

HAGIS

Healthy Ageing In Scotland



COVID-19 AND YOU: IMPACT AND RECOVERY STUDY

Has the pandemic changed older people's worries about health?

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Healthy AGEing In Scotland (HAGIS) series of rapid reports present information, analysis and key policy recommendations on issues relating to health, social and economic engagement of older people living in Scotland. This and other reports are available from our website: www.hagis.scot. Readers are encouraged to quote or reproduce material from HAGIS for their own publications. As copyright holder, HAGIS requests due acknowledgement.

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EXECUTIVE SUMMARY

This report describes worries about health conditions amongst older adults living in Scotland during the pandemic (n = 2687). Cancer and dementia have typically been the most feared conditions in adults but did this change during the pandemic with the introduction of COVID-19, a new, infectious disease with a high mortality rate and uncertainty around treatment and long-term outcomes?

The key results are that while getting COVID-19 was worried about as often as cancer and dementia during the pandemic (between October 2012 and January 2022), when comparing conditions older people are still worried most about cancer and dementia above other health conditions, including heart disease, stroke and diabetes. People are least concerned about diabetes.

Concerns about general health

- Around 70% of our sample were concerned for their general health only 'sometimes'.
- 13% never worried about their general health
- 13% worried about their general health often/very often

How often do older people worry about health conditions?

- Older people mostly do not worry often about key health conditions, namely heart disease, cancer, stroke, dementia, diabetes and COVID-19 (78-84% selected 'never'/'sometimes').
- Older people worry significantly less often about diabetes than any other health condition despite diabetes itself being a risk factor for the other named health conditions.
- Having had a diagnosis of one of the named conditions was associated with a higher frequency of worry about the condition. This was the case for all named conditions except for COVID-19. Having previously had COVID-19 did not alter the frequency of worry about getting the condition.

Which health condition worries people the most?

- Cancer and dementia were the leading conditions that concerned older people the most: cancer 30% and dementia 29%
- 5% of the sample worried about COVID-19 the most

INTRODUCTION

Cancer and dementia are commonly noted as the most feared conditions for adults in surveys conducted in the UK [e.g. 1, 2] The COVID-19 pandemic caused seismic changes in every aspect of our lives with Government led restrictions imposed to minimize the risk of getting and spreading this unpredictable disease. High mortality rates and uncertainty regarding best treatments and long-term outcomes dominated the media. Despite this, a recent poll (May 2021) within the USA, reported that cancer remained the health condition people feared the most. Covid-19 came fifth out of a list of 7 conditions making it only more feared than diabetes and influenza/pneumonia. [3]

The data collected as part of the COVID-19 wave of the HAGIS survey sheds light on health worries for older adults in Scotland during the pandemic and to consider where worry about this new condition, COVID-19, lies in the context of other prominent health conditions in this age group, such as cancer and dementia.

AIMS

To explore older adults' worries about health conditions during the pandemic and inform recovery from the pandemic.

METHODS

Sample and recruitment

The eligible participants were older people aged 50 and over living in Scotland. The recruitment was primarily targeted at the participants from two existing Scottish longitudinal studies - Healthy Ageing in Scotland (HAGIS) and Generation Scotland. Additionally, a predefined panel of 600 Scottish participants meeting the eligibility criteria was invited to participate. Data were collected remotely between October 2021 and January 2022. This was the period when most but not all public health restrictions were lifted in Scotland [4]; however, due to the rapid transmission of the new Omicron variant of the SARS-CoV-2 virus in December 2021, the restrictions on large gatherings and physical distancing in hospitality venues were re-introduced [5]. Multiple modes of remote data collection were used – electronic, telephone and postal interviews. Postal participants were additionally offered to take the survey online, referred to as 'nudge to web' mode (see Figure 1). More details on the participant recruitment to multiple modes of data collection are available in Appendix A.

The sample of 3,373 respondents were recruited from the HAGIS pilot study (n=225, 6.7%), the GS study (n=2,548, 75.5%), and a top-up panel of older Scottish adults (600, 17.8%). 2,671 (79.2%) respondents completed the survey online with 684 (20.3%) completing it via post and 18 (0.5%) via telephone. More details on the participant recruitment to multiple modes of data collection are available in Appendix A.

Figure 1. Sample

	OCTOBER–DECEMBER		DECEMBER–JANUARY	
				
 2021-2022 TARGET SAMPLE n=15,674	HAGIS n=186 GS n=7,076	HAGIS n=190	HAGIS n=627 GS n=6,995	PANEL n=600
ACHIEVED SAMPLE n=3,696	HAGIS n=65 GS n=2,307	HAGIS n=18	HAGIS n=153* GS n=553*	PANEL n=600
EFFECTIVE SAMPLE n=3,373	HAGIS n=54 GS n=2,017	HAGIS n=18	HAGIS n=153 GS n=531	PANEL n=600

Note. *Inclusive of 'nudge to web' participants

Measures

Demographics

We asked respondents about their socio-demographic characteristics including age, gender, ethnicity, education, employment status, living arrangements, and local authority residence.

COVID-19 experience

The following questions regarding COVID-19 behaviours and perceived risk were asked of all respondents but here we report descriptive data from the sample assigned to the health module only. We asked questions related to COVID-19, specifically about vaccination status and shielding, whether they had had COVID-19 and their perceived risk of getting COVID-19:

- Have you received a COVID-19 vaccination?
Response options: Yes, first does; Yes both doses; No, but will be vaccinated when invited; No, I do not want to have the vaccine; Prefer not to say
- Were you 'shielding' during the pandemic?
Response options: Yes, I am still shielding; Yes, during lockdown; No; Don't know; Prefer not to say
- Have you, or any friends or family members that are close to you ever been diagnosed with COVID-19?
Response options: Yes, myself; Yes, a family member, Yes, a close friend, or Yes, but prefer not to say who, or No.

For those who indicated they had had COVID-19 themselves, an addition two questions were asked:

- Did you have to go into hospital for treatment?
- Did/do you have symptoms lasting for 4 or more weeks after diagnosis?
- Do you consider yourself to be at risk of getting COVID-19 in the future?
Response options: High risk; Medium risk; Low risk; Not at risk; Not sure
- Do you consider yourself to be at risk of becoming seriously unwell if you were to get COVID-19?
Response options: High; Medium; Low; No risk; Not sure and Prefer not to say

General Health

We asked respondents about their general physical and mental health and what conditions they had previously received a diagnosis of.

- Do you have a physical or mental health condition or illness lasting or expecting to last 12 months or more?
Response options were: Yes, No, Don't know, Prefer not to say.
- For those that selected 'Yes' the following question was asked: Does your condition or illness reduce your ability to carry out day-to-day activities?
Response options were: Yes, a lot; Yes, a little, and Not at all.
- Has your GP or a medical professional ever told you that you had any of the following health conditions?

Respondents were asked to tick all that applied: COVID-19, Cancer, Diabetes, Dementia/Alzheimer's disease, Heart disease, Stroke

Health concerns

We measured worries about a selection of health conditions linked to older adults, including COVID-19, followed by a question on which one was worried about the most.

- How often do you worry about your health... in general; getting COVID-19; getting cancer; getting diabetes; getting dementia/Alzheimer's Disease; getting heart disease, having a stroke.
Responses were on a 4-point likert scale: Never, sometimes, often, very often. 'Prefer not to say' was also included.
- For those who answered '*Sometimes, Often or Very Often*' to at least one of the conditions, an additional question was asked: Which one of the following health conditions do you worry about having the most?
Response options: COVID-19, Cancer, Diabetes, Dementia/Alzheimer's disease, Heart disease, Stroke. Other options of 'Don't know and Prefer not to say' were also included.

RESULTS

The results are based on a sample of 2,687 respondents who were asked about their health concerns. We report unweighted data.

Socio-demographic characteristics

Of the total health sample, 74% were aged 60 years and over: 25.6% were in age group 50-59, 41.5% in 60-69, 27.7% in 70-79 and 4.6% in 80+. The median age was 66 years, mean age was 65.5 (SD 8.4) years. There were more female respondents than male (58% versus 42% respectively). In response to a question on living arrangements, 72% indicated they were living with another person, mainly a spouse, and 26% were living alone.

In terms of education, 66% of respondents had received some form of further education. The majority were retired (59%), with one third of them (n=534/1,597, 33%) having retired during the pandemic, and 28% were paid employees. There was representation across all Local Authority areas. 23% of respondents lived in the least deprived areas compared to 6% who lived in the most deprived areas. In terms of ethnicity, 79% identified as Scottish, 17% as British and the remaining 4% as other ethnic groups.

COVID-19

Most respondents (97.5%) reported that they had received two doses of the COVID-19 vaccination, and 1.3% (n=35) reported not having and not wanting to have the vaccine. 75% of respondents said they had not shielded during the pandemic and 16.6% had been shielding, with 2.6% (n=69) reporting that they were still shielding (note the survey took place between October 2020 and January 2021).

Only 8% of respondents reported that they themselves had had COVID-19, but 66% knew of a close friend or family member who had had COVID-19. Of respondents who had had COVID-19, 6% reported they had to go into hospital for treatment, and 44% had symptoms that lasted at least 4 weeks.

In addition, 49.5% of respondents stated they felt at low risk of getting COVID-19 in the future; 4.8% considered themselves to be at high risk and 4.7% and no risk. If they were to get COVID-19 (again)

46% believed they were at low /no risk of becoming seriously unwell. Only 9% thought they were at high risk.

General health

Over a third of the sample (37%) reported having a physical or mental health condition lasting or expected to last 12 months or more, of which 60% reported that their condition affected their day-to-day activities a little or a lot. However, the majority still considered their own general health to be at a minimum 'good': physical health (78%); mental health (76%).

The majority of the sample had never been diagnosed with any of the conditions we asked about. The percentage of people indicating a previous diagnosis are as follows: COVID-19 (4.8%), cancer (11.5%), diabetes (8.3%), dementia (<1%), heart disease (8.3%), and stroke (2%).

Health concerns

Frequency of worries

In terms of *how often* people worry about certain health conditions linked to the 'older' population, the majority in our sample (78 to 84%) 'Never' or 'Sometimes' worried about their general health and specific conditions listed in Table 1. People worried least about getting diabetes than the other conditions with over half (55%) of respondents 'Never' worrying about getting this condition.

A repeated ANOVA was run to compare the mean response scores (1-4; never – very often) on each condition (n= 2377). There was a statistically significant effect of condition on people's level of worry (Wilks' lambda = 0.693, F(5, 2372) = 210.19, p<0.001). Getting diabetes produced a significantly lower level of concern (mean = 1.48) compared to all other conditions (all p<0.001). Getting COVID-19 was of a significantly higher frequency of concern than getting heart disease, having a stroke and getting diabetes but was comparable to getting cancer and dementia.

Table 1 How often do people worry about...?

Condition	Mean	SD	Response n (%)				
			1 Never	2 Sometimes	3 Often	4 Very Often	Prefer not to say
General Health	2.03	0.607	349 (13.0)	1861 (69.3)	3.0 (10.2)	81 (3.0)	122 (4.5)
Getting Cancer	1.95	0.701	583 (21.7)	1508 (56.1)	283 (10.5)	87 (3.2)	226 (8.4)
Getting Dementia	1.92	0.723	670 (24.9)	1426 (53.1)	296 (11.0)	86 (3.2)	209 (7.8)
Getting Covid	1.91	0.655	593 (22.1)	1582 (58.9)	233 (8.7)	64 (2.4)	214 (8.0)
Getting Heart Disease	1.78	0.693	863 (32.1)	1343 (50.0)	191 (7.1)	62 (2.3)	228 (8.5)
Having a Stroke	1.78	0.671	832 (31.0)	1412 (52.5)	174 (6.5)	57 (2.1)	212 (7.9)
Getting Diabetes	1.48	0.682	1476 (54.9)	786 (29.3)	114 (4.2)	49 (1.8)	262 (9.8)

Which health condition worries people the most?

Within our sample, 82% worried about at least one health condition. Of those who indicated concern, 59% either worried about cancer (30%) or dementia (29%) the most. Other health conditions were of greatest concern to fewer people: stroke 10%; heart disease 7%, COVID-19 5% and diabetes 2%, see (**Error! Not a valid bookmark self-reference.**).

Table 2 Which of the following health conditions do you worry about the most?

Response	N(%)
Cancer	785 (30.0)
Dementia	750 (28.7)
A stroke	250 (9.6)
Heart disease	175 (6.7)
COVID-19	128 (4.9)
Diabetes	59 (2.3)
Don't know	57 (2.2)
Prefer not to say	409 (15.7)
TOTAL SAMPLE	2613

We further explored these findings by taking into account whether the sample had previously been diagnosed with the named health condition (Table 3). Four of the health conditions had a sample size that enabled us to perform chi-square test. There was a statistically significant difference in the *distribution* of responses for cancer, heart disease and diabetes: people with those conditions were more frequently worried about that condition compared to people without the condition. For example, respondents who have/had cancer had a higher level of worry compared to those who had never had cancer. The exception to this pattern was COVID-19 where a diagnosis of COVID-19 did not significantly impact on the frequency of worry; that is, people in both groups were worried about COVID-19 with as often as each other.

Table 3 Differences in frequency of worry by health condition by prior diagnosis

Condition	Group	Total (n)	How often do you worry about getting.....?					
			N(%)					
			Never	Sometimes	Often	Very Often	Prefer not to say	
Cancer	No diagnosis	2279	557 (24.4)	1343 (58.9)	225 (9.9)	57 (2.5)	97 (4.3)	X ² (4, 2588) =110.69, p<0.001
	With diagnosis	309	26 (8.4)	165 (53.4)	58 (18.8)	30 (9.7)	30 (9.7)	
COVID-19	No diagnosis	2459	568 (23.1)	1508 (61.3)	217 (8.8)	57 (2.3)	109 (4.4)	X ² (4, 2588) =7.49, p = 0.112
	With diagnosis *	129	25 (19.4)	75 (58.1)	16 (12.4)	<10 (<6%)	<10 (<6%)	
Heart Disease	No diagnosis	2365	841 (35.6)	1245 (52.6)	149 (6.3)	29 (1.2)	101 (4.3)	X ² (4, 2588) =271.45 p<0.001
	With diagnosis	223	22 (9.9)	98 (43.9)	42 (18.8)	33 (14.8)	28 (12.6)	
Diabetes	No diagnosis	2365	1428 (60.4)	725 (30.7)	72 (3.0)	13 (0.5)	127 (5.4)	X ² (4, 2588) =469.3, p<0.001
	With diagnosis	223	48 (21.5)	61 (27.4)	42 (18.8)	36 (16.1)	36 (16.1)	

* Figures do not add to 100% due to cell values <10.

DISCUSSION

This sample of older adults in Scotland were generally in good health, double vaccinated and were not often worried about a variety of health conditions linked with older adults. Getting COVID-19 was not something people were particularly worried about, although the frequency of concern was more than for getting heart disease, having a stroke or becoming diabetic. While the frequency of concern for getting COVID-19 was more similar to that of getting cancer and dementia, the intensity of concern differed with 29-30% of people fearing cancer and dementia the most compared to only 5% for COVID-19.

In an English population-based study, covering data collection from 2014-2016, 39% of adults (average age 65 years) who had never been diagnosed with cancer indicated they were 'never' worried about getting the disease and only 5% were 'often' or 'very often' worried. [6] Our study indicates a possible shift in concern from pre to post pandemic, with 13% of our Scottish sample worrying 'often' or 'very often' about cancer. An increase in frequency may link to the restrictions imposed and the subsequent difficulties in accessing healthcare services during this time [7].

Having previously had a diagnosis of COVID-19 does not seem to significantly impact on worry about that condition and this is different from the other health conditions. In cancer diagnosis, people worried more about that condition than people without the condition. This was also the case for dementia, heart disease, and diabetes. The similar levels of worry for COVID-19 may indicate that our sample, had low level, manageable symptoms when they had COVID-19 (a very small percentage were hospitalised) and therefore the experience has not led to feelings of risk of poor outcomes or significantly enhanced fear of getting it again in the future. This may have implications for continued risk reducing measures.

Importantly, cancer and dementia remain the most feared health conditions over other health conditions, including COVID-19 [8]. The pandemic has not changed this pattern. In March 2022, NHS England initiated a campaign to address elevated cancer fear after research indicated around 60% of people feared cancer more than any other condition, including COVID-19.[9] A similar focus may benefit Scotland, with dementia similarly targeted. Of interest, is that, similar to other polls, people are least concerned about diabetes, despite risk factors for the disease being similar to other conditions e.g. being overweight [10]. Future research could explore this further to address if fear is low due to misinformation about the seriousness of the condition or because people feel able to manage the condition.

CONCLUSION

In a generally healthy sample of older people living in Scotland, COVID-19 was not a particularly prominent health concern. This is despite the seriousness and uncertainty around COVID-19 regarding symptoms, treatment and long-term implications, and the subsequent media attention the pandemic has received. For older adults, worry remains focused on getting conditions such as cancer and dementia, which suggests a need to reassure people that these remain a priority for public health services. Of interest is the distinct lack of worry regarding diabetes, a condition linked to aging and many of the other stated conditions such as stroke and dementia. This lack of concern highlights a potential area for further investigation to explore public perception of diabetes and the associated risk factors.

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APPENDIX

Appendix 1 Participant recruitment to multimodal routes of data collection



Online mode: Eligible online participants from two existing Scottish longitudinal studies received an electronic invitation letter with an enclosed link to the study website and a personalised link to the survey. The website described the study, how to take part in the survey and get more information about the study. An email address and a freephone number was provided to connect directly to HAGIS researchers for clarifications. The survey was hosted on the Qualtrics XM Platform. Participants received a reminder to complete the survey following 2 weeks post-invitation. DJS Research (a social marketing research agency) recruited panellists to the study by sending an initial electronic invitation. The panellists who expressed an interest to participate were directed to the survey hosted by DJS Research using Nebu Platform. Panellists are paid for completing the survey, at a rate of £12 per survey.



Telephone mode: Participants for phone interviews were approached by DJS Research. Interviewers explained the study and ways to get more information about the survey. For participants who were interested to take part, interviewers arranged a suitable time for the interview. Survey responses were entered initially into the Telephone Assisted Personal Interview (TAPI) system, followed by the transfer into the Qualtrics XM Platform.



Postal mode: Eligible postal participants received the postal invitation letter, information leaflet and postal survey, with an accompanying reply-paid envelope. All postal participants were offered an option to take part in the survey electronically through the study website. The reminder postcards were sent to participants 3 weeks post-invitation.

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