

A social study of the impact of COVID-19 on the health and wellbeing of Australians

Report 1: How does public understanding and response to COVID-19 vary by socio-demographic factors? An analysis of baseline surveys

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This report has been prepared by the National Ageing Research Institute (NARI) for general use.

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1. Summary

On 27th May 2020, the National Ageing Research Institute (NARI) commenced a longitudinal study examining the impacts of COVID-19 on the health and wellbeing of people residing in Australia during the pandemic. This first report describes cross-sectional data collected from the 803 participants who completed a baseline survey in the time period from 27th May 2020 to 19th August 2020. This report focuses on their understanding, responses and experiences to the COVID-19 pandemic.

Just over half (51%) of participants were aged 60 years and over. They were disproportionately female, highly educated, English-only speakers, non-Indigenous, and living in Victoria. Responses to the first survey indicated:

Self-rated knowledge about COVID-19 was high.

Approximately 90% of participants reported good or very good knowledge about COVID-19, while less than 3% rated their knowledge as poor or very poor. Key workers and carers of older people rated their knowledge of COVID-19 significantly higher than non-carers or non-key workers.

Adherence to government recommendations to prevent the spread of COVID-19 was high across all groups.

Those more adherent to recommendations included people aged 60 and above, people staying home due to lockdown restrictions, people with a disability, people who identified as 'high risk', people with high blood pressure and people with chronic health conditions other than heart and lung disease or diabetes.

Confidence in the Australian government's handling of COVID-19 was high.

Over 78% of participants reported having high levels of confidence in the government's ability to handle the pandemic, whereas only 10% rated their confidence low to very low. Participants with a pre-existing clinical diagnosis of anxiety or depression were significantly less confident, whereas participants with a diagnosis of high blood pressure were more confident in the government's ability to manage the pandemic.

Confidence in the Australian healthcare system during COVID-19 was high.

A large majority of participants (81.4%) had high levels of confidence in the Australian healthcare system. Groups reporting higher confidence in the healthcare system included people with a university education and people with cancer. Groups with lower confidence included teachers and childcare workers, those with clinically diagnosed depression or anxiety, and people living with lung disease.

Participants were highly confident that access to essentials (such as food, water, medicines) would be maintained.

A large majority (81%) of people reported having high to very high levels of confidence that access to essential items would be maintained, whereas only 7% rated their confidence low to very low. Groups with statistically lower confidence included teachers and childcare workers, those with clinical depression or anxiety, people who self-identified as high risk for COVID-19 infection, and people living with disability and their carers.

2. Introduction

On 27th May 2020, the National Ageing Research Institute (NARI) began conducting an ongoing longitudinal study examining the impacts of COVID-19 on the health and wellbeing of people residing in Australia during the pandemic. This first report describes cross-sectional data collected from the 803 participants who completed the baseline survey from 27th May 2020 to 19th August 2020. This report focuses on their understanding, responses and experiences to the COVID-19 pandemic.

3. Methods

In this report, we describe results from 803 participants who completed a baseline survey. Participants provided their socio-demographic information, a basic health profile, occupational and social roles (e.g. key worker or carer status) and some information about their living situation. They also shared ongoing information about their mental health, loneliness, stressors, adherence to restrictions, confidence in government management, and exercise and social behaviours in follow-up surveys, which were completed weekly thereafter.

The study did not aim to be representative of the Australian population, but tried to include all major socio-demographic groups. Members of the research team recruited participants through a variety of channels, including media, social media (i.e. Facebook, Twitter), targeted advertising, and via their personal and professional networks. The aim was to ensure stratification and meaningful subgroup analyses.

In this report, we focus on the question: **How does public understanding and response to COVID-19 vary across socio-demographic factors?**

We report the results of the following questions:

- How would you rate your knowledge level on COVID-19?
- Are you following the recommendations from authorities to prevent spread of COVID-19?
- How much confidence do you have in the Australian government that they can handle COVID-19 well?
- How much confidence do you have that the Australian health service can cope during COVID-19?
- How much confidence do you have that essentials (e.g. access to food, water, medicines, deliveries) will be maintained during COVID-19?

These questions were answered on a scale from 1-7, with 1 indicating “none at all” and 7 indicating “Very good/very much so/lots”.

Descriptive statistics (proportions) are presented to describe the profile of the 803 participants. Answers to the questions above were compared by group characteristics, such as age, gender, health profile or social roles, using a Mann-Whitney test for dichotomous group variables or a Kruskal-Wallis test for multivariate group variables.

The study has ethical approval from the University of Melbourne.

4. Participant demographic profiles

A large proportion of participants were 60 years and over (51%). Just under half (44%) were people aged 30-59 years old. This sample consisted mostly of people identifying as women (81%). Most participants (70.8%) reported being born in Australia. The others came from 51 other countries, the most common being the United Kingdom (11.4%), New Zealand and the USA (2.7% and 2.43%, respectively). Only 1.5% reported speaking a language other than English at home, while another 1.5% reported speaking 2-5 languages at home, including English. Two percent of participants identified as being of Aboriginal or Torres Strait Islander origin.

Figure 1a. Age Distribution

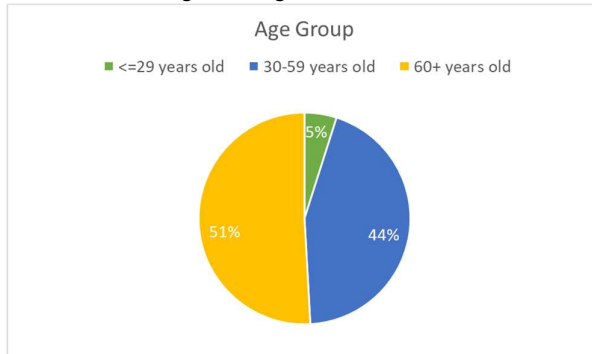


Figure 1b. Gender Distribution

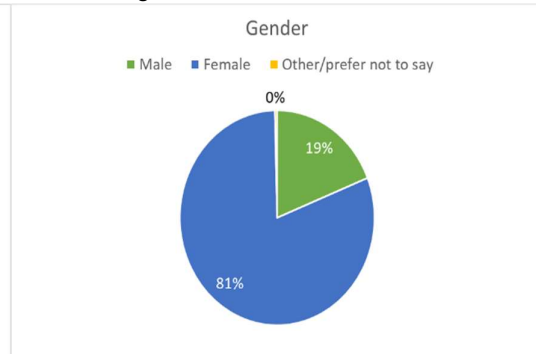
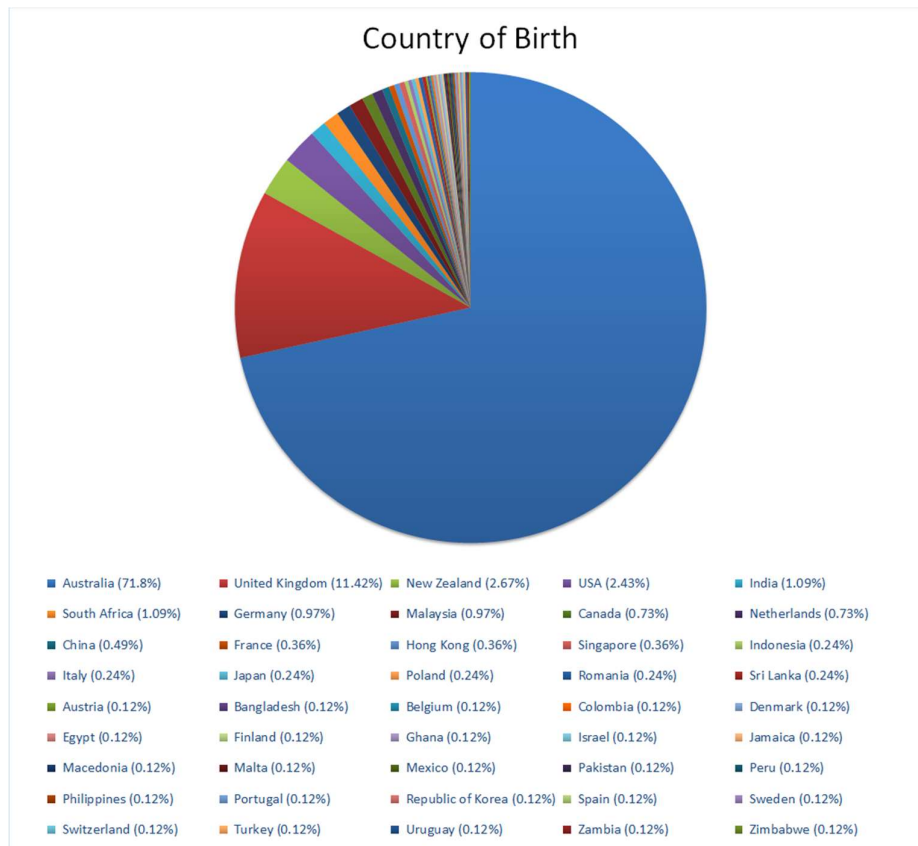


Figure 1c. Country of Birth



Most of the participants were either married or in a de facto relationship (63%). Fifteen percent (15%) of participants reported being single/never married, 13% of participants were divorced or separated from their partner, and 9% were widowed.

The sample included a large proportion of participants holding a university degree (68%), 18% had technical or further education and 14% had a high school education. Three quarters of the participants were living in Victoria, the Australian state most impacted by government restrictions, followed by New South Wales (13%) and Queensland (4%).

Figure 1d. Marital Status

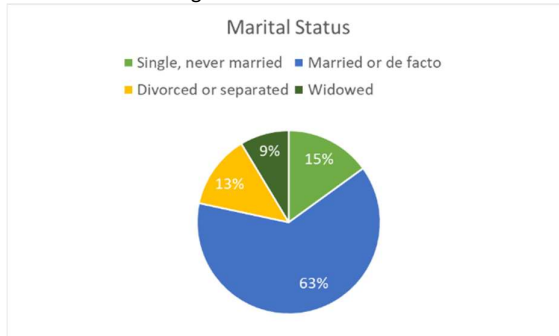


Figure 1e. Education Background

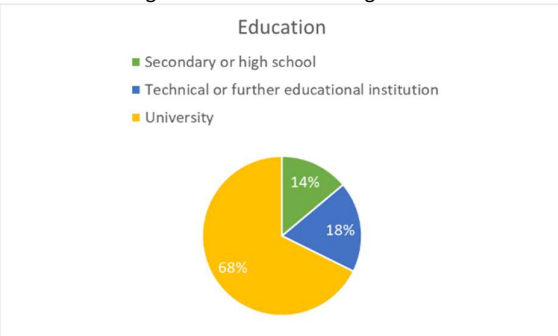
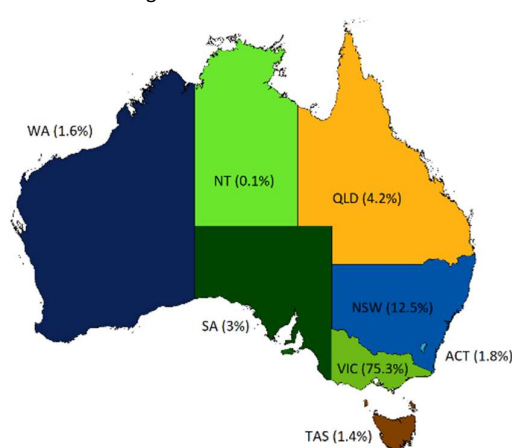


Figure 1f. State of Residence



Employment and financial status

Over a third of participants were retired (36%). Fifty-six percent of participants held professional occupations, with 18% and 13% working in managerial and clerical/administrative positions respectively. Forty-six percent of participants were employed, with only 29% being employed full-time employment and 17% working part-time. The average household income was generally less than \$90K per year (46%).

A quarter (24%) of participants were “key” or “essential” workers. These workers comprised those who were engaged in health, social care or relevant support work; technical or childcare workers still travelling in to work; transport workers; food chain workers; key public service workers; local or national government workers delivering essential public health services; utility workers; public safety or national security workers; or workers involved in production or distribution of medicines or protective equipment.

Thirty-eight percent of participants worked from home due to COVID-19, 40% were still going to work and 22% were not currently working. Analysis of work patterns over different months and across different states will be addressed in future reports.

Carer status

Approximately a quarter of participants (24%) were carers. Carers were those who have had caring responsibility for older friends or family, people with long-term conditions or disabilities or grandchildren.

Figure 2a. Employment Status

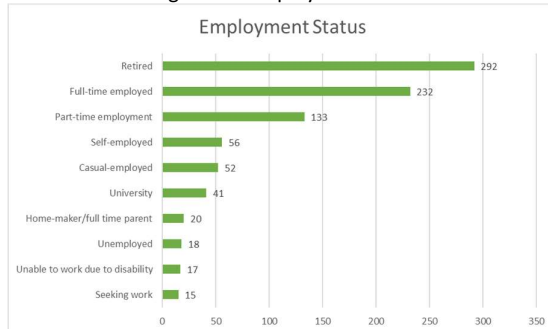


Figure 2b. Household Income

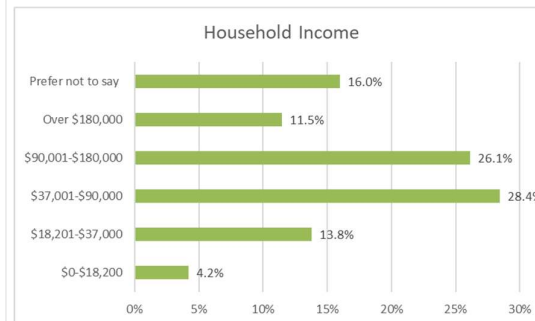
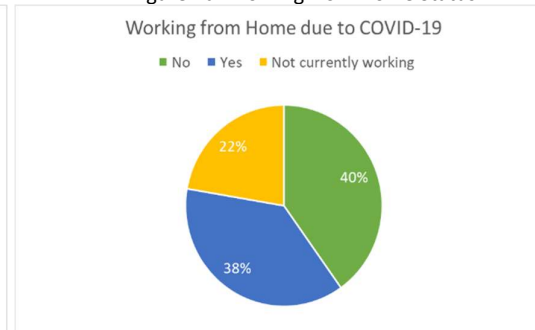


Figure 2c. Occupational Status



Figure 2d. Working from Home Status



Living situation

Most participants live in a house (67%) and nearly half own their property outright (47%). Over a third (37.8%) of the participants reported living with one other adult; 26.6% left the question blank. Only 12.6% of participants reported living with children, 58.9% reported not living with children and 28.5% left the question blank. The most common pets were one or more dogs (23.5%) and cats (16.2%), with twenty other types of pets reported.

Figure 2e. Type of Residence

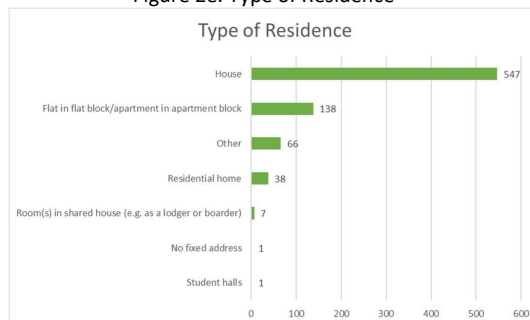
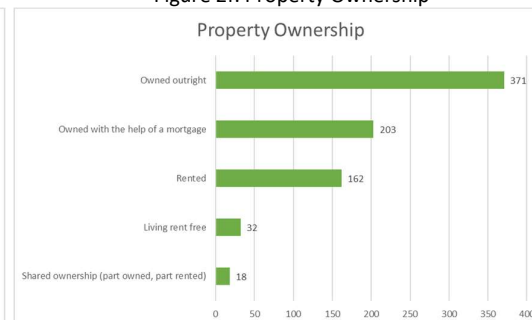


Figure 2f. Property Ownership



Health profile

Over one third (37%) of participants were reportedly free of any chronic medical conditions. Hypertension (high blood pressure) was reported by 28% of participants. Approximately 18% of participants reported having a clinically diagnosed chronic physical health condition other than those listed below (Figure 3a). After hypertension, the most common chronic conditions amongst this sample were lung disease (14%), clinically diagnosed depression (13%), and clinically diagnosed anxiety (also 13%).

Fourteen percent (14%) of the participants self-identified as being high risk for COVID-19 infection. Many of these people were aged 65 or over (71.9%). Two thirds reported annual household income < \$90K (67.9%). The most common health problems reported by people in this group were hypertension (46%), lung disease (38%), heart disease, or diabetes (both 23%). Over one third also reported having a chronic illness other than those listed (Figure 3b). At the time of this baseline survey, only 30% of this group reported staying home due to a government lockdown.

Figure 3a. Participants' Medical Conditions

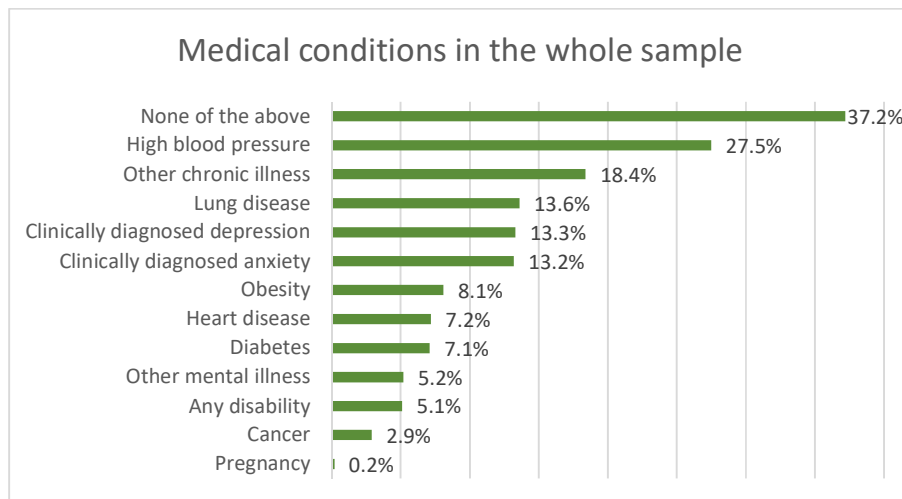
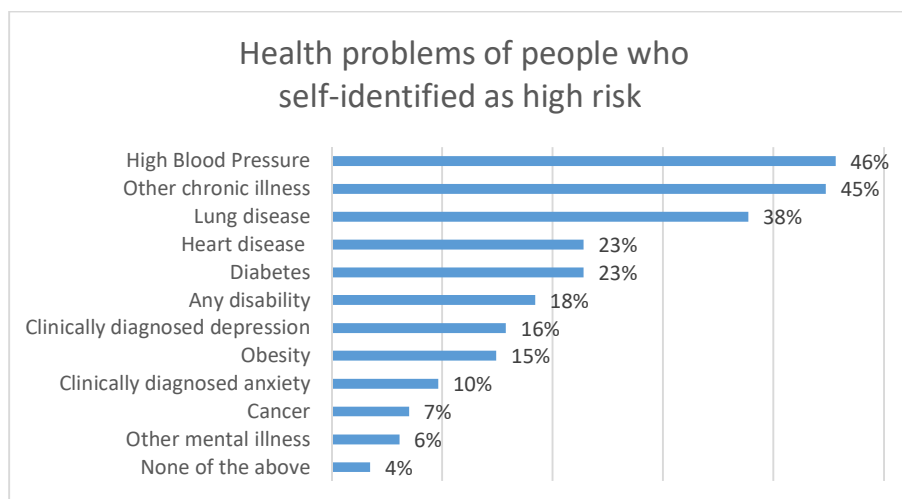


Figure 3b. High Risk Health Problems



5. Public understanding and response to COVID-19

Self-rated knowledge about COVID-19

Self-rated knowledge about COVID-19 was high amongst this sample.

Approximately 90% of participants felt that they possessed good or very good knowledge about COVID-19, whilst less than 3% rated their knowledge as poor or very poor.

Healthcare workers, social workers and carers of older people rated their knowledge of COVID-19 significantly higher than other groups.

Age

There were no significant differences in self-rated knowledge between age groups. Two thirds (67%) of participants in the two oldest age groups (30-59 and 60+) gave their COVID-19 knowledge the highest two ratings (scores 6-7). In the youngest age group, 41% reported very good COVID-19 knowledge (scores 6-7). Most participants aged 18-29 (95%) felt their knowledge of COVID-19 was at least above average (scores 5 or higher). No participants rated their knowledge as poor (scores 1-3).

Gender, household income, education level

There was no significant difference between these groups or levels with respect to understanding or response to the COVID-19 pandemic.

Occupation

Key workers in healthcare, social work or relevant related support work rated their COVID-19 knowledge significantly higher than others did ($Z=-3.8$, $p<0.001$).

Carer status

Participants undertaking the role of caring for older friends or family also rated their COVID-19 knowledge significantly higher than non-carers ($Z=-2.4$, $p=0.015$).

Health profile

The sample included a small proportion of people with diabetes. This group rated their knowledge significantly *lower* than people without diabetes ($Z=-2.2$, $p=0.03$). People with other health problems did not differ significantly in their knowledge of COVID-19.

Figure 4.1a Self-rated knowledge about COVID-19

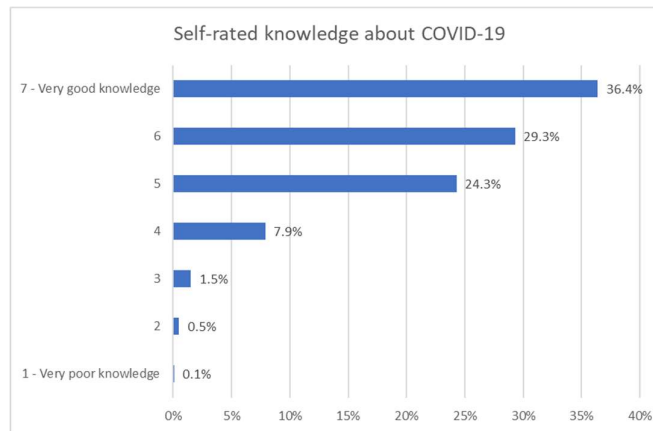


Figure 4.1b Self-rated COVID-19 knowledge by age

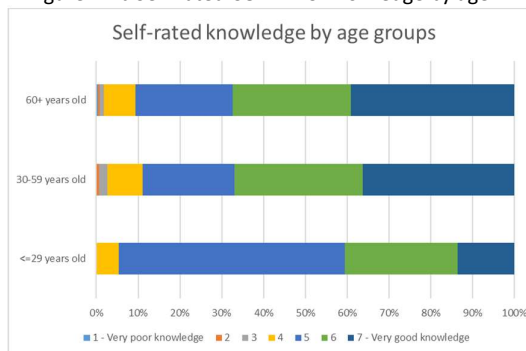


Figure 4.1c Self-rated COVID-19 knowledge by gender

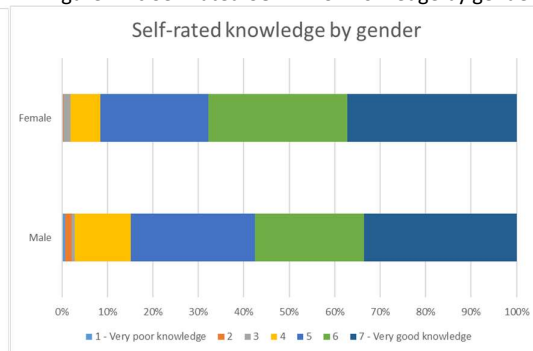


Figure 4.1d Self-rated COVID-19 knowledge by education

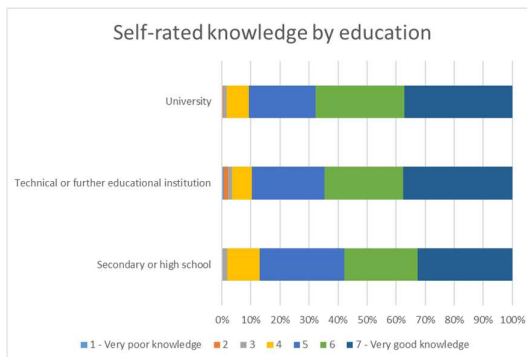


Figure 4.1e Self-rated COVID-19 knowledge by household income

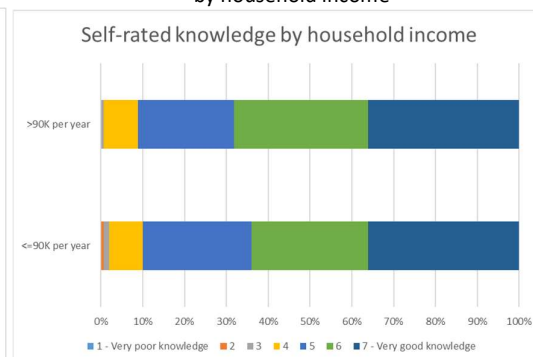


Figure 4.1f Self-rated COVID-19 knowledge by carer status

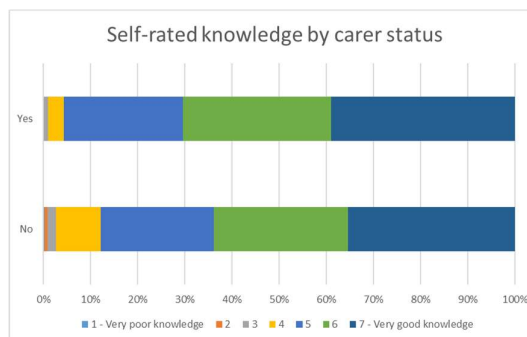


Figure 4.1g Self-rated COVID-19 knowledge by key worker status



Following government recommendations concerning the pandemic

Adherence to government recommendations to prevent the spread of COVID-19 was high across all groups.

Those more adherent to recommendations included people aged 60 and above, people staying home due to lockdown restrictions, people with a disability, people who identified as 'high risk', people with high blood pressure and people with chronic health conditions other than heart and lung disease or diabetes.

Age

Over three quarters of participants aged 60 and above (78%) reported adhering "very much" to recommendations to prevent the spread of COVID-19, compared to 60% and 54% of participants from the younger age groups (30-57 and >29, respectively). The correlation between age and adherence was mild but significant ($r=0.23$, $p<0.001$).

Gender, household income, occupation or carer status

There was no significant difference between gender, household income, occupation or carer status with respect to adherence to recommendations to prevent the spread of COVID-19.

Education level

There was a small but significant inverse association between educational level and following recommendations ($r=-12.5$, $p<0.001$), that is, people with lower levels of education adhered more closely to restrictions. However, after adjusting for differences in adherence between age groups, no significant difference in adherence to restrictions was observed based on level of education.

People staying home due to government lockdown restrictions

People who reported staying home due to government lockdown restrictions rated their adherence to government recommendations to prevent the spread of Covid-19 higher than those not staying home because of lockdown. ($Z=-3.1$, $p=0.002$).

Health profile

Participants who adhered more closely to COVID-19 recommendations included those who considered themselves to be high risk ($Z=-3.9$, $p<0.001$), people with high blood pressure ($Z=-3.2$, $p=0.001$), people with disability ($Z=-2.1$, $p=0.035$) and people with chronic diseases *other than* heart disease, lung disease or diabetes ($Z=-3.56$, $p<0.001$).

Figure 4.2a Following government COVID-19 recommendations

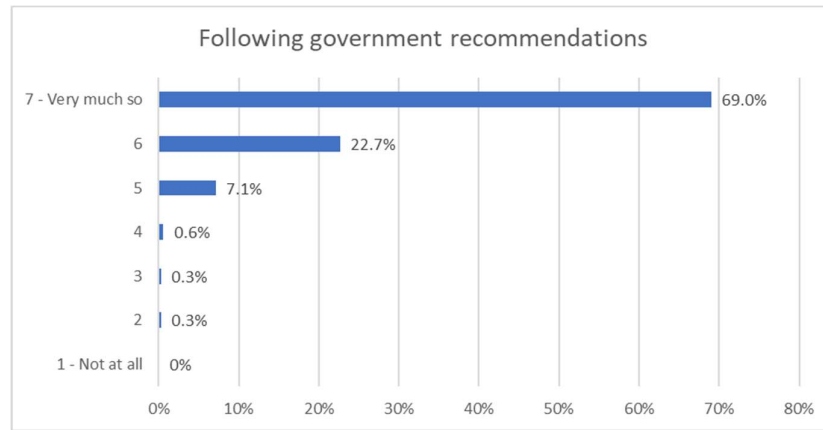


Figure 4.2b Following government COVID-19 recommendations by age

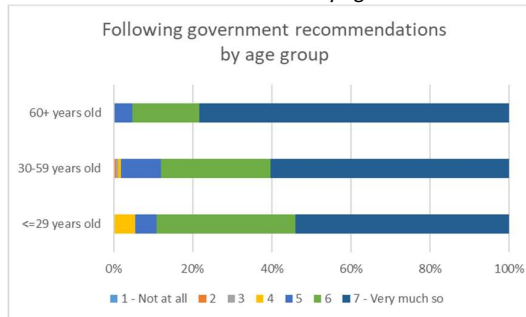


Figure 4.2c Following government COVID-19 recommendations by gender

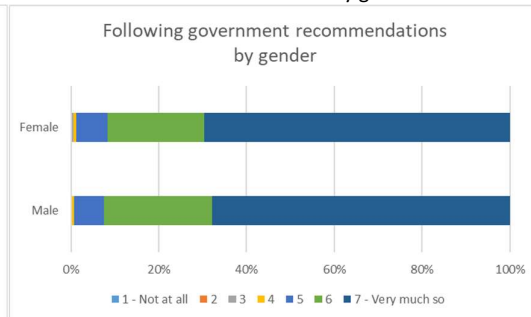


Figure 4.2d Following government COVID-19 recommendations by education

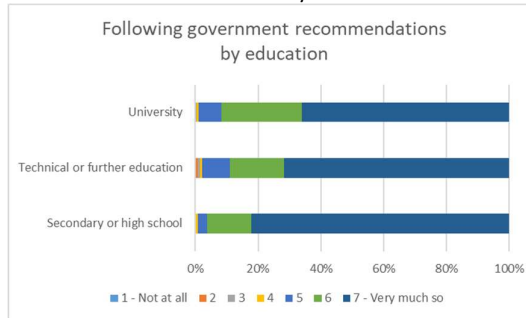


Figure 4.2e Following government COVID-19 recommendations by household income

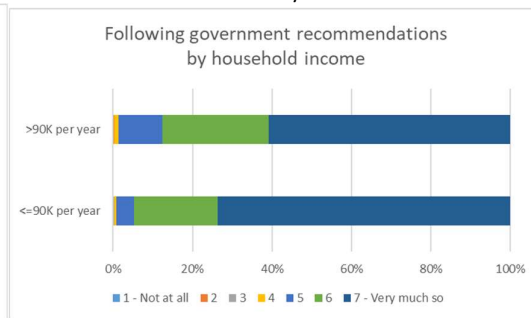


Figure 4.2f Following government COVID-19 recommendations by carer status

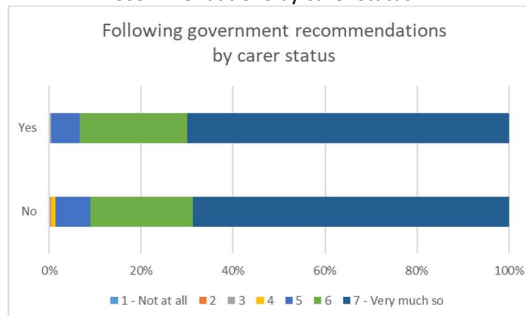
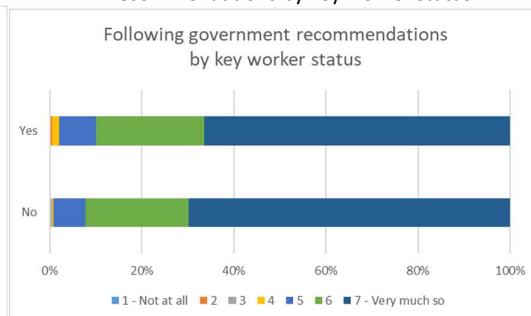


Figure 4.2g Following government COVID-19 recommendations by key worker status



Confidence in government

Participants' confidence in the Australian government's ability to handle the COVID-19 pandemic effectively was high.

Over three quarters of participants (78%) reported having high levels of confidence in the government (scoring in the top three categories: 5-7), whereas only 10% placed their confidence in the government in the bottom three categories (1-3).

Participants with a clinical diagnosis of anxiety or depression were significantly less confident in the government, whereas participants with a clinical diagnosis of high blood pressure were statistically more confident in the government's ability to manage the pandemic.

Age

A large majority of participants aged 60 and above (83%) placed themselves in the top three categories (scores 5-7), compared to 72% of adults aged 30-59 and 70% of adults aged 18-29 years. These differences were not statistically significant.

Gender, household income, educational level

There was no significant difference between these groups or levels with respect to confidence in the Australian government's ability to handle the COVID-19 pandemic effectively.

Occupation and carer status

Carers and key workers did not significantly differ in their confidence in government from non-carers and non-key workers.

Health profile

Participants with self-reported clinical anxiety or depression reported significantly less confidence in the government's ability to manage the pandemic ($Z=-3.11$, $p=0.002$ and $Z=-2.7$, $p=0.008$, respectively). Conversely, participants diagnosed with high blood pressure reported higher confidence in the government ($Z=-2.9$, $p=0.004$) than those who did not report having high blood pressure. There were no significant differences in government confidence for participants with other health profiles.

Figure 4.3a Confidence in government

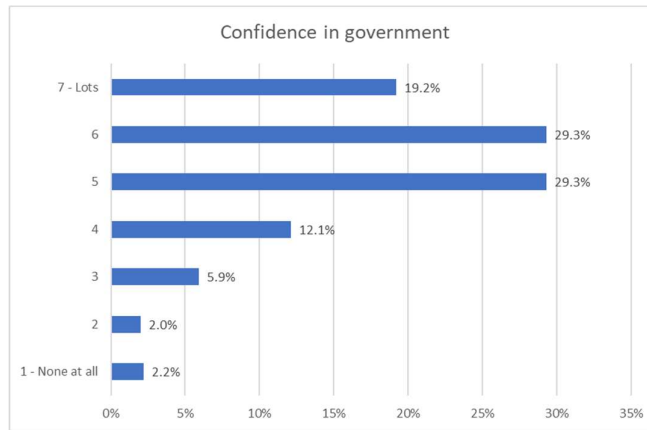


Figure 4.3b Confidence in government by age

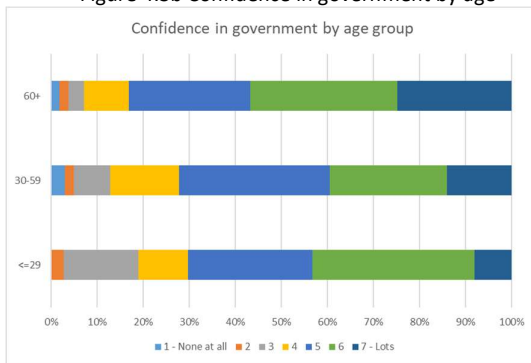


Figure 4.3c Confidence in government by gender

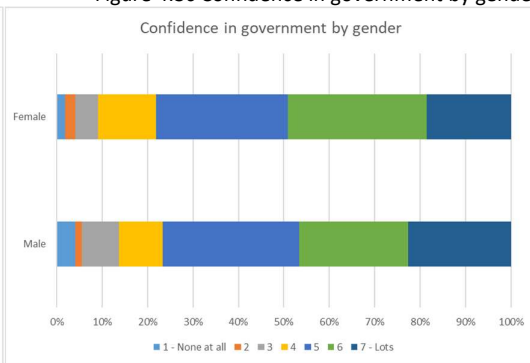


Figure 4.3d Confidence in government by education

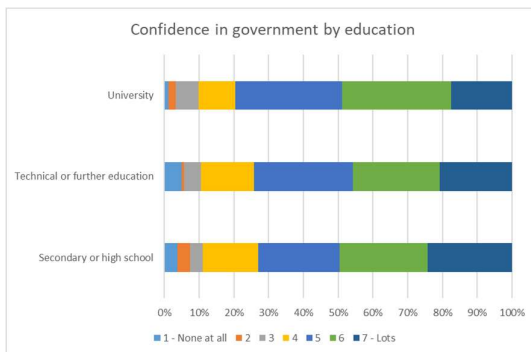


Figure 4.3e Confidence in government by household income

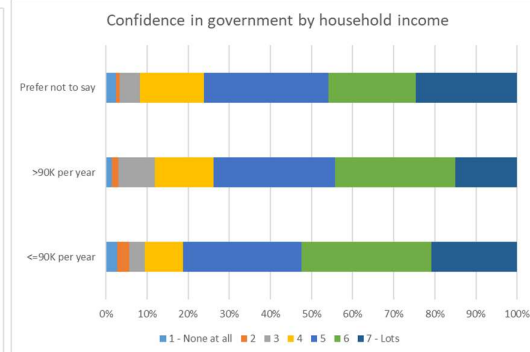


Figure 4.3f Confidence in government by carer status

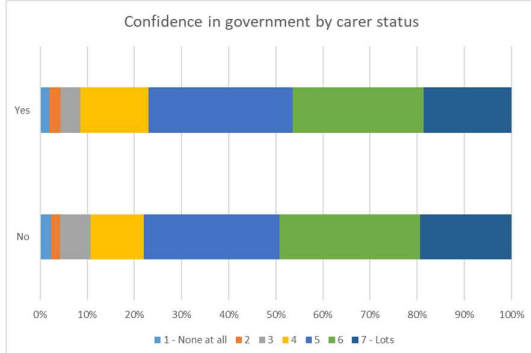
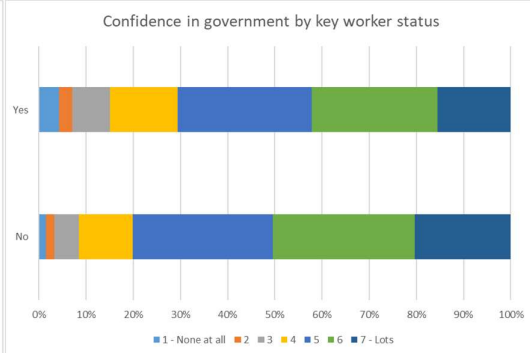


Figure 4.3g Confidence in government by key worker status



Confidence in the Australian healthcare system during COVID-19

Participants' confidence in the ability of the Australian healthcare system to handle the COVID-19 pandemic effectively was high.

A large majority of participants (81.4%) reported having high levels of confidence in the Australian healthcare system. Groups with statistically lower confidence included teachers, childcare workers, participants with clinical depression or anxiety and people living with lung disease. Groups reporting higher confidence in the healthcare system included people with a university education and people with cancer.

Age, gender, state of residence

There was no significant difference between these groups or levels, with respect to confidence in the Australian healthcare system.

Household income and educational level

Participants in the highest two household income levels (annual income > \$90K) were more confident in the Australian healthcare system than those in the lower two levels (annual income < \$38K), but the difference was not significant ($Z=-1.9$, $p=0.06$). Participants with a university degree were more confident in the system than those without ($Z=-2.8$, $p=0.005$).

Occupation

Teachers or childcare workers reported being less confident ($Z=-2.2$, $p=0.02$), but healthcare and social workers were no more confident than non-healthcare key workers.

Carer status

Carers of people with long-term disability or older friends and family did not report significantly different confidence levels than non-carers in the healthcare system ($Z=-1.6$, $p=0.11$ and $Z=-5.5$, $p=0.58$, respectively).

Health Profile

Participants with clinical depression or anxiety reported significantly lower confidence in the healthcare system ($Z=-2.9$, $p=0.004$ and $Z=-2.0$, $p=0.043$, respectively). Participants living with lung disease also reported significantly lower confidence than those without lung disease ($Z=-2.7$, $p=0.007$), as did those living with a disability, compared to those without a disability ($Z=-2.4$, $p=0.02$). Similarly, participants who reported isolating due to self-perceived high risk status also reported lower confidence ($Z=-3.1$, $p=0.002$). Conversely, those with a cancer diagnosis reported significantly higher confidence in the healthcare system, despite the small sample size ($n=23$, $Z=-2.3$, $p=0.023$).

Figure 4.4a Confidence in Australian Health System (AHS)

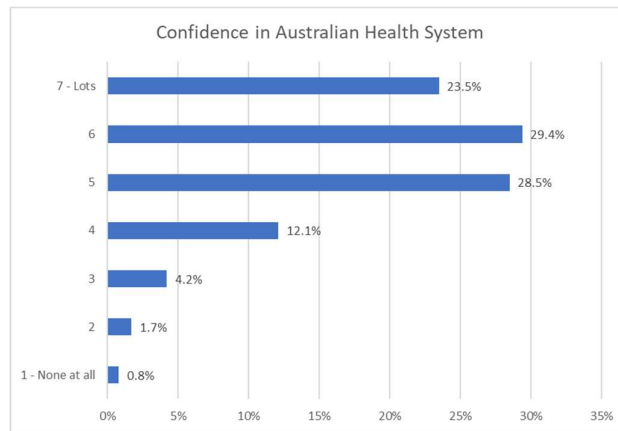


Figure 4.4b Confidence in AHS by age

Figure 4.4c Confidence in AHS by gender

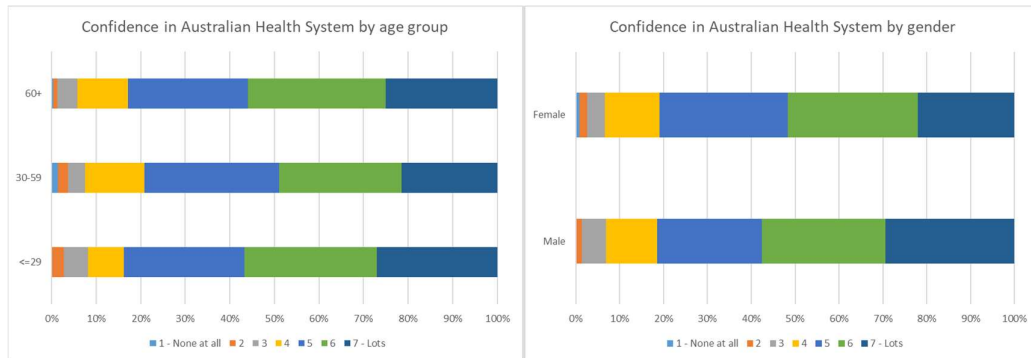


Figure 4.4d Confidence in AHS by education

Figure 4.4e Confidence in AHS by household income

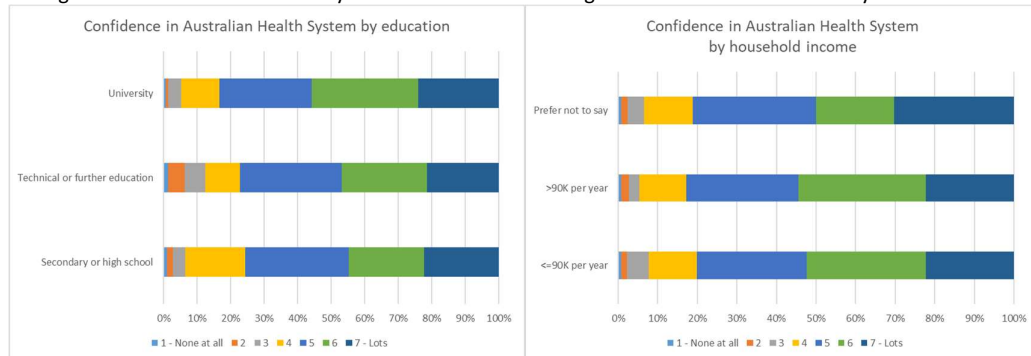
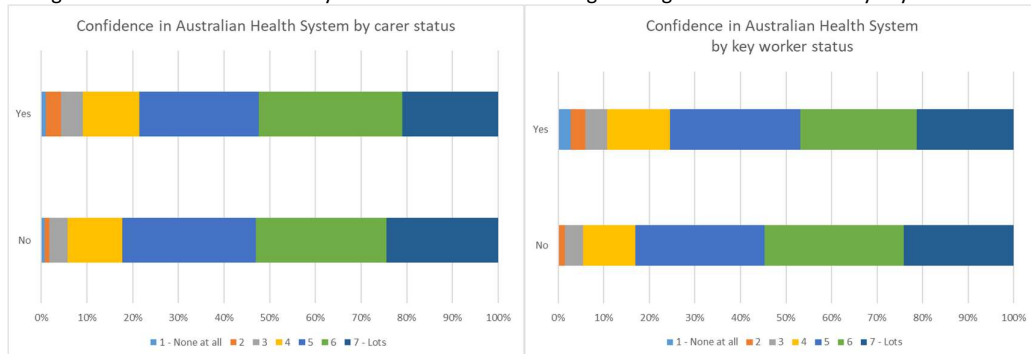


Figure 4.4f Confidence in AHS by carer status

Figure 4.4g Confidence in AHS by key worker status



Confidence that access to essentials (such as food, water, medicines) would be maintained

Participants showed high levels of confidence in Australia's supply chain.

A majority (81%) of people reported having high to very high levels of confidence, whereas only 7% rated their confidence low to very low. Groups with statistically lower confidence included teachers and childcare workers, those with clinical depression or anxiety, people who self-identified as high risk for COVID-19 infection, people living with disability and their carers.

Age, gender, education, income

There was no significant difference between these groups or levels with respect to confidence in accessing essentials.

Occupation

Teachers or childcare workers were less confident that access to essential items would be managed well ($Z = -2.9$, $p = 0.004$).

Carer status

Not surprisingly, carers of people with long-term disability were also less confident in access to essentials compared to non-carers of people with disability ($Z = -3.0$, $p = 0.003$). Carers of older friends or family were slightly less likely to report high levels of confidence ($Z = -1.9$, $p = 0.06$), but this was not statistically significant.

Health profile

Participants self-reporting depression or anxiety reported significantly lower confidence ($Z = -3.6$, $p = 0.001$ and $Z = -2.5$, $p = 0.012$, respectively). Participants living with lung disease also reported significantly lower confidence than those without lung disease ($Z = -2.7$, $p = 0.007$), as did those self-identifying as high risk to COVID-19 infection ($Z = -2.9$, $p = 0.004$). People living with disability were considerably less confident in their ability to access essential items compared to those without a disability ($Z = -3.1$, $p = 0.002$).

Figure 4.5a Confidence in access to essentials

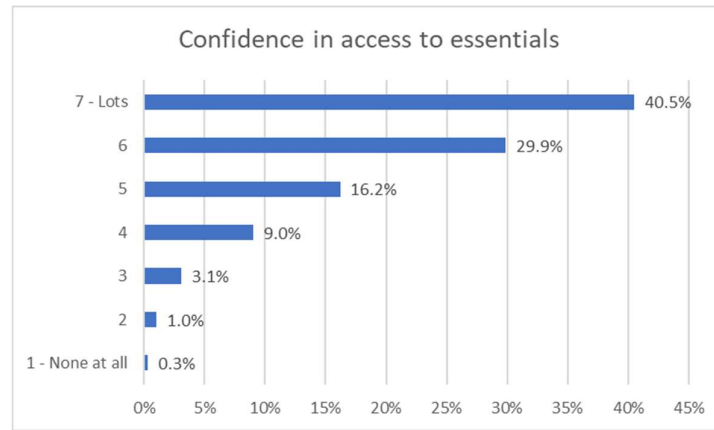


Figure 4.5b Confidence in access to essentials by age

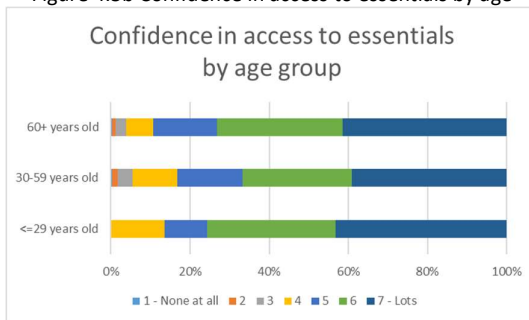


Figure 4.5c Confidence in access to essentials by gender

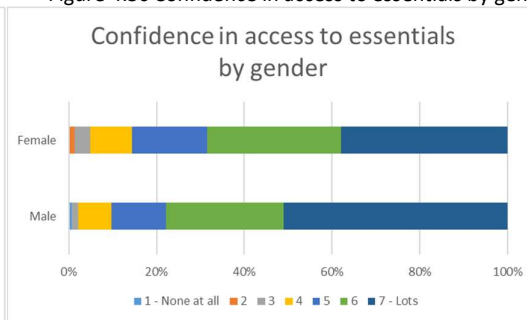


Figure 4.5c Confidence in access to essentials by education

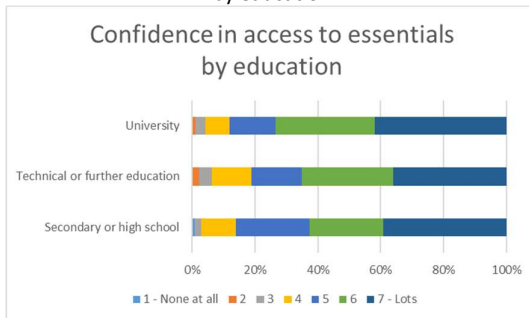


Figure 4.5d Confidence in access to essentials by household income

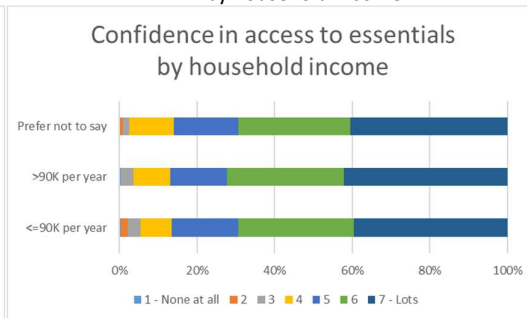


Figure 4.5e Confidence in access to essentials by carer status

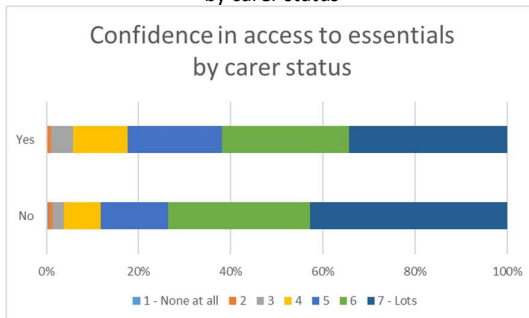
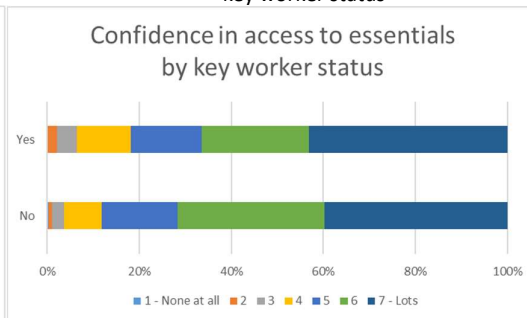


Figure 4.5f Confidence in access to essentials by key worker status



6. Appendix A

THE NATIONAL AGEING RESEARCH INSTITUTE &
THE UNIVERSITY OF MELBOURNE

How is COVID-19 impacting your health and wellbeing?

Are you aged 18 or older?

Do you live in Australia?

We want to hear from you in our weekly 15-30 minute survey!

ACCESS HERE: <https://tinyurl.com/naricovid19>

OR USE THE QR CODE BELOW

OR GO TO nari.net.au/



**FOR A 'PEN-AND-PAPER' OPTION, CONTACT
DR ANITA GOH AT A.GOH@NARI.EDU.AU**

Follow the link or contact Dr Anita Goh for more information

This research has been approved by the University of Melbourne Human
Research Ethics Committee. HREC ID: 2056799.1



7. Appendix B

Characteristics of participants	Number	%
Age group (years)		
<=29	39	4.9
30-59	352	44.2
60+	405	50.9
Total	796	100
Gender		
Male	150	19
Female	638	80.7
Other/prefer not to say	3	0.4
Total	791	100
Marital status		
Single, never married	120	15
Married or de facto	506	63.3
Divorced or separated	104	13
Widowed	69	8.6
Total	799	100
Education		
Secondary or high school	111	13.9
Technical or further educational institution	147	18.4
University	540	67.7
Total	798	100
Total household income		
<=90K per year	368	46.3
>90K per year	300	37.8
Prefer not to say	126	15.9
Total	794	100
Carer status		
No	589	73.3
Yes	214	26.7
Total	803	100
Keyworker		
No	612	76.2
Yes	191	23.8
Total	803	100
Current or last occupation		
Professional	435	56
Manager	137	17.6
Clerical or administrative worker	104	13.4
Community or personal service worker	54	6.9
Technician or trade worker	18	2.3
Sales worker	18	2.3
Labourer	6	0.8
Machinery operator or driver	4	0.5
Never worked in a paid role	1	0.1

Total	777	100
Working from home due to COVID-19		
No	308	40.2
Yes	288	37.5
Not currently working	171	22.3
Total	767	100
Living condition		
House	547	68.5
Flat in flat block/apartment in apartment block	138	17.3
Other	66	8.3
Residential home	38	4.8
Room(s) in shared house (e.g. as a lodger or boarder)	7	0.9
Student halls	1	0.1
No fixed address	1	0.1
Total	798	100
Ownership		
Owned outright	371	47.2
Owned with the help of a mortgage	203	25.8
Rented	162	20.6
Living rent free	32	4.1
Shared ownership (part owned, part rented)	18	2.3
Total	786	100
Live with children aged <18 years old		
No	636	82.3
Yes	137	17.7
Total	773	100
State of residence		
VIC	572	75.3
NSW	95	12.5
QLD	32	4.2
SA	23	3
WA	12	1.6
TAS	11	1.4
NT	1	0.1
ACT	14	1.8
Total	760	100
Aboriginal indigenous		
No	797	99.3
Yes	6	0.7
Total	803	100
Torres Strait Islander		
No	801	99.8
Yes	2	0.2
Total	803	100
Non-indigenous		
No	19	2.4
Yes	784	97.6

Total	803	100
Employment status (Yes to each response)		
University	41	5.1
Self-employed	56	7
Casual-employed	52	6.5
Part-time employment	133	16.6
Full-time employed	232	28.9
Unable to work due to disability	17	2.1
Home-maker/full time parent	20	2.5
Unemployed	18	2.2
Seeking work	15	1.9
Retired	292	36.4
Total	803	100
Medical conditions (Yes to each response)		
High blood pressure	221	27.5
Diabetes	57	7.1
Heart disease	58	7.2
Lung disease (e.g. asthma or COPD)	109	13.6
Cancer	23	2.9
Another clinically diagnosed chronic physical health condition	148	18.4
Clinically diagnosed depression	107	13.3
Clinically diagnosed anxiety	106	13.2
Another clinically diagnosed mental health problem	42	5.2
Pregnancy	2	0.2
Obesity	65	8.1
Any disability	41	5.1
None of the above	299	37.2
Total	803	100
Carer status		
No	589	73.3
Yes	214	26.7
Total	803	100
Keyworker		
No	612	76.2
Yes	191	23.8
Total	803	100

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COVID-19 vary by socio-demographic factors_FINAL
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