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SHARE, the Survey of Health, Ageing and Retirement in Europe, is a research infrastructure for studying the effects of health, social, economic and environmental policies over the life-course of European citizens and beyond. From 2004 until today, 616,000 in-depth interviews with 160,000 people aged 50 or older from 28 European countries and Israel have been conducted. Thus, SHARE is the largest pan-European social science panel study providing internationally comparable longitudinal micro data, which allows insights in the fields of public health and socio-economic living conditions of European individuals, both for scientists and policy makers. SHARE has global impact since it not only covers all EU member countries in a strictly harmonized way but additionally is embedded in a network of sister studies all over the world, from the Americas to Eastern Asia. Considering its focus on people aged 50 and older, international orientation, and thematic coverage, SHARE is perfectly suited to provide data on respondents' health, economic, and living situation all across Europe and Israel before and during the ongoing COVID-19 crisis.

Therefore, the aim of this project is to analyse and evaluate the non-intended consequences of the epidemic control decisions to contain the COVID-19 pandemic in 27 European countries using data from SHARE, and to devise improved health, economic and social policies with a transdisciplinary and international team of SHARE researchers from different European research institutions. To reach these aims, several objectives will be pursued: identify healthcare inequalities before, during and after the pandemic; understand the lockdown effects on health and health behaviours; analyse labour market implications of the lockdown; assess the impacts of pandemic and lockdown on income and wealth inequality; mitigate the effects of epidemic control decisions on social relationships; optimise future epidemic control measures by taking the geographical patterns of the disease and their relationship with social patterns into account; better manage housing and living arrangements choices between independence, co-residence or institutionalisation.

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## **WP8: Policy recommendations**

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### **1. Housing, living arrangement and mental well-being**

#### policy recommendation

##### ***Covid, and the accompanying lockdown policies***

- ⇒ ***a decreased attraction of large cities, an increased demand for home space and for closeness to family members.***
- ⇒ ***Housing supply as well as transportation policies will have to take it into account.***

#### the scientific rationale

In June-July 2020, living in a large city, with only a spouse, or without very close children became less beneficial for mental well-being, or relatively detrimental. While living in an apartment in a city was previously linked to feeling less lonely, it was associated with increased feelings of loneliness and depression, especially among women.

Closeness to children became more important in all three dimensions of mental well-being: depression, loneliness, and trouble sleeping. Relative to that of the general population, the mental well-being of couples declined, particularly if they were not living with other family members. More than a direct effect of the virus, this can be attributed to lockdown policies (Berniell et al., 2023a). In June-July 2021, the associations between housing conditions and mental well-being were closer to what they were in pre-Covid times (Berniell et al., 2023b).

### **2. Nursing homes**

#### policy recommendation

***The high contagion rate in nursing homes, and the new reluctance to move to nursing home after the pandemic bring new elements to the discussions on “ageing in place” and on the management, design and financing of nursing homes.***

- ⇒ ***Larger samples and more precise data are needed to help adapt long-term care policies to a new ageing population.***

#### scientific rationale for it

In 2020-2021, nursing home residents were more likely to develop symptoms or to test positive for the virus than people living in private homes (Fawaz et al., 2023). Even before COVID-19, excess mortality in nursing homes was observed in some European countries (Flawinne et al., 2023). The need to adapt homes to meet the desire to “age in place” has been widely acknowledged, and the additional risk of infection in nursing homes may further strengthen this demand.

The lower rate of NH living (80% that of 2015 for women, and 93% for men) observed after Covid-19 is compatible with some new reluctance to institutionalisation in some countries (Fawaz et al. 2024).

### 3. Contagion

#### policy recommendation

***To reduce contagion => Increase house rather than apartment living; adapt home space to allow employees to safely work remotely.***

***With the risk of clashes with environmental concerns about urban sprawl.***

#### scientific rationale

Living in a larger household increased the likelihood of contracting COVID-19, while living in a house rather than an apartment had a small but robust protective effect. The desire for low density may clash with environmental concerns.

Adult children were a source of contagion for older parents, regardless of whether they shared their home. Working remotely rather than commuting reduced the risk of contagion, hence the desirability to adapt home space to allow employees to safely work remotely at least part of the time (Fawaz et al, 2023).

### 4. Vaccination

#### policy recommendation

***Target vaccination campaigns on those with fewer children. Provide more reliable information in post-communist regions***

#### scientific rationale

Having more than two children compared to just two increased the probability of getting the COVID-19 vaccine, especially in places with strong family ties (Italy and Spain) (Bonsang and Pronkina, 2023). It suggests to target vaccination campaigns on those with fewer children.

Broader living conditions beyond observed housing conditions and living arrangements, such as living or being born in a former Communist country influenced vaccination *cet.par.* (Pronkina et al. 2023).

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