

# Health and Support in Times of Corona, 2020 Study Description

# Title

German - Gesundheit und Unterstützung in Zeiten von Corona

English - Health and Support in Times of Corona

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## Summary

The study **Health and Support in Times of Corona** was conducted during May to June 2020 to examine the recent changes in health, support systems, and wellbeing of middle-aged and older adults during the COVID-19 pandemic in Germany. Given many of the mitigation measures revolved around physical distancing to reduce the spread of the virus, the <u>specific objectives were to assess</u>:

- 1) **Health Care:** The extent to which individuals' access to and utilization of health and formal care services have been interrupted due to the corona pandemic.
- 2) **Support:** Individuals' abilities to provide informal care, whether those in need receive enough support, and perceived stress associated with changes in the organization of support.
- 3) **Psychological wellbeing:** Individuals' experience of loneliness, satisfaction with intimate relationships, and the role of new communication technologies for maintaining social contacts despite physical distancing.
- 4) **Social inequalities:** based on gender, socioeconomic status, migration background.
- 5) **Perspectives of stakeholders:** Insights of health professionals and government officials on the challenges of meeting the needs of vulnerable populations, including but not limited to community dwelling and nursing home resident older adults, people with lower socio-economic background, migration background, or disabilities

**Subject Terms:** ageing, self-rated health, activities of daily living, health care services, care insurance, medical conditions, family relations, informal care and support, living arrangements, life satisfaction, loneliness, technology use, perceptions of the Coronavirus crisis (e.g. information about the virus, and appropriateness of mitigation measures).

**Dates of Collection:** May 1<sup>st</sup> to July 1<sup>st</sup>, 2020

Unit of Observation: Individual

Target Population: German speaking persons 40 years and older residing in Germany

Data Type: survey data

# Methodology

The core data are based on information derived from a web-based survey and telephone interviews that targeted adults 40 years and older residing in Germany. We utilized a snowball sampling technique, based on newspaper advertisements and personal social network channels, to inform and recruit study participants. The snowball sampling technique severely limits the representativeness of the results. Despite this limitation, the information collected provides initial and useful insight into the challenges that the COVID-19 pandemic posed for individuals to navigate changes in their health and social support systems, how they adjusted to these changes, and the implications for their wellbeing.

#### **Field Operations**

First, we compiled a list of organizations that serve older adults and other vulnerable groups within Dortmund (e.g. Senior Citizens' offices, neighbourhood groups) to seek their assistance in informing their constituents about the study. Following this, we sent emails to approximately 40 organizations to inform the respective contact persons about our study's purpose and goals, and requested their assistance to recruit participants. Upon agreement, we provided a letter describing the purpose of the study and a promotional flyer for distribution within their networks.

Second, we advertised the study in a free weekly newspaper of Dortmund and Schwerte. Thus, we expected to increase coverage by reaching older adults, and especially those who either prefer conventional media or do not have access to or utilize digital media.

Finally, the research team members shared the study website within their social networks (friends, family, professional organizations) via mobile instant messaging services (e.g. WhatsApp) and emails.

#### Data collection

All data were collected between May 2<sup>nd</sup> and June 30<sup>th</sup>, 2020, through an online survey and telephone interviews based on a standardized German language questionnaire developed by the research team. Members of the research team fielded both questionnaires prior to data collection to assess comprehensibility, inconsistencies and other potential contradictions with our questionnaire design. The main difference between the telephone interviews and online survey being that the telephone questionnaire required interviewers to read the questions and response options to the participants. Additionally, each telephone interview was assigned a code for the respective interviewer from the research team.

All data collected were in compliance with data security legislation. At the beginning of the interviews and online surveys, participants were informed that their data were protected according to the European General Data Protection Regulation and data provided will be confidential, only used for scientific purposes, and not passed to unauthorized third parties. Before proceeding with the study, all participants were required to give their consent to utilizing their data for the study's purpose. Furthermore, participants were assured that they were allowed to cancel their participation at any point in the survey.

Interested participants for the telephone interview contacted the research team via the study's designated telephone number to schedule an interview. The contact's informationi.e. name and telephone number- were stored in an encrypted file on the server of TU Dortmund. Upon completion of the interview, the research team deleted all interviewees' contact information unless the participant agrees to a follow up interview in the future. A total of 12 telephone interviews was completed. Among these interviews, 10 participants agreed to a follow-up interview in a future study. The online survey was accessed over 700 times of which 446 respondents provided information relevant to the main themes of our study. A total of 298 persons who completed the online survey agreed to a follow-up interview in a future study.

Then we excluded respondents who were below age 40 and not resident in Germany at the time of the survey. This produced a total sample of 429 respondents.

# Data entry, cleaning and organizing.

The study utilized LimeSurvey for both interview modes. LimeSurvey is a free and opensource internet based statistical survey application that allows researchers to create and publish web-based surveys, and collect responses. LimeSurvey added an anonymizing numeric identifier (ID number) for each respondent. The raw data were entered, organized, and cleaned using the STATA 16 statistical program.

## Nature of the questionnaire

The questionnaire was intentionally designed to produce information that will be comparable to representative studies on older adults' living conditions within Germany and internationally. The aim was to include modules that were modelled similar to national and international studies on ageing and health including the German Ageing Survey (DEAS), and the Survey of Health, Ageing and Retirement in Europe (SHARE). Despite attempts to maintain comparability to other studies, our modules and specific questions included in the current study were meant to be relevant to the realities surrounding the COVID-19 pandemic and related mitigation measures.

The final result is, it is hoped, suitable to identify the unique challenges for middle-aged and older adults to maintain health, social support, and wellbeing amidst a major public health crisis in Germany and what similarities are observed with other countries.

The questionnaire is divided into 8 modules. These are: basic demographic, social and economic characteristics; individuals' attitudes toward the COVID-19 mitigation measures, self-reported health and chronic conditions; activities of daily living (ADL) and instrumental activities of daily living (IADL). Importantly, in the context of the current social context and the study's purposes, the following modules examine individual's circumstances prior to and since the Coronavirus crisis: access to and use of health services; informal support given and received; access to formal support services; new forms of communication; and psychological wellbeing including loneliness, life satisfaction and satisfaction with their partnership.

#### **Qualitative interviews with stakeholders**

To capture stakeholders' perspectives on the effects of the COVID-Pandemic, 10 qualitative expert interviews were planed parallel to the survey. Due to the time constraints and work-overload of some stakeholders, we were able to realize 7 interviews in May and June 2020. The interviews were based on a topic guide that comprised questions regarding health care and need for support among persons in need of long-term care and their caregivers. Special emphasis was given to the perceived structural deficits in health and long term care provision, future challenges in these areas, and possible solutions to overcome them. In this context, the expert interviews provide insight to the role of health and social care policies during the COVID-19 pandemic.