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REVIEW PAPER

Dynamics of changes in the quality of life and long-term care systems for older adults during the COVID-19 pandemic

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Abstract

The article focuses on the analysis of pandemic changes through an analytical approach to the issue of quality of life among older adults. The contribution emphasizes the impact on the physical and mental health and social interactions of seniors in home environments and social services facilities within the context of long-term care. The article is a theoretical-analytical research article based on a narrative literature review and secondary analysis of scientific, statistical, and institutional sources from 2020-2025. It examines key determinants that influenced the quality of life of older adults during the COVID-19 pandemic and evaluates their impact on long-term care systems using both quantitative indicators and qualitative findings. Based on secondary data and a literature review, the main determinants of the deterioration in older adults' quality of life during the pandemic period are identified, such as increased stress, isolation, and restrictions on freedom of movement. Long-term care facilities experienced challenges, including staff shortages, increased workload for caregivers, and limited access for family members. The article reflects on the need to reassess public strategies in older adult care and their integration into quality of life support systems in the context of crisis preparedness and subsequent societal recovery.

Keywords: long-term care, older adults, COVID-19, quality of life, public health

Introduction

The COVID-19 pandemic, dating back to the end of 2019, has transformed into one of the most fundamental global crises in modern history. Its impacts are broad-spectrum and affect all aspects of life: from physical and mental health to the economic, social, and the value dimensions of societal functioning [1]. The most pronounced impact of the pandemic manifested in the population of older adults. Data from the Chinese Centre for Disease Control and Prevention indicate a case fatality rate of 3.6% among individuals aged 60-69 years, escalating to approximately 18% for those aged 80 years and older. In response, the World Health Organization recommended stringent social distancing measures for geriatric populations to mitigate mortality in severely affected regions [2]. The risk profile of this group was determined not only by the higher likelihood of a severe course of COVID-19 disease but also by limited access to health and social care, staff shortages in social services facilities, and the reduction of interpersonal contacts due to preventive measures. The COVID-19 pandemic exposed profound vulnerabilities in long-term care (LTC) systems worldwide, with older adults

bearing the heaviest toll through excess mortality and LTC facility deaths comprising a substantial share of total COVID-19 fatalities [3].

During the pandemic, LTC workforce shortages intensified, with infection rates among caregivers reaching 17% in some countries and average absences of 25-35 days per employee, severely compromising care continuity for the residents of long-term care facilities. This crisis not only elevated vulnerability of the residents of long-term care facilities but also accelerated burnout and turnover, eroding the sector's capacity long term [4]. In this way, the pandemic exposed the structural limitations of the elderly care system and highlighted the need for its transformation toward an integrated model connecting health, social, and community services. It emphasized the importance of developing societal resilience through technological innovations, the digitalization of care, and the strengthening of intergenerational solidarity as determinants of sustainable quality of life in the post-pandemic period.

Aim of the work

The aim of the article is to identify the main determinants of changes in quality of life during the COVID-19 pandemic and to assess their impacts on older adults. The contribution focuses on key areas: physical and mental health, social relationships, and systems of care provided to seniors.

Methods

This study is based on a narrative literature review supplemented by secondary analysis of publicly available aggregated data and official statistical sources. The review focused on identifying the main determinants of changes in the quality of life of older adults during the COVID-19 pandemic and assessing their impact on LTC systems. Source retrieval was carried out in international academic databases and specialist sources, particularly Google Scholar, as well as in peer-reviewed journals focused on public health, gerontology, social policy, and quality of life (e.g. *Frontiers in Public Health*, *BMC Geriatrics*, *JMIR Aging*, and *PLOS Mental Health*). Reports from international institutions and public authorities were also used as supplementary sources. Studies and documents published between 2020 and 2025 were preferred in order to capture both the immediate and medium-term consequences of the pandemic.

The age group was defined as the population of older adults, while the included studies used different age thresholds, most commonly 60, 65, or 75 years. For the purposes of this paper, a broader concept of older age was adopted to ensure comparability across international sources while respecting the varying definitions used in individual studies. The literature review and secondary data analysis were conducted between January and March 2026 using the keywords "COVID-19 and older adults", "long-term care and pandemic", "quality of life and seniors", "nursing homes and mortality", and "social isolation and elderly". Source selection and categorization were carried out independently by two researchers, followed by a discussion to reach consensus. In total, 42 sources were initially identified; after removal of duplicates and screening of titles, abstracts, and full texts, 22 thematically relevant studies were included. The final set of sources served as the basis for qualitative synthesis of key findings rather than for an exhaustive systematic review.

Literature review results

Quality of life of older adults during the COVID-19 pandemic

The high prevalence of multiple diseases among older adults increases the risk of a more severe disease course and prolongs their recovery. During the COVID-19 pandemic period, the health vulnerability of older adults manifested as a key risk factor affecting their overall resilience to the disease's consequences. For example, approximately 8.5 million people over 80 years of age live in Germany, with 8,500 COVID-19-related deaths recorded in this group. The average age of death among positively tested individuals ranged between 80 and 81 years. Italy, whose population is among the oldest in the EU, records up to 22.8% of its population being over 65 years of age, representing the highest share in the Union. Given the high prevalence of chronic respiratory diseases in this population, the proportion of individuals belonging to the risk group is significantly higher than in other European countries. Global statistics from 2020 show that mortality due to COVID-19 increased with age, from 1.71% in the 65+ age category to 30.40% in individuals over 90 years of age [1].

Data as of April 13th, 2024, indicate the cumulative number of COVID-19 cases across all age groups since the beginning of the pandemic, with more than 7 million deaths worldwide, with the highest numbers of cases recorded in the USA (111,820,082), India (45,035,393), and France (40,138,560) [5].

Older adults experienced disproportionately high mortality rates worldwide during the COVID-19 pandemic, although specific figures varied by country and time period (Figure 1).

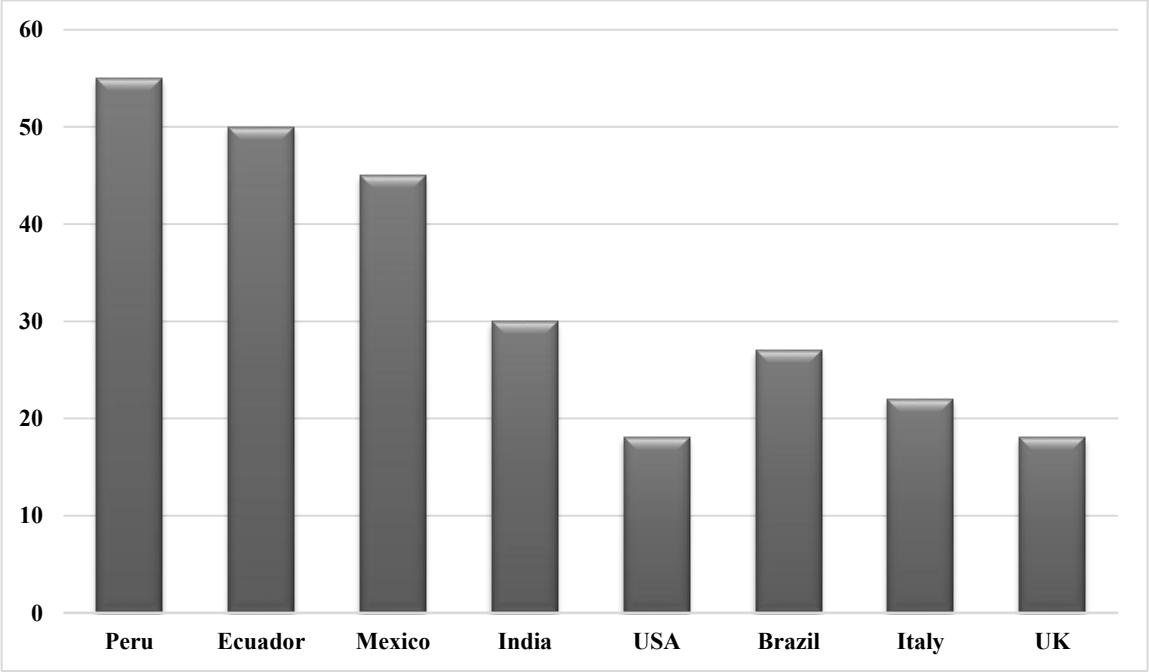

Figure 1. Excess mortality among older adults during the COVID-19 pandemic
Notes: own data processing based on Chakraborty et al. [3].

Data show that excess mortality during the pandemic was significantly higher among the older population compared to the total population. Countries such as Peru, Ecuador, and Mexico recorded very high levels of excess mortality, which in some cases exceeded 50% of expected annual deaths, with a substantial portion of these deaths occurring precisely in the older age groups [3].

Mortality among older adults during the COVID-19 pandemic significantly increased the vulnerability of this group and heightened inequalities in access to health and social care. These disparities objectively manifested in the quality of life of older adults, which during the pandemic and its subsequent period developed markedly differently across EU regions. The analysis of the study by Roszko-Wójtowicz et al. [4], based on the Synthetic Measure of Senior Quality of Life (SMSQoL), emphasizes significant differences in the quality of life of older adults between individual EU countries, while also reflecting regional inequalities (Table 1).

Table 1. European countries ranking based on the SMSQoL in each year 2015, 2019, and 2022

Country	2015	2019	2022
Sweden	0.71	0.69	**0.61**
Denmark	0.62	0.59	**0.54**
France	0.62	0.62	**0.52**
Finland	0.6	0.59	**0.55**
Germany	0.5	0.55	**0.6**
Slovakia	0.26	0.34	**0.34**
Latvia	0.24	0.25	**0.27**
Romania	0.19	0.25	**0.27**
Bulgaria	0.15	0.19	**0.24**

Notes: own data processing based on Roszko-Wójtowicz et al. [4].

In Northern and Western Europe, the quality of life of older adults generally improved during the observed period in most cases. Countries such as Sweden and Germany recorded progress in health, financial stability, and social relationships, which may indicate systematically strengthened and effective social policies, as well as high availability and quality of health care. Conversely, in Central-Eastern Europe, including Romania and Bulgaria, the quality of life of older adults did not improve significantly. Key factors included economic instability, limited access to health care, and weaker social security systems. Older adults in economically vulnerable regions were most affected by social isolation and declining incomes, thereby exacerbating pre-existing problems in their living conditions. Quantitative analyses confirm that while some regions demonstrated certain resilience, the most vulnerable groups of older adults experienced a significant decline in quality of life, particularly during the period between 2019 and 2022 [4].

Impacts of the pandemic and isolation on older adults' mental health

Isolation, which was one of the key tools in the fight against the spread of the COVID-19 virus, had a significant impact on the quality of life of the older population during the

pandemic. Older adults, as a risk and often socially marginalized group, faced not only health risks but also restrictions on contacts with family and the wider environment. With increasing age, the frequency of social interactions naturally decreases, which, combined with enforced movement restrictions and visit limitations, led to deepened social isolation. This condition negatively affected the psychological well-being and emotional health of older adults. Research from the National Academies of Sciences, Engineering, and Medicine of the United States indicated that approximately 25% of people over 65 years of age were dissatisfied with the low frequency of social contact and rare personal interactions, while up to 43% of individuals over 60 years of age emphasized feelings of loneliness. These findings reflect the risk of exclusion from regular social life, which can represent a reduction in the overall quality of life of older adults [6].

In the study by Zhang [7] , loneliness was identified as a determining factor in changes in depressive symptoms, with its long-term presence and social isolation being closely linked to the development of depression. Older adults suffering from persistent loneliness are exposed to a higher risk of mental disorders, whereby this condition leads to a negative feedback loop between depression and social isolation [7]. The following Figure 2 emphasizes living in solitude as a risk factor for the mental well-being of older adults.

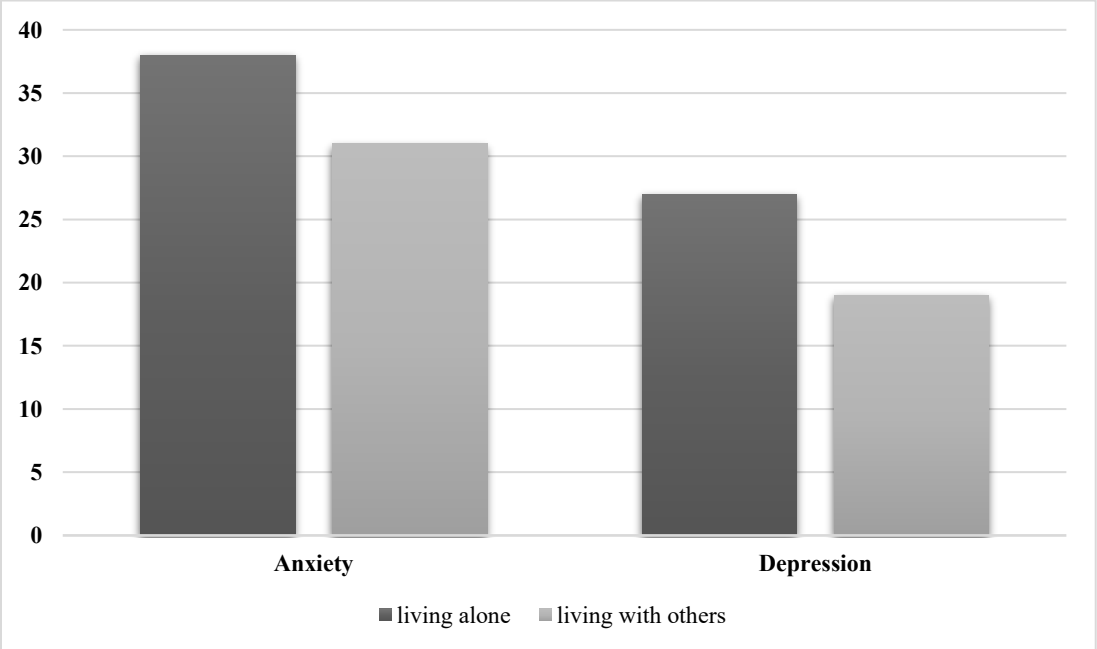

Figure 2. Prevalence of anxiety and depressive disorders among individuals over 60 years of age
Notes: own data processing based on Zissimopoulos et al. [8].

Older adults generally exhibit lower rates of anxiety and depression compared to younger age groups; however, living alone is associated with a higher likelihood of these problems. According to available data from Zissimopoulos et al. [8], up to 27% of adults over 60 years of age reported living alone. Older adults living alone more frequently reported feelings of anxiety (38%) and depression (27%), while older adults living with other household members exhibited these feelings to a lesser extent (31% anxiety, 19% depression) [8]. These findings highlight the importance of the social environment and its impact on the mental well-being of older adults.

During the COVID-19 pandemic period, older people faced a situation where they were forced to remain in home isolation or quarantine without the possibility of personal contact with family members or caregivers. Social disconnection increased their vulnerability to both the physical and psychological consequences of the pandemic. In addition to the risk of virus infection, older adults faced reduced access to basic services, deteriorating mental health, and weakening of social ties. Particularly at-risk groups were older individuals living in overcrowded and inadequately equipped environments, such as refugee camps or marginalized settlements, where conditions for providing adequate health care and hygiene were significantly limited. Insufficient access to humanitarian support further deepened their vulnerability [9].

Figure 3 highlights the negative trend of increasing loneliness among older adults during the period 2018-2023.

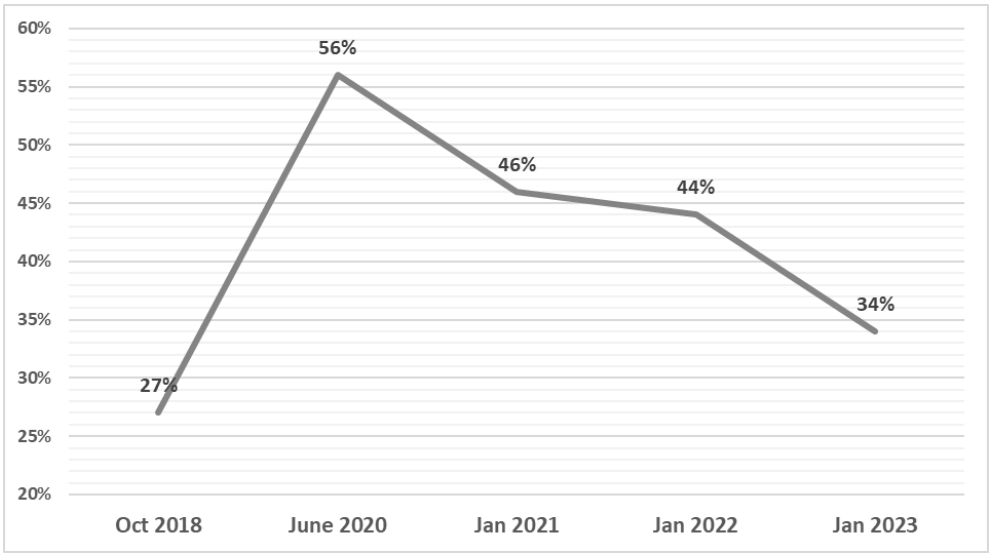

Figure 3. Statistics on changes in perceived loneliness among older adults in the period 2018-2023
Notes: own data processing based on Malani et al. [10].

Figure 3 indicates a significant increase in perceived loneliness among older adults during the pandemic (2020-2021). In June 2020, during the peak spread of COVID-19, the feeling of isolation among respondents rose to 56%. This increase can be explained by restrictions on social contacts, lockdown measures, fear of infection, and limited access to social and community activities. In January 2021, the percentage slightly decreased to 46% yet remained significantly higher than pre-pandemic levels. This suggests that the long-term consequences of the pandemic persisted. In January 2022, there was a further decline in the feeling of isolation to 44%, indicating a gradual return to social activity and reduction of pandemic restrictions. In 2023, the number continued to decrease to 34%, suggesting a slight return to the pre-pandemic state. Nevertheless, this figure is still higher than in 2018, which may indicate a long-term impact of the pandemic on the social behavior of older adults [10].

According to the systematic review by Sepúlveda-Loyola et al. [11], which analyzed results from ten studies involving 20,069 respondents from Asia, Europe, and America, older people exhibited a substantially higher prevalence of mental health problems during the pandemic. The prevalence of anxiety ranged from 8.3% to 49.7%, while the rate of depressive symptoms ranged from 14.6% to 47.2%. The highest value for sleep disorders was recorded at 36.4%. Six studies demonstrated deterioration in psychological well-being during isolation, specifically an increase in the prevalence of depression, anxiety, loneliness, and disrupted sleep quality. Three studies reported only mild negative effects of social isolation, while one research paper recorded a decrease in anxiety levels among older adults during quarantine measures [11].

The findings of these studies emphasize the long-term consequences that isolation can cause. Therefore, it is necessary to examine and analyze all impacts of the COVID-19 pandemic equally. The impact of the pandemic on society is complex and multifaceted. Understanding these factors is key to effectively managing this challenge and building a more resilient society for the future. The following Figure 4 highlights the risk of psychological symptoms that occurred in connection with COVID-19 illness.

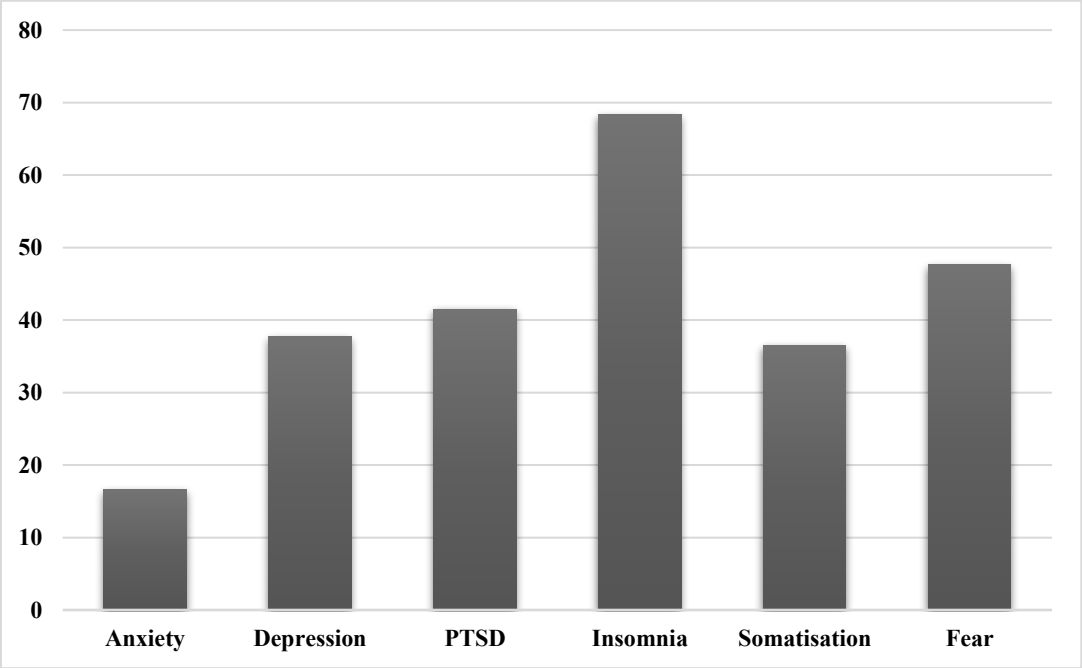

Figure 4. Risk of psychological symptoms associated with COVID-19 illness
Notes: own data processing based on Gao et al. [12].

The overall findings of the research show that 68.30% of individuals experienced sleep problems, 47.60% felt fear, and 41.50% exhibited some form of post-traumatic stress disorder (PTSD). The COVID-19 pandemic had significant psychological impacts on the quality of life of many people. Isolation, health concerns, job uncertainty, and changes in daily life increased levels of stress, anxiety, and depression. However, the rise in mental health problems also highlighted the need to innovate approaches to mental health care [12].

The pandemic significantly affected not only the senior population itself but also the care systems designed to protect and support them. The increased prevalence of anxiety, manifestations of depression, and feelings of loneliness required social and healthcare workers not only to implement additional psychosocial interventions but also to adapt care regimes, family communication, and the organization of older adults' daily lives in home, community, and institutional care. These changes were related to visitor restrictions, limited access to field services, and increased staff burden, which ultimately affected not only the subjective perception of quality of life of older adults but also the objective parameters of the quality of care provided [13].

Impacts of the pandemic on the quality of care provided to older adults

The impact of public interventions during the pandemic on the quality of life of the older population may vary depending on individuals' living conditions. A significant factor is the difference between older adults living in home environments, where they may receive support from close persons, and those in social services facilities. Options for providing care to older adults include residential nursing facilities, private senior communities, as well as individual care provided in the home environment. All these forms of care are based on the same premise: the need for a stable and trustworthy relationship between the older adult and the care provider. According to Eurostat data from 2020, only 13.5% of the population over 65 years of age required no specific care, such as emotional support, rehabilitation, or help in managing health problems. On the other hand, up to 46.6% of respondents stated that additional help in these areas would significantly benefit them [14].

Diverse forms of LTC for older adults created the need for systematic research and evaluation of current challenges within social services facilities for older people. According to the findings of the study by Jacobsen et al. [15], clients of these facilities perceived satisfaction with the care provided and life in the facility as a result of individual preferences and needs, emphasizing the need to respect their personal experiences and perception of quality of life. Among the main determinants of respondents' overall satisfaction was the quality of social interaction, particularly communication, with staff, other residents, and family members. Even before the COVID-19 pandemic, insufficient staffing capacity represented a significant problem, which deepened during the crisis period due to staff departures and high infection risks [15].

LTC employees were exposed to a higher risk of infection during the COVID-19 pandemic compared to other occupational groups. Spanish epidemiological studies from December 2020 showed the highest prevalence of SARS-CoV-2 antibodies among healthcare workers (approximately 17%) and women caring for dependent persons at home (approximately 16%), indicating significantly higher exposure for these groups in the context of care provision. Similarly, large-scale British studies confirmed a higher likelihood of infection among both healthcare and social care workers compared to workers in other essential sectors. A significant portion of LTC employees contracted COVID-19 and were unable to perform their duties, further worsening the already critical staffing capacity. In Navarre (Spain), more than 24% of LTC facility employees used at least one temporary work absence during the first wave, with all facilities having infected residents recording at least one ill employee. In

Portugal, LTC employees accounted for approximately one-third of all COVID-19-related work absences, while in Germany, the share of LTC employees (including home care) in work absences was 4.2% between March and December 2020 compared to an average of 2.1%. In Luxembourg, the average number of work absence days for LTC employees (nursing and medical staff including home care) increased during January-September 2020 to 25 days per employee compared to 16 days in the previous three years, with employees in LTC facilities having longer absences than those in home care. In Slovenia, the average number of work absence days for LTC facility employees in 2020 was 35 days per employee compared to 30 days in the previous three years. Work absences in the context of already high staffing shortages limited the ability to respond effectively to the crisis [16].

Limited staff capacity reduced the ability to ensure adequate clinical and psychosocial care, which, in the context of high COVID-19 prevalence among LTC residents, meant an increased risk of severe disease courses and deaths (Figure 5).

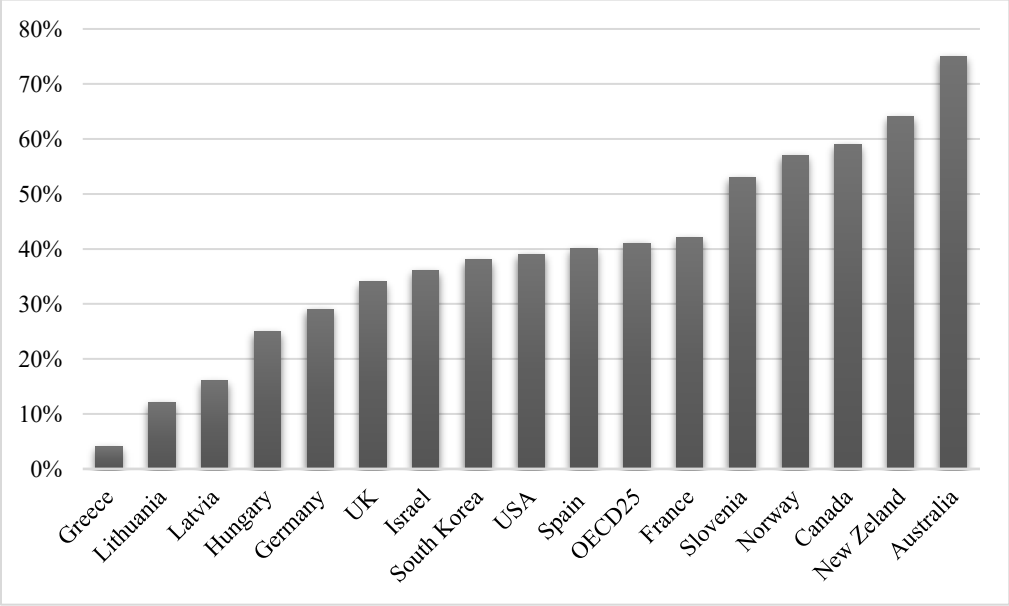

Figure 5. The share of LTC deaths in total COVID-19 deaths was about 40% across OECD countries as of February 2021

Notes: own data processing based on Rocard et al. [16].

The share of older adults' deaths in LTC among the total number of COVID-19 deaths varies significantly between countries (Figure 5), indicating that in some states, LTC facility residents were affected more than the remaining population. Australia recorded the highest

share (75%), followed by New Zealand (64%). The lowest shares of LTC deaths were recorded in Greece (8%), Lithuania (12%), and Latvia (16%) [17].

In cases where older adults are not provided with adequate and systematic care, there can be a gradual deterioration of their overall health status. Research conducted in 2012 in German LTC facilities showed that the absence of appropriate nursing care is associated with the worsening of existing diagnoses and an increase in complications. These findings highlight the importance of applying a comprehensive, holistic approach to providing care for older adults. Such a care model does not limit itself to addressing physical symptoms but also includes support for psychological and emotional well-being, quality communication, appropriate physical activity, and overall creation of an environment supporting dignified aging [18].

During the COVID-19 pandemic period, most older adults, particularly those living in social services facilities, faced challenging adaptation to new conditions caused by strict preventive measures. The ban on visitors significantly disrupted their social ties with family, negatively affecting their psychological well-being. One of the compensatory mechanisms became online communication with loved ones, which gained key importance. Staff actively supported relatives to maintain regular contact through video calls, phone calls, letters, or sending photographs, thereby striving to preserve feelings of security and emotional connection [19].

The study by Schneider et al. [19] with a sample of 136 residents of social services homes and their relatives shows that protective measures associated with lockdown and contact restrictions in facilities led to an increase in perceived stress and a negative impact on residents' quality of life, with perceived stress being the most significant predictor of quality of life decline. The results of the quantitative analysis show that perceived stress significantly negatively affected the quality of life of both groups: residents of social services facilities and their relatives. The average Perceived Stress Scale (PSS) score was similar in both groups, but its impact on QoL was statistically significant, with perceived stress being the most significant predictor for most quality-of-life scales (e.g. social support, autonomy, physical functions, and social roles among residents). These results suggest that protective measures associated with the COVID-19 pandemic acted as a long-term stress factor that directly manifested in the decline of subjectively perceived quality of life among older adults in institutional care and their family members [19].

The following research, conducted in three social services facilities in Spain, showed that the level of depression among residents temporarily decreased during lockdown ($p<0.05$), but by the end of data collection, it returned to a level similar to the beginning of the pandemic.

This development was independent of gender but interacted with age, with older residents showing a greater increase in depression at the end of the study. Residents with normal or mildly reduced cognitive functions had higher levels of depression after lockdown (p=0.012). The level of anxiety among residents was higher than among staff at the beginning of lockdown (p=0.002). During lockdown, the level of anxiety among residents statistically significantly decreased, but at the end of the study, it increased (p<0.05) [20]. The results suggest a long-term effect of the impact of measures on the mental health and quality of life of older adults in social services facilities and LTC. Similarly, research conducted by Montgomery et al. [21] in social services facilities showed that after the introduction of measures during the pandemic period, there was a significant increase in feelings of loneliness among their residents. An important factor was that data collection took place during the period when the measures had been lifted (from early July to August 2020) (Table 2).

Table 2. Feelings of loneliness after the end of anti-pandemic measures

Answer to the question "Do you feel lonelier than usual after the measures?"	Number of respondents	%
Yes, very much	194	57.4
Yes, but only a little	63	18.6
No, I'm not lonelier than usual	81	24
Total	338	100

Notes: own data processing based on Montgomery et al. [21].

Cumulative percentages show that a total of 76.0% of respondents (257 out of 338) experienced a higher level of loneliness after the measures, while only 24.0% did not perceive it as increased. These data indicate that the majority of respondents felt increased loneliness even after the end of anti-pandemic restrictions, which may reflect the long-term psychosocial consequences of isolation and changes in social contacts [21].

Discussion of the review results

The aging European population places increasing demands on LTC facilities, where infections pose the main threat, particularly respiratory and urinary tract diseases, with resistant

bacteria spreading 20% faster each year. Many facilities lack staff training (20% without preparation), infection prevention committees (less than half), and programs to limit unnecessary antibiotics (missing in 60% of cases). The COVID-19 pandemic worsened this issue – LTC facilities reported up to 40% of all deaths due to staffing shortages and visitor bans. Nurse-led infection prevention teams, modern monitoring, sensible antibiotic use, and better cooperation with intensive care units are needed to catch serious conditions early, especially in Central and Eastern Europe (CEEU), where funding is fragmented, and seniors are more fragile [22]. These infection control challenges extend beyond institutional settings to community-dwelling seniors, particularly in rural CEEU areas where primary care gaps exacerbate vulnerabilities.

In a Polish study of emergency medical interventions (2020-2022) for patients 90+ years of age in rural areas (76% of calls), primary care shortages were evident, with repeated interventions (19%) indicating chronic instability among older adults outside LTC settings. These findings confirm the vulnerability of CEEU seniors in home environments and complement the picture of systemic gaps in LTC [23]. The retrospective study in an LTCF (50 beds, Masovian Voivodeship, 2020-2024, n=118 residents, mean age 84 years) shows that planned transports for diagnostics/consultations outnumbered Emergency Medical Services interventions as the primary organizational burden [24]. Such systemic access barriers are further compounded by socioeconomic inequalities, which systematically disadvantage vulnerable groups.

Socioeconomic disparities significantly influence LTC access across Europe, where lower income correlates with twice the unmet needs (concentration index -0.15), disproportionately affecting women and less educated individuals. Analysis of 18 countries reveals wealthier seniors access formal care more readily, while CEEU nations (Slovakia, Poland) exceed 20% unmet needs due to inadequate funding. Generous Nordic LTC systems reduce disparities by 30%, contrasting Southern Europe's pension-supported family care reliance. These findings explain low SMSQoL in CEEU countries and underscore the need to coordinate LTC policies with pension systems for equitable access [25].

Addressing these structural gaps requires targeted interventions at the individual level, particularly nutrition, to counter frailty exacerbated by both infections and care discontinuities. Nutritional interventions represent an effective tool for mitigating frailty in older adults, which is crucial in the context of pandemic-exacerbated decline in quality of life. A review of 35 studies with nearly 5,000 weak or at-risk older adults shows that protein supplements (more than 1.2 grams per kilogram of body weight per day) combined with exercise significantly

improve muscle strength, ability to move around, daily activities, and overall physical condition. The biggest benefits were for underweight people (BMI below 22), which is common in CEEU care homes with low quality-of-life scores. This supports adding personalized nutrition plans to LTC to help prevent physical decline made worse by the pandemic [26]. Socioeconomic disparities explain the low SMSQoL, yet physical frailty represents the most direct quality of life risk.

These findings highlight the complexity of LTC challenges in CEEU countries, where infectious risks, coordination failures, socioeconomic barriers, and physical frailty in seniors intersect. The COVID-19 pandemic exposed systemic weaknesses, from inadequate infection prevention to chronic instability outside institutional settings, but also pointed to solutions: targeted nutritional support, improved transport coordination, and social policies reducing disparities. Implementing multifaceted interventions and aligning LTC policies with pension systems thus represent the key to sustainable quality of life for older adults in regions with low SMSQoL.

Conclusions

The COVID-19 pandemic affected the entire world in terms of quality of life and political, environmental, and economically sustainable development, as well as the global economy. Vulnerable segments of the population, such as seniors, faced higher risks during the pandemic period. This impact is confirmed by numerous research studies dedicated to it. The main objective of this study was to identify the primary determinants of changes in quality of life during the COVID-19 pandemic and to assess their effects on seniors. The main research studies and data analyses clearly indicate a significant increase in mortality rates among seniors during the COVID-19 pandemic, with the risk of death rising sharply with age, reaching up to 30.4% among individuals over 90 years of age. Excess mortality during the pandemic was substantially higher among older age groups compared to the general population, particularly in disadvantaged communities with limited access to health care. Regional disparities were evident in synthetic quality of life indices (SMSQoL), where CEEU countries maintained low values while Western Europe showed relative resilience.

Regarding psychological impacts, the pandemic triggered rises in anxiety (8.3-49.7%), depression (14.6-47.2%), post-traumatic stress disorders, and feelings of loneliness among seniors, with 76% of LTC residents reporting persistent isolation even after restrictions eased. These effects were compounded by LTC challenges, including staff shortages (24-35 absence

days per employee) and high shares of COVID-19 deaths in facilities (up to 40% across OECD countries). Consistent and stable care, supported by a comprehensive and holistic approach, is essential for managing seniors' vulnerability. These findings underscore the necessity of integrating health, social, and digital support systems to improve service accessibility and mitigate social isolation. They simultaneously call for fundamental reforms in public policies aimed at enhancing the resilience of older age groups and preparing them for future health and social challenges. Investments in public health, mental health support, improved conditions and quality of care provision, digital inclusion, and community strengthening represent key areas that can significantly contribute to higher quality of life for older adults. Key recommendations reflecting the findings of the analysis are listed below:

- implementation of multidisciplinary geriatric teams with digital coordination;
- depression and anxiety screening for all age cohorts >80 years with 30.4% mortality, combined with staff training on PSS monitoring. Routine mental health screening (e.g. PHQ-9 for depression) and intergenerational community programs;
- shift from institutional models (with a high anxiety prevalence of 38% among solo dwellers) to hybrid home-based services;
- addressing excess mortality disparities. Prioritize CEEU countries (Slovakia, Romania, Bulgaria) with low SMSQoL (<0.34) through targeted investments in healthcare infrastructure and LTC staffing capacities, where staff absences reached 24-35 days/employee.

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