and support both experienced and unexperienced users and (v) receive user feedback to constantly improve the data and the documentation material. The workshops are organized by the national country teams. SHARE Central offers assistance by announcing the workshops on the website and in the SHARE newsletter, providing material to the country teams and giving presentations on certain topics.

## JUNIOR RESEARCHERS IN SHARE

While a big aspect of SHARE is the collection and provision of data, researchers at SHARE are using SHARE data themselves, too. Among them, there are several junior researchers from across Europe who are working on their dissertations:



**Johanna Bristle** is part of the SHARE Survey Methodology team in Munich and responsible for the paradata project. She recently completed her dissertation at the Friedrich-Alexander University Erlangen-Nürnberg based on SHARE data. Her guiding research questions focus on the contribution of paradata to survey participation, interviewer behavior and data quality, preventive health care in older age as well as cumulative disadvantage processes in health over the life course. All papers highlight the cross-national perspective and the dissertation shows a fruitful symbiosis of research on health and survey methodology.



**Fabio Franzese** works for the Database Management Team of SHARE Central at the Max-Planck-Institute for Social Law and Social Policy in Munich. He is a Ph.D. candidate at the University of Heidelberg. In his thesis, he analyses SHARE data to reveal the relationship of individual financial situation, macro-economic conditions, and health in old age. Of special interest is the assumed detrimental effect that slipping into poverty has on mental and physical health. A further focus is the role of income inequality for the deterioration of health.



**Stefan Gruber** is part of the SHARE Database Management team in Munich. His Ph.D. at the Otto-Friedrich University of Bamberg uses SHARE data and deals with the long-term consequences of intra-European migration. Moving temporarily or permanently to another country is a fundamental event that affects many aspects of an individual's life. In contrast to previous research that mainly focuses on the economic consequences of migration and uses native-born citizens of the destination country as a reference group, the papers of his thesis compare migrants' subjective well-being and their cognitive abilities in later life to stayers in the European origin countries.



**Felizia Hanemann** is the German Country Team Operator and is currently completing her dissertation at the Technical University Munich (TUM). In her dissertation she analyses the relationship between labour market inactivity and health under consideration of institutional, occupational and social factors. Her work consists of four empirical studies based on micro-level data from SHARE and harmonised data from other countries. The first two studies concentrate on the transition into retirement and the question whether working conditions and social networks influence the effect of retirement on health. The remaining chapters discuss the determinants and the health consequences of disability insurance uptake.



**Gregor Sand** is a research associate at the Munich Center for the Economics of Aging at the Max Planck Institute for Social Law and Social Policy. He works in the Operations department of SHARE, where he has been mainly in charge of conceptual software development, monitoring, and quality control. Apart from that, he is currently completing his Ph.D. in the Department of Sociology at the University of Mannheim. In his doctoral thesis, he uses SHARE data and examines the well-being of older migrants, stayers, and natives in Europe. He has presented his research at several international conferences. In a joint publication with Stefan Gruber, he explored the well-being between disparities of older migrants and natives in different European integration policy regimes. At the moment, he is working on an article about the impact of the refugee inflow in 2015 on the well-being of natives in several European countries and how the outcome is associated with differences in national media coverage.



Former SHARE Country Team Operator for the French speaking part of Belgium, **Jérôme Schoenmaeckers** is currently completing his Ph.D. in economics at the University of Liège, whose main subject is long-term care (LTC). The needs for LTC are expected to gradually increase in the coming years due to population ageing in Europe and the United States. The population aged 65 or older, which is more at risk of dependency, will more than double by 2050. After research on the motives of informal help from children for dependent parents, highlighting the importance of altruism, he is interested in empirically testing reasons for the low intake of complementary LTC insurance summarised by Cremer et al. (2012, "The economics of long term care: a survey", *Nordic Economic Policy Review*, 2, 107-148), as the parent preference for care from their children.



**Ella Schwartz** is a Ph.D. candidate at the Israel Gerontological Data Center of the Hebrew University of Jerusalem. She is part of the Israeli SHARE team and is involved in the development and assimilation of the Social Networks module in SHARE. Her Ph.D. examines the changes in older Europeans' social networks, utilising an innovative name generator tool used in Waves 4 and 6 of SHARE. Three articles based on her Ph.D. projects have been published in international peer-reviewed journals. She is also working on a research project about social networks and cognition in Israel, based on SHARE data for Israel collected in Wave 6, and has presented her SHARE based work in several national and international conferences.



**Daniela Skugor** is the Country Team Operator for SHARE Flanders (BE-nl) and she is working on her dissertation on the impact of employment history and late-life factors on early labour force withdrawal. After identifying various types of employment histories of today's elderly using sequence analysis and cluster analysis, the research proceeds by studying the link with early labour force exit and tries to shed light on its underlying mechanisms while applying a life course perspective.



**Melanie Wagner** works in the SHARE operations department where she supports the questionnaire development. In her Ph.D. theses she analyses the impact of the context variables on the well-being of informal caregivers in a cross-European perspective. Well-being is measured in terms of life satisfaction, loneliness, and depression. She investigates whether formal long-term care support and support by social networks are able to ease the burden of informal caregivers. She also analyses possible pathways that may explain the results.

# REFERENCES AND FURTHER READING

Börsch-Supan, A., M. Brandt, C. Hunkler, T. Kneip, J. Korbmacher, F. Malter, B. Schaan, S. Stuck, S. Zuber (2013). **Data Resource Profile: The Survey of Health, Ageing and Retirement in Europe (SHARE)**. *International Journal of Epidemiology* 42: 992-1001. DOI: 10.1093/ije/dyt088

Börsch-Supan, A. and H. Jürges (Eds.) (2005). **The Survey of Health, Ageing and Retirement in Europe – Methodology**. Mannheim: Mannheim Research Institute for the Economics of Aging (MEA).

Börsch-Supan, A., A. Brugiavini, H. Jürges, A. Kapteyn, J. Mackenbach, J. Siegrist, G. Weber (Eds.) (2008). **First Results from the Survey of Health, Ageing and Retirement in Europe (2004-2007). Starting the Longitudinal Dimension**. Mannheim: Mannheim Research Institute for the Economics of Aging (MEA).

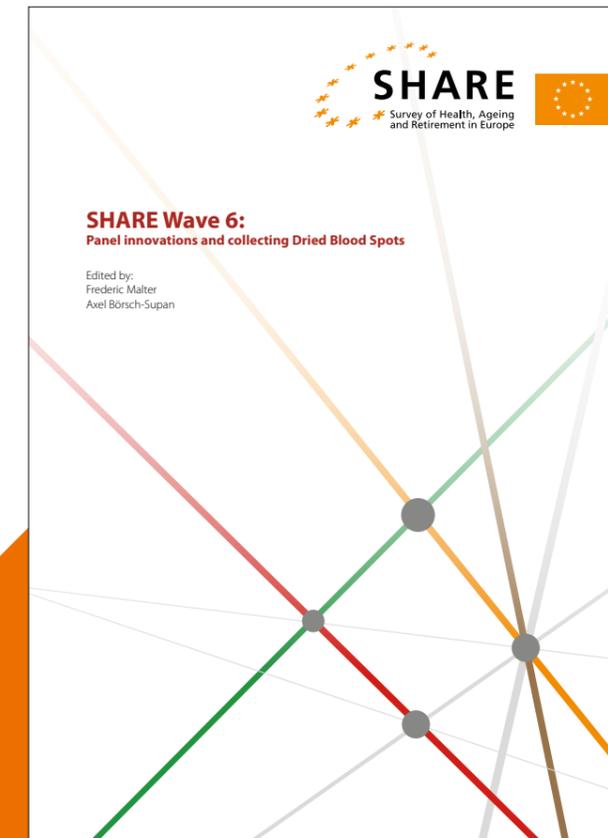
Schröder, M. (Ed.) (2011). **Retrospective Data Collection in the Survey of Health, Ageing and Retirement in Europe. SHARELIFE Methodology**. Mannheim: Mannheim Research Institute for the Economics of Aging (MEA).

Malter, F. and A. Börsch-Supan (Eds.) (2013). **SHARE Wave 4: Innovations & Methodology**. Munich: MEA, Max Planck Institute for Social Law and Social Policy.

Malter, F. and A. Börsch-Supan (Eds.) (2015). **SHARE Wave 5: Innovations & Methodology**. Munich: MEA, Max Planck Institute for Social Law and Social Policy.

Bergmann, M.; T. Kneip; G. De Luca; A. Scherpenzeel (2017). **Survey Participation in the Survey of Health, Ageing and Retirement in Europe (SHARE), Wave 1-6**. SHARE Working Paper Series 31-2017. Munich: Munich Center for the Economics of Aging (MEA).

Malter, F. and A. Börsch-Supan (Eds.) (2017). **SHARE Wave 6: Panel Innovations and Collecting Dried Blood Spots**. Munich: Munich Center for the Economics of Aging (MEA).



## SHARE-based MEA Discussion Papers in 2017

Börsch-Supan, A., T. Bucher-Koenen and F. Hanemann (2017): **Early Determinants of Work Disability in an International Perspective. MEA Discussion Paper (05-2017)**. Munich Center for the Economics of Aging.

Börsch-Supan, A., T. Bucher-Koenen, and F. Hanemann (2017): **Does Disability Insurance Improve Health and Well-Being?, MEA Discussion Paper (09-2017)**. Munich Center for the Economics of Aging.

Ferrari, I. (2017): **The Nativity Wealth Gap in Europe: a Matching Approach. MEA Discussion Paper (08-2017)**. Munich Center for the Economics of Aging.

Hanemann, F. (2017): **Influence of Social Networks on the Effect of Retirement on Cognition. MEA Discussion Paper (04-2017)**. Munich Center for the Economics of Aging.

Hanemann, F. (2017): **Working Conditions, Retirement and Health - Longitudinal Evidence from Europe and the US. MEA Discussion Paper (07-2017)**. Munich Center for the Economics of Aging.

# SHARE-BASED JOURNAL PUBLICATIONS 2017

## A-B

Abuladze, L., N. Kunder, K. Lang and S. Vaask (2017): **Associations between self-rated health and health behaviour among older adults in Estonia: a cross-sectional analysis.** *BMJ Open* 7(6). DOI: 10.1136/bmjopen-2016-013257

Acciai, F. and M. Hardy (2017): **Depression in later life: a closer look at the gender gap.** *Social Science Research*. DOI: 10.1016/j.ssresearch.2017.08.003.

Achelrod, D., A. Gray, D. Preiss and B. Mihaylova (2017): **Cholesterol- and blood-pressure-lowering drug use for secondary cardiovascular prevention in 2004–2013 Europe.** *European Journal of Preventive Cardiology*: 426-436. DOI: 10.1177/2047487316676906.

Adeline, A. and E. Delattre (2017): **Some microeconomic evidence on the relationship between health and income.** *Health Economics Review* 7:27. DOI: 10.1186/s13561-017-0163-5.

Ahrenfeldt, L., S. Möller, K. Andersen-Ranberg, A. Roll Vitved, R. Lindahl-Jacobsen and N. Hvidt (2017): **Religiousness and health in Europe.** *European journal of epidemiology*. DOI: 10.1007/s10654-017-0296-1.

Albertini, M. and E. Pavolini (2017): **Unequal inequalities: the stratification of the use of formal care among older Europeans.** *The Journals of Gerontology: Series B* 72(3): 510–521. DOI: 10.1093/geronb/gbv038.

Amaya, A. E. and S. Presser (2017): **Nonresponse bias for univariate and multivariate estimates of social activities and roles.** *Public Opinion Quarterly*: 1-36. DOI: 10.1093/poq/nfw037.

Amaya, A. E. and J. Harring (2017): **Assessing the effect of social integration on unit nonresponse in household surveys.** *Journal of Survey Statistics and Methodology*. DOI: doi.org/10.1093/jssam/smx001.

Angelini, V. and D. Cavapozzi (2017): **Dispositional optimism and stock investments.** *Journal of Economic Psychology* 59: 113–128. DOI: 10.1016/j.joep.2017.01.006.

Antonova, L., T. Bucher-Koenen and F. Mazzonna (2017): **187 Long-term health consequences of recessions during working years.** *Social Science & Medicine* 187: 134-143. DOI: 10.1016/j.socscimed.2017.06.025.

Arezzo, M. F. and C. Giudici (2017): **Social Capital and Self Perceived Health Among European Older Adults.** *Social Indicators Research* 130 (2): 665-685. DOI: 10.1007/s11205-015-1195-z.

Arpino, B. and V. Bordone (2017): **Regular provision of grandchild care and participation in social activities.** *Review of Economics of the Household*: 135–174. DOI: 10.1007/s11150-016-9322-4.

Arpino, B. and A. Solé-Auró (2017): **Education inequalities in health among older European men and women: the role of active aging.** *Journal of Aging and Health*. DOI: 10.1177/0898264317726390.

Arrighi, Y., T. Rapp and N. Sirven (2017): **The impact of economic conditions on the disablement process: a Markov transition approach using SHARE data.** *Health Policy*. DOI: 10.1016/j.healthpol.2017.05.002.

Avital, D. (2017): **Gender differences in leisure patterns at age 50 and above: micro and macro aspects.** *Ageing & Society* 37(1): 139-166. DOI: 10.1017/S0144686X15001038.

Axelrad, H., E. Sabbath and S. Hawkins (2017): **The 2008–2009 Great Recession and employment outcomes among older workers.** *European Journal of Ageing*: 1,857. DOI: 10.1007/s10433-017-0429-0.

Axelrad, H., E. Sabbath and S. Hawkins (2017): **The impact of the 2008 recession on the health of older workers: data from 13 European countries.** *European Journal of Public Health* 27 (4): 647-652. DOI: 10.1093/eurpub/ckx011.

Barslund, M., M. von Werder and A. Zaidi (2017): **Inequality in active ageing: evidence from a new individual-level index for European countries.** *Ageing & Society*. DOI: 10.1017/S0144686X17001052.

Bashkin, O., R. Horne and I. Peytremann Bridevaux (2017): **Influence of Health Status on the Association Between Diabetes and Depression Among Adults in Europe: Findings from the SHARE International Survey.** *Diabetes Spectrum* 30:3. DOI: 10.2337/ds16-0063.

Becchetti, L., P. Conzo and F. Salustri (2017): **The impact of health expenditure on the number of chronic diseases.** *Health Policy*. DOI: 10.1016/j.healthpol.2017.07.008.

Becchetti, L., L. Corrado and P. Conzo (2017): **Sociality, altruism and well-being.** *Cambridge Journal of Economics* 41(2): 441–486. DOI: 10.1093/cje/bew033.

Bertoni, M., S. Maggi and G. Weber (2017): **Work, retirement, and muscle strength loss in old age.** *Health Economics*. DOI: 10.1002/hec.3517.

Boisgontier, M., S. Cullati, C. Burton-Jeangros, S. Stringham, I. Guessous, S. Swinnen, M. Kliegel, d. Courvoisier, D. Orsholis, S. Sieber and B. Cheval (2017): **Effect of Early- and Adult-Life Socioeconomic Circumstances on Physical Inactivity.** *Medicine and science in sports and exercise*. DOI: 10.1249/MSS.0000000000001472.

Bonsang, E., V. Skirbekk and U. Staudinger (2017): **As You Sow, So Shall You Reap: Gender-Role Attitudes and Late-Life Cognition.** *Psychological Science* 28(9): 1201-1213. DOI: 10.1177/0956797617708634.

Bordone, V., B. Arpino and A. Aassve (2017): **Patterns of grandparental child care across Europe: the role of the policy context and working mothers' need.** *Ageing & Society*: 845-873. DOI: 10.1017/S0144686X1600009X.

Bosque-Prous, M., A. Kunst, M. T. Brugal and A. Espelt (2017): **Changes in alcohol consumption in the 50- to 64-year-old European economically active population during an economic crisis.** *European Journal of Public Health*. DOI: 10.1093/eurpub/ckx044.

Bosque-Prous, M., J. Mendieta-Paredes, M. Bartroli, T. Brugal and A. Espelt (2017): **Cancer and Alcohol Consumption in People Aged 50 Years or More in Europe Alcohol and Alcoholism.** DOI: 10.1093/alcal/agx110.

# SHARE-BASED JOURNAL PUBLICATIONS 2017

## B-G

Bourassa, K. J., M. Memel, C. Woolverton and D. A. Sbarra (2017): **2Social participation predicts cognitive functioning in aging adults over time: comparisons with physical health, depression, and physical activity.** *Aging and Mental Health*: 133-146.

DOI: 10.1080/13607863.2015.1081152.

Brønnum-Hansen, H., M. Lindholm Eriksen, K. Andersen-Ranberg and B. Jeune (2017): **Persistent social inequality in life expectancy and disability-free life expectancy: outlook for a differential pension age in Denmark?** *Scandinavian Journal of Public Health* 45 (4): 459–462.

DOI: 10.1177/1403494816683591.

Brunello, G., G. Weber and C. Weiss (2017): **Books are forever: early life conditions, education and lifetime earnings in Europe.** *Economic Journal*: 271–296.

DOI: 10.1111/econj.12307.

Buffel, V., S. Missinne and P. Bracke (2017): **The social norm of unemployment in relation to mental health and medical care use: the role of regional unemployment levels and of displaced workers.** *Work Employment & Society*: 501-521.

DOI: 10.1177/0950017016631442.

Cadar, D., A. Robitaille, S. Clouston, S. Hofer, A. Piccinin and G. Muniz-Terrera (2017): **An international evaluation of cognitive reserve and memory changes in early old age in 10 European countries.** *Neuroepidemiology* 48: 9-20.

DOI: 10.1159/000452276.

Camacho Ballesta, J. A. and M. A. Minguela Recover (2017): **Mixed care for elderly people in Spain and France: A comparative analysis.** *Revista de Cercetare si Interventie Sociala* 57: 89-103.

DOI: ISSN 15833410.

Campos Andrade, C., C. Pereira and P. Alcântara da Silva (2017): **The silent impact of hearing loss: using longitudinal data to explore the effects on depression and social activity restriction among older people.** *Ageing & society*.

DOI: 10.1017/S0144686X17000708.

Cantarero-Prieto, D., M. Pascual-Sáez and C. Blázquez-Fernández (2017): **What is happening with Quality of Life among the Oldest People in Southern European Countries? An Empirical Approach Based on the SHARE Data. Social Indicators research.**

DOI: 10.1007/s11205-017-1828-5.

Celidoni, M., C. Dal Bianco and G. Weber (2017): **Retirement and cognitive decline .A longitudinal analysis using SHARE data.** *Journal of Health Economics* 56: 113-125.

DOI: 10.1016/j.jhealeco.2017.09.003.

Cimas, M., A. Ayala, M. Agulló-Tomás, A. Escobar and M. Forjaz (2017): **Chronic musculoskeletal pain in European older adults: Cross-national and gender differences.***European Journal of Pain*.

DOI: 10.1002/ejp.1123.

Conde-Sala, J., C. Portellano-Ortiz, L. Calvó-Perxas and J. Garre-Olmo (2017): **Quality of life in people aged 65+ in Europe: associated factors and models of social welfare - analysis of data from the SHARE project (wave 5).** *Quality of Life Research*: 1059–1070.

DOI: 10.1007/s11136-016-1436-x.

Constant, A., T. García-Muñoz, S. Neuman and T. Neuman (2017): **A “healthy immigrant effect” or a “sick immigrant effect”? Selection and policies matter.** *The European Journal of Health Economics*: 1-19.

DOI: 10.1007/s10198-017-0870-1.

Corea, F. (2017): **Big data and insurance: advantageous selection in European markets.** *Data Science Journal* 16 (33).

DOI: 10.5334/dsj-2017-033.

Craveiro, D. (2017): **The role of personal social networks on health inequalities across European regions.** *Health & Place* 45: 24-31.

Craveiro, D. (2017): **Ties and inequalities in later life: welfare state regime and the role of social networks in health inequalities in later life in Europe.** *European Societies*: 268-291.

DOI: 10.1080/14616696.2016.1258084.

Deindl, C. and N. Tieben (2017): **Resources of grandparents: educational outcomes across three generations in Europe and Israel.** *Journal of Marriage and Family*: 769–783.

DOI: 10.1111/jomf.12382.

Dingemans, E., K. Henkens and H. van Solinge (2017): **Working retirees in Europe: individual and societal determinants.** *Work, employment and society*: 972 –991.

DOI: 10.1177/0950017016664677.

Dwolatzky, T., J. Brodsky, F. Azaiza, M. Clarfield, J. Jacobs and H. Litwin (2017): **Coming of age: health-care challenges of an ageing population in Israel.** *The Lancet*.

DOI: 10.1016/S0140-6736(17)30789-4.

Erreygers, G. and R. Kessels (2017): **Socioeconomic status and health: a new approach to the measurement of bivariate inequality.** *International Journal of Environmental Research and Public Health* 14 (7): 673-697.

DOI: 10.3390/ijerph14070673.

Fontaine, X. and L. Haywood (forthcoming): **On the comparison of group inequalities using subjective data.** *Economic Letters*.

DOI: 10.1016/j.econlet.2017.11.001.

Franse, C, J. Rietjens, A. Burdorf, A. van Grieken, I. Korfage, A. van der Heide, F. Mattace Raso, E. van Beeck and H. Raat (2017): **A prospective study on the variation in falling and fall risk among community-dwelling older citizens in 12 European countries.** *BMJ open* 7

DOI: 10.1136/bmjopen-2017-015827.

Fuentes, S., U. Bilal, I. Galán, J. Villalbí, A. Espelt, M. Bosque-Prous, M. Franco and M. Lazo (2017): **Binge drinking and well-being in european older adults: do gender and region matter?** *European Journal of Public Health*.

DOI: 10.1093/eurpub/ckw246.

Genbäck, M., N. Ng, E. Stanghellini and X. de Luna (2017): **Predictors of decline in self-reported health: addressing non-ignorable dropout in longitudinal studies of aging.** *European Journal of Ageing*.

DOI: 10.1007/s10433-017-0448-x.

Gibney, S., L. Delaney, M. Codd and T. Fahey (2017): **Lifetime childlessness, depressive mood and quality of life among older Europeans.** *Social Indicators Research*: 305–323.

DOI: 10.1007/s11205-015-1177-1.

# SHARE-BASED JOURNAL PUBLICATIONS 2017

G-L

Godoy, M. R. and C. da Silva (2017): **Função de produção de saúde para idosos: o caso europeu. (Health production function for elderlies: the European case.)** *Jornal Brasileiro de Economia da Saúde* 9 (1): 62-72.  
DOI: 10.21115/JBES.

Gomes, M., D. Figueiredo, L. Teixeira, V. Poveda, C. Paúl, A. Santos-Silva and E. Costa (2017): **Physical inactivity among older adults across Europe based on the SHARE database.** *Age and Ageing* 46(1): 71-77.  
DOI: 10.1093/ageing/afw165.

Heady, P. (2017): **A “cognition and practice” approach to an aspect of European kinship.** *Cross-Cultural Research*.  
DOI: 10.1177/1069397117707184.

Henseke, G. (2017): **Good jobs, good pay, better health? The effects of job quality on health among older European workers** *European Journal of Health Economics*  
DOI: 10.1007/s10198-017-0867-9.

Hoven, H., N. Dragano, D. Blane and M. Wahrendorf (2017): **Early adversity and late life employment history – a sequence analysis based on SHARE.** *Work, Aging and Retirement*.  
DOI: 10.1093/workar/wax014.

Hyde, M. and E. Dingemans (2017): **Hidden in plain sight? Does stricter employment protection legislation lead to an increased risk of hidden unemployment in later life?** *Work, Aging and Retirement* 3 (3).  
DOI: 10.1093/workar/wax013.

Ilinca, S., R. Rodrigues and A. Schmidt (2017): **Fairness and Eligibility to Long-Term Care: An Analysis of the Factors Driving Inequality and Inequity in the Use of Home Care for Older Europeans.** *International Journal of Environmental Research and Public Health* 14(10).  
DOI: 10.3390/ijerph14101224.

Isengard, B., R. König and M. Szydlik (2017): **Money or space? Intergenerational transfers in a comparative perspective.** *Housing Studies*. DOI: 10.1080/02673037.2017.1365823.

Jajko-Siwiek, A. (2017): **Ocena świadczeń emerytalnych w krajach europejskich.** *Wiadomości Statystyczne* 6: 23-37.

Kaschowitz, J. and M. Brandt (2017): **Health effects of informal caregiving across Europe: a longitudinal approach.** *Social Science & Medicine*: 72-80.  
DOI: 10.1016/j.socscimed.2016.11.036.

Kivimäki, M., E. Kuosma, J. Ferrie, R. Luukkonen, S. Nyberg, L. Alfredsson, G. D. Batty, E. Brunner, E. Fransson, M. Goldberg, A. Knutsson, M. Koskenvuo, M. Nordin, T. Oksanen, J. Pentti, R. Rugulies, M. Shipley, A. Singh-Manoux, A. Steptoe, S. Suominen, T. Theorell, J. Vahtera, M. Virtanen, P. Westerholm, H. Westerlund, M. Zins, M. Hamer, J. Bell, A. Tabak and M. Jokela (2017): **Overweight, obesity, and risk of cardiometabolic multimorbidity: pooled analysis of individual-level data for 120 813 adults from 16 cohort studies from the USA and Europe.** *The Lancet*.  
DOI: 10.1016/S2468-2667(17)30074-9.

Klimaviciute, J., S. Perelman, P. Pestieau and J. Schoenmaeckers (2017): **Caring for dependent parents: altruism, exchange or family norm?** *Journal of Population Economics*.  
DOI: 10.1007/s00148-017-0635-2.

Komp, K. (2017): **Shifts in the realized retirement age: Europe in times of pension reform and economic crisis.** *Journal of European Social Policy*.  
DOI: 10.1177/0958928717709174.

König, S. (2017): **Career histories as determinants of gendered retirement timing in the Danish and Swedish pension systems.** *European Journal of Ageing*.  
DOI: 10.1007/s10433-017-0424-5.

Kusumastuti, S., T. A. Gerds, R. Lund, E. Mortensen and R. Westendorp (2017): **Discrimination ability of comorbidity, frailty, and subjective health to predict mortality in community-dwelling older people: population based prospective cohort study.** *European Journal of Internal Medicine*.  
DOI: 10.1016/j.ejim.2017.05.016.

Lakomý, M. and M. Petrová Kafková (2017): **Resilience as a factor of longevity and gender differences in its effects.** *Sociologický časopis / Czech Sociological Review* 53(3): 369-392.  
DOI: 10.13060/00380288.2017.53.3.336.

Leão, T. and J. Perelman (2017): **Depression symptoms as mediators of inequalities in self-reported health: the case of Southern European elderly.** *Journal of Public Health*.  
DOI: 10.1093/pubmed/fox173.

Lee, S., M. Liu and M. Hu (2017): **Relationship between future time orientation and item nonresponse on subjective probability questions: a cross-cultural analysis.** *Journal of Cross-Cultural Psychology*.  
DOI: 10.1177/0022022117698572.

Lee J, D. Phillips, J. Wilkens, S. Chien, E. M. Crimmins, Y.-C. Lin and M. Angrisani (2017): **Cross-Country Comparisons of Disability and Morbidity: Evidence from the Gateway to Global Aging Data.** *The Journals of Gerontology: Series A* glx224.  
DOI: 10.1093/geron/glx224.

Lifshitz-Vahav, H., A. Shrira and E. Bodner (2017): **The reciprocal relationship between participation in leisure activities and cognitive functioning: the moderating effect of self-rated literacy level.** *Ageing & Mental Health*: 524-531.  
DOI: 10.1080/13607863.2015.1124838.

Listl, S., J. Broadbent, W. M. Thomson, C. Stock, J. Shen, J. Steele, J. Wildman, A. Heilmann, R. Watt, G. Tsakos, M. Peres, G. van der Heijden and H. Jürges (2017): **Childhood socioeconomic conditions and teeth in older adulthood: evidence from SHARE wave 5.** *Community Dentistry and Oral Epidemiology*.  
DOI: 10.1111/cdoe.12332.

Litwin, H., B. Erlich and A. Dunsky (2017): **The complex association between fear of falling and mobility limitation in relation to late-life falls: a SHARE-based analysis.** *Journal of Aging and Health*.  
DOI: 10.1177/0898264317704096.

# SHARE-BASED JOURNAL PUBLICATIONS 2017

L-P

Litwin, H. and M. Levinson (2017): **The association of mobility limitation and social networks in relation to late-life activity.** *Ageing & Society*. DOI: 10.1017/S0144686X1700023X.

Loerbroks, A., S. Karrasch and T. Lunau (2017): **The longitudinal relationship of work stress with peak expiratory flow: a cohort study.** *International Archives of Occupational and Environmental Health*. DOI: 10.1007/s00420-017-1232-0.

Lugo-Palacios, D. and B. Gannon (2017): **Health care utilisation amongst older adults with sensory and cognitive impairments in Europe.** *Health Economics Review* 7:44. DOI: 10.1186/s13561-017-0183-1.

Lunau, T., N. Dragano, J. Siegrist and M. Wahrendorf (2017): **Country differences of psychosocial working conditions in Europe: the role of health and safety management practices.** *International Archives of Occupational and Environmental Health*. DOI: 10.1007/s00420-017-1225-z.

Manski, R., J. Moeller, H. Chen, E. Widström and S. Listl (2017): **Disparity in dental out-of-pocket payments among older adult populations: a comparative analysis across selected European countries and the USA.** *International Dental Journal* 67(3): 157–171. DOI: 10.1111/idj.12284.

Márton, M. (2017): **Az idős szülőknek nyújtott nem anyagi segítség-Magyarország európai összehasonlításban. (Help from children to elderly parents: Hungary in European context.)** *Demográfia* 59(1): 59-87. DOI: 10.21543/Dem.59.1.2.

Marzulli, M. (2017): **Cronicità e risorse della persona: la Malattia di Parkinson in una survey europea.** *SALUTE E SOCIETÀ* 3: 32-46. DOI: 10.3280/SES2017-SU3003.

Mazzuco, S., S. Meggiolaro, F. Ongaro and V. Toffolutti (2017): **Living arrangement and cognitive decline among older people in Europe.** *Ageing & Society* 37(6): 1111-1133. DOI: 10.1017/S0144686X16000374.

Medeiros Garcia, M. T. and P. Marques (2017): **Ownership of individual retirement accounts – an empirical analysis based on SHARE.** *International Review of Applied Economics* 31(1): 69-82.

Möhring, K. (2017): **Is there a motherhood penalty in retirement income in Europe? The role of lifecourse and institutional characteristics.** *Ageing & Society*. DOI: 10.1017/S0144686X17000812.

Molina, M. Á., J. L. Cañadas-Reche and R. Serrano-del-Rosal (2017): **Social participation of the elders in Europe: The influence of individual and contextual variables.** *Ageing International*. DOI: 10.1007/s12126-017-9300-z.

Mönkediek, B., P. Rotering and H. A. Bras (2017): **Regional differences in the intergenerational transmission of family size in Europe.** *Population, Space and Place*. DOI: 10.1002/psp.2003.

Moreira, A. B. A. P. M., A. Azevedo and L. Manso (2017): **Reducing early retirement in Europe: do working conditions matter?** *Journal of Population Ageing*. DOI: 10.1007/s12062-017-9186-2.

Neuberger, F. and K. Preisner (2017): **Parenthood and quality of life in old age: the role of individual resources, the welfare state and the economy.** *Social Indicators Research*. DOI: 10.1007/s11205-017-1665-6.

Nie, P. and A. Sousa-Poza (2017): **Food insecurity among Europeans aged 50+.** *Journal of Population Ageing*. DOI: 10.1007/s12062-017-9177-3.

Nielsen, C., A. Halling and K. Andersen-Ranberg (2017): **Disparities in multimorbidity across Europe – Findings from the SHARE survey.** *European Geriatric Medicine*: 16–21. DOI: 10.1016/j.eurger.2016.11.010.

Okely, J., A. Weiss and C. Gale (2017): **The interaction between individualism and wellbeing in predicting mortality: Survey of Health Ageing and Retirement in Europe.** *Journal of Behavioral Medicine*. DOI: 10.1007/s10865-017-9871-x.

Okely, J., S. Shaheen, A. Weiss and C. Gale (2017): **Wellbeing and chronic lung disease incidence: The Survey of Health, Ageing and Retirement in Europe.** *Plos one*. DOI: 10.1371/journal.pone.0181320.

Olivera, J. (2017): **The division of inter-vivos parental transfers in Europe.** *The Journal of the Economics of Ageing* 9: 41–51. DOI: 10.1016/j.jeoa.2016.05.005.

Orlovic, M., J. Marti and E. Mossialos (2017): **Analysis of end-of-life care, out-of-pocket spending, and place of death in 16 European countries and Israel.** *Health Affairs* 36(7): 1201-1210. DOI: 10.1377/hlthaff.2017.0166.

Osman, A. and K. Walsemann (2017): **Ethnic disparities in the onset and progression of functional limitations among Israeli middle-aged and older adults: socioeconomic and health-related pathways.** *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences* 72(1): 140–150. DOI: 10.1093/geronb/gbw007.

Overbeek, A., L. Van den Block, I. Korfage, Y. Penders, A. van der Heide and J. Rietjens (2017): **Admissions to inpatient care facilities in the last year of life of community-dwelling older people in Europe.** *European Journal of Public Health*. DOI: 10.1093/eurpub/ckx105.

Pakpahan, E., R. Hoffman and H. Kröger (2017): **Statistical methods for causal analysis in life course research: an illustration of a cross-lagged structural equation model, a latent growth model, and an autoregressive latent trajectories model.** *International Journal of Social Research Methodology*: 1-19. DOI: 10.1080/13645579.2015.1091641.

Pakpahan, E., R. Hoffmann and H. Kröger (2017): **The long arm of childhood circumstances on health in old age: evidence from SHARELIFE.** *Advances in Life Course Research*: 1-10. DOI: 10.1016/j.alcr.2016.10.003.

Pakpahan, E., R. Hoffmann and H. Kröger (2017): **Retrospective life course data from European countries on how early life experiences determine health in old age and possible mid-life mediators.** *Data in Brief* Vol.10: 277–282. DOI: 10.1016/j.dib.2016.11.094.

# SHARE-BASED JOURNAL PUBLICATIONS 2017

# P-S

Pasqualini, M., D. Lanari, L. Minelli, L. Pieroni and L. Salmasi (2017): **Health and income inequalities in Europe: what is the role of circumstances?** *Economics and Human Biology* 26: 164–173. DOI: 10.1016/j.ehb.2017.04.002.

Penders, Y., J. Rietjens, G. Albers, S. Croezen and L. Van den Block (2017): **Differences in out-of-pocket costs of healthcare in the last year of life of older people in 13 European countries.** *Palliative Medicine*: 42–52. DOI: 10.1177/0269216316647206.

Penger, M., R. Strobl and E. Grill (2017): **Country-specific and individual determinants of dizziness in Europe: results from the Survey of Health Ageing and Retirement in Europe (SHARE).** *Public Health* 149: 1–10. DOI: 10.1016/j.puhe.2017.04.002.

Peyrache, M. and J. Ogg (2017): **Concilier vie professionnelle et aide informelle à un parent âgé. Un défi des 50-64 ans en Europe. (Combining professional life and support given to an ageing parent: a challenge for persons aged 50-64 in Europe.)** *Revue européenne des sciences sociales* 55 (1): 97–125.

Portellano-Ortiz, C., J. Garre-Olmo, L. Calvó-Perxas and J. Conde-Sala (2017): **Factor structure of depressive symptoms using the EURO-D scale in the over-50s in Europe. Findings from the SHARE project.** *Aging & Mental Health*. DOI: 10.1080/13607863.2017.1370688.

Reeuwijk, K., D. van Klaveren, R. van Rijn, A. Burdorf and S. Robroek (2017): **The influence of poor health on competing exit routes from paid employment among older workers in 11 European countries.** *Scandinavian Journal of Work, Environment and Health*: 24–33. DOI: 10.5271/sjweh.3601.

Rodrigues, R., S. Ilinca and A. Schmidt (2017): **Income-rich and wealth-poor? The impact of measures of socio-economic status in the analysis of the distribution of long-term care use among older people.** *Health Economics*. DOI: 10.1002/hec.3607.

Rodríguez, M. M. A. Minguela Recover and J. A. Camacho Ballesta (2017): **Importancia del tamaño de la red social y la proximidad residencial en la recepción de cuidados informales en la Unión Europea. (The importance of the size of the social network and residential proximity in the reception of informal care in the European Union)** *European Journal of Social Work*: 1–12. DOI: 10.1080/13691457.2017.1320523.

Rokicki, S., J. Cohen, G. Fink, J. Salomon and M. B. Landrum (2017): **Inference with Difference-in-Differences With a Small Number of Groups: A Review, Simulation Study, and Empirical Application Using SHARE Data.** *Medical Care*. DOI: 10.1097/MLR.0000000000000830.

Rowold, C., A. Hammerschmid and P. Haan (2017): **Gender gaps in pensions and health: Germany, France, and Denmark.** *DIW, economic bulletin* 43. DOI: 2192-7219.

Salmasi, L. and M. Celidoni (2017): **Investigating the poverty-obesity paradox in Europe.** *Economics & Human Biology* 26: 70–85. DOI: 10.1016/j.ehb.2017.02.005.

Schiff, M. (2017): **Depression, quality of life and smoking in late adulthood.** *EC Psychology and Psychiatry* 4 (5): 206–215.

Schmitz, A. and T. Pförtner (2017): **Health inequalities in old age: the relative contribution of material, behavioral and psychosocial factors in a German sample.** *Journal of Public Health*: 1–9. DOI: 10.1093/pubmed/fox180.

Schulz, M. (2017): **The intertwined relationship between patient education, hospital waiting times and hospital utilization.** *Health Services Management Research*. DOI: 10.1177/0951484817725682.

Schwartz, E. and H. Litwin (2017): **Are newly added and lost confidants in later life related to subsequent mental health?** *International psychogeriatrics*. DOI: 10.1017/S1041610217001338.

Schwartz, E. and H. Litwin (2017): **The Reciprocal Relationship between Social Connectedness and Mental Health Among Older European Adults: A SHARE-Based Analysis.** *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences* gbx131. DOI: 10.1093/geronb/gbx131.

Serrano-Alarcón, M. and J. Perelman (2017): **Ageing under unequal circumstances: a cross-sectional analysis of the gender and socioeconomic patterning of functional limitations among the Southern European elderly.** *International Journal for Equity in Health* 16:175. DOI: 10.1186/s12939-017-0673-0.

Shen, J. and S. Listl (2017): **Investigating social inequalities in older adults' dentition and the role of dental service use in 14 European countries.** *The European Journal of Health Economics*. DOI: 10.1007/s10198-016-0866-2.

Shrira, A., D. Shmotkin, Y. Palgi, Y. Hoffman, E. Bodner, M. Ben-Ezra and H. Litwin (2017): **Older adults exposed to ongoing versus intense time-limited missile attacks: differences in symptoms of post-traumatic stress disorder.** *Psychiatry - Interpersonal and Biological Processes* 80 (1). DOI: 10.1080/00332747.2016.1178028.

Sirven, N. and T. Rapp (2017): **The dynamics of hospital use among older people evidence for Europe using SHARE data.** *Health Services Research*: 1168–1184. DOI: 10.1111/1475-6773.12518.

Skugor, D., W. Van Lancker and K. van den Bosch (2017): **Ongelijkheid in loopbaan en pensioen: het Mattheuseffect in actie. (Inequality in career and retirement: the Matthew effect in action.)** *Geron* 19(3): 19–23. DOI: 10.1007/s40718-017-0045-2.

Smolić, Š. (2017): **The determinants of health among the population aged 50 and over: evidence from Croatia.** *Public sector economics* 41. DOI: 10.3326/pse.41.1.9.

# SHARE-BASED JOURNAL PUBLICATIONS 2017

S-W

Souto Barreto, de, P., M. Cesari, S. Andrieu, B. Vellas and Y. Rolland (2017): **Physical activity and incident chronic diseases: a longitudinal observational study in 16 European countries.** *American Journal of Preventive Medicine*: 373–378.  
DOI: 10.1016/j.amepre.2016.08.028.

Steffl, M., J. Sima, K. Shiells and I. Holmerova (2017): **The increase in health care costs associated with muscle weakness in older people without long-term illnesses in the Czech Republic: results from the Survey of Health, Ageing and Retirement in Europe (SHARE).** *Clinical Interventions in Aging*: 2003–2007.  
DOI: 10.2147/CIA.S150826.

Stella, L. (2017): **Living arrangements in Europe: whether and why paternal retirement matters.** *Review of Economics of the Household* 15(2).  
DOI: 10.1007/s11150-016-9327-z.

Stolz, E., H. Mayerl, A. Waxenegger, E. Rasky and W. Freidl (2017): **Impact of socioeconomic position on frailty trajectories in 10 European countries: evidence from the Survey of Health, Ageing and Retirement in Europe (2004–2013).** *Journal of Epidemiology and Community Health*.  
DOI: 10.1136/jech-2016-207712.

Stolz, E., H. Mayerl, A. Waxenegger and W. Freidl (2017): **Explaining the impact of poverty on old-age frailty in Europe: material, psychosocial and behavioural factors.** *European Journal of Public Health*.  
DOI: 10.1093/eurpub/ckx079.

Suemoto, C. K., P. Ueda, H. Beltrán-Sánchez, M. L. Lebrao, Y. A. Duarte and R. Wong (2017): **Development and validation of a 10-year morality prediction model: meta-analysis of individual participant data from five cohorts of older adults in developed and developing countries.** *Journal of Gerontology: Biological Sciences*: 410–416.  
DOI: 10.1093/geronb/glw166.

Trias-Llimós, S., M. Muszyńska, A. Cámara and F. Janssen (2017): **Smoking cessation among European older adults: the contributions of marital and employment transitions by gender.** *European Journal of Ageing*: 189–198.  
DOI: 10.1007/s10433-016-0401-4.

van de Straat, V., V. Buffel and P. Bracke (2017): **Medicalization of sleep problems in an aging population: a longitudinal cross-national study of medication use for sleep problems in older European adults.** *Journal of Aging and Health*.  
DOI: 10.1177/0898264317696775.

Van Winkle, Z. and A. Fasang (2017): **Complexity in employment life courses in Europe in the Twentieth Century—large cross-national differences but little change across birth cohorts.** *Social Forces*.  
DOI: 10.1093/sf/sox032.

Van Winkle, Z. (2017): **Family Trajectories Across Time and Space: Increasing Complexity in Family Life Courses in Europe?** *Demography*.  
DOI: 10.1007/s13524-017-0628-5.

Verropoulou, G. and M. Zakyntinou (2017): **Contrasting concurrent and childhood socioeconomic predictors of self-rated health among older European men and women.** *Journal of Biosocial Science*: 478–497.  
DOI: 10.1017/S0021932016000250.

Vozikaki, M., M. Linardakis, K. Micheli and A. Philalithis (2017): **Activity participation and well-being among European adults aged 65 years and older.** *Social Indicators Research*: 769–795.  
DOI: 10.1007/s11205-016-1256-y.

Wagner, M. and M. Brandt (2017): **Long-term Care Provision and the Well-Being of Spousal Caregivers: An Analysis of 138 European Regions.** *The Journals of Gerontology: Series B* gbx133.  
DOI: 10.1093/geronb/gbx133.

# SOCIO- ECONOMIC IMPACT

“ The evidence gathered in the framework of the project is increasingly used for policy-making purposes at the national and the European level. ”

- Review Report by the European Commission's Directorate-General Research and Innovation

“ Dealing with the consequences of population ageing and designing policies to maximize social welfare in the new environment is among the policy priorities at the European level. [SHARE] can provide the scientific knowledge for the design of appropriate strategies that can have an important impact on policy making. ”

- Review Report by the European Commission's Directorate-General Research and Innovation

With its broad data on the economic, social and health situation of European citizens, SHARE enables policymakers to tackle the challenges of population ageing with the help of scientific evidence.

# POLITICAL CHALLENGES, SCIENTIFIC SOLUTIONS

## Evidence-based policy making with SHARE

Europe's population is ageing. Consistently low birth rates and increasing life expectancy are transforming the age pyramid of the European Union towards a much older population structure. This development will lead to a decreasing number of people of working age while the relative number of pensioners is increasing. The challenges resulting from this transformation are manifold.

While maintaining the stability of pension systems in the face of less younger people having to provide the social expenditures for the increasing share of older persons is the overarching problem, its implications for the various individual domains of social policy are complex. To stay on top of these issues, policy makers need detailed evidence to base their decisions on. SHARE provides this evidence in the form of data on health, socio-economic status as well as social and family networks, thus enabling evidence-based policy making on both the national and the European level. Furthermore, SHARE's harmonisation with its various sister stud-

ies, most notably the U.S. Health and Retirement Study (HRS) and the English Longitudinal Study of Ageing (ELSA), permits demographic analyses in a truly global perspective. Last but not least, SHARE's record linkage projects help to draw connections between various aspects of respondents' lives and their institutional pension data.

From the supply and demand of care to the effectiveness of governmental efforts to better prepare citizens for retirement, from cross-country comparisons of health system performance to the health condition of older people in Europe, SHARE data and SHARE-based research have been used for the analysis of a wide range of policy issues.

We have selected a number of examples to illustrate how SHARE's strength of providing scientific evidence has been used by the European Commission, individual EU member states and international political organisations.

## ON THE MEMBER STATE LEVEL

### Estonia



SHARE data was used in a report titled "Reducing the Burden of Care in Estonia" which was delivered by the World Bank and commissioned by the Estonian Ministry of Social Affairs' task force on reducing the burden of care in Estonia. It contains an assessment of the current situation of long-term care in Estonia and projected needs and spending, which is then used to develop policy recommendations and scenarios. SHARE data was intensively used in outlining the state-of-the-art on this issue. In Estonia, the burden of care is mainly carried by family members while care services and funding possibilities are only poorly developed. The report outlines the policy scenarios which distinguish between urgent priorities that must be addressed even in the context of current low spending on the one hand, and investment in the building blocks needed to achieve the "ideal system" on the other. Furthermore, the analysis department of the Estonian Government Office has used SHARE data to inform members of parliament about the current employment situation of older people in Estonia. The data have been used to provide members of parliament with evidence in the ongoing discussion about working (environment) opportunities for older people in Estonia beyond retirement age.

### Germany



In Germany, SHARE data was used to compare people's expectations of their future pensions with the actual projected amount. It was shown that a discrepancy exists in that Germans overestimate their future pensions. Furthermore, it could be demonstrated that targeted information

about future pensions incentivized citizens to better prepare for retirement through increased private retirement savings. This direct analysis of a public policy measure was made possible by SHARE and its subsample SHARE-RV which connects the respondents' survey data to their administrative data of the German Pension Insurance.

### Austria



SHARE research was used by the Austrian Federal Ministry of Science, Research and Innovation and the Austrian Statistical Office in a feasibility study aimed at estimating differential mortality from The European Union Statistics on Income and Living Conditions (EU-SILC) longitudinal data. The study was carried out as a response to the fact that socio-economic differences in mortality have become increasingly important in an era of pension reforms. However, some European countries cannot provide any figures on the subject, and available figures are not easily comparable between countries because of different data sources, time periods and stratification variables. The study develops a new approach to obtain comparative European figures based on harmonized survey sample data.

### Bulgaria



In its national roadmap for research infrastructures, the Bulgarian Ministry of Education and Science explicitly states that SHARE will support knowledge-based public policies on retirement, employment, education and life-long learning, health and social security. The data which SHARE provides will be used to evaluate the effect of public policy measures on peoples' lives. Because of its analytical potential, both nationally and comparatively, SHARE data are of "great importance for social, economic and policy development of Bulgaria and the European Union".

## ON THE EUROPEAN UNION LEVEL

### European Commission / OECD

As in previous editions, SHARE data are part of the “Health at Glance 2017: OECD indicators” report. The report is a cooperation between the European Commission and the OECD and presents up-to-date cross-country comparisons of the health status of populations and health system performance in OECD and partner countries. SHARE research was used for an overview of perceived health status. Furthermore, SHARE data was used to analyse the providers and recipients of informal care in Europe. The analysis also uses the harmonization of SHARE with its sister studies HRS and ELSA to compare the prevalence of informal care in Europe, the US and the UK.

### DG EMPL

SHARE research was used for DG EMPL’s report “Employment and Social Developments in Europe 2017”. The report has become the key reference document for policy-makers and stakeholders active in social and labour market policies. It provides comprehensive coverage and thorough economic analysis of major trends affecting the social and employment situation of EU citizens. This year the review focuses entirely on intergenerational fairness and solidarity. SHARE research was used to analyse how older employees can extend their working lives by means of a transition to self-em-

ployment and how this is influenced by institutional settings. Furthermore, SHARE research was used for the analysis of the supply and demand of long-term care in Europe.

As the coordinator of SHARE’s research field work and retirement, Prof. Agar Brugiavini was invited as an expert to the conference “Review of Employment and Social Developments in Europe: Intergenerational Fairness and Solidarity” which was organized by DG EMPL, discussing policy options for ensuring that future cohorts can also benefit from adequate and sustainable pensions and achieve good living standards in older age.

As the managing director of SHARE, Prof. Axel Börsch-Supan, PhD was invited as an expert speaker and discussant to the workshop “Delivering higher effective retirement ages”. The workshop was jointly organised by the European Commission and the OECD in Brussels, informing members of DG EMPL and DG ECFIN about his research.

### DG SANTE

As international coordinator of SHARE, Dr. Annette Scherpenzeel was invited as an expert to inform the members of the Expert Group on Health Information on the information which SHARE provides for the European Commission for the study of socio-economic status, health, health behaviours, health utilization, insurance coverage, and social participation.

Furthermore, DG Sante is using SHARE data to study chronic, non-communicable diseases.

## INTERNATIONAL ORGANISATIONS

### OECD

In its 2017 report „Preventing Ageing Unequally”, the OECD extensively uses SHARE data. The report examines how population ageing and rising inequalities have been developing and interacting, both within and across generations. It suggests a policy agenda to prevent, mitigate and cope with such inequalities, drawing on good practices in OECD countries and emerging economies. Specifically, SHARE data is used to

- demonstrate the inequalities in ageing and the reasons why policymakers should care about this issue
- show that employment and income patterns are changing across generations
- analyse trends and social disparities in disability among people aged 50 and over
- study the barriers to longer working lives and the retirement decision
- examine living conditions in later life, specifically in terms of long-term care.

Furthermore, the OECD has used SHARE data in a study aimed at measuring social protection for long-term care. The report presents the first international quantification and comparison of levels of social protection for long-term care in 14 OECD and EU countries. It quantifies the cost of care, the level of coverage provided by social protection systems, the out-of-pocket costs that people are left facing, and whether these costs are affordable.



Specifically, SHARE data was used to analyse the impact of care on caregivers to develop ways of providing support to help informal caregivers remain in work and good health.

### United Nations

The United Nations’ European Centre for Social Welfare Policy and Research has used SHARE data in a project that aims at providing policy-relevant analytical and methodological support on the developments in income distribution, poverty, social exclusion and material deprivation as well as health. It helps the Commission in its efforts to monitor living standards and life chances across the EU and across different groups in society, and to evaluate how policies affect them. SHARE data is specifically used to examine the health condition of older people and the extent to which they are affected by impairments, including mental disabilities. It is also used to compare the health condition of those in employment with those who have retired or are unemployed as well as with those who are economically inactive but not yet retired.

# OPERATIONAL ASPECTS

## SHARE THANKS

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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 IN BRUSSELS



On the 27th of April, 2017 the 8th SHARE-ERIC Council meeting took place at the University Foundation in Brussels.

The Council focused on the outcome of the evaluation report of SHARE that had been published in February 2017. According to the SHARE-ERIC Statutes, the implementation of an external evaluation is provided after Phase II of SHARE. A positive result is a prerequisite for the continuation of SHARE in Phase III (2018-2024). Accordingly, the Council members acknowledged the very positive results and decided on that basis to continue the SHARE survey as foreseen in the SHARE-ERIC Statutes during Phase III.

Another main topic was the new structure of the SHARE management: The Council agreed on the introduction of new positions in the Management Board and elected Dr. Annette Scherpenzeel as “International Coordinator” and Prof. Dr. Hendrik Jürges as “Questionnaire Coordinator.” Both of them shall overtake parts of the work done so far by Prof. Axel Börsch-Supan, who will be no longer “Coordinator” of SHARE, but remains Principal Investigator and Managing Director of SHARE-ERIC.

Particular thanks go to Mr Harry Tuinder from DG RTD, who joined the Council meeting in Brussels as special guest, for sharing his observations of the scientific excellence but missing financial sustainability of SHARE.

# SCIENTIFIC MEETINGS OF SHARE IN 2017

## SHARE WAVE 7 MIDTERM MEETING



### NICE, FRANCE, 17-19 MAY 2017

The main goal of the meeting was informing the SHARE Country Teams on the state of fieldwork of Wave 7, the first internal data versions and ongoing Dried Blood Spots analysis. For Wave 8, the schedule planning was discussed as well as ideas for the introduction of a core questionnaire in the relevant areas of SHARE: Health, Health Care, Social Networks, Employment and Pensions, Assets and Income. The Scientific Monitoring Board of SHARE commented on the planning.

#### Scientific presentations focused on:

- National Policies for Healthy Ageing - The Maltese experience (Marvin Formosa, CTL Malta)
- Increasing breast cancer screening uptake: a randomized controlled experiment (Florence Jusot, CTL France)

On the operational level, new developments in the field of data access (now including access to SHARE for scientific projects) were presented as well as the latest PR measures. Much attention had to be given to the fact that the follow-up financing for the international coordination for SHARE through the Horizon 2020 mechanism was still insecure and, therefore, threatened the schedule for Wave 8.

# SCIENTIFIC MEETINGS OF SHARE IN 2017

## SHARE WAVE 8 KICK-OFF MEETING



### SOFIA, BULGARIA, 25-27 SEPTEMBER 2017

The meeting aimed at presenting the finalised core questionnaire of the different SHARE areas. Innovations in Wave 8, like the measurement of physical activity by accelerometers, cognition tests as well as questions concerning time expenditure and saving regrets were introduced.

Concerning further funding options, it was positively noted that an earlier deadline of a call will now allow SHARE to apply for EU infrastructure funding in an acceptable time frame. Due to the interim uncertainties in view of timely funding, however, some activities in SHARE had to be reduced with the consequences of delays in the schedule. The compliance with the time schedule for Wave 8 was therefore jeopardised.

#### Scientific presentations were given on the following topics:

- Wage satisfaction of migrant workers and ethnic minorities in low wage occupations (Ekaterina Markova, CTL Bulgaria)
- “Science Briefs” – new ideas of early-career scientists:
  1. Multiple Chronic Conditions in Older People and Their Effects on Health Care Utilization: A Network Analysis Approach Using SHARE Data (Andrey Srakar, SI)
  2. Implications of Social and Material Deprivation for Changes in Health of Older People (Monica Oczkowska, PL)
  3. The Long-term Effects of Migration on Cognitive Functioning (Stefan Gruber, DE)

On the operational level, Ms. Heidi Schuster, the data protection officer of SHARE-ERIC, informed about the new EU data protection regulation and its consequences for SHARE. Furthermore, a revised procurement process via SHARE-ERIC, enabling the procurement of the SHARE Wave 8 survey services in 22 countries within the same time period, was introduced.

# THE PROCUREMENT PROCESS OF SHARE

## Common procurement for SHARE survey services in 24 countries

**In 2017, a common procurement process has been launched in 24 SHARE countries in order to secure scientific harmonisation of SHARE Wave 8. A further positive effect is that a common procurement process allows to reduce the amount of financial contributions of the involved SHARE countries and related EU funding as far as possible with respect to VAT.**

Common procurement for the survey services is essential for SHARE. From a scientific point of view it guarantees the urgently needed harmonisation of the survey between the participating SHARE countries with respect to: same survey period, same survey method, same conditions etc. Only by this, real comparability between countries necessary for later scientific publications based on SHARE data

can be guaranteed. This is even more crucial with respect to the fact that SHARE is a panel study, which means that the interviews will be conducted repetitively every two years. Right from the beginning SHARE has therefore developed a highly elaborated model contract that shall be basis for the survey in every participating SHARE country.

Since SHARE has become a European Research Infrastructure Consortium (ERIC) in 2011, an additional aspect in this common procurement approach has occurred: Goods and services acquired by an ERIC in its role as international organisation are exempted from VAT for its official use. Given that SHARE has a common budget for the survey services for scientific reasons, the VAT exemption applies without any legal restrictions to all SHARE

countries that are members of the ERIC. The VAT exemption being in effect in every SHARE-ERIC country helps reducing the necessary contributions.

Since the SHARE study has even been enlarged in Wave 7 by integrating all hitherto missing continental EU countries, the number of countries involved in the common procurement has increased even further: in 2017, for the first time a common procurement process has started which will include 24 countries. This is not only scientifically highly necessary in order to secure common standards especial-

ly in the new SHARE countries; but it also means a huge challenge in terms of the logistical approach conducted by the central SHARE administration in Munich as well as a high discipline of the involved SHARE country teams. To master this logistical challenge, the procurement is done in three different batches of countries, starting in different points in time. An overview of the batches and the general procurement timeline can be found in figure 1.



Figure 1: Overview of Country Batches in the Procurement Process

# SHARE PUBLIC RELATIONS

## Delivering Adequate Communication for Various Stakeholders

Adequate communication is key for SHARE. To ensure the highest possible impact of the project, various stakeholders must be kept up-to-date on its progress. For this reason, SHARE has developed a PR strategy with a variety of communication measures tailored to its specific target audiences, thus facilitating a fruitful interplay of the project's various domains.

Naturally, ensuring ideal **communication with its users is a major focus of SHARE**. Users have to be kept posted on the latest developments in terms of data collection and releases as well as possibilities of user support. Furthermore, of course, SHARE is interested in acquiring new users. To this end, several communication channels have been brought into place. **A central newsletter** which is sent to users of SHARE data and other interested subscribers **informs about all**

**important developments in SHARE from the perspective of the users**, such as the progress of data collection, new data releases, methodological innovations, or new publications. What these newsletters also contain is information about **user workshops** held by SHARE in the individual countries. These workshops can be understood **as a further communicative measure to stay in touch with the user community**: on the one hand, the users are trained in handling the data correctly while on the other hand, SHARE receives immediate feedback from its users which is used to optimise the data documentation and the user support. The **user support offers users a direct communication channel to SHARE Central**. They can send in their questions via e-mail and

have them answered by the database management team.

**On its website, SHARE informs about any SHARE-related news and, importantly, lists all hitherto known SHARE-based publications.** This is done to facilitate the research and scientific exchange of SHARE users by offering a one-stop-shop for all SHARE literature, thus also increasing the reach of each publication.

**Social media** is utilised by SHARE **as a fast-paced information hub for researchers, as a recruiting tool for new SHARE users, as well as to mutually support the communication efforts of other European research infrastructures and institutions** (such as ESFRI, the European Commission, the Max Planck Society or ESS-ERIC). Events and publications are instantly shared and the various institutions mutually increase their reach by sharing relevant posts with their own followers. SHARE also constantly develops **new social media formats to generate interest in SHARE data and research.**

SHARE as well as its users and SHARE-based research, however, would not be possible without

SHARE's respondents. **The respondents' willingness to participate in SHARE is absolutely pivotal and, accordingly, so is the communication with them.** For this reason, in each wave SHARE Central develops information material for them that clarifies what SHARE is and what they can expect from participating in the survey. A leaflet informs about the process of data collection and a brochure gives some insight into what the data is good for, containing results of selected SHARE-based publications in a simplified wording which makes the research accessible to the respondents. Furthermore, SHARE designs giveaways which are sent to the respondents to thank them for their participation. SHARE Central adapts and distributes the information material to all SHARE countries.

Last but not least, SHARE strives for its work not to be confined to the academic world but to have an impact on and a benefit for society as a whole. Its goals are to **make the knowledge created by SHARE known to a wider public and to help policymakers base their decisions on scientific evidence.** To this end, communications measures which target the press (and, thus, the general public) as well as direct communication channels to



policymakers have been established.

Each month, SHARE publishes several short summaries of publications that made use of SHARE data in a simplified language. These summaries are **aimed at providing a non-scientific audience with some understanding of what SHARE data is used for and what fields of research can be studied with its help.** The articles are posted on the website and distributed via social media. Every other month, they are furthermore bundled into a newsletter and sent to press and policy contacts as well as interested subscribers, thus multiplying their reach when picked up by the press. Through the possibility of having their work distributed this way, an additional incentive for SHARE researchers is created to both publish with SHARE data as well as to report their publications to SHARE Central. This, in turn, facilitates the process of keeping an overview of all SHARE-based research.

For publications which are of special relevance, **SHARE Central publishes press releases** which are sent to selected press and policy contacts from the relevant fields **to ensure quick and direct communication between science, public and policymakers.** SHARE Central also provides the

country teams with information on how to facilitate the flow of SHARE research to policymakers in the individual SHARE countries and SHARE staff is in constant exchange with political actors, especially the European Commission.

**To lay the foundation for effective and adequate outside communication, SHARE Central provides SHARE-wide internal communication** by informing all SHARE staff across all countries about key developments in the form of a bi-monthly newsletter. Furthermore, PR support is provided to all country teams. This happens, for example, by making communications material available to the country teams through an online platform, by adapting communications material to the respective countries and translating it, by consulting and assisting the country teams with their individual PR measures, by supporting them in their outreach to national funders or in the preparation of conferences. Moreover, SHARE Central issues a list of all new SHARE-based publications every month, thus enabling the staff to keep track of the latest developments in research with SHARE data.

## EVALUATIONS BY THE EUROPEAN COMMISSION

### Intermediate Review stresses the importance of SHARE

In October 2017, the European Commission released an intermediate review of the SHARE-DEV3 project which aims at achieving world-class standards in all SHARE countries. The review concludes that SHARE has fully achieved its objectives and milestones and it acknowledges the “enormous” progress that SHARE has made. It furthermore stresses that SHARE can bring important benefits to society as it helps to obtain a better understanding of population ageing and its consequences, an increasingly important societal need. Since dealing with the consequences of population ageing and designing policies to maximize social welfare in this context is among the policy priorities at the European level, the report highlights the important role of SHARE: It can provide the scientific knowledge for the design of appropriate policy strategies. Accordingly, the report acknowledges that the evidence gathered in the framework of SHARE is increasingly used for policy-making purposes at the national and the European level: “SHARE is a long established multi- as well as inter-disciplinary longitudinal cross-country project that has

contributed significantly to the study of the living conditions of the elderly in the EU.”



A positive intermediate review was also released for SERISS (Synergies for Europe’s Research Infrastructures in the Social Sciences) in which SHARE is participating. The review attests the immediate relevance of SERISS, especially in the face of technological progress. SERISS is expected to contribute to the design of more efficient policies at the European as well as the national level through better representation of vulnerable groups in the population sample of European surveys, to reduce the cost of European surveys in the future by improving the translation facilities available to European surveys as well as progressing in the direction of web-based surveys, and to help issue clearer privacy protection guidelines in the future through the codification of ethical and legal issues related to privacy protection of survey respondents.

“ The project has an impressive promotion machinery in place. ”  
- Review Report by the European Commission’s Directorate-General Research and Innovation

# FOSTERING COOPERATIONS BETWEEN EUROPEAN RESEARCH INFRASTRUCTURES

## SHARE in the Rltrain Project: Professionalising the Training of Managerial and Leadership Staff

As part of the Rltrain project, SHARE is helping to improve and professionalise the training of managerial and leadership staff in European Research Infrastructures (RIs). Rltrain responds to the fact that working in RIs requires a very distinct set of competencies, while hardly any formal education paths exist which specifically prepare employees for this type of work. Leadership and executive members of RIs often come from research and have no or only little management training, meaning that most staff in RIs is trained on the job. Rltrain fills this gap through the development of a flagship training programme that enables RIs across all domains to gain expertise on governance, organisation, financial and staff management, funding, IP, service provision and outreach in an international context.

The training programme defines the required competencies throughout the lifecycle of an RI, from the initial preparatory phase through to operational maturity. Based on this, Rltrain has developed a comprehensive master's level curriculum, incorporating existing training opportunities and creating new content to fill the gaps. In 2017, the first edition of the resulting Executive Masters in Management of Research Infrastructures was launched in

cooperation with the University of Milano-Bicocca. A total of 115 applications were submitted, a great success that reflects the need for special training for RI managers.

Furthermore, Rltrain enables continuing professional development, including a series of webinars based on how real challenges in RIs have been overcome as well as a staff-exchange programme to foster knowledge exchange between RIs.

Through its training framework, Rltrain will improve and professionalise the training of the staff managing and operating RIs of European interest, strengthen their human capital, stimulating their efficient management and, therefore, promoting their development and competitiveness at national, European and international level.



## From ERIC to ERIC: Agreement to establish the ERIC Forum

Collaboration between European Research Infrastructure Consortia (ERICs) is manifold. In addition to the more domain-related cooperation in cluster projects (like SERISS), ERICs have also started to work together and exchange knowledge and best practices concerning all challenges arising from the special legal status of an ERIC. Originally initiated by the European Commission, the former so called ERIC network is on its way to give itself a common framework.

SHARE-ERIC together with CERIC-ERIC and BBMRI-ERIC have launched a process that led to the signing of a Memorandum of understanding (MoU) for the establishment of the ERIC Forum by

all existing ERICs in 2017. In this MoU, the ERICs have agreed on common actions like setting up a Forum governance framework, holding biannual meetings that shall enable an exchange of experience between the existing as well as future ERICs. Furthermore, the meeting also serves the purpose of sharing views with the European Commission as well as representatives of Ministries and other relevant stakeholders. Finally, the ERIC Forum intends to focus on topics relevant to all ERICs, possibly with support of external experts. For specific matters working groups can be set up as well.

SHARE-ERIC and CERIC-ERIC have also signed a bilateral MoU focused on managerial exchange, but also open to scientific collaboration.



Signing the Memorandum of Understanding for the establishment of the ERIC Forum. Photo courtesy of CERIC-ERIC

# FINANCIAL ASPECTS

## SHARE'S FUNDING

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 2017 as required by Article 6 (8) of the SHARE-ERIC Statutes, (b) a statement of the funding in all SHARE member countries, (c) the Financial Plan for 2018, (d) a general overview of the current financial situation and (e) an outlook on long-term financial sustainability.

## Financial Statement for SHARE-ERIC 2017

The accounting for the financial year 2017 could be closed mid-March 2018 with an audit report which found that all figures provided below (Figure 11) and in the detailed country tables (Figure 12) are in agreement with the bank accounts.

Figure 11: Summary flow of funds in calendar year 2017

Summary		2017		
By expense/contribution type:				
Type	Code	Expenses	Contributions	Gain/Loss
<b>INITIAL BALANCE</b>				<b>3.629.983,23</b>
CC: Country Contributions acc. to Art.9	CC	0,00	2.810.185,08	2.810.185,08
GC: Grants & contracts	GC	1.896.494,60	5.347.173,79	3.450.679,19
MF: Membership fees	MF	10.000,00	130.000,00	120.000,00
II: Interest income	II	0,00	0,00	0,00
VA: VAT reimbursement	VA	1.760,17	72.511,29	70.751,12
SV: Survey costs	SV	4.568.978,06	52.723,53	-4.516.254,53
PE: Personnel costs	PE	0,00	0,00	0,00
TV: Travel costs	TV	81.078,12	9.875,86	-71.202,26
MA: Materials costs	MA	89.331,07	41.072,25	-48.258,82
AC: Account and other charges	AC	764,67	0,00	-764,67
SC: Other subcontracts	SC	804.242,03	25.975,19	-778.266,84
CD: Column D	CD	0,00	0,00	0,00
XX: unknown, not yet categorized	XX	0,00	0,00	0,00
<b>TOTAL FLOWS</b>		<b>7.452.648,72</b>	<b>8.489.516,99</b>	<b>1.036.868,27</b>
<b>END BALANCE</b>				<b>4.666.851,50</b>

Figure 11 provides a summary of all account movements in 2017. It covers all countries which channeled funds through SHARE-ERIC and is structured by broad expense and contribution categories. Column 3 in Figure 11 shows the expenses paid in 2017. These include the remaining expenses for pretest and field rehearsal and above all the first, second and in some countries third instalments for the main survey of Wave 7. It also includes expenses for subcontracts including the costs of international coordination outside Munich, plus other minor expenses in 2017.

Column 4 shows the contributions from member countries, including €130k membership fees, and

grants (more than €5m) which were received in 2017 and finance these expenses.

The balance between expenses and contributions is shown in column 5. Relative to the large volume of inflows and outflows (almost €8.5m respectively €7.5m), the difference between inflows and outflows is small at about 1.0 million. The positive balance is a reflection of the SHARE-ERIC bylaws which enforce that expenses can only be made if the corresponding contributions have been credited. The large account balance (€4.7m) is due to country contributions received in 2017 for remaining survey costs of Wave 7 to be paid in 2018, as well as pre-financing amounts for Wave 8 which were already received in 2017.

Figure 12: Detailed flow of funds in calendar year 2017

Income	Amount	Expenditure	Amount
<b>Membership fee 2017</b>		<b>ERIC administration 2017</b>	
AT	10.000,00 €	Account charges/transaction fees	705,02 €
BE	10.000,00 €	Auditor	4.500,00 €
CZ	10.000,00 €	Budget SMB/Travel	26.483,57 €
DE	10.000,00 €	0.5 FTE accountant	25.656,94 €
FR	10.000,00 €	Council meeting	3.250,92 €
GR	- €	Travel to ERIC network/committee meeting	1.503,44 €
HU	10.000,00 €	Other admin (domains)	1.470,23 €
IL	10.000,00 €	Design and Print annual activity report	6.162,87 €
IT	10.000,00 €		
NL	10.000,00 €		
PL	10.000,00 €		
SE	10.000,00 €		
SI	10.000,00 €		
<b>total income</b>	<b>120.000,00 €</b>	<b>total expenditures</b>	<b>69.732,99 €</b>
		<b>Surplus</b>	<b>50.267,01 €</b>
<b>EU-COM 2017</b>		<b>Int'l Coordination ex Munich, 2017</b>	
SERISS	374.137,60 €	IT support: CentERdata Tilburg	336.614,76 €
SHARE-DEV3	895.970,00 €	Economics Area: Padua	188.435,58 €
<b>VAT reimbursement 2017</b>	<b>1.760,00 €</b>	Economics Area: Venice	208.485,92 €
		Health Area: Odense	174.296,34 €
		Social Area: Jerusalem	134.919,66 €
		Survey Mgmt/Methodology: Paris	78.655,00 €
		Health Care Area: Wuppertal	78.425,00 €
		SHARE-ERIC Admin: Madrid	70.275,34 €
<b>total income</b>	<b>1.271.867,60 €</b>	<b>total expenditures</b>	<b>1.270.107,60 €</b>
		<b>Surplus</b>	<b>1.760,00 €</b>

Survey contribution 2017		
Country	own	DG EMPL/SHAREDEV3
AT	461.964,80 €	
BE* only partially		
CZ	145.965,00 €	
DE		- €
FR	744.842,00 €	
GR via SHAREDEV3		66.384,50 €
IL*		
IT	290.000,00 €	
NL* only Internet		
PL	289.164,10 €	
SE	220.000,00 €	
SI	297.480,00 €	
CH*		
BG via DG EMPL		52.836,63 €
CY via DG EMPL		101.298,00 €
DK*		
EE* partially via SHAREDEV3	60.000,00 €	115.797,60 €
ES via co-funding/DG EMPL W6/SHAREDEV3 W7		394.283,96 €
FI via DG EMPL		361.779,00 €
HR via DG EMPL W6/SHAREDEV3 W7		101.610,18 €
HU via SHAREDEV3		49.500,00 €
LT via DG EMPL		88.388,68 €
LV via DG EMPL		
LUX*		
MT via DG EMPL	25.000,00 €	
PT* partially via SHAREDEV3		
SK via DG EMPL		42.734,01 €
RO via DG EMPL		51.711,00 €
	2.534.415,90 €	1.426.323,56 €
Total income		3.960.739,46 €

NIA IAG4 2017		
NIA grant		274.173,20 €
total income		274.173,20 €

\* funding not via SHARE-ERIC

Survey costs 2017	
Country	Amount
AT	461.964,80 €
BE* only partially	
CZ	145.965,00 €
DE	751.837,00 €
FR	744.841,02 €
GR	66.384,50 €
IL*	
IT	252.945,00 €
NL* only Internet	
PL	244.794,00 €
SE	440.000,00 €
SI	121.044,00 €
CH*	
BG	52.836,63 €
CY	101.298,00 €
DK*	
EE	175.797,60 €
ES	239.896,60 €
FI	361.779,00 €
HR	101.610,18 €
HU	49.500,00 €
LT	88.388,68 €
LV	
LUX*	
MT	
PT* partially via SHAREDEV3	
SK	42.734,01 €
RO	51.711,00 €
total expenditures	4.400.882,01 €
Deficit	- 440.142,55 €

Biomarker 2017	
DBSS Analysen	274.173,20 €
total expenditures	274.173,20 €
Surplus	- €

Figure 12 provides more detail by country and category. Figure 12 shows the expenditures that occurred in 2017 and the related incomes. Figure 12 is defined by activities occurring in 2017, while Figure 11 was defined by account movements in 2017. The totals differ slightly between the two figures since, on the one hand, some income arrived already in year 2016 and, on the other hand, some expenses which are attributable to 2017 were invoiced only in 2018. We show the situation according to the final accounts as of March 2018.

Several line items are worth noting. First, one country has not paid its membership fee. Second, not all country accounts for the survey expenses are

balanced. Germany and Sweden show negative balances. In Sweden, the excess survey expenses have been covered by the previous account balance. In Germany, payments by the Technical University of Munich (TUM) are still outstanding due to time delays between money transfers from DFG to TUM and from TUM to SHARE-ERIC. This balance is covered by the DFG grant to TUM. Italy, Poland, Slovenia and Spain have positive balances. The first three countries have prepaid parts of the 2018 expenses, while DG EMPL has refunded expenditures for the Spanish survey which have occurred already in 2016. The deficit for survey costs in 2017 of € 440,142 is fully covered by the outstanding contributions of € 446,734 in 2018, see Figure 13.

## Funding all of SHARE

Total costs of the entire SHARE operation have been about €17m per annum for the 28 countries participating in Wave 7. This includes the international coordination in and out of Munich. While SHARE is relatively expensive for a social sciences project, it is much cheaper than most of the ESFRI projects in the natural sciences.

Only about a third of the overall SHARE expenses and contributions are flowing through SHARE-ERIC. One reason is that not all SHARE member countries are currently SHARE-ERIC members. In addition, not all expenses for SHARE-ERIC members are showing up in the ERIC accounts. This has can be explained by the fact that first, most ERIC members pay the personnel in kind (mostly as salaries by the universities and other scientific institutions). Second, 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 EU Commission for new and crisis countries) and to purposes for all of SHARE (e.g. support by the EU Commission for software programming and area coordination outside of Munich).

SHARE funding is complex. In addition to the only partial overlap between SHARE and SHARE-ERIC, complexity arises through the multitude of funders on the international and the national levels. In Wave 7, we had 55 different funding sources which contributed €10,000 or more, plus smaller contributors.

## Overall funding for SHARE has four different cost components:

- The largest component (about €12m) is running the survey in each of the 28 SHARE countries. 15 countries financed the survey from national funds. The eight new countries have been financed by the European Commission through a contract with DG EMPL. The survey was financed by the European Commission through an H2020 grant in five crisis countries.
- International coordination has two components:
  - ➔ First, the international coordination activities which take place at the Munich headquarter (about €1.5m annually). They are covered by a grant from the Federal Ministry for Research and Education (BMBF) and the Max Planck Society (MPG).
  - ➔ Second, Commission support (H2020 call INFRADEV3) has been granted for the international coordination activities which take place in Denmark, France, Israel, Italy and The Netherlands (about €1.5m annually).
- Finally, several other grants (H2020, US National Institute on Aging; totaling about €2m per annum) 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., physical health measurements such as grip strength. It also includes several laboratory analyses of the dried blood spot samples (DBSS) in Seattle, Washington State.



## General Funding Situation

With Wave 7, SHARE has achieved “European Coverage” as described in the foreword by covering all 26 EU member states on the Continent. SHARE is harmonized with the “British Isles Aging Surveys” to cover the remaining EU member states. This achievement was possible only with the help of DG RTD (the survey funds for the crisis countries) and DG EMPL (funding the 8 new countries from Cyprus in the South to Finland in the North). Thanks to this support, the financial situation of SHARE in 2017 and 2018 looks healthy.

However, the underlying financial base is not sustainable. Only 15 out of 28 countries have their own survey funding while 8 countries rely on DG EMPL support and 5 countries on support by H2020. Continuation of such support is expected for the upcoming Wave 8 through the two new grant proposals mentioned earlier (SUSTAIN and SSHOC). The two proposals are under review; a positive outcome is expected but not certain.

Long-term funding within the SHARE-ERIC is secured only in the Czech Republic (until 2022) and in Germany where the national research council (DFG) will fund SHARE until 2024 through the DFG long-term programme. Most other countries have short-term funding for one or two waves. Among the ERIC members, Greece again had no own funding for Wave 7 and neither had Hungary, a violation of Article 9 (“coverage”) of the SHARE-ERIC Statutes.

In the Netherlands, the former host country of SHARE-ERIC, funding is provided by a university consortium. These funds amount to only half of what would be necessary to administer a full in-

terview to the panel sample. As a substitute, we may again have to resort to an Internet survey which lacks the bio-medical part of the survey that can only be administered face-to-face.

The situation in those SHARE countries which are not yet members of the ERIC also shows quite a diverse picture. Whereas most countries have short-term funding for one or two waves, some countries are still struggling to obtain funding for Wave 8. Wave 8 funding for Estonia, Spain and Portugal is a combination of DG RTD funds and national co-funding, partly coming from Structural Funds.

The Committee that evaluated SHARE in 2016/2017 has noted the uncertainty of national support in almost half the number of all SHARE countries and emphasized the severe financial and operational risks to SHARE-ERIC. Once labor contracts have to be dissolved due to delayed funding a consequence in the national countries is a loss of investment and know-how about SHARE. The personnel involved necessary to run SHARE cannot be easily replaced as the survey operation requires highly qualified researchers with hands-on training and experience in running the survey and supervising the survey agency.

Another serious consequence of the uncertain financial situation are delays in contracting survey agencies and therefore also in starting operations in these countries while other countries are already steps ahead in the schedule. This has severe consequences on the central coordination schedule and involved personnel and costs, especially in software preparation but also on work load in the national and the central coordination teams. The resulting inefficiency of operations and governance is a great impediment for the scientific integrity of SHARE.

## Outlook on Long-Term Financial Sustainability

We have argued many times that European coverage requires EU funding for a core survey in all SHARE countries. The main question is whether such core funding comes centrally through the European Commission or decentrally through a mixture of national sources and Structural Funds. Neither way comes without challenges. Central funding is financially challenging and may generate free rider incentives. Creating sustainable European coverage through decentral mechanisms, in turn, needs to overcome serious challenges due to the multitude of funding organizations and science policies across the European Union.

As a first challenge, European coverage requires a long-term core funding by the European Commission for the coordination of this complex infrastructure. Steering 28 countries in the same direction needs the perseverance of a reasonably well-funded coordination team. This in turn needs funding mechanisms which are not dependent on irregular call dates and gaps between framework programmes.

The second challenge is priority setting. European coverage is impossible with strongly diverging priorities. Hence, European coverage requires a certain extent of roadmap synchronization. For many research fields, roadmap synchronization would be harmful because it reduces creative competition and thus innovation. The few European coverage RIs, however, are dependent on a mechanism which ensures that the ESFRI roadmap is reflected in the national roadmaps. Such a mechanism is missing.

Third, roadmaps are empty promises and useless for researchers if they are not backed up by adequate funding. Small and crisis-struck countries, however, need help in funding large scale European coverage RIs. We can be glad to have Structural Funds in place for such purposes. Their accessibility however, needs a quantum leap forward.

The financial outlook for SHARE depends on how these challenges are being met. They are very specific for research infrastructures with European coverage such as SHARE and require the cooperation between the research infrastructure, the Commission and the Member States.

## SCIENTIFIC PARTNERS OF

### 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 the 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. Karel van den Bosch, senior researcher, 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.

### CZECH REPUBLIC

#### CERGE-EI, Prague

CERGE-EI is fully accredited in both the United States and the Czech Republic. Its main expertise is in social, economic and political transition in the Central and Eastern European countries and in the former Soviet Union region. Radim Bohacek leads the Czech Country Team.

### FRANCE

#### LEDa-LEGOS, Paris-Dauphine University

The Department of Health Economics and Manage-

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

### GERMANY

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

Central coordination of SHARE takes place at MEA. MEA is a world-renowned centre of excellence for the economics of ageing. It moved 2011 from Mannheim to Munich after an offer to become part of the Max Planck Society. Research areas are savings, social insurance and public policy; macroeconomic implications of population ageing; and public health. MEA has been the coordination center of SHARE since its first wave. MEA is represented by Axel Börsch-Supan, director. The German Country Team is part of the Economics and Policy Research Department of the TUM School of Management which examines economic processes with a focus on the role of public policy. It addresses contemporary policy issues by means of theoretical as well as empirical investigations into economics (e.g. of aging). The German Country Team Leader is Annette Scherpenzeel.

### 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.

## SHARE-ERIC MEMBERS

### HUNGARY

#### Centre for Economic and Regional Studies of the Hungarian Academy of Sciences

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. Aniko Biro leads the Hungarian Country Team.

### ISRAEL

#### The Hebrew University of Jerusalem, IGDC

The Israel Gerontological Data Center (IDGC) at the Hebrew University in Jerusalem facilitates research and dissemination of data on ageing, and directs the Israeli participation in the SHARE project. Howard Litwin leads the Israeli Country Team. He also serves as area coordinator of the social network area in SHARE.

### 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

#### University of Tilburg, Netspar

Netspar is a scientific network for studies on Pensions,

Ageing and Retirement connected to the Faculty of Economics and Business Administration of Tilburg University. Arthur van Soest leads the Dutch Country Team.

### POLAND

#### Centre for Economic Analysis, Szczecin

The Centre for Economic Analysis (CenEA) is an independent research institute in Poland in the area of applied microeconomic analysis with a focus on household and firm behaviour and on the effects of economic policy on welfare and economic development. Michał Myck is director and member of the Board of Centre for Economic Analysis, CenEA and leader of the Polish Country Team.

### 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.

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## **SPAIN**

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## **SWITZERLAND**

University of Lausanne, Institute of Health Economics and Management (IEMS), Lausanne



## VISIT YOUR COUNTRY TEAM ONLINE!

<b>Austria</b>	<a href="http://www.share-eric.eu/at">www.share-eric.eu/at</a>
<b>Belgium</b>	<a href="http://www.share-eric.eu/be">www.share-eric.eu/be</a>
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MAX-PLANCK-GESellschaft



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