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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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WP7: Policy recommendations

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Restrictions on daily activities

1. Policymakers should consider both restrictions and voluntary adjustments to reduce the spread of the virus among older people in Europe, while being aware that restrictions may have limited impact on activity reduction and potential negative effects on health and well-being.

Rationale: Connolly et al. (2021) showed that older people in Europe have substantially reduced their daily activities during the pandemic, and that both restrictions and information about the spread of the virus are associated with this reduction. Policymakers can therefore potentially rely on both restrictions and voluntary adjustments to reduce the spread of the virus. However, the study found relatively weak associations between restrictions and activity reduction compared to previous studies, suggesting that older people adjust their behavior independently of restrictions due to a higher risk of severe illness. The study also showed that policy restrictions were most strongly correlated with reduced walking, which can be seen as unfortunate since walking is relatively safe and can improve the health and well-being of the elderly. Potential negative effects of activity reduction should be considered in advice aimed at reducing the activities of older people.

2. Policymakers should also consider the consequences of restrictions for different sociodemographic groups, with particular focus on the most vulnerable groups - the oldest-old, those with poorer health - as these groups consistently showed greater activity reduction regardless of the stringency of restrictions.

Rationale: Olofsson et al. (2023) found that older age, poorer health, and being female were consistently associated with greater activity reduction in both countries with weak and strong restrictions. The associations between education, employment, and living situation on the one hand, and activity reduction on the other, were weaker and less consistent. Since the differences between sociodemographic groups were similar regardless of the stringency of restrictions, group-specific policy recommendations are relevant independent of the extent of restrictions. Policymakers should consider the consequences of restrictions for different sociodemographic groups in relation to the risk of infection, social isolation, and inactivity, with particular focus on the most vulnerable groups - the oldest-old and those with poorer health.

3. Policymakers should prioritize the maintenance of daily activities, especially walking, to mitigate the negative psychological effects of restrictions among older people in Europe, by promoting physical activity through safe outdoor environments and public health campaigns, as well as ensuring safe access to

essential services and considering alternative ways to maintain social contacts during restrictions.

Rationale: Connolly et al. (2024) showed that reductions in walking and shopping had a stronger association with increased mental ill-health compared to social activities, and that a decrease in walking could account for about a quarter of the relationship between restrictions and increased mental ill-health. These results underscore the importance of maintaining daily activities, especially walking, to mitigate the negative psychological effects of restrictions among older people in Europe. Policymakers should promote physical activity by creating safe outdoor environments and public health campaigns. Alternative ways to maintain social contacts during restrictions should also be considered, as well as safe access to essential services such as grocery stores, pharmacies, and healthcare. Targeted interventions can help reduce the negative impact of restrictions on the mental health and well-being of older adults.

References:

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