

Life of Dutch older adults in June 2020, shortly after the COVID-19 lockdown from March to May

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Main findings and recommendations

Our findings indicate that overall the situation of older adults in the Netherlands has remained stable or even improved between May and June 2020.

With the relaxation of the COVID-19 measures, older adults cautiously returned to a new normal. They worried less and adapted their behavior by being more socially and physically active, yet still in a manner which followed the government guidelines. This is also reflected in the clear agreement regarding the statement that people should strictly follow the rules. Moreover, general and mental health remained stable and at a high level.

This newly gained freedom had some positive effects on loneliness through a small decline in social and emotional loneliness. However, the pre-COVID-19 level was still not reached in June, particularly for emotional loneliness.

With respect to particularly vulnerable groups, 3% of our respondents indicated not to have received needed help in May and June. They also showed higher levels of loneliness and worse mental health, in comparison those who indicated not needing help. Moreover, 24% of our respondents were still affected by less contact, reflected in a higher level of particularly emotional loneliness.

A majority of older adults agreed with the statements to comply with the implemented COVID-19 measures, as well as with the statement that dealing with these rules is not for each individual to decide by themselves. Interestingly, we found

that only 18% of the older adults agreed with the statement that younger COVID-19 patients should be favored over older patients if ICU beds would become sparse.

Overall, we conclude that older adults adapted their life carefully shortly after the first lockdown. It seems that for the majority the situation remained stable or slightly improved. However, it is important to point out that the strict compliance with the COVID-19 rules, in particular the social distancing, might have long-lasting consequences for emotional loneliness. This implies that the quality of contact matters, not so much the amount. Furthermore, a small number of older adults really suffered even after the first lockdown because they did not receive needed help. It seems important to target these people and examine which care and help they lack, and how this can be resolved.

The data

In May and June 2020, respondents of the LISS-panel aged 65 or older were approached to answer questions about loneliness, social contacts, support, coping strategies and health. The oldest respondent was 102 years, and the average age was 73. All respondents were living independently across the Netherlands and the sample is representative of the population. Of the 1,882 panel members approached, 1,697 completed the questionnaire in May (response rate is 90%) and 1,716 in June (response rate is 92%). Most analyses were done on N=1,639. For loneliness (N=1,572) we compared these data with data from the same respondents in October 2019.

Aim of this research

Our first policy brief, based on data from May, showed that older adults fared quite well in the Netherlands during the March-May 2020 lockdown period of the COVID-19 pandemic (Stolte et al., 2020). However, it became also clear that worries and fears as well as particularly emotional loneliness increased during the lockdown period. An additional important finding was that some older people also proved to be more vulnerable – such as people who were in need of help, but who did not receive (8%), it as well as those who were affected by reduced social contact (40%).

In this factsheet, we present findings regarding how older adults adapted after the relaxation of the COVID-19 measures which from May to June 2020 in the Netherlands. The stepwise relaxation included the reopening of shops and other facilities as well as more freedom of movement. Parallel, the test capacity was increased by the government, while in June (and July) the number of new infections and hospitalizations decreased rapidly (Rijksoverheid, 2020a).

Against this background, based on findings from the LISS panel in June 2020, we address the following questions: (1) How much did the situation of older adults change after the relaxation of the measures in June and what aspects remained stable? (2) How did the situation of the particularly vulnerable group of older adults identified in May 2020 (i.e. older adults who did not receive the necessary help they needed, and those who reported being affected by less contact with family and or friends) develop, and (3) did new vulnerabilities emerge?

What changed and what remained stable?

In our May policy brief (Stolte et al., 2020) we concluded that older Dutch adults actually handled the first lockdown quite well. Few of them had direct experience with COVID-19, their mental health was good, they adhered to the guidelines, and many had expressed an increase of trust in care, science, government and society.

A cautious return to a new normal

The results based on the newly collected data from June indicate that the situation of older adults remained quite stable and even improved in some areas. When it comes to direct experience with the virus through infection, we observed no change between May and June. Only a small number of older adults reported that they themselves, their partner or another household member (n=15 versus n=8 in May) had been tested positive with the virus. The share of respondents indicating that they knew somebody who had been tested positive in their close social network remained 14%.

While in May we could see that the majority of our respondents were (extremely) worried about the pandemic, this changed with the ease of the restrictions and the decline in hospitalizations and death rates. Older adults had become less worried in the past seven days (mean of 5, versus 6 in May on a scale from 1-10) and they were also less worried to get ill. More concretely, 36% of the respondents evaluated the risk of getting ill to be lower in comparison to other people; this was 30% in May. This might be related to the fact that people got more used to the situation and adapted their coping strategy accordingly. For instance, our respondents searched less for health information via the internet. Moreover, 84% of them reported that they were able to place situation in context, i.e., accept the situation as it is. Alternatively, people may have developed coping strategies during the first phase of the pandemic which they now trusted to be efficient for them.

Emotional loneliness remains high

Not surprisingly we also observed that social and emotional loneliness had slightly but significantly declined between May and June (Figure 1). However, when compared to a 2019 baseline of the same respondents, the level was not yet back to pre-COVID-19 times, in particular for emotional loneliness (28% in June versus 30% in May 2020 and 15% in October 2019).

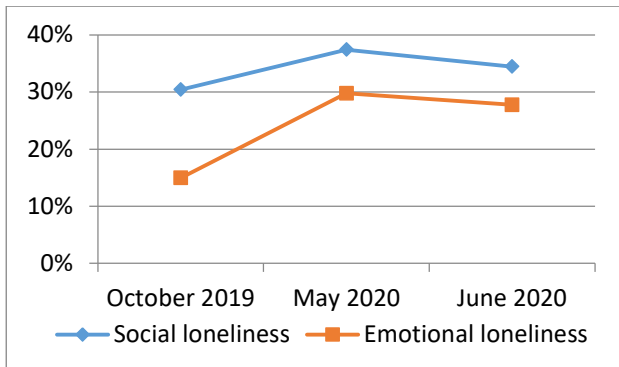


Figure 1. Change in prevalence of loneliness between October 2019, May 2020 and June 2020, N=1,572

This might be closely related to the fact that people started to be more physically and socially active again and did not actively avoid crowded places as much. This change is however not related to an increase in contact with the next of kin. It rather reflects a significant increase in contact with the wider social network (friends, acquaintances, neighbors, but also caregivers and household help). The coping strategies also show that older adults slightly increased their activities around and outside their home, they searched more for contact with others outside their household via technology and there was a slight increase in voluntary work. While activities in the outside world increased, we also observed a decline in activities with people from the same household.

When it comes to the question whether people received support over the last two weeks, we did not observe any changes between May and June. This might be related to the fact that the majority of our respondents were still independent during the time of the surveys and indicated that they generally did not need support in various areas of their daily life (most areas above 90%). However, as care was still scaled down, the share of respondents who did not receive the needed help also remained at the same level (8% in May and 7% in June; see detailed elaboration in the special section devoted to this group).

Both in May and June, the majority of respondents evaluated their health on average as good. Moreover, the mental health remained stable and on a rather high level over this time period (both May and June an average of 5 on a 1-6 scale).

Finally, we asked our respondents about their trust into different institutions to hand the COVID-19 crisis. In May many of them reported an increase in trust regarding health care (57%), science (48%), the government (52%) as well as Dutch society (44%) than before. This picture remained more or less the same for June, except that more respondents reported that the level of trust in the selected institutions had remained the same in comparison to May. This is true in particular for trust in science and academia, where the share of respondents showing an equal or increase in trust remains generally high.

Which kind of policies and scenarios do older adults support?

Chorus et al. (2020) reported that in May most people in the Netherlands agreed that everything had to be done to keep the healthcare sector afloat and the loss of human lives at an absolute minimum. However, with the realization that the virus remained a threat until a vaccine is developed, the focus in the Dutch public debate shifted more to the question how to deal with this lurking danger, while at the same time keeping society functioning at a reasonable level. At the same time a call for a further opening up of society increased and the Dutch government – like many others – found itself in a position where ‘diabolic dilemmas’ had to be discussed (Rijksoverheid, 2020b).

Therefore, we asked the respondents questions on four scenarios. Two addressed ‘diabolic dilemmas’: ‘Getting the economy going again versus protecting vulnerable older adults’ and ‘Younger COVID-19 patients should be favored over older patients if ICU beds would become sparse’.

As Figure 2 shows, faced with these two dilemmas, the respondents did not opt for the economy and preferred to protect vulnerable older adults (61% agreed and 31% were neutral). They also preferred older patients (45% agreed and 37% was neutral) compared to younger patients.

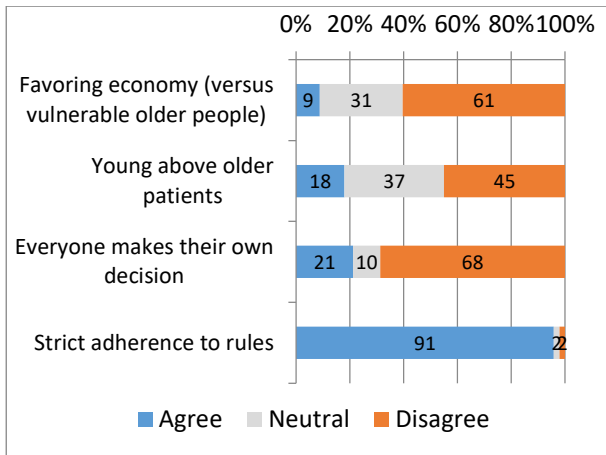


Figure 2. Share of respondents who (strongly) agree, neither nor, or (strongly) disagree with four different scenarios (%), N=1639

Interestingly 18% of our respondents, who fell in the category of potential older COVID-19 patients, (strongly) agreed with the statement that younger COVID-19 patients should be favored in case that ICU beds would become sparse. This indicates that they seemed to find it morally and ethically justifiable, although it might have severe consequences to their own health in case of a serious infection. Looking more concretely at some socio-demographic characteristics of this group, they aged between 65 and 79 (84%) and living with a partner (69%). More importantly, they perceived themselves as less at risk to get infected with COVID-19 (82%).

Two other questions addressed attitudes towards societal norms: 'It should be up to each individual to decide whether he or she wants to abide by the rules, regardless of the consequences for other people's health', and 'People should adhere strictly to the COVID-19 measures'. We observed agreement that one should not make an individual weighting of risks in the pandemic (68%), and that people should strictly follow the introduced COVID-19 rules (91%).

What is the situation of particular vulnerable groups?

In the May report we looked specifically at two categories of older adults because of their particular vulnerability: those who did not receive the necessary help they needed, and older adults who reduced contact with family and friends and who reported that they were affected by that.

People who did not receive the needed help

In May 8% of respondents reported that they did not receive enough help in an area of their life (i.e. such as physical and mental health or the household). This share remained rather stable with around 7% in June. More than half of the 8% (n=128) in May reported in June that they now did receive enough help (n=42), or that they did not need help anymore (n=34). In contrast, a quarter of respondents who reported that they did not receive enough help in June (n=120) did receive that help in May (n=30), while a third did not need help in May (n=38). In other words, there were several respondents who did receive enough help in May but not in June. This might be either because help was canceled, or because new problems emerged. Based on our data we are not able to examine the underlying reasons for those emerging problems and whether they were COVID-19 related.

There were 52 respondents who neither received enough help in May nor in June. The type of help which was mostly missed was help in the household, with daily activities, with physical and mental problems and with social contacts. Of these respondents, 54% reported being lonely, which is much higher compared to the rest of the respondents (20%). This group also scored lower on mental health in comparison to the rest of the respondents (mean of 4.4 versus 5.0 on a scale from 1-6). However, only a very low share of our respondents (n=5) displayed a rather bad mental health state (with an average score of 3 or lower).

People who had less contact with family or friends and were affected by this

When respect to respondents who reported being affected by less contact with family and or friends, this proportion remained the same in June as in May (40%). However, we observed changes in the group, as a large group of the respondents who were affected by this in May were not affected anymore in June (n=263, 16%) and a similar large new group reported being affected in June but not in May (n=267, 16%).

Of the people who continued to be affected by less contact (n=386), 30% reported to be lonely compared to 19% of the rest of the respondents. Moreover, there was a significant difference for

this group on emotional loneliness with respect to the other respondents (mean of 2.8 versus 2.0; scale from 0-6), but not on social loneliness (mean of 1.8 versus 1.7; scale from 0-5). This might indicate that although less contact affected people, this was not so much related to a lack in the amount of contact, but rather due to a lack in the quality of the contact. This group had a slightly lower but comparable mental health score compared to the rest of the respondents (mean of 4.9 versus 5.0 on a scale from 1-6).

People who were affected by serious illness or death of their partner, family or friends

In addition to the particularly vulnerable groups identified in May 2020, we also observed that a much higher share of respondents reported in June to be affected by the illness or death of their partner or another person in their household (28% versus 3% in May). A similar increase was reported for illness and death of family, friends or acquaintances (47% versus 18% in May). However, at the same time the proportion of people who reported that their partner, family or friends had been tested positive for COVID-19 did not increase. These percentages stayed under 1% for the partner or another person in the household and around 14% for family, friends and acquaintances. We are not able to relate the increase of serious illnesses and deaths between May and June to COVID-19. In June much more test capacity was available but our respondents did not report higher COVID-19 incidences. So possibly these results reflect the impact of other diseases, in particular a strong decline or delay regular care due to the priority of COVID-19 patients. The measurements regarding COVID-19 also meant that if people became ill or died, the impact was different, the number of attendees at funerals was limited and people might not have been able to visit people who were sick or say a decent goodbye.

In total more than half of the respondents were affected by illness or death in their network in May or June (55%, N=895). In this group a larger proportion of respondents reported loneliness (24% versus 17% among the others). This was mainly due to a difference in emotional loneliness (mean of 2.4 versus 1.9) and not due to differences in social loneliness (mean of 1.7 versus 1.7). There was also a slight but negligible difference on

mental health (mean of 4.9 versus 5.1). Moreover, this group seemed, in comparison to the rest of the respondents, slightly more worried about the COVID-19 situation (mean of 5.4 versus 4.5, scale from 1-10, no worries to extremely worried).

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