



Accessibility, participation, quality of life, and loneliness among older adults during COVID-19

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Introduction

During the COVID-19 pandemic:
Reduction in Quality of Life (QoL)
Increasing level of loneliness
A temporary occupational disruption
Environment influences QoL and loneliness

Objectives

To examine whether perceived neighborhood accessibility influences older adults' QoL and loneliness, directly and indirectly through community participation.

Explanatory Variables

Perceived accessibility

home integration

social integration

productivity

electronic social networking



Dependent Variables

physical health

social relationship

psychological health

environmental health

loneliness

Methods & Procedure

- ❖ cross-sectional research
- ❖ 495 participants, aged 60+
- ❖ a voluntary, anonymous online survey during a slowdown in COVID-19, thanks to a high vaccination rate.

4 questionnaires:



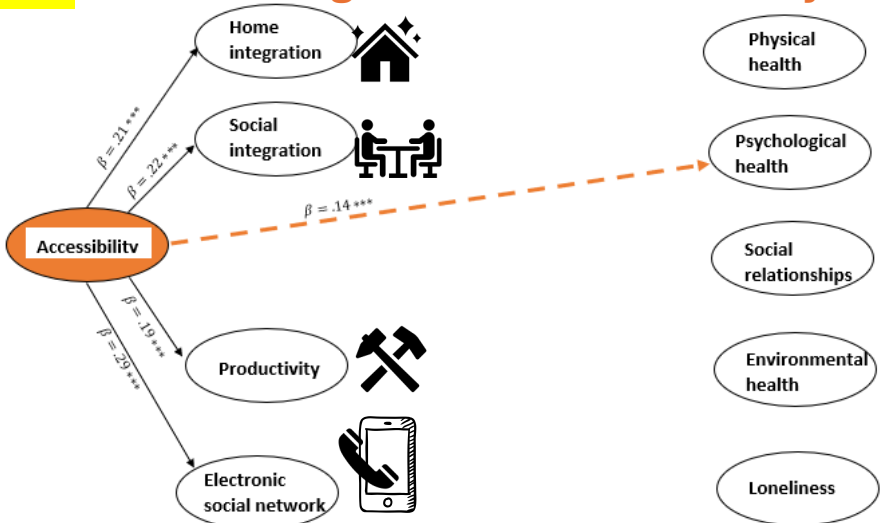
1. WHOQOL-BREF
2. UCLA Loneliness Scale
3. Community Integration Questionnaire-R
4. Perceived Accessibility of Living Environment Questionnaire

Demographic Characteristics, N=495

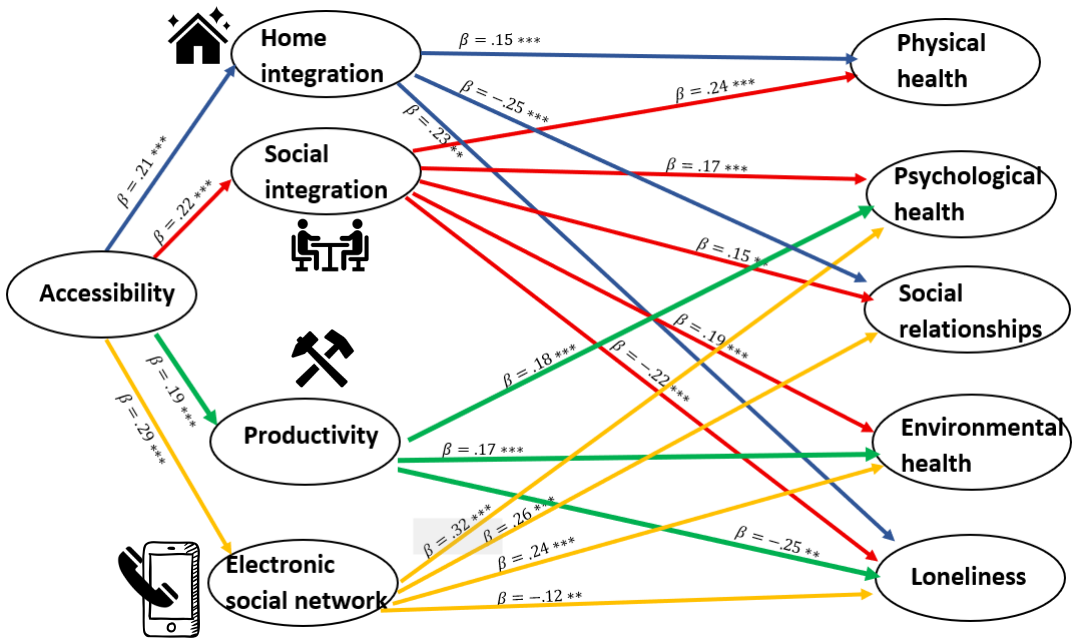
Age (years, S.D)	69.66 (7.02)
Female	62.4%
Married	76.2%
12 years of study or +	79%
Living alone	14.3%
Jewish	68.3%
Arabic	31.7%

Results - Path-analysis model

-Direct effect of neighborhood accessibility & QoL



-Indirect effect of neighborhood accessibility, QoL and loneliness



Conclusions & implications for OT

- Accessibility is important, but isn't enough.
- Older adults should also be integrated into community activities, especially social integration.
- Electronic social networking can enhance QoL and reduce loneliness.
- Home-based activities may increase loneliness, and this should be considered.
- OT can provide recommendations to local authorities on accessibility and community activities to address QoL and loneliness, promoting successful ageing.

