

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

Survey analysis report: Survey closed 30 April 2020

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The survey asked a self-selecting group of respondents about their experiences relating to COVID-19. It was conducted between 29th and 30th April. There were 435 respondents (Survey 2 had 323 respondents). Not every respondent answered every question. Only cross-tabulations that reached significance are reported. Demographic characteristics (see below) of the sample are important to bear in mind when interpreting the results.

Summary key cross-tabulations: statistically significant results only

Regional difference

Where you live was related to likelihood of using the *covidsafe* app. People in the State's north west were more likely to report that they would use it.

People in the north west were also more likely to want elective surgery restrictions to remain in place.

Southern Tasmanians were more in favour of state-level travel restrictions remaining in place.

Safety

The only demographic characteristic affecting feelings of safety was disability status. This group was more likely to report feeling very safe (4.55% compared with 0.92% of non-disabled respondents), but also more likely (60.61%) to report not feeling safe than were other Tasmanians (52.6%).

Telehealth

Overall, it is clear that telehealth is being embraced. The older the respondent, the more likely they were to have used telehealth for a medical consultation over the previous two weeks. People with disability were also more likely to have both consulted a doctor, and to have used telehealth than non-disabled respondents. Of those people who had consulted a GP or doctor over the past two weeks, having more education increased the likelihood of using telehealth.

The covidsafe app

Disabled respondents were clearly opposed to the *covidsafe* app. This is a red flag in terms of perceived risk of discrimination and ethical treatment.

Access to health needs

Disabled people were more likely to report having problems with access to medications and other supports and non-disabled more likely to report having no access problems. The two groups had similar levels of "don't know" responses.

Description of the sample

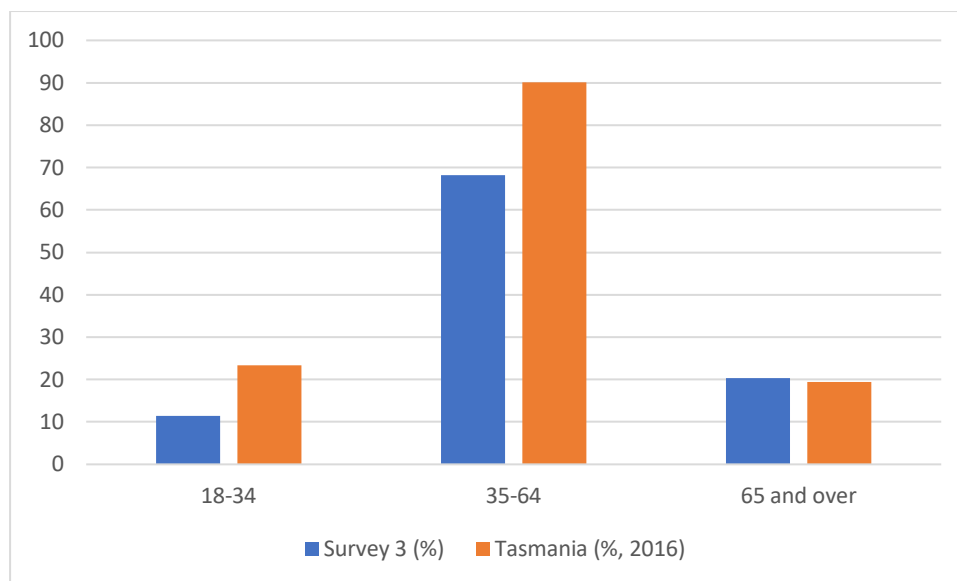
Age

Table 1 shows the age of participants. 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: Age of respondents

<i>Age range</i>	<i>Freq.</i>	<i>Percentage</i>	<i>Grouped age range</i>	<i>Grouped percentage (previous survey)</i>
18-24	4	1.02		
25-34	41	10.41	45	11.43 (12.03)
35-44	68	17.26		
45-54	107	27.16		
55-64	94	23.86	269	68.28 (65.82)
65-74	60	15.23		
over 75	20	5.08	80	20.31 (22.15)
<i>Total</i>	394	100	394	100

Figure 1: Age groups of respondents, compared with Tasmania overall (Census 2016)



Gender

The sample is overwhelmingly (75.32%) female.

Table 2: Gender of respondents

<i>Sex</i>	<i>Freq.</i>	<i>Percentage</i>
<i>Male</i>	95	24.68
<i>Female</i>	296	75.32
<i>Non-binary</i>	2	0.51
<i>Total</i>	393	100

Location

More than two fifths of the sample are from Southern Tasmania; there are somewhat more respondents from the Northern region. 'Other' included respondents from other states.

Table 3: Location of respondents

<i>Location</i>	<i>Freq.</i>	<i>Percentage Survey 3</i>	<i>Percentage Survey 2</i>
<i>Other</i>	6	1.52	0.63
<i>Southern</i>	176	44.67	45.25
<i>North</i>	89	22.59	13.29
<i>North-West</i>	123	31.32	34.81
<i>Total</i>	394	100	100

Language

Twenty-five respondents do not speak English as their main language; this is 6.36 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. Almost 8 per cent of respondents (7.89%) are Aborigines or Torres Strait Islanders.

Disability status

Sixty-six people (16.79%) reported living with disability. Of this group, around 35 per cent reported physical disability and 23 per cent reported intellectual disability; the latter may reflect attention given to including this group in the surveying methods. Many fewer participants in this survey (7.58%) reported a psychiatric disability than in the previous survey (17.95%). However, almost 25 per cent ticked 'other' and many of those written in responses could have been put in one of the named category options. The results of this categorisation of 'other' responses are shown in Table 4.

Table 4: People with disability (pwd) ('Other' responses categorised)

	<i>Freq.</i>	<i>Percentage of survey respondents</i>	<i>% of those with disability</i>
<i>No disability</i>	327	83.21	
<i>Intellectual/ developmental</i>	19	4.83	28.79
<i>Physical</i>	31	7.89	46.97
<i>ABI</i>	1	0.25	1.52
<i>Neurological</i>	6	1.53	9.09
<i>Deafblind</i>	1	0.25	1.52
<i>Hearing</i>	1	0.25	1.52
<i>Psychiatric</i>	7	1.78	10.61
<i>Total pwd</i>	66	16.79	
<i>Total</i>	393	100	

Existing health conditions

More than half the respondents (52.93%) of participants reported having a health condition. Almost half of those with a health condition ticked 'other', writing in responses; 67 (76.13%) of these respondents named one or more chronic conditions that 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

	<i>Freq.</i>	<i>Percentage</i>
<i>No health condition</i>	208	52.93
<i>Mental illness</i>	21	5.34
<i>Degenerative disease</i>	16	4.07
<i>Allergies</i>	32	8.14
<i>Impairment/Disability</i>	23	5.85
<i>Cancer</i>	5	1.27
<i>Other</i>	88	22.39

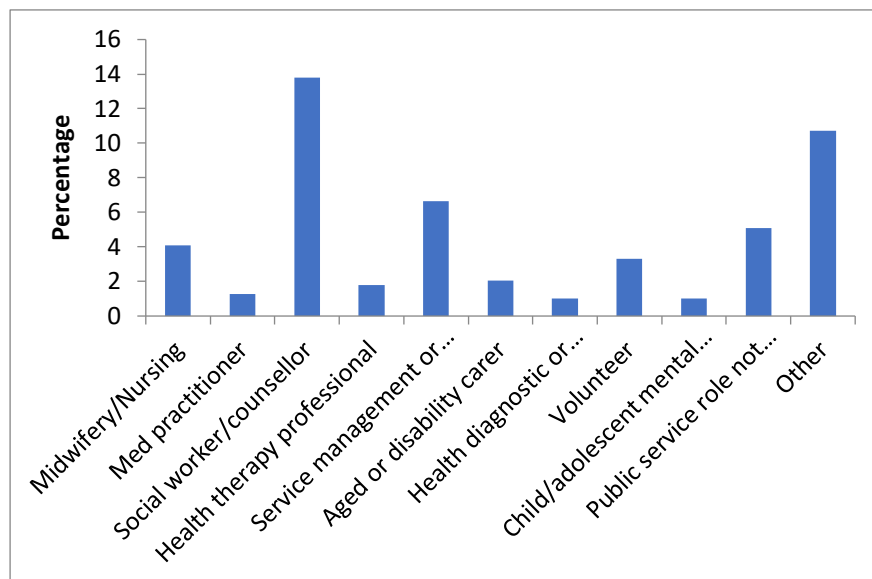
Education

The sample is significantly skewed towards people who have high levels of education. While overall Tasmanians with a Bachelor degree or higher make up 16.2 per cent of the population, among survey respondents this was 57%. About 8 per cent of the sample reported having reached year 12, or year 11 or lower. For Tasmania overall, this proportion is 44.9% (Census, 2016).

Health worker role

Reflecting the highly-educated nature of the sample, more than half of respondents work in a health role (50.77%). Of these the largest group was social workers and counsellors (13.78% of respondents overall) (Figure 2). Those listed as ‘other’ included bi-cultural health workers, case workers, advocates or coordinators in alcohol and other drugs, disability, mental health and aged care, health promotion professionals (e.g., for diabetes), pharmacy and dentistry workers.

Figure 2: Respondents with a health role

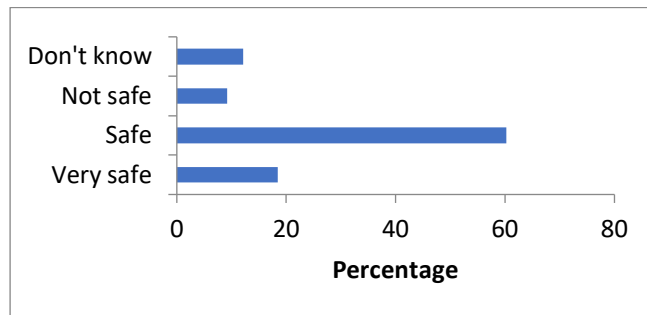


Responses to questions

Q1: How safe do you feel?

Most participants reported feeling safe (60.23%) or very safe (18.39%) (Figure 3). That 9% did not feel safe remains a concern. Of those who did not feel safe, most were afraid of catching coronavirus (32.14%), or of a family member catching it (26.19%). Almost 11% of those who did not feel safe had a generalised concern about other people catching the virus.

Figure 3: Sense of safety

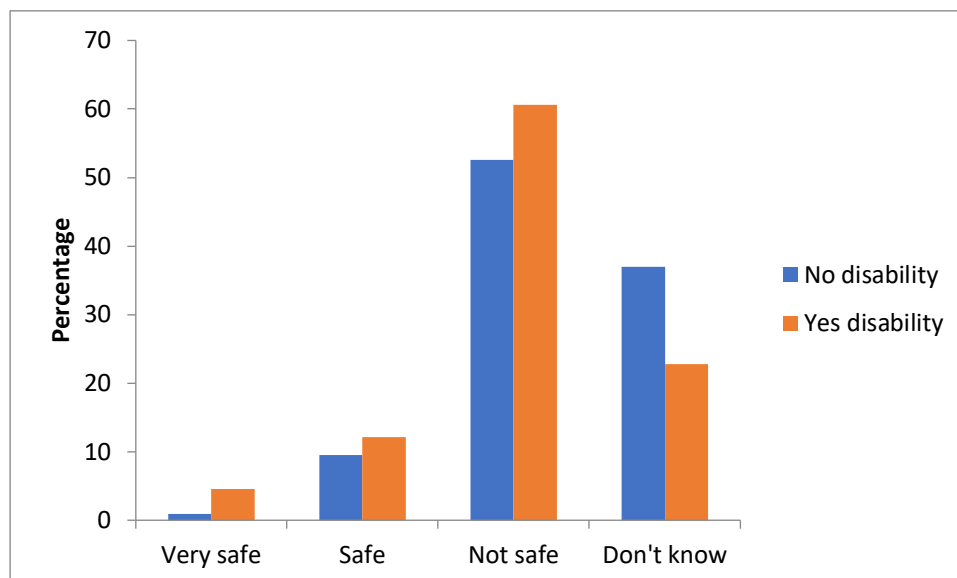


Region, sex, age, education, being a health worker or presence of a health condition did not have an association with levels of safety reported.

Significance

The responses from people with a disability suggest that they are both more certain of their view (a lower proportion answered “Don’t know”) and more likely to feel unsafe (60.61%) compared with non-disabled people (52.6%), but also more likely to feel safe (12.12%, compared with 9.48%) or very safe (4.55% compared with 0.92%) (Figure 4).

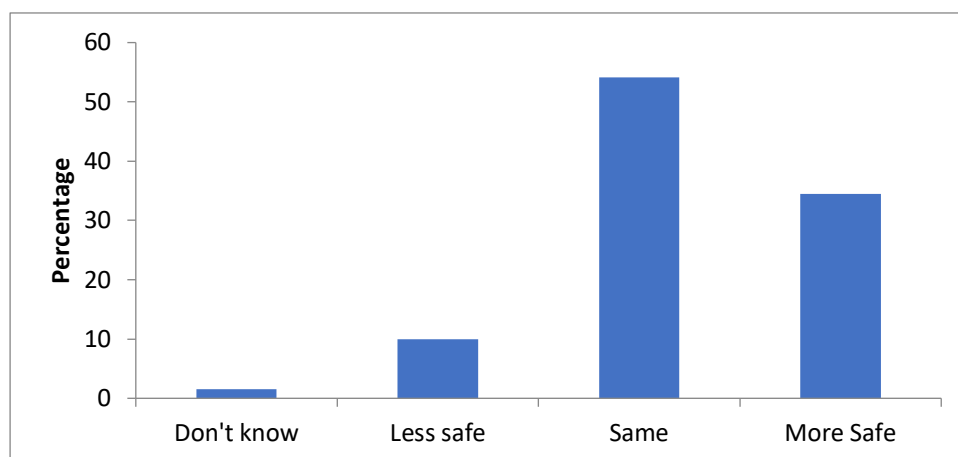
Figure 4: Sense of safety and people with disability



Q2: Are you feeling safer now than at the Easter period?

Most people felt the same level of safety (54.09%) or more safe (34.49%) than they did during the Easter period (Figure 5). Around 10% feel less safe. They were not asked about causes of lack of safety.

Figure 5: Has sense of safety changed compared with the Easter period?



Q3: Responses to the covidsafe app

Participants were asked whether they would download the app *covidsafe* to their mobile phone. More than half were unsure (26.05%) or reported that they would not download the app (29.53%). It is worth noting that survey-answerers plausibly differ from the general population on this question. The health-worker dominant and highly-educated nature of the sample suggests that they may be more likely to be concerned about the virus, pro-data, and less conscious of privacy.

Participants were asked why they would not use the app. The 119 people who responded listed concerns about a lack of trust in the federal government, privacy and security and the link with the Amazon company. Technical problems to do with phone technology and data were also listed (see Table 6; note that people could list several concerns).

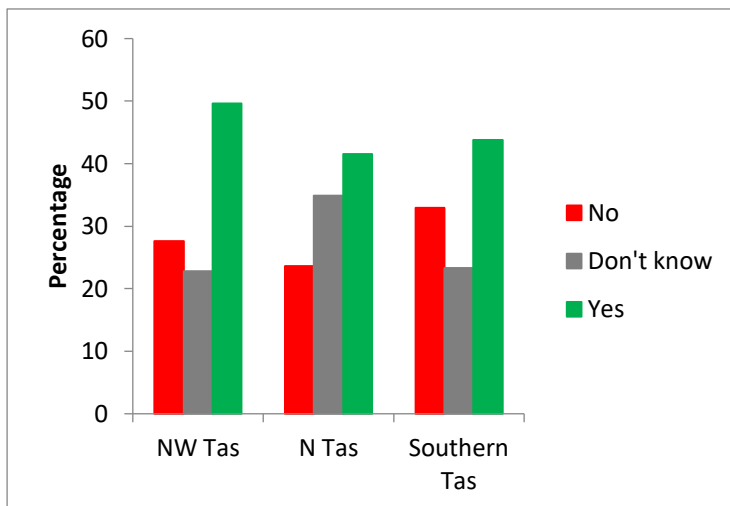
Table 6: Concerns people reported with the *covidsafe* app

	<i>Freq.</i>	<i>Percentage</i>
<i>Lack of trust in government</i>	37	31.1
<i>Privacy</i>	26	21.8
<i>Security</i>	16	13.4
<i>amazon storage and poor privacy protections</i>	10	8.4
<i>Technical difficulties</i>	27	22.7

Significance

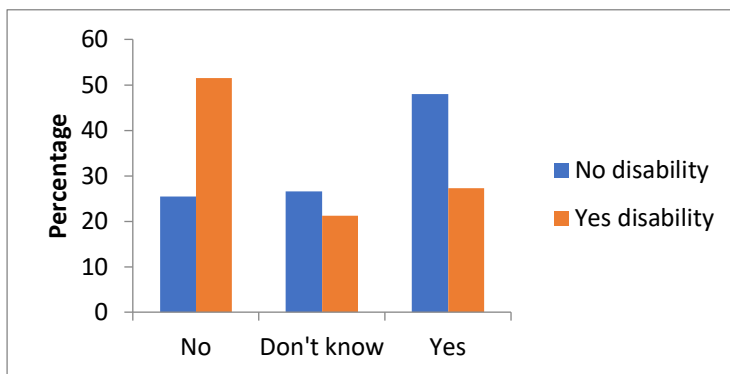
Responses to this question produced some results that achieved significance. People in the North West were more likely to say they would download the app, and people in the South more likely to say they would not. These results are shown in Figure 6.

Figure 6: Location and likelihood of downloading *covidsafe*



People with disability (51%) were also more likely than other Tasmanians (27%) to not download the app, while non-disabled Tasmanians clearly favour using it (48% vs 25%) (Figure 7).

Figure 7: Presence of disability and likely use of *covidsafe*



Q4: Lifting the local restrictions

Broadly, respondents wanted the restrictions on access to aged care facilities (65%), travel around Tasmania (70%), group exercise (63%), and cafes and restaurants (70%) to remain in place. The results are more equivocal for schools (42% wanted restrictions to remain the same, while 39% wanted them lifted), family gatherings (52% favour lifting, 48 remain or don't know), social visits (51% favour lifting and 38% favour no change), group meetings (48% want restrictions to remain and 41% for them to be lifted), funerals (49% favour lifting and 38% remaining) and shopping (53% want restrictions to remain and 36% favour lifting). Slightly more people wanted restrictions on regional travel lifted (48%) than remaining (42%). On elective surgeries 75.2 per cent of respondents want restrictions lifted compared with 13.7 per cent who do not.

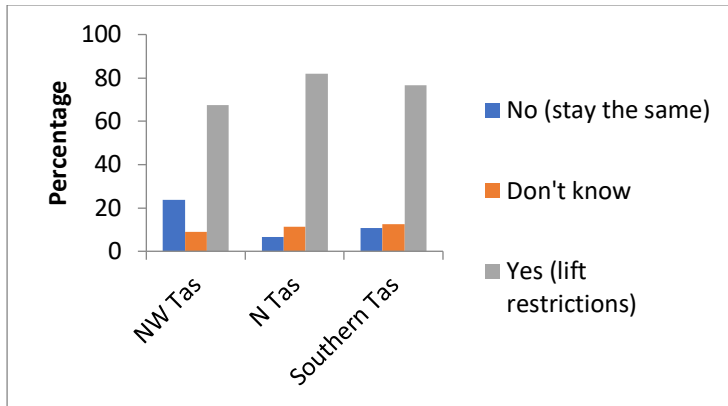
Significance

More men (51.58%) than women (39.19%) wanted restrictions on school attendance to remain in place, though about the same proportion wanted restrictions lifted (men = 35.79%; women = 39.53%). Women were quite ambivalent on this question. There were also significant differences between men and women on regional travel restrictions with men

(49.47%) being more likely to want travel restrictions to remain in place than did women (39.53%). Lifting restrictions on parks and reserves was supported by 73.45% of respondents, while the support for reopening access to beaches was 58%.

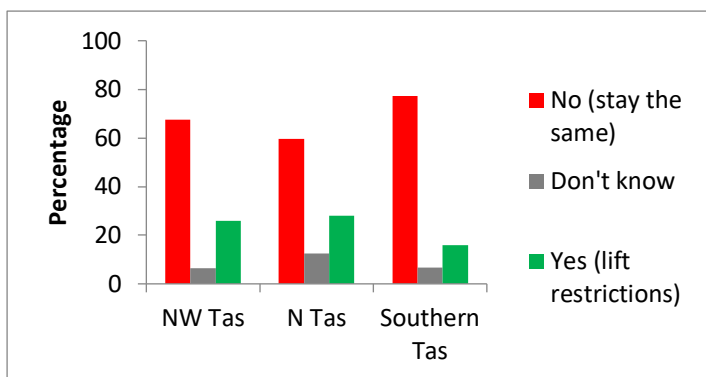
People in the North West were significantly less likely to want elective surgery restrictions lifted (see Figure 8).

Figure 8: Location and response to proposed changes to elective surgery restrictions



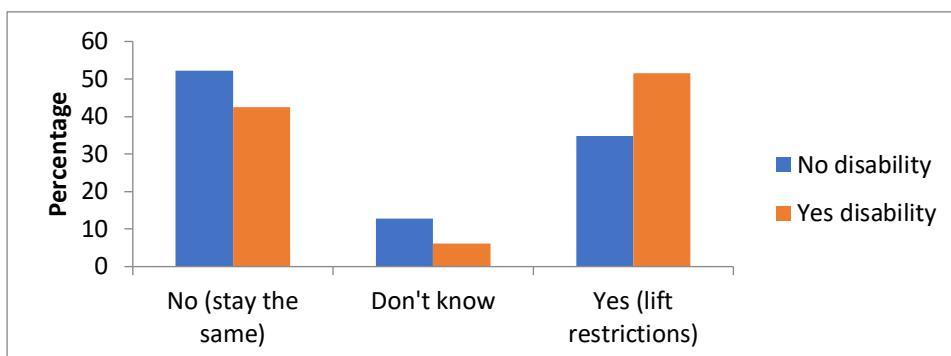
Conversely, people in the southern part of the State were more in favour of maintaining state-level travel restrictions (see Figure 9).

Figure 9: Location and state-level travel restrictions



Presence of disability was correlated with support for lifting restrictions on social visits. Fifty-one per cent of people with a disability supported lifting this restriction (compared with 42% of people without a disability) (Figure 10).

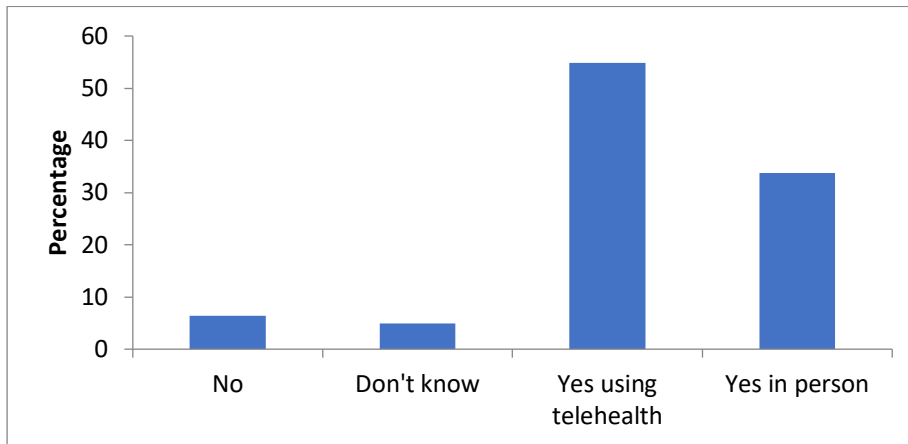
Figure 10: Presence of disability and attitude to restrictions on social visits



Q5: Going to see a GP or doctor as you would normally do if you became sick or needed ongoing treatment

Almost 90 per cent of respondents said they would see their GP or doctor as usual. Of these, most said they would use telehealth to do so (Figure 11). Almost seven per cent (6.45%, n = 26) said they would not visit.

Figure 11: Seeing the GP as usual, plus means



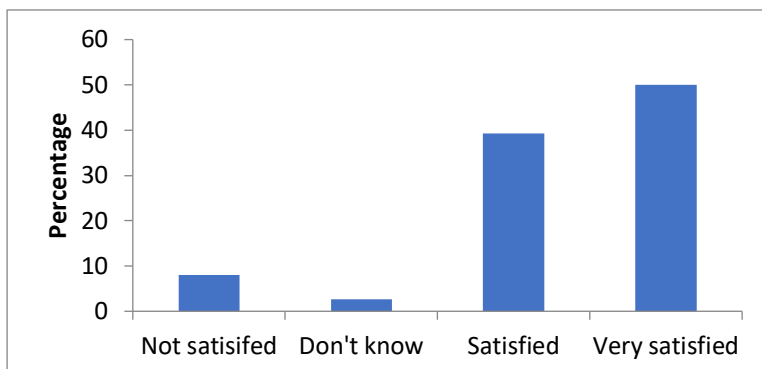
Of those 26 respondents who reported that they would not see their doctor, the chief reasons were avoiding strain on the system (24%), putting off consulting about minor matters (44%), and concerns about getting infected (8%).

Q6: Using telehealth

Participants were also asked whether they had used telehealth for a health consultation in the past two weeks. One hundred and thirteen (28.11% of respondents) had used telehealth. The majority of people had had no reason to consult a doctor (59.2%).

Participants who had used telehealth were satisfied (39.29%) or very satisfied (50%) with the experience (Figure 12).

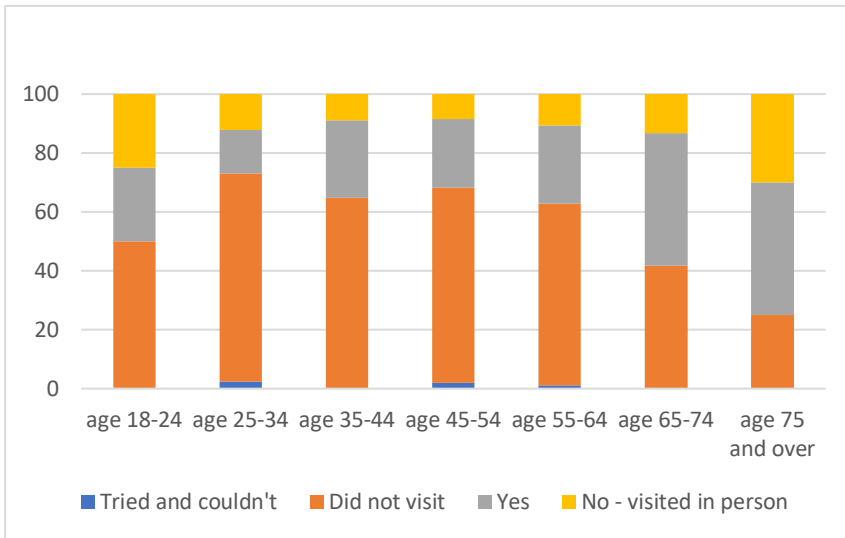
Figure 12: Satisfaction with telehealth experience



Significance

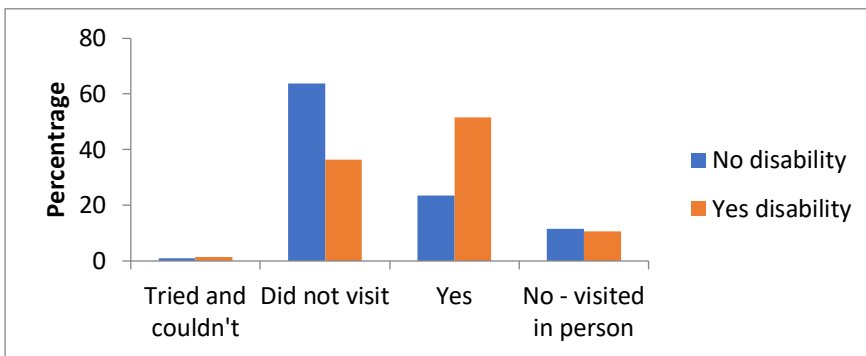
As respondents get older, they are more likely to have used telehealth, as well as to have visited a doctor in person. This is shown in Figure 13.

Figure 13: Likelihood of using telehealth and age



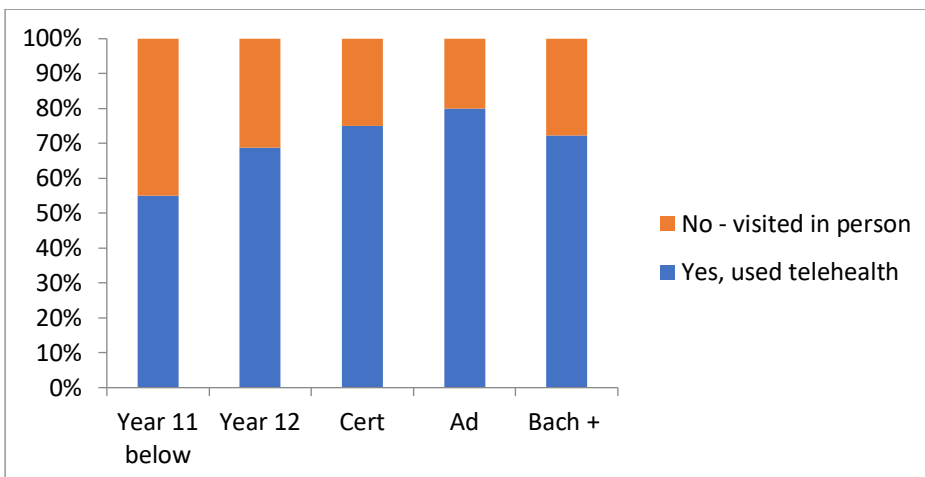
Presence of a disability increased the likelihood of a person visiting a doctor in any form, and this was mostly accounted for by use of telehealth (Figure 14). There was no relationship between presence of disability or age and satisfaction with the telehealth experience.

Figure 14: Disability and medical consultations



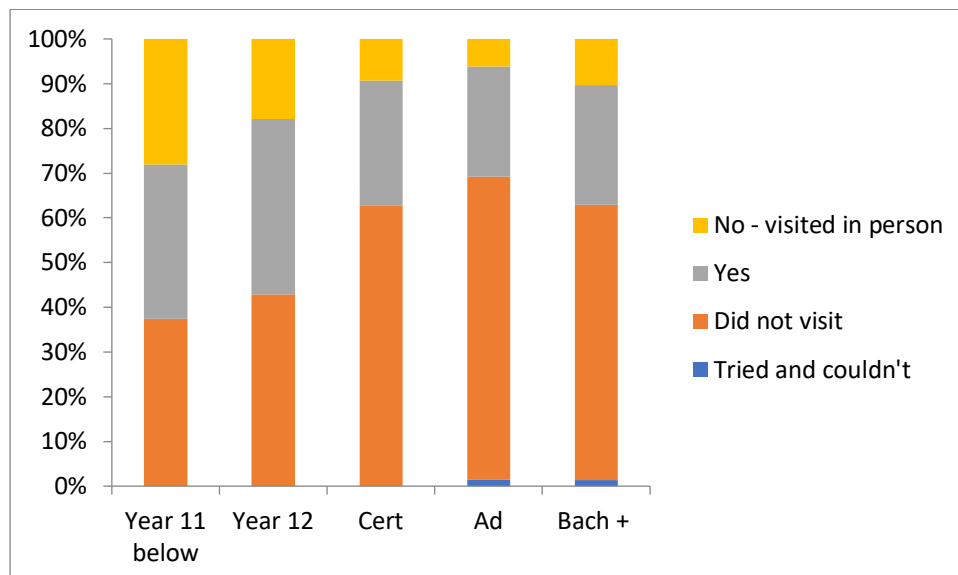
Of those who visited in person or by telehealth, the proportion using telehealth increased as education level increased. In other words, if a person had some kind of contact with a health provider, being more educated was related to higher likelihood of that contact being via telehealth (Figure 15).

Figure 15: Telehealth use and level of education



Note also, though, that as education increased, contact of any kind decreased. This may be interesting to compare with rates of visiting health practitioners across education levels in the general population. Figure 16 shows that more educated people were less likely to consult a GP or doctor in any form.

Figure 16: Visits to GP or doctor and education level



Q7: Access to medications, carers or medical support

Most people (87%) reported having access to the medication, people and supports they need for health. A further 5 per cent did not know. That the remaining 8 per cent have access problems is a matter of concern. It would be interesting to compare this with usual circumstances (i.e. how good was access pre-pandemic). Reasons for lack of access reported by the 31 respondents in this category are shown in Table 7.

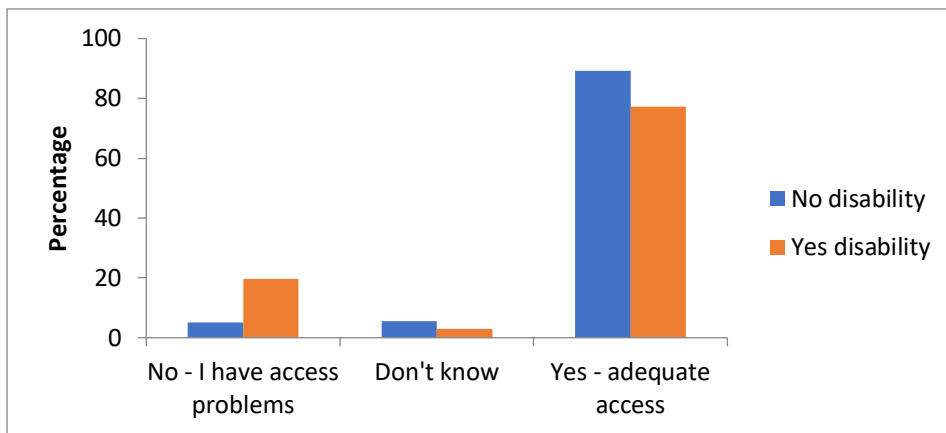
Table 7: Reasons for lack of access to needed health supports

<i>Reason given</i>	<i>Freq.</i>	<i>Percentage</i>
<i>Can't access because of lockdown</i>	5	16.13
<i>The service I need is full/closed/cancelled</i>	8	25.81
<i>I want or need face-to-face service and can't access it</i>	3	9.68
<i>There's a lack of supply of my medications</i>	4	12.9
<i>I will not access these things because I'm concerned about contracting coronavirus</i>	1	3.23
<i>Other, written in</i>	5	16.13
<i>I will not need these things in next two weeks</i>	5	16.13

Significance

Access to health supports was more likely to be a problem for people with disability (Figure 17).

Figure 17: Access to health needs and disability status



Q9: Experience of COVID-19

No one in the study had tested positive to the virus. A small proportion (6.8%, n = 17) had been tested. Of these, almost two-thirds were in health roles. Interestingly, though, these health roles were not where we might expect to see testing being prominent; one quarter are nurses, with almost the same proportion being social workers. Two people (~12%) who had been tested work in aged care or disability support. Most people did not believe they had been on contact with the virus (84%), and 6 per cent were unsure.

Reference

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