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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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## **WP6: Policy recommendations**

Sharon Shiovitz-Ezra

### **Social relationships**

#### **Provision of care to older parents and mental health during the COVID-19 pandemic**

##### **POLICY RECOMMENDATIONS**

- ➡ Reconsider strict measures for older caregivers, particularly those caring for their parents.
- ➡ Provide recommendations for older adults on reducing mental health burdens related to caregiving, particularly focusing on older caregivers who had poorer relationships with their parents in childhood and had to increase the frequency of caregiving due to the pandemic.

##### **OBJECTIVES**

- To investigate the associations between changes in care provision (less often, more often, same frequency (reference category) to older parents since the COVID-19 outbreak and worsened depression and anxiety in people aged 55 and older.
- To understand whether the presence of pandemic-related control measures moderated these associations.
- To examine the moderating role of both current and early child-parent relationships.

##### **FINDINGS**

- More stringent pandemic control measures (measured by Stringency Index) were associated with increased depression in adults who provided care to their parents more frequently since the pandemic onset.
- Better quality of relationship with mother in childhood was associated with lower depression in people who provided care to their parents more frequently since the pandemic onset.

##### **REFERENCE**

Cohen, L., Shiovitz-Ezra, S., & Cohen, A. (R&R). Changes in care provision to older parents during COVID-19 and the wellbeing of adult children: The moderating role of the child-parent relationship.

## **End-of-life care and home deaths during COVID**

### **POLICY RECOMMENDATIONS**

- ➔ Encourage older adults to provide personal care to their parents and life partners. Develop special instructions on how to provide this type of care safely, with regards to physical health, and less burdening on mental health.
- ➔ Allocate resources to the development of formal care on municipal, regional, and nationwide levels. Support the institutions providing it.

### **OBJECTIVES**

- To identify the care network types involved in the end-of-life care for older adults who died during the COVID-19 pandemic.
- To investigate the associations between care network types and the probability of home deaths.

### **FINDINGS**

- End-of-life care primarily relied on informal care, with adult children and spouses playing key roles.
- Formal care served as a secondary source of support within the spouse network but became the primary source of support when spouses were not involved in the care network.
- A mixed-care network, primarily involving adult children, was linked to a higher likelihood of the individual passing away at home, while a professional care network showed the opposite association.

### **REFERENCE**

Cohen, L., Shiovitz-Ezra, S., Cohen, A., & Erlich, B. (under review). Home deaths during COVID-19: The role of care network types.

## **Physical distancing and loneliness among people aged 50 and over during COVID-19**

### **POLICY RECOMMENDATIONS**

- ➔ Encourage older individuals and give them more chances to safely connect with members of their social networks in-person.
- ➔ Provide older individuals with more opportunities to benefit from electronic communication by offering courses to enhance their digital literacy.

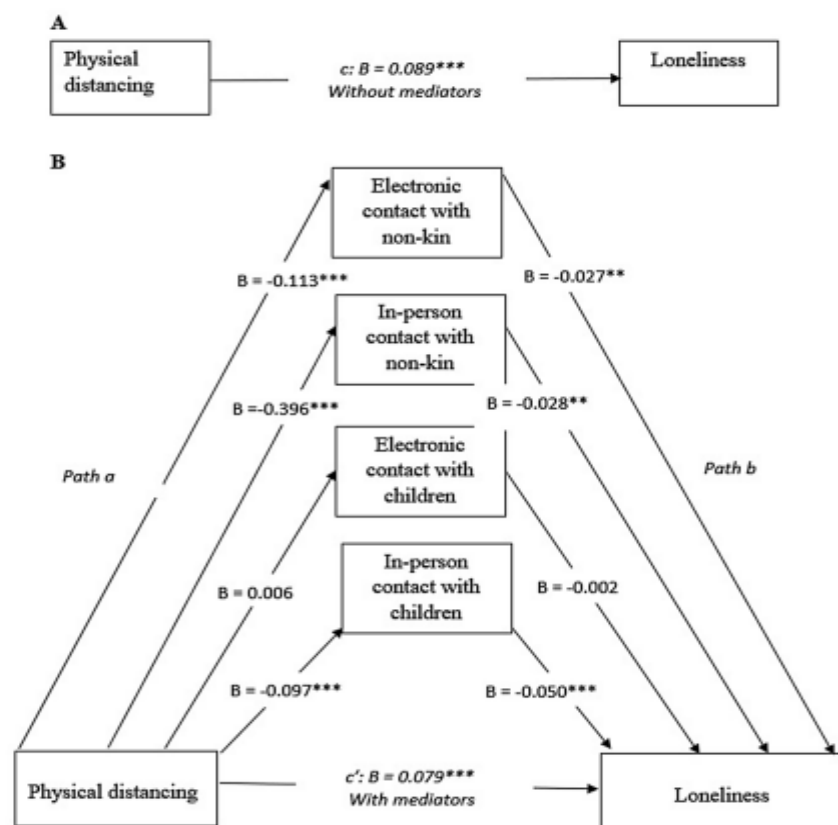
## OBJECTIVES

- To examine the associations of physical distancing during the COVID-19 outbreak with loneliness among adults aged 50 and older from Europe and Israel.
- To examine the role of in-person and electronic contacts with children and non-kin ties in these associations across European regions.

## FINDINGS

- Since the COVID-19 outbreak, the respondents had face-to-face contact with their children about once a week, while having electronic contact with their children several times a week.
- The participants reported face-to-face contact frequency with non-kin was less often than once a week, while electronic contact with non-kin was about once a week.
- Greater physical distancing was associated with a greater likelihood of feeling lonely.
- Physical distancing corresponded to lower face-to-face contact frequency with children and non-kin, as well as to lower electronic contact frequency with non-kin. These, in turn, were associated with a higher likelihood of feeling lonely.
- The probability of feeling lonely increased when the degree of physical distancing increased in the northern region, but not in the southern and eastern regions, compared with the central-western region.

**Fig. 1** Regular logistic regression depicting the beta coefficient of the direct effect (path *c*) without mediators (A); and a multiple mediator model—(B) depicting the beta coefficients of the direct effect with mediators (path *c'*) and the indirect effects (paths *a* and *b*) of physical distancing on loneliness via the four mediators (In-person contact with children; electronic contact with children; in-person contact with non-kin; Electronic contact with non-kin), controlling for covariates. \*\* $p < 0.01$ , \*\*\* $p < 0.001$



## REFERENCE

Cohn-Schwartz, E., Vitman-Schorr, A., & Khalaila, R. (2022). Physical distancing is related to fewer electronic and in-person contacts and to increased loneliness during the COVID-19 pandemic among older Europeans. *Quality of Life Research*, 31(4), 1033-1042.  
<https://doi.org/10.1007/s11136-021-02949-4>

## **Social distancing and trouble sleeping during COVID-19 pandemic among older adults in Europe**

### POLICY RECOMMENDATIONS:

- ➔ Re-evaluate social distancing policies, especially for older people who are at a higher risk of developing depression.
- ➔ Encourage older individuals experiencing depression and sleep disturbances to utilize public health services to address these issues. Additionally, urge their communities to support them and guide them toward public health services, particularly for psychological treatments.
- ➔ When formulating relevant policies, prioritize unemployed and financially disadvantaged older adults.
- ➔ Promote the employment of older adults, even during pandemics, by implementing regulations and laws that protect their rights. Furthermore, provide incentives to employers who offer tailored employment opportunities for older adults

### OBJECTIVES

- To examine the association between social distancing and trouble sleeping during the COVID-19 outbreak in adults 65 and older.
- To examine underlying potential mechanisms that mediate/moderate this association.

### FINDINGS

- Mean social distancing was significantly higher among participants who experienced trouble sleeping than among those who did not experience it.
- **The probability of sleep disturbance increased with greater social distancing.**
- Those who felt sad or depressed during the outbreak were more likely to report trouble sleeping.
- Depression partially mediated the relationship between social distancing and trouble sleeping.

- Older adults who reported some or great difficulty in making ends meet economically and feeling sad or depressed were more likely to report trouble sleeping than those who reported easily or fairly easily making ends meet economically.
- Older adults who were unemployed during the COVID-19 pandemic onset and reported feeling sad or depressed were more likely to report trouble sleeping than those who were employed or self-employed at that period.

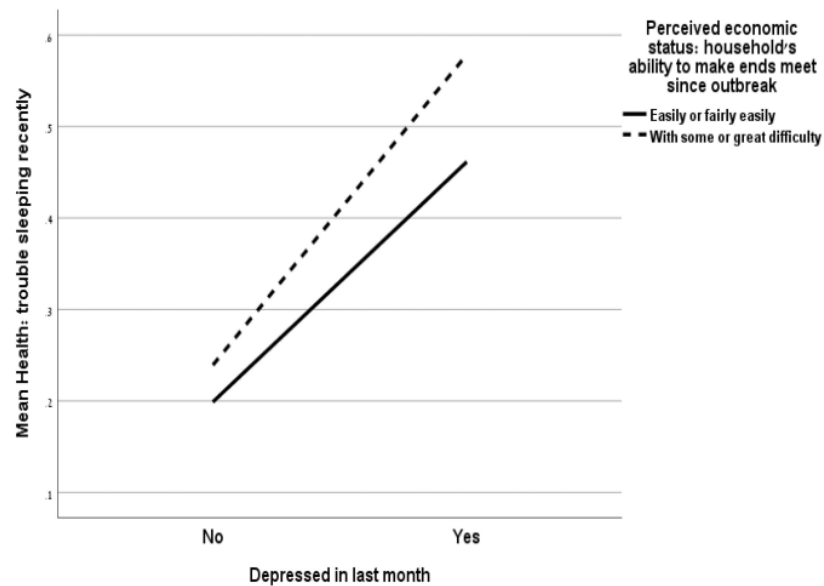


FIGURE 2 Relationship between sad or depressed and trouble sleeping at different levels of perceived economic status.

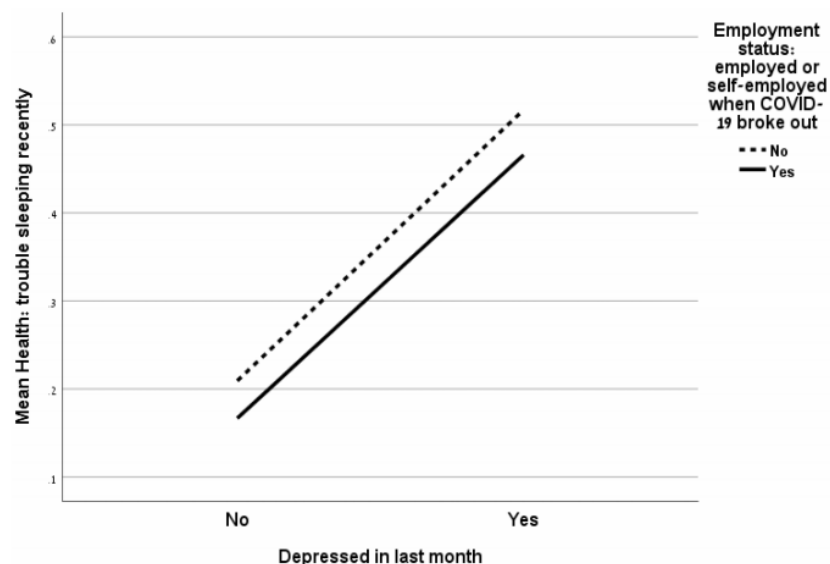


FIGURE 3 Relationship between sad or depressed and trouble sleeping by employment status (employed and unemployed).

## REFERENCE

Khalaila, R., & Shiovitz-Ezra, S. (2023). Social distancing and trouble sleeping during COVID-19 pandemic among older adults in Europe: Mediating and moderating effects. *Journal of Nursing Scholarship*, 55(1), 131-140. <https://doi.org/10.1111/jnu.12830>

## The effects of control measures and social networks on depression during COVID-19

### POLICY RECOMMENDATIONS

- ➔ Enable older adults to have increased in-person contact with people in their networks.
- ➔ Develop recommendations on how to make face-to-face meetings safe for both older adults and members of their personal networks.
- ➔ Reconsider stringency policies for older adults.
- ➔ When developing programs aimed at combating depression in older adults, it is crucial to place special emphasis on at-risk groups such as women, older individuals, those with lower financial capacity, lower extraversion, greater neuroticism, and those having mobility limitations.

### OBJECTIVES

- To examine the correlates of change in the depressed state among people aged 65 and older during the COVID-19 pandemic, particularly the effects of pandemic-related variables.

### FINDINGS

- Pre-pandemic depression was associated with a greater likelihood of being depressed in both 2020 and 2021.
- Early-pandemic depression was associated with greater depression in 2021.
- Higher education level was associated with lower depression but only in 2020.
- Male gender, younger age, greater financial capacity, greater extraversion, lower neuroticism, not having mobility limitations were associated with lower depression in both 2020 and 2021, compared to female gender, older age, lower financial capacity, lower extraversion, greater neuroticism, and having mobility limitations, respectively.
- Greater agreeableness was associated with lower depression in 2021 only.
- Higher personal network size was associated with greater depression in 2020 only.
- Greater proximity of personal network was associated with lower depression in both 2020 and 2021.
- Greater face-to-face contact was associated with lower depression in 2020 only.
- Greater stringency was associated with greater depression in 2020 only.

### REFERENCE

Litwin, H., & Erlich, B. (2022). The effects of control measures and social networks on depression among older people during the SARS-CoV-2 pandemic. *OBM Geriatrics*, 6(4), 1-22. <http://dx.doi.org/10.21926/obm.geriatri.2204217>



## The short and long-term correlates of change in loneliness status: The role of epidemic control measures

### POLICY RECOMMENDATIONS

- ➔ Provide more opportunities for older adults to contact members of their personal networks face-to-face.
- ➔ Reconsider control measures for older adults.
- ➔ Better address the social needs of groups of older adults who are at higher risk of feeling lonely (women, people with disability, those with lower extraversion, those with higher neuroticism, and those living alone).

### OBJECTIVES

- To examine short and long-term changes in loneliness status among older adults during the COVID-19 pandemic.
- To examine the role of epidemic control measures in relation to loneliness among older adults in Europe and Israel.

### FINDINGS

- Electronic communication with one's ties was more frequent in 2020 than face-to-face contact. The same trend continued in 2021, but the frequency of face-to-face contact slightly increased.
- Pre-pandemic loneliness was associated with a higher likelihood of feeling lonely some of the time and often in both 2020 and 2021.
- Any level of loneliness in 2020 was associated with a higher likelihood of feeling lonely some of the time and often in 2021.
- Age was positively associated with the likelihood of feeling often lonely in both 2020 and 2021 but with being sometimes lonely only in 2021.
- **Women, people with disability, with lower extraversion, with higher neuroticism, and those living alone were more likely to report any extent of loneliness in both 2020 and 2021.** than men, people without disability, with greater extraversion, with lower neuroticism, and those living with partner in the household, respectively,
- Higher education reduced the likelihood of feeling lonely sometimes and often in 2020 only.
- Greater size of personal network was associated with a higher likelihood of being sometimes lonely in 2020 but with a lower likelihood of reporting any level of loneliness in 2021.

- Greater proximity to members of personal network was associated with lower likelihood of feeling any extent of loneliness in both 2020 and 2021.
- Being tested positive for COVID-19 in 2021 was associated with a higher likelihood of feeling often lonely in 2021.
- A higher stringency index was associated with greater feelings of sometimes lonely and often lonely in 2020 and often lonely in 2021.
- Higher face-to-face contact frequency in 2020 was associated with a lower likelihood of feeling lonely both sometimes and often in 2020.
- Higher face-to-face contact frequency in 2021 was associated with a lower likelihood of feeling lonely both sometimes and often in 2021.
- Higher electronic contact frequency in 2021 was associated with a lower likelihood of feeling sometimes lonely in 2021.

#### REFERENCE

Litwin, H., & Erlich, B. (2023). The short and long-term correlates of change in loneliness status: The role of epidemic control measures during the COVID-19 pandemic. *Journal of Aging & Social Policy*, 1-16. <https://doi.org/10.1080/08959420.2023.2226292>

### **Social networks and mental health change in older adults after the COVID-19 outbreak**

#### POLICY RECOMMENDATIONS

- ➡ Ensure that older adults have increased opportunities to engage in face-to-face interactions with members of their social networks. Implement distinct policies for individuals at risk of worsening depression or anxiety and for those more or less susceptible to viral infections.
- ➡ Guide achieving a better balance between in-person and electronic communication during a pandemic.

#### OBJECTIVES

- To examine the influence of social networks on selected aspects of older adults' mental health following the COVID-19 outbreak.

#### FINDINGS

- Age was positively and education level was negatively associated with worsening depression.

- Women, people with poorer financial capacity and with mobility limitations were more likely to exhibit worsening depression and anxiety compared to men, people with better financial capacity, and those without mobility limitations, respectively.
- Face-to-face contact frequency was negatively associated with worsening depression and anxiety.
- Electronic contact frequency was positively associated with worsening anxiety.

#### REFERENCE

Litwin, H., & Levinsky, M. (2022). Social networks and mental health change in older adults after the Covid-19 outbreak. *Aging & Mental Health*, 26(5), 925-931.  
<https://doi.org/10.1080/13607863.2021.1902468>

### **Older adults' mental well-being patterns, their pre-pandemic computer skills, and digital engagement during the COVID-19 pandemic**

#### POLICY RECOMMENDATIONS

- ➡ Develop programs to enhance digital skills in the older population. This could involve creating general courses or courses that focus on specific skills.
- ➡ Create guidelines on how to avoid problematic Internet use which can stem from increasing mental health issues. For example, develop guidelines on how to avoid cyberchondria when feeling anxious or how to prevent online panic buying when feeling depressed.
- ➡ Design programs aimed at improving the availability and accessibility of online services for older adults.

#### FINDINGS

- The associations between pre-pandemic computer skills and Internet use patterns were found positive for each type of use and each pattern.
- Respondents who became lonelier since the pandemic onset were more likely than those who did not feel lonely at all to increase the frequency of e-government and e-finance use during the pandemic.
- People who became lonelier since the pandemic onset were less likely than those who did not feel lonely to retain the frequency of e-commerce use during the pandemic.
- Respondents who became lonelier since the pandemic onset were more likely than those who did not feel lonely to reduce the frequency of e-government and e-finance use.

- Respondents who remained lonely since the pandemic onset were less likely than those who did not feel lonely at all to retain the frequency of e-commerce use during the pandemic.
- Respondents who remained lonely since the pandemic onset were more likely than those who did not feel lonely to reduce the frequency of e-health and e-finance use during the pandemic.
- Respondents who remained depressed since the pandemic onset were more likely than those who did not feel depressed at all to increase the frequency of e-commerce use during the pandemic.
- Respondents who became anxious since the pandemic onset were more likely than those who were not anxious at all to increase the frequency of e-health and e-government use during the pandemic.
- People who became anxious since the pandemic onset were less likely than those who were not anxious to retain the frequency of e-finance and e-commerce use during the pandemic.
- Respondents who remained anxious since the pandemic onset were more likely than those who were not anxious at all to increase the frequency of e-health and e-government use during the pandemic.
- Respondents who remained anxious since the pandemic onset were less likely than those who were not anxious to retain the frequency of e-commerce use during the pandemic.
- In contrast to Internet use, no association was found between pre-pandemic computer skills and electronic contact patterns.
- Respondents who remained lonely since the pandemic onset were less likely than those who did not feel lonely at all to retain the frequency of e-contact with relatives during the pandemic.
- Respondents who became depressed since the pandemic onset were more likely than those who did not feel depressed at all to increase, retain, and reduce the frequency of e-contact with non-kin during the pandemic.
- Respondents who remained depressed since the pandemic onset were more likely than those who did not feel depressed at all to retain the frequency of e-contact with parents (but were less likely to reduce its frequency during the pandemic).
- Respondents who became anxious since the pandemic onset were more likely than those who were not anxious at all to increase, retain, as well as reduce the frequency of e-contact with parents during the pandemic.

- Respondents who remained anxious since the pandemic onset were less likely than those who were not anxious at all to increase the frequency of e-contact with their children during the pandemic.

## REFERENCE

Rosenberg, D., Cohen, L., & Shiovitz-Ezra, S. (under review). Computer skills, mental wellbeing and digital engagement during the COVID-19 pandemic: Results from the Survey of Health, Ageing and Retirement in Europe. *Journal of Gerontological Social Work*.

## **Provision of care and loneliness**

### **POLICY RECOMMENDATIONS**

- ➡ Develop programs for older individuals who provide personal care to people within their personal networks. Highlight the mental health challenges associated with providing this type of care and offer suggestions to help older caregivers alleviate this burden.
- ➡ Encourage older individuals to continue providing instrumental care outside of their homes while following safety guidelines.

## OBJECTIVES

- To examine the link between cross-temporal patterns of care provision during COVID-19 pandemic and loneliness in older adults.

## FINDINGS

- Starting to provide instrumental care during the pandemic was negatively associated with loneliness. Respondents who began providing instrumental care since the pandemic onset were 8% less likely to feel lonely than those who kept not providing it.
- Carrying on providing instrumental care was also negatively associated with loneliness. Respondents who kept on providing instrumental care to someone from their social networks during the pandemic were 26% less likely to feel lonely than those who did not provide it to anyone between the survey waves.
- Ceasing the provision of instrumental care during the pandemic was unrelated to loneliness.
- Providing personal care was positively associated with loneliness. Respondents who began providing personal care during the pandemic were 22% more likely to experience loneliness than those who kept on not providing it.

- Ceasing and providing personal care during the pandemic were also positively associated with loneliness. Respondents who stopped providing personal care were 29% more likely to experience loneliness than those who kept on not providing this type of care.
- Resuming providing personal care during the pandemic was positively associated with loneliness. Respondents who provided personal care were 43% more likely to feel lonely than those who did not provide such care to anyone from their social networks.

#### REFERENCE

Rosenberg, D., & Shiovitz-Ezra, S. (2023). Cross-temporal patterns of care provision by older adults during COVID-19 pandemic: Lessons for resilience. *OBM Geriatrics*, 7(3), 242. <http://dx.doi.org/10.21926/obm.geriatr.2303242>

### **Network contact frequency change during the COVID-19 pandemic, loneliness, and network satisfaction in later life**

#### **POLICY RECOMMENDATIONS**

- ➔ Encourage personal networks and broader communities to maintain contact with their older members and identify older individuals who have decreased the frequency of contact with their personal networks.
- ➔ Encourage older adults to stay in touch with their personal networks, whether it's in person or through electronic communication. Develop special programs or courses for older people with low levels of digital literacy and who are less able to communicate electronically.

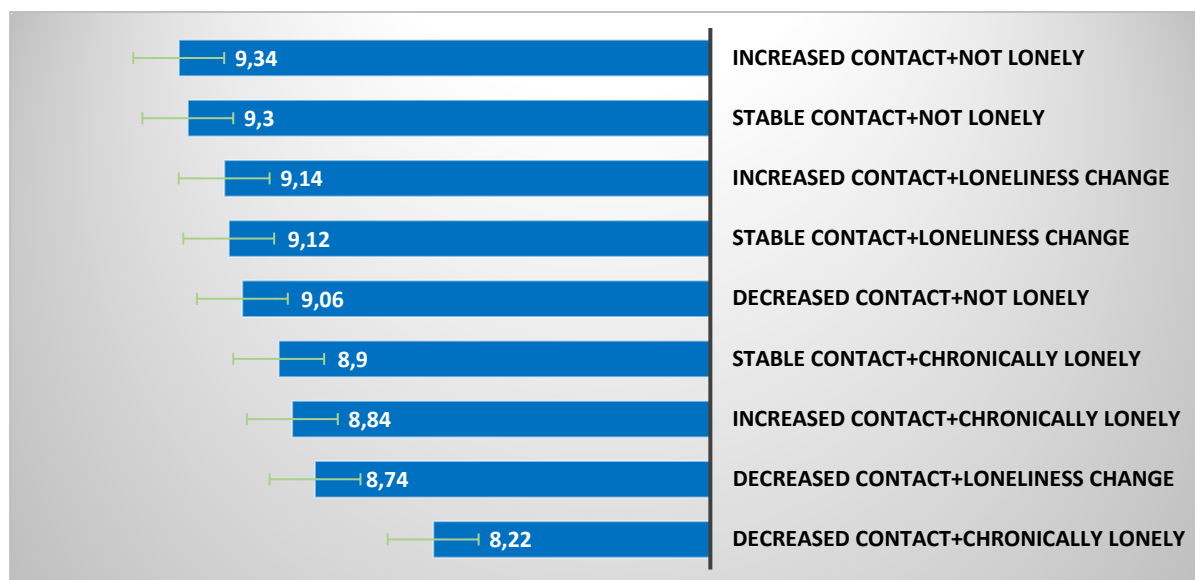
#### FINDINGS

- Most of the sample (58.3%) have not reported a change in the network contact frequency during the COVID-19 pandemic, whereas an additional 14% increase in its frequency, and the remaining 27.7% decreased its frequency.
- Respondents who *decreased* the contact frequency restored the pre-pandemic level in 2022. On the contrary, in the *increase* cluster, a further increase in contact frequency was observed between 2021 and 2022.
- Network satisfaction was quite high in both 2019 (pre-pandemic wave) and 2022 (post pandemic wave). However, it has significantly increased between these periods, though to a very small extent.
- Nearly half of the sample (48.3%) reported no loneliness during 2019-2022, while 11% reported consistent loneliness across all waves. In an additional 40.7%, any type of change in loneliness throughout the waves was observed.

- Respondents who experienced fluctuations in their loneliness levels as well as those who were chronically lonely were less satisfied with their networks in 2022 compared to those who did not experience loneliness at all during the study period.
- The highest scores on network satisfaction in 2022 were observed among the respondents who contacted their networks more frequently during the COVID-19 period and were not lonely throughout the entire studied period (9.34) as well as those who maintained the same level of contact during that period and were not lonely at all (9.3). The lowest scores were observed among the respondents who decreased the frequency of contact with their networks and had varying loneliness levels (8.74), and even less than that – respondents who reported decreased network contact frequency and being lonely in each survey wave (8.22).

**Figure**

*Estimated predicted values of network satisfaction by contact frequency and loneliness level*



REFERENCE

Rosenberg, D., & Shiovitz-Ezra, S. (under review). Personal network contact frequency, loneliness, and network satisfaction in older adulthood: A cross-temporal perspective. *The Gerontologist*.

## **Provision of instrumental and personal care, and loneliness in adults aged 50 years and older during the COVID-19 pandemic**

### **POLICY RECOMMENDATIONS**

- ➔ Encourage older adults to provide instrumental care and offer a list of recommendations on how to make this type of support safer for both older adults and their social network members.
- ➔ Provide clear instructions and training for older adults providing personal care.
- ➔ Develop courses aimed at minimizing the mental health burden associated with providing personal care.
- ➔ Place special emphasis on caring for children and addressing the needs of older adults who provide personal care to more than one person in their personal networks.

### **FINDINGS**

- Providing instrumental care was generally negatively associated with loneliness.

Respondents who provided instrumental care to someone from their personal networks during the pandemic were 7% less likely to experience loneliness as compared to those who did not provide it.

- Providing instrumental care to a single category of people was negatively associated with loneliness. Respondents who provided instrumental care to any category of people from their social networks were 8% less likely to feel lonely than those who did not help anyone. In contrast, providing instrumental care to multiple categories of people was unrelated to loneliness.

- The instrumental care-related associations can be explained by social capital perspective. According to it, during the provision of instrumental care, people gain expressive resources from engaging in reciprocal relationships with people in their personal networks.

- Providing personal care was generally positively associated with loneliness. Respondents who provided personal care to someone from their personal networks during the pandemic were 13% more likely to experience loneliness as compared with those who did not provide such a care.

- Providing personal care to a single category of people was not associated with loneliness. However, providing personal care to multiple categories of people (for instance, children and parents) was positively associated with loneliness. Respondents who provided personal care to more than one category of people from their social networks were 32% more likely to feel lonely than those who did provide such care to anyone.



- Provision of personal care to children was associated with loneliness. Respondents who provided personal care to children were 56% more likely to feel lonely than their counterparts who did not provide personal care to children.
- The personal care-related associations are explained by the caregiver stress model, according to which provision this type of care corresponds with numerous mental health issues stemming from greater obligation to care, poor availability of free time, and deterioration in physical health indicators.

#### REFERENCE

Rosenberg, D., Shiovitz-Ezra, S., & Ayalon, L. (2023). Helps you, helps me? Provision of instrumental and personal care and loneliness among adults aged 50 years and older during the COVID-19 pandemic. *Archives of Gerontology and Geriatrics*, 113. <https://doi.org/10.1016/j.archger.2023.105065>

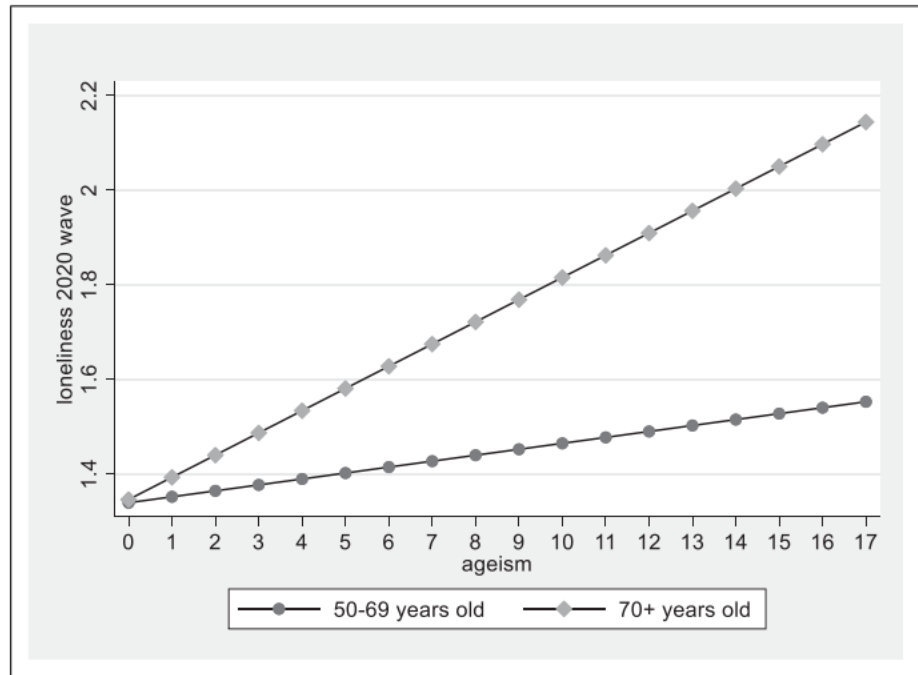
### **Short- and medium-term effect of ageism on loneliness experienced during the COVID-19 pandemic among Israeli adults aged 50 and older**

#### POLICY RECOMMENDATIONS

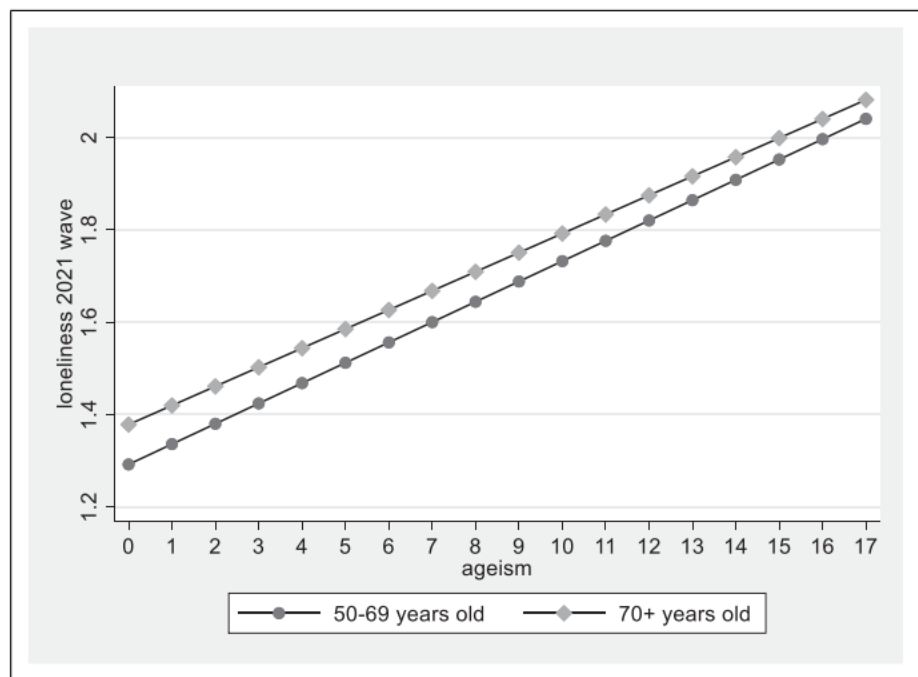
- ➡ Increase awareness of ageism among older adults.
- ➡ Take steps to combat ageism both online and offline. Provide recommendations for mass media, organizations, and individuals on using more age-inclusive language.
- ➡ Focus on combating ageism directed towards older individuals.
- ➡ Create policies to address loneliness and pay particular attention to at-risk groups.

#### FINDINGS

- 50% experienced ageism to some degree.
- Women experienced greater loneliness than men in 2021 only.
- Greater education level was associated with lower loneliness in 2020 only.
- Better self-rated health, not feeling sad/depressed, and living with a partner in the same household were associated with a lower likelihood of loneliness in both 2020 and 2021 compared to poorer self-rated health, feeling sad/depressed, and living alone, respectively.
- Face-to-face contact was unrelated to loneliness.
- Electronic contact was associated with greater loneliness in both 2020 and 2021.
- Greater experience of ageism was associated with greater loneliness in both 2020 and 2021.
- The effect of ageism on loneliness was more dominant in those aged 70+.



**Figure 2.** Association between ageism and loneliness 2020 wave, by age group.



**Figure 3.** Association between ageism and loneliness 2021 wave, by age group.

REFERENCE

Shiovitz-Ezra, S., Erlich, B., & Ayalon, L. (2023). Short-and medium-term effects of ageism on loneliness experienced during the COVID-19 pandemic. *Journal of Applied Gerontology*, 42(6), 1255-1266. <https://doi.org/10.1177/07334648231159372>

## **Epidemiological control measures and subjective age among people aged 50 or older**

### **POLICY RECOMMENDATIONS**

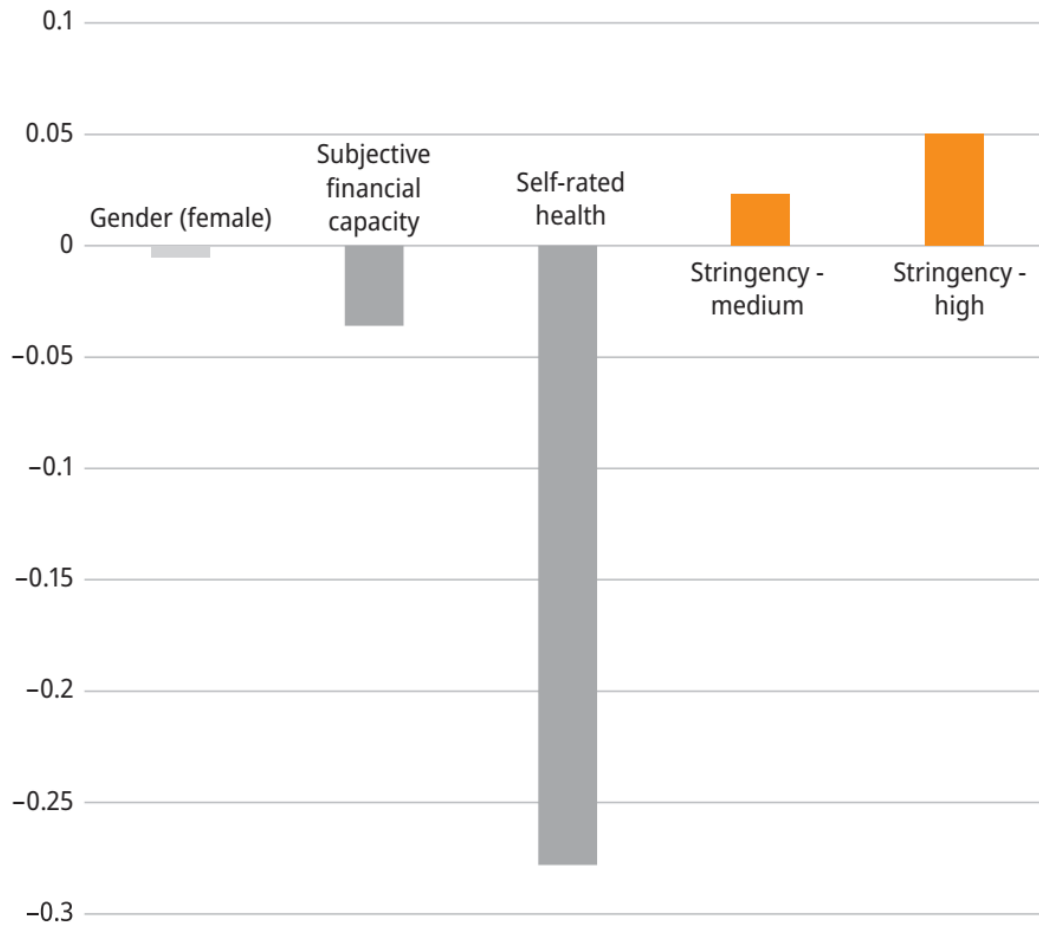
- ➡ Policymakers should consider the potentially harmful effects of imposing severe restrictions and limitations.
- ➡ Slowing the spread of disease should be balanced against the risks associated with narrowing the social environment.

### **OBJECTIVES**

- To understand whether the severity of COVID-19-related restrictions is associated with subjective age.

### **FINDINGS**

- A high stringency score was related to an older subjective age.
- Older adults who were living in a country that imposed COVID-19-related restrictions with the highest level of stringency reported having an older subjective age than older adults who were living in a country that imposed COVID-19-related restrictions with the lowest level of stringency. However, the association between subjective age and living in a country that imposed restrictions with a medium level of stringency was not significant compared to living in a country that imposed restrictions with a low level of stringency.
- Having a live-in partner was associated with an older subjective age, while higher education and better subjective financial capacity correlated with a younger subjective age.



**Figure 2:** Associations between the stringency of COVID-19 epidemiological control measures and reporting an older subjective age.

**Source:** SHARE Corona (W2), release 8.0.0.

REFERENCE

Shiovitz-Ezra, S., Levinsky, M., Erlich, B., & Ayalon, L. (2023). 28 Epidemiological control measures and subjective age among people aged 50 or older. *Social, health, and economic impacts of the COVID-19 pandemic and the epidemiological control measures*, 291. [https://books.google.co.il/books?hl=iw&lr=&id=IU3aEAAAQBAJ&oi=fnd&pg=PA291&ots=ZNGCbRdsS-&sig=dQPyeLqhNB0zdtktQDd5ssUE7IM&redir\\_esc=y#v=onepage&q&f=false](https://books.google.co.il/books?hl=iw&lr=&id=IU3aEAAAQBAJ&oi=fnd&pg=PA291&ots=ZNGCbRdsS-&sig=dQPyeLqhNB0zdtktQDd5ssUE7IM&redir_esc=y#v=onepage&q&f=false)