

7th SHARE USER CONFERENCE

Ageing Societies Facing Health,
Social and Economic Crises

5-7 October 2022 | Bled Rose Hotel
Cesta svobode 8, 4240 Bled, Slovenia



1	INTRODUCTION TO THE CONFERENCE
2	PRACTICAL INFORMATION
3	PROGRAMME OVERVIEW
4	SCIENTIFIC PRESENTATIONS
5	ABOUT THE ORGANIZERS

IMPRINT

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1. INTRODUCTION TO THE CONFERENCE

Thank you for accepting our invitation and participating in the 7th SHARE User Conference in Bled, Slovenia!

SHARE (Survey of Health, Ageing and Retirement in Europe) is a unique research infrastructure to analyse ageing societies. SHARE's design, content, spread and methodology make it ideally suited to study complex phenomena and challenges that unroll over time in many different countries simultaneously. Such complex phenomena have been around in recent years: to the original focus of longevity and demographic change have been added the financial crisis and Great Recession, the COVID-19 pandemic, climate change and biodiversity loss. The SHARE survey data can help explore, describe, and understand social processes such as ageing at a time of global crisis from an international perspective and by involving researchers from different scientific fields. One of the solutions to the advancement of our societies is artificial intelligence and machine learning and we encourage researchers to discuss the use of such methodologies with SHARE data and their potential implications for research and policies in the future. The 7th SHARE User Conference addresses these topics with invited speakers, contributed talks, posters and workshops for users of SHARE data.

We would like to thank the Scientific Committee for their thorough reviews and engagement: Michael Bergmann, Anikó Biró, Ella Cohn-Schwartz, Valentina Hlebec, Anne Laferrère, Valentina Prevolnik Rupel, Andrej Srakar, Platon Tinios, Arthur van Soest and Guglielmo Weber.

Special thanks go to our sponsors: the European Commission, the German Federal Ministry of Education and Research (BMBF), the Max Planck Society, many national ministries and research councils, and the US National Institute on Aging.

We hope you will enjoy the SHARE User Conference, hear and discuss important and challenging research work, and enjoy your stay in beautiful Bled!



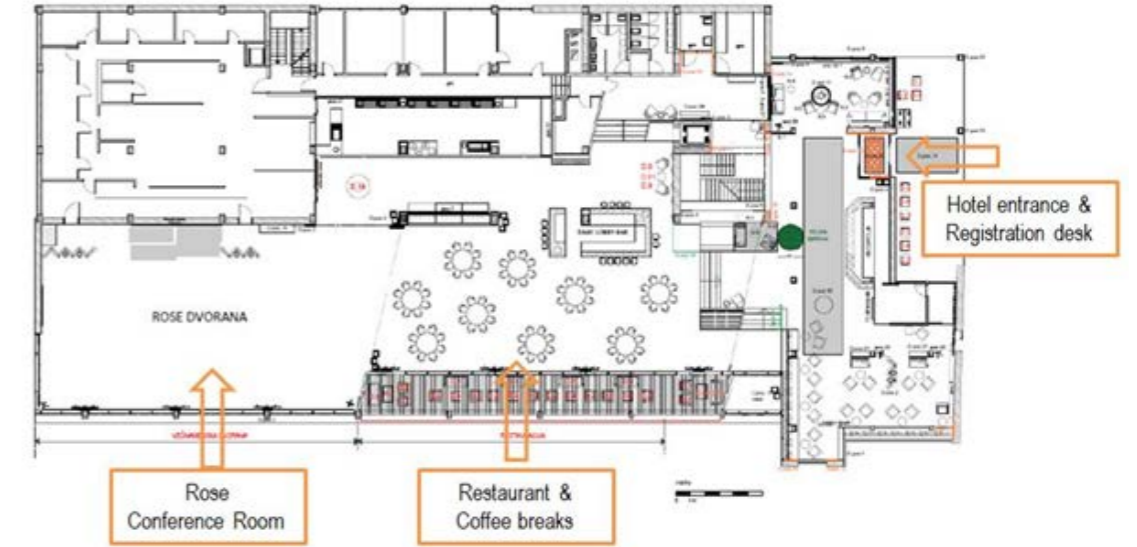
2. PRACTICAL INFORMATION

Conference venue

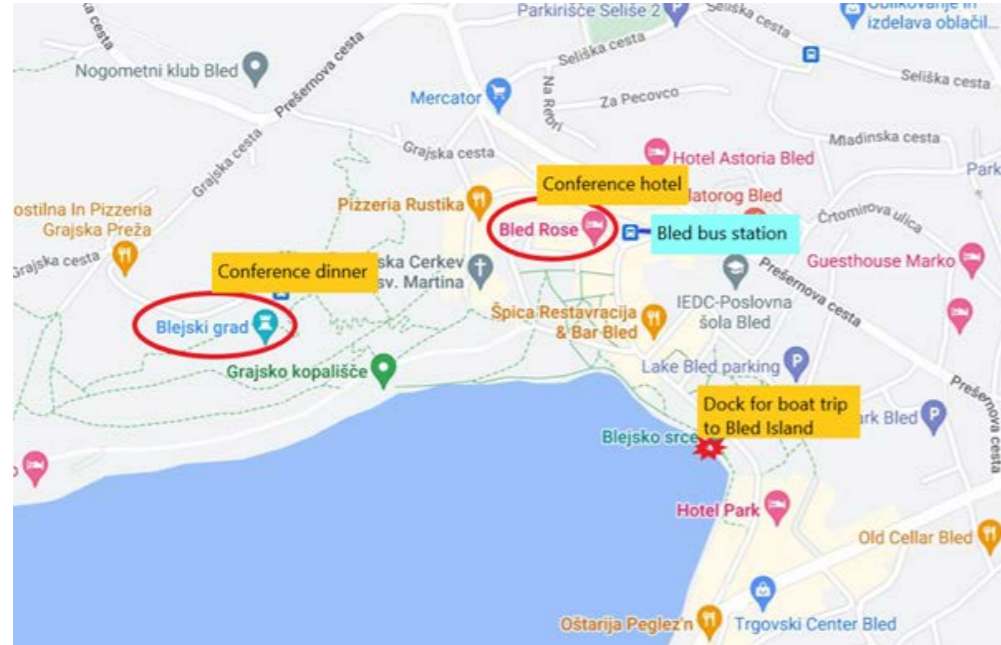
Bled Rose Hotel
Cesta svobode 8
4240 Bled
SLOVENIA



Floor plan – ground floor



Map



Floor plan – 1st floor



Internet access at the conference venue

There is free internet access in the conference building. Please refer to the description about how to connect to the internet, provided to you at the registration or reception desk.

Conference website

Information about the conference is available also at the conference website:
<https://www.shareuser2022.si/>

Conference rooms

The main conference area is located on the ground floor of the building in the Rose Conference Room, next to the restaurant. In addition, the Lake & Bled conference room on the 1st floor is used for the Parallel Sessions.

The opening plenary session and the poster session will take place in the Rose Conference Room on the ground floor. The Parallel Sessions will take place in parallel in the Rose Conference Room and in the Lake & Bled conference room on the 1st floor. The agenda lists all sessions with the respective conference rooms.

Registration desk is at the hotel entrance (on the right). Lunch and coffee-breaks are served in the restaurant next to the Rose Conference Room.

Conference dinner

The conference dinner will take place on Thursday, 6 October 2022 at the Bled Castle Restaurant. We will walk to the Bled castle right after the program at 18:00 and have around an hour to explore the Bled castle before dinner (individually, free of charge, using an audio guide). Dinner will start at 19:00.

To reach the castle restaurant from the conference hotel, it is a 15-minute moderate walk uphill through the forest overgrowing the castle hill and further up the laid-out path which is lit during the night. If you prefer a ride, a mini-bus will pick you up at 18:10 in front of the conference hotel.

How to get to Bled

Detailed information is provided at:
<https://www.bled.si/en/information/how-to-get-to-bled/>

By plane

The nearest airport, the Jože Pučnik International Airport Ljubljana (Brnik), is located 36 km from Bled.

How to get to Bled from the Jože Pučnik International Airport Ljubljana?

- There's a bus taking you directly to Bled from the airport a few times a day (more info at <https://arriva.si/en/>), station names: Brnik/airport Ljubljana; Bled. The bus station is located in the immediate vicinity of the passenger terminals in the direction of the multistorey car park. The cost is 4.1 EUR; the ticket is purchased on the bus (cash only). You should jump off the bus at the central Bled bus station, which is right next to the conference hotel. The ride takes about 30 minutes.

- Transportation by direct line (ZUP prevozi <http://www.zup-prevozi.eu/>), available upon exiting Terminal B. We have arranged group transfers for conference participants. Please, contact the organisers, if you won't to use this option.

- By taxi: Taxi service providers stand on specially marked places in front of Terminal B. Official taxi providers can be identified by special permits, which they have placed under their windscreens. The prices start at 60 EUR.

How to get to Bled from other airports?

You can get to Bled from various airports around Slovenia:

- by train <https://potniski.sz.si/en/> or <https://www.bahn.com/en/view/index.shtml>,
- by bus <https://intercity.nomago.si/>,
- one of many private transport services <https://www.goopti.com/en/>.

By bus

The central Bled bus station is right next to the conference hotel, at the cross-section of the roads Cesta svobode and Grajska cesta. There are regular bus rides from Ljubljana going through Kranj and Radovljica. Buses also operate from the direction of Bohinj and Jesenice.

Bus schedule: <https://www.ap-ljubljana.si/en/> or <https://arriva.si/en/>.

The operator FlixBus provides long-distance bus services to Bled. FlixBus will also take to some of Europe's major cities: Salzburg, Munich, Budapest, Prague, Milan, Zagreb and many others. Coach schedule <https://www.flixbus.co.uk/coach/bled>.

By train

The railway station Lesce-Bled is located along the railway line Oste (München – Salzburg – Villach – Ljubljana – Belgrade – Istanbul – Athens). The railway station is 4 km away from the centre of Bled. Bled can be reached by bus (the bus station is on the opposite side of the railway station) or taxi. The bus schedule from Lesce-Bled railway station to Bled bus station at this link.

The Bled Jezero railway station lies along the railway line Villach – Jesenice – Nova Gorica – Koper or Gorizia (Italy). It is 1.5 km away from the centre of Bled and you can walk there or take a taxi.

Train schedule:
<https://potniski.sz.si/en/> or
<https://www.bahn.com/en/view/index.shtml> or
<https://www.thetrainline.com/>.

By car

Bled is 47 km away from the Austrian border (Wurzenpaß) or Italy (Fusine Laghi – Rateče). To reach Bled you can take the highway (direction Ljubljana) and then the exit toward Lipce or Bled. Alternatively, you can take the regional road Kranjska Gora–Jesenice, passing by Blejska Dobrava čez Kočno and Gorje or the motorway from Jesenice, passing by Žirovnica and Lesce to Bled.

Bled is 50 km away from Ljubljana. The easiest access is the highway toward Jesenice, which you leave at the exit toward Bled or Lipce. The other option is to drive on the regional road, passing by Medvode, Kranj, Naklo and Radovljica.

Vignette. If you are driving on a highway, do not forget to purchase an electronic vignette, which is obligatory in order to drive on Slovenian highways and on bypasses around Ljubljana. Road that require the vignette are marked with signs. You may purchase e-vignettes at service stations near the border with Slovenia or in Slovenia. For more information about e-vignettes visit <https://www.dars.si/>

What to see & do in Bled:

If you wish to visit the main attractions (the Bled Castle, the Bled Island, the Vintgar Gorge), you will need one day. If you wish to see more, however, you should take a couple of days. There are numerous interesting things to see in Bled and several possible activities to explore: <https://www.bled.si/en/what-to-see-do/attractions/>

Currency

The currency in Slovenia is the Euro (EUR). You'll have no problem using credit and debit cards in Slovenia, with most major cards widely accepted. Several ATM's (called »bankomat« in Slovenian) are available in Bled; you can withdraw cash 24 hours a day from most of the ATMs around Slovenia using the MasterCard, Visa, Maestro, Cirrus and Visa Electron Plus cards. Once in Bled, you can search your nearest ATM using: <https://najdibankomat.si/en/t/bled>

Climate

The average temperature in the beginning of October in Bled is around 6 °C in the morning and 16 °C in the afternoon. To see what the weather is currently like, visit <https://www.bled.si/en/information/weather/>.

Local time

The local time is Central European Time: UTC/GMT +1 hour.

Electricity

The voltage of the electricity in Slovenia is 220 volts (220V-240V); 50 Hz. The electrical sockets are one of the two European standard types: the Europlug and the Schuko. It is recommended to bring your adapter plug and if needed to bring a transformer for your equipment using different voltage.

Information on conference formats

Parallel sessions:

Scientific presentations should take 20 minutes (plus 10 min for discussion). Presenters should upload their presentations to the computer in the correct room before the session begins. Presenters must bring their slides in PowerPoint or PDF format on a portable device.

Poster session:

The poster session will take place on Thursday, 6 October, during lunch. The authors are invited to display the posters on Thursday morning during registration or during coffee break after the Opening plenary. If your posters were printed by the organizer, you will receive the poster at the registration desk. The posters will be exhibited in the Rose Conference Room. We encourage participants to approach the authors for discussion.



3. PROGRAMME OVERVIEW

Day 1: Wednesday, 5th October 2022

13:00-14:00	Reception	Registration	
14:00 – 16:00	Lake-Bled Conference Room	Workshop 1: Physical Activity Research Using the SHARE Accelerometry Study	Fabio Franzese (Max Planck Institute for Social Law and Social Policy)
16:00-16:30	Restaurant	Coffee Break	
16:30 – 19:00	Lake-Bled Conference Room	Workshop 2: Machine Learning Approaches Using SHARE Data	Stephen Aichele (Colorado State University)

Day 2: Thursday, 6th October 2022

08:30-9:00	Reception	Registration	
09:00 – 9:15	Rose Conference Room	Opening words	
9:15 – 10:15	Rose Conference Room	Opening plenary: »SHARE 2.0: On the future of SHARE«	Yuri Pettinicchi (Max Planck Institute for Social Law and Social Policy)
10:15-10:45	Restaurant Reception	Coffee Break SHARE user support at registration desk	
10:45 – 12:15		Parallel Sessions 1	
	Rose Conference Room	Session 1a: Mental health and COVID-19	
		A study of the association between the stringency of COVID-19 government measures and depression in older adults across Europe and Israel	Gina Voss (University of Minho, Braga)
		Mental health of older adults during the COVID-19 pandemic in Europe	Lore Van Herreweghe (KU Leuven)
		Contact with other people and mental well-being during the COVID-19 pandemic	Anita Abramowska-Kmon (School of Economics, Warsaw)

10:45 – 12:15	Lake-Bled Conference Room	Session 1b: Methodological advances using SHARE data	
		Feeling of loneliness among the European elderly: changes during the COVID-19 waves	Omar Paccagnella (University of Padova)
		Interviewer Effects on the Measurement of Physical Performance in the Survey of Health, Ageing and Retirement in Europe (SHARE)	Sophia Waldmann (The Institute for Employment Research)
		Predicting depression in old age: combining life course data with machine learning	Carlotta Montorsi (LISER, University of Luxembourg)
12:15-13:45	Restaurant & Rose Conference Room	Lunch & Poster Session	
13:45 – 15:45		Parallel Sessions 2	
	Rose Conference Room	Session 2a: Analysing COVID-19 pandemic with SHARE data	
		Does the COVID-19 pandemic threaten equity in healthcare use in Europe?	Thomas Renaud (LEDa-LEGOS, Université Paris-Dauphine)
		Care provision at the time of the COVID-19: who suffers the most?	Elena Bassoli (Ca' Foscari University of Venice)
		Retirement pathways during the Covid-19 pandemic – evidence from SHARE	Martina Celidoni (University of Padova)
		COVID-19 Curtain: Can Past Communist Regimes Explain the Vaccination Divide in Europe?	Elizaveta Pronkina (LEDa-LEGOS, Université Paris-Dauphine)
	Lake-Bled Conference Room	Session 2b: Health and long-term care	
		Associations with Self-Rated Health among Middle-Aged and Older Foreign-Origin Population Compared with Destination and Origin Populations	Lili Abuladze (Estonian Institute for Population Studies, Tallinn University)
		Reasons for Perceived Deterioration in Health Status Following the COVID-19 Pandemic: A Cross-National Survey	Aviad Tur-Sinai (Ben-Gurion University of the Negev)
		Informal care as a protective mechanism: Did the form of long term care received help the reaction to COVID-19?	Michail Chouzouris (University of Piraeus)
		Multiple chronic conditions and insufficient health literacy: evidence among older adults living in Switzerland	Maud Wieczorek (LIVES Center, University of Lausanne)

15:45-16:15	Restaurant	Coffee Break	
16:15 -17:45		Parallel Sessions 3	
	Rose Conference Room	Session 3a: Wellbeing, economic and environmental effects	
		Changes in Subjective Well-Being in Elderly as a Result of Ongoing Life Changes: Do Country Characteristics matter?	Ela Ostrovsky-Berman (Myers-JDC-Brookdale Institute, Jerusalem)
		New opportunities for understanding environmental risk and wellbeing	Catarina Midões (Ca' Foscari University of Venice)
		The long-term effects of experienced macroeconomic shocks on wealth	Viola Angelini (University of Groningen)
	Lake-Bled Conference Room	Session 3b: Gender differences: care regimes, jobs and public pensions	
		Gender and care-regime-based discrepancies in reporting informal care within spousal care dyads	Cassandra Simmons (European Centre for Social Welfare Policy and Research, Vienna)
		Gender differences in job loss among older workers following the outbreak of COVID-19	Dario Mustač (University of Zagreb)
Determinants and Implications of Sex-Based Public Pension Income Disparities: A Cross-Country Analysis		Dave Knapp (University of Southern California)	
18:00-19:00		Departure to Conference dinner & tour of Bled Castle	
19:00		Conference Dinner	

Day 3: Friday, 7th October 2022

9:00 – 10:30	Rose Conference Room	Session 4: Causality and heterogeneous effects	
		Lifetime Income Inequality: quantile treatment effect of retirement on the distribution of lifetime income	Małgorzata Karolina Kozłowska (University of Warsaw)
		Informal care and mental health: a story of unobserved heterogeneity	Louis Arnault (Université Paris Dauphine)
		Does Long-Term Care Provision Reduce Health Care Utilization? A Semiparametric Dynamic Panel Mediation Estimation	Andrej Srakar (Institute for Economic Research Ljubljana)
10:30-11:00	Restaurant	Coffee Break	
11:00-12:30		Parallel Sessions 5	
	Lake-Bled Conference Room	Session 5a: Workplace and economic stress in times of COVID-19	
		Work Interruptions and Medium-Term Labour Market Outcomes of Older Workers During the Pandemic	Raluca Elena Buia (University Ca' Foscari Venice)
		Persistence of economic stress during the COVID-19 pandemic	Agnieszka Chłoń-Domińczak (Warsaw School of Economics)
		Remote working and mental health during the first wave of the COVID-19 pandemic	Marco Bertoni (University of Padova)
	Lake-Bled Conference Room	Session 5b: Loneliness, anxiety and personality types	
		Cross-national prevalence and the outcomes of objective and subjective states of exclusion from social relations in later life: Evidence from the 4th and 6th wave of SHARE	George Pavlidis (Linköping University)
		Applying Social Cognitive Theory to explore factors associated with anxiety among elderly Europeans during the COVID-19 pandemic	Rubini Pasupathy (Texas Tech University)
Replication of resilient, overcontrolled and undercontrolled personality types using SHARE data		Antanas Kairys (Vilnius University)	
12:30-12:50	Rose Conference Room	Closing words	
12:50-14:00	Restaurant	Lunch	
15:00-18:00		Optional visit to Bled Island (using traditional pletna boats)	
18:00-18:45		Optional Bled city tour	



4. SCIENTIFIC PRESENTATIONS

Opening plenary

Day 2: Thursday, 9:15-10:15, Rose Conference Room

Opening plenary

»SHARE 2.0: On the future of SHARE«

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

While there will be continuity in SHARE's general research directions, its exact future mission will be defined as understanding the interactions between health and socio-economic living conditions, significantly influenced by health, social and economic policies, over the life-courses of European citizens in a multidisciplinary and pan-European context.

The focus for SHARE 2.0 is adapted to include four research areas, covering the retirement of the baby-boomers and its relation to the Silver Economy and digitalization, health prevention and maintenance in an ageing world threatened by new infections and chronic diseases, flexible old-age care, as well as rising inequality in income, wealth, and health.

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

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

Scientific Presentations

Day 2: Thursday, 10:45-12:15

Parallel Sessions 1

Session 1a: Mental health and COVID-19 | Rose Conference Room

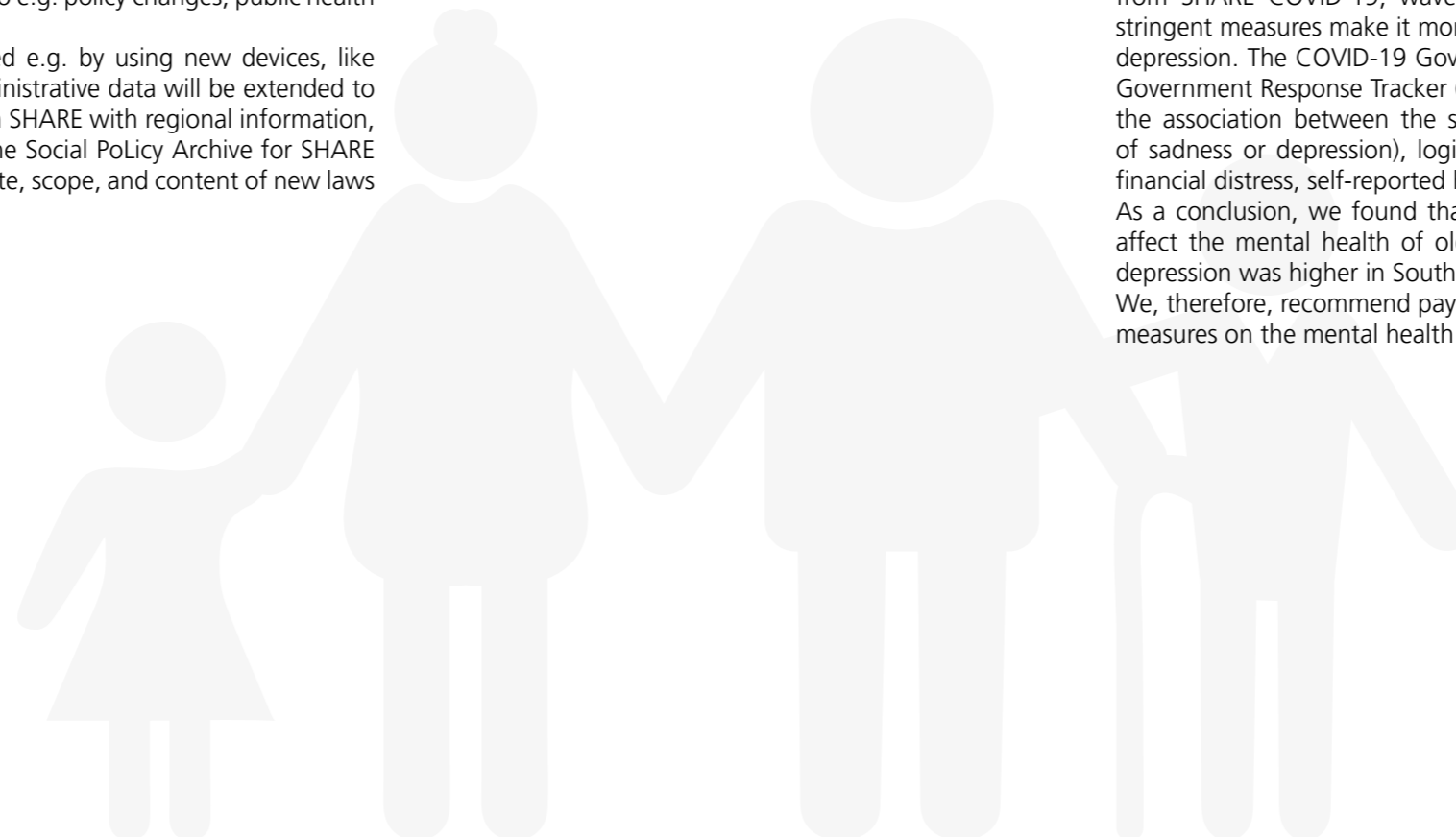
A study of the association between the stringency of COVID-19 government measures and depression in older adults across Europe and Israel

Gina Voss, Andreia F. Paiva and Alice Delerue Matos (Institute of Social Sciences, University of Minho)

The COVID-19 pandemic is having major adverse consequences for the mental health of individuals worldwide. Alongside the direct impact of the virus on individuals, government responses to tackling its spread, such as quarantine, lockdown, and physical distancing measures, have been found to have a profound impact on mental health. This is manifested in an increased prevalence of anxiety, depression, and sleep disturbances. As older adults are more vulnerable and severely affected by the pandemic, they may be at increased psychological risk when seeking to protect themselves from COVID-19.

Our study aims to quantify the association between the stringency of measures and increased feelings of sadness/depression in a sample of 31,819 Europeans and Israelis aged 65 and above from SHARE COVID-19, wave 8, preliminary release 0.0.1. beta. We hypothesize that more stringent measures make it more likely that individuals will report increased feelings of sadness or depression. The COVID-19 Government Response Stringency Index from the Oxford Coronavirus Government Response Tracker (OxCGRT) was used as our stringent measure. In order to examine the association between the stringency measures index and mental health (increased feelings of sadness or depression), logistic regression was performed, adjusted for age, sex, education, financial distress, self-reported health and closeness of contact with Covid-19.

As a conclusion, we found that more stringent measures across countries in Europe and Israel affect the mental health of older individuals. The prevalence of increased feelings of sadness/depression was higher in Southern European countries, where the measures were more stringent. We, therefore, recommend paying particular attention to the possible effects of pandemic control measures on the mental health of older people.



Mental health of older adults during the COVID-19 pandemic in Europe

Lore Van Herreweghe and Wim Van Lancker (KU Leuven)

During Europe's first wave of COVID-19, governments decided to impose lockdowns which included closing schools and work places, restricting people's movement and limiting the number of friends and family one could meet.

It is well documented that the COVID-19 pandemic has significantly affected the mental health and well-being of the adult population around the world in a negative way. However, this early evidence on the impact of the pandemic on mental health is often based on non-representative samples or internet studies that are quickly initiated after the onset of the COVID-19 lockdowns. If we look at studies that focus specifically on the older population, we see that the results are rather mixed and inconsistent.

These mixed results are often due to methodological differences, and the use of cross-sectional and non-harmonized data sources. Surveys designed specifically during the pandemic often include modified or unvalidated mental health measures, like self-perceived changes in mental health, and lack comparable, pre-pandemic baseline data against which to measure change.

Lastly, most studies to date, have been conducted in the early days of the pandemic and did not include data beyond the first few months of the COVID-19 pandemic. While these studies gave us some insight in mental well-being at the early stages of the pandemic, it remains unclear whether and how it changed over time. Therefore, more detailed assessments of mental health throughout the pandemic are needed to establish whether older adults are more resilient to the psychological impact of the COVID-19 crisis, or not.

Building upon all of this, we will examine differential patterns of feelings of depression among the older population in Europe between 2017-2021 (i.e. including measures of feelings of depression prior to the pandemic and during the pandemic) by means of growth mixture modelling. This way, we are able to analyse whether there are subgroups with different trajectories in feelings of depression, and identify potential determinants of these heterogeneous trajectories.

Contact with other people and mental well-being during the COVID-19 pandemic

Anita Abramowska-Kmon and Milena Chelchowska (SGH Warsaw School of Economics), Martin Piotrowski (University of Oklahoma)

Contact with other people (especially children, relatives or friends) may be a source of emotional support contributing to a higher level of subjective quality of life of individuals. The restrictions introduced during the Covid-19 pandemic caused a significant reduction in the frequency of social contact, especially among those aged 50+, which may have had a negative impact on their mental health.

The aim of this paper is to analyze the relationship between the frequency of contact with other people and mental well-being among people aged 50+ utilizing longitudinal data available in the SHARE database. We used data from two rounds of the Survey of Health, Ageing and Retirement in Europe carried out in during the pandemic (in 2020 and 2021) (SHARE-Covid). The sample was limited to respondents aged 50+ at wave 2 in 27 European countries and Israel.

We estimated structural equation models (SEM) with fixed effects (FE-SEM) in which the dependent

variable is a composite measure of mental health measures (depression, nervousness, trouble sleeping, and loneliness) regressed against measures of social contact during the pandemic and other variables that could influence simultaneously mental health and social contact (i.e. death of someone due to Covid-19, Covid symptoms, financial situation, and subjective health).

Our results show that changes in frequency of contact with friends tended to be related to changes in mental health, while frequency of contact with relatives did not have statistically significant effects. Contact with children was especially important for women aged 50 or older. Specifically, there is a statistically significant difference between the reference category ("daily" contact) and contact "several times a week," "about once a week," and "less often." Moreover, we observed a pattern of generally worsening mental health accompanying changes towards increasingly lower contact (i.e., a positive gradient of contact-mental health is evident).

Session 1b: Methodological advances using SHARE data | Lake-Bled Conference Room

Feeling of loneliness among the European elderly: changes during the COVID-19 waves

Omar Paccagnella (University of Padova), Maria Iannario (University of Naples Federico II)

The COVID-19 pandemic is expected to intensify feelings of loneliness, as previous outbreaks demonstrated.

Our aim is to investigate the main determinants of the changes in loneliness during the COVID-19 waves, comparing the individual status before the outbreak with the feeling at the two waves of the pandemic.

The question of interest asks how much of the time respondent feels lonely (three answer categories: "Often"; "Some of the time"; "Hardly ever/never"): as a typical self-evaluation, this variable may suffer from reported heterogeneity. However, the same question is asked in SHARE-wave 8 (before pandemic) and in both waves of the SHARE Corona surveys. Like a first difference approach in panel data modelling, we created new variables differencing the answers collected in SHARE Corona-wave 1 with the one collected in SHARE-wave 8, as well as comparing SHARE Corona-wave 2 and SHARE wave 8 data, to remove the latent heterogeneity. Both variables are characterised by a large proportion (more than 70%) of respondents who did not change their feeling over time.

These variables are not studied by standard cumulative regression approaches, but with a class of probability distributions (GEM – Generalized mixture model with uncertainty), representing an advance in ordinal and categorical data modelling. This class of models assumes that ordinal responses come out as the result of a weighted propensity to adhere to a well meditated choice (feeling) and an inherent indecision (uncertainty). In some cases, the frequency distribution of the responses presents a single category as the most preferred one, defined as "shelter effect". A special case of the GEM framework (CUSH model – Combination of a discrete Uniform and a SHelter effect distribution) combines these components representing one the suitable solutions for the analysis of these variables.



Interviewer Effects on the Measurement of Physical Performance in the Survey of Health, Ageing and Retirement in Europe (SHARE)

Sophia Waldmann (Institute for Employment Research, IAB), Alexandru Cernat (University of Manchester), Joseph W. Sakshaug (Institute for Employment Research, IAB, and Ludwig Maximilian University of Munich)

This paper investigates interviewer effects on the measurement of physical performance in the Survey of Health, Ageing and Retirement in Europe (SHARE). Interviewer effects occur when the measurements collected by one interviewer are correlated. A reason for this can be interviewer-specific measurement error, which is expected due to the interactive and complex character of physical performance biomeasures. The resulting correlations have the potential to inflate variances of descriptive population estimates or lead to erroneous inference in multivariate analyses. Against this background, the following research questions are addressed: What is the overall magnitude of interviewer effects in physical performance measures? Does the size of interviewer effects differ between types of measures? Are there differences in interviewer effects between the countries participating in SHARE and across the waves of data collection?

The biomeasures of interest are timed chair stand, walking speed, peak flow and grip strength in the first to eighth wave of SHARE. Interviewer effects on these outcome variables are estimated by means of intraclass correlation coefficients (ICCs) in Bayesian hierarchical models. Several socio-demographic characteristics are included as control variables.

While the expectations regarding differences between types of biomeasures are only partly confirmed, all biomeasures exhibit moderate to large interviewer effects, ranging from 5 to 28 percent of unexplained variance in the measurements related to the interviewers. Grip strength shows consistently lower interviewer effects than the other biomeasures. Country differences in interviewer effects are especially pronounced for chair stand, walking speed and peak flow. No obvious pattern is observed in the variation of interviewer effects across waves.

Interviewer effects on the measurement of physical performance were not investigated in SHARE data before, and neither in a cross-national setting. Their documentation gives important hints for researchers planning to work with biosocial data.

Predicting depression in old age: combining life course data with machine learning

Carlotta Montorsi, Philippe Van Kerm, Alessio Fusco and Stephane Bordas (LISER, University of Luxembourg)

Depression in old age is under-treated and under-diagnosed. In the context of an aging population, early warning tools to prevent or delay depression symptoms are of crucial relevance. In this paper, we propose a novel approach combining life course sequences and childhood conditions in supervised machine learning algorithms to build an early warning tool for depression in later life. In particular, using data from the Survey of Health, Ageing and Retirement in Europe (SHARE), we implement and compare six alternative machine learning algorithms on different types of life-course data configurations separately for males and females. Our warning tool detects depression with competitive accuracy. Next, we examine the most relevant risk factors employing Shapley values, identifying across genders idiosyncratic and common patterns leading to depression.

Day 2: Thursday, 12:15-13:45, Rose Conference Room

Poster Session

Age Tipping Points? Longevity expectations after elderly free passes and retirement

Martina Celidoni (University of Padua), Joan Costa-Font (London School of Economics and Political Science (LSE)), Luca Salmasi (Catholic University)

There are periods and event where individuals are reminded of the age, and hence influence their expectation of longevity. The literature has documented how people react to such events by changing health related lifestyles. We examine evidence of a series of such events, namely the eligibility for a free travel passes and the eligibility for early retirement. Furthermore, we examine the effect of actual retirement age, which varies in time across countries and individual cohorts. Finally, we compare such estimates to a natural event such as the effect of the birth of a grandchild as a reference point. We investigate how retirement affects longevity expectations using SHARE data. We draw on the longitudinal component of the dataset and life history information to define the eligibility for a free pass and early retirement status and eligibility for claiming different types of pensions in different countries. We control also for socio-demographic characteristics and economic conditions. Furthermore, we identify several mechanisms including changes in more prudent lifestyles, increased social interactions and changes in wealth and income.

Cognitive performance and attitudes towards advanced end-of-life care planning in older adults

Robert Reinecke (University of Lausanne), Vilpert, S. and Maurer, J. (HEC Lausanne)

Global ageing and individual's autonomy concerning advance care planning has resulted in more specific regulations empowering individuals to make more informed choices about their preferences at the end-of-life (EOL). The capacity to make decisions is linked to cognitive capacities which decrease with age. To better understand the attitudes to and the prevalence of advance care planning (ACP), we investigated the association between cognitive competence and attitudes/behaviours towards ACP in a nationally representative population. 1,936 participants aged 55+ from the Swiss SHARE study took part in this study. Our results indicate that participants showing a deterioration in global cognitive competence are less likely to have discussed EOL preferences and are also less likely to have a living will. Moreover, verbal fluency also has an impact on attitudes and behaviours to EOL preferences. Postponing the discussion about EOL preferences as well as completing advance directives to a very late stage increases the chances that ACP becomes more and more compromised. These findings have implications for identifying the right moment of completing advance directives that respect one's preferences and values. Understanding the influence of cognitive competence in discussing and making decisions concerning ACP may help to raise awareness in older adults to start discussing ACP prior to the onset or in the early stages of cognitive deterioration.

Comparing data on education, income and working career from the SHARE-Survey combined with record data from the German Pension Insurance

Tatjana Mika (Research Data Centre of the German Pension Insurance)

Survey data are increasingly often linked with administrative data in order to enhance data quality. Record linkage is thereby assumed to increase reliability especially concerning past events like short term unemployment. Other fields of application are subjects, which are difficult to report for respondents like gross income. However, administrative data have specific problems of their own which result sometimes from inaccurate or incomplete records. Furthermore, changes in legal or administrative conditions might cause systematic variation in administrative data which can be difficult to detect. Examples are periods of welfare state re-forms like enlarged or restricted unemployment coverage in times of mass unemployment. Deviation of survey information from administrative data might in other cases nevertheless be justified by different measurement concepts (survey question vs. administrative procedure and/or logic). In these cases, the assumption of an error depends on the research question.

The ongoing project "SHARE-RV", which started in 2008-2009, asks the German participants of the international SHARE survey to agree to a link of their SHARE interview with data from their pension insurance record. The project has continued since 2009 and published several Scientific Use Files combining survey data with record data, which can be ordered for the use in universities and scientific institutions.

SHARE-RV Data are used to present differences in data on education, professional career and income from social security. Process produced data from the German Pension Fund offer life-course information and details about pension calculations. Data on education and the professional career are also registered. Data with similar content (education, working career and income) are also available from the SHARE Survey. The presentation offers insights about the differences of both sources especially in regard to data quality.

Compliance with preventive measures during the COVID-19 pandemic and vaccination against SARS-CoV-2 among SHARE respondents

Marta Styrac (SGH Warsaw School of Economics) and Martin Piotrowski (University of Oklahoma)

During the COVID-19 pandemic two types of actions were recommended to protect individual and community health: (1) preventive measures to reduce virus transmission and (2) vaccination. Despite the urgency of the situation some individuals were not complying with the recommendations or they were adhering to them only partially. In this study we want to identify the patterns of compliance with different preventive measures and to investigate whether the patterns are linked to the propensity of getting a COVID-19 vaccine.

We used data from two SHARE Corona Surveys that collected data on individuals 50+ years old in 27 countries (throughout Europe and in Israel). In 2020 respondents reported their compliance with measures aimed at physical and social distancing (reducing frequency of shopping, walking, gatherings, family visits, wearing face mask and keeping distance in public) and hygiene (increasing frequency of washing hands, using disinfection fluids, covering cough and sneeze).

We identified different patterns of preventive behaviours using latent class analysis and the revealed

class structure was characterised with respect to socio-economic, demographic and health features. The 2021 round of SHARE Corona Survey collected information about respondents' vaccination status and intentions. The latent classes of preventive behaviours were used as predictors of vaccination status.

We selected model with four latent classes: strict compliers (41%), moderate compliers (34%), inconsistent compliers (10%) and unaffected (15%). The strict compliers reported high compliance with each behaviour. Moderate compliers adhered less to the physical and social distancing rules but followed hygiene practices as rigorously as the strict compliers. Inconsistent compliers reported high compliance with distancing measures but low with hygiene. The unaffected group reported very limited compliance with the physical distancing measures and moderate compliance with hygiene guidelines.

Correlates of life-course experiences with poor health outcomes among an aging population experiencing social, political, and economic transition: Latvia

Courtney Queen (Texas Tech University Health Science Center and Riga Stradiņš University) and Rubini Pasupathy (Texas Tech University Health Science Center)

Context: This study tests the hypothesis that population-level health disparities are the result of socially structured different life experiences, exposure to stressors, and access to coping resources in a Baltic republic experiencing historical, social, political, and economic transition.

Objectives and theoretical framework: The objective of this study was to determine initial association between life-course experiences and health inequalities later in life. The theoretical guide of this study is the structural perspective of fundamental social causes, and the life-course theory conceptual framework.

Methods: Data from Wave 7 of the cross-national panel dataset of the Survey of Health, Aging, and Retirement in Europe (SHARE) were examined using a sample of 1479 adults over 50 years old in Latvia. Analysis relied on bivariate correlation with chi-square as the measure of association and gamma as the measure of significance.

Results: Fundamental life causes and socioeconomic position as social determinants of health are associated and significant. Socioeconomic status is strongly correlated with development of chronic disease, as well as factors also associated including housing and employment opportunities, and exposures to violence, racism, and discrimination.

Conclusion and discussion: Material deprivation, inadequate income, and oppressive power structures are fundamental causes of disease for this population. These findings can thereby be used for future studies to explore further any differences by disease type and by risk factors in Latvia, while also looking to replicate this study cross-nationally with Baltic and Eastern European countries having experienced similar risks.



Delayed Care During the COVID-19 Pandemic

Lauren Hersch Nicholas (University of Colorado), Jenny Wilkens and Jinkook Lee (University of Southern California)

The COVID-19 pandemic disrupted healthcare for a number of patients through cancellations to preserve capacity for COVID patients, protecting the health of providers who weren't on the front lines, and patients' own concerns about potential dangers of seeking care. In this study, we use Gateway to Global Aging harmonized survey data from ELSA, HRS, and SHARE to study pandemic-related delays in care. We use up to 2 waves of COVID survey data for each country linked to pre-pandemic interviews and Oxford Government Response Tracker institutional details. Our analytic sample includes 50,649 respondents reporting significant levels of delayed care ranging from 31% of HRS respondents to 53% of ELSA respondents. While missed care was more common for those in worse health across the surveys, we found that on average, younger age and higher education were also associated with delayed care. Delay was not associated with national lockdown stringency or government COVID response, though countries with the highest death rates through Q1 2021 had the highest rates of delayed care. In ongoing work, we will attempt to determine whether delayed care caused or resulted from high COVID mortality rates and characterize the heterogeneity of delayed care typologies to differentiate missed care with long-term implications for population level health versus postponed preventive services among relatively healthy respondents, which may not adversely impact health or healthcare spending in the longer term.

Electronic contacts, technology skills and feelings of loneliness among older adults 60+ during the COVID-19 pandemic

Robert Reinecke (FORS and University of Lausanne), Meier, C. (FORS, University of Lausanne, HEC and FBM), Maurer, J. (University of Lausanne and HEC)

Background: Recent evidence indicates that the feeling of loneliness among older adults has intensified after the onset of the COVID-19 pandemic. Since social relationships were largely reduced, electronic communication might have a protective effect on loneliness. Our study investigated the association between the frequency of electronic communication, self-rated technology skills, and loneliness during the COVID-19 pandemic among a nationally representative sample of older adults aged 60+ in Switzerland.

Method: We used data from the SHARE Corona Questionnaire 2 and the Swiss paper-and-pencil questionnaire administered in parallel (2021). Respondents were asked to indicate how often they had electronic contact with their children, parents, relatives, and non-relatives over the past three months. Loneliness was assessed via the UCLA 3-Item Loneliness scale and by an additional item directly measuring loneliness. Self-rated internet, computer, and smartphone skills were assessed on a scale from 1 to 10 and then averaged, representing a global technology skill score. Ordinary least square regressions, controlling for individuals' social, health, and regional characteristics, were used to test the associations.

Preliminary results: Having electronic contact at least once a week with non-relatives was associated with lower feelings of loneliness, in particular for social disconnectedness and self-perceived isolation. Furthermore, our results indicate that higher self-perceived technology skills also tend to

reduce the feeling of loneliness. Discussion: Keeping contact via electronic means during the first period of the pandemic seems to have a protective effect on feelings of loneliness. Interestingly, the contact with non-relatives – friends, neighbours, etc. – appears to be of high importance underlying the benefits of relationships outside the family. Our results also indicate that technological skills are a protective factor, particularly in situations like the COVID-19 pandemic, where social distancing measures reduced the risk of potentially transmissible contacts.

End-of-life care planning: a story of trust within the family

Lory Iunius (HEC, University of Lausanne), Clément Meier (FBM and HEC, University of Lausanne and FORS), Gian Domenico Borasio (Lausanne University Hospital and University of Lausanne), Jürgen Maurer (HEC, University of Lausanne), Sarah Vilpert (HEC, University of Lausanne and FORS)

Background: Because family usually plays a central role at the end of life, the quality of family relationships may influence how individuals approach their end-of-life (EOL) care planning. Our study investigates the associations of trust in relatives, used as a proxy measure of family relationship quality, with EOL discussion, advance directives (ADs) awareness, approval and completion, and healthcare proxy designation among adults aged 55 years and over in Switzerland.

Method: We use nationally representative data of adults aged 55 and over from wave 6 (2015) of the Survey of Health, Ageing and Retirement in Europe (SHARE) in Switzerland (N = 1,911). Associations between trust in relatives and approaches toward EOL care planning were estimated using multivariable logistic regressions.

Results: 79.7% of our respondents stated they had complete trust in their relatives regarding EOL issues. Complete trust in relatives showed positive associations with EOL preferences discussions, AD awareness, approval, completion, and healthcare proxy designation. In addition, partners and children were key interlocutors for discussing EOL preferences and ADs, as well as for being appointed as healthcare proxies.

Conclusions: Our study shows that complete trust in relatives is related to higher engagement in EOL care planning. This finding reveals that even in individualistic societies, the family maintains an essential place at the end of life and death, especially when relationships are good. Therefore, the family should be included in the EOL care planning process as long as the patient consents.

Health Shocks and Wealth. Evidence from SHARE

Viola Angelini (University of Groningen), Martina Celidoni (University of Padua), Joan Costa-Font (London School of Economics and Political Science (LSE))

Severe adverse health shocks are one of the major sources of financial risk in the US, suggesting that health insurance can only partly offset the increase in out-of-pocket medical spending and the related reduction in earnings. Universal healthcare systems, which are available in European Countries, are generally considered capable of compensating almost completely the financial burden generated by such health shocks, but there is scarce empirical evidence providing quantitative estimates on this regard. We use the longitudinal component of the Survey of Health,

Aging and Retirement in Europe, to analyse the effect of acute health shocks, i.e. health attack, cancer and stroke, on household earnings, income and wealth. The longitudinal dimension of the data allow us to observe households before and after the health shock, and to control for initial conditions. We will focus on the effect of the shock on the economic position of the respondents but also of their partners.

Healthcare utilization among Elderly Latvians with Diminished Ability to Accomplish Activities of Daily Living

Courtney Queen (Texas Tech University Health Science Center, Rīga Stradiņš University and Uppsala University) and Rubini Pasupathy (Texas Tech University Health Science Center)

The population in Latvia is aging. Independence in performing activities of daily living (ADL) is a core aspect of functioning, and the elderly frequently experience limitations in functioning. Little is known about the utilization of healthcare of elderly Latvians with functional difficulties. The purpose of this study was to determine the relationship between functional difficulties and utilization of healthcare among the elderly in Latvia. This study had three overall objectives: (i) to investigate the determinants of utilization of health care for elderly Latvians with functional difficulties; (ii) examine the relationship between predisposing characteristics, enabling resources, and need with specific measures of access to care using the Behavioral Model for Vulnerable Populations (Gelberg, Andersen, & Leake, 2000); and (iii) identify the nature and existence of health disparities among the elderly in Latvia, with and without functional difficulties. Data from the 2017 Survey of Health, Ageing and Retirement in Europe (SHARE) survey, with a sample size of 76,309 was utilized. There was a statistically significant difference in the utilization of healthcare between individuals with and without functional disabilities ($F(4,1) = 759.615$, $p < 0.01$), with a higher utilization of healthcare among individuals with functional difficulties ($p < .01$). The results of Automatic Linear Modeling indicate that significant ($p < 0.05$) factors in predicting utilization of healthcare include factors such as age, public sickness benefit and disability pension, and overall health status. This study is significant because it fills critical gaps in knowledge that exist with respect to healthcare utilization for elderly Latvians with functional disabilities.

Home ownership and the perception of material security in old age

Monika Oczkowska (CenEA), Claudius Garten (TU Dortmund University), Michał Myck (CenEA)

Housing markets in Europe have been undergoing significant changes over the past decades with substantial increases in property prices. This represents a challenge for non-owners for whom both renting and acquiring a home has become less affordable, and important gains for owners who have seen the value of their real assets appreciate. These developments are of particular importance for older citizens whose incomes tend to be stable and whose standard of living depends to a large extent on the level of living costs and the value of their wealth.

Previous research has demonstrated a positive relationship between homeownership and various aspects of well-being and the effect of rising housing prices on well-being of homeowners. However, there is little evidence on the mechanism behind this relationship. We argue that a key

aspect which differentiates renters from home owners which is likely to be responsible for the observed correlation between home ownership and well-being is the perception of material security which home ownership affords.

Using data from 15 European countries collected in wave 2 of the SHARE survey, we employ ordinal probit regressions with multiple imputations to analyse the relationship between homeownership and material security. The latter is measured through subjective expectations of being better or worse off in the future (questions EX010 and EX011). Our results suggest that homeowners have a higher level of material security than renters and this effect is especially strong for homeowners living in urban areas. Our analysis strengthens the evidence that recent changes on the housing markets will further contribute to divergence in living standards between owners and renters. These implications are particularly strong for the well-being of older citizens.

How childhood socioeconomic conditions affect cognitive function in later life: Evidence from Machine Learning method

(Xu Zong, University of Helsinki)

Background: A convincing body of research has shown that childhood socioeconomic conditions play an important role in cognitive function of older people. However, the evidence on the relative importance of different childhood socioeconomic conditions for cognitive function in later life is still inconclusive. By applying a machine learning approach, we aim to identify the most important childhood socioeconomic conditions behind adult cognitive function among middle-aged and older adults of European countries.

Data and methods: Data of fifteen childhood socioeconomic conditions came from Survey of Health, Ageing and Retirement in Europe (SHARE) Wave 7 and SHARELIFE. The study first used a machine learning algorithm—Random Forest to determine the most important childhood socioeconomic conditions related to cognitive function of later life.

Results: Childhood socioeconomic conditions affect cognitive function of later life. The study identified the domain-specific determinants of cognitive function of later life. Overall, the number of rooms in accommodation when 10, relative performance in language when 10, and father occupation when 10 have the strongest influence on middle-aged and older adults' s cognitive function. Besides, there are significant differences in the effect of childhood socioeconomic conditions on cognitive function in later life between south, north, western and eastern Europe countries.

Conclusions: The application of Random Forest provides a fruitful first step in identifying the most important determinants of cognitive function among middle-aged and older adults in European countries. These results provide evidence-based recommendations for policies and practices promoting children's socioeconomic conditions and alleviate health inequality of cognitive function.



How does my partner's disability affect my career path

Justine Bondoux (Université Paris-Est Créteil, ERUDITE), Sandrine Juin (Université Paris-Est Créteil, ERUDITE and INED)

Objectives: The literature has mainly focused on the labour market outcomes of disabled individuals, but it may also have consequences at the couple level. The onset of partner's disability can lead to mechanisms with opposite effects. The added worker effect theory suggests that healthy partners will enter the labour market or increase their working hours to compensate the income losses of the household (Lundberg, 1985). Eligibility to disability compensation benefits may modulate this effect. In contrast, the healthy partner may decrease his/her labour supply to provide informal care to his/her spouse. Disability may also change the relative productivities of the partners in housework and in the labour market. The aim of this paper is to estimate the impact of partner's disability on labour supply at the extensive and intensive margins.

Methodology: We rely on the SHARELIFE waves combined with the Job Episode Panel. We keep only the couples where both individuals have participated to SHARELIFE. We then select couples where both individuals are "healthy" or where only one of them is disabled. Disability is measured through physical injury that has led to permanent disability. To observe the partner's labour supply changes, this shock should appear between the 20 years and the 55 years of the partner. Our final sample is of 49,051 individuals: 2,297 are the partners of a disabled individual while 46,754 are healthy individuals with a healthy partner.

Results: The first findings are based on binary panel data models on the probability of being employed. We observe a clear positive impact of the partner's disability on this probability (+ 2 percentage points). In the next few weeks, we will implement our empirical strategy on two new outcomes: the probability of being in full-time contract (vs part-time) and the probability of changing job.

Predictors / antecedents of intentions to retirement among older people: A longitudinal panel perspective in Europe

Bujar Gallopeni (International Business College Mitrovica and International Faculty of the University of Sheffield, Greece), Ana Vivas (International Faculty of the University of Sheffield, Greece), Rod Nicolson (Hill University)

Global societies are changing rapidly, and one of the major changes in the last decades has been the demographic change into older societies. The ageing of societies is bringing challenges to their economies, thus creating an evident imbalance between the supply and demand sides of the respective labour markets. Organizations and policy makers are thus in continuous requirement for new evidence and practices to tackle the ageing phenomena, particularly in the direction of flexible working arrangements of older people around the retirement time. Critical aspects in the latest research work involve the questions around active ageing phenomena.

The main purpose of the study is to investigate the likelihood influence of individual, social and work-related factors in the retirement intentions of older people around the retirement time, as a contribution to understanding active ageing.

The study is based on the longitudinal panel data collected from the Survey of Health, Ageing and

Retirement in Europe (SHARE), from the waves 6 and 8 of the survey, collected in 28 European countries and Israel.

The logistic regression analysis was employed to estimate odds ratios of individual, social and work-related factors as well as demographic factors on the retirement intentions among the study participants. Results show a significant higher likelihood for later retirement among older people who are more satisfied with their job, have better health conditions, who perceive a higher level of their quality of life and wellbeing, have less workload, and receive less support from others. In addition, female older people as well as older people with higher educational level tend to retire later beyond their retirement age. The study contributes to better understand implications of ageing in the labour market of European economies, and how the policy practices may be adjusted towards more flexible retirement possibilities for older people.

Prevalence and determinants of self-reported chronic disease diagnoses among elderly persons in South Africa

Maatla D. Temane and Mluleki Tsawe (North-West University)

Chronic diseases tend to affect the quality of life for elderly persons worldwide, especially in resource-constrained developing countries. The main objective of the study was to examine the determinants of selected chronic diseases among elderly persons in South Africa. The study used cross-sectional data from the 2019 General Household Survey (GHS). This study focused on persons aged 60 years and older. The total weighted sample for the study was 4 887 334. The study fitted a binary logistic regression model to determine the association between the socio-demographic factors and being diagnosed with the selected chronic diseases. The dependent variable of the study was selected chronic diseases (cancer, diabetes, hypertension, arthritis, and stroke were assessed) which was based on an individual's self-reported health status. The overall prevalence of being diagnosed with the selected chronic diseases was 50.2%. Elderly persons from the extended, female-headed households had the highest prevalence of being diagnosed with the selected chronic diseases while those who are no longer married had the lowest prevalence. Moreover, age, sex, population group, marital status, educational level, disability status, household wealth status, household composition and province were important determinants of being diagnosed with chronic diseases. There is a need for more research around the health of elderly persons; such research will assist in steering policy debates to enhance health policy planning in relation to elderly persons.

Re-employment Probabilities, Unemployment Duration and Labour Market Policies Across Europe

Nikolaos Theodoropoulos and George Voucharas (University of Cyprus)

Using retrospective data from the Survey of Health, Ageing and Retirement in Europe (SHARELIFE) for 24 European countries we study the effect of labour market policies on the following labour market outcomes: (i) re-employment probabilities, (ii) unemployment duration and (iii) wages.

The SHARELIFE data provide retrospective information on job loss and on various demographic

controls that allow us to model the above three labour market outcomes. To put a handle on job loss we limit our analysis to job loss due to plant closure. Simple descriptive statistics suggest substantial heterogeneity of job loss due to plant closure across Europe, across time and across sectors. To capture labour market policies we use information from OECD for more than 30 years that merge back to the SHARELIFE data at the country level. We break labour market policies to active (such as training, employment incentives, job creating) and to passive policies (such as unemployment benefits and unemployment insurance). The OECD data show substantial heterogeneity of policies across European countries.

Active (passive) labour market policies increase (decrease) re-employment probabilities and decrease (increase) unemployment duration. Individuals that are relatively older, with lower education level, higher job tenure and females are more likely to stay longer unemployed. With respect to wages, we find that new jobs obtained after business closure of the previous job are associated with lower wages.

Overall, our results highlight the heterogeneity of labour market policies across Europe and provide insights on how those policies shape labour market prospects.

Short-Time Employment Aid during the COVID-19 Lockdown: An evaluation of Targeting and Efficiency Success

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This study examines whether the working population affected by the reduction in working hours during the COVID-19 pandemic was effectively supported by short-time employment aid measures (STEA). A comparative view of European countries is taken and the differences in policy outcomes are analyzed cross-nationally. SHARE Corona Survey Waves 1 and 2 data are used to identify shifts in individuals' working hours and disparities in the distribution of STEA. Previous SHARE waves provide the background data for the sample population so that the likelihood of receiving STEA was assessed in relation to individual vulnerability factors.

While the share of respondents who experienced reduced working hours declined to about a third from 2020 to 2021, results suggest that this was not the case for vulnerable individuals (less educated, with previous histories of unemployment and in the lowest income tercile). In their case, the likelihood for receiving STEA increased from 2020 to 2021 despite the relaxation of containment measures and the subsequent increase in working hours experienced at the time. Further regression analyses suggest that receiving STEA in 2020 increases the probability of being unemployed in 2021 by about 10-12 percentage points.



Social isolation in Sweden and Latvia: does the welfare state protect the elderly

Ieva Reine (Rīga Stradiņš University and Uppsala University), Courtney Queen (Rīga Stradiņš University and Texas Tech University Health Science Center), Madara Miķelsone (Rīga Stradiņš University)

The aim of the study was to analyse the association of the demographic factors, activity and the welfare of the country in relation to social isolation in Sweden and Latvia. We used Wave 8 of SHARE - Survey of Health, Ageing and Retirement in Europe, consisting of 3,130 respondents aged 50 or over from Latvia (n=775) and Sweden (n=2355). Descriptive logistic regression showed that in Latvia, unemployment and retirement were related to social isolation, and those with low income experienced more social isolation. In Sweden, gender (women) was strongly related to being socially isolated. Also, unmarried people were found to be more socially isolated than married people.

We could conclude that welfare regimes and social structures may have different impact on social isolation in the two studied countries. As age increases, the risks of social isolation also increase to a very significant extent, and in the age group 75+ the level of social isolation is almost 3 times higher than in the age group 50–57 years in both countries. According to the aggregate index, the risks of social isolation increase steadily and at a statistically significant level as an individual's age increases. Low income, retirement and unemployment and old age were strongly only associated with social isolation, and, thus, could contribute to the increase of the risk of social isolation in Latvia. Limited social activities among Latvian population might be due to economical limitations compared to Swedish older populations as well as lacking interventions that could reduce social isolation. Thus, Latvian population seems to be economically excluded. However, evidence shows that people can be socially isolated even in the welfare countries like Sweden (e.g. due to Covid-19). Thus, the governments in Latvia and Sweden must establish action plans in order to better meet the needs of their oldest citizens.

Subjective well-being, public pensions and retirement entry in Europe

Claudius Garten and Martina Brandt (TU Dortmund University)

Introduction: The relationship between subjective well-being (SWB) and income has been studied through a wide variety of perspectives, and different meanings of absolute and relative income as well as income distribution for SWB have been discussed. Many European retirees receive their income mainly from public pensions. This paper focusses on the role of public pensions for SWB in old age. Public pensions can especially support retirees with low incomes in fulfilling basic needs and therefore improve their SWB.

Material and methods: Data from waves 2 to 7 of the Survey of Health, Ageing and Retirement in Europe (SHARE) is included in the analysis together with information on life histories from the SHARELIFE questionnaire (waves 3 and 7). Life satisfaction is used as an evaluative measure of SWB. The relationship between life satisfaction and public pensions at retirement entry is analyzed by estimating longitudinal fixed-effects linear regression models with interaction terms. Results: Preliminary results show that life satisfaction is related to public pensions both in absolute and relative terms. Furthermore, the relationship is larger for retirees with low incomes than for

retirees with high incomes. Results on the relationship between share of public pensions and life satisfaction at retirement are inconclusive.

Conclusion: Public pensions contribute to higher old age well-being across European societies and can decrease inequalities in SWB, because they increase SWB especially for retirees with low incomes.

The End-of-life Health Literacy Scale: introduction/development and validation of a new instrument to measure end-of-life health literacy

Clément Meier (FBM and HEC, University of Lausanne, and FORS), Sarah Vilpert (HEC, University of Lausanne, and FORS), Carmen Borrat-Besson (FORS, University of Lausanne), Gian Domenico Borasio (Lausanne University Hospital and University of Lausanne), Ralf J. Jox (Lausanne University Hospital and University of Lausanne), Jürgen Maurer (HEC, University of Lausanne)

Measuring health literacy allows to assess individuals' competencies to deal with health issues; it influences how individuals perceive their health problems, communicate with healthcare providers, or make medical decisions. The end of life is commonly characterized by one or several diseases, healthcare services' uses, and requires individuals to make complex medical decisions. Although the end-of-life concerns everyone, the level of competencies of individuals to get through this stage of life has been little explored. This study aims to fill this gap by validating a new instrument, the End-of-life Health Literacy Scale (EOL-HLS), in a representative sample of older adults aged 58+ living in Switzerland. We use the Swiss wave 8 (2019/2020) of SHARE. Based on the seminal work of Nutbeam (2000), end-of-life health literacy skills are measured using questions on the difficulty in understanding medical interventions, finding information, communicating, deciding in advance, and choosing end-of-life care options. In addition, we compare the findings to the European Health Literacy Survey questionnaire (HLS-EU-Q16). The results confirmed the suitability for performing factor analysis (KMO = 0.924, Bartlett's test of sphericity statistically significant), a three-factor model was established and showed good fit properties (CFI = 0.964, TLI = 0.958, RMSEA = 0.047, SRMR = 0.067) and good reliability ($\alpha = 0.93$). The associations found between individuals' sociodemographic characteristics and the HLS-EU-Q16 were also present in our instrument, but higher EOL-HLS scores were associated with more positive end-of-life outcomes. The EOL-HLS is a reliable and valid instrument to target individuals with low end-of-life health literacy.

The impact of providing care in mid-life on employment in Europe

Maïke van Damme and Jeroen Spijker (Centre d'Etudes Démographiques)

In this paper, we examine to what extent informal caregiving reduces one's possibilities to work. We compare welfare/care regimes (Saraceno & Keck, 2010) to see if we can relate contextual differences to differences in labor market transitions by informal caregiving patterns amongst the mid-life age group (50-64 years). Using the Survey of Health, Ageing, and Retirement in Europe (SHARE) from 2004-2018 we analyze labor market attachment changes according to informal care intensities applying propensity score matching and multinomial logit model techniques. The Dependent Variable (Outcome) is a categorical variable indicating whether someone continues to

work (ref cat); reduces working hours; exits the labor market; or retires. The main Independent Variable (Treatment) is (a change in) self-declared informal care status: no care (first control group); daily care inside the household (treatment 1); daily care outside the household (treatment 2); weekly or less often care outside the household (treatment 3); already observed as carer in the previous wave (second control group). We expect to find contextual differences because (1) in social-democratic, defamiliarized countries informal care is more frequent (but less intensive) as a result of the generous formal care system that actually strengthens family ties. This is because care is no longer considered a social obligation, whereas in Southern-European, familism-by-default countries the opposite occurs; (2) In addition, more generous welfare systems also happen to have more possibilities to reduce working hours (even within one's job).

Preliminary results show an effect of a transition into being an (intensive) informal caregiver on labor market transitions. Both men and women are more likely to reduce their working hours or leave the labor market altogether. We take into account that people of this age group may also retire instead of leaving the labor market 'normally'.

The Socioeconomic Status Gradient in Pain: A Cross-Country Analysis

Enrica Croda (Ca' Foscari University of Venice)

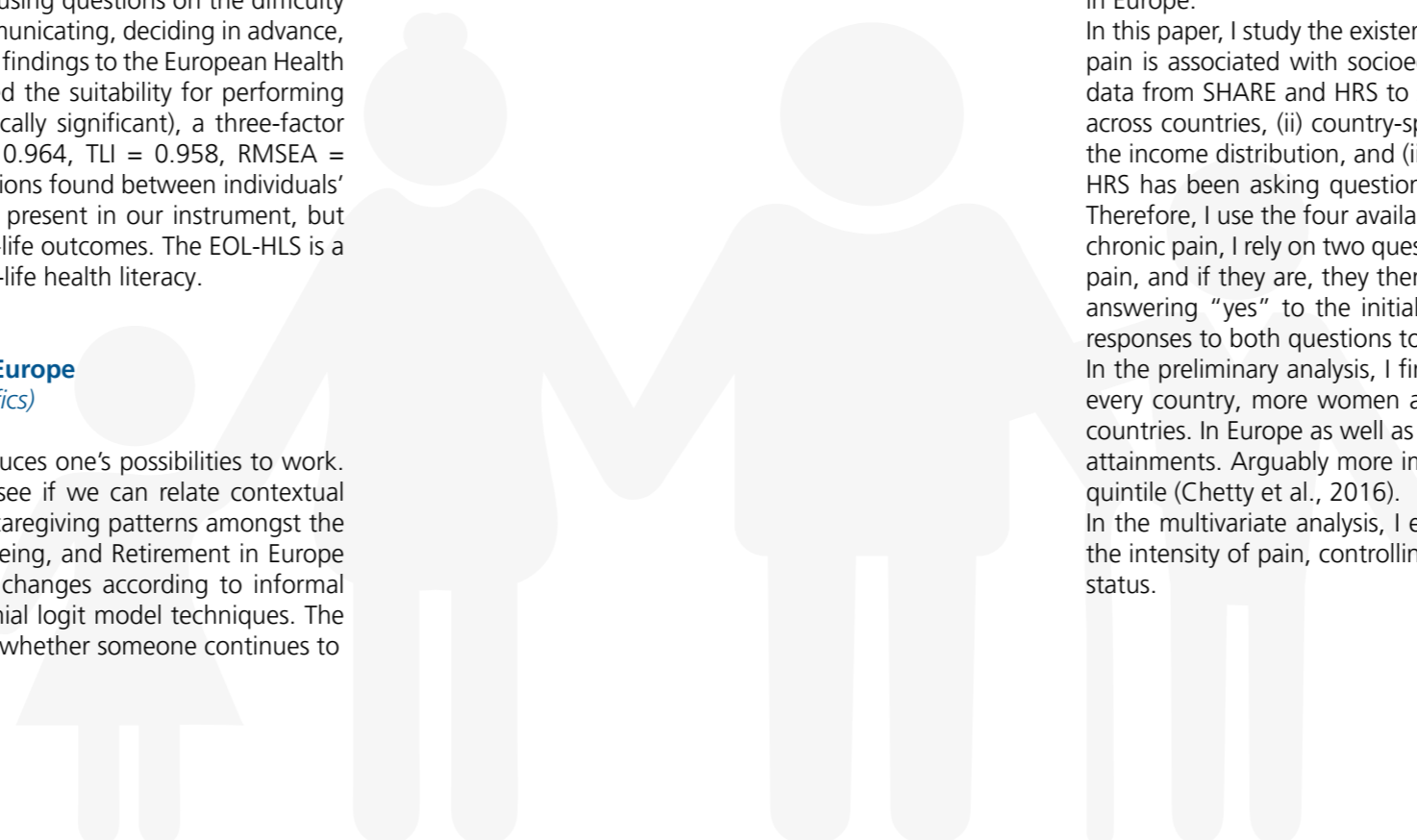
Chronic pain has an important impact on peoples' lives and is a fundamental dimension of wellbeing. Most research so far has focused on the US (Case and Deaton, 2015,2020), where chronic pain has been deeply intertwined with the opioid crisis, but little is still known about pain in Europe.

In this paper, I study the existence of sex disparities in chronic pain and the extent to which chronic pain is associated with socioeconomic status in midlife in Europe and the US. Specifically, I use data from SHARE and HRS to study whether (i) sex-based differences in pain are relatively similar across countries, (ii) country-specific characteristics matter the most for people in the bottom of the income distribution, and (iii) greater use of pain medication reduces aggregate pain.

HRS has been asking questions about pain since its first wave, while SHARE started in wave 5. Therefore, I use the four available waves of SHARE and the corresponding HRS waves. To measure chronic pain, I rely on two questions. Both surveys ask respondents whether they are troubled with pain, and if they are, they then ask how bad the pain is most of the time. I consider respondents answering "yes" to the initial question as individuals experiencing chronic pain and I combine responses to both questions to create a "pain intensity" variable.

In the preliminary analysis, I find that pain is part of life for two out of five midlife individuals. In every country, more women are bothered by pain than men, but the gender gap differs across countries. In Europe as well as in the US, the prevalence of pain varies dramatically by educational attainments. Arguably more importantly, I find more country-level variation in the lowest income quintile (Chetty et al., 2016).

In the multivariate analysis, I estimate probits for the prevalence of pain and ordered probits for the intensity of pain, controlling for occupation and industry and for several dimensions of health status.



Willingness to take financial risk and cognitive abilities in ageing societies: a European study

Michail Chouzouris and Platon Tinios (University of Piraeus)

In this study we investigate the relationship between willingness to take financial risks and cognitive decline in the European region. We use longitudinal data from the Survey of Health, Ageing and Retirement in Europe (SHARE) including a measure for financial risk preference and an index for cognitive abilities based on the evaluation of episodic memory, verbal fluency and numeracy skills. Additionally, the dataset allow us to control for demographic factors and individual characteristics that may be related to cognitive skills and risk attitude. We performed generalized regression models to examine the effect of cognitive skills on risk attitude controlling for the individual characteristics of the sample. Our findings demonstrate a variation in all the components of cognitive functioning across the European regions while gender differences are also significant. Finally, analysis revealed the existing correlation between risk attitude and cognitive ageing.

Work disruptions during the COVID-19 pandemic

Agnieszka Chłoń-Domińczak, Dorota Holzer-Zełazewska, Paweł Strzelecki, Michał Taracha (SGH Warsaw School of Economics)

Since the outbreak of the COVID-19 pandemic, one of the national policy responses was the workplace closures that were either recommended or required for selected groups of workers. These policies led to various types of work disruptions, including working shorter hours, working from home or from a different place than the usual work environment, working longer hours, being furloughed or laid-off, or facing business closure.

The paper to contribute to understanding the interplay of government policies, employment paths, and transitions to inactivity. Therefore, it adds to broadening the understanding of the older workers' labour supply during the COVID-19 pandemic. In the analysis, we first used cluster analysis to identify groups of workers experiencing different types of job disruptions, and then, using the multinomial logistic regression, we verified which individual and country characteristics were conducive to being assigned to selected clusters.

Our analysis, based on the multi-dimensional analysis of job disruptions shows that a significant share of economically active people aged 50 or over experienced different types of job disruptions. While the permanent job loss was relatively less frequent, many people shifted to working from home (fully or combining work from home and the usual workplace).

There were also some people, who experienced shorter spells of job breaks. Results of the analysis show that working from home was more frequently observed among people with higher socio-economic status (measured by educational attainment and economic situation), but also in general in countries ranking higher in the Human Development Index assessment. This can be linked to the differences in the employment structure, with more jobs that could be adapted to work from home in these countries, but also among better-educated people.

Day 2: Thursday, 13:45-15:45

Parallel Sessions 2

Session 2a: Analysing COVID-19 pandemic with SHARE data | Rose Conference Room

Does the COVID-19 pandemic threaten equity in healthcare use in Europe?

Louis Arnault, Florence Jusot and Thomas Renaud (LEDa-LEGOS, Université Paris-Dauphine)

Fostering equity is a key objective of health systems. Equity can be conceptualised in terms of horizontal equity – defined as equal use of health care for a given level of needs – and vertical equity – which entails ensuring that those with highest needs receive more health care than others. The outbreak of the COVID-19 crisis compelled countries to undertake major reorganisations of their healthcare systems, which led to drastic rationing of care. This study explores how the COVID-19 pandemic has jeopardized equity in healthcare use among individuals aged 50 or older in Europe. Using variance as the metric of inequality, we assess horizontal equity through the well-known “fairness gap” method and propose an original approach to measure vertical equity.

Our sample is comprised of 24,648 SHARE respondents from 18 European countries who participated in each of the eighth survey wave of SHARE and the two waves of SHARE Corona survey. Health care utilization is measured by the probability of using physician care and hospital care in each period. Three socio-economic variables (income, education, economic vulnerability) are used to assess illegitimate sources of inequality in healthcare use, in accordance with the horizontal equity principle. A set of health indicators (needs) aims to capture legitimate sources of inequality in health care utilization, following the principle of vertical equity. Probit regressions are used, additionally controlled for demographic and country fixed effects.

Our results show moderate horizontal (“pro-rich”) inequalities in physician use among people aged 50+ before the outbreak in Europe, but which do not appear to have evolved significantly during the pandemic. In contrast, vertical inequalities in the use of physicians and hospitals have increased significantly in many European countries. These results raise concerns about detrimental effects on the health of people with high care needs and support the case for public policies to improve their access to care.

Care provision at the time of the COVID-19: who suffers the most?

Elena Bassoli (Ca' Foscari University of Venice), Agar Brugiavini (Ca' Foscari University of Venice and Institute For Fiscal Studies)

This paper focuses on the changes in care provision and the behavior of care providers at the time of the COVID-19 outbreak by exploiting variations in lockdown policies across Europe. We use the SHARE-COVID-19 surveys, which involve about 52000 respondents of age 50 and over in 27 countries, to investigate how the stringency of the policy measures has affected care provision. Our study is based on the linkage of the SHARE-COVID-19 data with an individual specific “stringency index” which measures the intensity of the restriction policies and the degree of individual exposure. To measure help and personal care provision, we exploit information from the



variables CAS010_ and CAS012_, respectively. In our empirical analysis, we also include demographic characteristics as a control, the current job situation by exploiting the variable CAEP805_ ; and unemployment due to COVID-19 using CAW002_ .

Our empirical strategy focuses on the probability of providing help or care when the lockdown requirements have intensified since the pandemic's start. We apply an OLS including individual fixed effects. We also implement Probit and Pooled OLS as alternative analyses.

Our findings suggest that women and younger-old people were more likely to provide help/care, but one important difference emerges in terms of labour market conditions. While individuals providing help with necessities tend to be also workers, those who provide personal care are most likely to be out of the labour force or unemployed.

Our findings are confirmed when we use alternative lockdown proxies such as the schools' closure, as well as when we run the analysis by groups of countries. Overall, our evidence could point to two important negative externalities of the lockdown: women had to increase their time for helping/caring outside the family and might also have decided to leave the job market as a result.

Retirement pathways during the Covid-19 pandemic – evidence from SHARE

Martina Celidoni and Chiara Dal Bianco (University of Padova)

The covid-19 Pandemic has generated substantial changes on several important dimensions of individuals' lives, including work conditions.

We will exploit SHARE data, especially the two Corona surveys to describe retirement decisions of older Europeans during the Pandemic. We are especially interested in understanding the role of demographic and socio-economic drivers as well as the different pathways leading individuals to retire.

We will use information on socio-economic status (education, family composition, economic situation), health condition and employment status/history (type of occupation and sector) from the EP section of the regular waves. Changes in the employment status during the pandemic are available in the work (W) section of the Corona surveys. We are particularly interested in the questions related to retirement during the pandemic included in the work section of the second Corona survey (CAEP100-103).

The longitudinal dimension of data allows us to analyze heterogeneous patterns of employment/retirement conditional on observable (and unobservable time invariant) individual characteristics by means of (fixed-effect) regression analyses. Moreover, we can exploit, among other aspects, also the role of the heterogeneity in institutional constraints regarding eligibility to claim different types of pension and of policy interventions aimed at reducing the economic impacts of the pandemic.

COVID-19 Curtain: Can Past Communist Regimes Explain the Vaccination Divide in Europe?

Elizaveta Pronkina (Université Paris-Dauphine - PSL), Inés Berniell (Nacional de La Plata and CEDLAS), Yarine Fawaz (CEMFI), Anne Laferrère (Université Paris-Dauphine – PSL), Pedro Mira (CEMFI)

As of December 2021, all former Communist countries from Central and Eastern Europe were still lagging behind in terms of COVID-19 vaccination rates in Europe. Can institutional inheritance explain, at least in part, this heterogeneity in vaccination decisions across Europe? To study this question, we exploit novel data from the second wave of the SHARE (Survey of Health, Ageing and Retirement in Europe) Covid-19 Survey fielded in Summer 2021 that covers older individuals in 27 European countries. First, we document lower COVID-19 vaccine take-up amongst those who were born under Communism in Europe. Next, we turn to reunified Germany to get closer to a causal effect of having lived behind the Iron Curtain. We find that exposure to the Communist regime in East Germany decreases one's probability to get vaccinated against COVID-19 by 8 percentage points and increases that of refusing the vaccine by 4 percentage points. Both effects are large and statistically significant, and they hold when controlling for individual socio-economic and demographic characteristics. We identify low social capital -measured as voluntary work, political engagement, trust in people- as a plausible channel through which past Communist regimes would still affect individuals' preferences for COVID-19 vaccination.

Data: We use data from the Survey of Health, Ageing, and Retirement in Europe (SHARE) Corona Survey. For them, we also retrieve early-life information from the SHARELIFE survey conducted in wave 3 (2007) and in wave 7 (2017) and from the longitudinal SHARE, over 8 waves from 2004 to 2019.

[Session 2b: Health and long-term care | Lake-Bled Conference Room](#)

Associations with Self-Rated Health among Middle-Aged and Older Foreign-Origin Population Compared with Destination and Origin Populations

Elena Selezneva and Oxana Sinyavskaya (National Research University – Higher School of Economics), Luule Sakkeus and Lilli Abuladze (Estonian Institute for Population Studies, Tallinn University)

This paper analyses factors associated with self-rated health, comparing Russians living in Estonia to Russians living in Russia, as well as to Estonians living in Estonia. The groups were defined based on self-reported ethnicity; Russians in Estonia include both migrants and their descendants. The SHARE conducted in Estonia in 2010-2011 and the SAGE (The Study on Global Ageing and Adult Health) carried out in Russia in 2007-2010 were analysed, using ordered logistic regression separately for men and women. The sample included respondents aged 50+ at the time of interview, living in urban areas (N=6,570). Control variables included age, household size, marital status, making ends meet, ownership of dwelling, employment status, years spent in education, last occupation, parents' education, alcohol and tobacco consumption, physical activity, depression, satisfaction with social ties, receipt of personal care, trust in people and number of hospitalisations. Preliminary results show that the variables included in the models explain little

of the group differences in self-rated health, indicating that a large part of the health perception differences remain unexplained. Health behaviour factors reduce group differences the most with physical activity reducing differences in self-reported health between Estonians and Russians living in Estonia (among both men and women). Alcohol consumption reduces differences between Russian women living in Russia and those living in Estonia. In final adjusted models, there remain no group differences in self-rated health among women. Among men, Estonians show significantly better self-rated health estimates than Russian men living in Estonia, while Russian men living in Russia show the worse self-rated health estimates.

Reasons for Perceived Deterioration in Health Status Following the COVID-19 Pandemic: A Cross-National Survey

Aviad Tur-Sinai (The Max Stern Yezreel Valley College and University of Rochester Medical Center), Netta Bentur (Tel-Aviv University), Giovanni Lamura (INRCA IRCCS)

The outbreak of the COVID-19 pandemic created challenges in providing healthcare also for those who were not infected by the virus and, as a result, may have exacerbated harmful health problems. The current study aims to assess the prevalence of older adults' reportage of forgoing, postponing, or being denied healthcare relative to the pre-pandemic period and to identify the individual characteristics of the problem. It is assumed as a hypothesis that older adults did abstain from using healthcare services and that this was bad for their health. Methods: The study is based on the Survey of Health, Ageing and Retirement in Europe (SHARE) data collected during the pandemic. The sample comprised 51,778 people in twenty-seven European countries (including Israel). Participants were asked about changes in their health status relative to pre-pandemic. Bivariate analysis and logistic regression were used to identify factors associated with worsening of health status.

Nine percent of participants reported a worsening of health relative to pre-pandemic. A logistic regression revealed a significant relation of the probability of a downturn in health to forgoing, postponing, or being denied an appointment for medical care. Multiple chronic illnesses, developing COVID-19, having at least one form of psychosocial distress, higher age, and lower economic capacity were also found significantly related to the probability of a decline in health.

Older adults' comprehensive health needs must be addressed even when healthcare services are under strain due to pandemic outbreaks. Policymakers should attend to the healthcare needs of people whose vulnerability to the pandemic is amplified by chronic health conditions and low socioeconomic status. Public healthcare systems may experience a massive rebound of demand for healthcare, a challenge that should be mitigated by delivery of healthcare services and the provision of the financial resources that they need.



Informal care as a protective mechanism: Did the form of long term care received help the reaction to COVID-19?

Antigone Lyberaki (Panteion University), Platon Tinios (University of Piraeus), Zafiris Valvis (University of Piraeus), Michail Chouzouris (University of Piraeus), Thomas Georgiadis (Panteion University)

Informal care – provided without payment by members of the family or friends – is widespread throughout the EU. It is present even in countries and systems relying on formal (usually state run) systems in Northern and Central Europe, while it is the predominant – and in cases exclusive – form of care in the South and East. The hypothesis to be investigated is whether the strong personal bonds fostered by providing care could operate as a protective mechanism during the first and second waves of the covid-19 pandemic; a secondary hypothesis is whether the simple presence of informal care (e.g. in those cases where formal care dominates) was sufficient to protect vulnerable older individuals. 'Protection' is interpreted broadly with separate investigations conducted for three dimensions of covid response: (a) adoption of protective measures after the first and second covid waves (b) stance vis a vis vaccination and (c) tendencies to depression during the pandemic. The statistical analysis uses as dependent variables information taken from the SHARE corona surveys which is related to information from earlier waves on the care status and care mix, on the one hand, and cofactors which are held relevant for each dimension specific. So the analysis combines information from SHARE-Corona, W8 or earlier and (possibly) retrospective information from SHARELIFE. The definition of variables, specifications and approach to other technical issues build on published work using SHARE Corona survey data.

Multiple chronic conditions and insufficient health literacy: evidence among older adults living in Switzerland

Maud Wieczorek (Centre LIVES), Clément Meier (FBM and HEC, University of Lausann and FORS), Sarah Vilpert (HEC, University of Lausann and FORS), Jürgen Maurer (Centre LIVES and HEC, University of Lausann), Matthias Kliegel (Centre LIVES and Centre CIGEV, University of Geneva)

Background: Health literacy (HL) is the ability to find, understand, assess, and apply health information. Individuals suffering from multiple chronic conditions have complex healthcare needs that may challenge their HL skills. This study aimed to investigate the relationship between the number of chronic conditions and HL levels in a sample of adults aged 58+ in Switzerland.

Methods: We used data from 1,615 respondents to the drop-off questionnaire administered in Switzerland as part of wave 8. HL was measured using the short version of the European Health Literacy Survey questionnaire. The final score, ranging from 0 to 16, was divided into 3 categories of HL levels: inadequate (0–8), problematic (9–12), and sufficient (13–16). The item assessing HL in the CAPI questionnaire was also used as a dichotomized outcome for comparison purposes. The number of chronic conditions was self-reported based on a pre-defined list. Associations were examined using multivariable ordinary least squares, probit, and ordered probit regression models, controlling for key socio-demographic characteristics.

Preliminary results: Overall, 63.5% of respondents reported at least 1 chronic condition. Respondents

who reported 1, 2, and 3+ chronic conditions were more likely to have lower HL total scores compared to respondents who did not report any chronic condition ($p < 0.05$, $p < 0.01$, and $p < 0.001$, respectively). Suffering from 2 and 3+ chronic conditions (vs. 0) was significantly associated with a higher likelihood of having inadequate or problematic HL levels (both p -values < 0.01). Moreover, results were not fully consistent when using the CAPI HL item.

Conclusions: These findings suggest a need to improve HL in older adults suffering from chronic conditions. This may be a promising lever to empower individuals to better self-manage their health by improving (e-)health information tools or HL screening to ultimately reduce the double burden of chronic diseases and insufficient HL in this population.

Day 2: Thursday, 16:15-17:45

Parallel Sessions 3

Session 3a: Wellbeing, economic and environmental effects | Rose Conference Room

Changes in Subjective Well-Being in Elderly as a Result of Ongoing Life Changes: Do Country Characteristics matter?

Ela Ostrovsky-Berman, Yitschak Shnoor and Shirlil Resnizky (Myers-JDC-Brookdale Institute)

Subjective well-being is perceived as a major factor of successful aging. The present study evaluates the links between ongoing life changes, which are frequent in old age (such as changes in health condition, retirement etc.), and changes in subjective well-being, with respect to geographic region/country. Subjective well-being in general, and subjective well-being among elderly, has attracted considerable scholarly attention. Previous studies have shown that subjective well-being is associated not only with various socio-economic variables but also with country characteristics (GDP, human development indexes, cultural specifications). This study sheds light on the role of country characteristics in the ability to strengthen or weaken the links between personal life changes and subjective well-being.

Using the longitudinal and cross-national data of participants in waves 5, 6 and 7 of the Survey of Health, Ageing and Retirement in Europe (SHARE) we focus on changes experienced by individuals between the relevant waves, specifically changes in subjective health evaluation, changes in subjective financial situation evaluation and changes in the employment status. In this research the corresponding measures that stand for subjective well-being are CASP scale and the "life satisfaction" single question.

Our partial results imply that while country characteristics are significant explanatory variables for subjective well-being, they lose their significance when exploring changes in subjective well-being as a result of life events such as health or financial deterioration or retirement. We expect that further tests will provide deeper understanding of countries' role in the subjective well-being of elderly people and their ability to maintain its level during personal life changes.

New opportunities for understanding environmental risk and wellbeing

Giacomo Pasini (Ca' Foscari University of Venice and Netspar), Catarina Midões (Ca' Foscari University of Venice), Enrica De Cian (Ca' Foscari University of Venice and Fondazione CMCC), Malcolm Mistry (Ca' Foscari University of Venice and LSHTM), Sara Pesenti (Ca' Foscari University of Venice)

Climate change impacts interact with other environmental stressors, most notably air pollution, to create diverse conditions of exposure across geography, depending on regional characteristics and individual conditions. Aggregate statistical associations can distort the relationship between exposure to environmental hazards and wellbeing indicators. A more accurate understanding of vulnerability can only be obtained knowing where people live and their individual characteristics. Longitudinal studies following individuals over prolonged periods of time can uncover causal relationships between exposures, variables describing dimensions of social vulnerability, and interventions. Here we bring the example of the longitudinal Survey on Health, Ageing and Retirement in Europe (SHARE). The regular panel waves follow individuals and their spouses over time. Two specific interviews taking place in the third and seventh wave, reconstruct the retrospective life history of those individuals. We augment the SHARE database with cumulative and yearly exposure to extreme temperatures, floods, solar radiation, and air pollution. To illustrate the potential of the database, we analyse the association with: i) an illustrative type of illness, prevalence of breathlessness, ii) the perceived health status through lifetime, iii) the job perceived comfort. We are cautious about statements of causality precisely because we only know the territorial region in which people live (Nomenclature of Territorial Units for Statistics -NUTS1 and 2 depending on the country), thus implying that all individuals in a same region face the same average environmental conditions.

These few examples reveal the vast potential of augmented longitudinal panels to break new ground in the social vulnerability literature, as well as in assessment of climate-related interventions. Geographically localized longitudinal data would open new opportunities for better characterizing the distributional implications of environmental and climate risk as well as of adaptation measures and interventions.

The long-term effects of experienced macroeconomic shocks on wealth

Viola Angelini (University of Groningen), Irene Ferrari (University of Venice)

This paper examines the long-term effects of experienced macro-economic shocks on the wealth distribution, portfolio allocation, and risk attitudes of older individuals in Europe. We draw on very rich data from the Survey of Health, Ageing and Retirement in Europe (SHARE) on the current financial position and life-histories of a representative sample of the 50+ population in twelve countries. Following Barro and Ursua (2008), we measure macroeconomic shocks as multi-year peak-to-trough GDP declines of at least 10 percent. To understand the effect of economic depressions on the entire distribution of wealth, we use a set of conditional quantile regressions. We also study which periods of life are more sensitive to these shocks, which is particularly important in light of the recent financial crisis and current pandemic. Importantly, the data include information on the timing of the first investment in stocks and of

the first house purchase, which we exploit to better understand the channels through which macroeconomic shocks shape long-term wealth. Finally, we also study the long-term effects of experienced economic depressions on risk attitudes, measured using both a survey measure of risk aversion and households' stock ownership. Our analysis of current wealth is based on five regular waves of SHARE, covering the years from 2004 to 2015. Our analysis of early investments instead is based on SHARELIFE data. We include twelve countries in the analysis based on the availability of GDP data.

We show that individuals who have experienced more economic depression episodes have lower wealth, a lower probability to invest in risky assets, and display higher risk aversion. When analysing early investment decisions, we find that individuals hit by a depression are less likely to make risky investments and more likely to invest in housing, and that these early choices shape wealth in the long-term.

Session 3b: Gender differences: care regimes, jobs and public pensions | Lake-Bled Conference Room

Gender and care-regime-based discrepancies in reporting informal care within spousal care dyads

Cassandra Simmons, Ricardo Rodrigues, Eszter Zolyomi and Selma Kadi (European Centre for Social Welfare Policy and Research, Vienna) and FutureGEN project consortium

Quantitative research on informal caregiving for older adults hinges on the assumption that survey instruments appropriately measure care and identify informal carers. Of the limited research investigating the reliability of survey instruments to measure informal care, UK-based studies have indicated an underestimation of the scale and scope of care, as well as discrepancies in the reporting of care based on gender, health and care tasks (Rutherford and Bu, 2017; Urwin et al. 2021). We extend this work by taking a comparative and gender-focused view in investigating discrepancies in the reporting of provision and receipt of personal care (i.e. sp019d1; sp021d1) within co-residing heterosexual spousal care dyads across Europe using wave 6 (2015) and wave 8 (2019/20) of the Survey on Health, Ageing and Retirement in Europe. Using bivariate analysis and considering reports of care by both care receivers and caregivers, underreporting of informal care between spouses may be as large as 18%. Employing multinomial regressions, men are more likely to underreport either providing or receiving personal care from their spouse, while conversely, agreement on care being provided/received most commonly occurs when women are caregivers. We find smaller gender discrepancies in reporting care in Continental care regimes and the largest in Southern care regimes, likely the result of differing social norms dictating gender roles in care. Accounting for these gender discrepancies and assuming care is provided within a relationship if at least one partner reports it, we find that the gender gap in informal caregiving would marginally widen (2.31 pp difference) from that based on informal carers' reports themselves (2.17 pp difference). These findings suggest some degree of underreporting of care, particularly that provided by men, that is heterogeneously distributed across countries, indicating the need for more reliable instruments for measuring care and increased social acceptability of men as carers.



Gender differences in job loss among older workers following the outbreak of COVID-19

Dario Mustač, Petra Međimurec and Ivan Čipin (University of Zagreb)

In this study, we investigate gender differences in job loss among older workers (age 50+) following the outbreak of coronavirus disease 2019 (COVID-19). Our aim is twofold: first, to examine whether and to what extent employment histories and job characteristics explain the effect of gender on COVID-19-related job loss and, second, to look into the role of country-specific factors in shaping the gender gradient. We use data from SHARE Corona 1 survey, SHARE waves 7 and 8, and data generated from Job Episodes Panel. The dependent variable in our empirical analysis is COVID-19-related job loss. The main individual-level independent variable is gender. We use a set of variables to describe respondents' employment histories, working status prior to the pandemic and last-job characteristics. We first consider summary statistics of the SHARE data sample to look for possible gender differences in the study variables and we descriptively assess the role of the country-specific context. We then compare estimates from a series of binary logistic regression models and use a method developed by Karlson, Holm and Breen (the KHB method) to decompose differences in gender coefficients across models. The results show that employment histories characterized by more part-time work and lower occupational status throughout the life course partly explain higher rates of COVID-19-related job loss among women. On the other hand, the effect of gender on job loss becomes even stronger once job characteristics (e.g. job industry and job title) are controlled for, indicating that among men and women with jobs of equal characteristics prior to the pandemic, women were more likely to become unemployed, be laid off or have a business closed due to COVID-19. The analysis of country-level indicators reveals that the effect of gender on job loss varies across SHARE countries depending on how long a country was under strict epidemic control measures.

Determinants and Implications of Sex-Based Public Pension Income Disparities: A Cross-Country Analysis

Dave Knapp (University of Southern California), Agar Brugiavini (University "Ca' Foscari" of Venice), Jinkook Lee, Drystan Phillips and Giacomo Rebellato (University of Southern California)

Women eligible for their own old-age public pension benefits receive notably less than men in most European countries. The disparity is as high as 35% in some countries. We examine the sources of this disparity using cross-country harmonized panel survey data with detailed work histories and country-period specific pension policy rules. Our analysis uses new, detailed policy information reflecting the evolution of pension design collected as part of the Gateway to Global Aging's Policy Explorer Series (www.g2aging.org/policy-explorer). This new resource allows the creation of pension benefit determinant measures based on respondent-level characteristics, such as eligibility ages conditional on birth date and sex, penalties based on claiming age, and differences in benefits arising from additional contribution years or greater earnings. Controlling for policies, claiming age, final earnings, and contribution years explains half of the sex-based pension differential across Italy, Spain, France and Germany using SHARE longitudinal data. We anticipate adding the United Kingdom (ELSA), the United States (HRS), and Korea (KLoSA) to our analysis and expanding the set of SHARE countries to include Poland, Austria and the

Czech Republic. We find that, despite accounting for contribution years, final earnings and claiming age, women's reported benefits in these countries are 15% lower than men's reported benefits. Our findings to date are consistent with earnings histories having a critical role in determining women's benefits, with policies rewarding longer earning histories worsening sex-based benefit differences. Recent pension reforms across Europe further tie benefits to earnings history, suggesting that sex-based pension disparities may increase without further reforms. Our findings also indicate that the most common efforts to compensate mothers for time out of the workforce by crediting contribution years have not eliminated sex-based benefit gaps. We provide a theoretical discussion for why existing policies aimed at reducing this gap may be insufficient.

Day 3: Friday, 9:00-10:30

Contributed Session

Session 4: Causality and heterogeneous effects | Rose Conference Room

Lifetime Income Inequality: quantile treatment effect of retirement on the distribution of lifetime income

Małgorzata Karolina Kozłowska (University of Warsaw)

Recent reforms in pension systems, enacted in most European countries, aim to extend working lives, shortening years spent in retirement, consequently reducing the period of withdrawing retirement benefits. As can be motivated from both theoretical and empirical standpoint, these changes are by far going to reshape individual income profiles, and consequently affect inequality in lifetime income. As implied by Human Capital Earnings Function (HCEF), which evidences fanning out of earnings profiles across education groups as the cohort ages, extending working lives is supposed to impact differently individual earnings paths at different income levels. While highly educated well-offs are likely to benefit from extending their careers, continuing drawing their educational wage premia, for the unskilled poor, whose pensions are expected to replace a relatively high share of their earnings, the perspective of working longer may seem less attractive. Deaton and Paxon (1994) states explicitly that within the PIH framework "disparities in earnings between groups with different schooling levels grow in retirement age". Extending working lives for additional years is thus likely to further deepen the divide between the well-qualified and those less educated.

This study attempts to estimate the causal effect of staying longer in the labor force on the distribution of lifetime income and to assess its consequences for overall inequality in lifetime income. Results for cross-national setting are estimated through Local Quantile Treatment Effect estimator by Abadie, Angrist and Imbens (2002) and are confronted with the Instrumental Variables Quantile Regression by Chernozukov and Hansen (2005). Relevant country specific estimates rely on Frandsen, Frölich and Melly (2012) approach. While the results of cross-national setting clearly suggest heterogenous effect across the distribution, negative at the bottom tail, increasing in magnitude across the quantiles, the results of country specific estimates are less readable. Nevertheless the results for the overall sample clearly indicate that postponing retirement to later ages exacerbates inequality in lifetime income.

Informal care and mental health: a story of unobserved heterogeneity

Louis Arnault and Julien Bergeot (Université Paris Dauphine)

The current wave of long-term care (LTC) reforms implemented in most countries rely on informal care provision to foster aging in place. This work investigates the causal effect of providing an elderly parent with informal care on the mental health of adult individuals in Europe. From a theoretical perspective, it is not clear whether it should deteriorate or improve mental health. On the one hand, an intensive provision of informal care can generate physical exhaustion and reduce personal time as well as social relationships. Yet, we might expect altruistic individuals to improve their well-being by supporting their parents and therefore potentially derive mental health benefits. Empirically, the small detrimental effects observed in the literature should be interpreted cautiously, because they are only identified on subgroups of people and cannot fully capture the likely heterogeneity according to the individuals' observable and unobservable characteristics.

We re-examine the effect of informal care provision on mental health using the marginal treatment effect (MTE) framework, that enables us to produce a more complete picture of effect heterogeneity. We use pooled data from the 1st, 2nd, 4th, 5th, 6th and 8th waves of SHARE in 17 European countries. Our sample includes 39,415 observations of individuals aged between 50 and 75 years, who have at least one parent alive.

We find that informal care provision reduces depression for individuals whose unobserved "costs" of providing informal care are small, whereas it worsens mental health for those with higher costs. This result questions the sustainability of relying more and more on non-professional caregivers - notably children - to limit the increase in related public spending for long-term care. It also helps to identify specific groups of caregivers for which the existing public policies are most (or least) likely to be effective.

Does Long-Term Care Provision Reduce Health Care Utilization? A Semiparametric Dynamic Panel Mediation Estimation

Andrej Srakar, Boris Majcen and Tjaša Bartolj (Institute for Economic Research Ljubljana)

The paper addresses causal relationship between long term care and health care utilization of the elderly. The expansion of long-term care (LTC) may improve health system efficiency by reducing hospitalisations, and pave the way for the implementation of health and social care coordination plans. We draw upon the longitudinal evidence from Survey of Health, Ageing and Retirement in Europe (SHARE), Waves 4-8, to derive causal estimates of the effects of receiving different types of LTC on health care utilization. We analyze the causal problem with health indicators as mediators. To solve for multiple reverse causality we utilize cross-lagged panel models, a form of longitudinal mediation analysis. As latter are based on strong Gaussianity assumptions we construct two novel estimators for cross-lagged panel models: semiparametric, based on iterative kernel estimation of dynamic panel mediation using semiparametric sieves based on Laguerre polynomials as consistent initial estimators (Su and Lu, 2013; Kreiss and Van Keilegom, 2022) and a Bayesian semiparametric, based on autoregressive Dirichlet process mixtures for longitudinal data (Quintana et al., 2016) used in combination with a dynamic Bayesian modelling approach of Kim and colleagues (2019). We provide results on the performance of the estimators, namely asymptotics based on delta and

Stein approaches and several simulation experiments. Empirical results confirm significant effects of LTC provision on reducing health care utilization and we provide estimates of the reduction of costs in several Central and Eastern European countries (e.g. Slovenia, Croatia, Hungary, Czechia) health care systems due to proposed measures in long-term care. The article provides a novel methodological possibility to analyze relationship between long term care and health care, development of two novel estimators for research in longitudinal causal mediation and important information to decision makers in different countries for their future measures in long term care and health care.

Day 3: Friday, 11:00-12:30

Parallel Sessions 5

Session 5a: Workplace and economic stress in times of COVID-19 | Rose Conference Room

Work Interruptions and Medium-Term Labour Market Outcomes of Older Workers During the Pandemic

Raluca Elena Buia, Agar Brugiavini and Irene Ferrari (University Ca' Foscari Venice), Y. Gao (Maastricht University) and Irene Simonetti (University of Amsterdam)

Recent literature in various fields, from labour economics to psychology, found an age bias in the recruitment process of new employees, particularly relevant for older women. Such age discrimination represents a problem for older individuals and a challenge for the welfare systems. Losing the job at older ages may lead to long unemployment spells and jeopardize the chances of individuals above the age of 50 to return into the labour market.

Under the difficult situation created by the ongoing sanitary emergency, it becomes particularly relevant to understand the implications of the containment measures on the labour market outcomes of older individuals both in the short and medium term. Brugiavini et al. (2021) found that individuals working in non-essential jobs which are characterized by low feasibility to remote work and/or high levels of social interaction experienced larger probabilities of work interruptions during the first wave of the Coronavirus Pandemic.

We aim to investigate the medium-term period: more specifically we explore the impact of having undergone work interruptions during the first wave of the Pandemic on the various labour market outcomes (employment/unemployment/retirement/homemaking) of individuals aged 50+, retrieved in the second wave of SHARE Corona survey. Using data collected through the SHARE Corona Survey waves 1 and 2, and linking them with additional information from the regular pre-pandemic waves, we run a multinomial logit specification in which the outcome is a categorical variable indicating the current individual's labour market situation. The key regressor is a variable indicating whether the respondent has experienced work interruptions in the first Pandemic wave. Other controls include age, occupation, country and IT-skills. Our results show that work interruptions in the first wave of the Pandemic are associated with higher probabilities of unemployment or exit from the labour market later on. In addition, women and less educated persons are more vulnerable categories.

Persistence of economic stress during the COVID-19 pandemic

Agnieszka Chłoń-Domińczak, Dorota Holzer-Żelazewska and Michał Taracha (SGH Warsaw School of Economics)

The COVID-19 pandemic affected economic well-being of people 50+ in Europe. In 2021, the economic stress was experienced by 1 out of 5 people aged 50 or over. The regional distribution of economic stress shows that such problems are faced more by people living in Southern and Eastern Europe. Among people who faced such stress, around 10% decided to postpone the payment of the bills, while around 18% dipped into their savings in order to finance current consumption and 36% had no savings that they could use in the case of economic difficulties. At the same time, around 14% of households that faced difficulties to make ends meet received financial support from government, while among those who did not face such difficulties, support was received by around 10% of people.

We used the data collected during the second CATI Corona Survey in 2021 to assess the association between individual and country characteristics and selected symptoms of economic stress, following the approach in (Chłoń-Domińczak & Holzer-Żelazewska, 2021). Difficulties to make ends meet persistent. Respondents below 60 are more likely to receive financial support, which is frequently related to the workplace closures. People with tertiary education are less likely to have difficulties to make ends meet, and they can use their savings to finance the consumption. Our analysis indicates that there is persistency of economic vulnerabilities, particularly in Eastern and Southern regions of Europe, that need policies aiming at improving overall socio-economic situation of these regions. Stimulating economic development and reducing income inequalities, investment in human capital and skills development, can contribute to building resilience in the future.



Remote working and mental health during the first wave of the COVID-19 pandemic

Marco Bertoni (University of Padova), Danilo Cavapozz (Ca' Foscari University of Venice), Giacomo Pasini (Ca' Foscari University of Venice and NETSPAR), Caterina Pavese (University of Padova and Ca' Foscari University of Venice)

We use longitudinal data from the SHARE survey to estimate the causal effect of remote working during the Covid-19 pandemic on mental health of senior Euro-peans. We face endogeneity concerns both for the probability of being employed during the pandemic and for the choice of different work arrangements conditional on employment. Our research design overcomes these issues by exploiting variation in the technical feasibility of remote working across occupations and in the legal restrictions to in-presence work across sectors. We estimate that remote working increases the probability of reporting feelings of sadness and depression. This effect is larger for women, respondents with children at home and singles, as well as in regions with low restrictions and low excess death rates due to the pandemic. Our results warn policy makers about the potential negative consequences of remote working for mental health in the post-pandemic situation.

[Session 5b: Loneliness, anxiety and personality types | Lake-Bled Conference Room](#)

Cross-national prevalence and the outcomes of objective and subjective states of exclusion from social relations in later life: Evidence from the 4th and 6th wave of SHARE

George Pavlidis (Linköping University)

Exclusion from social relations (ESR) in older age is an unwanted situation associated with increased loneliness and depressive symptoms. The perception of solitude (i.e., solitude satisfaction) and the evaluation of existing networks (i.e., network satisfaction) may shape the experience of objective and subjective ESR states among older persons. To date, cross-cultural comparisons on the prevalence and the outcomes of objective and subjective ESR states are lacking from the literature. Method: Secondary analyses was conducted in a sample of 60,918 participants in the 4th and 6th wave of the Survey on Health, Aging and Retirement in Europe (SHARE). Solitude satisfaction (SoS), network satisfaction (NeS), network size, and other ESR indicators (i.e., living alone, widowhood) were examined in regression models predicting loneliness and depressive symptomatology in 20 European countries.

Results: The prevalence of ESR states varies significantly between European countries, with no clear geographical emplacement. Objective and subjective ESR states were independently associated with loneliness and more depressive symptoms in some, but not all countries. The “depressive” burden of loneliness was evident in the south of Europe, but the “depressive” burden of ESR states was evident in the north-east of Europe.

Conclusions: There may be cultural differences in the perception of solitude and the evaluation of social relations, rendering the “depressive” burden of loneliness and ESR states as culture-bound. The topology of the “depressive” burden of ESR states among older persons in Europe is different than that of loneliness. Therefore, indicators of either ESR states or loneliness may provide advantages in mapping the “depressive” burden of social isolation in older age, depending on the national context.

Applying Social Cognitive Theory to explore factors associated with anxiety among elderly Europeans during the COVID-19 pandemic

Rubini Pasupathy (Texas Tech University Health Science Center), Courtney Queen (Texas Tech University and Riga Stradiņš University)

As the COVID-19 pandemic has swept through Europe with accompanying high death rates, there has been an accompanying increase in levels of psychological distress, specifically anxiety. There is strong evidence that anxiety influences protective health behavior. This study has two objectives: (i) identify the nature and existence of disparity in anxiety among elderly Europeans during the COVID-19 pandemic; (ii) investigate the determinants of anxiety among elderly Europeans during the COVID-19 pandemic; and (iii) examine the relationship between cognitive, behavior, and environmental factors using Social Cognitive Theory (Bandura) to the individual variation in anxiety experienced, by elderly Europeans during the COVID-19 pandemic. Data from the 2020 (June-August) Survey of Health, Ageing and Retirement in Europe (SHARE) COVID-19 survey, conducted over 29 countries, with a sample of 52,044 respondents was utilized. The results of Best-subset Regression Analysis indicate that significant ($p < 0.05$) factors in predicting anxiety include behavioral factors: staying at home, keeping distance from others, washing hands more frequently, extra attention to covering coughs and sneezes, volunteering, and taking drugs to prevent COVID-19; environmental factors: unemployment due to Covid-19, hospitalization of self-and/or family due to COVID-19, and death of family or friends due to COVID-19; cognitive factors: feeling lonely, and trouble sleeping. This study is the first to investigate anxiety among the European elderly during the pandemic. The implications of this study can inform public health education and interventions targeted towards elderly Europeans.



Replication of resilient, overcontrolled and undercontrolled personality types using SHARE data

Antanas Kairys, Olga Zamalijeva and Jekaterina Navickė (Vilnius University)

The history of personality psychology has been marked by a long-standing debate between proponents and critics of the typology approach. Probably the best-known modern typology proposes three personality types: resilient, overcontrolled, and undercontrolled. These types, identified by Robbins et al. (1996) were replicated in many different samples after the initial study (e.g., Asendorpf et al., 2001; Bohane et al., 2017), however, this was done mostly in adolescent and young adult samples. The aim of the current study is to replicate three personality types in the Survey of Health, Ageing and Retirement in Europe (SHARE) older adult sample. The data from SHARE Wave 7 was used to perform the analysis. 41 930 respondents aged 65 and older (mean age=74,03, SD=6,79) residing in 27 European countries and Israel were included in the analysis. A 10-item version of the Big Five Inventory (BFI-10) was used to measure five personality traits. The clustering procedure proposed by Asendorpf and colleagues (2001) was used: the initial clustering was performed separately in each country using hierarchical clustering with Ward's procedure, followed by K-means clustering. To assess the replicability of the cluster solution the same procedure was performed using two randomly split samples for each country. Cohen's Kappa coefficients were calculated to assess the agreement between these two classifications. The results showed that only in 13 of 27 countries the agreement was above $Kappa = 0.6$. Further analysis showed that clusters, that were successfully replicated, partially resemble resilient, overcontrolled and undercontrolled personality types. These results may provide additional insights into the understanding of personality development however should be considered with caution since this analysis used a very short and therefore limited personality assessment tool.



5. ABOUT THE ORGANIZERS

The Survey of Health, Ageing and Retirement in Europe (SHARE) is a research infrastructure for studying the effects of health, social, economic and environmental policies over the life-course of European citizens and beyond. From 2004 until today, 530,000 in-depth interviews with 140,000 people aged 50 or older from 28 European countries and Israel have been conducted. Thus, SHARE is the largest pan-European social science panel study providing internationally comparable longitudinal micro data which allow insights in the fields of public health and socio-economic living conditions of European individuals.

Institute for Economic Research (IER) is an independent research organization founded in 1965 and is a centre of research in the field of economics of population ageing, health economics, social inclusion and family policy, regional development, innovation and creative industries, social entrepreneurship, economics of education, eco-technology and business consulting. The Institute has been the national coordinator of SHARE in Slovenia.

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