

## RAPID RESEARCH IN COVID-19 PROGRAMME

### Looking after the elderly during the COVID-19 pandemic: a focus on addressing physical activity, loneliness, and help-seeking behaviour

#### AIMS

We assessed the impact of COVID-19 restrictions (e.g., stay-at-home measures, social gathering limits) and guidelines (e.g., 2 metre social distancing, wearing face coverings) on active older adults living throughout Northeast Scotland, who, pre-COVID-19, regularly engaged in group-based walking activities. We assessed the relative impact of these restrictions/guidelines on reports of help-seeking behaviour, loneliness, well-being and physical activity, as well as response to public health messaging during June to August 2020.

#### KEY FINDINGS

- Less loneliness and higher wellbeing than expected among older adults in Northeast Scotland.
- Participants adapted to COVID-19 restrictions using technology to maintain relationships, but missed in-person interaction and regular activities such as their walking group.
- High levels of physical activity were reported, although appeared to decrease slightly from June to August.
- Walking groups evolved during the pandemic, providing valued social contact and maintained physical activity in the face of restrictions.
- Participants generally expressed confidence in the Scottish Government's COVID-19 response and public health messaging.
- This population desired clearer and more nuanced guidance and did not wish for all 'over-70s' to be grouped together.

#### WHAT DID THE STUDY INVOLVE?

We invited members of the Grampian 50+ Network, a large network of sixty volunteer walking clubs in Northeast Scotland, to take part in a longitudinal study with monthly surveys in June, July, and August. Overall, the Network typically has 1,300 adult members, all over 50 years of age. In June 2020, we sent 1,151 active members a survey, by post or email.

## RAPID RESEARCH IN COVID-19 PROGRAMME

The surveys gathered information about help seeking, both relating to general healthcare, as well as help or services needed as a result of COVID-19 restrictions. Questions also focused on social contact, loneliness, well-being, physical activity, public health messages, as well as socio-demographic information. Twenty participants (selected based on gender and geographic location) also took part in an approximately hour-long interview during the period 19<sup>th</sup> June to 3<sup>rd</sup> July, with a follow-up interview taking place between the 9<sup>th</sup> to 12<sup>th</sup> of August.

The Grampian 50+ Network Executive Committee played an active role in the proposal development, review of study documents (e.g., protocol, ethics documents, participant information sheets, interview guides) and contributed to the development of the survey questions. They were instrumental in sourcing professional printing during lockdown and assisting with preparation of survey packets for posting. Throughout the process, we invited participant feedback on survey design and questions, wherever possible incorporating suggested elements or additional questions based on interview data to enhance survey data collection. We will continue to work with them on data interpretation and results dissemination going forward.

### WHAT WERE THE RESULTS AND WHAT DO THEY MEAN?

The June survey was completed by 346 members (30% response rate) with 268 (83%) returning the follow-up survey in July, and 258 (80%) in August.

Participants were, on average, 72±7 years old (range: 58-90). Most participants were Scottish White (99%), retired (94%), women (80%), married or partnered (59%), living in households with at least one other individual (62%), and living in a detached house (50%) with a large, private garden (52%). While nearly half reported a BMI ≥25 kg/m<sup>2</sup> (overweight/obese), one or more health condition (e.g., high blood pressure, diabetes, arthritis), the majority had never smoked (64%).

**Impact on Loneliness and Well-being:** Rates of loneliness were relatively low throughout the study: June (30%); July (23%); August (23%). Levels of probable or possible depression decreased from approximately 20% in June and July, to 16% in August. Lower loneliness ratings were moderately associated with higher scores for wellbeing.

Participants reported high levels of social contact with family or friends not living with them, either in-person, via telephone, video-calls, text or emails: June (80%); July (83%); August (79%). However, in the initial interviews (June), most participants highlighted missing in-person contact, and this having a major impact on their lives. Shifting interactions with family and friends to remote methods was not preferred, but acceptable given the circumstances. During the follow-up interviews (August) many participants highlighted the positive impact the easing of restrictions had on their routines and their wellbeing, with more in-person interactions being possible again. Others expressed feelings of loneliness, frustration, and anxiety when the local lockdown was reintroduced in Aberdeen in August:

*“Yes, I would say quite a bit has changed...I've been able to visit friends in their homes and they've been able to visit me in my home, which has made quite a difference. I didn't realise I was missing it so much, but it's fine now that I can open the door and invite someone in.”< SR interview 20>*

*“Well, it's slightly frustrating I think because, as I say, I'd got used to seeing people again. Most days have been alright, but I was, I think, last Sunday I was absolutely bored stiff, and I wouldn't have said I was depressed, but I was sort of agitated.” <SR Interview 12>*

**Help seeking behaviour:** Across all surveys, most participants indicated they would be unlikely (somewhat/very) to access healthcare advice should it be needed. In June, only 26% said they would access their GP, whilst 48% indicated they would access their Pharmacist. Reports in July indicated a greater number of participants would likely access a range of services, however this decreased across the board in August. For example, the likelihood of accessing GP increased to 32% in July then decreased to 17% in August. 15% reported seeking GP advice in July and 7% in August. In interviews, participants indicated that they (or a family member) had accessed healthcare advice and services, ranging from routine tests in person to GP telephone consultations and that these interactions had felt safe, although different, given COVID-19 restrictions.

*“I have been down to [my] GP practice and you just have to wait outside and phone through to say you’re there and someone comes through and shows you through...so it worked out no problem. I suppose you just... we’re learning to do things in a different way, aren’t we?” <SR interview 15>*

**Impact on Physical Activity:** The majority of participants reported physical activity levels that met or exceeded recommended guidelines, i.e. at least 150 minutes of moderate-to-vigorous intensity activity each week: June (75%); July (73%); August (69%). Although Grampian 50+ Network walks stopped during lockdown, walking remained the primary form of individual exercise and this did not vary by geography. Participants reported engaging in more housework and gardening.

The decreasing trend in activity levels over time was mirrored in several interviews. While most mentioned in early interviews their activity had maintained, a few noted a decline. Others noted later that activity had reduced even since the initial interview.

*“Well, we’ll go out for some exercise, but we don’t have as much exercise, like, I wouldn’t say formal exercise, but... the first interview, we were actually going out, you know, walking about two miles and that would take about an hour. Now we’re going out for a walk about half an hour, 40 minutes, but we’re still doing the same amount of exercise, you know, round the garden” <SR Interview 1>*

A few expressed concerns about losing their confidence and worried about not being able to physically undertake walks with their group once they restart:

*“I try to attend the weekly walks, but somehow, I think I have deteriorated physically now and I’m very slow, so I doubt I would be able to join the group after” <Interview 10r1>*

**Evolution of Walking Groups:** Walking groups offer both physical and social benefits to members. The function of walking groups evolved over time to conform to Government COVID-19 restrictions and guidelines (Table 1). There was recognition of the possibility for continued restrictions over an extended period and that groups would need to adapt in order to function given that many members may be considered vulnerable or at high risk. Participants highlighted a lack of safe transport to the walks (i.e. fear of public transport), cafes not being open to socialise at the end of the walks and difficulty of social distancing while walking as main barriers for the future.

**Public health messages:** While 74% of participants agreed with the survey statement ‘The (Scottish) Government is clear with their messages on how and when to access the NHS for Coronavirus related issues’ in June, this increased to 78% in July, but dipped to 70% in August. When asked the same, but of *non-Coronavirus related issues*, agreement declined from 81% in June to 72% in July, and to 66% in August. Interview data reflected the survey trends with most interview participants expressing confidence in the Scottish Government’s response and messaging around public health.

## RAPID RESEARCH IN COVID-19 PROGRAMME

*“I would say the Government has dealt with it very, very well, considering it’s a worldwide pandemic, and they’re doing their best.. I’m quite happy that Scotland is staying a little bit behind in releasing too much of the [restrictions]... I think that Scotland is keeping us a bit safer.” <Interview 20r1>*

**Table 1: Changes in walking group function over time**

Pre-lockdown (Up to 23 March 2020)	Groups provide an opportunity for regular physical activity and socialisation.
Lockdown (24 March – mid-July)	<ul style="list-style-type: none"> <li>• Groups do not meet for organised walks.</li> <li>• Many groups maintained social element by providing social contact / social support by meeting virtually and/or keeping in contact with members via email or text messaging.</li> </ul>
Lockdown easing (after mid-July) Abdn City lockdown: (5 Aug-24 Aug)	<ul style="list-style-type: none"> <li>• Some groups, especially those outwith Aberdeen City, restart in a modified format, with walks limited by group size and location.</li> <li>• Groups observe social distancing measures and reduced socialising</li> </ul>

Trends over time suggested the initial ‘Stay at Home’ message was clear, but later messages accompanying restriction easing became more complex, because there were multiple directives. Some interview participants expressed that unclear terminology complicated their understanding of public health messages and how to put Government guidance into practice:

*“It’s overcomplicated, the use of words became meaningless, you know? Words like “vulnerable”, “extremely vulnerable”, “shielding”, “extremely shielded”, well, you’re just losing public message if you start doing that.” <Interview 9r1>*

*“People who really thought they should be shielding weren’t, and then people who didn’t need to be shielding were told they had to. Various people have had letters to say they should be shielding and then were told a bit later on that they didn’t need to after all. It’s been a very confused message”. <Interview 4r1>*

When asked in August, most participants (65%) agreed with the statement ‘Future coronavirus recommendations should avoid grouping all ‘over-70s’ together’. Participant comments during interview reinforce these survey findings, as many felt strongly that they were not vulnerable simply because they were over 70. Some felt that after the initial concern was raised about over 70s, they were forgotten about and not provided with clear guidance on vulnerability and shielding:

*“They’ve lumped all the over-70s together, haven’t they? Without distinguishing between those that have got diabetes and heart problems and all these things, and those of us who are perfectly fit and shouldn’t be tied down...That’s absolute rubbish”. <Interview 6r1>*

*“Over 70, you’ve got to stay in, you’ve got to be careful. And then all of a sudden, we were kind of just... maybe not forgotten about, but they didn’t really give you any clear indication of what we were expected to do”. <Interview 17r1>*

**Geography (Urban/Rural):** The majority of participants (66%) lived in urban areas of Northeast Scotland. Nearly all interviewed participants felt they had access to walks whether they lived in a rural or urban location. For others, just being in the garden provided opportunity to be physically active and those that did not have a garden highlighted missing this outdoor space. There were no noted differences between those living in urban and rural areas when it came to reports of loneliness, well-being, or levels of agreement across statements related to public health messaging.

## **WHAT IMPACT COULD THE FINDINGS HAVE?**

- Scottish Government should actively promote physical activity during the pandemic, particularly older adults' walking groups, as they have multiple benefits on loneliness, well-being and physical fitness.
- Scottish Government should consider investment in older adult walking groups during the COVID-19 response and beyond.
- There are diverse perceptions of individual health and well-being amongst older adults and future COVID-19 restrictions and guidelines should recognize this.
- COVID-19 related guidance should specifically recognize group-based activities such as outdoor walking groups as restrictions evolve.

## **HOW WILL THE OUTCOMES BE DISSEMINATED?**

To maximise the project's impact, we have planned a comprehensive stakeholder engagement programme to widely communicate the study results. We will host a panel event with main findings presented to individuals from the Scottish Government, Scottish Parliament, NHS and third sector organisations by Dr Martin followed by a moderated Q&A and discussion. Research participants will be invited to join the event and feedback on findings. We will also approach the Older People, Age and Ageing, and Mental Health to Scottish Parliament Cross-Party Groups to present findings at an online meeting. We will create and conduct a series of one-on-one meetings to present findings to MSPs, government officials and stakeholders from relevant organisations. We plan further disseminate findings via conference proceedings, scientific and grey-literature publications.

## **CONCLUSION**

We found that members of the Grampian 50+ Network who took part in this study placed considerable value on their participation in organized walking groups. They reported lower levels of loneliness and greater levels of wellbeing and physical activity than would be expected of this age group from population level surveys. Participant experience of COVID-19 restrictions was tempered by adapting to current circumstances and using technology to maintain relationships with family, friends and their fellow walking-group members.

Reports of increased wellbeing and reduced loneliness coincided with easing restrictions, as well as the restarting of walking groups albeit in modified format. The study findings reinforce that not all older adults (over 70's) are homogeneous and that, where possible, this should be considered when change in guidelines or restrictions are needed. However, while findings suggest that these participants have fared well during the study period, this group may need support as levels of patience and fortitude could deplete as the COVID-19 pandemic continues into the winter months.

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