

Health Consumers Tasmania, Survey July 2020

Survey analysis report: Survey closed 19 July 2020

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 15th and 19th July. There were 294 respondents (Survey 4 had 435 respondents, and 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 and should be borne in mind when interpreting the results.

Key points:

- There is very little social and demographic variation across the results; that is, those factors do not appear to make much difference
- 90 percent of respondents knew what Telehealth was; two-thirds knew how to use it; and just under half might try and use the phone if they needed to talk with their GP
- Half have had a positive experience of telehealth
- There are mixed results in terms of worry – for half the respondents, the level of worry has not changed, and for half, it has increased. Older people are more worried than younger.
- Perhaps reflecting this, about half the respondents are more isolated and half feel the same as they did before; again, older people are more likely to report being isolated.
- Half the sample are not working – this is problematic and perhaps suggests why there's little variation on the cross-tabulations
- Almost two thirds say their health is the same. Their reports that they are more worried than they are suggests they may be at greater risk of mental distress.

Health Consumers Tasmania had three specific questions:

1. How have people taken to telehealth, and does this depend on their background/health status?

People say they know what telehealth is (90.2%). Twenty-seven people said “no” or “don’t know” in response to this question. Seven of those (about 25%) could not use the internet or computers, or just said they were unsure whether they could “easily use the internet to find information and services you might need to help with your health”. This compares with 8 per cent of the overall sample. People who did not know or were unsure about telehealth were more likely to be older (37% are aged 75 or older, compared with 19.3% in the sample overall). There is no gender difference. Years of formal education do appear to matter: those who did not know or were unsure about telehealth were twice as likely to have finished schooling at Year 11 or below, or Year 12, and a third as likely to have an undergraduate degree. It is quite likely that the age skew in the “no” and “don’t know” respondents may explain the education levels.

Disability did not affect responses to this question (19% in overall sample, and 19% being unsure about what telehealth is). Twelve people (44.4%) had a health condition (compared with 60% in the sample), with all but one reporting one or more chronic illnesses.

2. What can we say about the cases where people’s health is worse than in February, and perhaps the proof that it is happening?

Almost a quarter of the sample (69 people, 24.82%) reported that their health is “getting worse” since February when the pandemic began.

Self-reported health has been shown to be a good indicator (McGee, Liao, Cao, & Cooper, 1999; Miilunpalo, Vuori, Oja, Pasanen, & Urponen, 1997) of mortality, though the instrument used here is not the standard self-report tool.

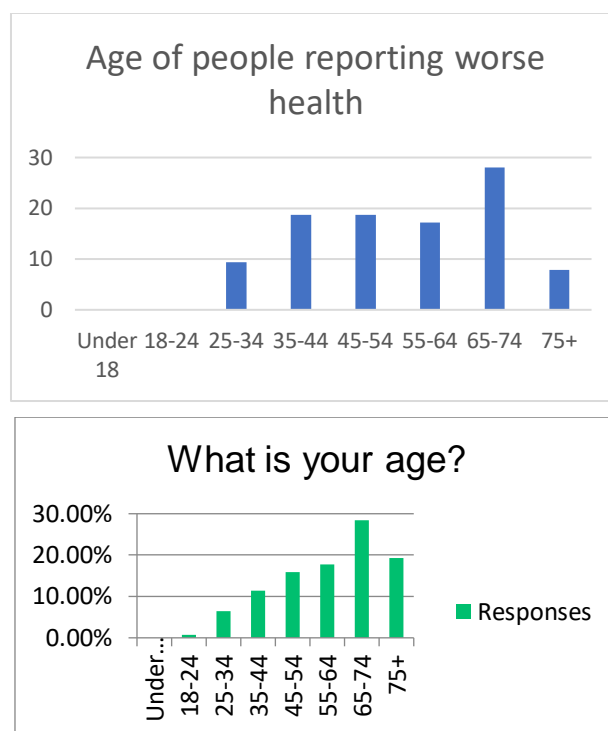
This group were as likely to be tested for coronavirus as the sample overall. They were also as likely to know what telehealth is, and a little *more* likely to report knowing how to use it (73.3% compared with 67.9% in the full sample).

Interestingly, people who reported having worse health were less likely (44.8% compared with 50.55%) to go to the GP clinic, more likely to try and see the GP using telehealth (46.3% compared with 42.55% of total sample) and more likely to say they would not contact their GP (4.48% compared with 1.82% of the whole sample). None of these results reach significance.

More of this group had used telehealth instead of visiting the doctor in person, and fewer said they had visited the doctor in person. More of them (4.48% compared with 1.45% in response to Q16) reported not knowing what telehealth is [this finding is confounding, as in response to Q12, this group matched the overall sample]. Their experience of telehealth matched that of the rest of the sample. All those responding to Q19 (n = 50) said they could “get all of the medicines, carer help and medical support” they need at the moment.

Interestingly, though again significance is not reached, the age profile of people reporting worse health does not match that of the sample overall.

Figure 1: Age profile of sample and of people reporting worse health since February



3. How do people with a health condition feel about easing of restrictions compared to those of good health?

There are no significant relationships between presence of a health condition and attitudes to restrictions. We also suspect that adaptation and attitudes to restrictions are separate phenomena.

Significance results

The survey results are significant for the following items.

Table 1: Q12—Do you know what Telehealth is?

	<i>N</i>	<i>%</i>
No	23	8.36
Yes	248	90.18
Don't know	4	1.45
Total	275	100

Table 2: Q13—Do you know how to use Telehealth?

	<i>N</i>	<i>%</i>
No	62	24.6
Yes	170	67.46
Don't know	20	7.94
Total	252	100

Table 3: Q14—If you got sick or needed to talk with your GP over the next two weeks, would you go and see them like you used to?

	<i>No.</i>	<i>%</i>
<i>No, I would not contact the GP</i>	5	1.8
<i>I am not sure</i>	14	5.1
<i>Yes, but would try and see them using a phone</i>	117	42.5
<i>Yes, I would go and see them face to face</i>	139	50.5
Total	275	100

Table 4: Q17—Satisfaction with telehealth

	<i>No.</i>	<i>%</i>
--	------------	----------

No	17	13.6
Yes, okay	58	46.4
Yes, very happy	50	40
Total	125	100

Table 5: Q4—Compared to February (before the coronavirus began in Tasmania) are you [worry]

	No.	%
More worried	132	46.64
About the same	126	44.52
Less worried	25	8.83
Total	283	100

Age affected how worried people were.

Figure 2: Worry and age

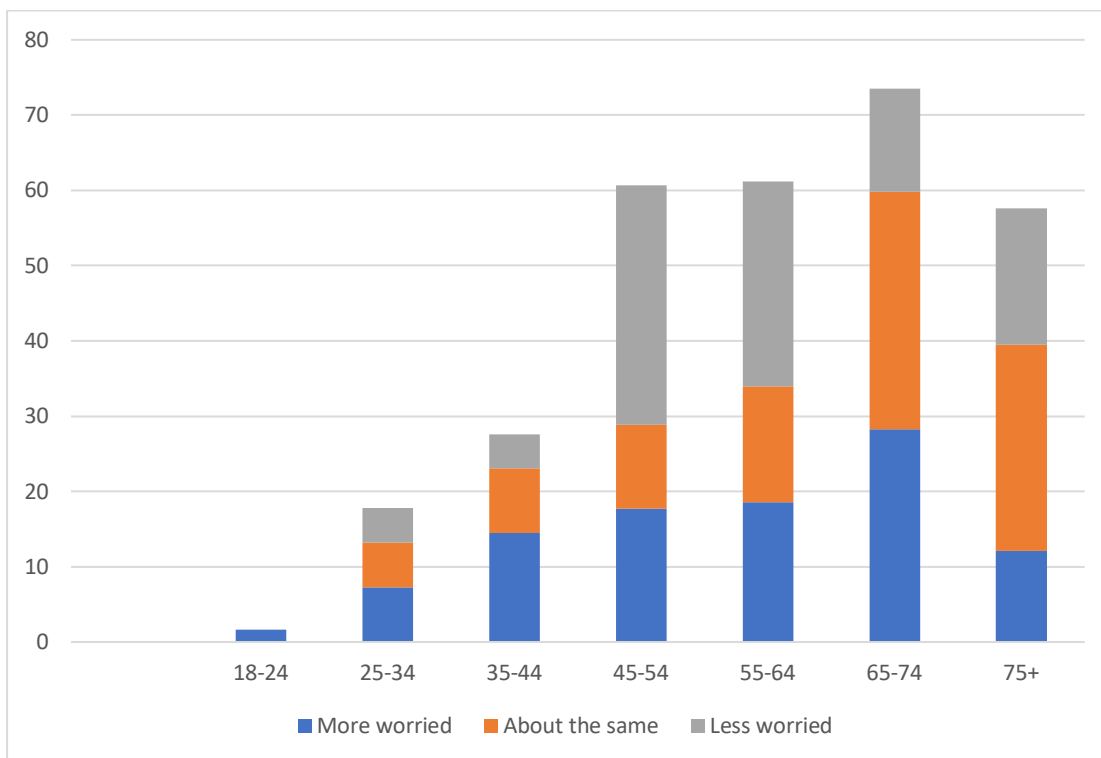


Table 6: Worry and age

Age	More worried	About the same	Less worried
18-24	1.61	0	0
25-34	7.26	5.98	4.55
35-44	14.52	8.55	4.55
45-54	17.74	11.11	31.82
55-64	18.55	15.38	27.27
65-74	28.23	31.62	13.64
75+	12.1	27.35	18.18
Total	100	100	100

Table 7: Q8—Compared to February (before the coronavirus began in Tasmania) is your home/accommodation ...

	No.	%
Less secure	8	2.89
About the same	245	88.45
More secure	22	7.94
Don't know	2	0.72

Age impacts on accommodation security.

Figure 3: Age and sense of accommodation security

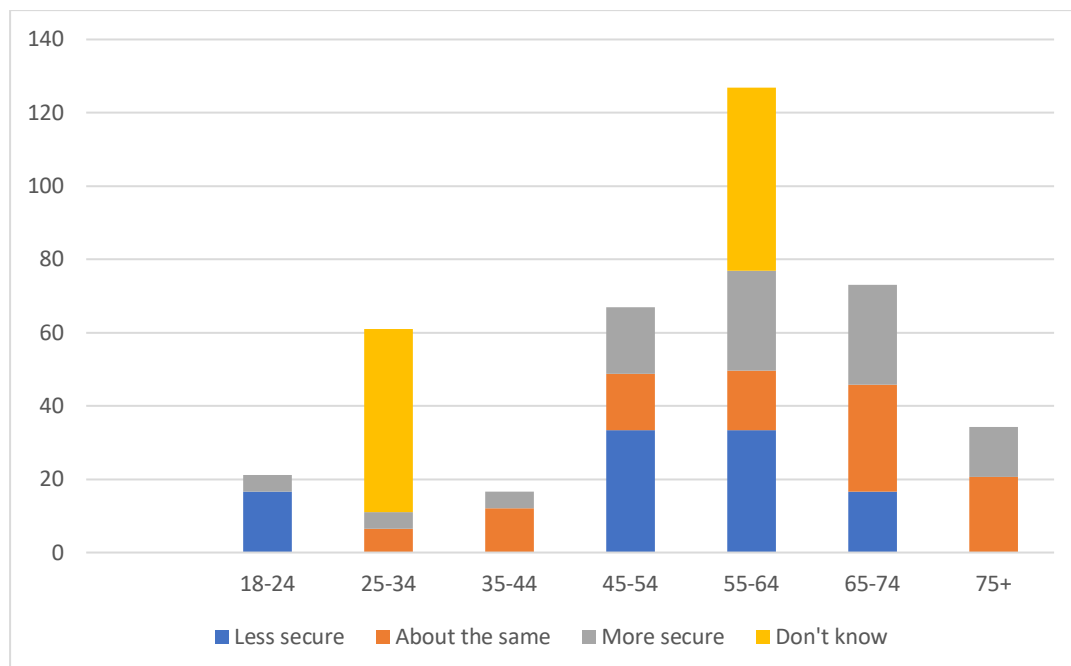


Table 8: Age and sense of accommodation security

<i>By age</i>	<i>Less secure</i>	<i>About the same</i>	<i>More secure</i>	<i>Don't know</i>	<i>Total (%)</i>
18-24	16.67	0	4.55	0	0.76
25-34	0	6.44	4.55	50	6.46
35-44	0	12.02	4.55	0	11.03
45-54	33.33	15.45	18.18	0	15.97
55-64	33.33	16.31	27.27	50	17.87
65-74	16.67	29.18	27.27	0	28.52
75+	0	20.6	13.64	0	19.39
<i>Total</i>	100	100	100	100	100

Figure 4: Q9—Compared to February (before the coronavirus began in Tasmania) do you feel that your physical health is ...

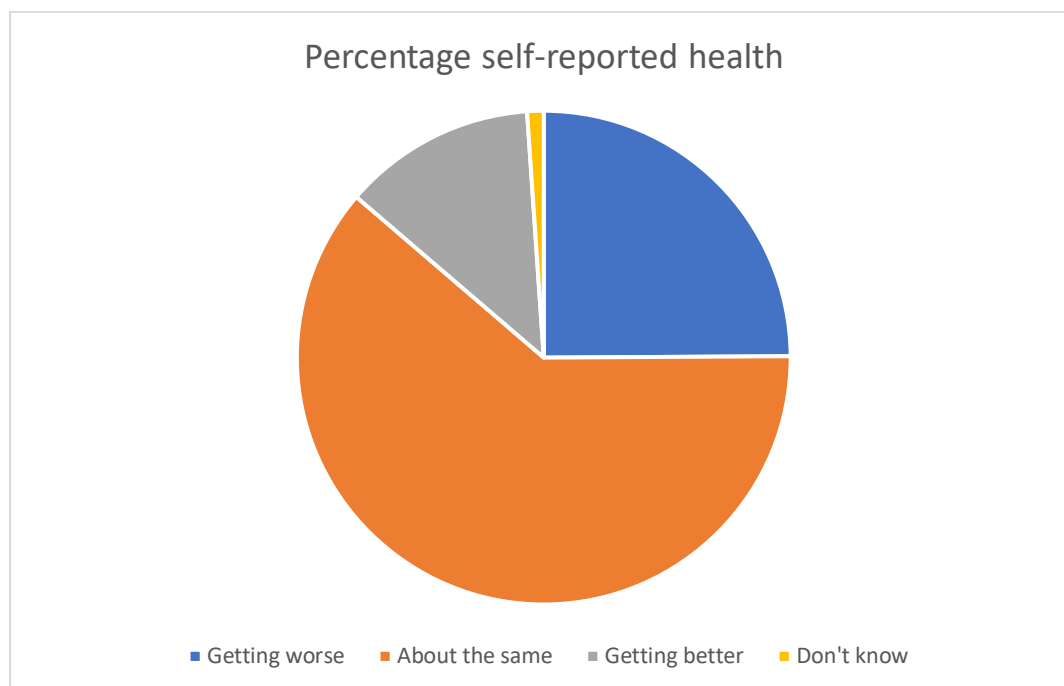


Table 9: Q9—Compared to February (before the coronavirus began in Tasmania) do you feel that your physical health is

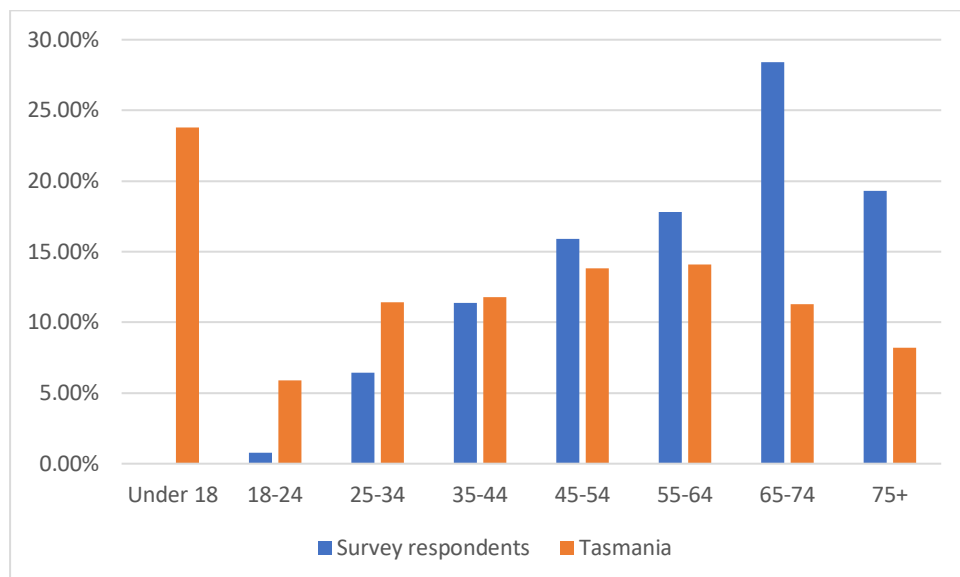
	<i>No.</i>	<i>%</i>
<i>Getting worse</i>	69	24.91
<i>About the same</i>	170	61.37
<i>Getting better</i>	35	12.64
<i>Don't know</i>	3	1.08
<i>Total</i>	277	100

Describing the sample

Age

The sample is skewed towards older people, though more closely matches the overall age profile for Tasmania than previous survey samples.

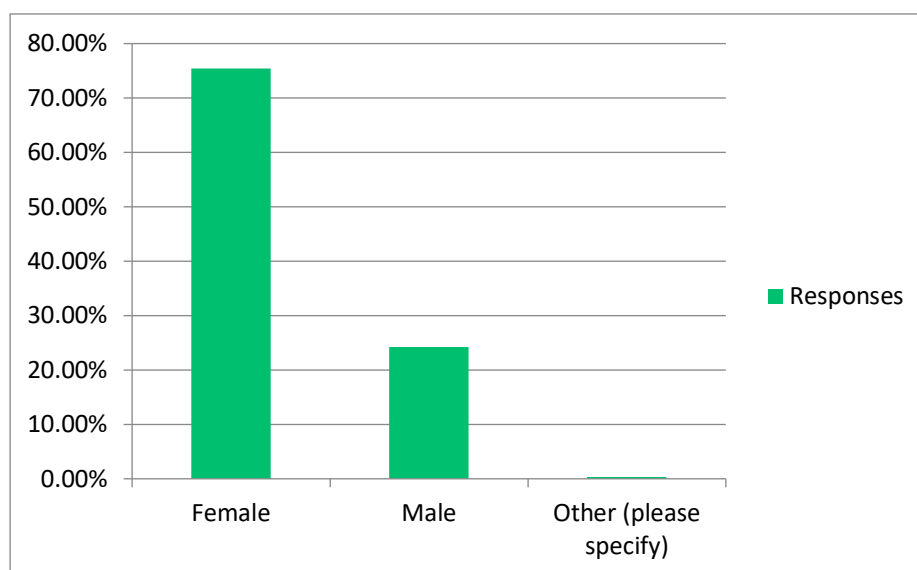
Figure 5: What is your age? (Survey respondents compared with Tasmania's age profile: Census 2016)



Gender

Women (75.38% of respondents) again outnumber men in the sample (by three to one). This matches the result in the previous survey (75.32% female).

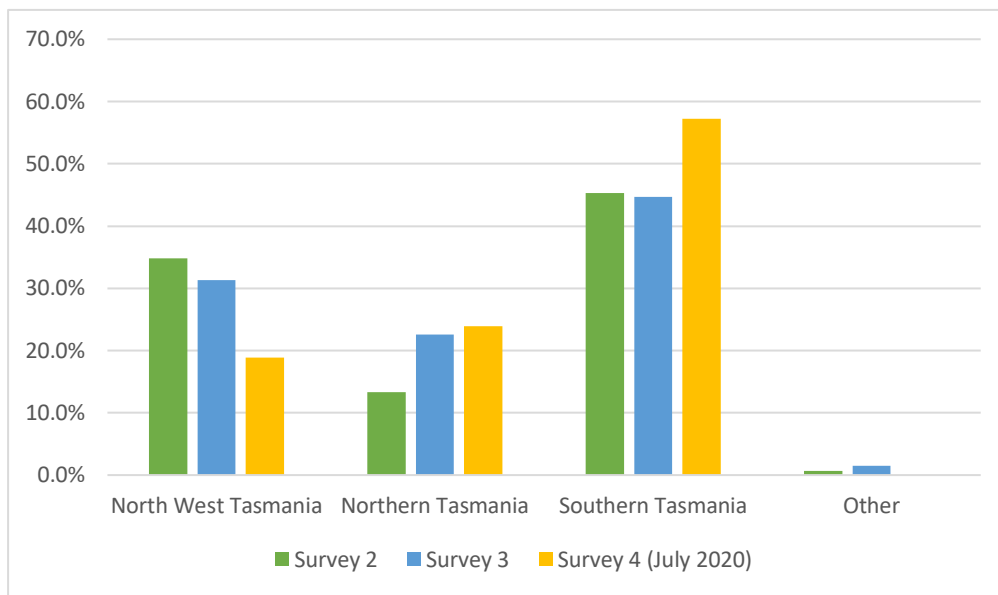
Figure 6: What is your gender?



Location

Most respondents are living in Southern Tasmania.

Figure 7: Where do you live (Surveys 2, 3 and 4)



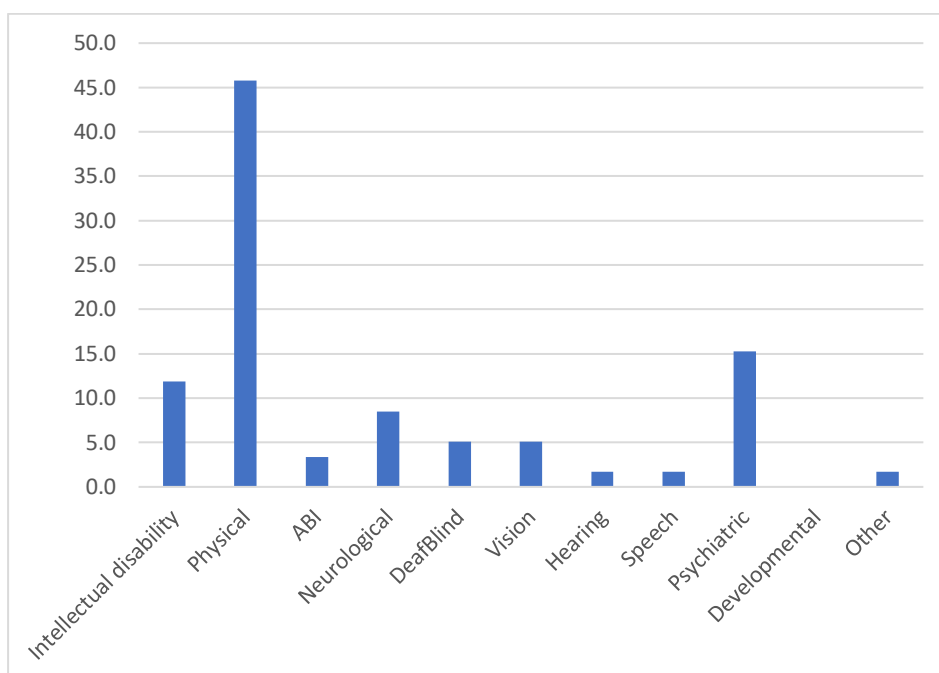
Cultural background

The respondents overwhelmingly reported English as their main language (99.24%) and were not Aboriginal or Torres Strait Islander (3.03% of respondents).

Disability

As in previous surveys, there is good representation of people with disabilities; they make up 17.05 per cent of the sample (this item was recoded as some respondents had listed medical conditions as disabilities – this is a definitional risk; these were recoded). Of these people, the largest single group is people with physical disabilities; several people listed more than one disability.

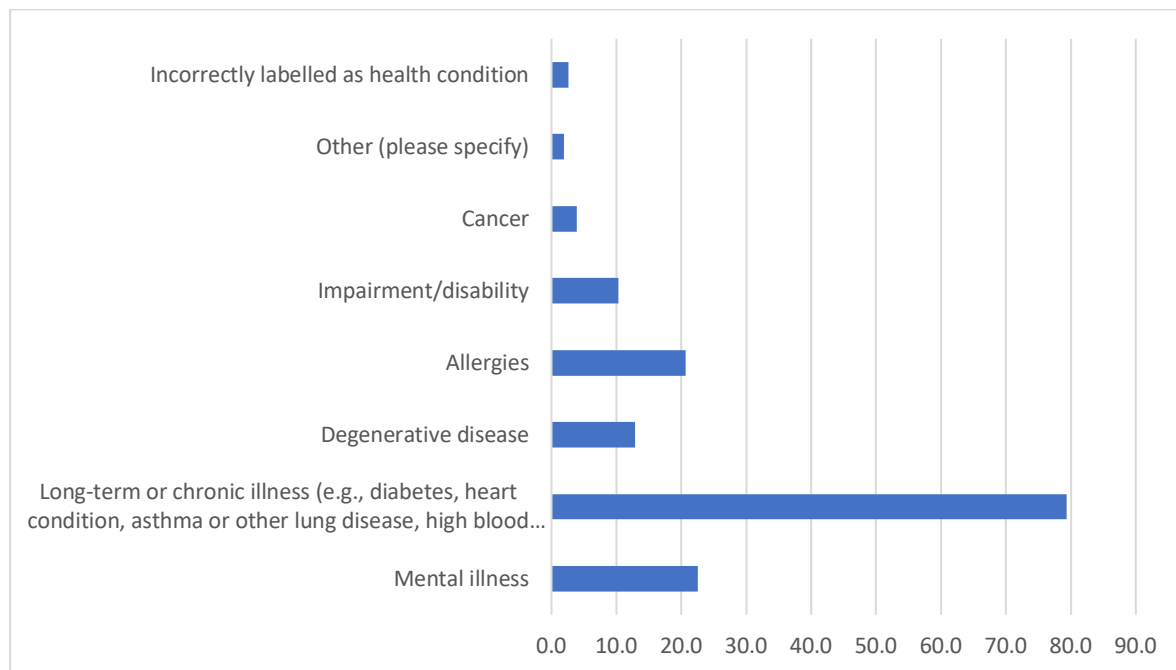
Figure 8: What kind of disability do you have?



Health

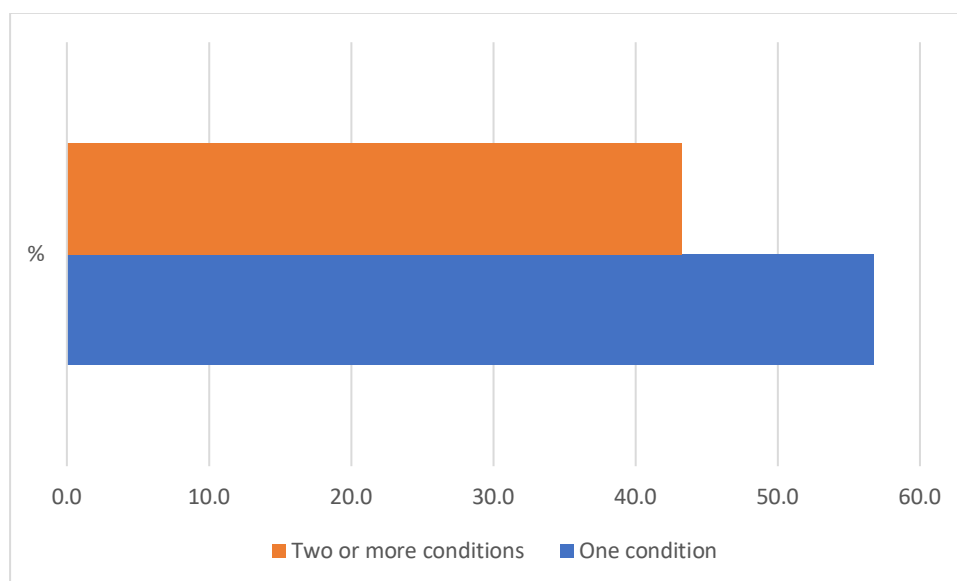
Health conditions were reported by 58.9% of the sample. Long term, or chronic illnesses were the most commonly reported.

Figure 9: Health conditions reported



This is important as COVID19 impacts disproportionately on people with a chronic illness and older people (Lippi & Henry, 2020; Morrow-Howell, Galucia, & Swinford, 2020; Yang et al., 2020). It was quite common for those in the sample with a health condition to have more than one.

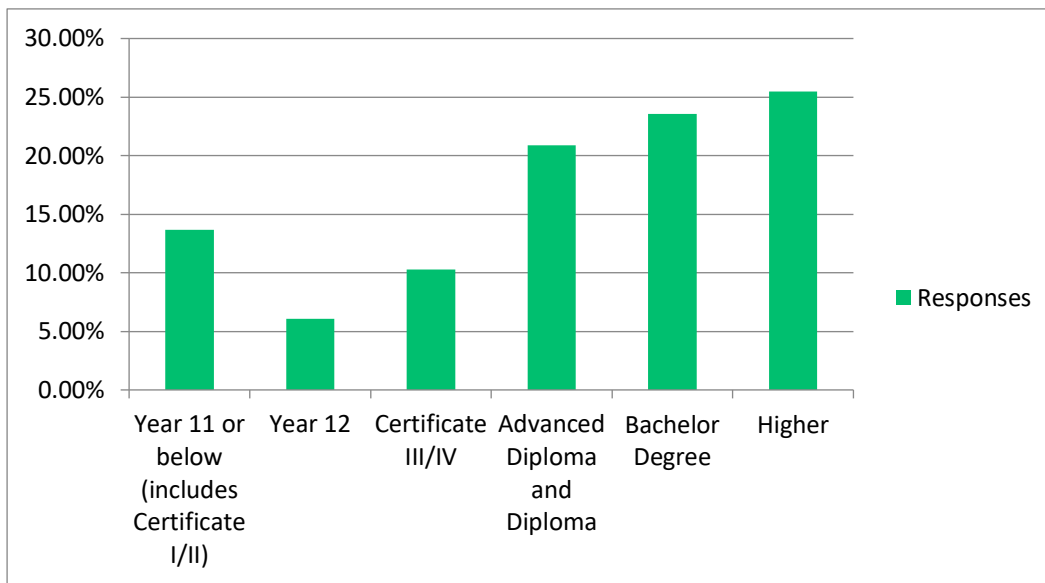
Figure 10: People with one, or two or more health conditions



Education

People in the sample are more highly educated than Tasmanians overall.

Figure 11: What is the highest level of education you have undertaken?

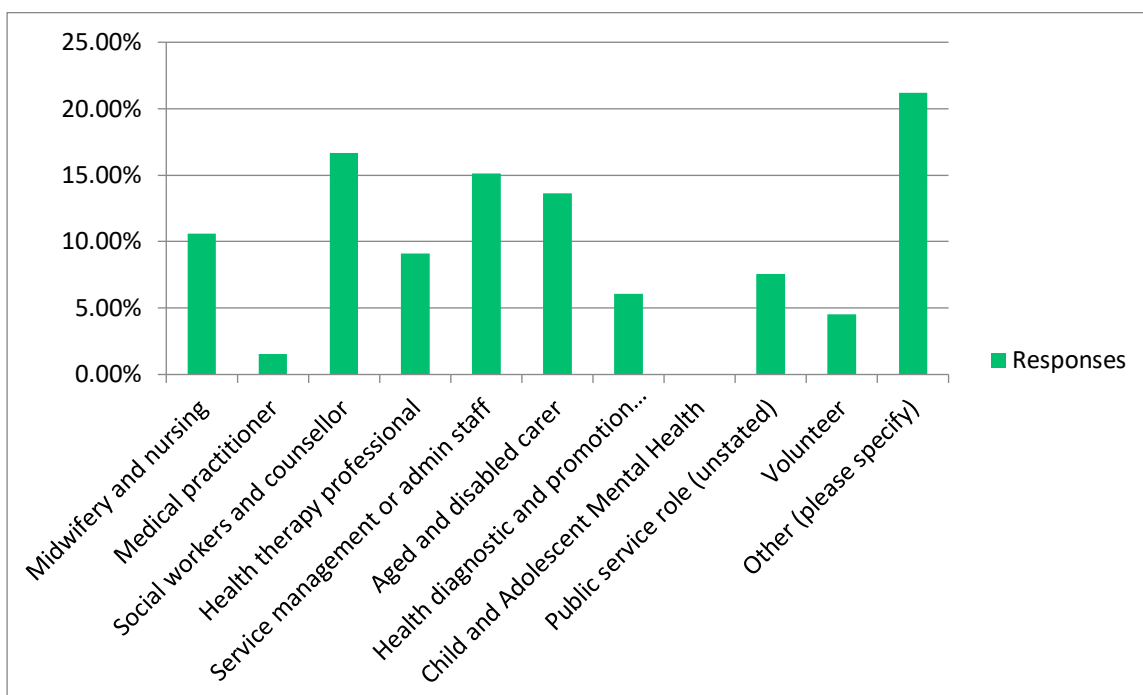


While overall Tasmanians with a Bachelor degree or higher make up 16.2 per cent of the population, among survey respondents this was 49.05%. About 20.8 per cent of the sample reported having reached year 12, or year 11 or lower. For Tasmania overall, this proportion is 44.9% (Census, 2016).

Health sector role

In the previous HCT surveys, there has been a large proportion of respondents with health roles (e.g., survey 3: 50.8%). The figure this time was much lower (25.1%). Of these people, the largest group (16.7%) was social workers and counsellors (as was the case in the previous survey: 13.8%). Service and administrative staff made up the next largest group (15.2%).

Figure 12: What kind of work do you do?



Responses to survey questions

Q1: Do you feel safe at the moment

Most people feel safe or very safe (83.33%). This is a higher proportion than in the last survey (78.62%). This may signal that people are learning to live with coronavirus, since they report feeling much safer now than during the pandemic but much less safe compared to February (43%; see Figure 13).

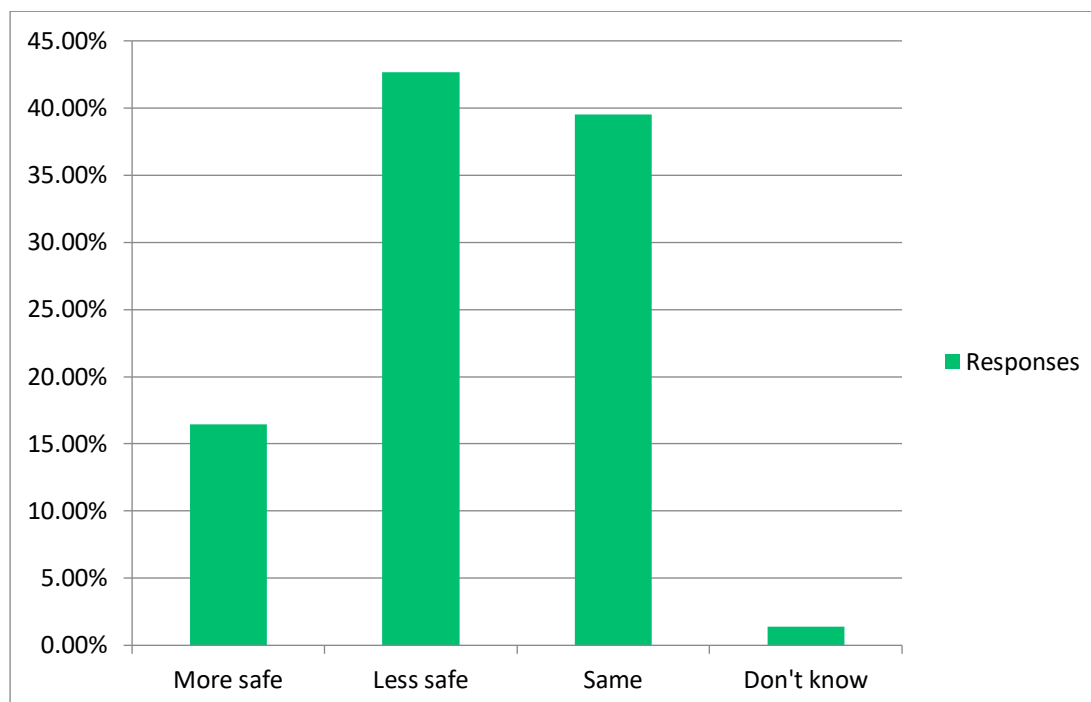
Q2: If you don't feel safe, can you please tell us why (you can pick up to three reasons)

The main two reasons respondents gave for feeling unsafe was concern that the virus would return to Tasmania (72.22%) (this theme is strong throughout the data) and that other people were not 'doing the right thing'. There is a clear sense that the risk is from outside. Examples in the write-in comments include: "I have heard that cars with Victorian number plates are still coming off the Spirit. I don't think they would be self-quarantining" and "I think we are not really safe due to people entering our state with questionable reasons".

Q3: Compared to February (before the coronavirus began in Tasmania) are you now feeling more safe or less safe?

Respondents overall are feeling less safe than in February 2020. This is in contrast with results of the last survey, in which people reported feeling as safe as or safer than at Easter.

Figure 13: Compared to February (before the coronavirus began in Tasmania) are you now feeling more safe or less safe (July 2020)?



Q4: Compared to February (before the coronavirus began in Tasmania) are you [worry]

Worry has not decreased. Though the result is not significant, people are reporting feeling as worried (44.72%) or more worried (46.48%) than they were in February. Age is related to how worried people are.

Figure 15: Worry and age (significant result)

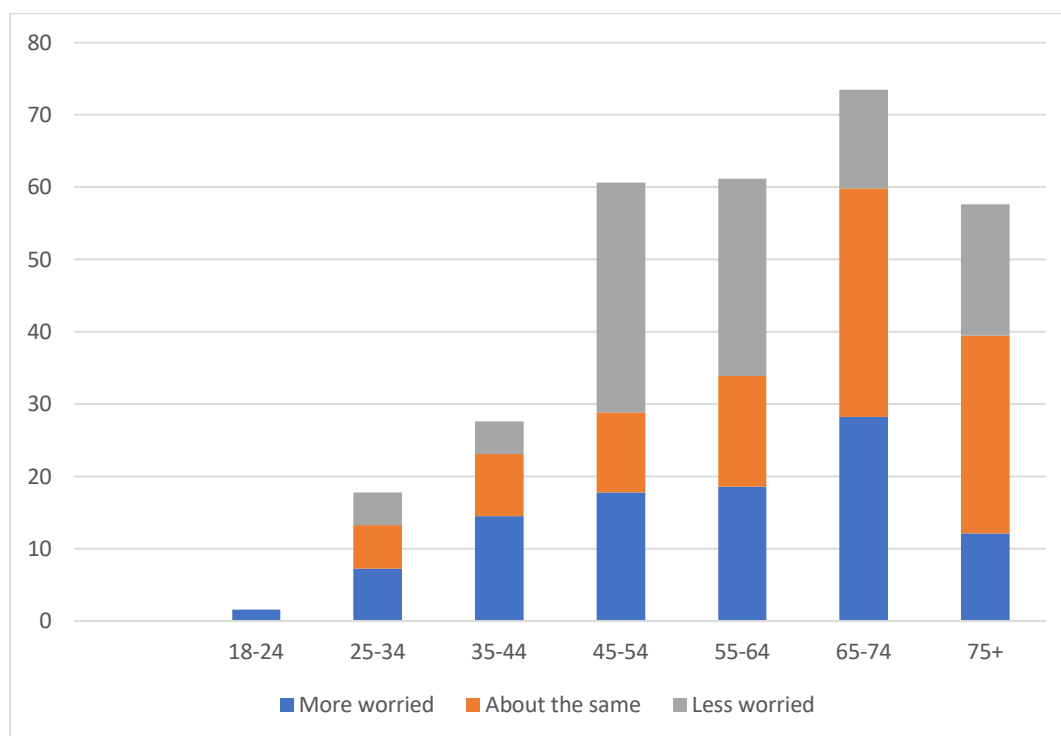


Table 10: Worry and age (significant result)

Age	More worried	About the same	Less worried
18-24	1.61	0	0
25-34	7.26	5.98	4.55
35-44	14.52	8.55	4.55
45-54	17.74	11.11	31.82
55-64	18.55	15.38	27.27
65-74	28.23	31.62	13.64
75+	12.1	27.35	18.18
Total	100	100	100

Q5: Compared to February (before the coronavirus began in Tasmania) do you feel that you are [isolation]

More than half (55.16%) of the respondents feel more isolated than in February.

Table 11: Compared to February (before the coronavirus began in Tasmania) do you feel that you are [isolation] (significant result)

	No.	%
<i>More isolated</i>	155	55.16
<i>About the same</i>	109	38.79
<i>Less isolated</i>	16	5.69
<i>Don't know</i>	1	0.36

Increased isolation is more likely to be reported by older people.

Figure 16: Feelings of isolation by age group (significant result)

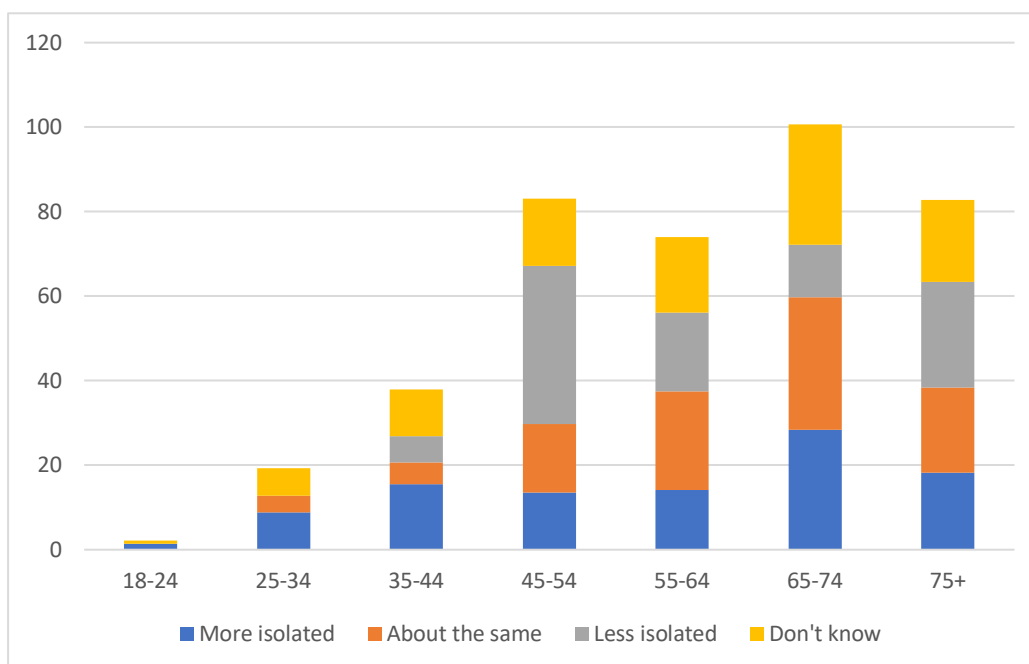


Table 12: Feelings of isolation by age group

<i>By Age</i>	<i>More isolated</i>	<i>About the same</i>	<i>Less isolated</i>	<i>Don't know</i>
<i>18-24</i>	1.35	0	0	0.76
<i>25-34</i>	8.78	4.04	0	6.46
<i>35-44</i>	15.54	5.05	6.25	11.03
<i>45-54</i>	13.51	16.16	37.5	15.97
<i>55-64</i>	14.19	23.23	18.75	17.87
<i>65-74</i>	28.38	31.31	12.5	28.52
<i>75+</i>	18.24	20.2	25	19.39
Total	100	100	100	100

Q6: Compared to February (before the coronavirus began in Tasmania) are you [work]

Half the sample are not working — this is problematic (and reflects in part the age of the sample) and perhaps suggests why there is little variation on the cross-tabulations.

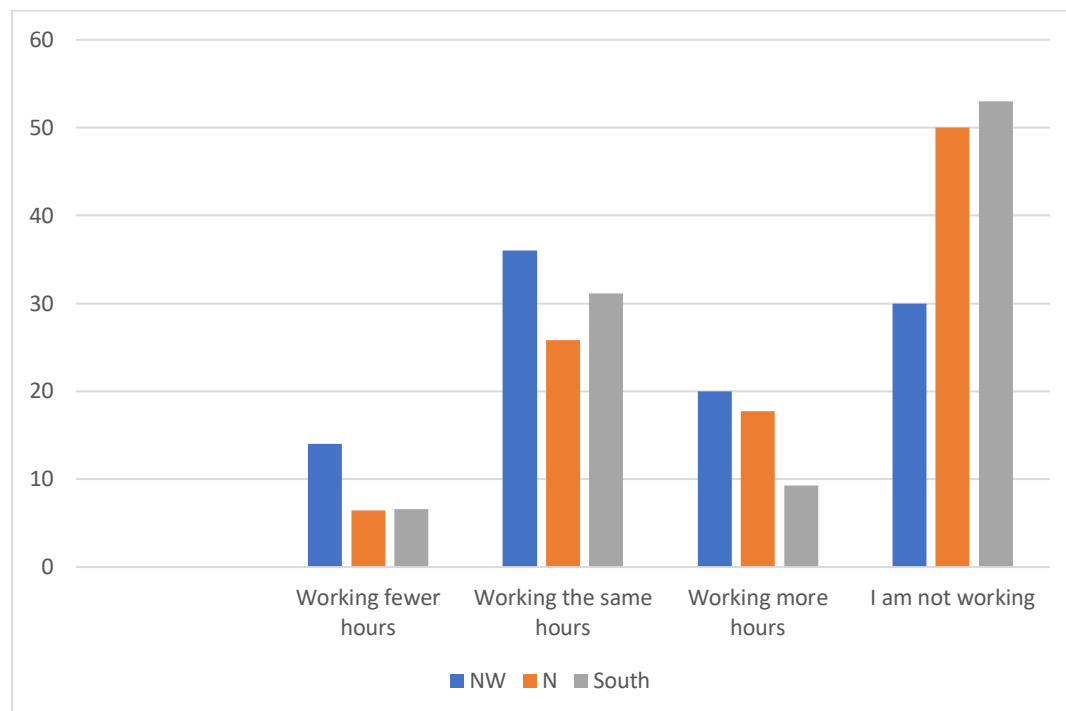
Table 13: Compared to February (before the coronavirus began in Tasmania) are you

	No.	%
<i>Working fewer hours</i>	21	7.5
<i>Working the same hours</i>	87	31.07
<i>Working more hours</i>	38	13.57
<i>I am not working</i>	134	47.86
Total	280	100

Table 14: Working hours by Location (significant result)

	NW	N	South	Total
<i>Working fewer hours</i>	14	6.45	6.62	7.98
<i>Working the same hours</i>	36	25.81	31.13	30.8
<i>Working more hours</i>	20	17.74	9.27	13.31
<i>I am not working</i>	30	50	52.98	47.91
Total	100	100	100	100

Figure 17: Hours of work and location (significant result)



The patterns here (figure 17 and table 14) signal that people in the north west are more likely to be working. In the northern and southern cohorts, there are large proportions over working age (if we can presume that many aged over 65 are still working, and make 75+ the cut off), compared with the north west (Figure 18).

Figure 18: Age ranges by region

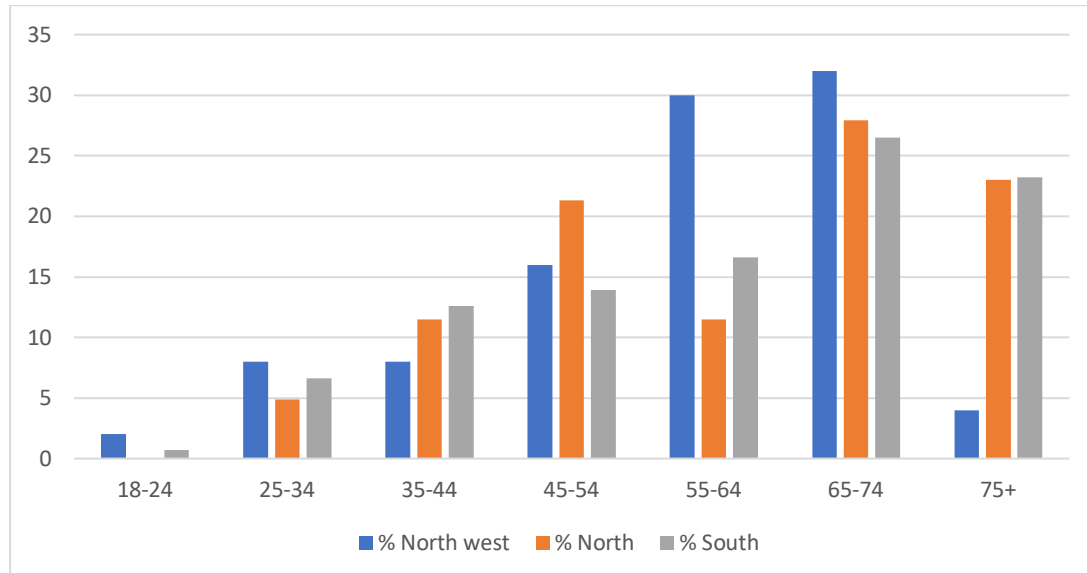
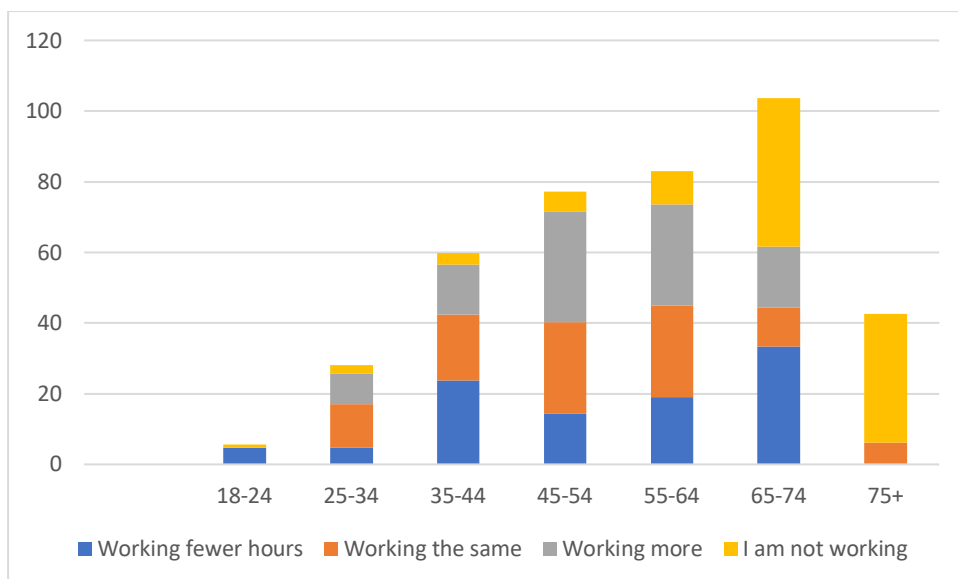


Table 16: Working hours and age (significant result)

	<i>Working fewer hours</i>	<i>Working the same</i>	<i>Working more</i>	<i>I am not working</i>	<i>Total</i>
18-24	4.76	0	0	0.79	0.76
25-34	4.76	12.35	8.57	2.38	6.46
35-44	23.81	18.52	14.29	3.17	11.03
45-54	14.29	25.93	31.43	5.56	15.97
55-64	19.05	25.93	28.57	9.52	17.87
65-74	33.33	11.11	17.14	42.06	28.52
75+	0	6.17	0	36.51	19.39
Total	100	100	100	100	

Figure 19: Working hours and age



Q7: If you are currently not working, have you lost your job as a result of coronavirus?

Four people (2.96% of the sample) had lost their job as a result of coronavirus.

Q8: Compared to February (before the coronavirus began in Tasmania) is your home/accommodation [secure]

Housing or accommodation appear to be stable and secure for this sample.

Q9: Compared to February (before the coronavirus began in Tasmania) do you feel that your physical health is

Almost a quarter of the sample (69 people, 24.82%) reported that their health is “getting worse” since February when the pandemic began.

Self-reported health has been shown to be a good indicator (McGee et al., 1999; Miilunpalo et al., 1997) of mortality, though the instrument used here is not the standard self-report tool.

This group were as likely to be tested for coronavirus as the sample overall. They were also as likely to know what telehealth is, and a little *more* likely to report knowing how to use it (73.3% compared with 67.9% in the full sample). It is possible that this supports the thesis that their health genuinely is declining, but we cannot make that claim from the survey data.

Figure 20: Compared to February (before the coronavirus began in Tasmania) do you feel that your physical health is ...

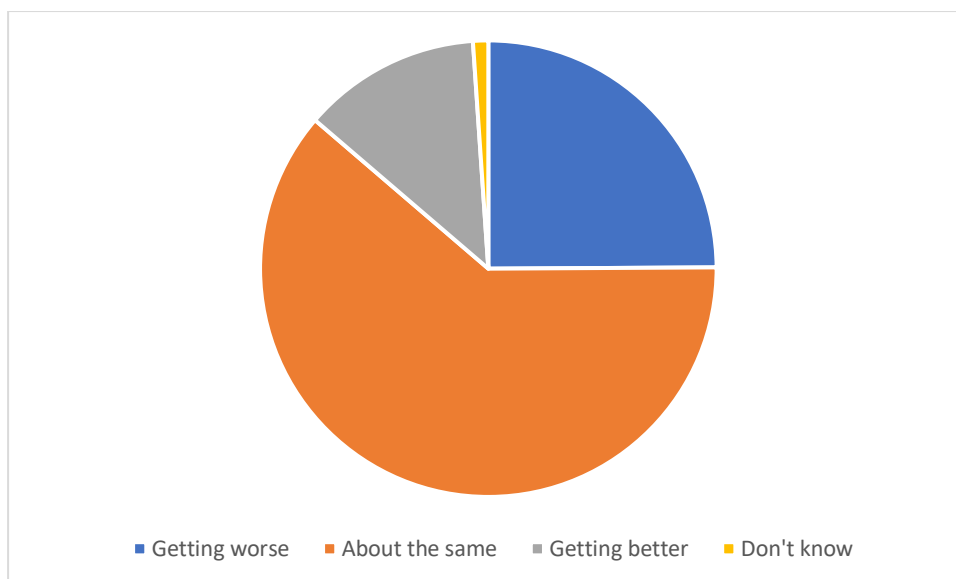


Table 16: Compared to February (before the coronavirus began in Tasmania) do you feel that your physical health is ...

	No.	%
<i>Getting worse</i>	69	24.91
<i>About the same</i>	170	61.37
<i>Getting better</i>	35	12.64
<i>Don't know</i>	3	1.08
<i>Total</i>	277	100

Interestingly, people who reported having worse health were less likely (44.8% compared with 50.55%) to go to the GP clinic, more likely to try and see the GP using telehealth (46.3% compared with 42.55% of total sample) and more likely to say they would not contact their GP (4.48% compared with 1.82% of the whole sample). None of these results reach significance.

More of this group had used telehealth instead of visiting the doctor in person, and fewer said they had visited the doctor in person. More of them (4.48% compared with 1.45% in response to Q16) reported not knowing what telehealth is [this finding is confounding, as in response to Q12, this group matched the overall sample]. Their experience of telehealth matched that of the rest of the sample. All those responding to Q19 (n = 50) said they could “get all of the medicines, carer help and medical support” they need at the moment.

Interestingly, though again significance is not reached, the age profile of people reporting worse health does not match that of the sample overall.

Q10: If you did not feel well, would you have a test for coronavirus?

Most people said they would get a test for coronavirus if they felt unwell (84.1%), and only 4.35 per cent said they would not. Reasons for not being tested (Q11) included three people

who reported not trusting the “experts” (e.g., “My research tells me the “experts” running this process are finding negative one day positive one day. Masks one day—dont wear masks one day. Ignoring possible treatments that already exist. They don’t know”) and that as there were no local cases any illness they might have was unlikely to be caused by the virus. One person minimised the seriousness of the threat.

Q12: Do you know what ‘Telehealth’ is?

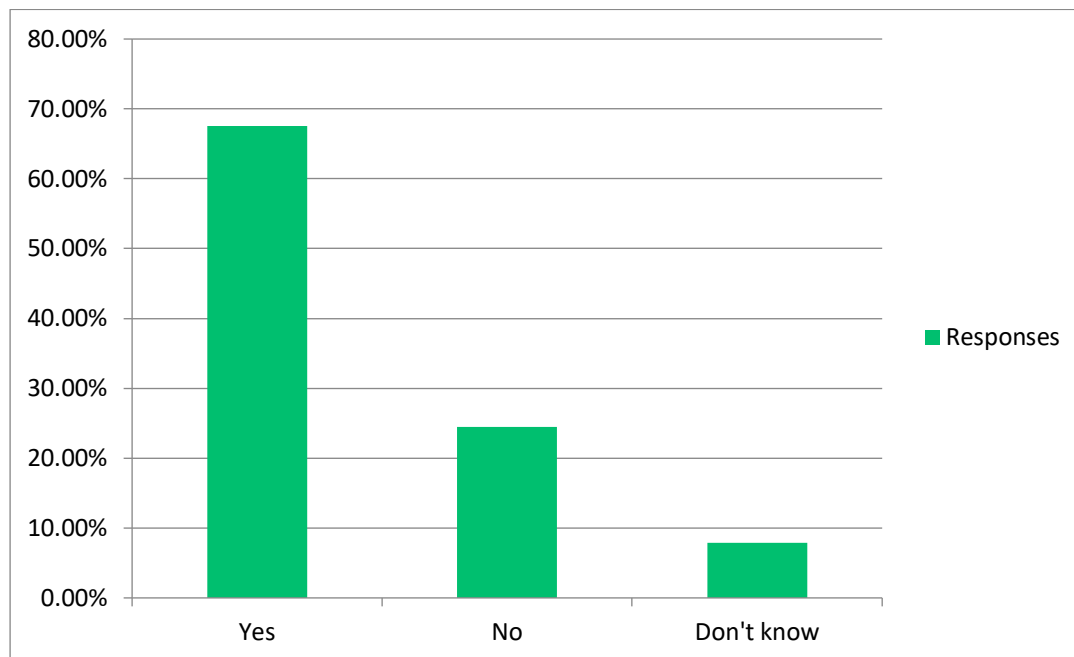
People say they know what telehealth is (90.2%). Twenty-seven people said “no” or “don’t know” in response to this question. Seven of those (about 25%) could not use the internet or computers, or just said they were unsure whether they could “easily use the internet to find information and services you might need to help with your health”. This compares with 8 per cent of the overall sample. People in this group were more likely to be older (37% are aged 75 or older, compared with 19.3% in the sample overall). There is no gender difference. Years of formal education do appear to matter: people in this group were twice as likely to have finished schooling at Year 11 or below, or Year 12, and a third as likely to have an undergraduate degree; it is quite likely that the age skew in the “no” and “don’t know” respondents may explain the education levels.

Disability did not affect responses to this question (19% in overall sample, and 19% being unsure about what telehealth is). Twelve people (44.4%) had a health condition (compared with 60% in the sample), with all but one reporting one or more chronic illnesses.

Q13: Do you know how to use ‘Telehealth’?

About two-thirds of the sample (67.6%) of people reported knowing how to use telehealth. The fact that a further quarter of the sample (24.5%) said they did not know is a concern.

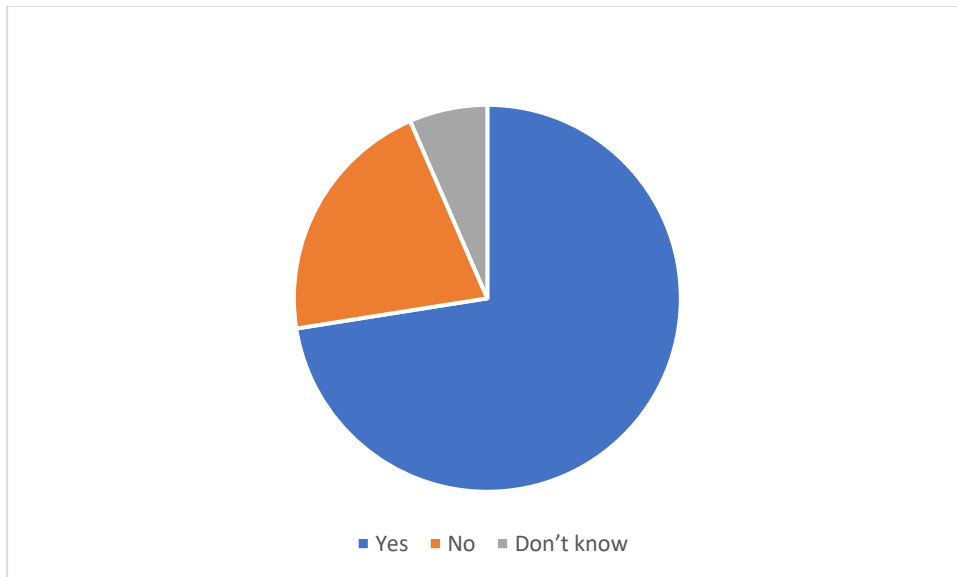
Figure 21: Do you know how to use ‘Telehealth’?



Interestingly, people who reported declining health (since February) were more likely to say they knew how to use telehealth (73.3%) and less likely to say they did not know how to use

it (21.2%). This may indicate that they are generally more aware of health, and more actively engaging with health services.

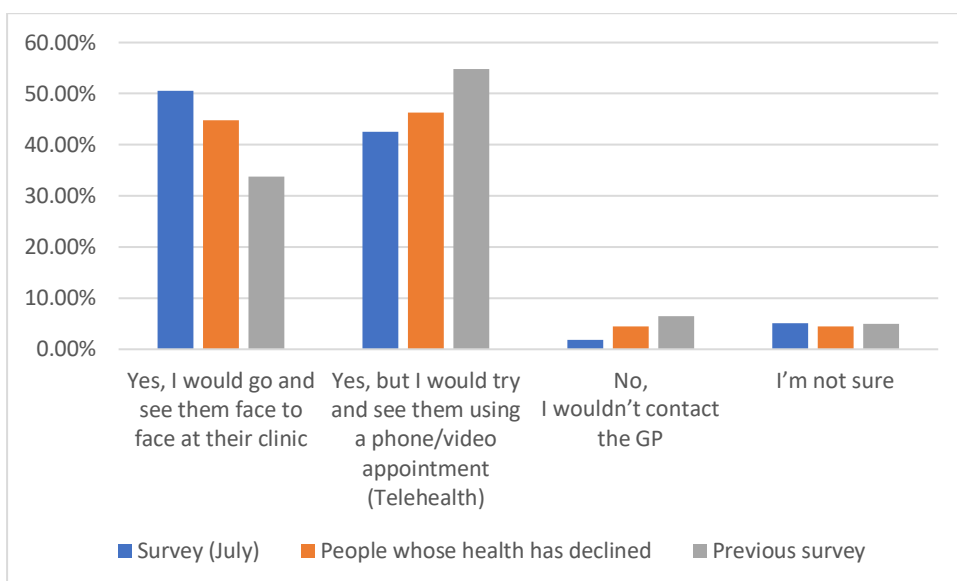
Figure 22: Knowledge of how to use telehealth among people whose health has declined since February



Q14: If you got sick or needed to talk with your GP over the next two weeks, would you go and see them like you used to?

Very few respondents would not seek medical help from their GP if they needed it (n = 5; 1.82%) or were unsure whether they would seek help (n = 14; 5.1%). This is a clear shift from the previous survey, in which 6.45 per cent of respondents said they would not visit or seek help. It is also interesting to see that people who reported declining health were both less likely to visit in person, more likely to use telehealth and more likely to not contact their GP. None of these results reach significance.

Figure 23: Visiting the GP – this survey, previous survey and people whose health has declined



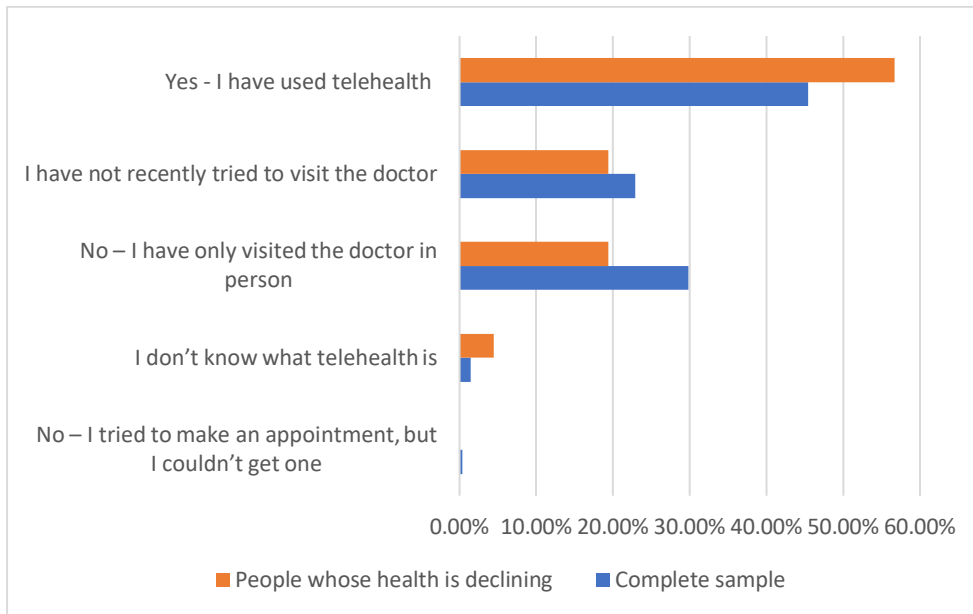
Q15: If you answered “No, I wouldn't contact the GP” can you please tell us why?

The reasons given for not contacting the GP included putting off minor matters, the GP being too busy, and being concerned about contracting the virus at the clinic. Two people expressed distrust of GPs.

Q16: Have you used telehealth instead of visiting a doctor in person?

Almost half the sample (45.45%) had used telehealth instead of visiting the doctor in person. As noted above, people who reported declining health were more likely to have used telehealth.

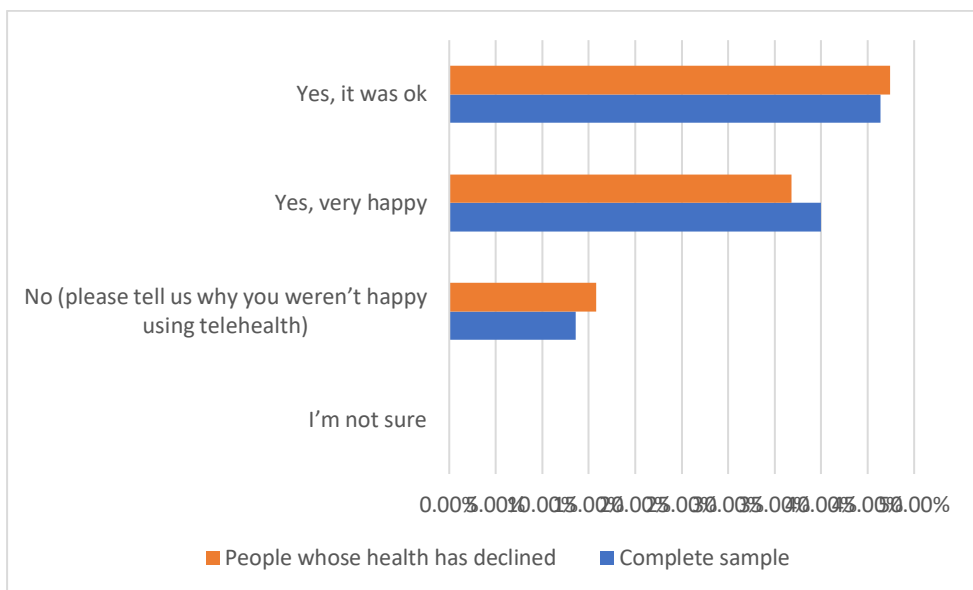
Figure 24: Use of telehealth - complete sample and people reporting declining health



Q17: If you did use telehealth, were you happy with how it went?

People who had used telehealth were mostly satisfied with the experience (86.4%; n = 108).

Figure 25: Satisfaction with telehealth – complete sample and people who report declining health



People who reported not being happy with telehealth were mostly (44.4%) concerned that doctors could not pick up important symptoms during a telehealth consultation (e.g., “I wasn’t happy that the GP gave the correct diagnosis. I believe a physical exam was warranted”, and “It’s only good if there’s not much wrong with you. They can’t check your pulse, check your heart, see if you have fluid in you’re legs, chest infection etc”). Other reasons included that the doctor was unfamiliar, that the consultation was impersonal, that the process and billing were unclear, and that technical problems got in the way.

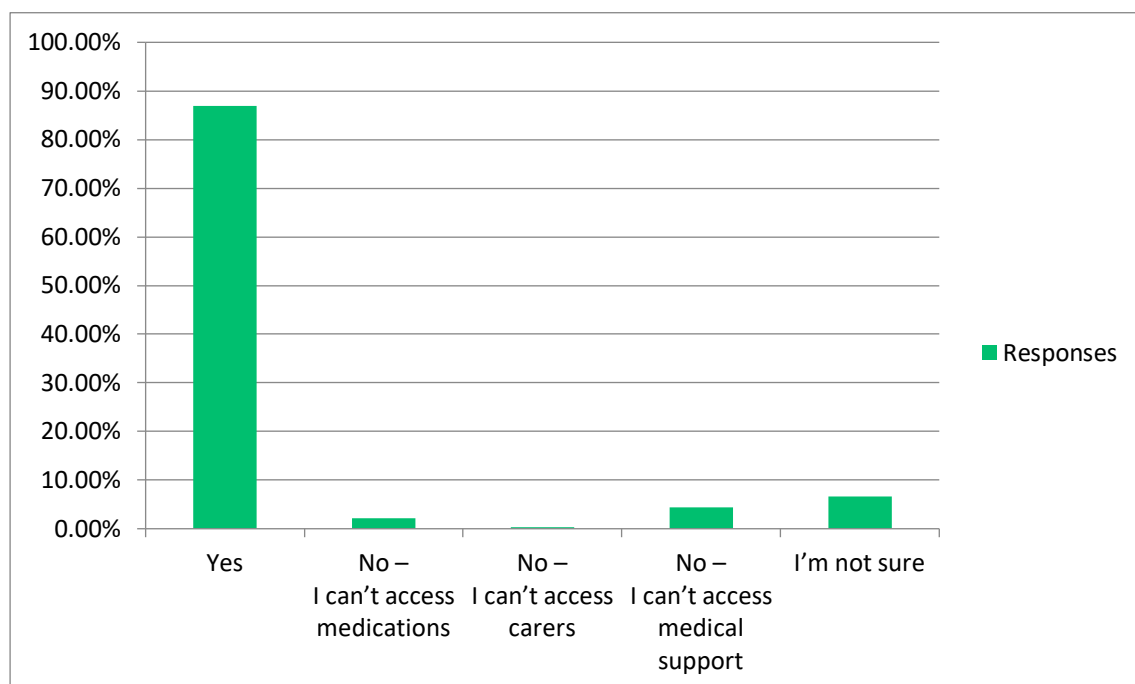
Q18: Are you able to easily use the internet to find information and services you might need to help with your health?

Most people (91.3%) reported being easily able to use the internet. Although this figure is high, when services are increasingly delivered online, that leaves nearly a tenth of the population out. It is also important to note that Tasmania overall is much less well educated than this sample, and that digital access remains a significant problem for many Tasmanians (Tasmanian Council of Social Service Inc. (TasCOSS), 2019). For the ten people who reported a lack of access via the internet, use was hampered by poor or no connection (5 responses), problems with digital literacy (3 responses), a vision impairment and difficulty navigating through information and online services.

Q19: Are you and the people you look after able to get all of the medicines, carer help and medical support that you need at the moment?

People were mostly able to get the medical and health supports they needed (86.9%) (though this does still leave too many without). Those missing out reported poor access to medication (2.19%), carers (0.36%) and medical support (4.38%).

Figure 26: Are you and the people you look after able to get all of the medicines, carer help and medical support that you need at the moment?



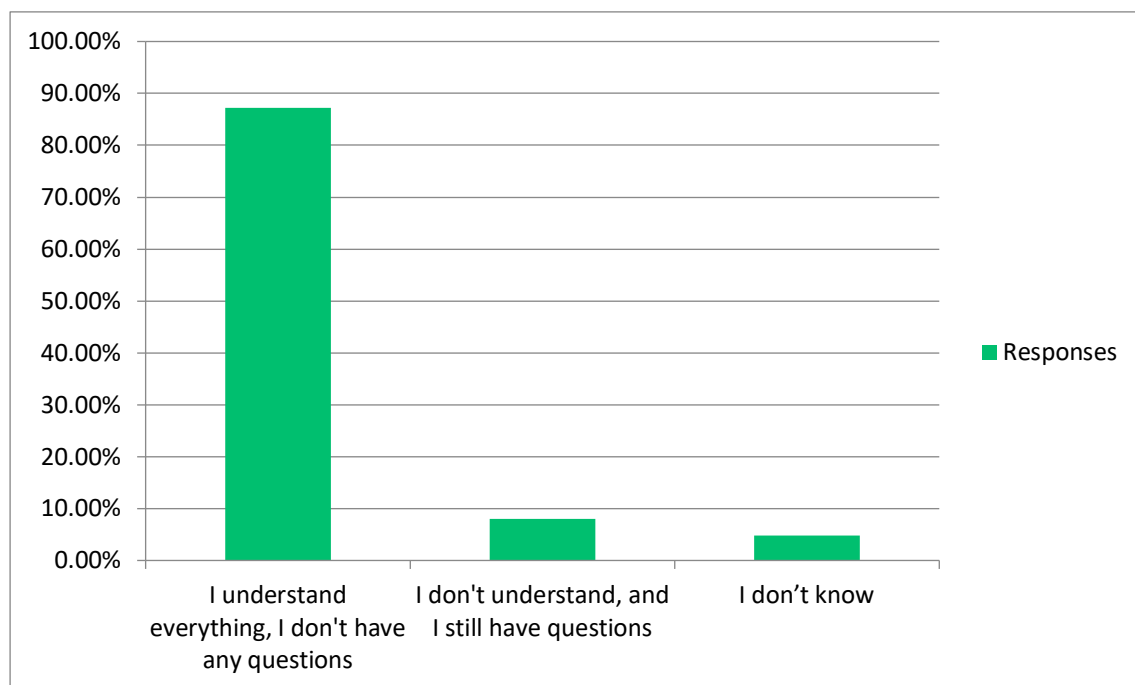
Q20: No – I can't access medications (because) ...

Long waiting times were a feature of people's responses to this question (6 of 17 responses: 35.3%). There were also problems with a lack of supply of medications (29.4%) (e.g., *"The pharmacy has had difficulty in getting the medication at times"*), and with quarantine-related service restrictions (e.g., *"I need a public neurosurgeon consult but he isn't coming to Launceston at the moment"*).

Q21: Do you understand everything you need to about the current restrictions put in place by the government, or do you still have some questions?

About 13 per cent of people (n = 35) were unsure whether they understood everything they needed to know about current restrictions.

Figure 27: Do you understand everything you need to about the current restrictions put in place by the government, or do you still have some questions?



Q22: What questions do you have about the current restrictions put in place by the government?

A lack of clarity about the rules dominated responses to this question. This applied especially to the fact that people were continuing to arrive in Tasmania, despite "closed borders" and that people were not physically distancing in public places:

I see very crowded restaurants, lunch time, (eg, [names of restaurants], and this is confusing as I thought they were supposed to still have fewer tables. Supermarkets seem to have given up on distancing, directional arrows, any restrictions on numbers, no supervision at doors – but I thought we were still doing that.

Three people felt there is a need for more knowledge about the virus—both scientific and statistics about its spread in Australia and Tasmania. They also wanted to know what plans the government has in place for the future, and whether rules would change fast enough to ensure safety.

Q23: Please indicate if you think current restrictions on any of the following activities should be changed in your region.

We tabulated the overall results, as well as the results for people with a health condition. These are shown in the figures below. As the two graphs show, there is very little difference in the responses.

Figure 28: All response to restrictions

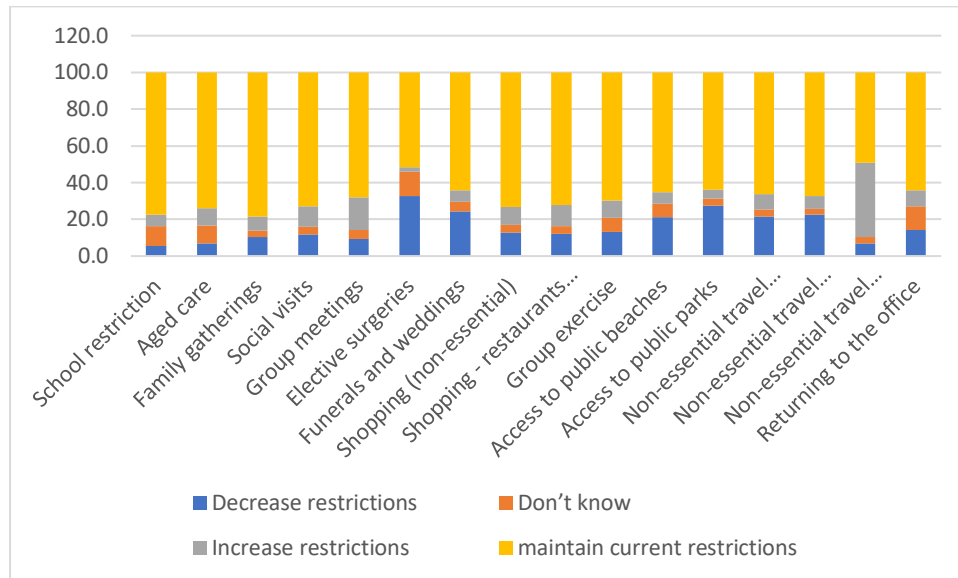
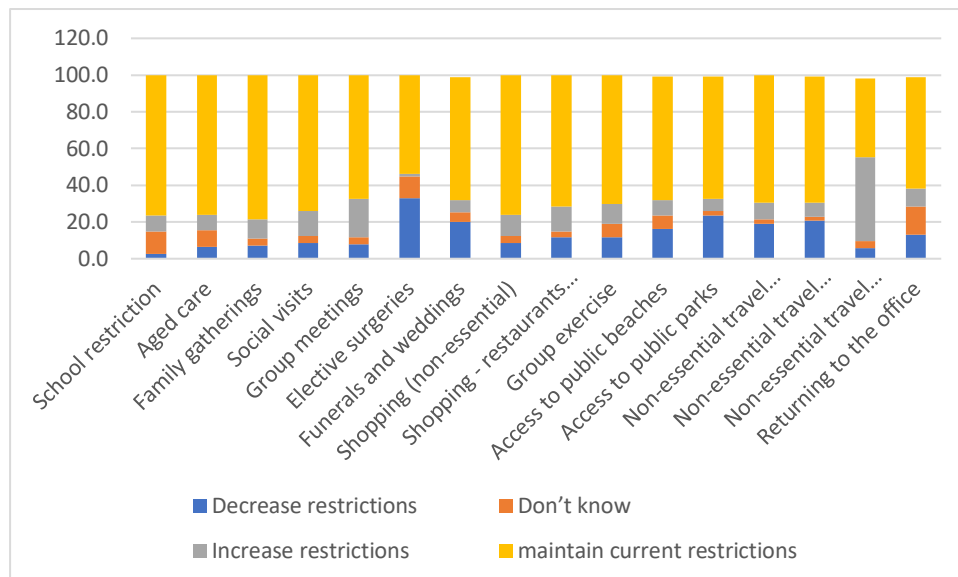


Figure 29: Responses to restrictions of people reporting a health condition



Survey respondents are concerned about interstate travellers, in particular, wanting increased restrictions. They want reduced restrictions on elective surgery and access to public parks and non-essential travel within Tasmania and locally. There was no significance for any cross-tabs.

It is clear, though, that respondents are keen that several sorts of restriction remain in place. Compared with survey 3, people appear to be more in favour of maintaining restrictions on

schools (77.4% in this survey compared with 42% in the previous survey), aged care facilities (74.1% compared with 65%), social visits (72.9% compared with 38%) and group exercise (69.8% compared with 63%).

Most strikingly, people are split on whether to maintain (49%) or increase (40.7%) restrictions on interstate travel. This is congruent with the qualitative responses.

Asked if they had any other concerns, 25% of respondents (n = 14 of 56) commented on the need to keep the borders closed (e.g., “*Keep Tasmanian borders closed to mainland and overseas PLEASE!*”). Fear of a second wave are prominent, including anxiety about people being careless in various settings (16% of respondents) (e.g., “*social distancing. people really have no idea or care factor. The city streets are a hazard*”). People also reported finding being away from family and friends difficult, and that there are emotional (and psychological) costs (e.g., “*My father became palliative care on 26th June passed away and buried on 2nd July. I felt I couldn't go because of the restrictions*”). Some people called for increased restrictions (16%) (e.g., “*I believe restrictions should remain in place, increased in some instances, until there is a vaccine.*”). The lack (last week) of active cases made some respondents argue for travel to states other than Victoria or New South Wales, and for relaxed restrictions within Tasmania.

Q24: Before we move to taking your demographic details, are there any final comments you would like to make about the impact of COVID-19?

One hundred and forty-eight people responded to this question; of these one hundred and fifteen made comments other than “no”.

Here, too, the desire to keep the borders closed (19.1% of those 115 respondents) and about the risk posed by careless behaviour (14.8%) are prominent. Concerns about their own, or others', mental health were also evident (12.2%):

Huge impact mentally and physically with an existing disability/chronic health condition. How to access medical help, Increased isolation due to accessing support workers and receiving domestic and social support during the active stage of infection in my city. Concerns now about potential 2nd wave is adding underlying stress, trying to get as much done as possible to prepare if this does happen.

I feel that people prone to depression and anxiety are having a really tough time as they feel even more isolated. Since March I have had two colds and both times I chose to be tested with negative results. I isolated myself during these times and really felt the impact of physical separation from family and friends even though I made sure I kept in contact over the phone and via Skype. One of my sons is also concerned about the negative impact of lack of physical contact on his relationships. In taking the actions I have re isolating myself when unwell and doing what I believe to be the responsible way to behave in the best interests of my family. friends and myself with regards to health, I am aware that it is taking its toll emotionally and mentally. This experience has certainly highlighted the enormous importance of physical contact to our wellbeing. This is a factor which I feel is not well addressed in care facilities, not just at this time but generally. Personally, even though we have not had any cases in Tasmania for over 60 days, I still feel wary of being close to other people when I go out.

There is also some concern about the impact of the restrictions on people's physical health; people are worried about 'deconditioning' they or a person they care about are experiencing (due to lack of opportunities for physical activity), for example:

Main impact for me personally Is that i have not been able to maintain my exercise regime in that access to aqua aerobics is still not allowed which effects my overall health as in (arthritis)...

Fifteen people (13%) said the state government is doing a good job, but a smaller number of others were critical, believing *“the government should have acted earlier to shut down”*, and wanting more candid information *“we need governments to be upfront about what those adjustments might be. I know they don’t have a crystal ball but they must have some idea”*.

There is also a clear theme about the future. As well as explicitly expressions of worry about the return of active cases or a second wave (8.7%; this is also the subtext, of course, of the ‘don’t open the borders’ and ‘people are careless’ responses), people also flagged that they see the future will be (and will need to be) different (6.9%). This uncertainty about the future is a concern for many respondents (e.g., *“Not sure how or when it will all end”*), but for some it is an opportunity. Several people wrote that they were re-evaluating their lives, and other of the possibility of a greener, and more equitable, future:

I am hoping good comes from this: more working from home; less reliance on tourism and overseas students in the economy; greater appreciation of nature and humans’ place in the environment.

People talk about getting back to “normal” —I think we need a new approach to what is normal, new habits and a new way of living with the virus in our society for quite some time - perhaps years. I would like to see more ideas from government about possibilities for this kind of plan, not just, ok it’s over, we can go back to how we were before.

Several people reported finding the quietness beneficial:

Wish we could maintain quite tight restrictions much longer! It was quiet. People stopped hassling us. We could stay home. I got to know the person I care for better. He was much happier. There wasn’t any part of it I didn’t like.

But we are philosophical about it, think the Tas government has done a very good job (even though we didn’t vote for them!), and are using the time to do things around the home, read more, and watch more excellent series on SBS!

Several people also mentioned that they (or people they encounter) are more hygiene aware.

One disturbing thread in the comments is about the absence of, or difficulty in accessing services needed to maintain health (8.7% of respondents).

Q25: Have you experienced any of the following with regard to coronavirus?

No one in the sample had tested positive to the virus, though 40 people (14.98% had been tested). Five people who wanted to get tested were unable to do so. Most people did not believe they had been in contact with the virus (85.8%).

References

- Lippi, G., & Henry, B. M. (2020). Chronic obstructive pulmonary disease is associated with severe coronavirus disease 2019 (COVID-19). *Respiratory Medicine*, 167, 105941. doi:10.1016/j.rmed.2020.105941
- McGee, D. L., Liao, Y., Cao, G., & Cooper, R. S. (1999). Self-reported Health Status and Mortality in a Multiethnic US Cohort. *American Journal of Epidemiology*, 149(1), 41-46. doi:10.1093/oxfordjournals.aje.a009725
- Miilunpalo, S., Vuori, I., Oja, P., Pasanen, M., & Urponen, H. (1997). Self-rated health status as a health measure: The predictive value of self-reported health status on the use of physician services and on mortality in the working-age population. *Journal of Clinical Epidemiology*, 50(5), 517-528. doi:10.1016/S0895-4356(97)00045-0
- Morrow-Howell, N., Galucia, N., & Swinford, E. (2020). Recovering from the COVID-19 Pandemic: A Focus on Older Adults. *Journal of Aging & Social Policy*, 1-9. doi:10.1080/08959420.2020.1759758
- Tasmanian Council of Social Service Inc. (TasCOSS). (2019). *Understanding Digital Inclusion in Tasmania: Report on research findings*. Retrieved from
- Yang, J., Zheng, Y., Gou, X., Pu, K., Chen, Z., Guo, Q., . . . Zhou, Y. (2020). Prevalence of comorbidities and its effects in patients infected with SARS-CoV-2: a systematic review and meta-analysis. *International Journal of Infectious Diseases*, 94, 91-95. doi:10.1016/j.ijid.2020.03.017