**Second Sounding Board meeting – May 13th 2020**

Meeting notes

**DATA NAVIGATOR SESSION**

E. Zolyomi: Presentation of Navigator pilot

**General comments** from SB members

* Need to clarify the “who the target audience” for the data navigator is and shape it accordingly (e.g. – consider explanations and interpretations of findings)
* Need to be more specific about what is unique about the Navigator (limit overlap with other platforms – e.g. Eurostat) and how it will be disseminated – i.e. how will people outside the project find out it exists? The Data Navigator will continue to be updated beyond the project’s lifespan, which is positive but beware of resources needed.
* Display only data/ indicators closely related to the project analyses and link displays to project publications/ other outputs

**Specific comments**

* use sex rather than gender when referring to men and women, and allow for sex to be displayed in one graph.
* consider adding links to metadata and data info,
* Consider also comparing regions, not only countries,
* Consider using SHARE FI (frailty index)
* Consider using income tertiles instead of quartiles to ensure sufficient sample in more cells,
* Consider also making the current version available to SB members for more detailed comments.

**WP 1 SESSION**

S. Fors presented results from both studies currently on-going as part of WP1

**General comments** from SB members:

* I. Yordi – Highlighted the importance of cohort based analyses for health outcomes and the importance of underlining heterogeneity across geographical regions. The evidence produced is highly relevant for the work of the WHO and they will follow up on possibilities to share early results.
* A. Vikat – Review study very interesting as it highlights the paucity of knowledge on the topic – this goes against what one would expect. Geographical differences are very interesting but there is a need to investigate further what the causal effects might be

**Specific comments**

* Possible explanation for puzzling results – self-selection among men who live to very old age.
* Questions on ADL/IADL in SHARE are formulated in a way that can be confusing – they ask about help needed with specific activities – the respondents might be limited in some domains but not consider they need help and gender is likely to impact that perception considerably.
* Reporting bias likely to contribute to the puzzling results – younger cohorts are more prone to report ADL/IADL
* Consider also mortality bias and controlling for morbidity in your models
* Consider controlling for occupational segregation and the economic specialization of these countries (i.e. explore different pace of industrialization, for example) to explain gender and regional differences
* Consider accounting for the severity of disability in the analysis

**WP 2 SESSION**

S. Ilinca presented early results from the study on partnership transitions, living arrangements and care use.

**General comments** from SB members:

* Results seem counterintuitive, which is very interesting, but would need to be better explained.
* Need to test the results on clusters of countries and/or individual countries especially for formal care use. However, keep in mind that grouping countries makes results less relevant for policymakers – ideally one would carry out individual country based analyses
* Replicate the analysis for specific age groups (2/3) to check robustness of results
* Focus on one or two narrower questions and think about causal mechanisms
* Impact of Covid-19 would be interesting to study in this context - many men have jobs where they leave the house and women work from home, with effects on care provision
* Leaving out divorce from the analysis could mean missing some important aspects

**Specific comments**

* Consider presenting odds ratios or marginal effects to ease interpretation
* Why are there such large differences between men and women? Are there very few older men in the sample?
* Considering that women’s pension is often lower a change in income because of widowhood is often larger for women

**WP 3 SESSION**

S. Phillips presented results from the systematic literature review in WP3.

**General comments** from SB members:

* I. Yordi – Important work that links well to several WHO initiatives –e.g. surveys on risk factors and satisfaction with services, in which a reformulation of survey questions will be needed.
* A. Vikat - The review results can help to identify questions which have not/ cannot be answered with currently used methods and set out an agenda for future research
* K. Schindler – there is likely a knowledge gap on intersectionality among policy-makers. Would be very useful to produce accessible materials on what can be done and how it can be done to improve intersectional analyses
* E. Rocard - an important output would be to do an educational/ training session for policy-makers and applied researchers (outside academia – i.e. beyond the scope of the PhD workshop) because few people know about intersectionality

**Specific comments**

* Data availability is an important barrier to quantitative intersectional research - When looking at income, education, marital status, rural location and urban location the samples of surveys are often too small to do this analysis, bigger samples sizes are needed
* I. Yordi - There are two aspects of intersectionality and both should be considered : 1) Multiple forms of discrimination (linked to rights, gender intersects with other forms of discrimination) & 2) Intersection of different determinants of health in men and women
* S. Littmann – there is a well-developed legal research body on multidimensional discrimination; would like to see work from this WP linked to discussion on older people and rights

**WP4 SESSION**

J. Jull, S. Kadi & Erika presented outline for the qualitative study as part of WP4.

**General comments** from SB members:

* K. Schindler – Female experience (e.g. with feministic theories) may affect the findings, as well as experiences earlier in life
* A thorough examination of the impact of Covid would require a study on its own. Stick to the original questions, but allow respondents to comment on the impact of Covid.
* S. Littmann – Concerned that questions are too complex and contain too many elements in a single question –it’s important that they are piloted and that the impact of carrying out the study remotely (telephone, online interview rather than face to face) is taken into account
* All – SB members expressed interest in reviewing future developments of the qualitative study and providing inputs if prompted
* SB members agreed to be updated on results from pilot and provide further input them

**Specific comments**

* K. Schindler to follow up with S. Kadi on supporting recruitment
* Be aware that geography will probably affect the answers - thus, the inclusion and exclusion of countries will affect the findings
* Sexual aspects are important for quality of life, but omitted from these questions.
* Age will probably affect the answers substantially –is it possible to recruit from different age bands (within the 60+ population)?

**FURTHER STEPS SESSION**

* I. Yordi - 2020-2030 had been declared by WHO the Decade of Healthy Aging and FutureGen results can inform the related European action plans. There will be also a lot of opportunities for dissemination of findings. On behalf of the team, R. Rodrigues mentioned that all potential collaborations are most welcomed
* E. Rocard - Future dissemination plans should consider two streams: one for education and increasing awareness of academic communities, similar to the PhD workshop that had been planned, and one for policy makers. She will follow up with R.Rodrigues to facilitate a presentation of the work at the OECD.
* A. Vikat - Very promising early results with added value for research (eg, information obtained from the systemic review) and also for policy purposes. Use of non-technical language is essential to reach the latter groups. Information from Data Navigator, particularly if expanded beyond the participating countries, will be of interest to UNECE and similar organizations.
* F. Bettio – consider journalists as a possible target group for dissemination and also partners in dissemination efforts
* H. Mollenkopf - If we want to increase the policy impact of the project, we need to contact policy makers ASAP rather than waiting until the end. Intersectionality theory, if explained clearly and backed by evidence, will be of interest of policy-makers who work in Human Rights and want to address multiple sources of discrimination.
* K. Schindler - An action plan for women health is currently being developed by the Austrian Ministry of Health and Social Affairs - intersectionality should be considered in this plan. Karin will facilitate contact and follow up with R. Rodrigues
* S. Yghemonos – A number of European level processes can be relevant for the project and we should consider contacting them: 1) European Agency on gender equality might want to include care giving aspects of gender roles, 2) Social protection committees are preparing a report for long-term care issues and may be interested to look at gender equality as well, 3) vice presidency of European commission is preparing a green paper on aging, it is another opportunity to include gender equality discussions.

**Covid-19 – How do we account for/include it in our research?**

* E. Rocard - COVID highlighted the existing problem in long-term care and if we talk about ‘care’ we should include it
* F Bettio - SHARE wants to include a question about COVID and we may investigate if from either a social or a gender point of view. Data will likely be available only after end of FutureGen
* S. Littmann - presenting reliable COVID data in the project is hard. It should be acknowledged where relevant but should not change the course of the project too much.
* H. Mollenkopf - we may need a follow up project in one year to see the impact of COVID or to decide whether to include COVID data. Explore ways in which this could be financed.
* K. Schindler - additional funding should be pursued for a COVID focused project later on that builds on FUTUREGEN’s findings and methods.

**Next SB meeting**: Most probably we will have one extra SB meeting (hopefully face to face!) halfway between now and the end of the project to further discus our finding and talk about future directions. SB to be contacted on a possible date early on.