

Protecting mental and physical health in Europe during COVID and beyond

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Overview of paper (long abstract)

- Introduction
- Physical and mental health in the pandemic
- Healthy living
- Unmet needs for medical care
- Use of healthcare services and the role of e-care
- Conclusion

Introduction

- Contextual information
 - What do we know so far about impact of COVID-19 on physical and mental health and access to and use of care?
- Why focus on older people?
- Contribution
 - Data collection – across countries and time

Data (and Methods)

- Provide more information on data sources
 - Recruitment
 - Response rate
 - Sample size
- Complementarities/overlap between surveys?
- Sample weights
- Differences statistically significant?
- Construction of variables e.g. scale for reason for unmet need

Data: Living, working and COVID-19 e-survey

- Online tool
- Anyone aged 18 or older with access to the internet
- Non-probability sampling method
 - participants were recruited using snowball sampling methods and social media advertisements
- Non-representative sample
- Sample weighted on the basis of gender, age, education and self-defined urbanisation levels.
- 87,477 questionnaires were completed (63,354 in round 1 and 24,123 in round 2).

Data: Living, working and COVID-19 e-survey

- Exclude those without internet access
- Lower access levels: elderly, remote areas, low education
- Digital literacy

Physical and mental health in the pandemic

- Impact on older people – direct health effects of COVID-19
 - Motivation for looking at older people?
- “Bad health” labelling and variable construction
- Disaggregate 65+ age group further?
- Mental health of younger people (OECD, 2021)
 - Risk factors: financial insecurity, unemployment
 - Protective factors: employment, educational engagement
- Increase in bad physical health for older people
 - Linked to health behaviours and reduced access to care?

Healthy living

- “The crisis has impacted alcohol consumption, smoking and healthy eating.”
 - Polarisation rather than a clear direction of change.
 - Which data source?
- Focus on physical activity among people aged 50 and over
 - Approximately 40% going for walks less often than before pandemic
 - Cross-country differences

Unmet needs

“Accessibility and affordability issues more pressing among older people”

- Also the case before the pandemic (2018 EU-SILC data).

“Reducing dependence on income and employment”

- Taxation, social health insurance, private health insurance (complementary, supplementary, duplicate)
- Private health insurance
 - Differences across countries
 - Unmet need for waiting times and affordability
 - Type of service

Economic crisis and unmet needs

- Portugal: “the odds of respondents reporting having an unmet medical need more than doubled between 2010 and 2012” (Legido-Quigley et al. 2016)
 - Largest impact for employed
 - Financial barriers
- Diminished financial resources accompanying unemployment (Madureira-Lima et al. 2018)
 - Lower out-of-pocket payments, income replacement

Use of healthcare services and the role of e-care

- COVID-19 accelerated use of e-consultations and e-prescriptions
- May help to address unmet need from waiting times and distance/transport
- May become embedded in some countries sooner than in others
- Not suitable for all patients or healthcare services
- Additional challenges
 - Cybersecurity and data protection
 - Internet access
 - Training

Conclusions

- Highlight four main areas:
 - Mental health impact
 - Staffing for health and long-term care
 - Telemedicine
 - Access to care
- Areas of future work for Eurofound?
- Plans for a fourth data collection?

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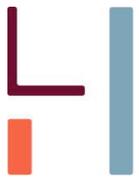
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Thanks for your attention!

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