

Health and social consequences of COVID-19: evidence from the English Longitudinal Study of Ageing (ELSA)

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1. Background and Aim

- Old age and multiple long-term health conditions (multimorbidity) are risk factors for developing severe illness with Covid-19 and for Covid-19 mortality.
- Our study investigates the impact that the pandemic and the public health response to it have had on the lives of older people.
- In particular, we describe:
 - the health consequences among older individuals with multimorbidity; and
 - the impact on care provision and volunteering.

2. Data and Methods

- We used data from the English Longitudinal Study of Ageing (ELSA) Covid-19 sub-study (June/July 2020).
- ELSA is a nationally-representative study representative of English people aged 50+.
- All participants provided information on
 - health and health behaviours;
 - access to community health and social care services;
 - care provision and volunteering.
- Multimorbidity was defined as reporting two or more chronic conditions.
- We used logistic and multinomial model to account for respondents' socio-economic and demographic characteristics.

3. Health-related behaviours and access to services

- 31% of men and 28% of women reported multimorbidity. High blood pressure, diabetes, and respiratory illness were the most prevalent conditions among multimorbid respondents.
- People with multimorbidity, compared to those without, reported *detrimental changes in health-related behaviours* during the pandemic [Figure 1]. Such differences remain even accounting for socioeconomic and demographic characteristics.
- 52% of people with multimorbidity needed access to services, compared to 40% among those without multimorbidity. Of those who needed access, only one in four were able to do so, with few differences by multimorbidity [Figure 2].

Figure 1. Health-related behaviours by multimorbidity

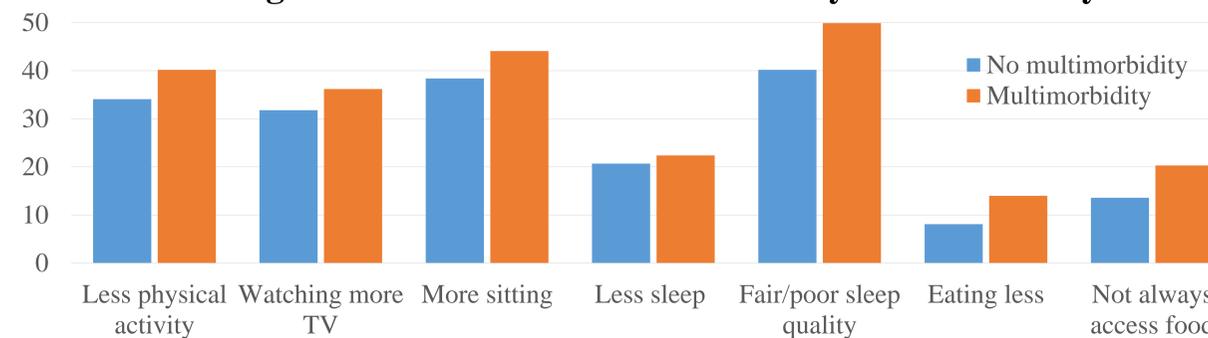
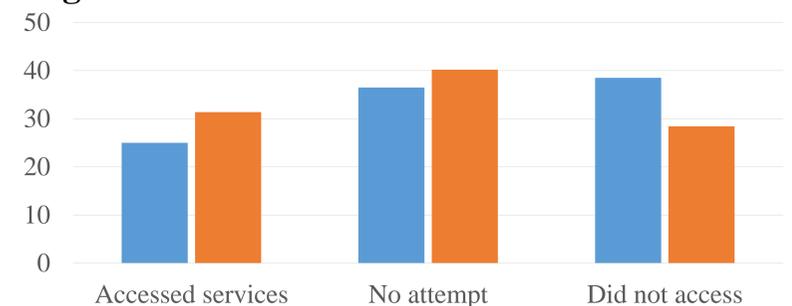


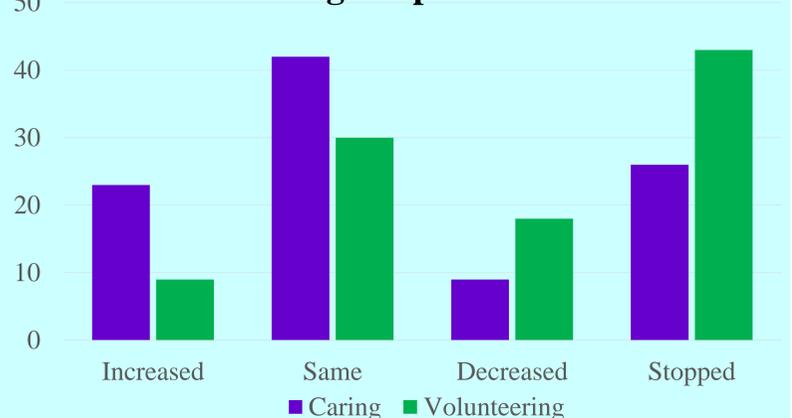
Figure 2. Access to health & social care services



4. Caring and Volunteering

- 22% of ELSA respondents cared regularly prior to the outbreak (Feb 2020).
- During the pandemic [Figure 3], 23% of carers increased the amount of care provided; 35% either decreased it or stopped it; and 42% reported no change.
- Women and respondents in paid work were more likely to have decreased or stopped caring. Overall, health was not related to changes in caring.
- Among people who in the year before the pandemic engaged in voluntary work (29% of the sample), 18% reduced their level of engagement in volunteering and 43% stopped completely; only 9% increased it [Figure 3].
- Female respondents, those in paid work, aged 70+, and in poorer health were more likely to have stopped or reduced volunteering.

Figure 3. Changes in caring and volunteering during the pandemic



5. Conclusions

The pandemic has increased unhealthy behaviours and reduced access to services, particularly among older people with long-term health conditions. It has also impacted care and volunteering. These factors together could negatively influence disease progression and well-being in old age.