Zürcher Hochschule
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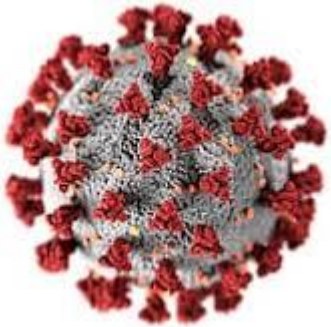
The COVID-19 Social Monitor – Monitoring the Social and Public Health Impact of the Pandemic



Marc Höglinger [1], Maria Carlander [1], Simon Wieser [1], Oliver Hämmig [2], Sarah Heiniger [2], Milo A. Puhan[2], Viktor von Wyl[2], André Moser [3],

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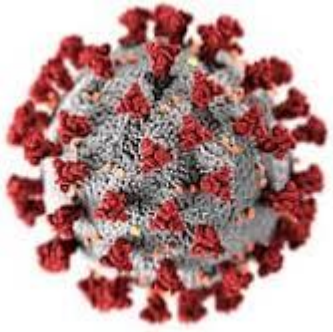
FORS Swiss Covid-19 Data Symposium, March 23, 2021

COVID-19 Social Monitor: Collaborators and funding



Collaborators

Marc Höglinger[1]
André Moser[2]
Maria Carlander[1]
Oliver Hämmig[2]
Sarah Heiniger[1]
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Funding

ZHAW Züricher Hochschule für Angewandte Wissenschaften, Winterthurer Institut für Gesundheitsökonomie (WIG)

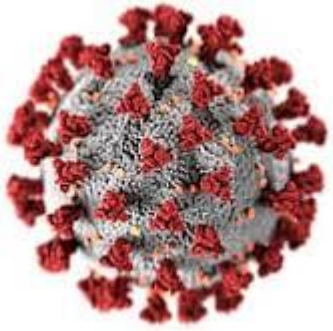
Universität Zürich, Institut für Epidemiologie, Biostatistik & Prävention (EBPI)

Gesundheitsförderung Schweiz

Bundesamt für Gesundheit

And, of course, thanks a lot to the 3’381 respondents!

COVID-19 Social Monitor: Objectives



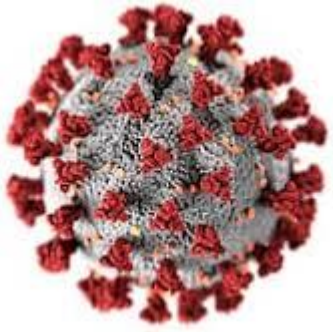
Timely monitoring of the broader impact of the Covid19 pandemic on relevant social and public health domains

- to inform the public and health authorities
- to allow for analyses of
  - changes over time in outcomes
  - impact of public health measures
  - differences between subpopulations

Focus on:

1. individual well-being and quality of life
2. psychological stress
3. social and physical activities
4. health and health services use
5. work and working conditions

COVID-19 Social Monitor: Strengths



Show the trajectories of various established indicators during the whole course of the pandemic
since ende of March 2020, shortly after the “start” of the pandemic in Switzerland

Representative Sample of the Swiss population (N=2’026 since March 2020, plus N=1’355 sind December 2020, 1’492 to 2’803 responses per survey wave)

Mostly established/validated Indicators as used, e.g., in the National Health Survey, SHARE, or Swiss Household Panel

Multilingual: German, French, Italian

COVID-19 Social Monitor: Methods

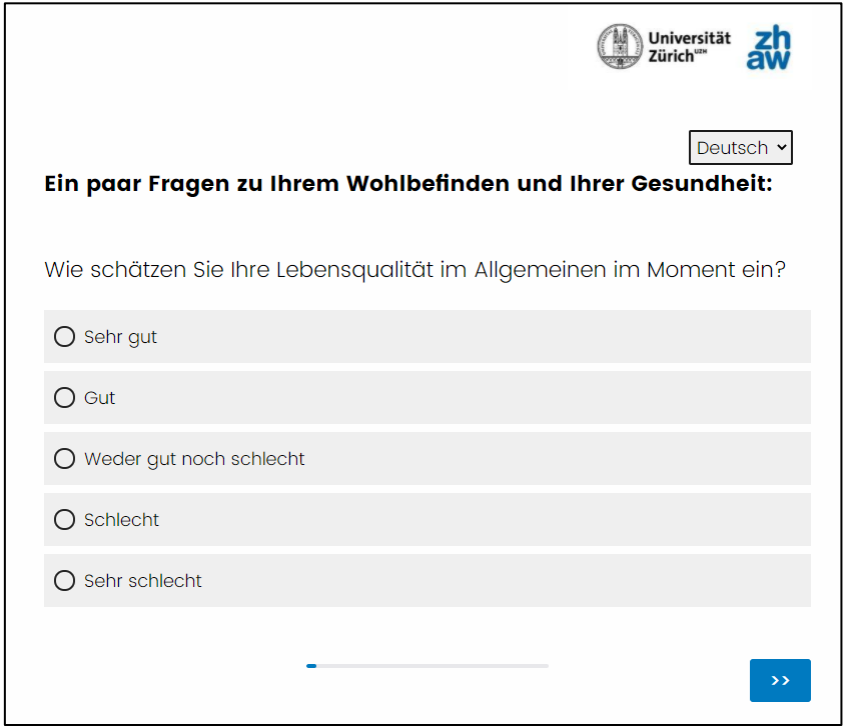
Online survey via existing online-panel (LINK)

Panel design: repeated survey of the same respondents

Population: Internet using population 18 to 79 years

Actively recruited within nationally representative telephone surveys with landline numbers and randomly generated mobile numbers

Incentives: participation in retail bonus programs, cash transfer, donation and online bookstore coupons.



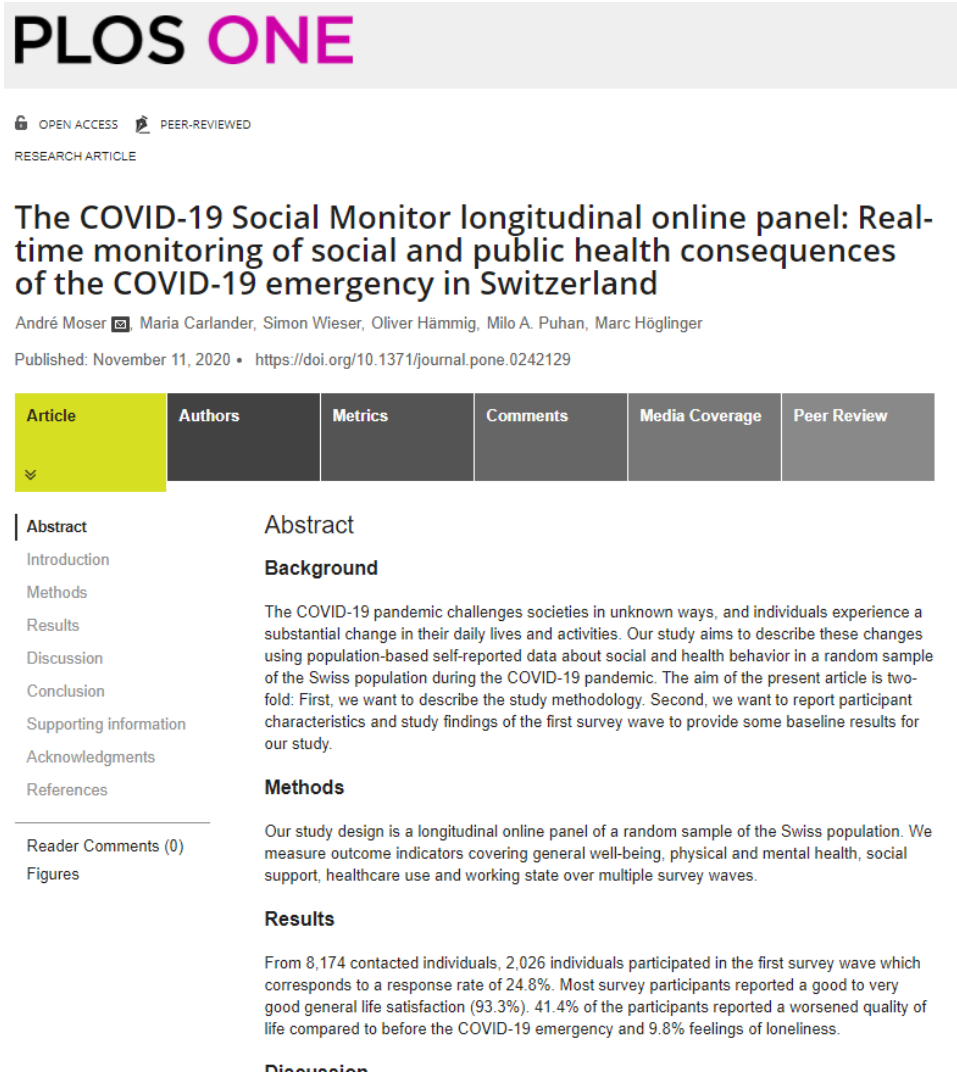
COVID-19 Social Monitor: Methods

Stratified sample

Calibration weights to account for nonresponse: variables gender, age, region, and education.
➔ “representative” for Swiss population

Details published in PLoS ONE:

Moser, A., Carlander, M., Wieser, S., Hämmig, O., Puhan, M. A. P., & Höglinger, M. (2020). The COVID-19 social monitor longitudinal online panel: Real-time monitoring of social and public health consequences of the COVID-19 emergency in Switzerland. *PLoS ONE.*



PLOS ONE

OPEN ACCESS PEER-REVIEWED

RESEARCH ARTICLE

The COVID-19 Social Monitor longitudinal online panel: Real-time monitoring of social and public health consequences of the COVID-19 emergency in Switzerland

André Moser, Maria Carlander, Simon Wieser, Oliver Hämmig, Milo A. Puhan, Marc Höglinger

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Article | Authors | Metrics | Comments | Media Coverage | Peer Review

Abstract
Introduction
Methods
Results
Discussion
Conclusion
Supporting information
Acknowledgments
References

Reader Comments (0)
Figures

Abstract

Background

The COVID-19 pandemic challenges societies in unknown ways, and individuals experience a substantial change in their daily lives and activities. Our study aims to describe these changes using population-based self-reported data about social and health behavior in a random sample of the Swiss population during the COVID-19 pandemic. The aim of the present article is two-fold: First, we want to describe the study methodology. Second, we want to report participant characteristics and study findings of the first survey wave to provide some baseline results for our study.

Methods

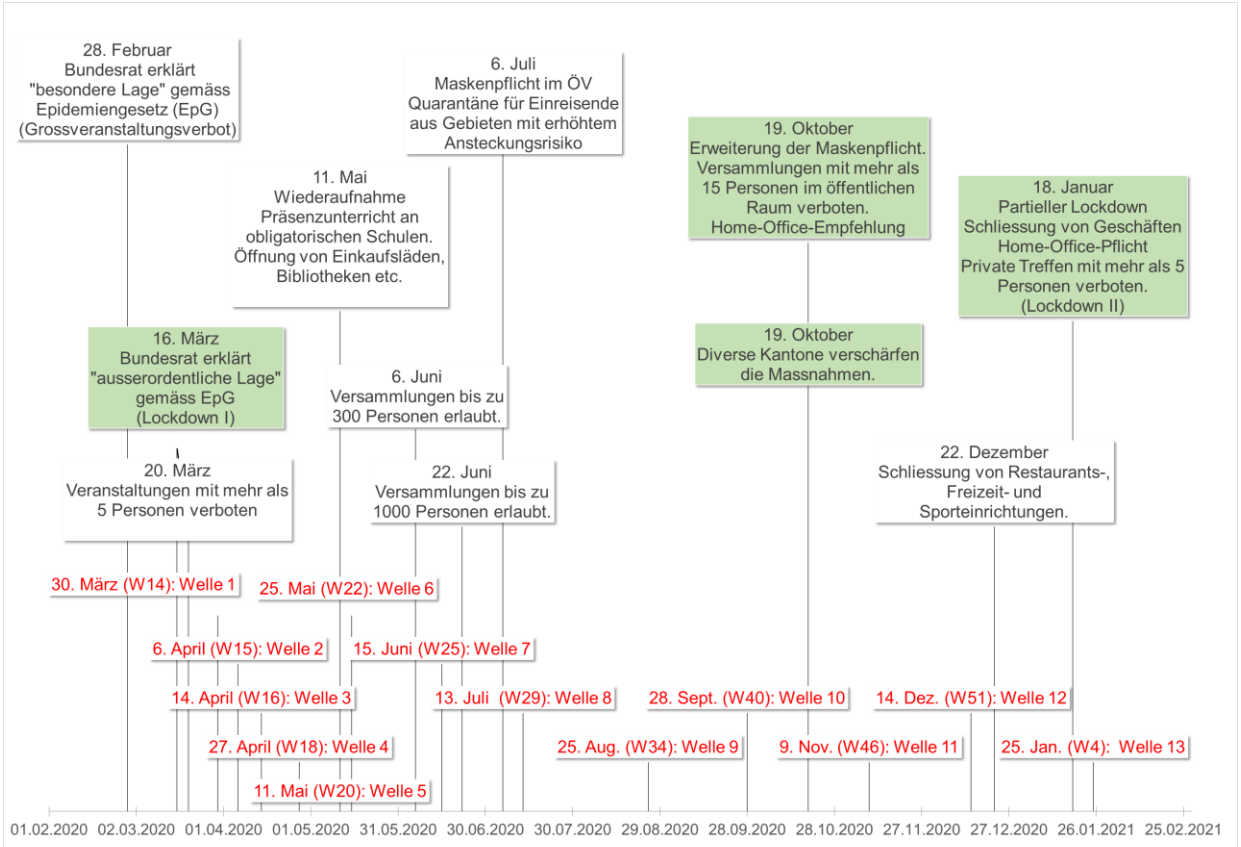
Our study design is a longitudinal online panel of a random sample of the Swiss population. We measure outcome indicators covering general well-being, physical and mental health, social support, healthcare use and working state over multiple survey waves.

Results

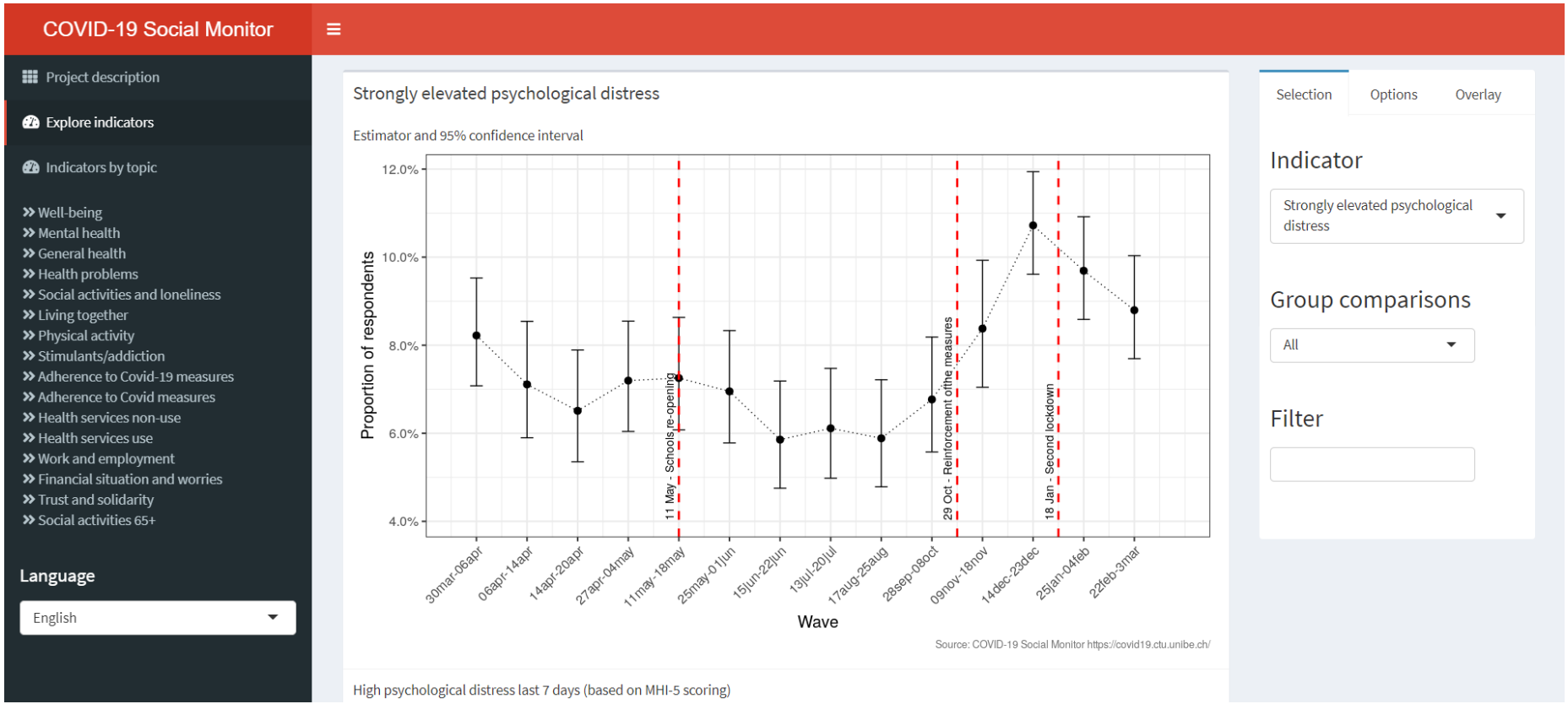
From 8,174 contacted individuals, 2,026 individuals participated in the first survey wave which corresponds to a response rate of 24.8%. Most survey participants reported a good to very good general life satisfaction (93.3%). 41.4% of the participants reported a worsened quality of life compared to before the COVID-19 emergency and 9.8% feelings of loneliness.

COVID-19 Social Monitor: Methods

- Während Frühlings-Lockdown wöchentliche, dann 2-wöchentliche, aktuell ca. 5-wöchentliche Befragung:
  - 30. März 2020: Start Befragung 1
  - 22. Februar 2021: Start Befragung 14



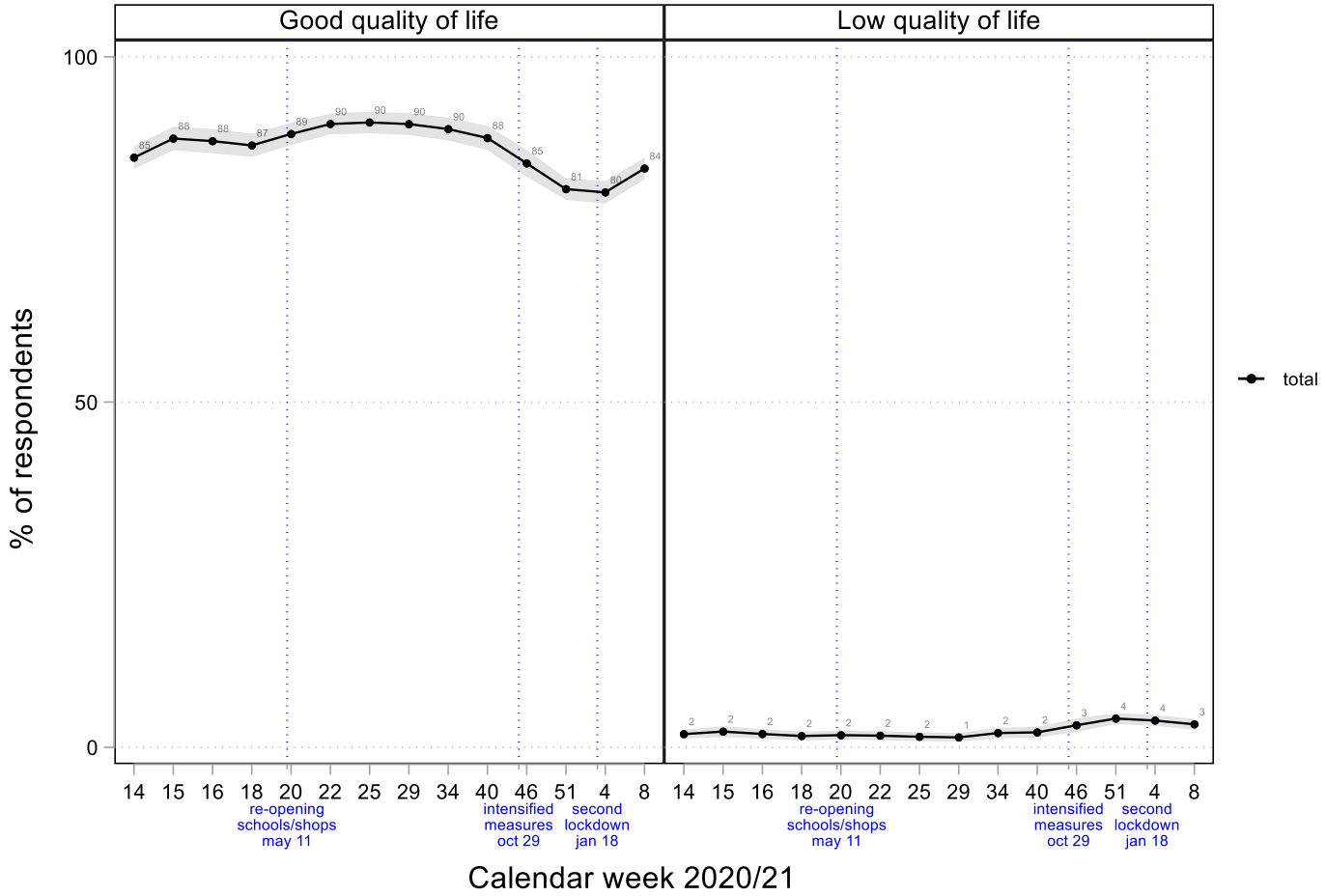
COVID-19 Social Monitor: Web-based reporting



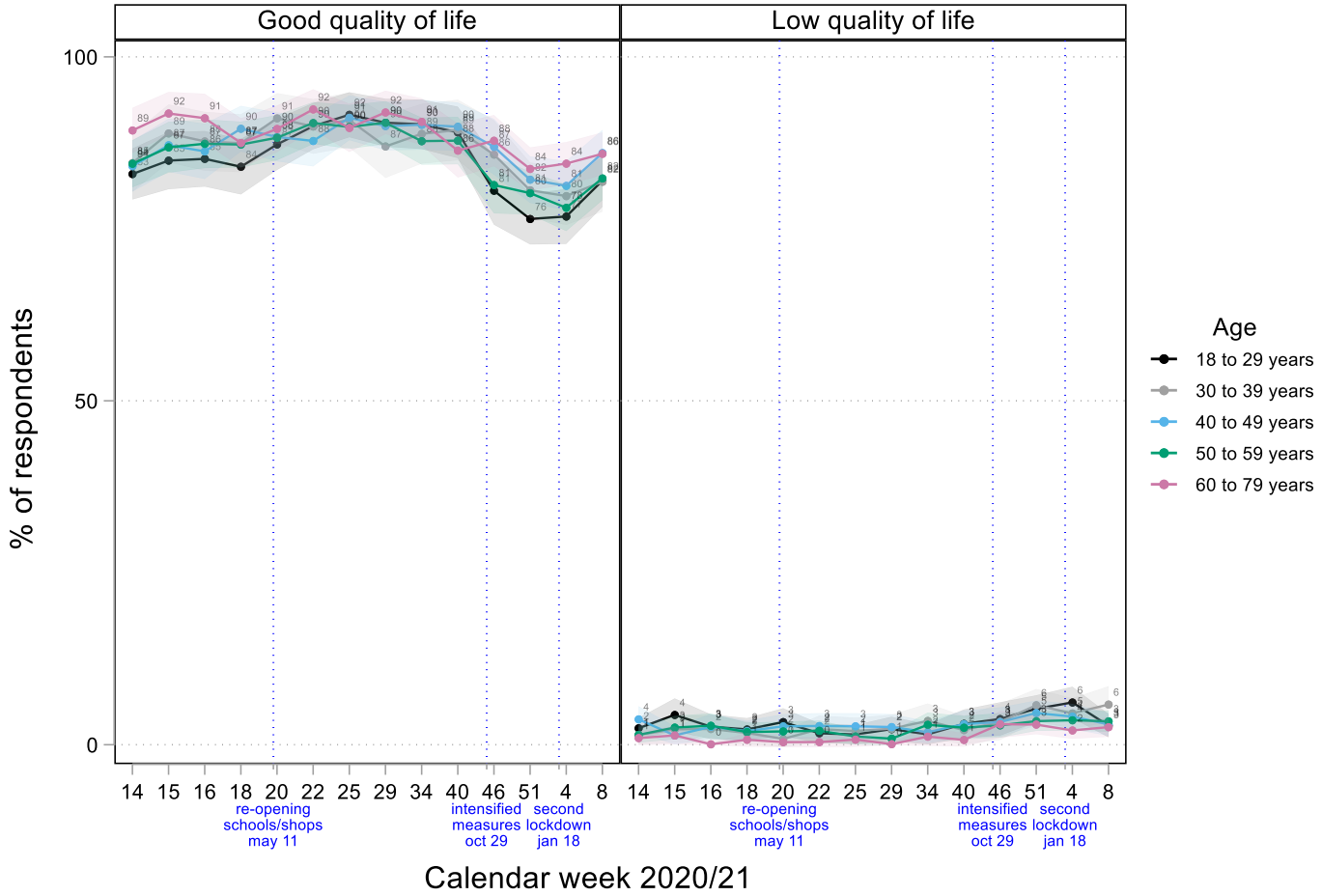
Selected findings March 2021

- Hauptmuster: eine zunehmende «Normalisierung» von Stress/psychische Belastung/tiefer Lebensqualität/Einsamkeit nach einem Hoch um Weihnachten/Neujahr herum. Wir sind wieder etwa auf dem Niveau von Frühherbst 2020.
- Depression und Angststörungen sind mit 2% auf tiefem Niveau (Slide 18).
- Neu führe ich die «Kontakthäufigkeit» detailiert auf (Slides 24ff): ein wichtiger Indikator aus epidemiologischer Sicht. Spannend hier, dass Ältere eher häufiger persönliche Kontakte als Junge haben.
- Massnahem-Adhärenz: «zu Hause bleiben» (ausser fürs Notwendigste) nimmt stark ab. Auch «Abstand halten» bei den Jüngeren. (Slide 37ff)
- Immer oder meistens Homeoffice ist mit 30% konstant, aber noch weit weg vom Frühlingslockdown-Niveau mit 40% (Slide 42).
- Gesundheitsversorgung: praktisch kein «non-use» wegen der Pandemie. (Slide 50)
- Vertrauen in Behörden (z.B. BAG) mit 62% auf konstanter Talfahrt (Slide 53). Frühlingslockdown: 82%. Wissenschaft dagegen recht konstant.
- «gesellschaftlicher Zusammenhalt»: OK, keine Veränderung sichtbar. Auch chronisch Kranke haben mehrheitlich Vertrauen in Andere, verspüren generelle Hilfsbereitschaft und Fairness. (Slide 55f)

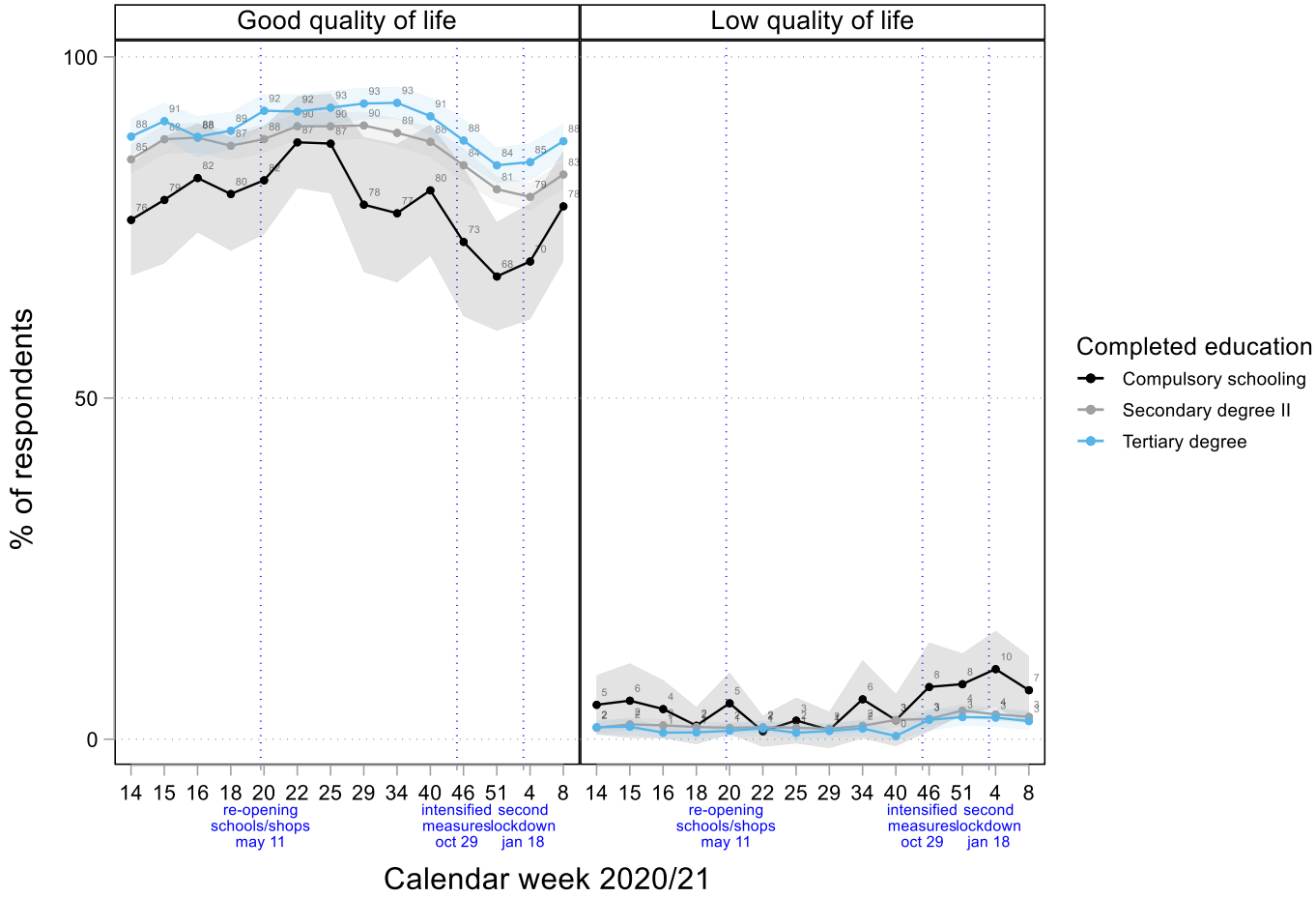
Quality of life



Quality of life

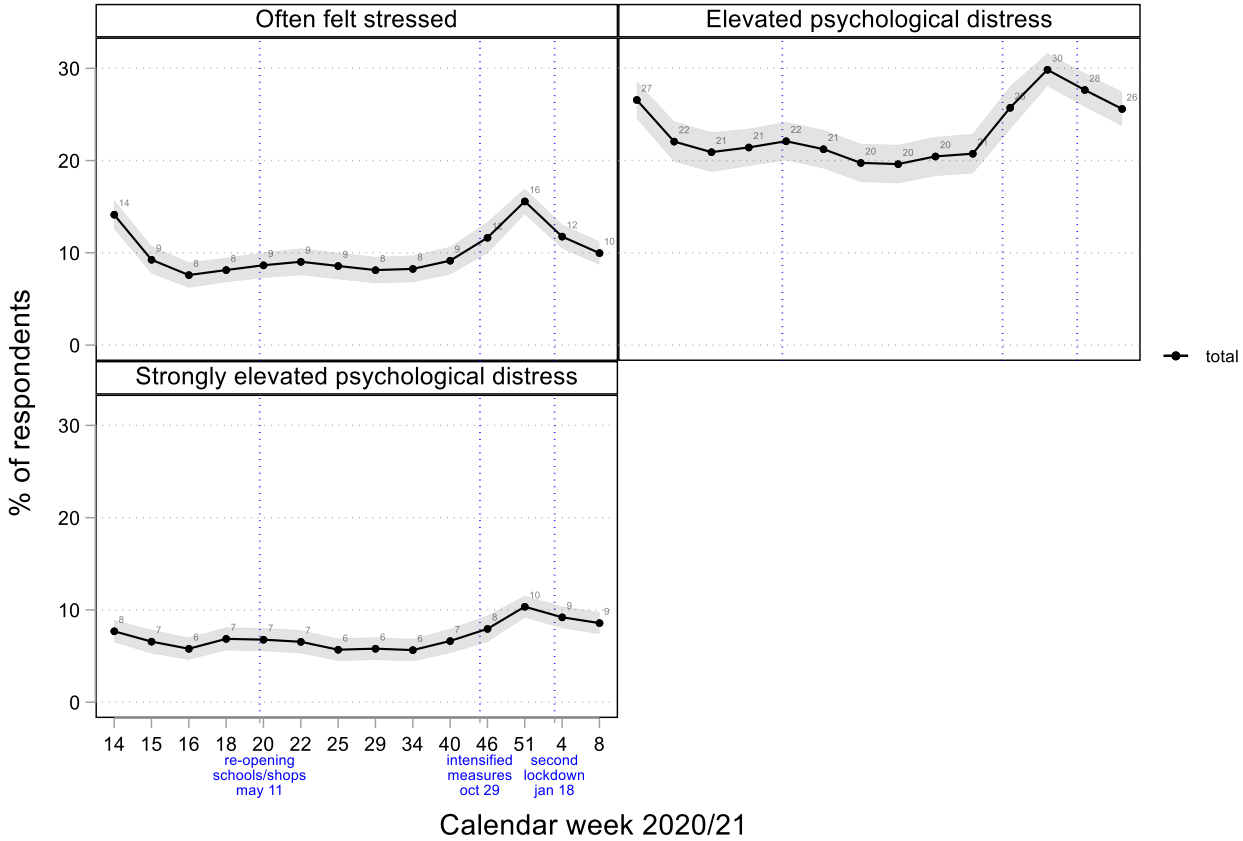


Quality of life



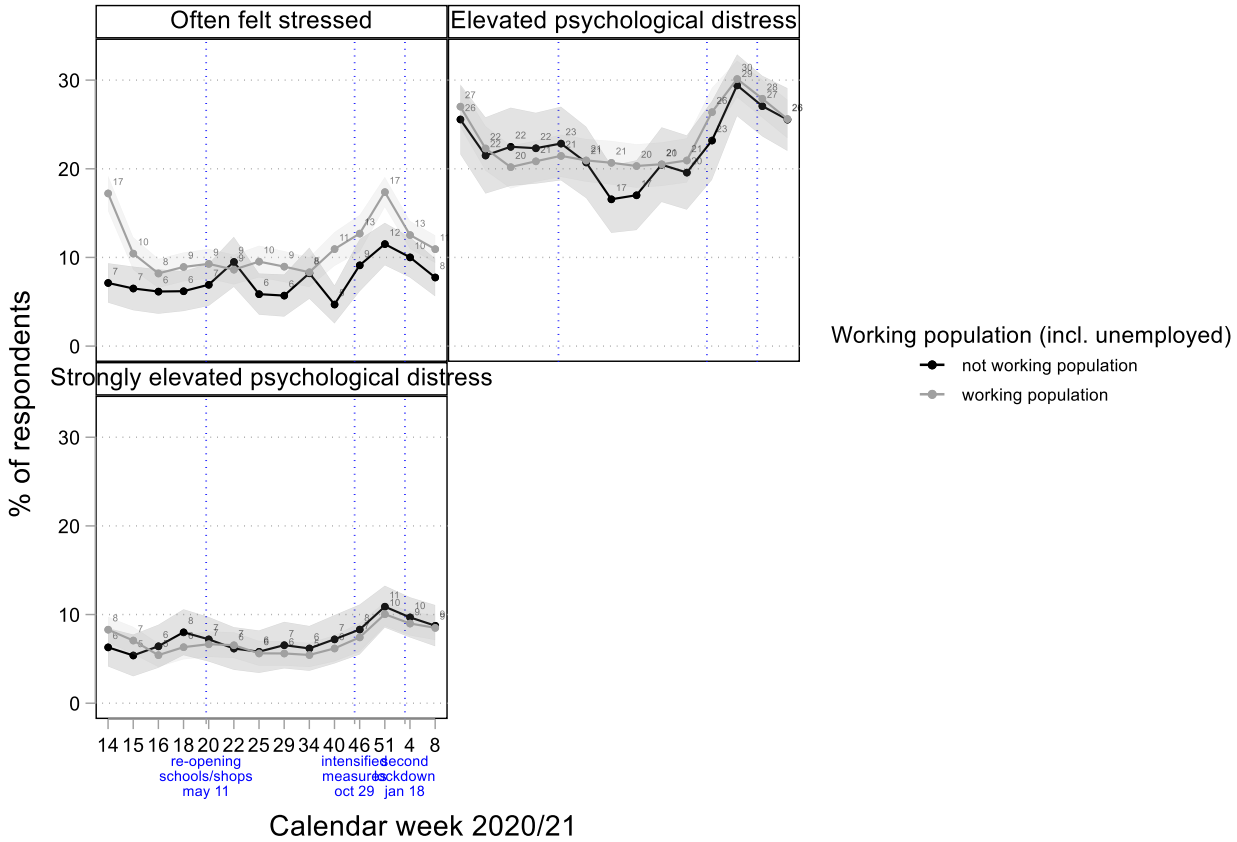
Stress and psychological distress

Overall: Slightly increased stress level and more elevated psychological distress at beginning of spring lockdown and in autumn/winter



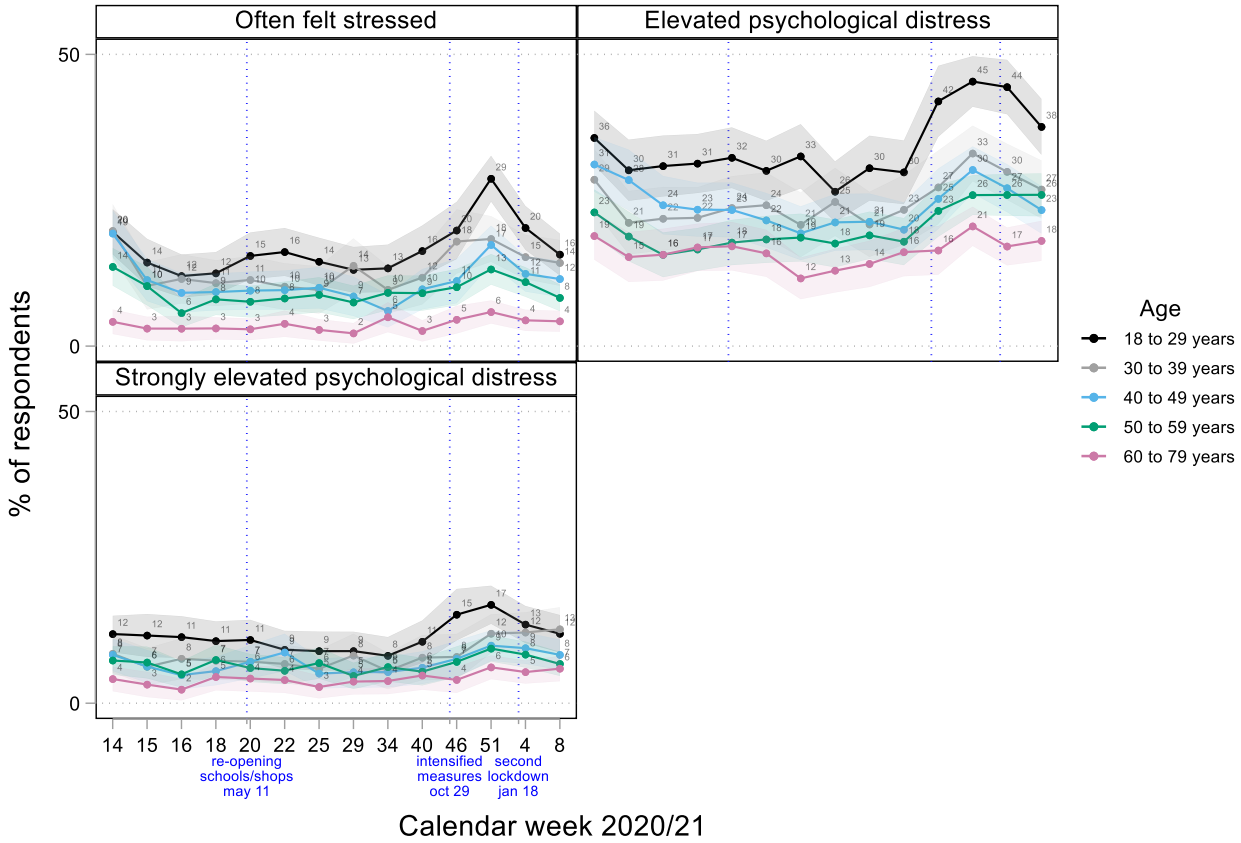
Stress and psychological distress

More feelings of stress for the employed during lockdown and autumn/winter – but no difference in psychological distress



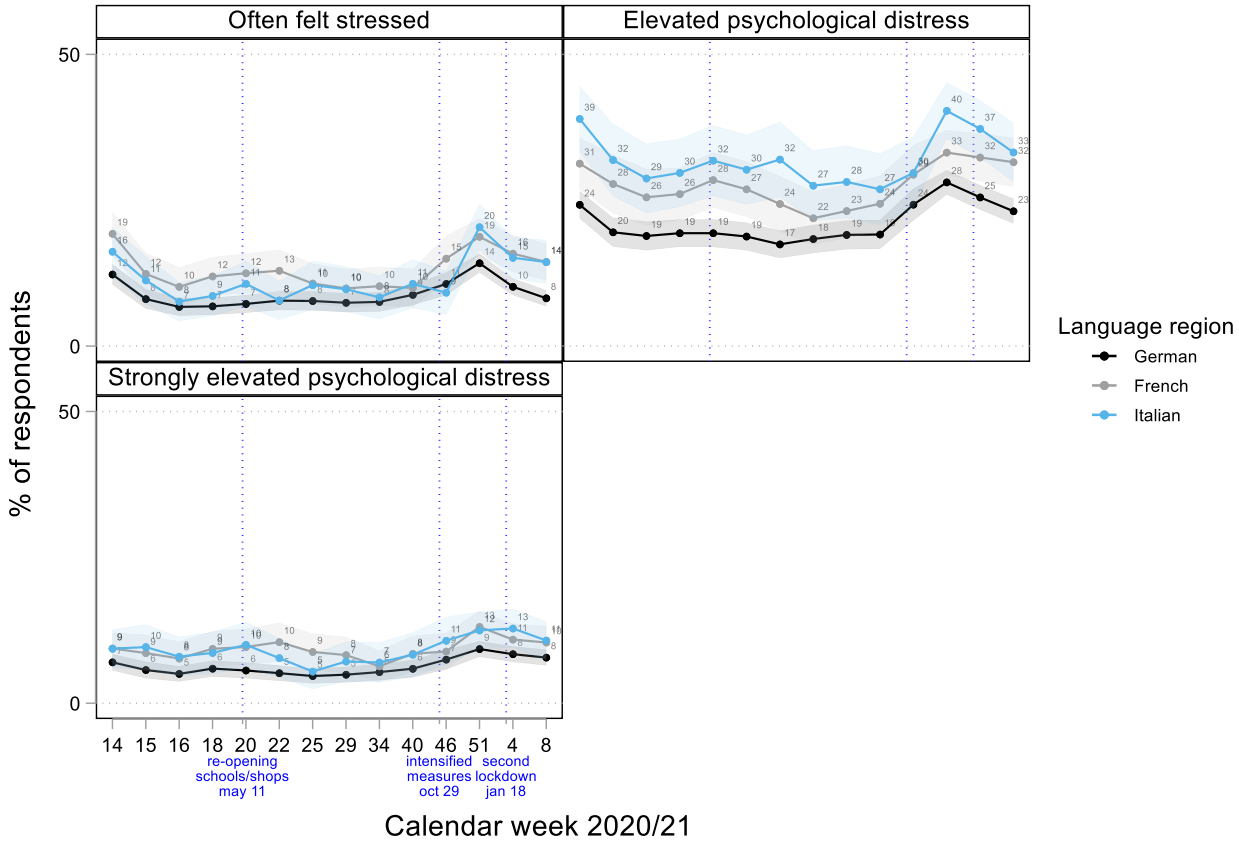
Stress and psychological distress

Higher levels of stress and psychological distress among the younger

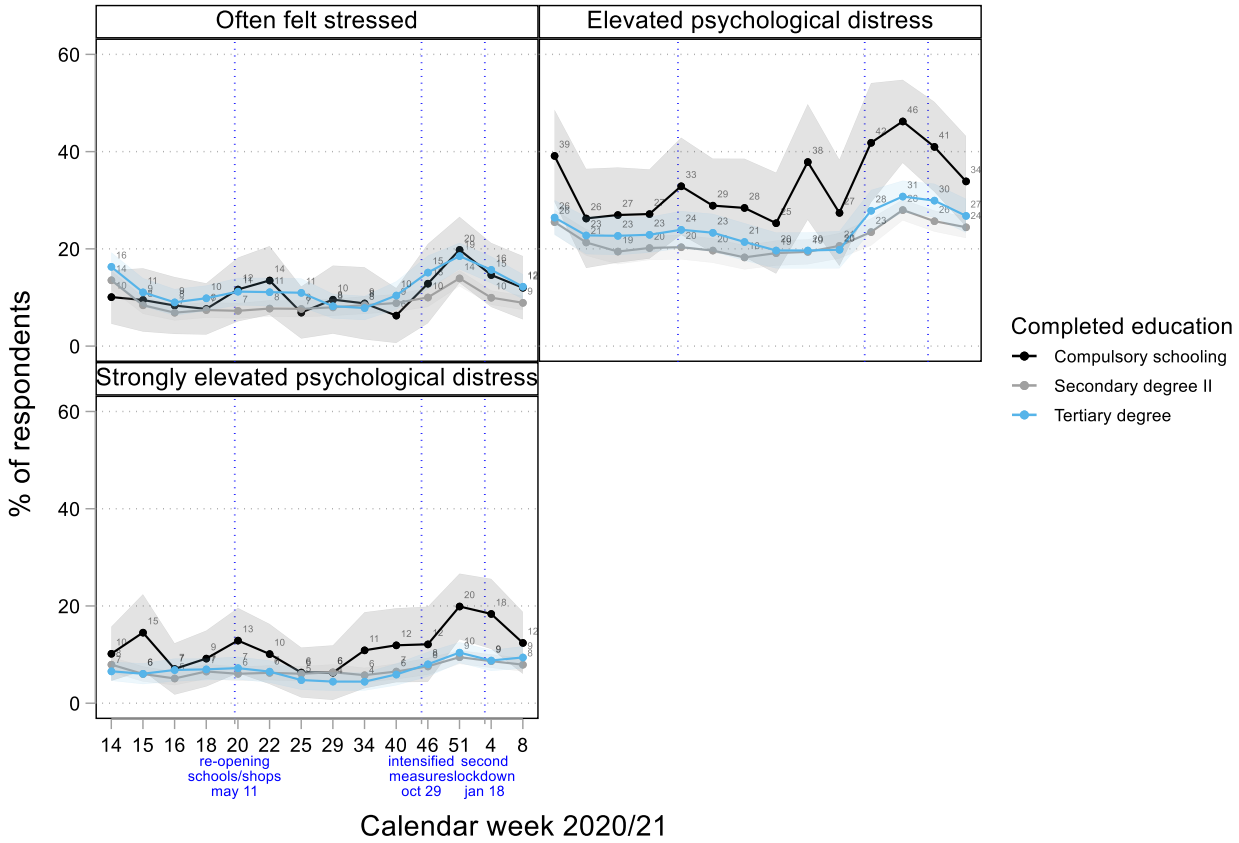


Stress and psychological distress

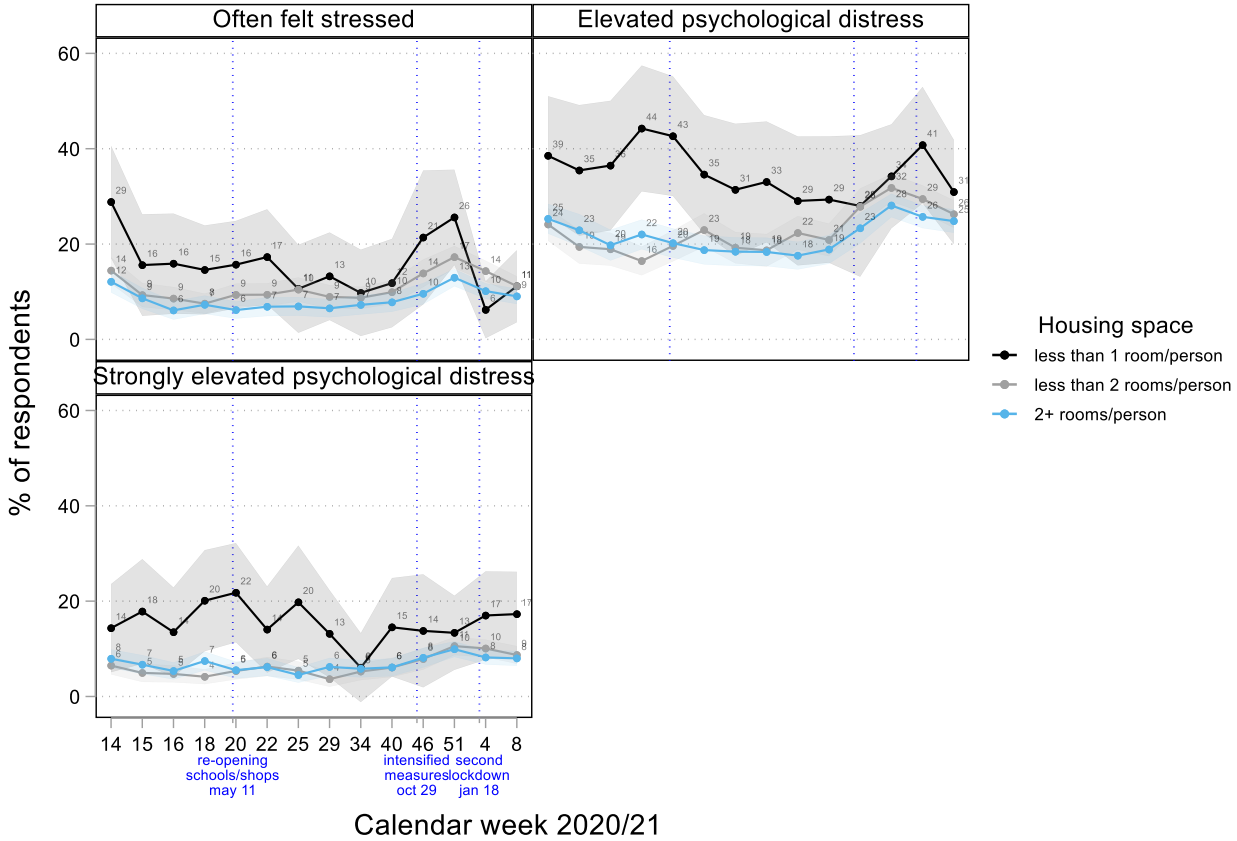
Slightly higher levels of psychological distress in the Italian and French speaking part who were much more affected by the pandemic in spring



Stress and psychological distress

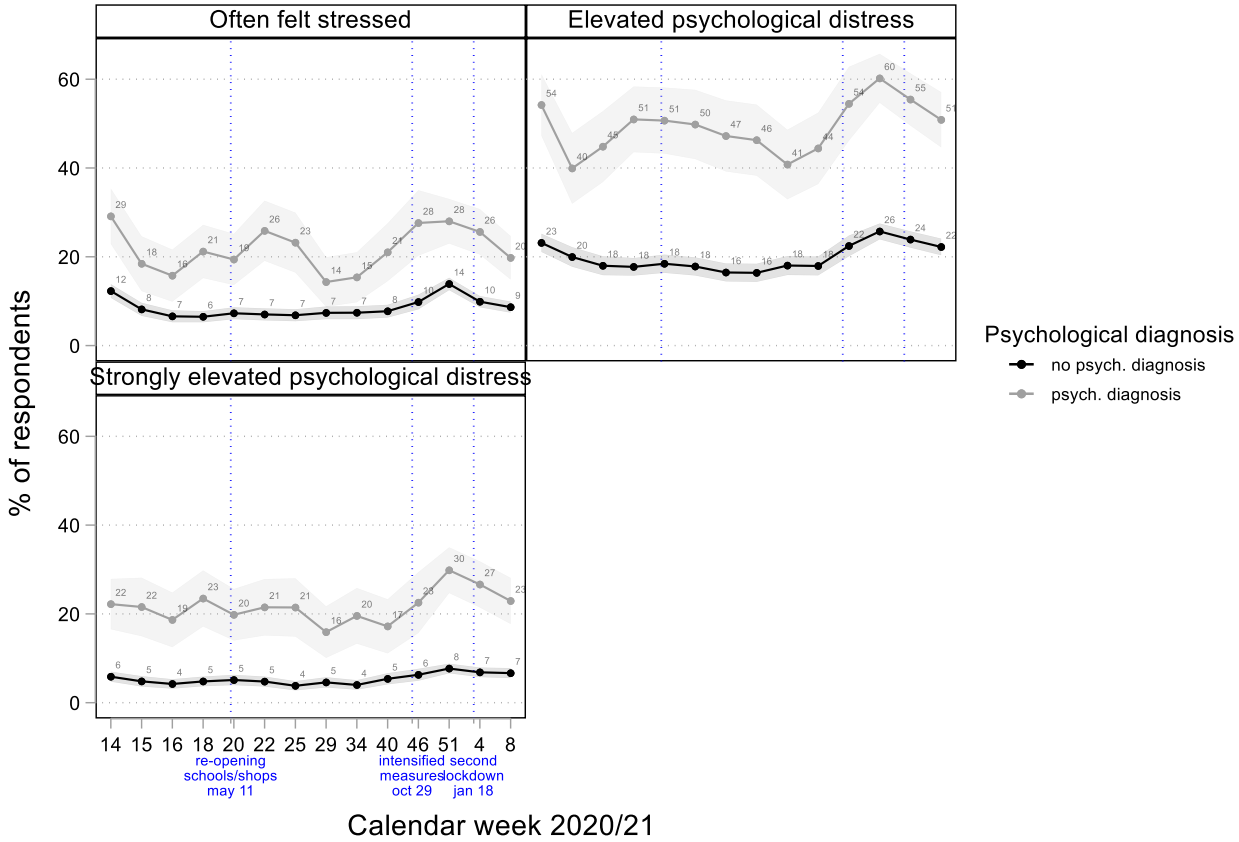


Stress and psychological distress



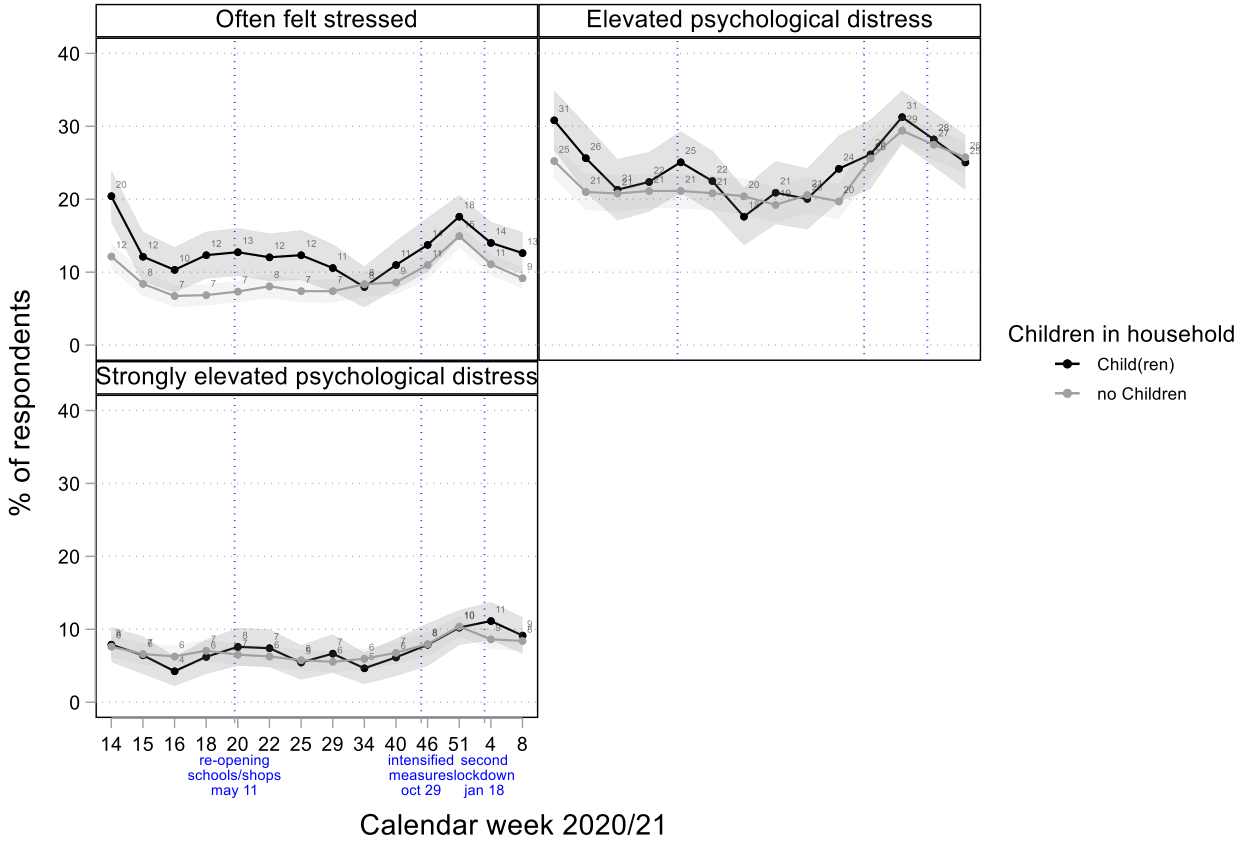
Stress and psychological distress: Changes from different baselines

.. psychological diagnoses: «Has a physician ever told you, that you suffer from a ... a depression, anxiety or other mental disorder?»

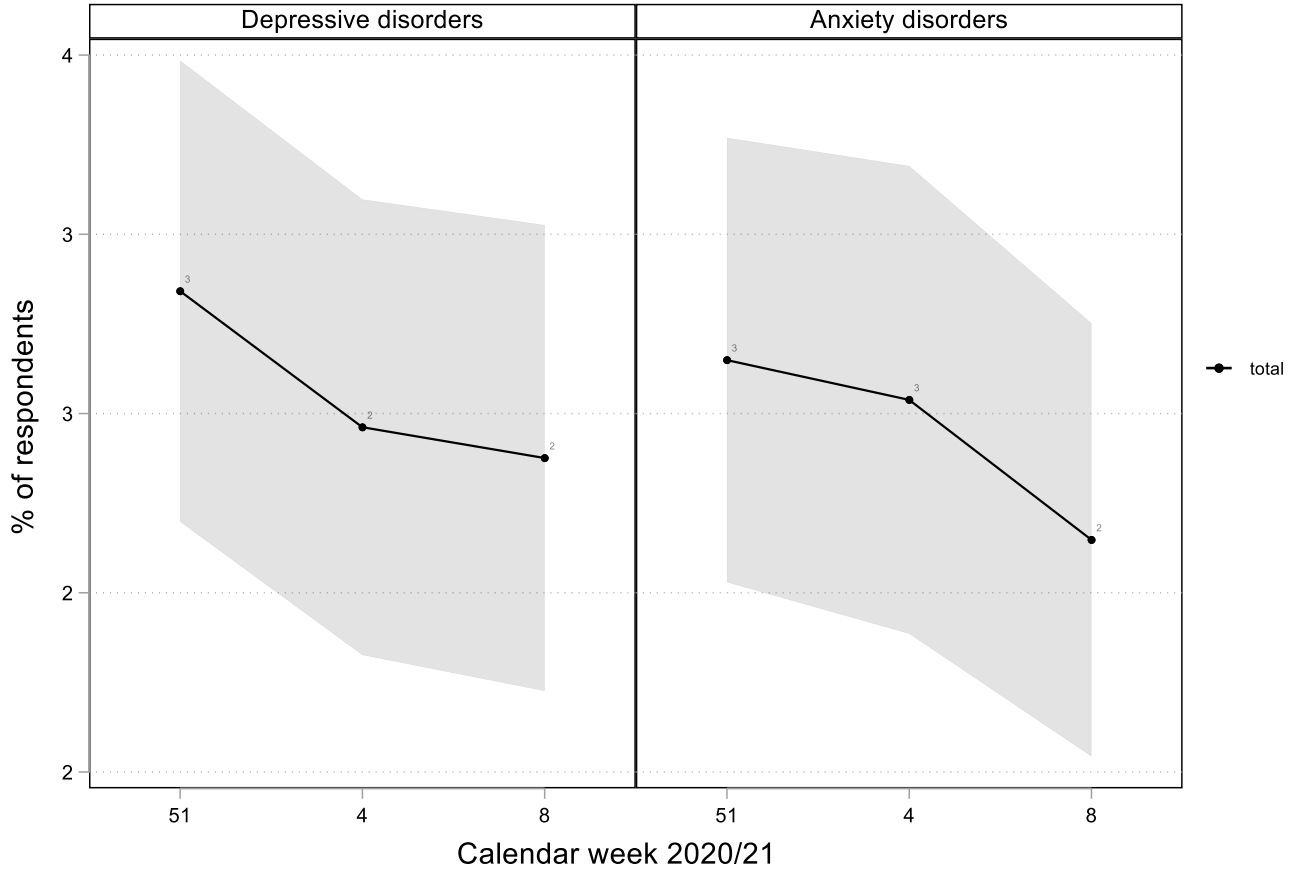


Stress and psychological distress due to childcare and homeschooling?

Generally higher levels of stress among parents, but no increased psychological distress. No particular changes during spring lockdown (e.g., caused by homeschooling)

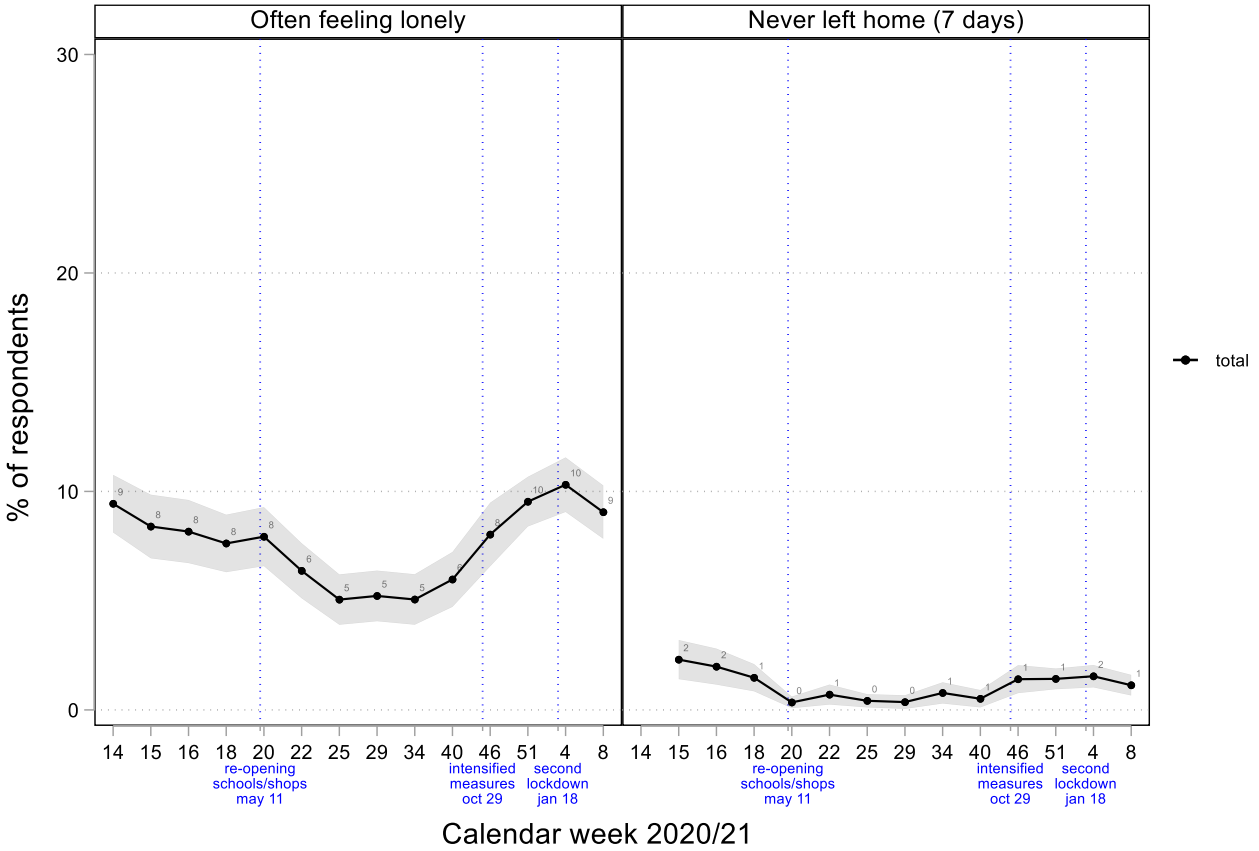


Depressionen & Anxiety («Red Flag» according to PHQ4-Score)



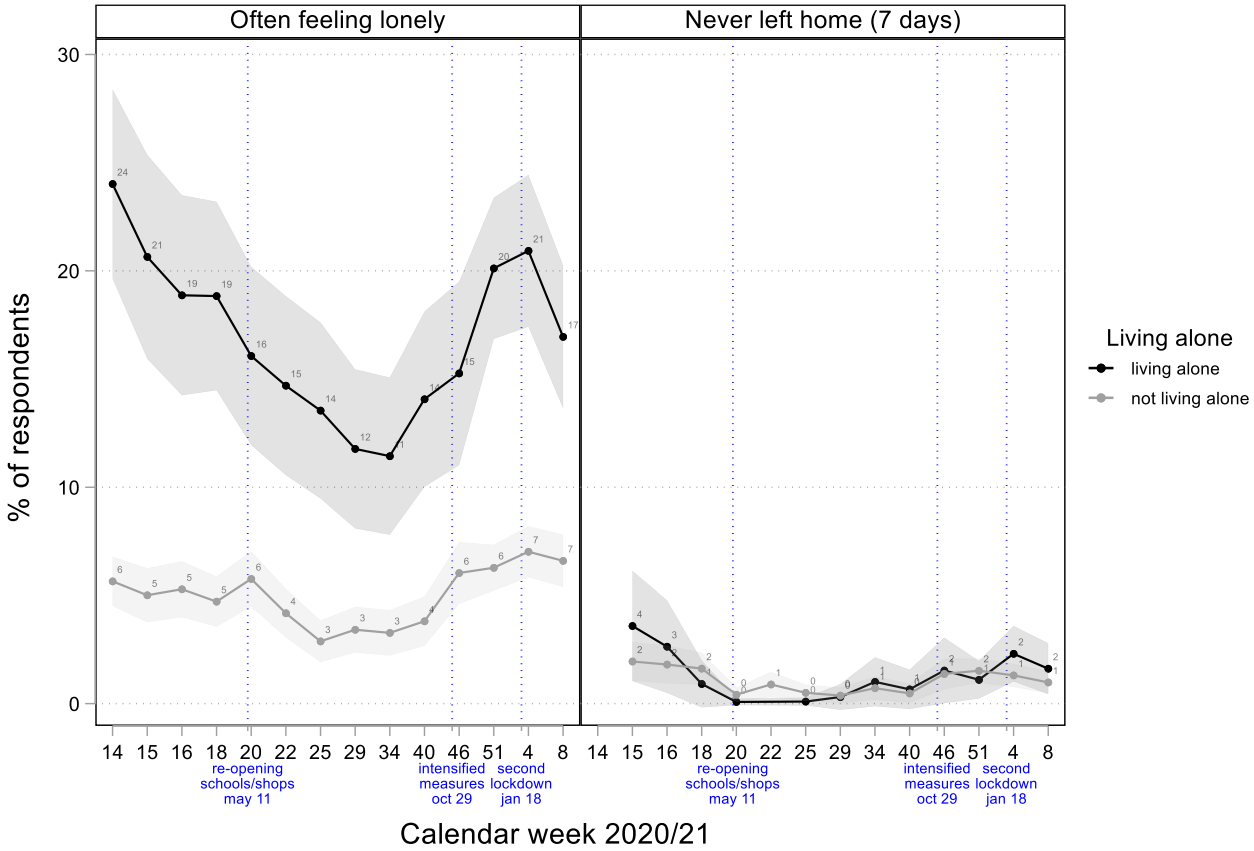
Loneliness and isolation

Mehr Personen fühlen sich einsam im Lockdown, einige wenige verlassen über mehrere Tage hinweg das Zuhause nicht.



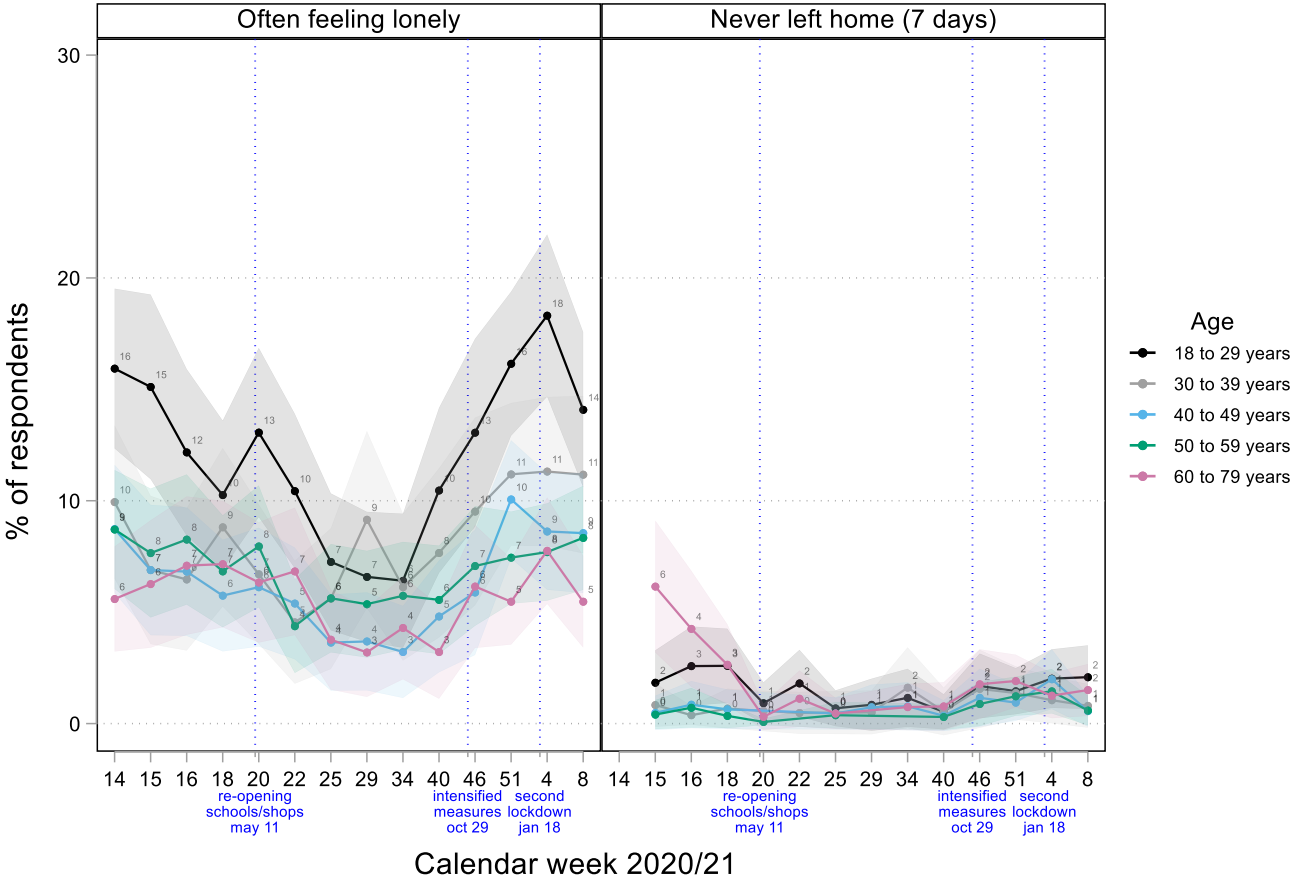
Loneliness and isolation

Persons living alone generally at higher risk, and more accentuated increase during spring lockdown and autumn/winter.



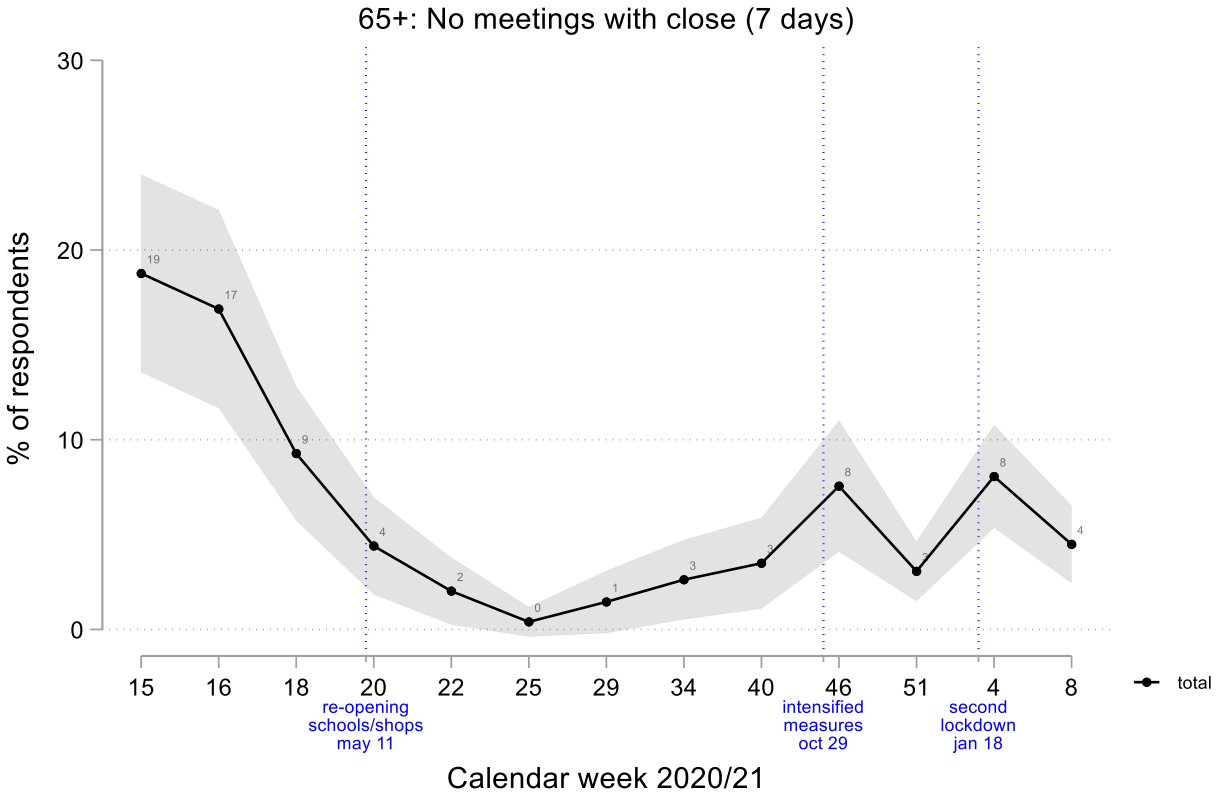
Loneliness and isolation

The younger (18-29) are more heavily affected by loneliness, in particular during spring lockdown and autumn/winter.



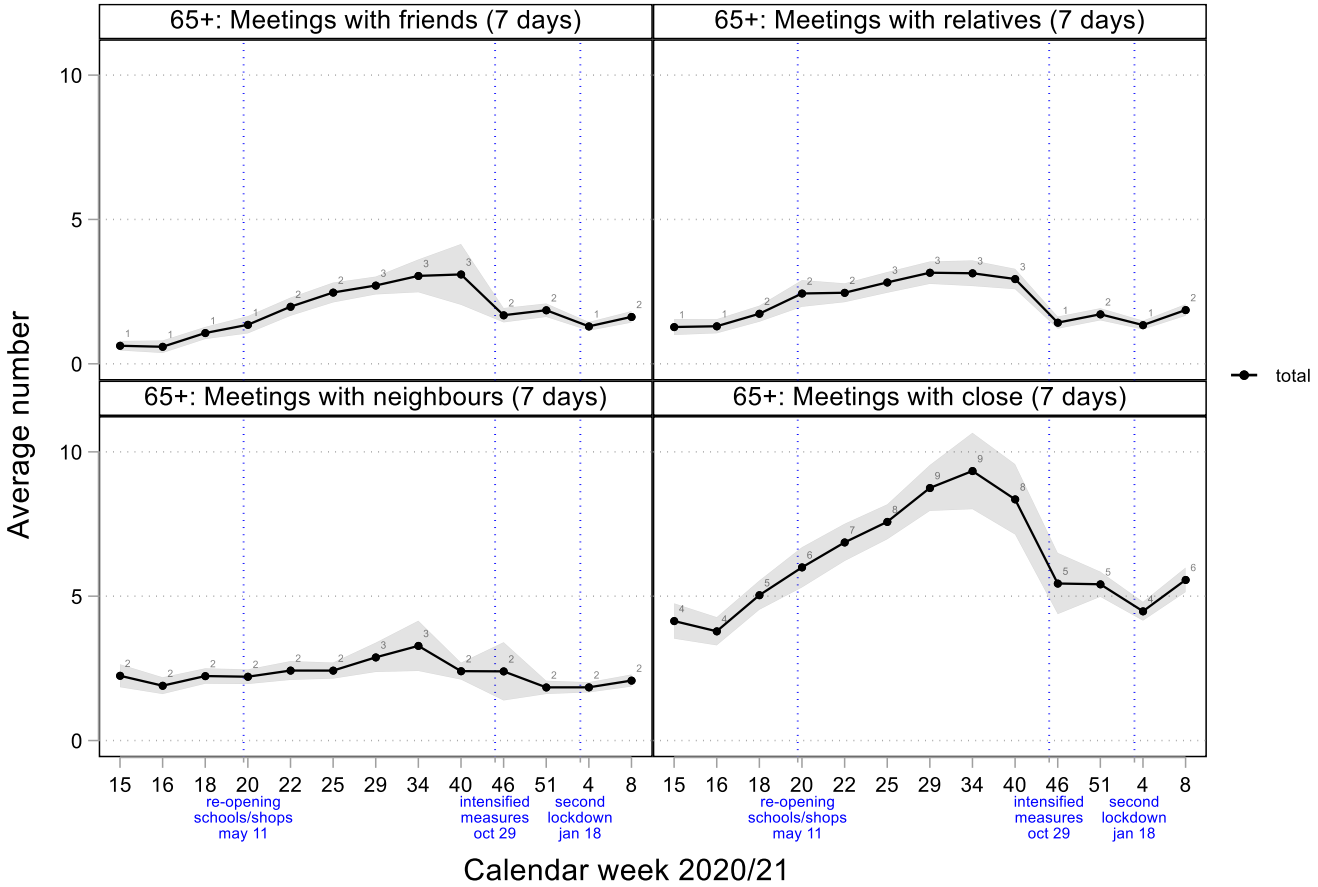
Social isolation among the elderly 65+

19% of the elderly had no personal contacts with friends, relatives or neighbours in the preceding 7 days during lockdown, 10% during autumn/winter.



Social contacts of the elderly 65+: Number of encounters with close ones

Meetings with close: Total of friends, relatives, neighbours



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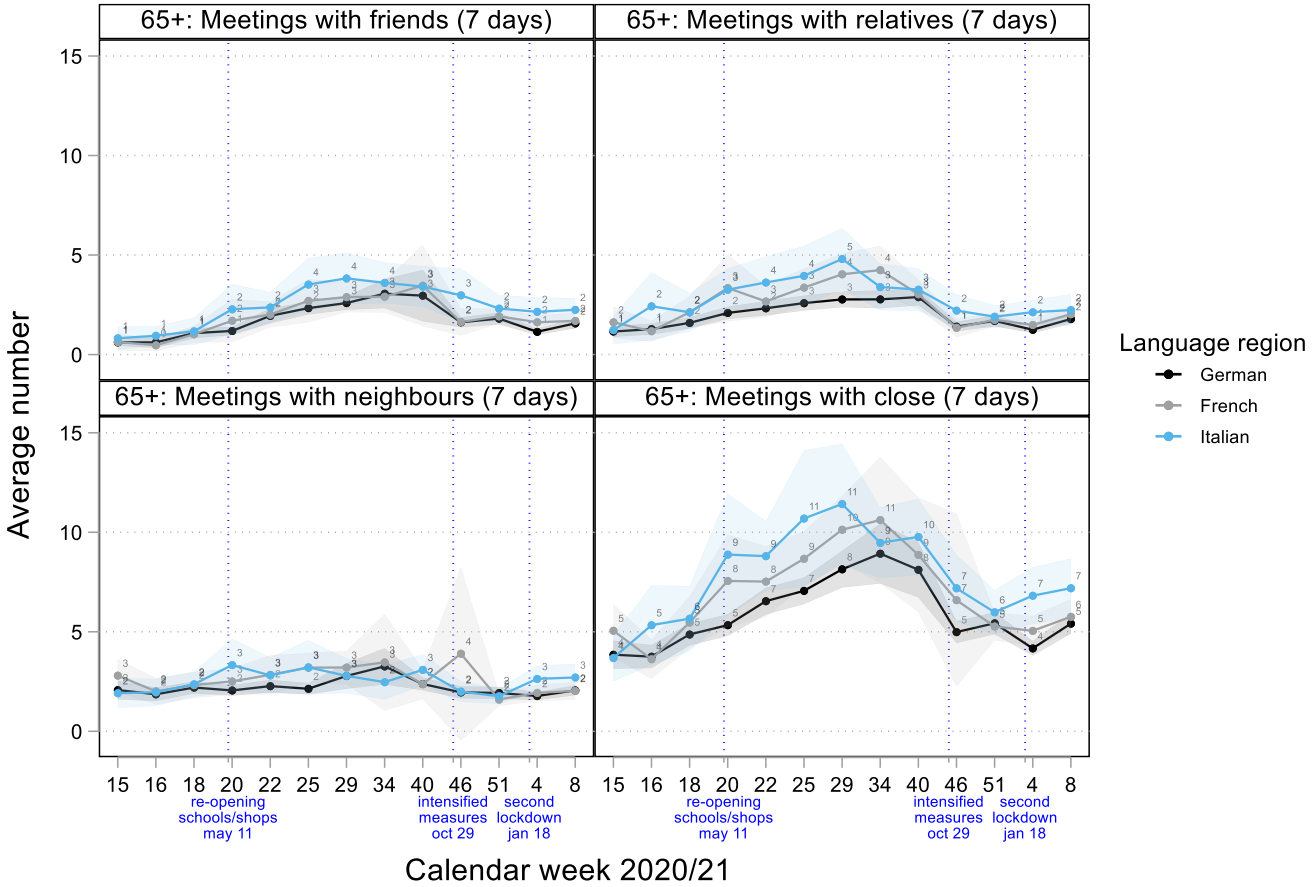

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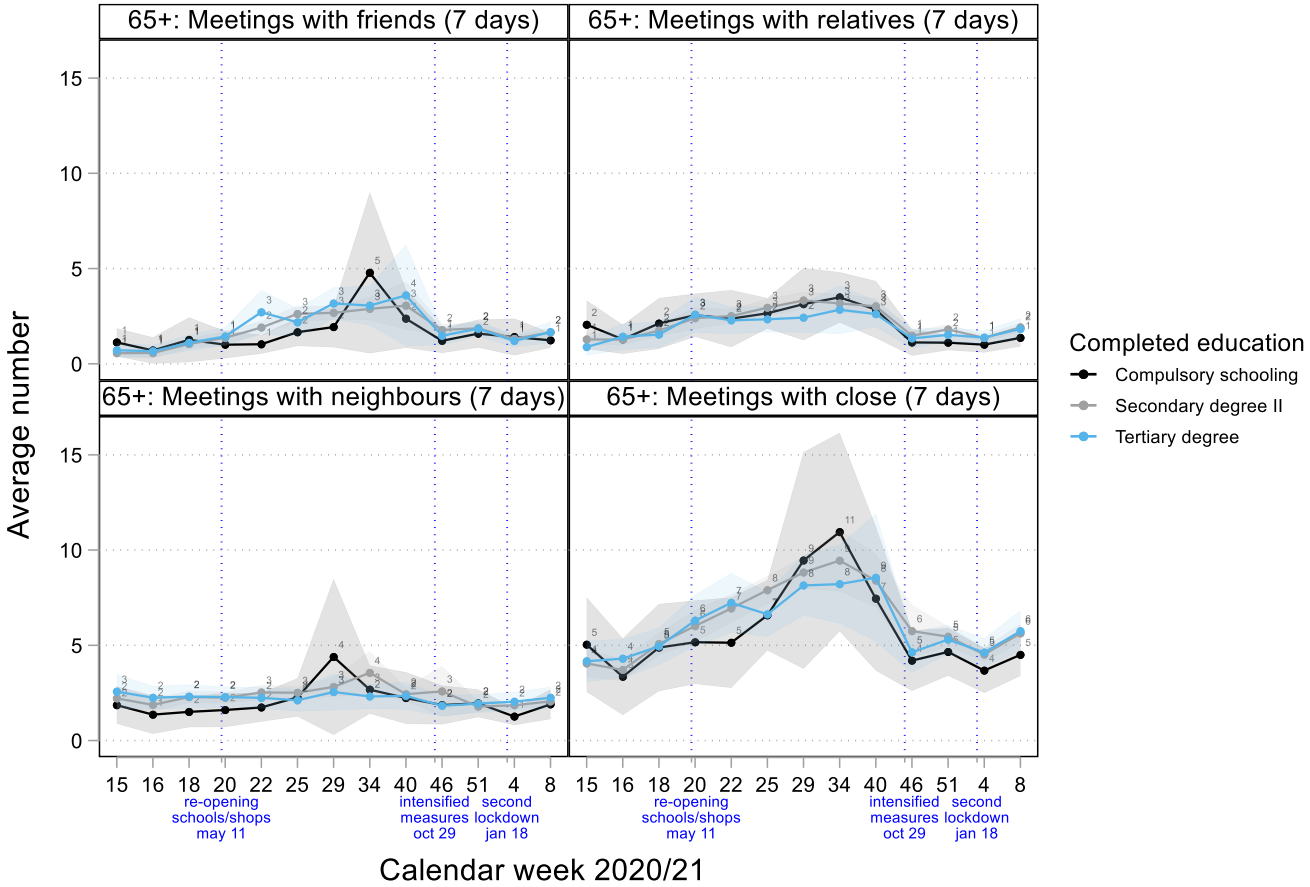

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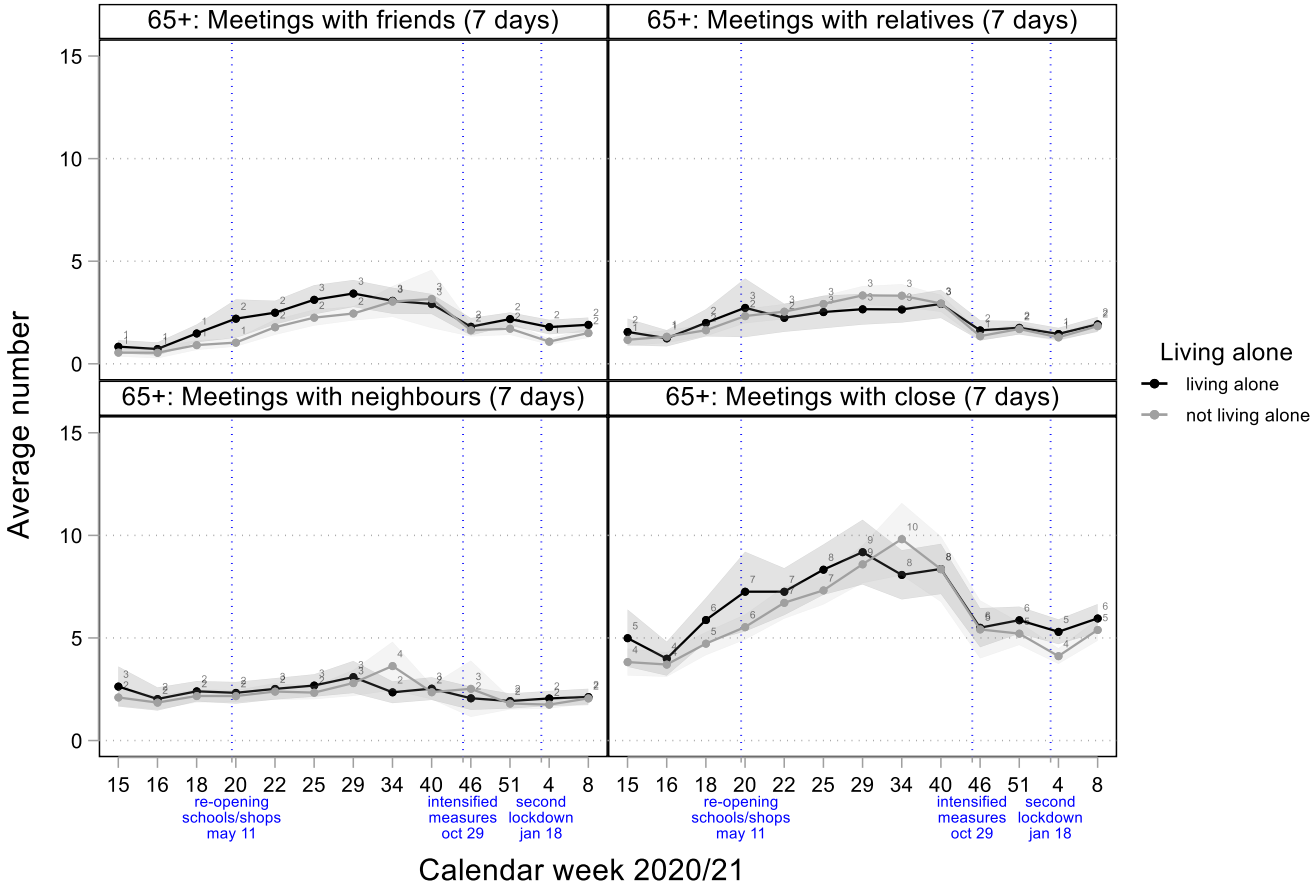

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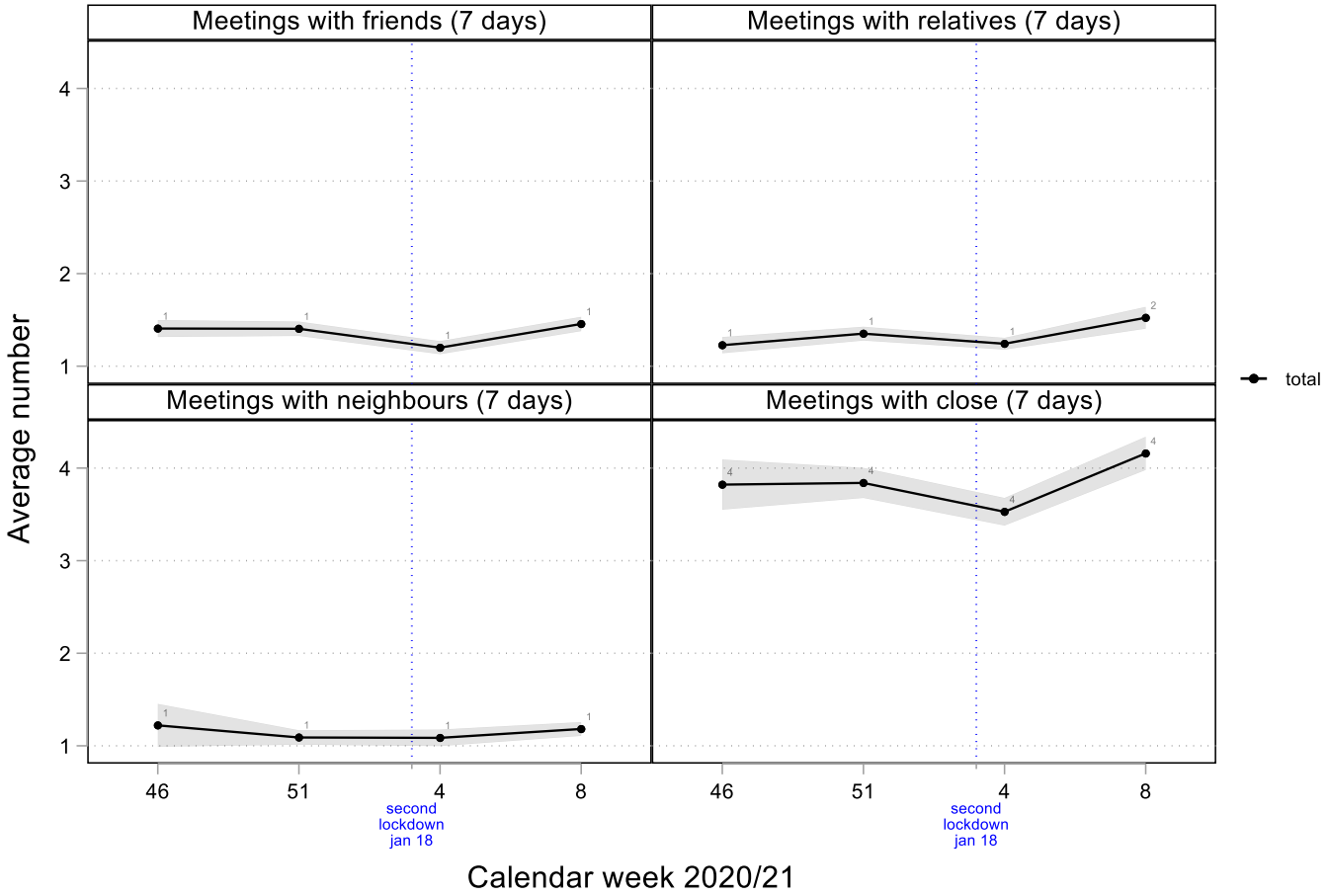

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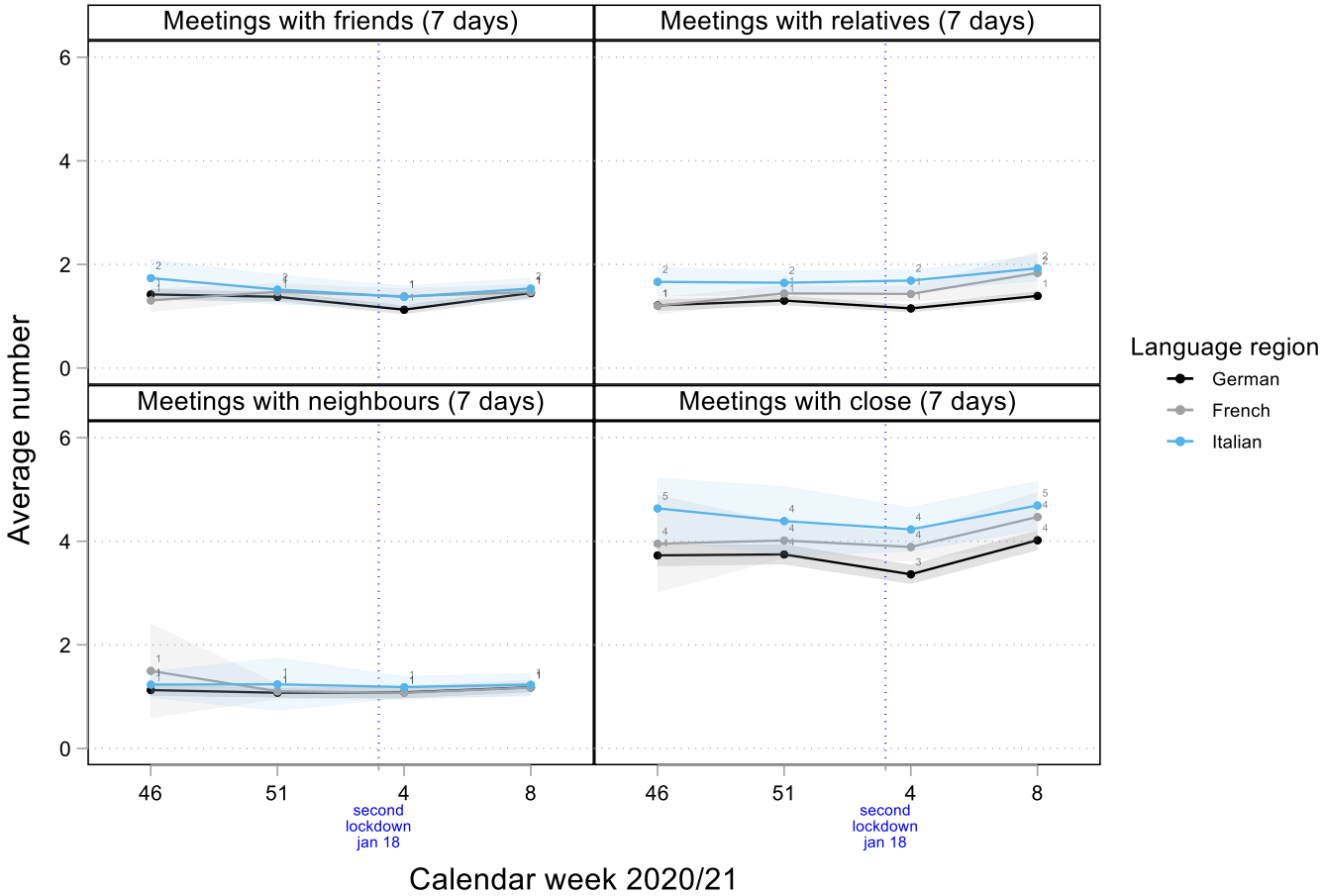
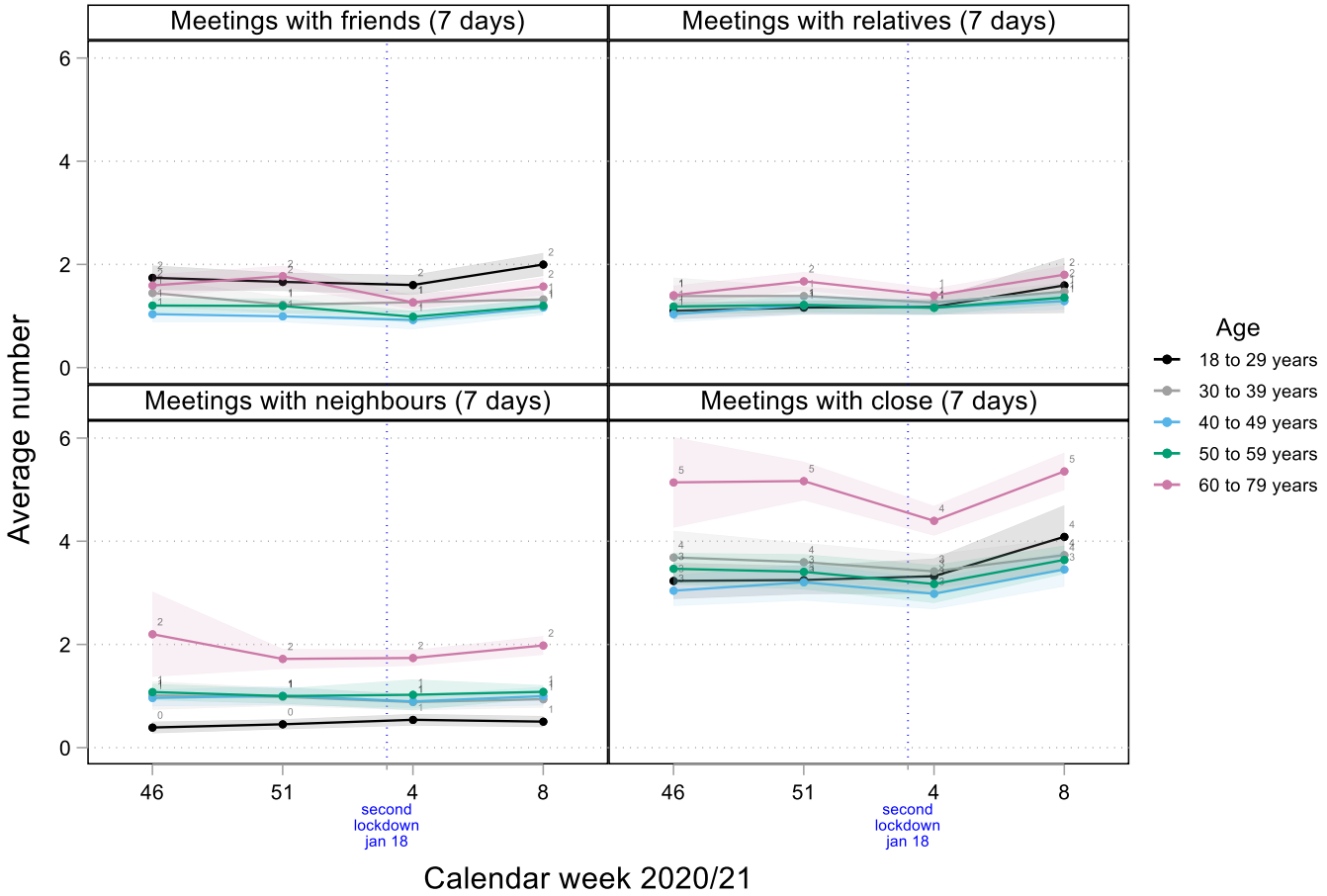


Social contacts: Number of encounters with close ones

Meetings with close: Total of friends, relatives, neighbours



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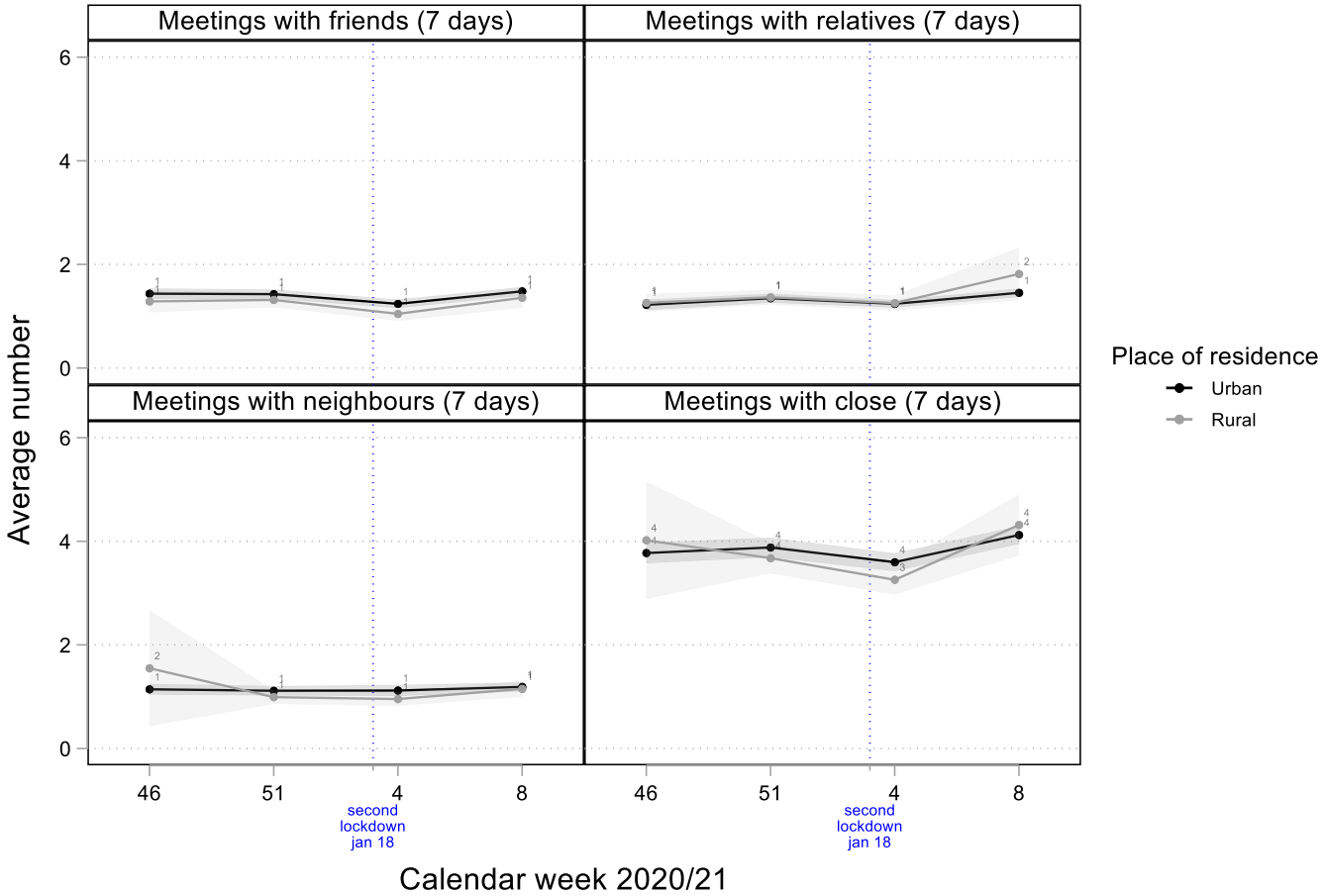
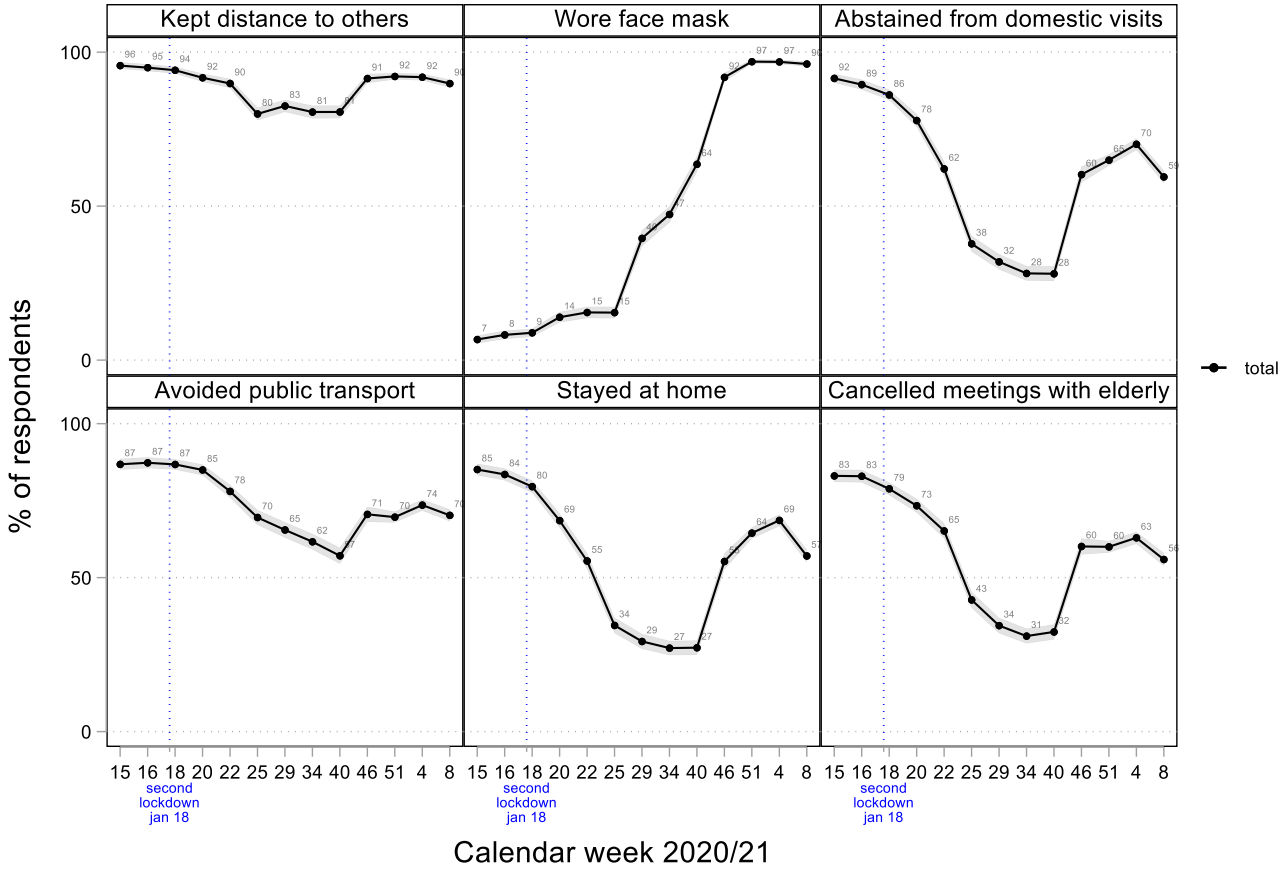


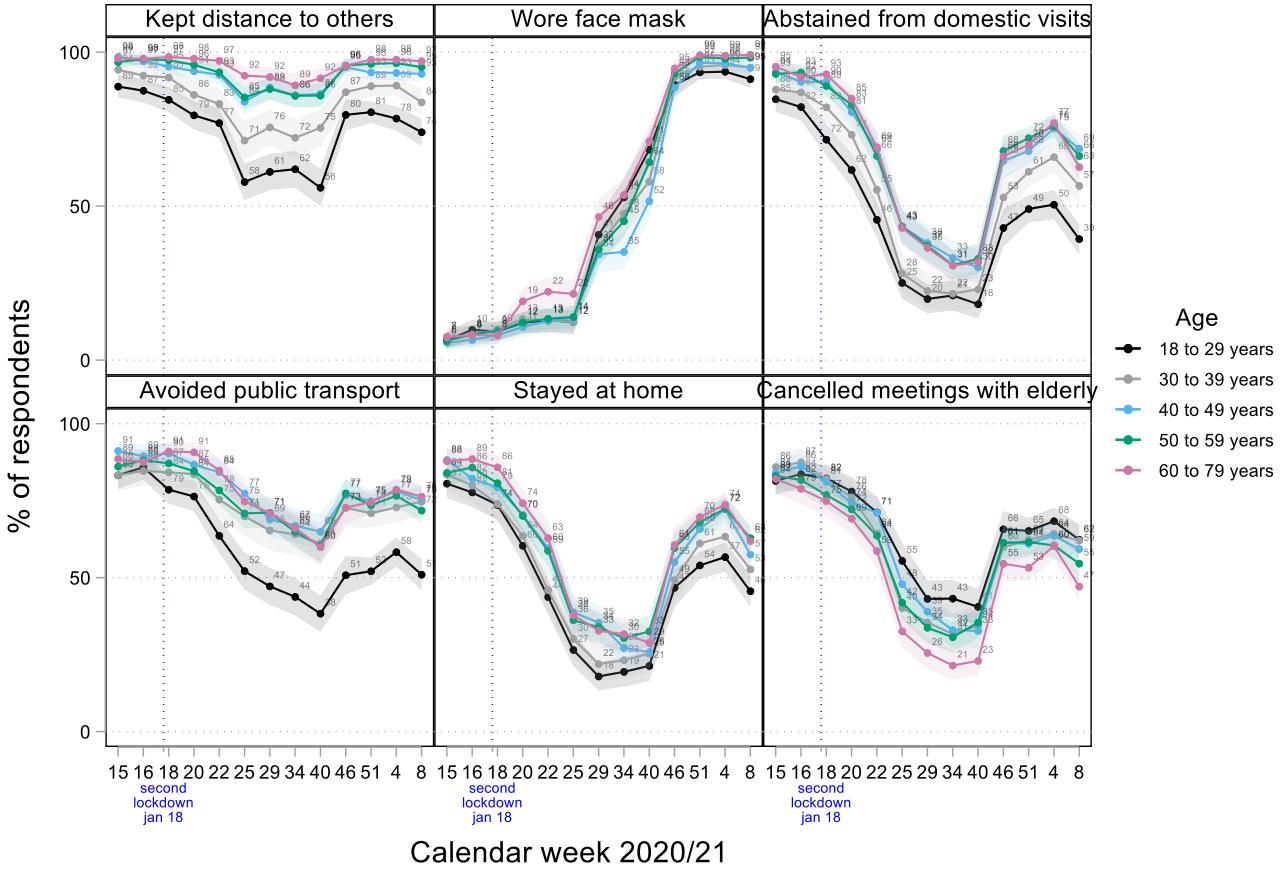
Befolgen von Schutzmassnahmen – «immer/«meistens» letzte 7 Tage

High levels of adherence during spring lockdown, gradual decrease of social activities in summer. Increase in adherence again during the second wave in autumn/winter.



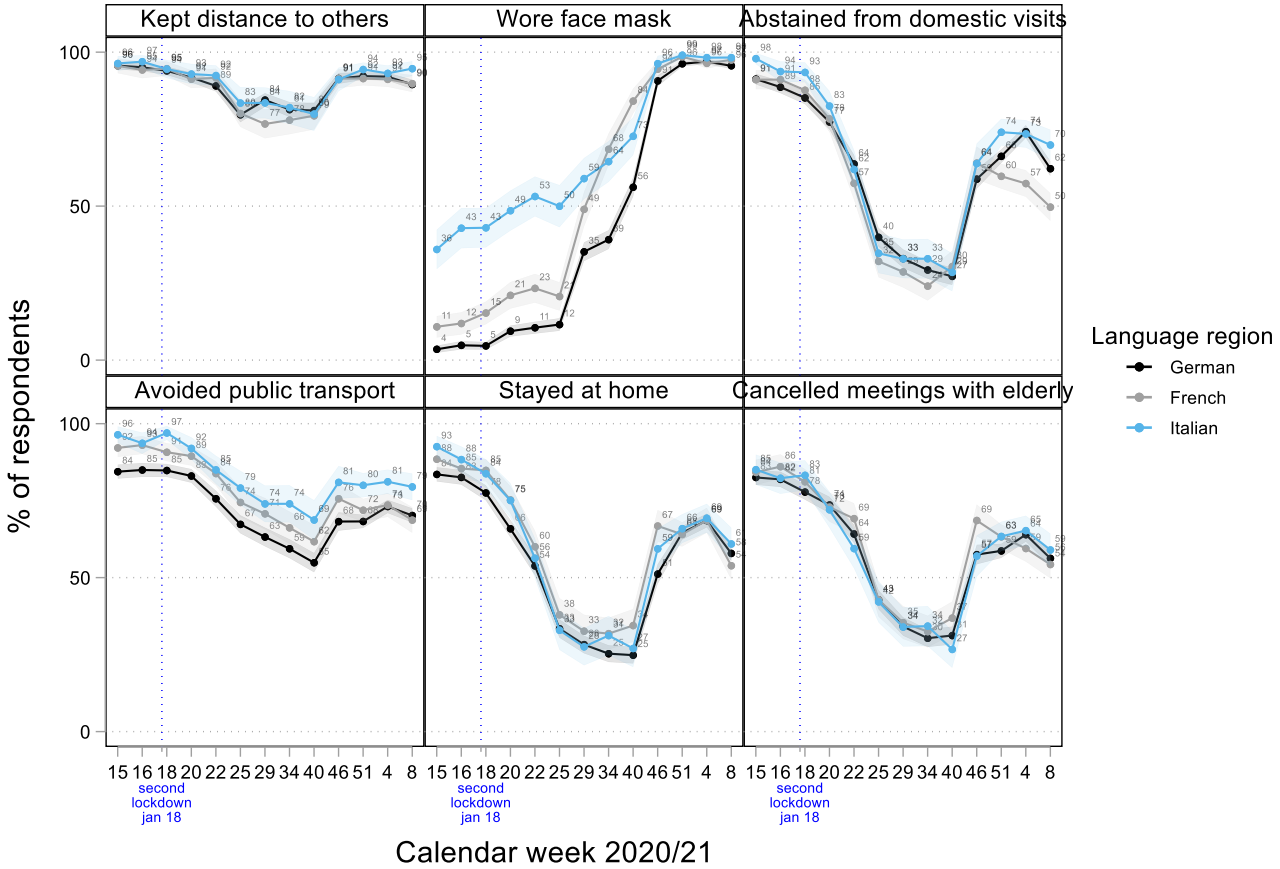
Adherence to protection measures (last 7 days) – «always»/«mostly»

All age groups showed similarly high adherence during lockdown. The younger show a faster ease of adherence – partly due to their higher involvement in the labor market/education and their higher dependence on public transport.



Adherence to protection measures (last 7 days) – «always»/«mostly»

Not much difference between language regions, except for an early widespread (and at the beginning voluntary) use of face masks in the Ticino.



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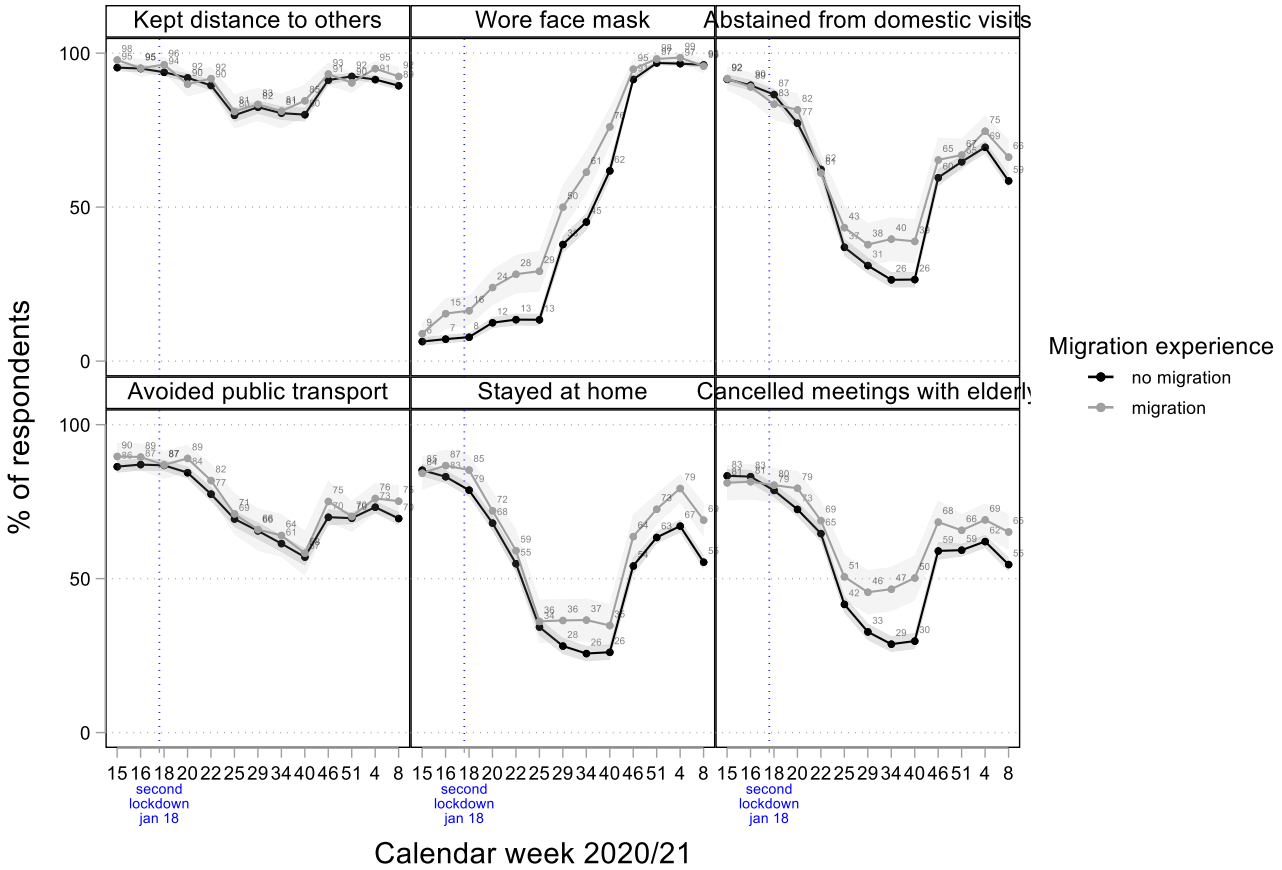

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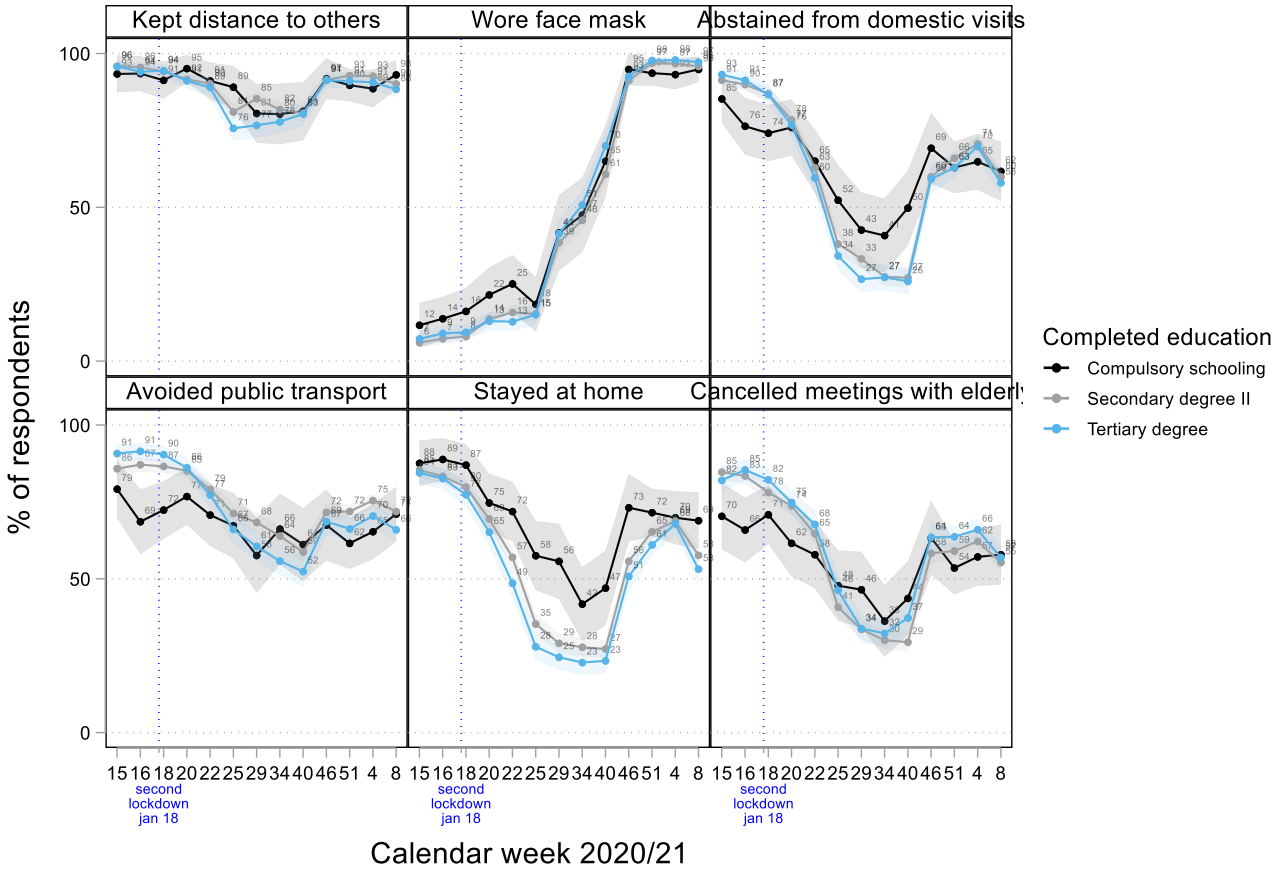
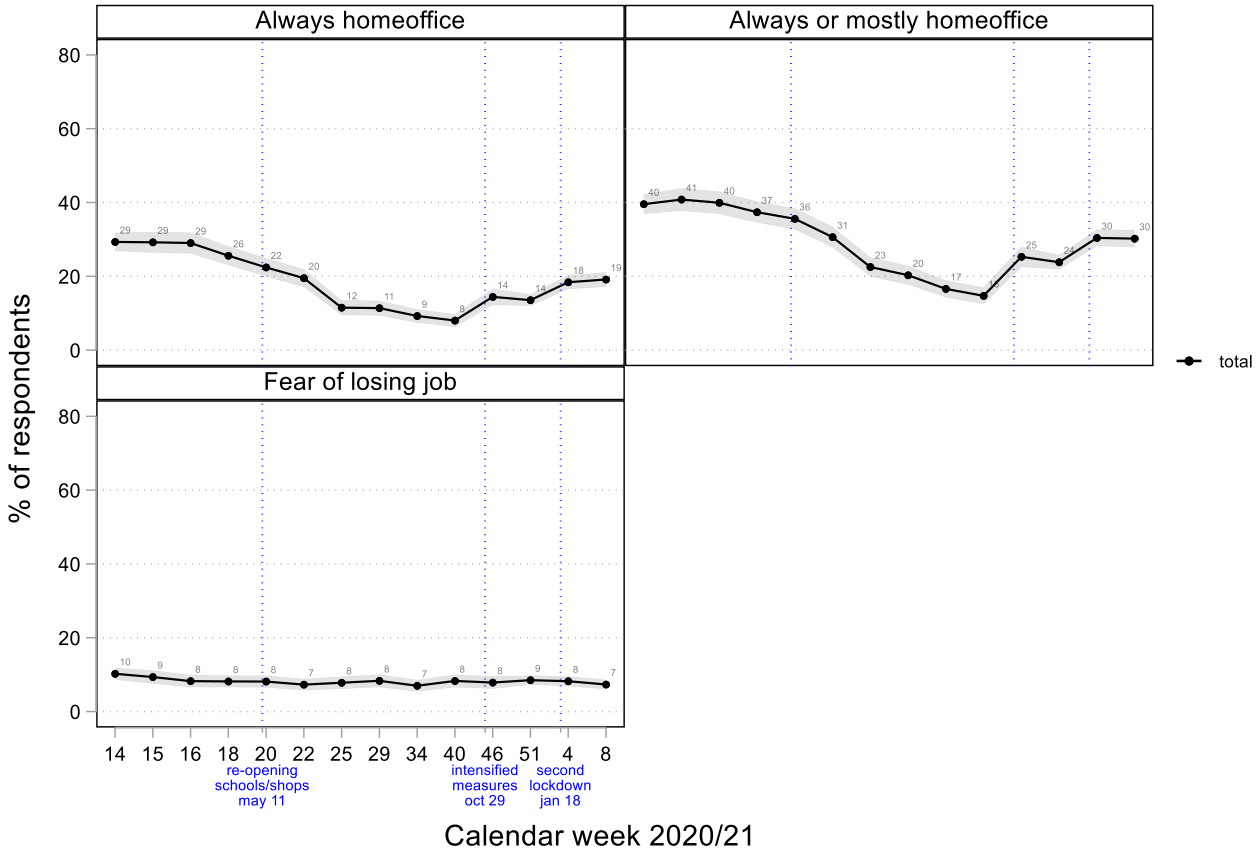


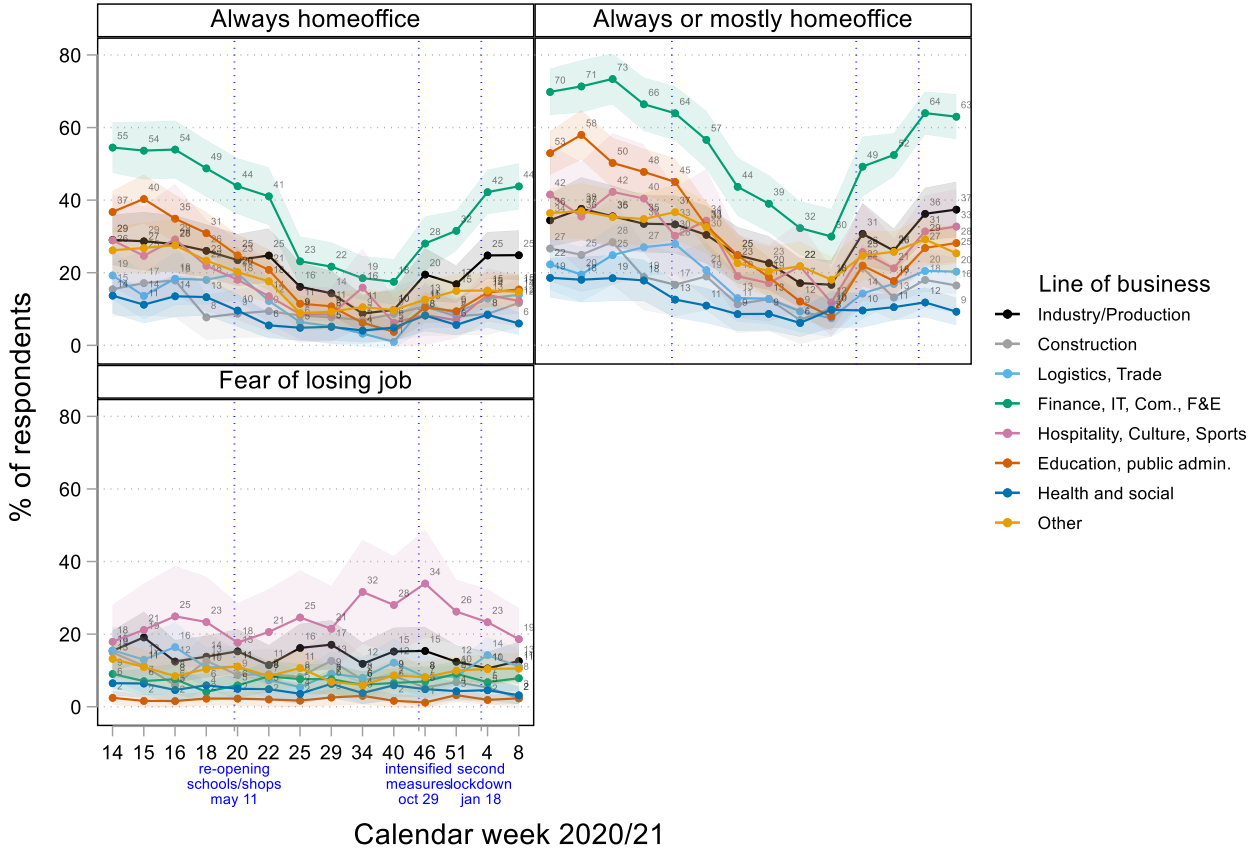
Homeoffice and fear of loosing job

High share working from home during lockdown: 30% exclusively, 40% at least mostly; generally no increase in unemployment insecurity



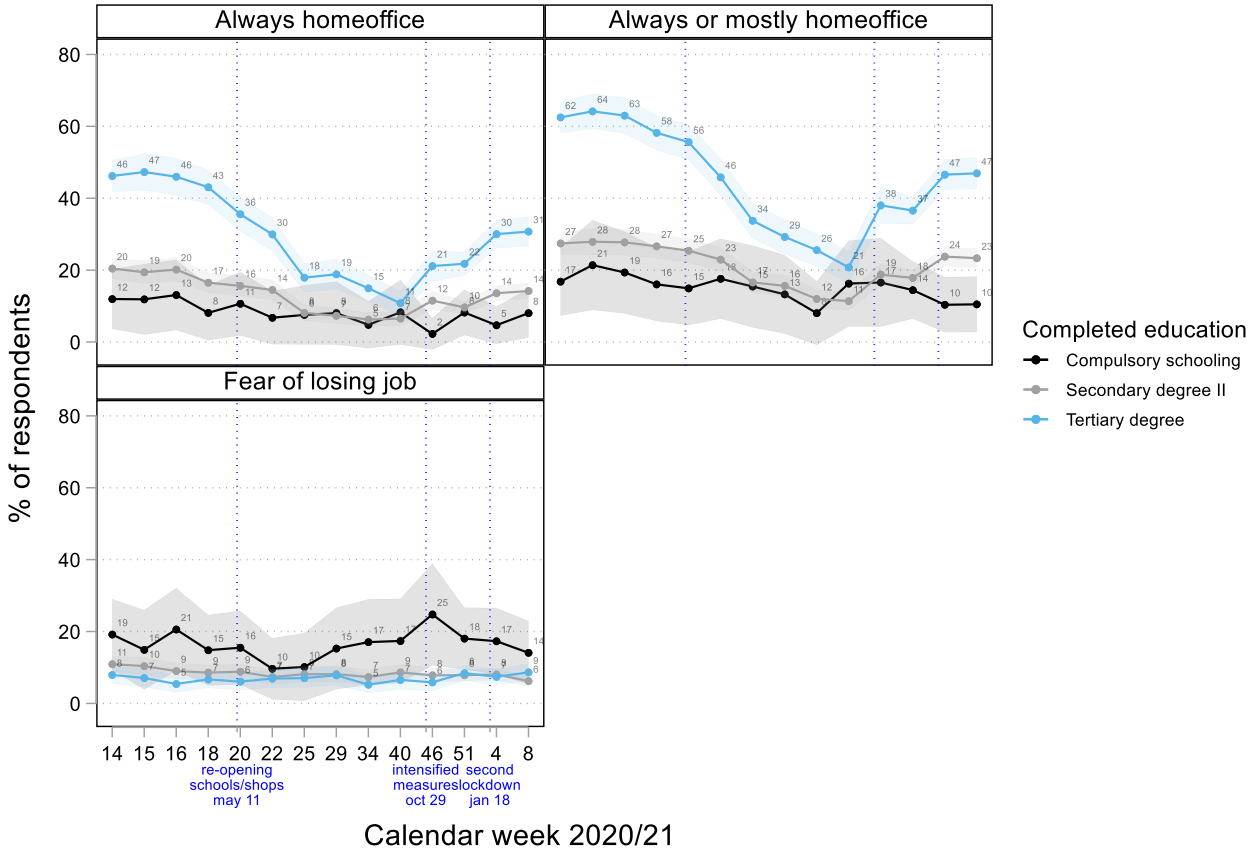
Homeoffice and fear of loosing job

However, considerable differences between business lines: increasing job insecurity in hospitality, tourism, culture, sports



Homeoffice and fear of loosing job

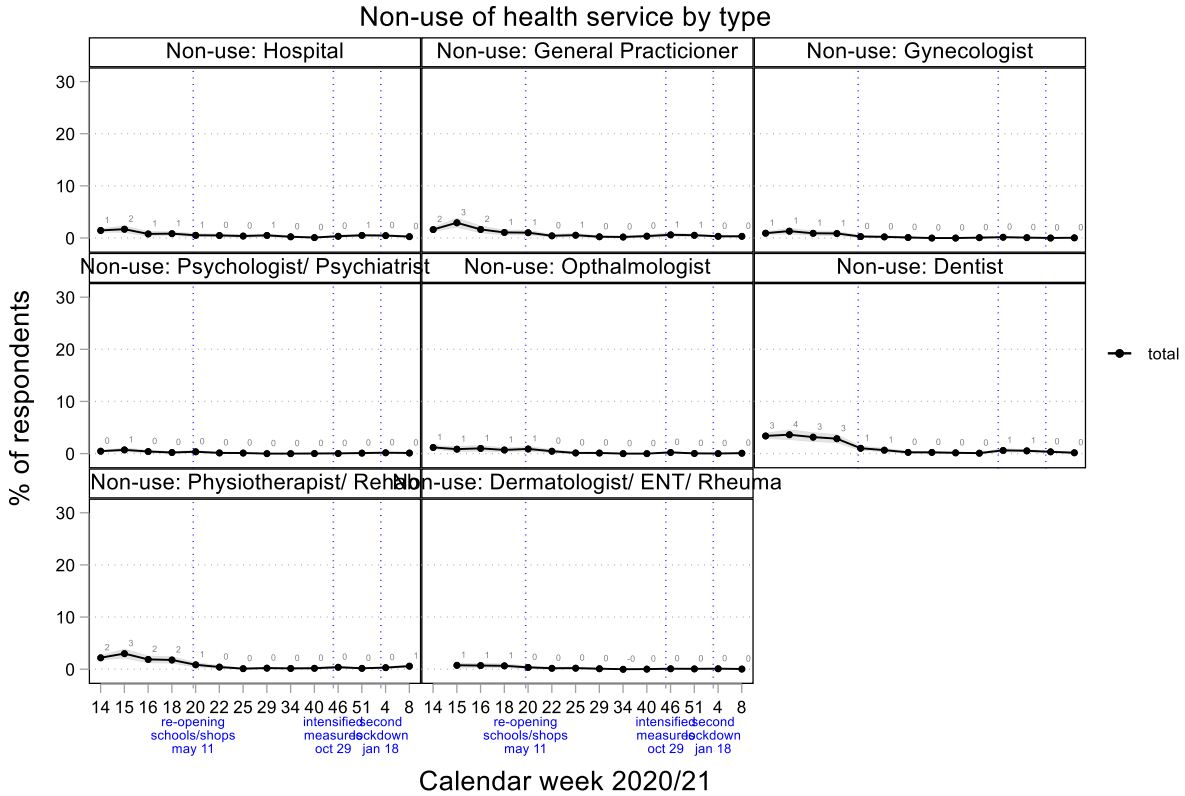
Education gradient in working from home and fear of unemployment



Non-take-up of health services

Considerable non-take-up of health services during lockdown. Primary care (GPs) much less affected than specialized and hospital care. By end of August, a small degree of non-take-up triggered by the pandemic persists. Any long-term consequences for public health?

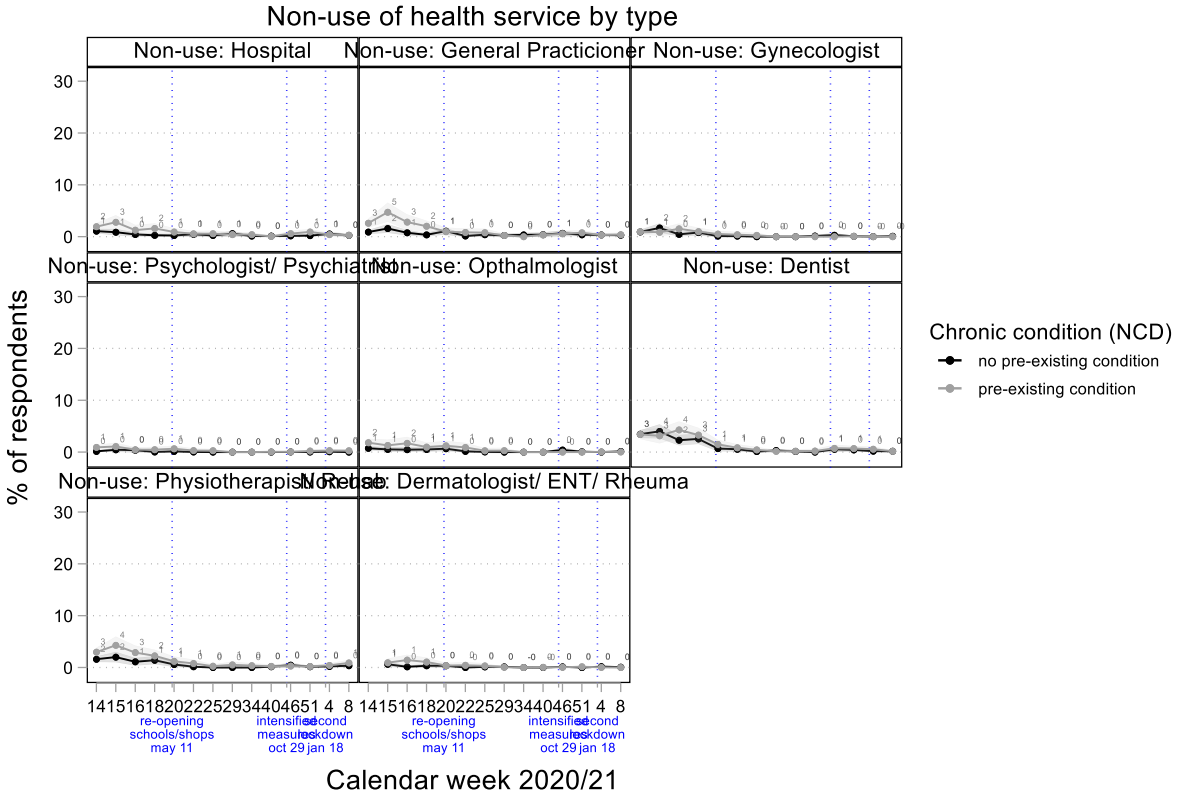
“During the last 7 days, could you not take up a planned and/or needed health/medical service due to the pandemic?»



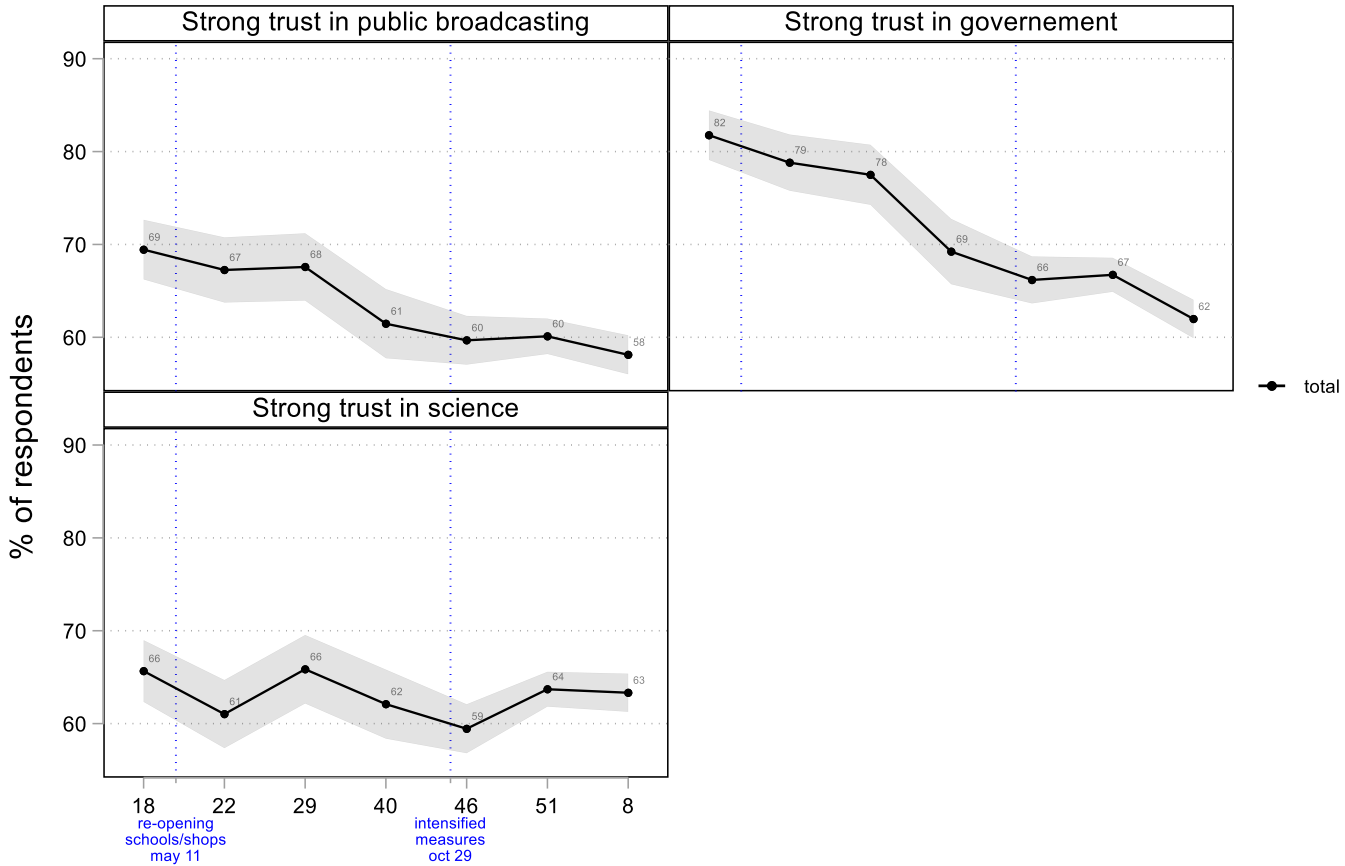
Non-take-up of health services

Considerable non-take-up of health services during lockdown. Primary care (GPs) much less affected than specialized and hospital care. By end of August, a small degree of non-take-up triggered by the pandemic persists. Any long-term consequences for public health?

“During the last 7 days, could you not take up a planned and/or needed health/medical service due to the pandemic?»



Trust in media, governement, and science



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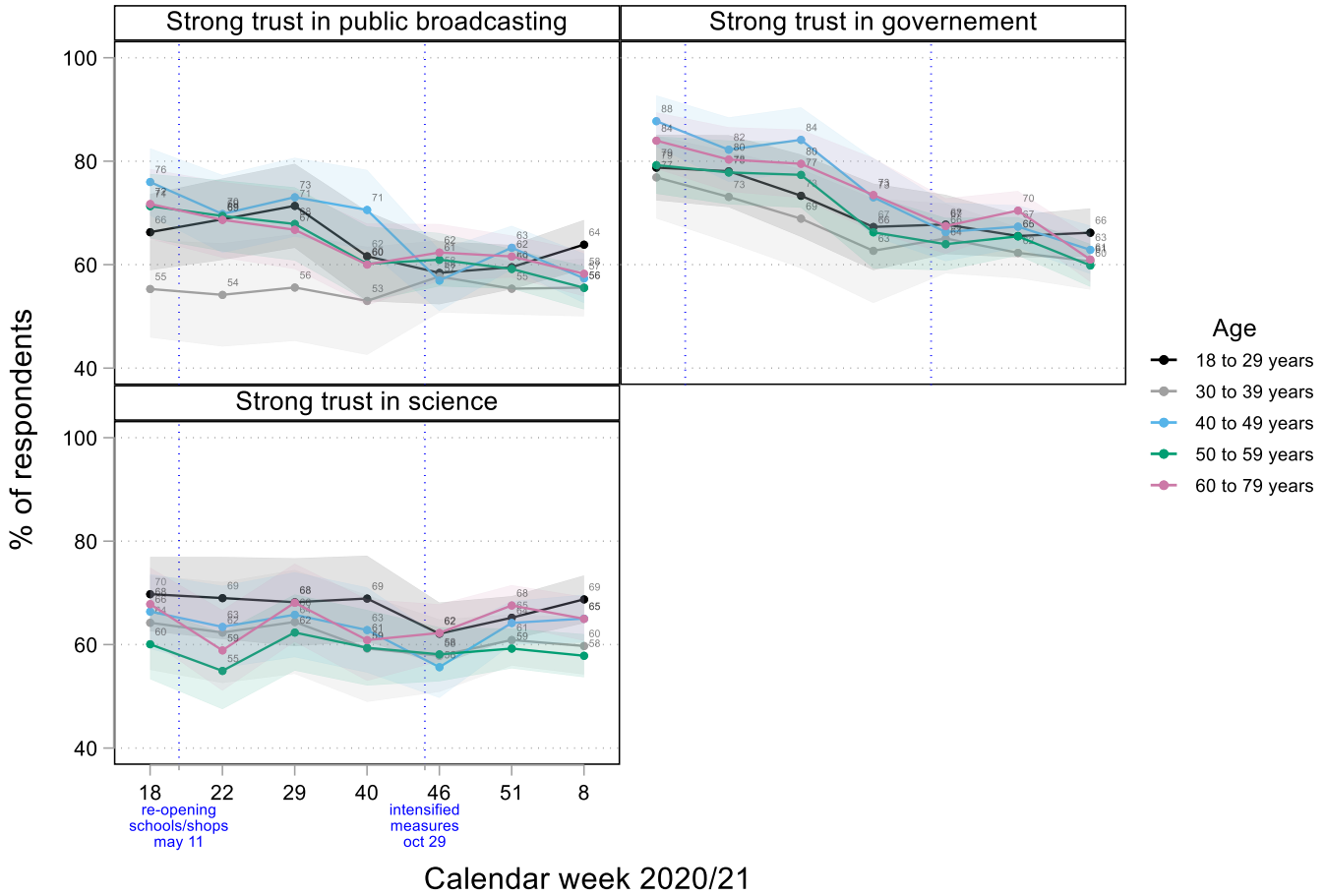
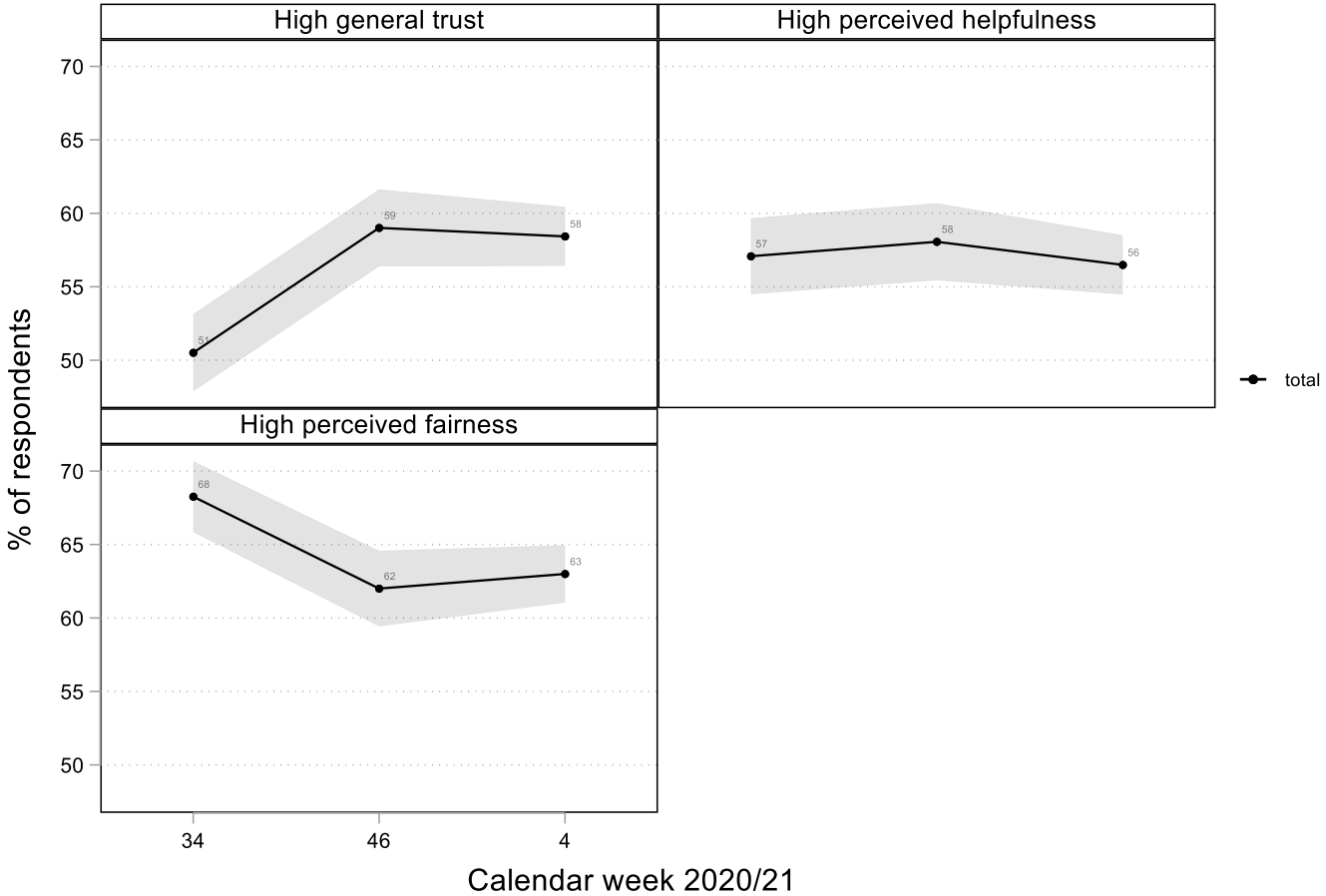
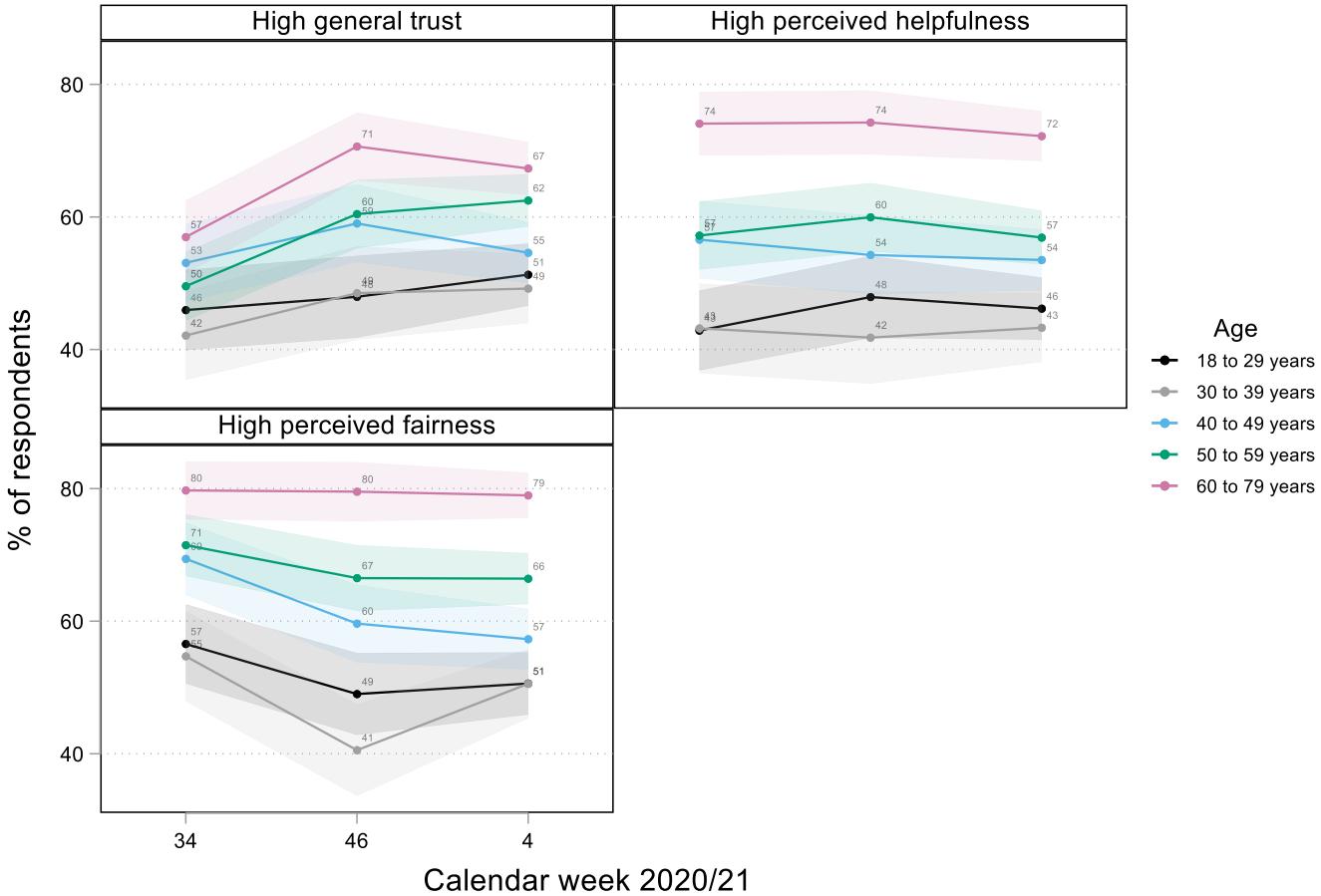


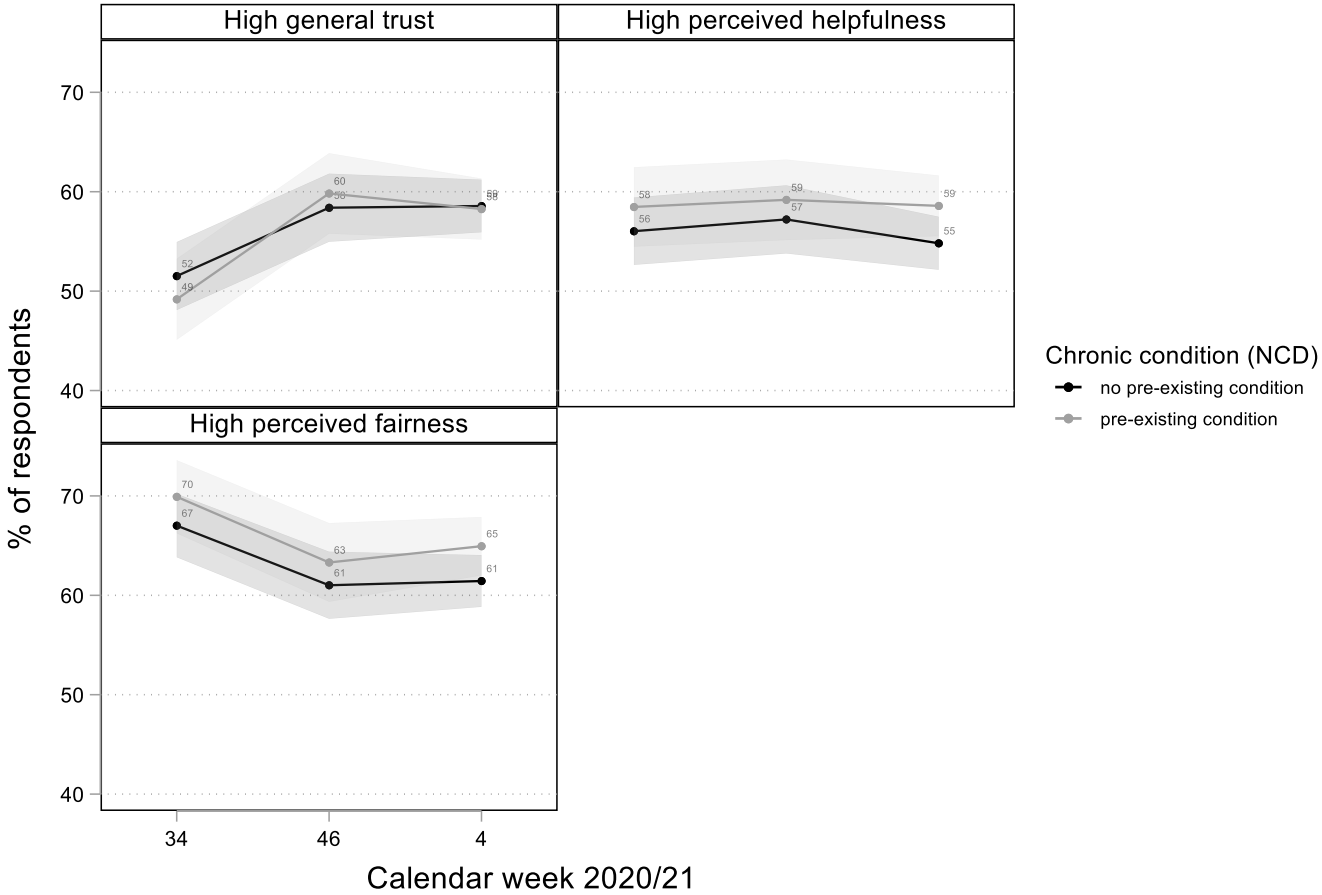
Generalized trust, perceived solidarity



Generalized trust, perceived solidarity



Generalized trust, perceived solidarity



Conclusion

- General pattern over the course of the pandemic: only minor variations for most health and stress indicators
- Differentiated analysis is crucial:
  - Different population subgroups differently affected by the pandemic.
  - Difficult situations, stress and burden do not necessarily translate into psychological distress or even mental disorders.
  - However, despite the majority feeling well and being able to cope with the challenges – many persons suffer considerably from the pandemic and are in need of support.
- Groups at risk: mostly persons with exisiting burden/ high levels of stress/ lack of resources.
- Not all «evil» must be attributed to the pandemic: psychological distress and mental disorder are widespread in «normal times» too – but less prominent in public discourse
- Some a-priori not expected empirical results:
  - Loneliness much more a problem among the young and not among the elderly
  - Burden of the pandemic most accentuated among the young
  - Positive effects of the pandemic not uncommon: more personal contacts, more psysical activities, increase in quality of life.

Limitations

- due to the data collection (online survey using an access-panel) there is likely some selectivity regarding, e.g., online-affinity and education, that must be addressed using statistical adjustment methods
- possible under- or even non-representation of specific subpopulations (individuals with chronic diseases, lower education level, vulnerable groups, persons with serious health conditions)
- possible under-estimation of adverse effects
- data based on self-reported outcomes which are prone to misdiagnosis of health conditions

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Project homepage
https://www.zhaw.ch/wig/covid-social-monitor

Results over time, interactive analysis of subgroups/comparisons
https://covid19.ctu.unibe.ch/

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