



**Healthy Ageing in Scotland:
COVID-19 Impact & Recovery Study**

Executive Summary Report

Acknowledgements

Thanks to all the respondents across Scotland without whose help the HAGIS study could not exist.

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Table of Contents

Acknowledgements	3
Introduction	5
1. Literature Review	6
2. Survey Sample	7
3. Validation of the Worries Emerging from the Covid-19 Pandemic (WECP) Scale.....	9
4. COVID-19 Concerns: Associations with socio-demographic and health status	11
5. Feelings, losses and opportunities emerging from the pandemic	12
6. Experiences of Health and Engagement with Health Services.....	13
7. Technology and Social Connectedness.....	14
8. How the pandemic affected respondents' financial situation and their saving and spending behaviour.....	16
9. Home working in Scotland during and after the Pandemic: Prevalence, Experiences and Preferences.....	17
10. COVID Fear and Life Satisfaction	18
11. Expectations After and During the Pandemic	19
12. Did Negative News Regarding the Oxford AstraZeneca Vaccine end in Vaccine Hesitancy?.....	20
13. Health Service Engagement in Scotland During and After the Pandemic	21
14. Has the Pandemic Changed Older People's Worries About Health?	22

Introduction

Elaine Douglas (Principal Investigator)

COVID-19 has affected everyone's lives in some way or another, and to a greater or lesser extent. This study will produce insight into the influence that COVID-19 fear plays in the behavioural response to the COVID-19 pandemic. The extent which COVID-19 fear would influence decisions such as visiting family and friends, attending GP/hospital appointments, returning to the workplace and employment/consumption patterns was unknown.

This study was set up to address the impact of COVID-19 by:

- (1) constructing a robust and evidence-based survey instrument for COVID-19 Fear
- (2) using the instrument to measure prevalence among older people in Scotland, and
- (3) relating this to willingness to re-engage across social, health, and economic domains as society adjusts to what may be termed the 'new normal'.

This will help researchers and policymakers to understand and respond to the social, health, and economic impacts of COVID-19 fear.

This is a mixed methods study. Quantitative research will highlight social gradients in COVID-19 fear and will be complemented by qualitative research to address the effects of COVID-19 fear on the use of internet and mobile communication technology (ICT) during lockdown and its impact on social connectedness, engagement with health services, return to the workplace, and consumption and spending patterns.

1. Literature Review

Alison Dawson, Tamara Brown, Cate Pemble & Elaine Douglas

Key Findings

- Ten studies reported on nine unique instruments that have been developed and published in English language to measure fear of COVID-19, from the beginning of the pandemic to April 2021.
- Seven studies developed and validated unique new instruments for measuring COVID-19 fear, two of which used existing COVID-19 fear scales to validate the new instrument.
- Instruments vary significantly in terms of length (items) and scope (factors).
- Study quality was mixed; more detailed reporting of the methods used in the development of the scale items would have improved transparency and therefore quality.
- Instruments aimed to measure various psychological states potentially related to COVID-19, including anxiety, depression, stress, cognitions, phobias, personal risk of infection, and coping behaviours.
- Measures of general and COVID-specific anxiety and depression are positively correlated with COVID-19 fear.
- COVID-19 fear may be moderated by certain sociodemographic factors such as age and gender, and pre-existing physical and psychological health conditions.
- None of the studies proposed a threshold for subclinical/clinical fear of COVID-19 in a general population sample.
- The majority of identified studies developed and validated unique instruments.
- The instruments included in this rapid review focus on worries and fears related to the domain of health.
- By identifying and describing key characteristics of existing COVID-19 scales we help other researchers to decide which instrument might be the most suited to their needs in future studies of the effects of COVID-19 fear.

2. Survey Sample

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 [1]; 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 [2]. 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).

Figure 1. Survey Modes



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.



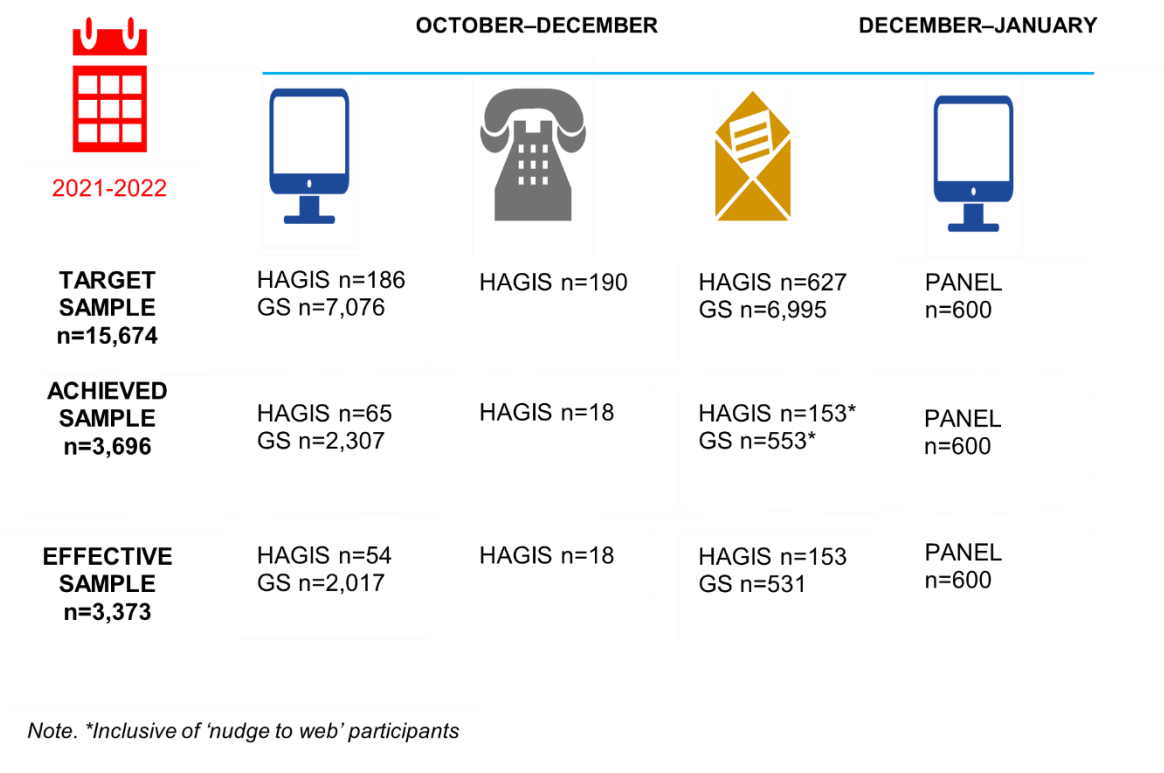
Postal mode: Eligible postal participants received the postal invitation letter, information leaflet and postal survey, with an accompanying reply-paid envelope. All postal participants were offered an option to take part in the survey electronically through the study website. The reminder postcards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

Survey Sample

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. See Figure 2.

- We should note that the survey sample has an inherent disadvantage of pre-existing sampling bias. We anticipate that there will be an over-representation of:
 - (i) older adults living in the East of Scotland,
 - (ii) those aged 55-65,
 - (iii) females, and
 - (iv) those in the lower deciles of the income distribution.
- There will therefore likely be a concomitant under-representation of
 - (i) older adults living in the South, West and North of Scotland,
 - (ii) the youngest and oldest sections of the older adult population,
 - (iii) males, and
 - (iv) those at the lower ends of the income distribution.
- Sample weights have been estimated to align the survey participants as close as possible to the Registrar’s General for Scotland’s estimate of the structure of the older adult population in 2021. The sample weights were calculated based on gender, locational and age-related imbalances and not the income distribution.

Figure 2. Survey Sample



3. Validation of the Worries Emerging from the Covid-19 Pandemic (WECP) Scale

David A. Comerford, Olivia Olivarius, David Bell, Elaine Douglas

Executive Summary

- Covid-19 has caused substantial disruption to how we live, work and socialise and has evoked concerns and worries regarding many aspects of life. As the UK was easing Covid-19 restrictions in the period March – May 2021, we devised and validated a Worries Emerging from the Covid-19 Pandemic scale (the WECP scale).
- We devised 100 items that factor analyses over two rounds of data collection on UK residents reduced to a 14-item scale. The resultant WECP scale captures the following dimensions: worries about the future course of the virus; worries about readjusting to society; feelings of isolation; worries about the continuation or reintroduction of restrictions; worries for family and friends; financial worries and worries regarding the safety and efficacy of Covid vaccines.

Key Themes

- Presents a novel 14-item scale that captures worries among older adults living in Scotland (see Table 1)
- Validates the scale for use in a sample of older adults living in the UK
- Demonstrates convergent validity with resilience scales and clinical scales of Covid fear
- Demonstrates discriminant validity with existing scales
- Shows sensible variation across population characteristics e.g. gender, retirement status

Main Findings

- Scores on our WECP scale are independently predicted by three scales from the peer-reviewed literature: one that captures fear concerning the disease itself, one that captures broader worries around the pandemic and one that measures resilience. WECP scores are lower among older respondents (age 70+) than among younger respondents (age 40-49) and this is largely explained by financial worries and worries regarding the efficacy and risks of the Covid-19 vaccines.
- The WECP scale provides a uniquely insightful measure of the worries experienced by the older UK population as we emerge from the Covid-19 pandemic. It can help identify which groups have been left feeling vulnerable by the pandemic and on which dimensions those groups would profit from support.

Table 1. Worries Emerging from the COVID-19 Pandemic (WECP) Scale

Subdimension	Statement
Concerns about family and friends	1. Since the start of the pandemic, I worry more about the wellbeing of my friends and family
	2. Since the start of the pandemic, I worry more about the security of my friends and family
Longer-term concerns	3. I am concerned about how I will adjust when society fully opens up after the pandemic
	4. I am daunted at the thought of increased socialising
	5. I am worried that the COVID-19 virus will mutate into a deadlier strain
	6. I am worried that the COVID-19 virus will never disappear from the population
Concerns about restrictions	7. I worry that I won't be able to cope if COVID-19 restrictions are reintroduced
	8. I am worried about being in quarantine or lockdown for a long time
	9. The pandemic has caused me to feel disconnected from the world around me
	10. Since the start of the pandemic I feel so distant from people
Financial concerns	11. I feel financially vulnerable due to the pandemic
	12. I feel uncertainty around my longer-term financial position
Views on Vaccines	13. COVID-19 vaccines are beneficial
	14. I believe the COVID-19 vaccines' benefits outweigh any risks

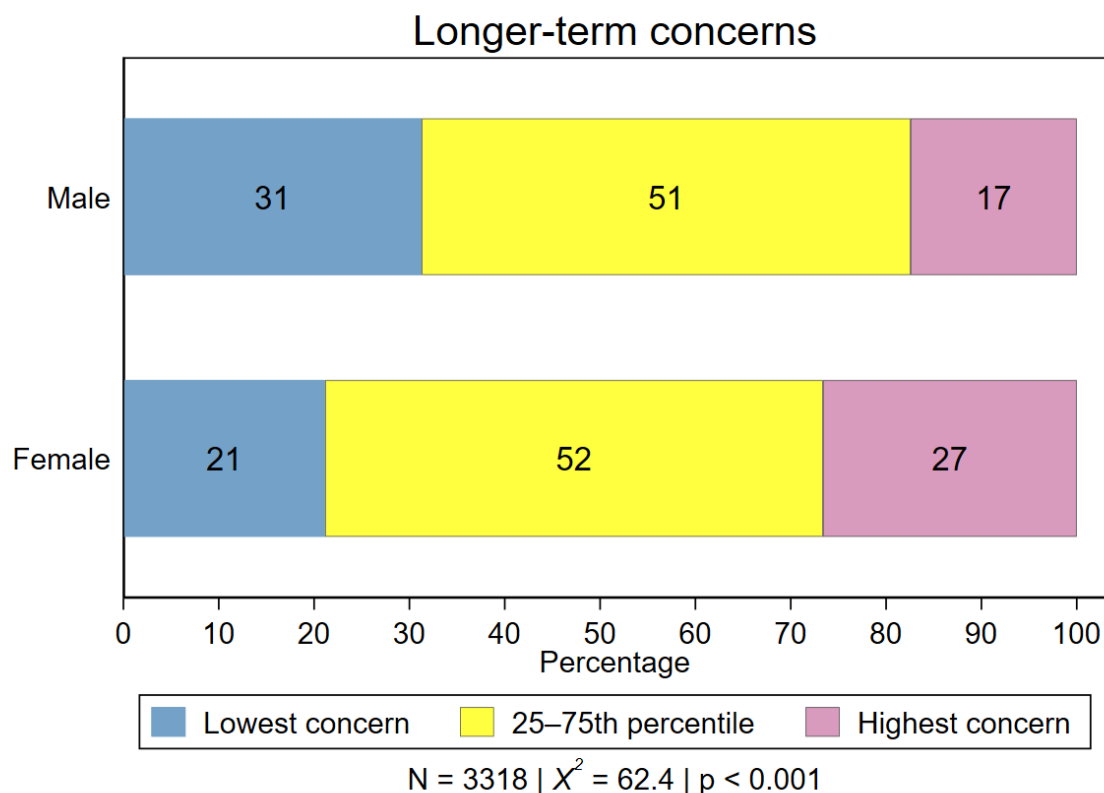
4. COVID-19 Concerns: Associations with socio-demographic and health status

Alan Duggan & Elaine Douglas

KEY FINDINGS

- The level and type of concern expressed by older people varied according to their sociodemographic characteristics.
- Around 1 in 4 people agreed/strongly agreed that the pandemic caused them to feel disconnected from the world around them (27%).
- Almost 1 in 5 agree/strongly agreed that they felt uncertainty around their longer-term financial position.
- In general, women tended to express higher levels of concern than men (see Figure 3). Notably, this difference was smaller in terms of financial concerns.
- Retired respondents worried less than those who were not retired while older respondents had lower levels of concern in comparison with their younger counterparts.
- Those with lower education, more precarious employment/unemployed, or living in more deprived areas expressed higher levels of COVID-19 concern.
- Those with poorer physical or mental health were more likely to express higher levels of concern across all areas of concern measured in the study.

Figure 3. Longer-term concerns for males and females



5. Feelings, losses and opportunities emerging from the pandemic

Louise McCabe, Tamara Brown, Cristina Douglas

Roy Anderson, Elizabeth Chrystall, David Curry, Margot Fairclough, Christine Ritchie, Pat Scrutton and Ann Smith

- The COVID-19 pandemic significantly impacted all our daily lives. This rapid report describes the overarching themes arising from an in-depth qualitative study that explored the lived experience of the pandemic of adults aged over 50 living across Scotland. A co-production approach was undertaken to data collection and data analysis by a team of three academics and seven co-researchers. This rapid report is the first in a series of three reports detailing findings from the qualitative field work. This report focusses on the subjective experiences of older people during the pandemic.
- Our participants in the interviews and focus groups expressed feelings in relation to various situations created by the pandemic such as restrictions and measures of infection control; lack of or too much communication; and contradictory or non-sensical guidelines. Participants responded to the pandemic in different ways including acceptance of the situation; gratitude for health services or community work; and a strong feeling of self-sacrifice as a way of contributing to mitigating the current situation and moving towards post-pandemic recovery. Participants also expressed feelings in relation to not being able to carry on with or experience everyday life in a normal way ('missing things') or having to return to a 'new normal' that felt uncertain.

KEY THEMES

- Fear, worries and weariness
- Missing things
- Opportunities

MAIN FINDINGS

- People expressed concerns and fears about contracting COVID-19 or infecting others but following vaccinations and changes to restrictions, people's main worries and concerns changed to feelings of frustration caused by ongoing restrictions.
- Feelings of fear were particularly strong amongst people who were shielding.
- People missed many things during the pandemic including physical contact with people, places and activities as well as their everyday routines Opportunities were created during the pandemic by the changes resulting from lockdowns and other restrictions; people adopted new hobbies, became more active, enjoyed time in nature and felt more connected to their local communities.

6. Experiences of Health and Engagement with Health Services

Louise McCabe, Tamara Brown, Cristina Douglas

Roy Anderson, Elizabeth Chrystall, David Curry, Margot Fairclough, Christine Ritchie, Pat Scrutton and Ann Smith

Executive Summary

- The COVID-19 pandemic significantly impacted all our daily lives. This rapid report describes the overarching themes arising from an in-depth qualitative study that explored the lived experience of the pandemic in adults aged over 50 living across Scotland. This rapid report is the second in a series of three reports detailing findings from the qualitative field work. A co-production approach was undertaken to data collection and data analysis by a team of three academics and seven co-researchers.

Key Themes

- In terms of health, strong themes that emerged from the data concerned:
- Alternative ways of managing one's own health
- Attitudes around COVID-19 infection and getting the vaccine
- Appointments, particularly with GPs and dentists
- Mental health and wellbeing
- Hospitalisation due to COVID-19 infection or for other health issues.

Main Findings

- There is variability in older adults' experiences of engaging with health care services.
- Older adults discussed negative experiences of accessing health care services.
- There is a concern about 'storing up' health problems for the future.
- There is inequity in accessing and receiving NHS treatment.
- Older adults spoke positively about looking after their own physical and mental health through improved nutrition and physical activity.

7. Technology and Social Connectedness

Louise McCabe, Tamara Brown, Cristina Douglas

Roy Anderson, Elizabeth Chrystall, David Curry, Margot Fairclough, Christine Ritchie, Pat Scrutton and Ann Smith

- This describes the overarching themes arising from an in-depth qualitative study that explored older people's experiences of using technology and of being connected to others during the pandemic. A co-production approach was undertaken to data collection and data analysis by a team of three academics and seven co-researchers.

Key Themes

- In terms of technology use and social connectedness, strong themes that emerged from the data related to:
 - Changing natures of social connectedness with friends, family and neighbourhoods
 - Loss of social connections
 - Caring relationships
 - Increasing, diverse and personalised uses of technology
 - Barriers to technology use
 - Looking to the future.

Main Findings

- Participants stayed in contact with family and friends but did this in different ways, mainly using technology or forming support 'bubbles' with close family.
- People missed physical contact with family and friends and the 'vibe' people felt when together in person.
- Friendships were sometimes affected by differing opinions about pandemic restrictions and vaccines.
- Caring relationships were under increased strain due to lack of formal care provided at home and reduced contact with friends and family.
- Communities were an important resource for older people, providing both a source of support and opportunities to contribute by supporting others in the community.
- Technology was core to the way people sustained and strengthened their social connections.
- Technology use increased sharply for almost all participants although a few resisted the adoption of technology.
- Technology was used to engage with a wide range of activities including connecting with social networks, taking part in physical and social activities, shopping, banking, learning and accessing health services (see Figure 4).
- Participants were engaging and using technology in a very personalised manner, incorporating personal experience, opinions around safety, political and ethical concerns, together with personal choice.
- Some participants developed mastery in their use of technology.
- Engagement with health services using technology was reported negatively.

Figure 4. Uses of technology described by participants



8. How the pandemic affected respondents' financial situation and their saving and spending behaviour

John Houston

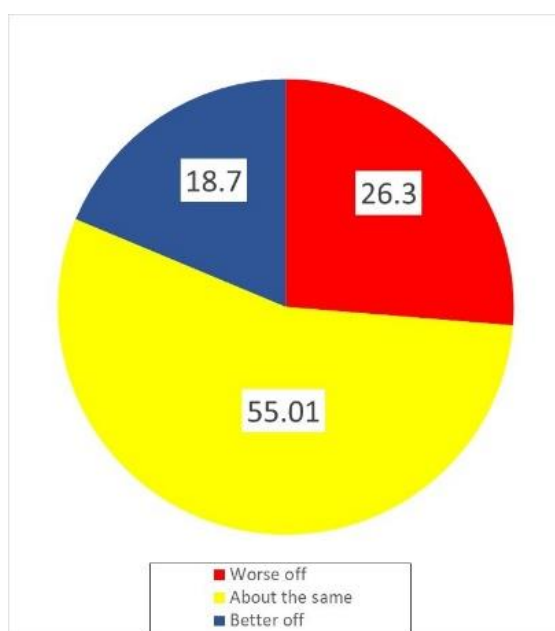
Executive Summary

- The COVID-19 Pandemic caused a change in the working patterns experienced by many Scottish people. This report describes the impact on income, savings and consumption induced by the pandemic and the restrictions it imposed.

Main Findings

- More than half of the respondents reported an unchanged situation, with 18% feeling *better off* and over 25% feeling worse off (see Figure 5).
- Those still in work are more likely to feel worse off than those who are retired.
- The relationship between household income and feeling worse or better off is nuanced, neither declining nor rising universally as we move up the household income bands.
- There is significant reticence among those feeling 'better off' to report their intentions regarding how they would save their extra savings. This may be because respondents have simply not regarded it as a decision to be made given that, by the time the Survey was conducted, respondents believed that the situation was resolving itself.
- Those feeling worse off resorted to paring back their consumption during the Pandemic, with some use of existing savings and the sales of goods to supplement their incomes.
- The respondents have spent less on socialising outside their households, perhaps as a result of reduced incomes (in some cases) and the 'fear' effect of Coronavirus.

Figure 5. Financial situation compared with pre-pandemic situation (%)



9. Home working in Scotland during and after the Pandemic: Prevalence, Experiences and Preferences

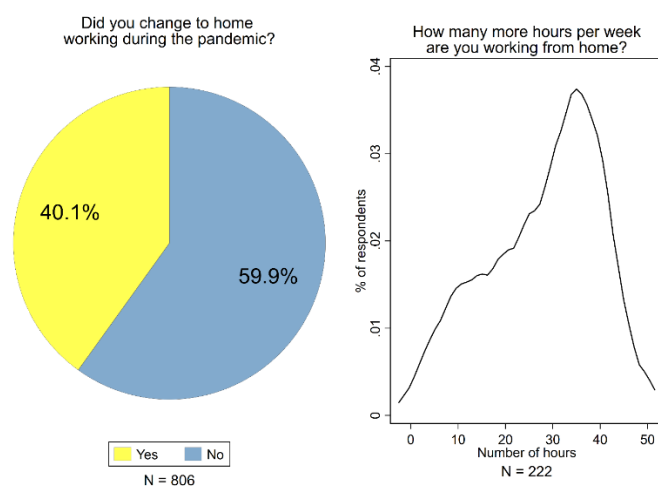
Dr David A. Comerford, Dr Alan Duggan, Dr David Bell, Dr Elaine Douglas

- The COVID-19 Pandemic caused a change in the working patterns experienced by many Scottish people.
- 40% of workers in our sample increased the hours spent working from home. A majority of our working respondents (>85%) report that their preferred working arrangements would continue to involve spending at least some of their working hours working from home.
- As well as the reduced infection risk, workers particularly like working from home because it avoids having to commute and it gives control over their own work schedule.
- Nearly half of workers surveyed identified loneliness as something they disliked about working from home.

KEY FINDINGS

- 40 percent of workers in our sample reported that they changed to greater homeworking during the pandemic (see Figure 6). The modal respondent shifted from working full time in the workplace to working fulltime at home.
- When asked for their preferred working arrangements, the most common answer was to spend 100% of worktime at home (20% of sample). The next most preferred option was to spend 0% of work time working from home (14% of the sample).
 - The most commonly endorsed answer about what workers like about home working was that it avoids having to commute.
 - The most commonly endorsed answer about what workers dislike about home working was the loneliness of working from home.
- About 80% of our sample expected that after the pandemic they would spend just as many hours working (paid or voluntary) as they had prior to the pandemic. Of those who foresaw a change in their activity, about 75% expected to reduce their hours worked.

Figure 6. % working respondents reporting a change to home working during the pandemic



10. COVID Fear and Life Satisfaction

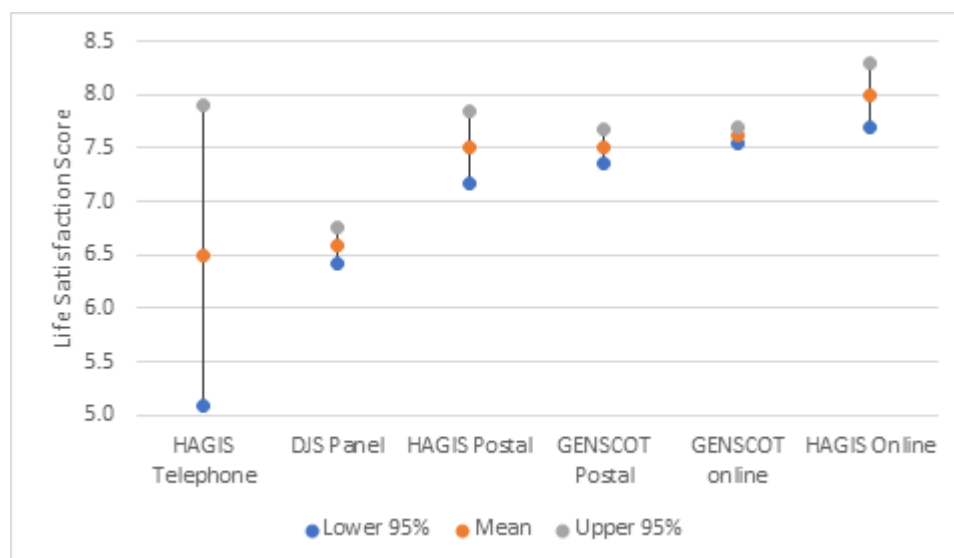
David Bell

- The COVID-19 Pandemic was associated with a significant reduction in life satisfaction. This rapid report describes the evolution of life satisfaction before and during the pandemic. It tracks the sharp decline in life satisfaction which coincided with the beginning of the pandemic and considers how far these relate to concerns and worries expressed by respondents to the HAGIS Covid-Fear survey. Allowing for differences between modal responses and observables that vary with life satisfaction, the analysis shows that financial worries and constraints on movement and human interaction are strongly negatively related to individual life satisfaction.

KEY FINDINGS

- There was an unprecedented short-run decline in life satisfaction during the pandemic.
- Estimates of life satisfaction vary substantially across the different modes and surveys used to construct the HAGIS Covid-Fear dataset (see Figure 7).
- They also vary by observables such as age, gender and location.
- Measures of fear and worry associated with the pandemic are negatively associated with life satisfaction.
- Correcting for observables and survey mode reveals strong associations between life satisfaction and concerns about financial resilience. Less strong are concerns associated with both the security and wellbeing of friends and family.
- The same methodology applied to pandemic-related worries reveals that self-isolation, movement restrictions and access to GP Services and the NHS have a strongly negative association with life satisfaction.

Figure 7. Mean life satisfaction by survey and mode

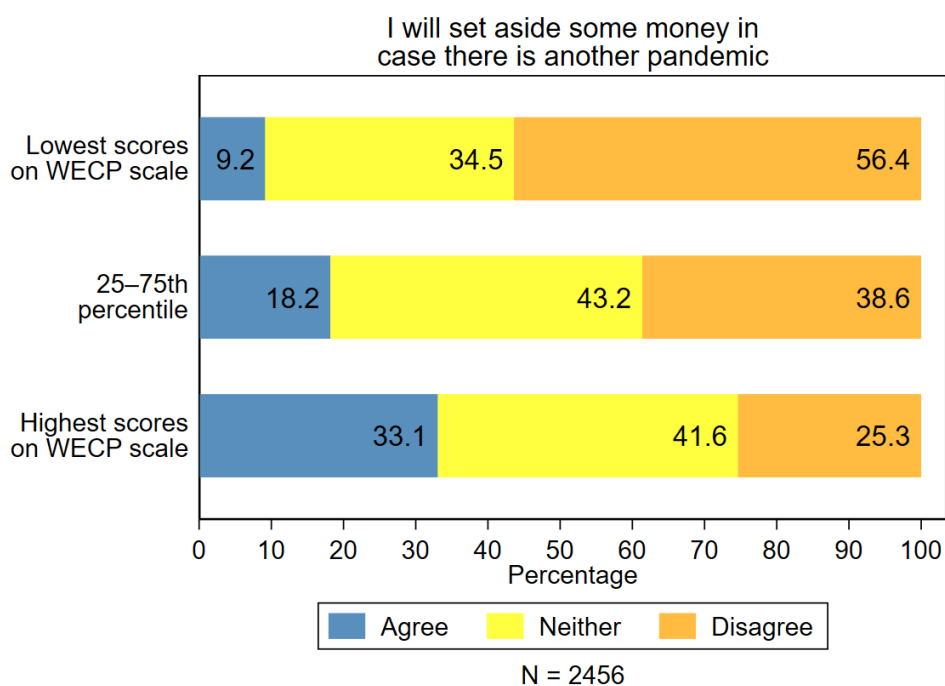


11. Expectations After and During the Pandemic

Dr David A. Comerford, Dr John Houston, Dr Alan Duggan, Dr David Bell, Dr Elaine Douglas

- The COVID-19 Pandemic caused a change in the financial situation and consumption opportunities experienced by many Scottish people. This rapid report describes the expectations of respondents as measured in the months October 2020 to January 2021.
- Over half of our sample of older people living in Scotland reported that they would increase the proportion of holidays they spend in the UK relative to abroad.
- 20% of our sample reported that they would save in preparation for the risk of another pandemic.
- Respondents who scored higher on our scale that measures worries emerging from the Covid-19 pandemic were especially likely to report they would save against the risk of a future pandemic. See Figure 8.
- Respondents reported they would spend more online and locally and less further away from home.
- There does not look to be any negative effect of the pandemic on respondents’ beliefs regarding life expectancy.

Figure 8. How Savings Intentions Relate to Worries About the Pandemic



12. Did Negative News Regarding the Oxford AstraZeneca Vaccine end in Vaccine Hesitancy?

David A. Comerford, Olivia Olivarius, David Bell, Alison Dawson, Tamara Brown, Lesley McGregor, Cath Pemble, Louise McCabe, Elaine Douglas

Executive Summary

- Vaccine hesitancy is influenced by perceived risk and benefits.
- On March 15th 2021 various countries suspended use of the Oxford AstraZeneca vaccine against Covid-19 following deaths arising from blood clots. The story became headline news and online search querying vaccine safety increased.
- What happened to Covid-19 vaccine intentions? We were collecting relevant data at the time. Our survey asked UK adults if they intended to get the vaccine and measured their attitudes towards it.

Key Themes

- Tests the effect of a negative news shock on Covid-19 vaccine hesitancy.
- Collects data in repeated cross-section immediately before and immediately after the news shock.
- Finds no negative effect in a UK sample on intentions to vaccinate or on vaccine attitudes.
- Adds naturalistic data to the experimental literature on vaccine hesitancy.

Main Findings

- Data collection from respondents before coverage of the story reached its peak (March 12th-15th; n = 241) was compared with responses after the peak (March 17th; n = 305).
- Our data show no reductions in intentions or attitudes.
- Our study is uniquely positioned to analyse real-world responses and indicates that media coverage of this story did not reduce intention to take up the vaccine in the UK.

13. Health Service Engagement in Scotland During and After the Pandemic

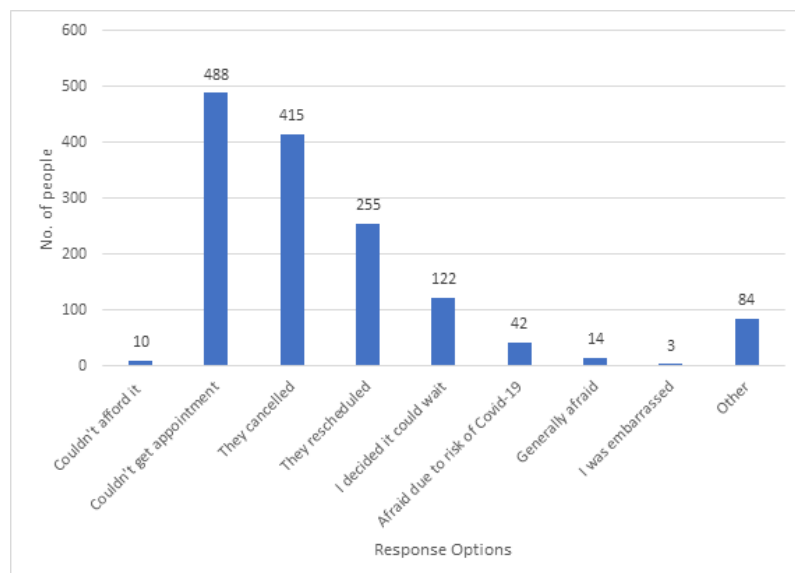
Dr Lesley McGregor, Dr Tamara Brown & Dr Elaine Douglas

- This report describes engagement with health services of older adults living in Scotland during the pandemic and looking to the future.

Key Findings

- The sample was in general good health with half of the sample reporting that they contacted the health services the same amount during the pandemic as before.
- The vast majority were double vaccinated against Covid-19 and had not shielded during the pandemic.
- Forty percent of people experienced a delay or cancellation of their medical care; this was predominantly in dental and general practitioner services.
- Health service delay and cancellation was largely due to service provider issues; individual level concerns over Covid-19 were not indicated as a common reason. See Figure 9.
- The majority of older adults surveyed, did not have concerns regarding Covid-19 when engaging with health services. Worry about catching Covid-19 did not prevent older adults from attempting to engage with health services.

Figure 9. Reasons why care or health services were delayed or cancelled



14. Has the Pandemic Changed Older People's Worries About Health?

Dr Lesley McGregor, Dr Tamara Brown & Dr Elaine Douglas

- 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.

Notes

Contact us

Healthy Ageing in Scotland (HAGIS)

University of Stirling

FK9 4LA

Stirling, Scotland

Email: HAGIS@stir.ac.uk

Website: www.HAGIS.scot



Economic
and Social
Research Council