Vulnerable populations. Wave 7 – 9th – 11th March 2020 (n=2001)

*17th March 2020*

OFFICIAL SENSITIVE, not to be shared beyond SPI-B / SAGE

Recommendations

* In this week’s sample, older participants (aged 65+) perceived a greater risk of coronavirus to themselves and thought coronavirus would be more severe for themselves, but they thought they were less likely to catch coronavirus than younger adults (16-64 years old) and were less worried about coronavirus (NB- no difference when taking into account other personal characteristics). This may reflect overall differences in social contact levels between age groups.
* While there was no evidence of increased social distancing (reducing the number of people they had met in the past week) in vulnerable groups, older adults and those with chronic illnesses were more likely to try to stay at home and avoid contact with others if symptomatic. Messaging to stay at home when symptomatic should target the younger, healthy population.
* The vast majority of people reported having seen advice on how to protect themselves and others; the “catch it, bin it, kill it campaign”; and advice on handwashing. Due to this ceiling effect, there were few differences between groups

AGE

* When controlling for other demographic characteristics, comparing those aged 65+ years to those aged 16-64, results were:
	+ No association with worry
	+ No association with carrying out a recommended behaviour
	+ No association with reducing the number of people you meet
	+ No association with handwashing more than usual
* Compared to younger participants (16 to 64 years), older participants (65+):
	+ Were *less* worried than younger participants (21% of 65+ year olds very or extremely worried vs 27% of 16-64 year olds very or extremely worried);
		- There was no association between age and worry when adjusting for all other personal characteristics
	+ a *lower* perceived likelihood of catching coronavirus (20% of 65+ year olds agree or strongly agree that they are likely to catch coronavirus vs 26% of 16-64 year olds agree or strongly agree that they are likely to catch coronavirus);
	+ *fewer* named official sources as a key source of information (25% of 65+ year olds vs 41% 16-64 year olds);
	+ *fewer* named unofficial sources (social media, search engines, friends/family) as a key source of information (21% of 65+ year olds vs 50% 16-64 year olds).
* Compared to younger participants (16 to 64 years), older participants (65+):
	+ perceived a *higher* risk of coronavirus to themselves (27% of 65+ year olds perceive a major or significant risk vs 21% of 16-64 year olds; no difference in perceived risk to people in the UK);
	+ more thought coronavirus would be severe for them (63% of 65+ year olds agree/strongly agree vs 41% 16-64 year olds)
	+ had greater knowledge about coronavirus (mean score for age 65+ years = 21.5, mean score for age 16-64 years = 20.4);
	+ more named mainstream media as a key source of information (96% of 65+ year olds vs 84% 16-64 year olds);
	+ more had seen advice on how to protect themselves and others (91% of 65+ year olds vs 87% 16-64 year olds);
	+ more had seen advice on hand washing (99% of 65+ year olds vs 98% 16-64 year olds);
	+ were more satisfied with the government response;
	+ were more likely to identify high temperature / fever as symptoms of coronavirus (68% of 65+ year olds vs 61% 16-64 year olds; not previously investigated)
	+ were more likely to try to stay at home and avoid contact with others if symptomatic (75% of 65+ year olds vs 64% 16-64 year olds; not previously tested).
* No association with: amount heard about coronavirus; proportion who had seen advice on how to protect oneself and others; recommendations to “catch it, bin it, kill it”; credibility of the government; identifying cough, fever and myalgia as symptoms of coronavirus (not previously tested); and seeking medical attention in person (not previously tested).

CHRONIC ILLNESS

* When controlling for other demographic characteristics, comparing those with a chronic illness to those without a chronic illness:
	+ Those with a chronic illness were more worried about coronavirus
	+ No association with carrying out a recommended behaviour
	+ No association with reducing the number of people you meet
	+ No association with handwashing more than usual
* Compared to those without a chronic illness, those with a chronic illness:
	+ Were more worried about coronavirus (30% of those with a chronic illness very or extremely worried vs 24% of those without a chronic illness)
	+ perceived a greater risk of coronavirus to themselves (38% of those with a chronic illness perceive a major or significant risk vs 17% of those without a chronic illness perceive a major or significant risk) and to people in the UK (42% of those with a chronic illness perceive a major or significant risk vs 35% of those without a chronic illness perceive a major or significant risk);
	+ a greater perceived severity of coronavirus (75% of those with a chronic illness agree or strongly agree that coronavirus would be severe for themselves vs 34% of those without a chronic illness agree or strongly agree that coronavirus would be severe for themselves);
	+ had greater knowledge about coronavirus (mean score for those with chronic illness = 21.1, mean score for those without chronic illness = 20.5);
	+ *more* named mainstream media as a key source of information (91% of those with chronic illness vs 85% of those without a chronic illness);
	+ *fewer* named unofficial sources (social media, search engines, friends/family) as a key source of information (38% of those with chronic illness vs 46% of those without a chronic illness);
	+ were more likely to try to stay at home and avoid contact with others if symptomatic (70% of those with chronic illness vs 64% of those without chronic illness; not previously tested).
* No association with: perceived likelihood of catching coronavirus; amount of information heard; naming official sources as a key source of information; having seen advice on how to protect yourself and others; having seen “catch it, bin it, kill it campaign”; having seen advice on handwashing; satisfaction with government; perceived credibility of the government; symptom identification (cough and temperature; cough, temperature and myalgia; not previously tested); and seeking medical attention in person (not previously tested).

Methods

* We examined associations with: age (split: 16-64 years, 65+ years); chronic illness (none, present)

Table showing associations between predictors and older age, and chronic illness

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Factor |  | Older age | Chronic illness |
| 16-64 years, n (%) | 65+ years, n (%) | P | None, n (%) | Present, n (%) | p |
| Worry | Overall, how worried are you about coronavirus? | Not at all/not very/somewhat worried | 1108 (72.6) | 369 (78.8) | .007\* | 1050 (75.8) | 412 (69.9) | .007\* |
| Very/extremely worried | 418 (27.4) | 99 (21.2) |  | 335 (24.2) | 177 (30.1) |  |
| Perceived risk | To oneself | No risk at all/minor risk/moderate risk | 1184 (78.6) | 334 (72.8) | .009\* | 1142 (83.4) | 360 (62.4) | <.001\* |
| Major/significant risk | 322 (21.4) | 125 (27.2) |  | 227 (16.6) | 217 (37.6) |  |
| To people in the UK | No risk at all/minor risk/moderate risk | 937 (61.9) | 303 (65.2) | .20 | 887 (64.7) | 341 (57.9) | .004\* |
| Major/significant risk | 577 (38.1) | 162 (34.8) |  | 484 (35.3) | 248 (42.1) |  |
| Severity of coronavirus (self)  | Neither agree nor disagree/disagree/strongly disagree | 826 (58.6) | 159 (37.1) | <.001\* | 835 (65.8) | 141 (25.5) | <.001\* |
| Agree/strongly agree | 584 (41.4) | 269 (62.9) |  | 434 (34.2) | 412 (74.5) |  |
| Likelihood of catching coronavirus | Neither agree nor disagree/disagree/strongly disagree | 990 (73.7) | 312 (80.2) | .009\* | 927 (76.0) | 362 (72.5) | .13 |
| Agree/strongly agree | 354 (26.3) | 77 (19.8) |  | 292 (24.0) | 137 (27.5) |  |
| Knowledge | Knowledge | Range 7 to 29 | N=1532, M=20.38, SD=4.03 | N=469, M=21.5, SD=3.39 | <.001\* | N=1388, M=20.48, SD=4 | N=592, M=21.09, SD=3.73 | .001\* |
| Information | Amount heard | Have not seen or heard anything/seen or heard a little/seen or heard a fair amount | 330 (21.7) | 112 (23.9) | .31 | 292 (21.2) | 145 (24.6) | .10 |
| Seen or heard a lot | 1192 (78.3) | 356 (76.1) |  | 1088 (78.8) | 445 (75.4) |  |
| Information source – official sources | No | 899 (58.7) | 354 (75.5) | <.001\* | 867 (62.5) | 375 (63.3) | .71 |
| Yes | 633 (41.3) | 115 (24.5) |  | 521 (37.5) | 217 (36.7) |  |
| Information source – mainstream media | No | 247 (16.1) | 17 (3.6) | <.001\* | 209 (15.1) | 51 (8.6) | <.001\* |
| Yes | 1285 (83.9) | 452 (96.4) |  | 1179 (84.9) | 541 (91.4) |  |
| Information source – unofficial sources | No | 769 (50.2) | 369 (78.7) | <.001\* | 757 (54.5) | 368 (62.2) | .002\* |
| Yes | 763 (49.8) | 100 (21.3) |  | 631 (45.5) | 224 (37.8) |  |
| Advice on protection | No | 120 (7.8) | 34 (7.2) | .68 | 96 (6.9) | 56 (9.5) | .05 |
| Yes | 142 (92.2) | 435 (92.8) |  | 1292 (93.1) | 536 (90.5) |  |
| Recommendations to “Catch it, Bin it, Kill it” | No | 248 (16.2) | 63 (13.4) | .15 | 214 (15.4) | 92 (15.5) | .94 |
| Yes | 1284 (83.8) | 406 (86.8) |  | 1174 (84.6) | 500 (84.5) |  |
| Advice on handwashing | No | 35 (2.3) | 3 (0.6) | .02\* | 26 (1.9) | 11 (1.9) | .98 |
| Yes | 1497 (97.7) | 466 (99.4) |  | 1362 (98.1) | 581 (98.1) |  |
| Government response | Satisfaction with government response | Range 3 to 15 | N=1396, M=10.7, SD=2.34 | N=426, M=11.42, SD=2.15 | <.001\* | N=1282, M=10.91, SD=2.27 | N=526, M=10.77, SD=2.43 | .23 |
| Credibility of government | Range 4 to 20 | N=1257, M=12.7, SD=2.7 | N=389, M=12.8, SD=2.25 | .48 | N=1153, M=12.77, SD=2.62 | N=481, M=12.63, SD=2.55 | .33 |
| Symptom identification | Identified high temperature and cough as symptoms | No | 575 (38.6) | 149 (32.5) | .02\* | 498 (36.9) | 218 (37.8) | .70 |
| Yes | 914 (61.4) | 310 (67.5) |  | 853 (63.1) | 359 (62.2) |  |
| Identified high temperature, cough and myalgia as symptoms | No | 1403 (94.2) | 437 (95.2) | .42 | 1280 (94.7) | 541 (93.8) | .39 |
| Yes | 86 (5.8) | 22 (4.8) |  | 71 (5.3) | 36 (6.2) |  |
| Help-seeking behaviour | Try to stay at home and avoid contact with other people | No | 550 (36.5) | 118 (25.4) | <.001\* | 490 (35.8) | 172 (29.6) | .008\* |
| Yes | 957 (63.5) | 346 (74.6) |  | 879 (64.2) | 410 (70.4) |  |
| Seek medical attention remotely or in-person | Remotely | 1274 (89.9) | 408 (92.1) | .17 | 1167 (90.3) | 499 (90.6) | .84 |
| In-person | 143 (10.1) | 35 (7.9) |  | 126 (9.7) | 52 (9.4) |  |

*Please note that this work has been conducted rapidly and has not been peer reviewed or subject to normal quality control measures.*

Datasets used:

* Department of Health and Social Care weekly tracker
	+ Tracking DHSC marketing, coronavirus attitudes, beliefs, knowledge, reported behaviour, satisfaction with Government response, credibility of Government.
	+ Data collected weekly (Monday to Wednesday) since late January.
	+ N~2000 per wave.
	+ Market research company commissioned: BMG Research.
	+ *This survey is not designed to collect the views of NHS workers and respondents in this sample working in the NHS are not representative of the wider NHS workers in general. In particular, the sample in the survey is of NHS staff who have time to participate in on-line polls. In the context of a major public health crisis this poses very substantial limitations.*

Dr Louise E. Smith (KCL), Professor Nicola T. Fear (KCL), Dr Henry W.W. Potts (UCL), Professor Susan Michie (UCL), Professor Richard Amlȏt (PHE), Dr G James Rubin (KCL)

Contact details: louise.e.smith@kcl.ac.uk, richard.amlot@phe.gov.uk, gideon.rubin@kcl.ac.uk