

The Optimise Study: Impact of government restrictions on risk mitigation strategies

Report 8 | July 2021



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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, and the Health Issues Centre.

Optimise is a longitudinal cohort study that will follow up to 1000 participants for a 12-month period. Study participants are not intended to be representative of the broader population but instead have been intentionally recruited from key groups who are considered to be:

- at risk of contracting COVID-19
- at risk of developing severe COVID-19 or,
- at risk of the unintended consequences of the restrictions

Participants are then asked to nominate people who play a key role in their lives, and where permission is given, these people are also 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 1) behaviour including adhering to government directions on COVID-19, 2) attitudes and level of engagement in key COVID-19 interventions such as testing and vaccination, and 3) experience of the unintended consequences of COVID itself, 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/>

Impact of government restrictions on risk mitigation strategies and confidence in government

This report explores the impact of government policies and people's risk mitigation strategies surrounding:

- Social contacts and social distancing
- COVID-19 testing behaviours and trends
- Acceptability of government interventions

571

**SURVEY
PARTICIPANTS**

23

**SEMI-STRUCTURED
INTERVIEWS**

1

**COMMUNITY
ENGAGEMENT GROUP
MEETING**

This report draws on the findings from a number of Optimise research activities. These include:

- responses from 571 participants who completed the Optimise baseline survey, follow up surveys and contact diaries between 14 September 2020 and 1 July 2021.
- phone-based semi-structured qualitative interviews (n=23) conducted with a subset of survey participants conducted in December 2020 (n=7), May 2021 (n=9), and June 2021 (n=7).
- a Community Engagement Group meeting facilitated by the Centre for Health Communication and Participation at La Trobe University on 20 July 2021.

We have also included findings from the TIGER-C19 Study, an ongoing collaboration between the University of Melbourne and Burnet Institute that combines big data analytics of social media postings with qualitative research methods and findings from the COVID-19 Work and Health Study – a national cohort of 2603 working-age Australians during 2020 and into 2021, conducted by researchers at Monash University School of Public Health and Preventative Medicine.

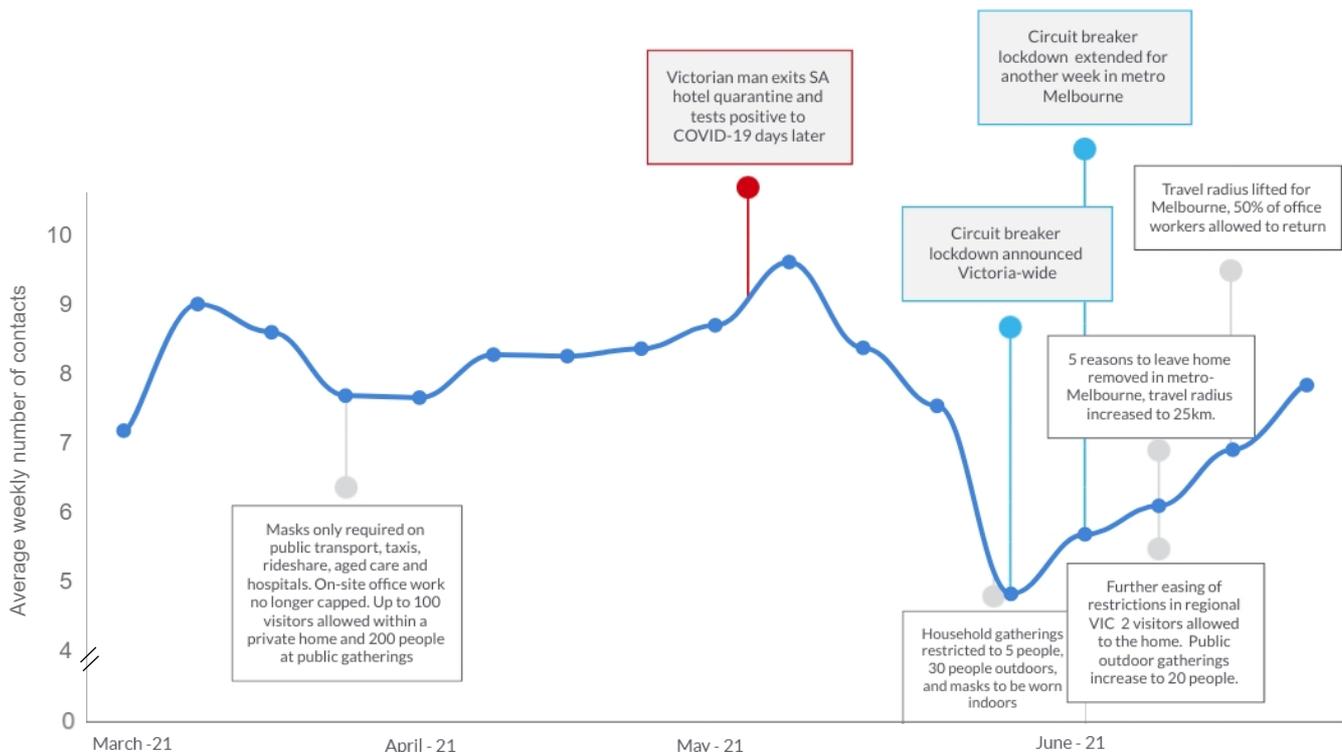
OPTIMISE COHORT

SUMMARY AND IMPLICATIONS

Various strategies have been promoted and mandated by governments in Australia in order to mitigate and combat the COVID-19 pandemic. In Victoria, people in both metropolitan and regional areas are very responsive to changes in government policies and restrictions in terms of modifying their behaviours regarding social contacts, social gatherings, and social distancing. This is demonstrated by people's behaviours during the May-June 2021 circuit breaker lockdown, as people living in metropolitan Melbourne social distanced less than their regional counterparts. Whilst testing rates overall have improved from April to June 2021, only one in three participants in our cohort went to get tested for COVID-19 infection when they reported having symptoms. The acceptability for various government interventions has remained largely stable, with more people now agreeing that the mandatory vaccination of high-risk workers is acceptable or highly acceptable. Throughout the months of April to June 2021, people's support for the Victorian government and its response against COVID-19 have remained largely stable at 70-76%, but the support of the Federal government response to COVID-19 has steadily declined from 45% to 29%. There is considerable frustration and confusion surrounding the rollout of, eligibility for, and access to COVID-19 vaccines.

CONTACTS

As the figure below shows, the 7-day contact average of participants has fluctuated over time in line with government restrictions. The 7-day average peaked the week of 6 May 2021 with an average of 9.7 weekly contacts. This then declined to 4.9 weekly contacts in the week of 27 May 2021 when the circuit breaker lockdown was announced throughout Victoria.



Participants of the Community Engagement Group described how they felt “well-practised” with lockdown routines and expectations given the multiple lockdowns they had experienced during COVID-19. Participants described a range of strategies to help manage lockdowns including having a comfortable and safe living environment, interacting with friends and family, spending time outside, keeping busy with projects, and making plans for life after the pandemic. Participants felt that shorter lockdowns were generally easier to manage than long lockdowns. However, participants were not convinced short lockdowns would end when initially planned.

Participants expressed disappointment that they had only just started planning work, travel and social events again and now needed to cancel them. It was also difficult for some groups, particularly teenagers, to turn their social life “on and off”. Participants expressed frustration with the continuing uncertainty of making plans for the future, including holidays and visiting family members interstate.

TESTING



1 in 3
participants
with symptoms
of COVID-19
got a test.

Between April 2021 and June 2021, approximately half of all participants reported having symptoms that could indicate COVID-19 infection. In April, just over one in six participants who had symptoms got a test. By June this had increased to nearly one in three participants with symptoms. Whilst the percentage of participants with symptoms who got a test has increased between April and June 2021, the latest data indicate that approximately two in three participants with symptoms still did not get a COVID-19 test.

Some of the qualitative interview participants felt that increased messaging and advice from the government could help to encourage people to not become overly relaxed, and keep up testing rates even when the perceived threat of COVID-19 is low, or after the vaccines are more widely rolled out. The importance of clear communication together with written information was also highlighted particularly for people who speak English as a second language and may not be able to access the daily press conferences.

“Well, I remember one morning, like I was sitting in bed and I had like ... was it a sore throat or runny nose ... I didn't feel like sick, sick, you know and then I was watching Dan on TV and he says, ‘If you have any symptoms, stay at home and go get tested. Don't go to work.’ And so I picked up the phone then and I rang my manager, I said, ‘Look, you know, I don't think I have COVID I've got a runny nose or a sore throat, so I'm just going to go and get tested and I am sorry to do this to you, but you know, Dan told me so.’”

Participants of the Community Engagement Group described how the long wait times (2-3 hours) for testing centres, especially during the lockdowns was a barrier to testing. Participants mentioned not knowing where to get tested or not having testing sites accessible via walking as barriers. Participants also noted negative social and economic consequences of a positive COVID test (e.g. being a “social pariah”, not being able to work, needing to isolate). Participants suggested that advertising for cold and flu medicines that encourages people to take a tablet to reduce symptoms, rather than get tested worked against the message of getting tested at the slightest of symptoms. Similarly, participants thought that people who work from home or do not go out much may be less inclined to get tested.

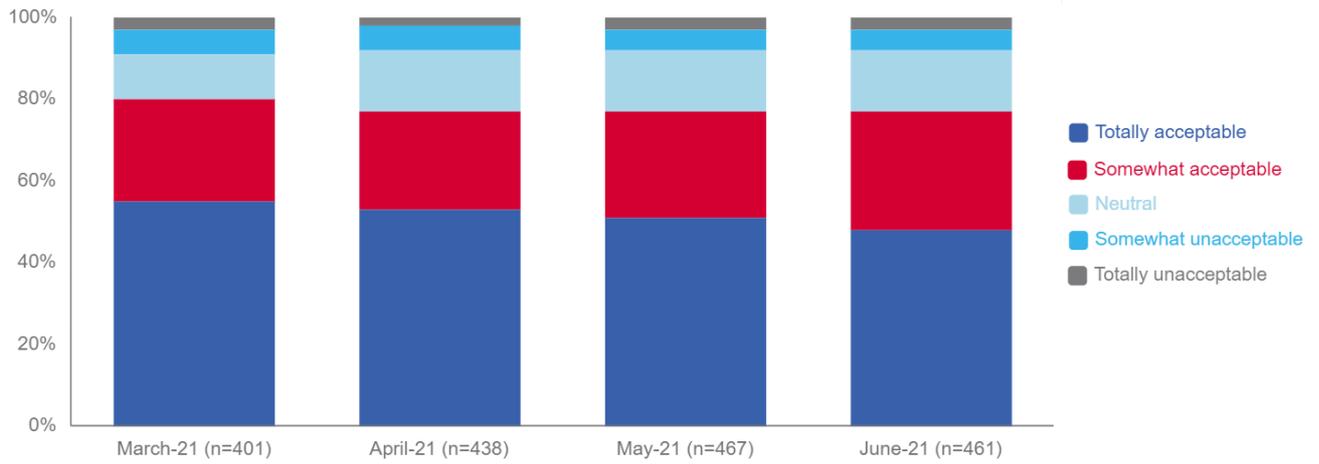
Conversely, participants described how lockdown and the presence of community cases increased community vigilance about getting tested. Participants felt that employers and school expectations that people will have a COVID test and stay home if they have symptoms was a further enabler to getting a test. Participants also felt that the location of smaller, local testing centres or pop-up sites with shorter wait times should be actively promoted through clear signage and social/community networks, rather than relying on people to “find” them, as well as providing information on testing in different languages.

ACCEPTABILITY OF INTERVENTIONS

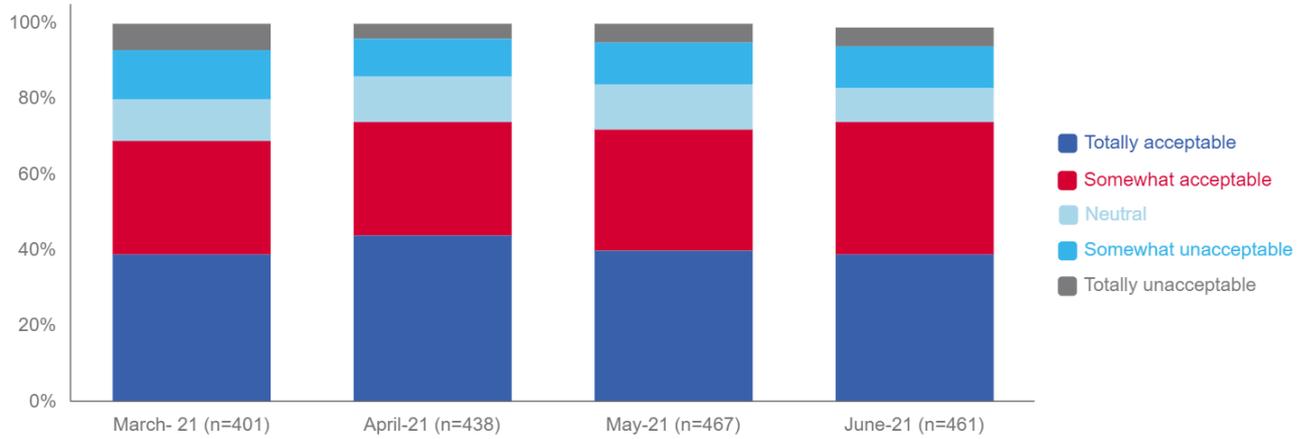
The proportion of participants who consider it to be totally acceptable to require COVID-19 testing before allowing individuals to go back to work has declined from 55% in March 2021 to 48% by June 2021. The percentage of participants who consider it to be totally unacceptable has remained stable around 3-4% between March and June 2021. Similarly, the proportion of participants who consider border closures and restrictions between states and territories to be totally acceptable has remained relatively stable over time (39% to 44% between March 2021 and June 2021).

The acceptability of mandatory vaccination of high-risk groups has increased over this same period, with the percentage of participants who consider it to be totally acceptable increasing from 56% in March 2021 to 60% in June 2021. Those who consider it to be totally unacceptable has decreased from 6% in March 2021 to just 3% in June 2021.

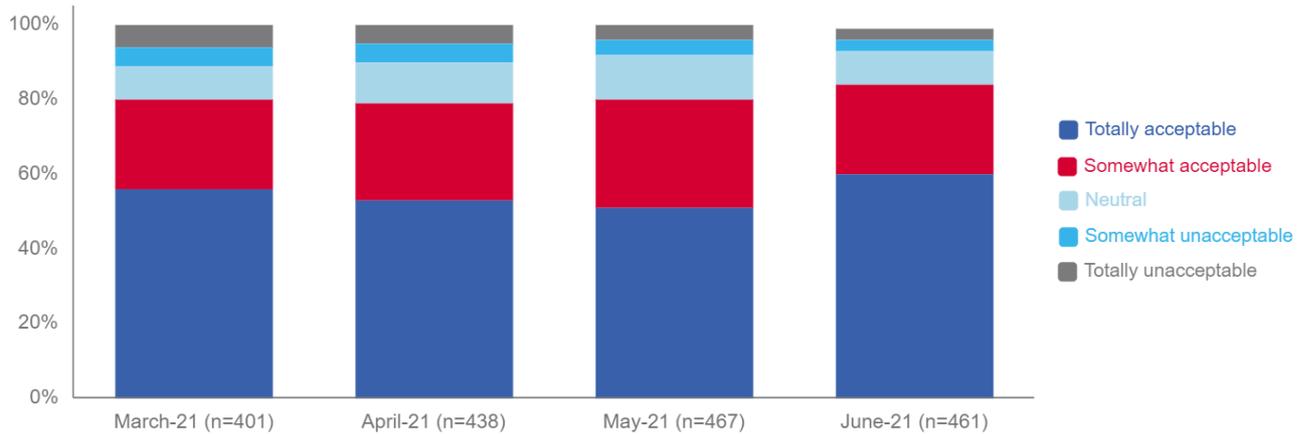
Requirement for COVID-19 testing before going back to work



Border restrictions/closures between states and territories



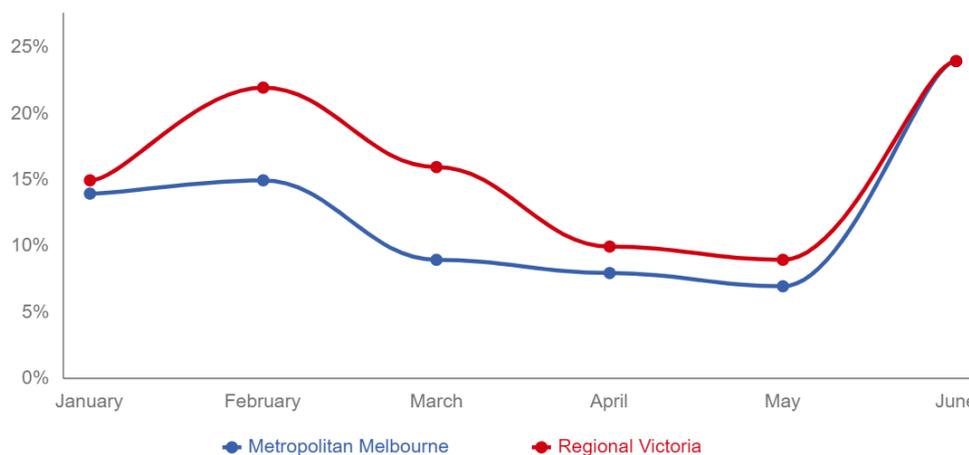
Mandatory vaccination of high-risk groups



RISK MITIGATION STRATEGIES

The percentage of participants who report always avoiding social gatherings has been higher in regional Victoria compared to metropolitan Melbourne except in June. Both regions experienced a substantial increase from 7-9% in May 2021 to 24% in both Melbourne and regional Victoria in June 2021.

Percentage of participants who report always avoiding gatherings

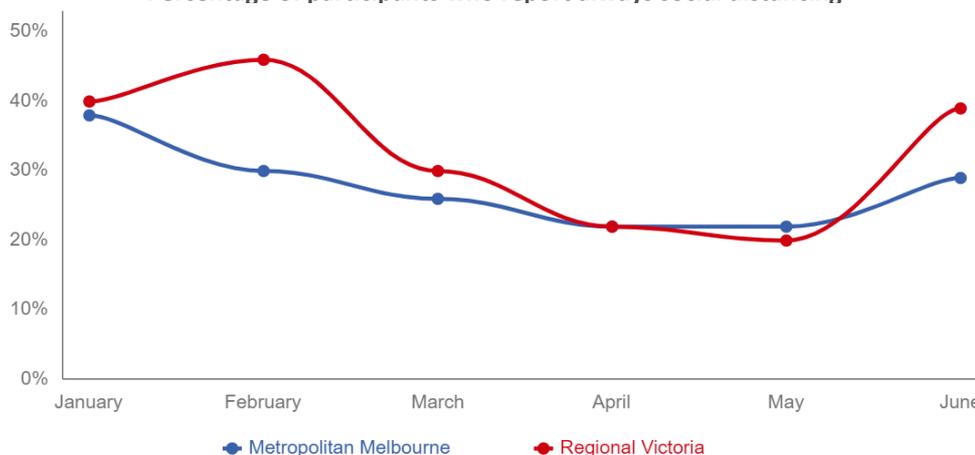


Similarly, the percentage of regional participants who report always social distancing peaked in February 2021 and June 2021, likely due to the circuit breaker lockdowns. In comparison, the percentage of participants who reported always social distancing in metropolitan Melbourne declined between January 2021 (38%) and May 2021 (22%), and then increased to 29% in June 2021. Participants of the Community Engagement Group commented that their awareness of social distancing was heightened when there were cases of community transmission: “You become much more conscious of your own personal space”. However, they also noted that they were more lenient with social distancing in the home, particularly now many participants were fully vaccinated.

Participants living in metropolitan areas reported it was challenging to maintain social distancing in some places due to high numbers of people especially on trams, crowded stations and elevators in apartment buildings. Several participants reported instances of abusive behaviour in metropolitan areas from people who were prompted to socially distance or wear masks. All participants felt signage, markers on the floor, and venue capacity numbers were helpful in maintaining social distancing. However, more reminders were needed. Several participants felt friendly COVID marshals would be helpful to ensure people complied with social distancing, particularly in busy environments such as train stations and supermarkets. Participants also suggested other measures to assist with social distancing, including increasing provision of public transport to lessen overcrowding on services.

“Life has become so complicated, so complex, that we need reminding, we need to be told what to do... We need people helping us and reminding us to social distance.”

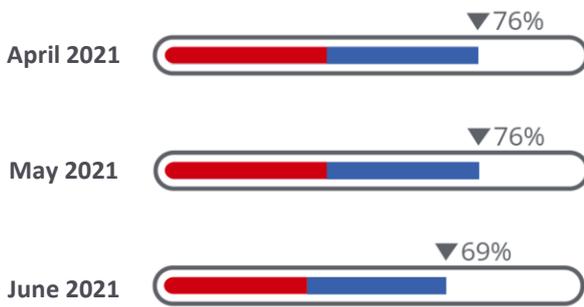
Percentage of participants who report always social distancing



Some qualitative interview participants expressed concerns about members of the public relaxing risk mitigation strategies, such as mask wearing and scanning QR codes, when the perceived threat of COVID-19 is low. They also noted that they themselves have continued to maintain some of these non-pharmaceutical public health measures, even if they aren’t required at the time. However, as the data above reveal, Victorians’ risk mitigation strategies are very responsive to government rules and restrictions.

ACCEPTANCE OF GOVERNMENT

Victorian Government



Over time the percentage of participants who strongly agreed or agreed with the Victorian Government response has remained relatively stable. However, in June 2021 there was a small decline in those who strongly agreed or agreed with the Victorian Government response, mostly likely in relation to the latest circuit breaker lockdown. The strong support for the Victorian Government response was further reinforced in the qualitative interviews where participants articulated a belief in state government responses and their ability to respond.

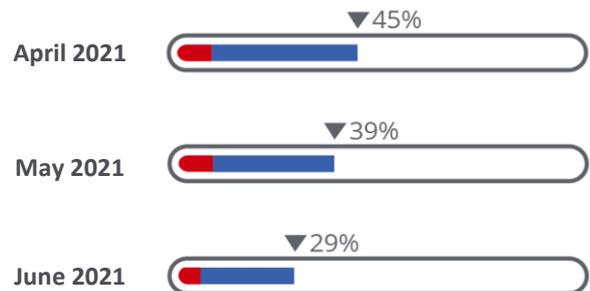
"I don't think the scientific community globally does itself justice with a (non)-unified response, and I think that's why the Dan Andrews presentations were helpful because you're like, "Okay, I'm in Victoria. He will tell me what to do and then it'll be fine," and he had Brett Sutton, you know, as the health officer, he was explaining things..."

Multiple participants highlighted Daniel Andrews' and the Victorian Government's press conferences as a good source of reliable information, and providing stability, particularly given the multitude of information and different sets of rules around the country.

The percentage of those who strongly agreed or agreed with the Federal Government response has been declining steadily between April 2021 to June 2021. Some qualitative interview participants expressed frustration at the vaccine rollout in Australia, and felt that advice on restrictions and services providing relevant information could be improved.

"Feels like [the vaccine rollout was] mismanaged, perhaps not a priority because we are doing quite well... we're doing very well in the grand scheme of things as a country. So it's a bit frustrating..."

Federal Government



TIGER C19

Timely Integration of User Generated Responses about C19

The TIGER C19 study is an ongoing collaboration between the University of Melbourne and Burnet Institute that combines big data analytics of social media postings with qualitative research methods. [1] Using a sophisticated data analytics tool, TIGER C19 extracts posts containing selected key words and themes from two social media platforms – Reddit and Twitter – that are then analysed thematically. It can then inform public health responses by examining local COVID-19 related issues of current interest, as both a supplement and complement to other research, such as the Optimise Study. Whilst the focus is on Melbourne and Victoria, the emerging themes have broader resonance and application to other jurisdictions in Australia and overseas.

KEY THEMES

The TIGER C19 study investigated six different key words/themes: appointment, hesitancy/hesitant, vaccine, vaccination, lockdown, and quarantine, during the recent circuit breaker Victorian lockdown, between May 28 – June 11, 2021. The total number of hits/posts retrieved was 134,199. Two key groups of themes for social media posts emerged from the thematic analyses: the difficulties and frustrations experienced by people regarding different aspects of the pandemic, and various forms of information sharing and providing support. Within these thematic groups, the most common issues revolve around government interventions, acceptance of government, and the vaccine rollout.

Government interventions

- Personal impacts of the Victorian circuit breaker lockdown
 - Struggling with mental health issues, and inability to afford mental health treatment
 - Loss of financial income
- Discussing that vaccine uptake has been improved by the lockdown
 - That the lockdown has reduced vaccine hesitancy

Acceptance of government

- The federal government's response to COVID-19
 - Loss of trust in federal response due to mismanagement of vaccine rollout and/or quarantine
 - That the Federal Government should financially support Victorians in lockdown
 - Deflection from Federal Government failures by blaming vaccine-hesitant Australians

Vaccine rollout

- Promoting vaccination and addressing misinformation about vaccines
 - Encouraging others to be vaccinated, and sharing positive vaccination experiences
 - Positive AstraZeneca experiences
- Difficulty accessing vaccination
 - Being turned away from hubs, and ineligibility to be vaccinated, despite wanting to do so
 - Accessing information about vaccination is difficult, and there are long wait lists
- Supply of vaccines
 - Insufficient supply of vaccines in Australia, and GPs not receiving enough vaccines
 - The Federal Government's mismanagement of vaccine supply and distribution
- Vaccine hesitancy in Australia
 - Poor messaging from the government contributing to vaccine hesitancy
 - Wanting the Pfizer vaccine over the AstraZeneca vaccine due to perceived safety issues
 - Media contributing to vaccine hesitancy, and political motivations
- Vulnerable groups still not being vaccinated
 - Aged care staff/residents, paramedics, priority groups still awaiting vaccination
 - Difficulty for those with disabilities to access vaccination

[1] Power R, Coghlan B, Cheong M, Coghlan S, Caddy C. TIGER C19: Timely Integration of User Generated Responses about C19. June 2021. https://burnet.edu.au/system/asset/file/4764/6.1_TIGERC19_2021_Report_4_V1.pdf

COVID-19 WORK AND HEALTH STUDY

Mental health impacts during and following extended lockdown

Elevated levels of psychological distress, depressive symptoms, anxiety and a range of other mental health problems have been widely reported during the COVID-19 pandemic. Early on in the pandemic we highlighted that various forms of work loss (e.g. unemployment, furloughs, reduced hours) led to people experiencing increases in distress. Using our national COVID-19 Work and Health study data^[1], we had the opportunity to study the mental health impacts of lockdown through a natural experiment by comparing mental health in Victoria to the rest of Australia before, during and after the extended Victorian lockdown of winter 2020.

KEY FINDINGS

Changes during extended periods of lockdown^[2]:

- Worsened mental health and higher rates of psychological distress
- Two important determinants of mental health declined:
 - Engagement in work as operations paused
 - In-person interactions with others

Recovery after lockdown:

- Mental health recovers, but is still below 2019 levels
- Within a couple of months following an extended lockdown, social interactions recover. Many workers return to work although lockdown-induced increases in remote working may have longer-lasting impacts^[3].

Reduced access to health services^[4]:

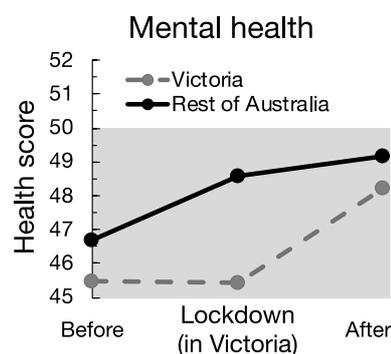
- During lockdown fewer people seek medical treatment, due to a primary concern of infection risk (for in-person health services), and the temporary closure of some sites
- People under lockdown experience more distress, and manage their mental health by talking to friends and family, or by taking preventative measures such as reducing exposure to the news, meditation and exercise
- Overall, 60% of people in severe distress did not seek help from a health professional

Lockdowns and COVID-19 outbreaks leave workers more concerned^[5] about:

- Uncertainty of what their job will involve when they return to work
- Getting COVID-19 in the workplace
- Maintaining physical distance from colleagues at work

Lockdown leads to acute deterioration in community mental health. Governments and employers can help to minimise these effects during lockdowns by taking actions and implementing policy that:

- (a) encourages maintenance of employment relationships,
- (b) supports engagement in work,
- (c) promotes safe social interactions, and
- (d) addresses the mental health needs of the community through dedicated, timely and accessible services.



Shaded region indicates below average pre-pandemic mental health (i.e. < 50) [2]

[1] Collie A, Griffiths D, Sheehan, L et al. "COVID-19 Work and Health Study". World Pandemic Research Network. WPRN-543452, 13/07/2021

[2] Griffiths D, Sheehan L, Petrie D, van Vreden C, Whiteford P, Collie A. The health impacts of a 4-month long community-wide COVID-19 lockdown: Findings from a prospective longitudinal study in the state of Victoria, Australia. MedRxiv.

[3] Sheehan L, Griffiths D, Collie A. Working From Home During the COVID-19 Pandemic. Monash University Report.

[4] Griffiths D, Sheehan L, Van Vreden C, Petrie D, Sim M, Collie A. The Community Lockdown in Victoria, Australia (July-October 2020): Implications For Health During The Second COVID-19 Wave. Monash University Report.

[5] Griffiths D, Sheehan L, van Vreden C, Whiteford P, Collie A. Returning to the workplace during the COVID-19 pandemic: The concerns of Australian workers. Journal of occupational rehabilitation. 2021 Jun 15:1-0.

RECOMMENDATIONS

1

Explore new models of COVID-19 testing

New models for COVID testing, including rapid testing, should be explored to circumvent some of the current testing barriers (e.g. long wait times for tests and results).

2

Regular reminders are needed to maintain social distancing

Employing friendly, helpful COVID marshals to remind people to adhere to social distancing may be helpful, particularly in busy settings.

3

Provide clear communication about the purpose and benefits of lockdowns through a variety of communication channels

Ongoing, clear communication is needed about the purpose and benefits of lockdowns to facilitate ongoing compliance from the community. Although daily press conferences are a useful source of information for some, other communication channels are needed to reach a broader range of community members.

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