Health Consumers Tasmania: Concerns and queries regarding COVID-19, 6–9 April 2020

Survey analysis report

Prepared by Dr Susan Banks (UTAS), Dr Brendan Churchill (UMelb) and Dr Jack Leggett (UQ)

The survey asked a self-selecting group of respondents about their experiences relating to COVID-19. It was conducted between 6th and 10th April. There were 323 respondents. Not every respondent answered every question.

Description of the sample

Age

Describe age range (median, oldest and youngest). For comparison purposes, age groups were divided into three: people aged under 34, people aged between 35 and 64, and people aged over 65 (Table 1).

Table 1: Age of respondents

Age	*Freq.*	*Percentage*	*Grouped*	*Grouped percentage*
<18	1	0.32		
18-24	4	1.27	38	12.03
25-34	33	10.44		
35-44	55	17.41		
45-54	89	28.16	208	65.82
55-64	64	20.25		
65-74	58	18.35		
75+	12	3.8	70	22.15
Total	**316**	**100**	**316**	**100**

Gender

The sample is overwhelmingly (almost 80%) female.

Table 2: Gender of respondents

Sex	*Freq.*	*Percentage*
Male	61	19.68
Female	245	79.03
Non-binary	4	1.29
Total	**310**	**100**

Location

Almost half the sample is from Southern Tasmania.

Table 3: Location of respondents

Location	*Freq.*	*Percentage*
Other	2	0.63
Southern	143	45.25
East	19	6.01
North	42	13.29
North-West	110	34.81
Total	**316**	**100**

Language

Three people do not speak English as their main language; this is less than one per cent of the sample. For Tasmania overall, the proportion of people who speak only English at home is 88.3%.

Aboriginality

ABS reports that 4.6 per cent of Tasmania's population are Aborigines. A little more than 6 per cent of respondents (6.19%) are Aborigines or Torres Strait Islanders.

Disability status

Forty-five people (14.56%) reported being a person with disability. Most of these people (48.72%) reported having a physical disability, with psychiatric disabilities being the second most frequently occurring (17.95%).

Table 4: Disability status of respondents

Reported disability type	*Freq.*	*Percentage*
0 = intellectual (developmental)	2	5.13
1 = physical	19	48.72
2 = ABI	1	2.56
3 = Neurological (epilepsy/dementias)	2	5.13
5 = Vision	1	2.56
8 = Psychiatric	7	17.95

Existing health conditions

More than half the respondents (54.84%) of participants reported having a health condition. Overwhelmingly, these were chronic conditions; the proportion reporting chronic illness—including mental illness was 80.48 per cent. This is highly relevant since chronic conditions have been shown to be linked with poorer outcomes from COVID-19. Tasmania's population has higher rates of chronic illness than Australians overall (Department of Health, 2019).

Table 5: Existing health conditions of respondents

Reported illness/condition type	*Frequency*	*Percentage*
0 = one or more chronic conditions (other than mental illness)	121	71.6
1 = mental illness	15	8.88
2 = degenerative disease	4	2.37
3 = allergies	1	0.59
4 = impairment/disability	6	3.55
5 = active cancer	7	4.14
6 = other	10	5.92
7 = unstated	4	2.37
8 = error	1	0.59
Total	169	100

Responses to qualitative questions

Q1: Three main concerns or worries at the moment regarding the Coronavirus

Participants were asked to give their top three concerns about the virus. We analysed this in terms of concern and the target of that concern. Targets of concern included the participant themselves, a loved one (family or friends), unknown others (typically, vulnerable people), or a system (e.g., health system).

The tables below show that the most frequently given primary concern was with the virus and risks to health and life. Figure 1 shows the focus of concern for people's primary response.

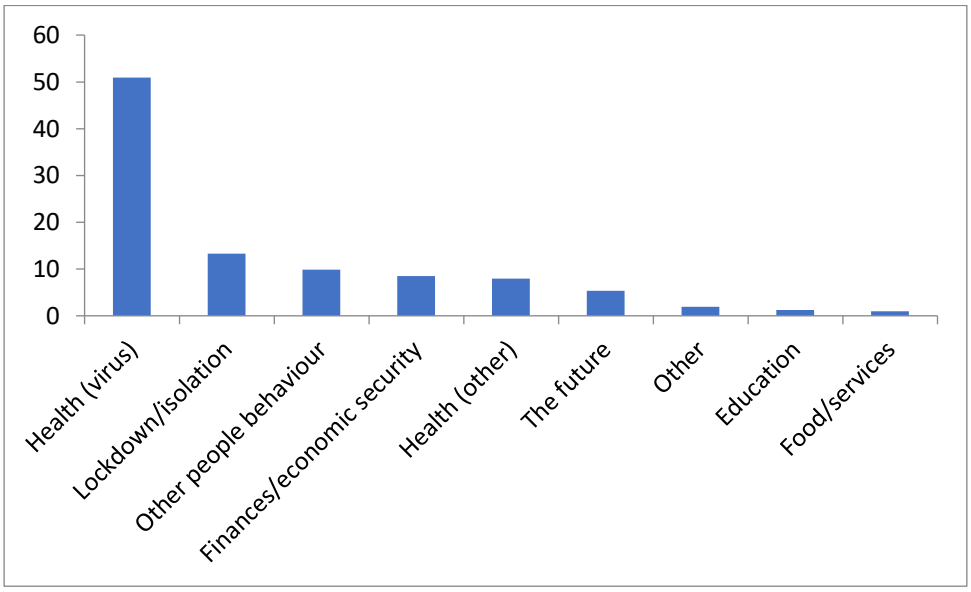

Figure 1: Main concern

Examples from the data for the top concern include:

> *"Being exposed as an essential worker"*, and *"Catching the virus and not surviving"* (self)
>
> *"That people I love will die"* (known other)
>
> *"wellbeing and safety for people experiencing homelessness"* (unknown other/s – includes general contagion)
>
> *"Lack of access to services"* and *"Will times and safety ever be the same as previously?"* (system)

Concerns about lockdown ranked second. These included:

> "*Why can we just be able to surf? I don't think it's fair we can't swim in the ocean. I get not sit at the beach but we are all moving*" (self)
>
> "*People living with dementia and other disabilities trying to understand what is occurring within social isolation*" (unknown other/s)
>
> "*Social impacts*" (system)
>
> "*Lack of social activities for our children*" (known other)

Table 6: Concern 1 x Target 1

	Target					
	Self	Known other	Unknown	System	Unclassified/ other	Total
Concern						
Health (virus)	48	44	40	27	2	161
Lockdown/isolation	15	3	10	12	2	42
Other people	0	0	25	6	0	31
Finances/economic security	18	0	3	6	0	27
Health (other)	10	1	8	3	3	25
The future	1	1	1	9	1	13
Other	1	0	0	1	3	5
Education	0	2	1	0	1	4
Food/services	2	0	1	0	0	3
Response	95	51	89	64	10	311

Participants then named a second major concern (Table 7). Again, health related to the virus was the chief concern. Interestingly, here that concern was much more likely to be for known others, and somewhat more likely to be about vulnerable unknown others, or a generalised 'public'. Further, here, concerns about how the health system would be affected came to the fore. An example of this is:

> "*Impact on the health system, its staff & on the other people who need care for other conditions*"

Concerns with lockdown and isolation are prominent (ranked second), with both participant's own and children's wellbeing mentioned:

> "*Wellbeing—ensuring children cope with being isolated long term from friends*" (known other)
>
> "*People are not utilizing EAP*" (unknown other)[1]
>
> "*health system capacity*" (system)
>
> "*That if I get it, I will die and die alone*" (self)

[1] There may be an interesting impact here of the work roles of the participants, about a third of whom are in health-related roles. Of that third, 31.96% are in social work or counselling roles.

Table 7: Concern 2 x Target 2

	Target					
	Self	Known other	Unknown	System	Unclassified	Total
Concern						
Health (virus)	19	40	25	35	1	120
Lockdown/isolation	27	7	13	5	0	52
Finances/economic security	17	2	6	10	1	36
The future	1	0	6	28	0	35
Other people	0	1	22	3	0	26
Health (other)	6	0	6	2	0	14
Food/services	9	0	1	1	0	11
Education	0	3	0	0	0	3
Other	0	0	1	0	0	1
Total	79	53	80	84	2	298

And finally, the third major concern. Again, contagion and its impacts on the health of people was the top ranked issue, with lockdown ranked second. Loneliness and mental health concerns, separation from family and loved ones, problems for people in dangerous situations (family violence) and prosaic matters like when libraries would reopen for lending were among the comments.

Table 8: Concern 3 x Target 3

	Target					
	Self	Known other	Unknown	System	Unclassified	Total
Concern						
Health (virus)	14	28	13	34	0	89
Lockdown/isolation	23	8	15	5	0	51
Finances/economic security	20	2	9	13	0	44
The future	0	2	4	32	1	39
Other people	0	1	20	1	0	22
Health (other)	6	0	7	5	0	18
Food/services	4	0	2	2	0	8
Education	1	3	3	0	0	7
Other	0	0	0	2	0	2
Total	**68**	**44**	**73**	**94**	**1**	**280**

It is worth noting that throughout the major concerns responses, as well as the dominant theme being concern about the pandemic's health impacts, there is a thread of concern about the risky behaviour of unknown others. This reappears throughout the data.

Region, sex, age and presence of a health condition appear to have correlations with concern. Concern about the virus and its health (or death) impacts were the top concern in all regions other than the East of the State; however, the East sample is 19 people, while the south (143), north (42) and north west (110) had larger numbers.

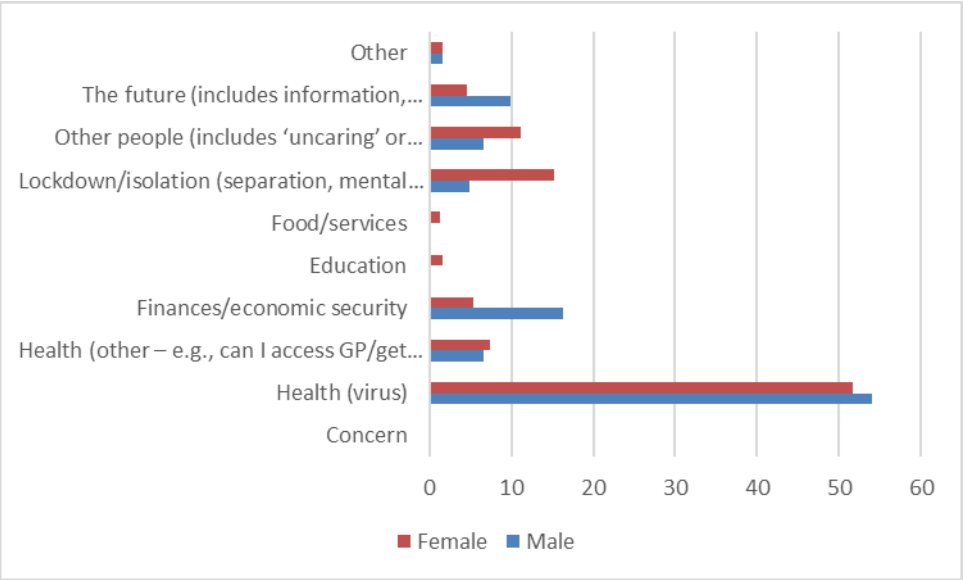

Figure 2: Sex differences in concern[2]

While health (the virus) was a shared concern, men and women differed on concern for the future (women more concerned) and finances and economic security (men more concerned) (Figure 2). Having an existing health condition was also related to level of concern about the lockdown and isolation (Figure 3).

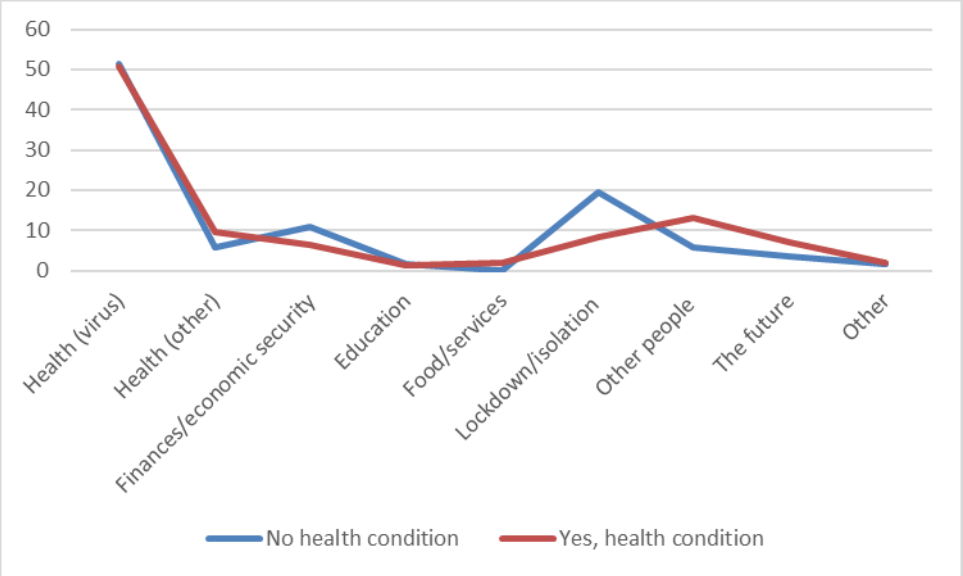

Figure 3: Health condition and major concerns

Q2: Feelings of safety

Participants were asked how safe they feel. The majority (63.29%) felt safe or very safe, with about a fifth reporting that they did not feel safe (Table 9). The major reasons for feeling unsafe were that "everyone is at risk of infection" and a sense that there was too much risky behaviour by other people".

[2] There were also four non-binary people in the sample.

Table 9: Sense of safety

Level of safety	*Frequency*	*%*
Don't know	54	17.09
Not safe	62	19.62
Safe	164	51.9
Very Safe	36	11.39

Table 10 shows the reasons for feeling unsafe. The most prominent of these were the generalised risk, and the risk presented by the risky behaviour of others.

Table 10: Responses to "Safety—Why do you not feel safe?"

	Freq.	*%*
everyone is at risk of infection	17	27.42
risky behaviour of others compromises me/all	14	22.58
personal risk of infection (e.g., compromised immune system, disability)	10	16.13
unsafe work environment	7	11.29
lack of trust in government info or processes	4	6.45
other	4	6.45
unsafe home circumstances	3	4.84
lack of clarity re rules	2	3.23
need for other medical services in potentially unsafe environment	1	1.61
Total	62	100

Sense of safety was fairly consistent across all four regions (Figure 4).

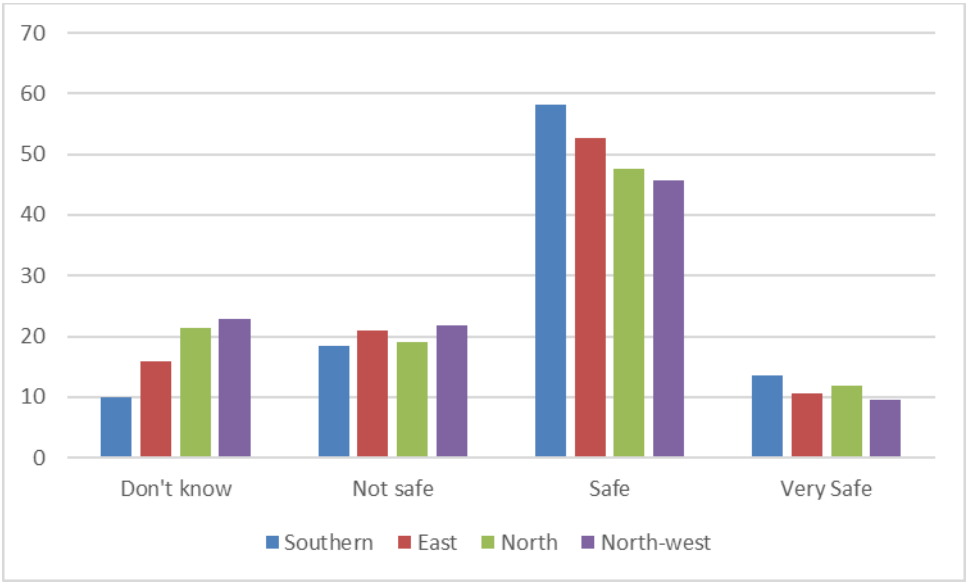

Figure 4: Sense of safety by region

Sex ratio is skewed in the sample (the sample is 80% female), making drawing any conclusions problematic. Women had a slight tendency to feel less safe (Figure 5).

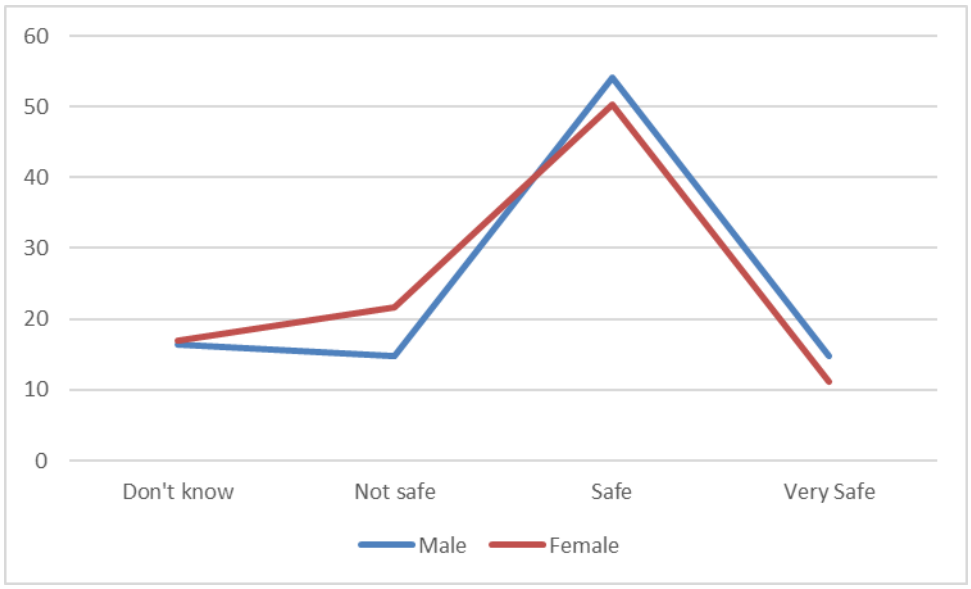

Figure 5: Sense of safety by sex

Older people in the sample reported feeling safer than did the younger groups (Figure 6).

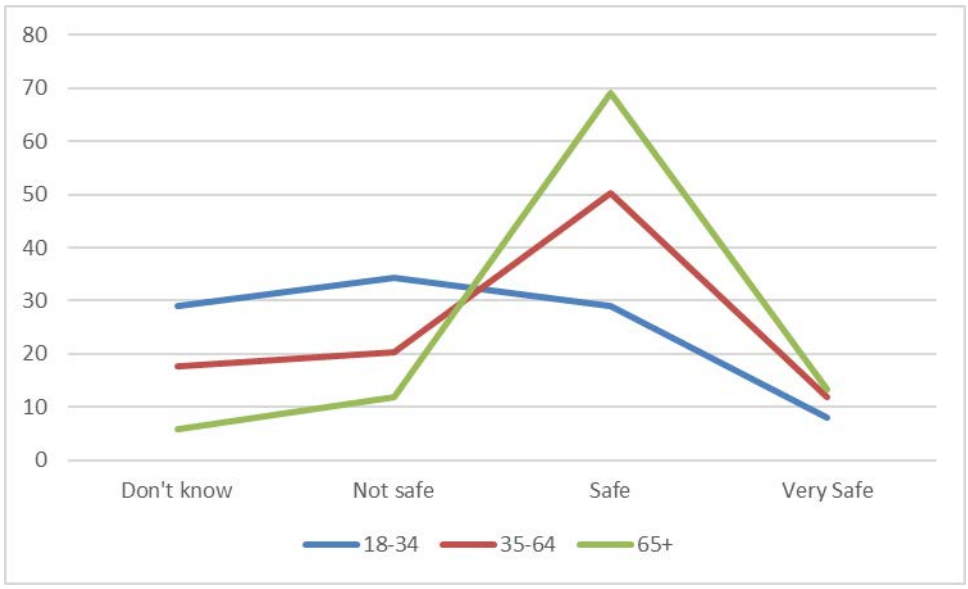

Figure 6: Sense of safety by age

Having a disability or a health condition was associated with feeling less safe (Figures 7 and 8). It is also the case that 40 of the 45 people who reported living with a disability also reported having one or more health conditions.

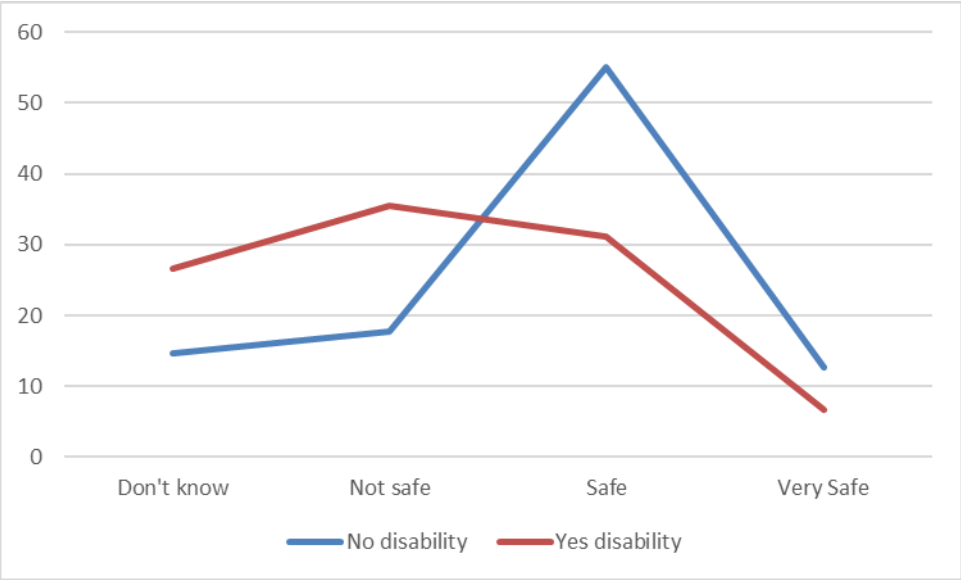

Figure 7: Sense of safety by presence of absence of disability

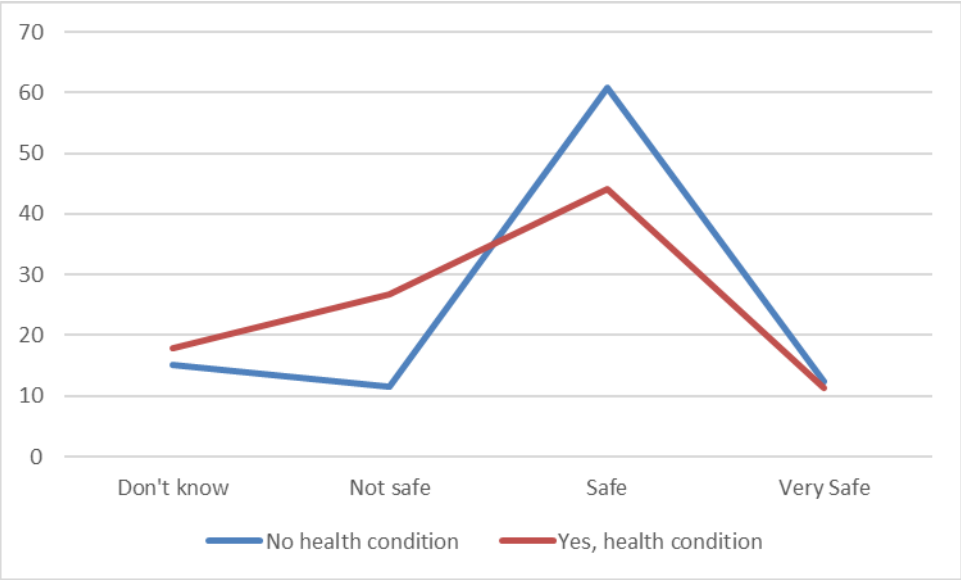

Figure 8: Sense of safety by presence or absence of a health condition

Questions of ethics

The matter of how treatment would be prioritised was also raised in the survey across several questions—though numbers doing so were low. This took the form of concern that usual treatments would not be available, due to such decisions, for example:

> *"Not confident at all that I will get adequate treatment for any hospitalisation"*
>
> *"Not getting treatment if ill being 65"*
>
> *"It is frightening being told people over 65 will not be triaged for treatment"*
> *"As someone with multiple chronic health conditions, I feel forgotten. I've lost almost all of my treatment options for managing my condition, and the longer I'm unable to access the health services I need, the more likely it is I will lose my job, causing my health to deteriorate*

further. None of my providers have given any answers (they don't know either) and I'm not eligible for any of the support packages as I'm still working"

"Will I be judged by professional monopoly as not a worthy life to save in a pandemic because I live with disability?"

"I am worried about people with psychosocial disabilities like myself. Absolute isolation is a killer. I can't go to the ED if I get suicidal, I suppose I will call phone services"

"Will my advanced care directive carry any weight?"

"How the health service will look after me as a person with significant physical disability"

Another theme is expressed in the statement: "*worried about taking the spot of someone who is ill …*". This played out, as well, in comments about not seeking medical help for 'minor' matters (a reason given by 15.78% of respondents for not going to see the GP).

Q3: Information needs

Here (Figure 9) we report only respondents' first answer (of three); this is because responses were fairly consistent across the three responses, being a need for information about the nature of the disease, its spread, testing regimes and responses, rules around lockdown and isolation, access to health and other services, and modelling and strategies. There was also a significant drop-off in responses to this question, with a loss of about 1/5 of sample each time.

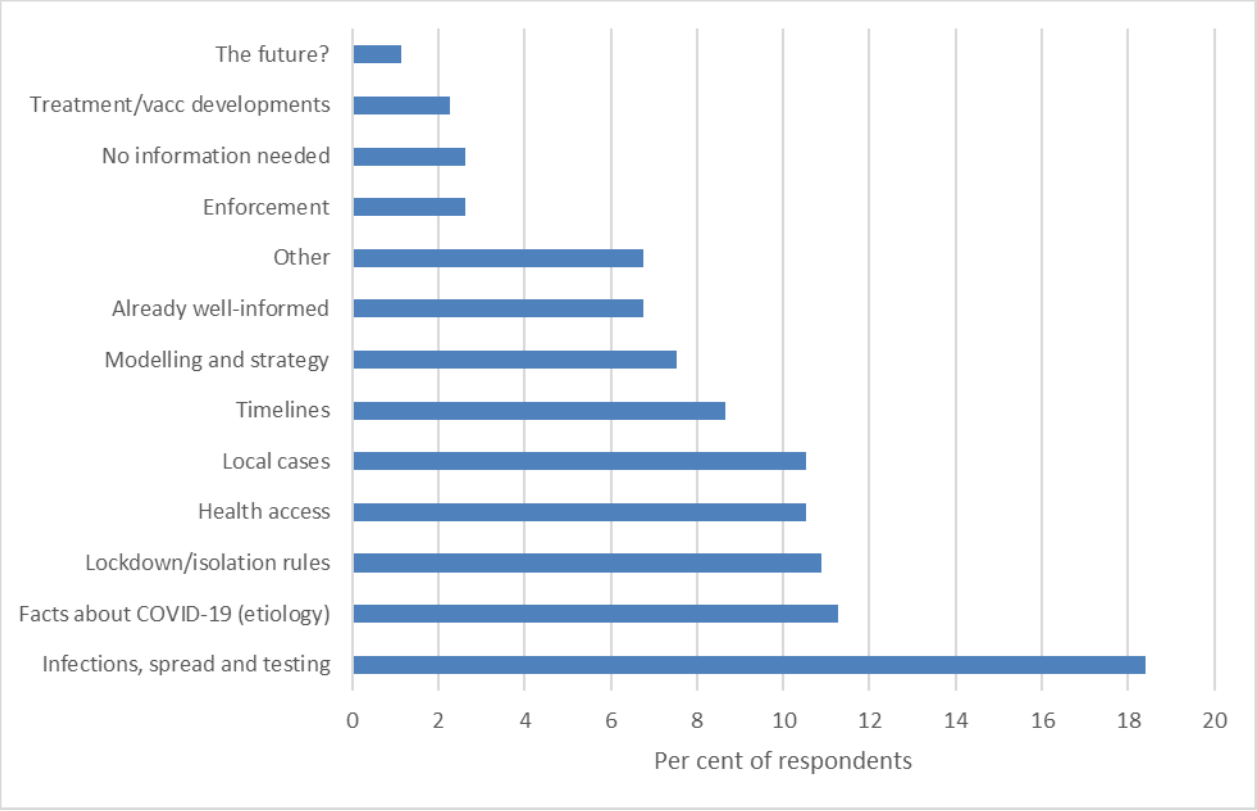

Figure 9: Responses to Information needs

Information needs varied across some variables. For instance, respondents in Tasmania's east wanted to know where local cases were (21.05% compared with between 0.0% (North) and 2.33% (North West); this result needs to be viewed in light of the small number of participants from the East (n = 19).

A second difference that is significant is that people in the North (19.35%) and North West (13.95%) wanted more information about how COVID-19 can be caught, spread etc. (staying safe) than did people in the East (5.26%) or South (8.8%).

There was no significant difference in information needs between men and women, though men were more likely to want information about what services were available. People with a disability (20%) or an existing health condition (13.99%) were more likely to want information about how Covid-19 can be caught/spread/re-caught/test procedures (including how to stay safe) than were other people (10.09% and 8.62% respectively).

A set of concerns, somewhat hidden in the data because of small numbers of incidents, is that people with particular conditions want more information about how that condition might interact with the pandemic. One of these is pregnancy (n = 5); another is asthma. There is also some evidence that people want to know more about the relative severity of COVID-19, compared with seasonal flu, and whether it is safe to get a flu vaccination.

Q4: Information sources

Most people were getting information from the internet (unclassified included answers like "ABC", without specifying the medium). In terms of content, 75% of respondents were using the government or the ABC/SBS (Figure 10).

Table 14: Information sources used by respondents—medium

Medium 1	*Freq.*	*Percent*
websites or apps	128	44.44
other/unclassified	103	35.76
tv or radio	12	4.17
work	12	4.17
personal contact	11	3.82
trust no one/not sure	8	2.78
social media	7	2.43
newspapers (including online)	6	2.08

Respondents are seeking information from the government and non-commercial broadcasters. Unclassified included academic sources, or responses like "online" and "Facebook" with no content listed.

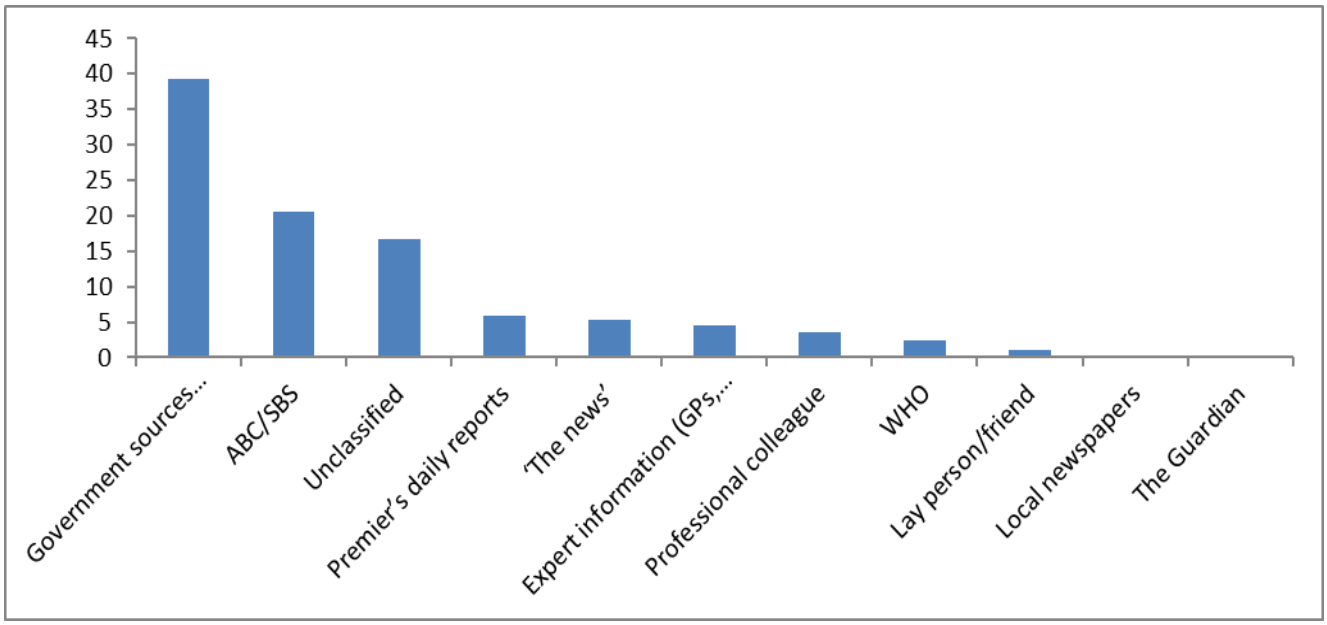

Figure 10: Content/provider of information sourced

Q5: Current ability to access needed medications, doctors or carers

The overwhelming majority of respondents (n = 83.23%) reported not having access problems, and there were no regional, sex or age correlations with ability to access health services or products.

For the 16.77% of respondents who did report difficulty, the reasons are given in Table 15.

Table 15: Reasons for lack of access to a health service or product

Reason	*Freq.*	*Percent*
service full, closed or cancelled	16	32
lack of supply	8	16
I don't need anything at present/don't know	8	16
concerned with contagion risk	7	14
access problems (lockdown)	6	12
needs/wants f2f service	3	6
other	2	4

It was very common in this group for people to report elective surgery being cancelled, a medication being hard to source, or a particular service being unavailable, for example, "*specialist appts cancelled*" and "*My son has had surgery cancelled. My son is not able to see his Paediatrician in person*". There was some concern about seeing mental health professionals face to face, or that older relatives preferred face to face appointments. Access was also being affected by concerns of infection should they visit, or lockdown laws preventing it.

Having a disability or an existing health condition was associated with reporting a lack of access (Tables 16 and 17).

Table 16: Access problems and presence of disability

Access	*No disability*	*Yes Disability*	*Total*
No	15.12	28.89	17.16
Yes	84.88	71.11	82.84
Total	100	100	100

Table 17: Access problems and presence of a health condition

Access	*No health condition*	*Yes, health condition*	*Total*
No	11.11	21.43	16.83
Yes	88.89	78.57	83.17
Total	100	100	100

Chronic illness was the only category where health condition significantly affects the responses: people with one or more chronic conditions were more likely to report access problems than were people with other health conditions (Table 18).

Table 18: Access problems and existing health conditions

Access	*Condition type*				
	One or more chronic conditions	Mental illness	Degenerative disease	Impairment/disability	Active cancer
No problem with access	17.5	46.67	50	0	42.86
Problems with access	82.5	53.33	50	100	57.14

Note: People reporting allergies (1 person) or in the 'other', unstated or error categories have been removed from the table; they comprise four women who included 'pregnant' as a health condition, and eleven people whose responses were unclassifiable (including "private", ".", "smoking", and having had recent surgery or an enlarged prostate.

Q6: Visit GP or other health provider/service

Slightly more than half of the sample (56.23%) reported that they would not go to see a GP or doctor as normal if they became sick or needed ongoing treatment.[3] Participants were asked why they would not see the GP; results are given in Table 19.

Table 19: Respondents' reasons for not going to see the GP or other doctor

Reason	*Freq.*	*Percentage*
using telehealth or equivalent	82	47.95
concerned with contagion risk	38	22.22
putting off minor/less serious matters; emergencies only	27	15.79
unclear/other	12	7.02
avoiding adding to strain on the system	8	4.68
unsure	3	1.75
no need (have all in hand)	1	0.58

[3] This is an interesting finding, given the report (above) of relatively good access to health services and supports, including doctors.

This data can also be reported as shown below.

	Frequency	*Percentage*
Yes	137	43.8
No	94	30.0
Not in person: telehealth	82	26.2

This suggests that access is being supported by telehealth options, at least for some people. People are however reporting that they are putting off visiting the GP for minor matters; this may later be reflected in higher rates of poor health outcomes (as appears to have occurred in Scotland). One fifth of respondents were not going to see the doctor because of fear of infection.

A second strange result is that more men (62.3%) and non-binary people (75%—3 people) reported that they would still visit the GP as usual than did women (37.7%). Men are ordinarily less likely to visit the GP. Again, the sample's skew towards women may account for this result. There were no other statistically significant correlations.

Q7: Other comments

About a third of the sample wrote in additional comments. Figure 11 displays the spread of these comments. Here, again, the need for clear information is prominent, as is the concern with the risky behaviour of others. Only one person reported that responses to the pandemic were an "over-reaction".

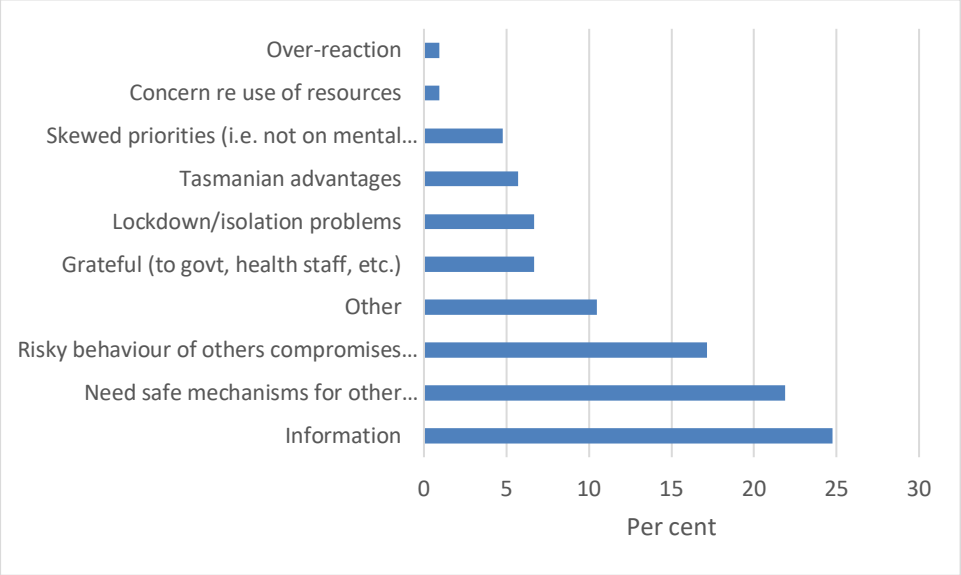

Figure 11: Other comments

Summary key cross-tabulations: statistically significant results only

Regional difference

Where you live was not related to feelings of safety.

Health (virus) was the main concern for the majority in South, North, North-West, but in the East it's 'other people' (because of the risk of contagion – strangers bringing the virus to their

communities). The sample from the East was 20 people, compared with 143 in the south, 42 in the North and 110 in the North West. Enforcing the lockdown was an information need for people in the East, but not in other parts of the State.

People in the N and NW wanted more information about the virus how Covid-19 can be caught/spread/re-caught/test procedures (includes staying safe).

People in the NW were the least likely to want more information about current infections, spread and responses, testing and recoveries, but wanted more information about modelling and strategies than did other Tasmanians.

People in the N (0%) and NW (4.65%) had less interest in timeframes—for lockdown or for the overall progression of the pandemic.

People in the N and NW were more likely to want more information about where local cases are, than were other Tasmanians.

Safety

Older people were more likely to feel safe, or very safe than were the other groups. Younger people felt the least safe of the age groups.

People with disability, and people with a health condition were more likely to feel unsafe than other people.

Information needs

People with disability wanted more information about how Covid-19 can be caught/spread/re-caught/test procedures (includes staying safe) than did other people but were much less likely to want to know about current infections, spread and responses, testing and recoveries.

People with one or more health conditions were more interested in knowing about how Covid-19 can be caught/spread/re-caught/test procedures (includes staying safe), and less concerned with information on timeframes, and treatments or vaccines.

Men were more likely to want information about access to health and other services (including financial supports, technology); this included supports for work.

Access to health care

People with disability were more worried about access to health care and services than were non-disabled people.

More people with a chronic condition said they had access problems

Seeing the GP/health provider

More men than women said they would visit the doctor or other health service if needed; this is striking since we know that men are overall less likely to visit the GP.

Health conditions effect on responses

People with a health condition were significantly less likely to be concerned about lockdown and isolation, but more concerned about risk from other people.

People with a health condition were also more concerned about the future.

Age and concerns

Older people express the greatest concern about the virus itself (and contagion) and had the least concern of all groups regarding isolation and the lock-down.

Middle aged people express the most concern of all groups about the lockdown—the comments tended to reflect concerns with livelihood, schooling and children at home.

Gender and concerns

Women were greatly over-represented int eh sample, so we can't say much about sex differences. Given that, men in the sample worried re economics/finance and the future, more than women, and women about effects of isolation and risk associated with other people.

Reference

Department of Health. (2019). *The State of Public Health Tasmania 2018*. Hobart, TAS: Department of Health, Tasmanian Government.