The Optimise Study: COVID-19 related worry, acceptability of prevention measures and confidence in government

Report 16 | July 2022

Optimise

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The Optimise Study is a partnership between Burnet Institute and Doherty Institute in collaboration with University of Melbourne, Swinburne University of Technology, Monash University, La Trobe University, Murdoch Children's Research Institute, the Centre for Culture Ethnicity and Health, the Health Issues Centre and external collaborators.

Optimise is a longitudinal cohort study. Recruitment of participants commenced in September 2020 with completion of recruitment in September 2021. Optimise follows approximately 700 participants who complete surveys and diaries every month. Regular reports are prepared for the Government and community, with the focus of each report varying based on topical or critical issues arising related to COVID-19. Past reports can be found at https://optimisecovid.com.au/ . The focus of this report is on people's worries and perceptions about COVID-19 infection and its severity, acceptability of COVID-19 prevention measures, and confidence in governments.

Study participants were not intended to be representative of the broader population but instead have been intentionally recruited from key groups who are:
- at risk of contracting COVID-19
- at risk of developing severe COVID-19 or
- at risk of the adverse consequences of the restrictions

At recruitment, participants were asked to nominate people who play a key role in their lives, and where permission is given, these people were invited to participate in the study. Establishing a map of social connections is important because it can be used to examine the influence of the social network on an individual or key groups including: 1) behaviours such as adherence to government directions on COVID-19; 2) attitudes and level of engagement in key COVID-19 interventions such as testing and vaccination; 3) experience of the consequences of COVID-19 or the government restrictions imposed due to COVID-19. The resulting social map increases our understanding of the interplay between the individual, social and community-level impacts of COVID-19. For more detail on the Optimise study please visit https://optimisecovid.com.au/.

COVID-19 related concerns, acceptability of prevention measures, and confidence in government
This report explores participants'
- COVID-19 related concerns
- Acceptability of COVID-19 prevention measures
- Confidence in government over time

511
SURVEY PARTICIPANTS

1
COMMUNITY ENGAGEMENT GROUP MEETING

This report draws on the findings from several Optimise research activities including:
- Responses from 511 participants who completed the Optimise baseline survey and follow up surveys between 14 September 2020 and 30 June 2022.
- A Community Engagement Group meeting facilitated by the Centre for Health Communication and Participation at La Trobe University on 19 July 2022. The Community Engagement Group was comprised of participants representing healthcare workers, people who have had COVID-19, people with chronic disease and living in social housing and culturally and linguistically diverse communities (including Afghan, Fijian and Pasifika, Indian and South Asian communities).

OPTIMISE COHORT

SUMMARY

Key findings

- In June 2022, the top three concerns of survey participants were family and friends being infected with COVID-19 (58%, 308/532), themselves being infected (42%, 226/532), and infections and death from COVID across the community (35%, 184/532).

- Women were more likely than men to expect that COVID-19 would be 'very severe' or 'moderate' if they were infected, while men were more likely than women to expect that it would be 'mild' or that they would have 'no symptoms'.

- There was an increase in the proportion of participants working in a hybrid format (combining working from home and attending the workplace) between January 2022 (13%, 52/412) and June 2022 (35%, 125/361).

- In June 2022, 80% (423/532) of participants responded that mandatory vaccines for high-risk workers were acceptable with 55% (290/532) and 25% (133/532) considering it to be 'totally' or 'somewhat' acceptable respectively.

- In June 2022, 63% (333/532) of participants responded that requiring everyone to wear a face mask in public was acceptable with 35% (184/532) and 28% (149/532) considering it to be 'totally' or 'somewhat' acceptable respectively.

- In June 2022, 89% (473/532) of participants 'totally' or 'somewhat agreed' that it was acceptable to continue to require vaccinated individuals to test for COVID-19 when they had symptoms.

- Most participants who reported having children (80%, 90/113) agreed with getting their children aged 12 years and over vaccinated with 57% (64/113) reporting that their children were 'already vaccinated' and 23% (26/113) would 'definitely' get their children vaccinated. In comparison, a lower proportion reported their children aged 5–11 years old had already been vaccinated (41%, 41/99) or would 'definitely' get the vaccine (27%, 27/99). While for children under 5 years, 40% (36/91) reported that they would 'definitely' get their children vaccinated and a minority of participants (9%, 8/91) reported that they would 'definitely not' get their children aged under 5 years vaccinated.

- Overall, participants have reported greater confidence in the Victorian Government's response to COVID-19 than in the Federal Government's, although confidence in the Federal Government's response has been rising from January to June 2022.

- When looking at attitudes within participants' social networks, participants who identified key people who they were socially connected with were more likely to share similar levels of confidence in the State government than other key people. However, this did not hold for confidence in the Federal government. In contrast, participants who identified key people who they commonly provided and received practical support and assistance from, were more likely to have very differing levels of confidence in the Federal Government, perhaps highlighting generational differences.

- Community Engagement Group suggested strategies to increase mask-wearing including clear guidance from the government, leading by example and easy availability of masks in public places.

- Community Engagement Group reported that at this stage in the pandemic, people should be taking more responsibility for their own behaviours rather than relying on government mandates.

WORRIES ABOUT THE COVID-19 PANDEMIC

Each month we ask participants how worried they are about the COVID-19 situation in Australia. As shown in Figure 1, there was a peak in the proportion who were 'very worried' during the Omicron BA.1 wave in January 2022. Twenty-seven percent (165/616) reported being 'very worried' while 33% (203/616) reported being 'fairly worried'.

In February 2022, the proportion of participants who were 'very' or 'fairly' worried declined to 16% (90/569) and 29% (165/569) respectively. This has remained relatively stable between March and June 2022. The proportion who reported being 'not at all' worried has increased from 8% (55/662) in November 2021 to 15% (80/532) in June 2022.
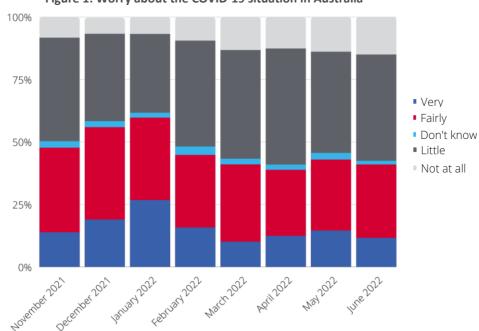
Figure 1: Worry about the COVID-19 situation in Australia

COVID-19 RELATED CONCERNS

Each month participants are asked to report their top three COVID-19 related concerns regarding the current or potential impact of COVID-19 on their life, including their safety, mental health, education, employment, personal finance, and the economy. In June 2022 participants were most concerned about whether their family or friends would be infected with COVID-19 (58%, n=308/532) followed by themselves (42%, 226/532).

These concerns are consistent with those reported by participants over the past six months (between January and June 2022). Notably, while concern for their own mental health has decreased from 28% (172/616) in January to 22% (119/532) in June 2022, concern for infections and death from COVID-19 across the community has increased from 29% (180/616) to 35% (184/532) across this period.
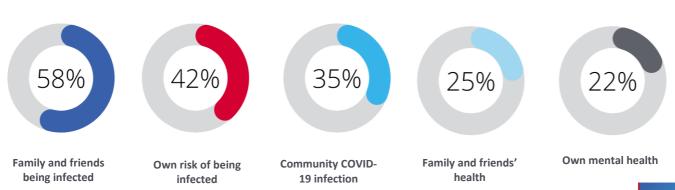
Figure 2: COVID-19 related concerns in June 2022

58%	42%	35%	25%	22%
Family and friends being infected	**Own risk of being infected**	**Community COVID-19 infection**	**Family and friends' health**	**Own mental health**

EXPECTED SEVERITY OF POTENTIAL COVID-19 INFECTION

We asked participants to indicate how severe they thought infection with COVID-19 would be if they were infected in the future. Overall, there has been a steady decline since September 2020 in the proportion of participants reporting that COVID-19 would be 'life-threatening or 'very severe' (e.g., requiring hospitalisation). Consistently, each month between September 2020 and June 2022, participants aged under 45 years were more likely to perceive COVID-19 infection as 'mild' compared to those aged 45 years and over. In June 2022, 38% (23/61) of participants aged 18–25 years, 28% (29/105) of those aged 25–35 years, and 33% (27/83) of those aged 35–45 years thought the infection would be 'mild' compared to 19% (17/88) of those aged 45–55 years.

There was a difference between men and women in the perceived severity of COVID-19 amongst our cohort (Figure 3)*. Overall, women were more likely to indicate that a future COVID-19 infection would likely be 'very severe' or 'moderate' (e.g., requiring self-care and rest in bed) while men were more likely to indicate that it would likely be 'mild' or that they would have 'no symptoms'. The proportion of women who thought it would be 'very severe' decreased from 10% (48) in November 2021 to 7% (n=28) in June 2022. The proportion of men who thought it would be 'very severe' also decreased from 8% (n=12) in November 2021 to 4% (n=5) in June 2022.
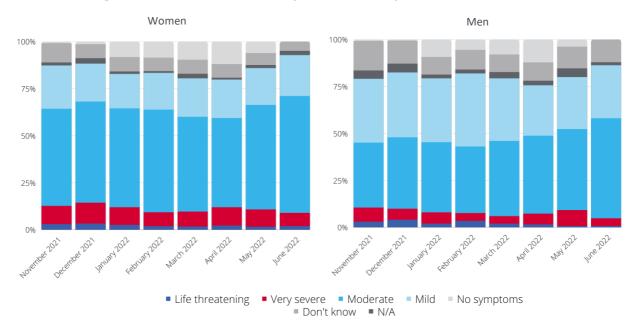
Figure 3: Gendered difference in potential severity of COVID-19 infection

*Note that responses of participants who responded non-binary, prefer not to say or other for gender have been removed from this analysis due to small sample sizes and to maintain participant anonymity.
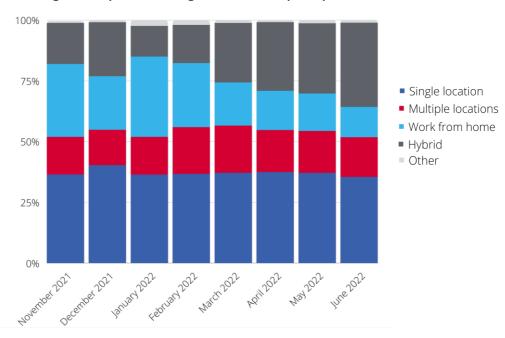
WORK ENVIRONMENT OVER TIME

We asked participants about their work environment (e.g., whether they work from home, have to attend the workplace in person or both) in the four weeks prior to each survey.

The proportion working at single or multiple locations has remained stable over time, however the proportion working exclusively from home has decreased in recent months, from 33% (136/412) in January 2022 to 12% (45/361) in June 2022. This decrease in the proportion of participants working exclusively from home has been met with an increase in hybrid working (13%, 52/412 in January 2022 to 35%, 125/361 in June 2022), showing that participants are not returning back to the workplace full time, but are alternating between working from home and from the workplace.

Figure 4: Reported working environment of participants

RISK REDUCTION BEHAVIORS

Participants were asked to report what behaviours they implemented to reduce their risk of COVID-19 infection. (Figures 5a-d). In general, participants were cautious and reported 'always' or 'most of the time' undertaking a range of measures to mitigate the risk.

Whilst there was a decrease in the reported frequency of risk reduction measures after January 2022, a considerable proportion of participants continued to report they 'always' or 'most of the time' took some measures to protect themselves and others. The proportion reporting 'always' or 'mostly' keeping 1.5 metres away from people who are not members of their household has exceeded 60% since January 2022 (Figure 5b), and approximately 50% of participants reported 'always' or 'mostly' avoiding seeing people who were older or at high risk of severe COVID-19 over this period (Figure 5c). At least 60% of the cohort reported 'always' or 'mostly' wearing or carrying a face covering in public since January 2022, however, this has dropped substantially from 95% (585/616) in January to 61% (322/532) in June 2022.

The proportion of participants who reported 'never' wearing or carrying a face covering in public has been increasing between January 2022 (1%, 4/616) and June 2022(6%, 31/532).
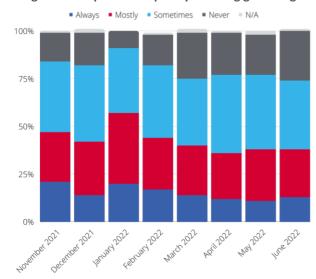
Figure 5a: Reported frequency avoiding gatherings

Figure 5b: Reported frequency of social distancing
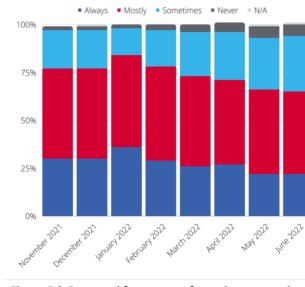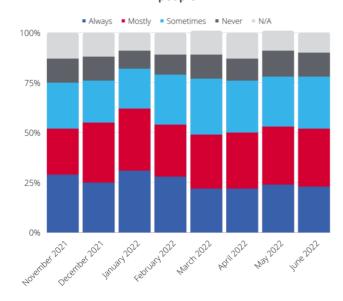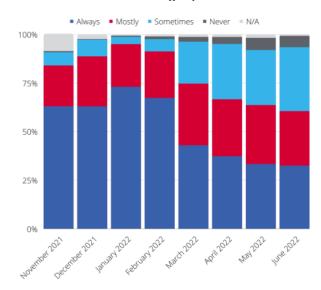

Figure 5c: Reported frequency avoiding vulnerable people

Figure 5d: Reported frequency of wearing or carrying a face covering in public

ACCEPTABILITY OF COVID-19 PREVENTION MEASURES

Participants are asked each month about the acceptability of COVID-19 prevention measures. Overall, participants are highly accepting of mandatory vaccines for high-risk workers, wearing a face mask in public, vaccination certificates and QR check-ins (Figure 6). In June 2022, participants were most supportive of the following prevention measures: mandatory vaccines for high-risk workers (80% totally/somewhat acceptable), wearing a face mask in public (63% totally/somewhat acceptable), requiring proof of vaccination at hospitality venues and events (62% totally/somewhat acceptable) and requiring QR code check-ins at hospitality venues, shops and events (53% totally/somewhat acceptable) with less support for remote learning for school children (32% totally/somewhat acceptable). We note that in June 2022, of these measures, only face masks were required on public transport, in sensitive settings and for people with COVID-19 or close contacts leaving their premises.
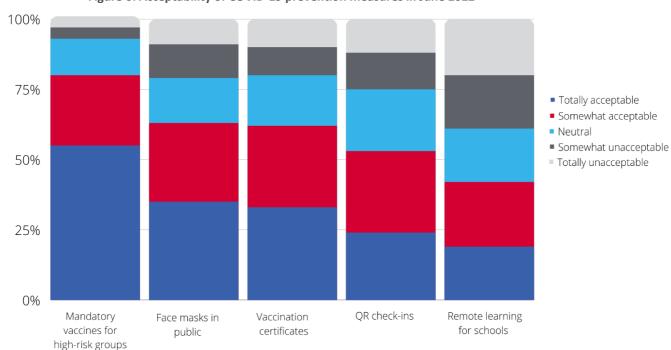
Figure 6: Acceptability of COVID-19 prevention measures in June 2022

ACCEPTABILITY OF COVID-19 VACCINES

By the end of June 2022, 9% (49/532) of participants in the Optimise study had received two doses only of COVID-19 vaccines, 71% (379/532) had received three doses only and 19% (102/532) had received four or more doses.

For participants with children, we asked them about their views on vaccinating their children against COVID-19. Overall, there was a greater willingness to vaccinate children aged 12 and over in June 2022 (Figure 7).

Amongst the 91 respondents who responded to questions about their intent to vaccinate their children aged under 5 years, 8% (n=7) said their children in this age group had already been vaccinated (although we note that as of 3 August 2022 children aged 6 months to 4 years with severe immunocompromise, disability and complex health conditions have only recently become eligible for the Moderna vaccine[1]). Forty percent (n=36) indicated they 'definitely' would get their child vaccinated whilst 21% (n=19) reported that they would 'probably' get their child under 5 years vaccinated. Nine per cent (n=8) indicated that they would 'definitely not' get their child under 5 vaccinated, which was the highest amongst the three groups (Figure 7).

Amongst the 99 participants with children aged 5–11 years, 41% (n=41) said their children were 'already vaccinated', while more than one-quarter (27%, n=27) indicated that they would 'definitely' get the COVID-19 vaccine for their children and another 12% (n=12) said 'probably yes' to this.

For those with children aged 12 years and over (n=113), over half (57%, n=64) said their children in this age group had already been vaccinated. Less than one-quarter said that they would 'definitely' (23%, n=26) get their child vaccinated, while another 9% (n=10) said they would 'probably' get their child aged 12 years and over vaccinated.

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[1] https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/who-can-get-vaccinated/covid-19-vaccines-for-children-aged-6-months-to-under-5-years
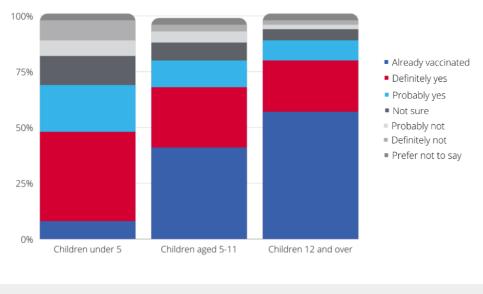
Figure 7: Acceptability of COVID-19 vaccines for children in June 2022

ACCEPTABILITY OF COVID-19 MEASURES FOR VACCINATED INDIVIDUALS

Each month participants are asked about the acceptability of measures for individuals who are vaccinated.

In June 2022 the most acceptable measures were 'vaccinated individuals should still get tested for COVID if they have COVID-like symptoms' (68%, 363/532 'totally agreed'; 21%, 110/532 'somewhat agreed'), followed by 'vaccinated individuals should still need to isolate if they test positive for COVID-19' (67%, 359/532 'totally agreed'; 19%, 101/532 'somewhat agreed').

Participants also showed greater acceptability for wearing a mask than following social distancing and quarantine for household contacts. Almost two-thirds (64%, 339/532) 'totally agreed' and one-fifth (20%, 109/532) 'somewhat agreed' that people who get vaccinated should still need to wear a mask when required (Figure 8).
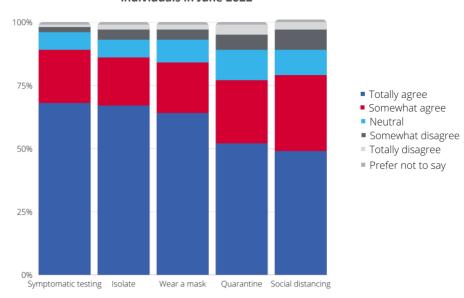
Figure 8: Acceptability of COVID-19 requirements for vaccinated individuals in June 2022

Each month participants are asked to indicate the extent to which they agree with the statement: 'I have confidence in the government's approach for dealing with COVID-19' for the Victorian and Australian Governments. Consistently, over the last eight months, over 60% of participants have 'agreed' or 'strongly agreed' that they had confidence in the Victorian Government's response to COVID-19 (Figure 9). In contrast, the proportion who 'agreed' or 'strongly agreed' with the Federal Government's response to COVID-19 was its highest in June 2022, at 38% (204/532, Figure 10).
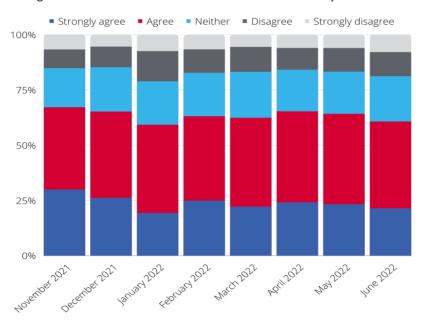
Figure 9: Confidence in the Victorian Government's response to COVID-19

Confidence in the Federal Government's approach to COVID-19 reached an all-time low in January 2022 (3%, 21/616 'strongly agreed'; 16%, 101/616 'agreed'), however, it has been steadily increasing since then. In June, 7% 'strongly agreed' (39/532) and 31% 'agreed' (165/532) with the Federal Government's response, noting that there was a change in government in May 2022 due to the federal election.
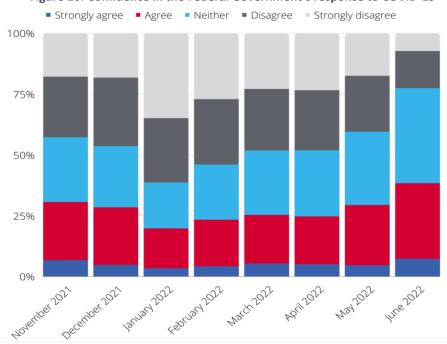
Figure 10: Confidence in the Federal Government's response to COVID-19

SOCIAL NETWORK ANALYSIS

The Social Network Research Laboratory at the Swinburne University of Technology conducted analysis of the social network data collected from the Optimise surveys to investigate the relationships between social connections and confidence in the State and Federal Governments' responses to COVID-19.

Social Network Analysis (SNA) is a set of techniques that focuses on relationships and the patterns that are created from these relationships. On an individual level, the latest data (in June 2022) demonstrated that participants who had a higher education level and higher income reported a greater level of confidence in the Victorian Government's COVID-19 response. Older age, lower personal wellbeing and lack of confidence in the response of the Federal Government were associated with a lower level of confidence in the State Government.

There was a correlation between the confidence in the State Government and the Federal Government, with higher confidence in the State Government associated with a greater level of confidence in the Federal Government. Lower level of confidence in the Victorian Government and lower personal wellbeing were associated with lower confidence in the Federal Government.

We also looked at the influence of participants' key people, on their confidence in government responses to COVID-19. Key people represent those people who have a key role and make a big difference to our lives. Key people could be but were not limited to family, friends, neighbours, and/or co-workers with whom participants discuss personal matters, who provide them with important practical assistance or support, with whom they participate in activities and hobbies, and important co-workers. In this way, key people can have many different types of relationships with participants.

The findings showed that participants' level of confidence in the State government was very similar to the level of confidence in the State government of key people in their lives. However, in terms of confidence in the Federal Government's response, participants had different levels of confidence to their key people. Further, this difference in levels of confidence in the Federal government was only associated with the support-seeking relationships. This may represent generational differences between support giver and receiver. These findings indicate that:

- People are very likely to have social relationships with others who share the same level of confidence in the State Government, thus people may choose others with similar views to their own or over time shift their views to align with those around them.
- For confidence in the Federal government, the only social relationship that mattered was support-seeking in which the giver and receiver of support were likely to have very different views about confidence in the Federal government. These support relationships may represent familial or other obligations where one feels they must provide support and be engaged with this person regardless of whether they have similar attitudes to the Federal government.

COMMUNITY ENGAGEMENT GROUP INSIGHTS

Mask wearing

Participants of the Community Engagement Group (CEG) reported varying degrees of acceptance of mask-wearing within their communities. The representative of the Afghan community stated that people were more accepting of mask-wearing since COVID-19 infections had increased in the community. A representative of senior Victorians stated there was high adherence in her community because older Victorians knew they were most at risk of serious infection.

In contrast, representatives for the senior Indian community and south Asian communities both reported a decrease in mask-wearing/acceptance of mask-wearing due to mixed messages from the media and government about whether it was necessary. They felt clearer guidance was needed about the role of masks and when and where they should be worn. Other participants agreed such guidance would be helpful and suggested targeted advertising campaigns encouraging mask-wearing would help to facilitate a positive attitude towards mask-wearing. The participants expressed views that the government and community leaders could also play a vital role by role-modelling mask-wearing.

A participant with lived experience of COVID-19 who is in a younger age group (people in their twenties and thirties) said mask-wearing among her peers depended on two factors: "was it required?" and "were-masks available?" She felt people who were accepting of mask-wearing would generally wear a mask when requested by others (even if not legally required). However, because people no longer carried masks routinely, it could be difficult to comply with such requests on-the-spot, even when willing. Easy availability of masks in public places would make this easier.

The group recommended the following strategies to increase mask-wearing:
- Clear guidance from the government including targeted advertising campaigns
- Leading by example: Government and community leaders/influencers should wear masks to encourage greater uptake from community members
- Easy availability of masks in public places

Government versus personal responsibility

Further to the discussion about masks, the group were asked their views on the government's social licence to implement and enforce restrictions. Generally, participants felt that, at this stage in the pandemic, people should be taking more responsibility for their own behaviours rather than relying on government mandates. They felt that COVID-19 is one of many competing priorities for the government and that existing mandates (e.g., masks on public transport) were not being followed. One participant noted the introduction of new mandates could have negative impacts on businesses, particularly hospitality, which were already struggling to recover from previous restrictions.

Many participants perceived the government's role should now focus on providing clear guidance and leading by example. One said: "I err on the side of personal responsibility. We do still need the government to lead by example, but we couldn't go back to mandates." Another said: "Wearing masks is a very simple thing to do. You shouldn't need the government to tell you to do that".

A couple of participants suggested that government initiatives aimed at increasing adherence to pandemic guidance should focus on encouraging a sense of civic, rather than personal responsibility. Also, participants felt that campaigns could emphasise that prevention behaviours are needed only for the short-term and will make a big difference to people's lives as a crisis point is reached with the current wave.

Participants also felt community leaders and influencers should model appropriate prevention behaviours. Continued government engagement with community leaders, as well as incentives for community organisations

to continue COVID-prevention activities, would help to raise community motivation and keep the communities' focus on prevention strategies.

Most participants agreed that they had more information and tools to manage COVID-19 now than in the past, which could inform their own decisions about adherence. One participant said:

> "When mandates were in place, and government guidance was full on, it was at a time when we didn't have a lot of information. Now we have the information, we know there are variants, we know about PPE, we're vaccinated so we have all the information to make personal decisions we didn't have before. So, I think this is the difference between then and now."

However, there was also frustration that people who were educated about the risks were still not adhering: "It's disappointing when you see people who are well informed choosing personal freedom over personal and collective safety."

Protecting vulnerable people

At this stage of the pandemic, participants reported the main strategies for protecting vulnerable people were consciously avoiding vulnerable people when symptomatic, as well as encouraging/supporting them to stay home during times of increasing cases. A couple of participants perceived those vulnerable people who were in public places needed to take responsibility for protecting themselves from COVID-19 infection by taking all possible precautions.

Social distancing

All participants agreed with the survey findings that the frequency of social distancing was decreasing. As one said: "social distancing is a thing of the past". Some felt mask-wearing led to perceptions that social distancing was less important: "When masks are compulsory, there is some safety in that even when social distancing is not [occurring]." Additionally, the representative of senior Victorians stated that people with hearing impairments had difficulty social distancing and communicating while wearing masks.

In a similar way that people are not following existing mandates, some reported people were no longer complying with signage in shops to socially distance. However, a couple of group members expressed that businesses had already been negatively affected during the pandemic and it was not appropriate for businesses to continue to be responsible for enforcing requirements.

The impact of anti-virals on people's adherence to preventive behaviours

When prompted about whether access to anti-virals had negatively influenced people's adherence to preventive behaviours, participants felt they may have added to complacency about catching the virus but were ultimately a useful tool. One participant expressed that people may change their views about catching COVID-19 when more information about long COVID is available.

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