

# The Optimise Study: Information access and communication about COVID-19

Report 10 | September 2021



# REPORT 10 | SEPTEMBER 2021

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 700 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/>

## Information access and communication about COVID-19:

This report explores participants'

- Concerns about the pandemic
- Sources of information about the pandemic
- Perceptions of information quality and quantity.

# 624

**SURVEY  
PARTICIPANTS**

# 24

**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 624 participants who completed the Optimise baseline survey, follow up surveys and contact diaries between 14 September 2020 and 1 September 2021.
- phone-based semi-structured qualitative interviews (n=24) conducted with a subset of survey participants conducted in December 2020 (n=7), May 2021 (n=16), and June 2021 (n=1).
- a Community Engagement Group meeting facilitated by the Centre for Health Communication and Participation at La Trobe University on 14 September 2021.

This report also includes summary findings from the Strengthening COVID-19 Communication in Pregnancy study.

# OPTIMISE COHORT

## SUMMARY AND IMPLICATIONS

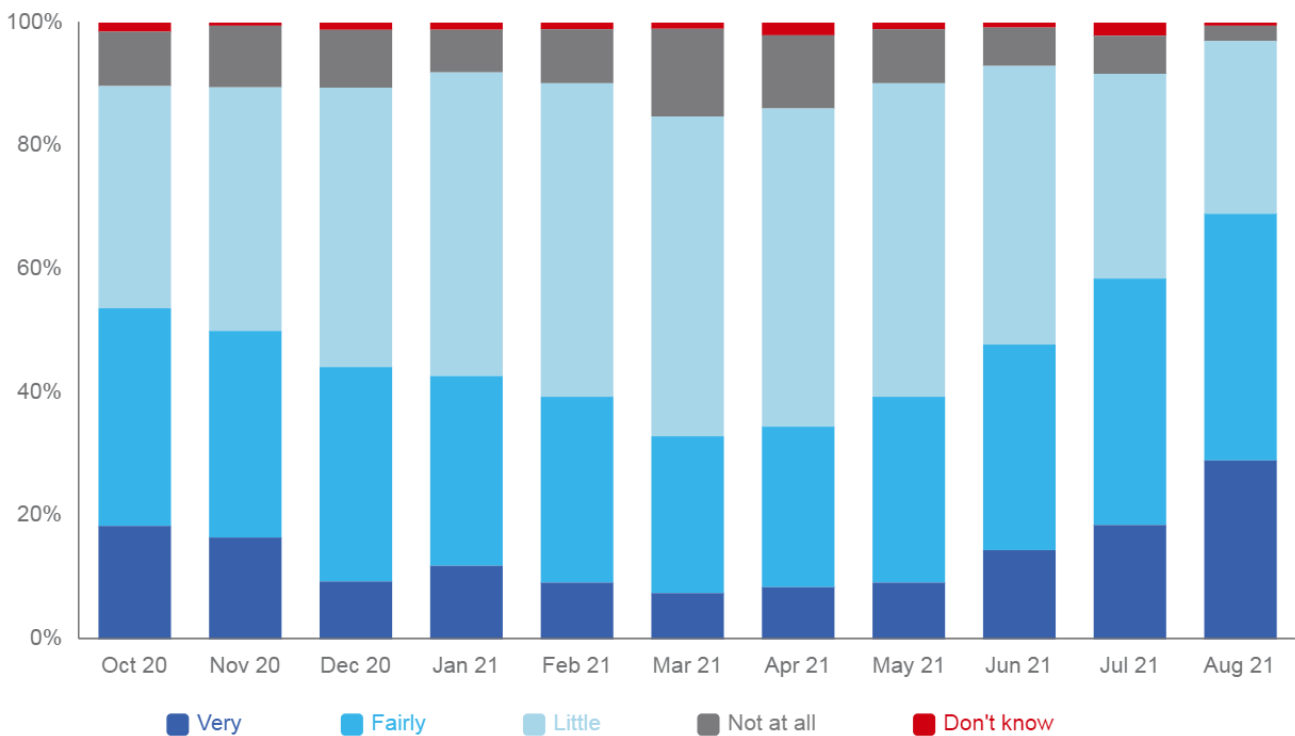
- Our key finding of this report is that concern about the pandemic has increased since March 2021. Healthcare workers, people with a chronic disease and people living in regional Victoria are more likely to be very concerned about the pandemic.
- The majority of participants are accessing information about the pandemic from press conferences, news media and health authorities.
- A greater proportion of people who speak a language other than English have been accessing information from social media, friends and family and workplaces compared to people who speak English at home.
- Overall, participants have reported that the daily press conferences have been a reliable and consistent source of information that people can trust to provide the information they need.
- Participants also noted that there is a need for more resources available in a range of community languages.
- In addition, there is an ongoing need to address information gaps relating to booster shots and providing clear information about the benefits of the Moderna vaccine.

## WORRY ABOUT THE PANDEMIC

Participants' concerns about the pandemic were lowest in March and April 2021 – when Victoria was enjoying relative freedoms with no lockdowns. Concerns about the pandemic are now the highest that they have been since the survey began and have increased as case numbers have risen in the community. In August 2021, 29% reported being very concerned and 40% reported being fairly concerned.

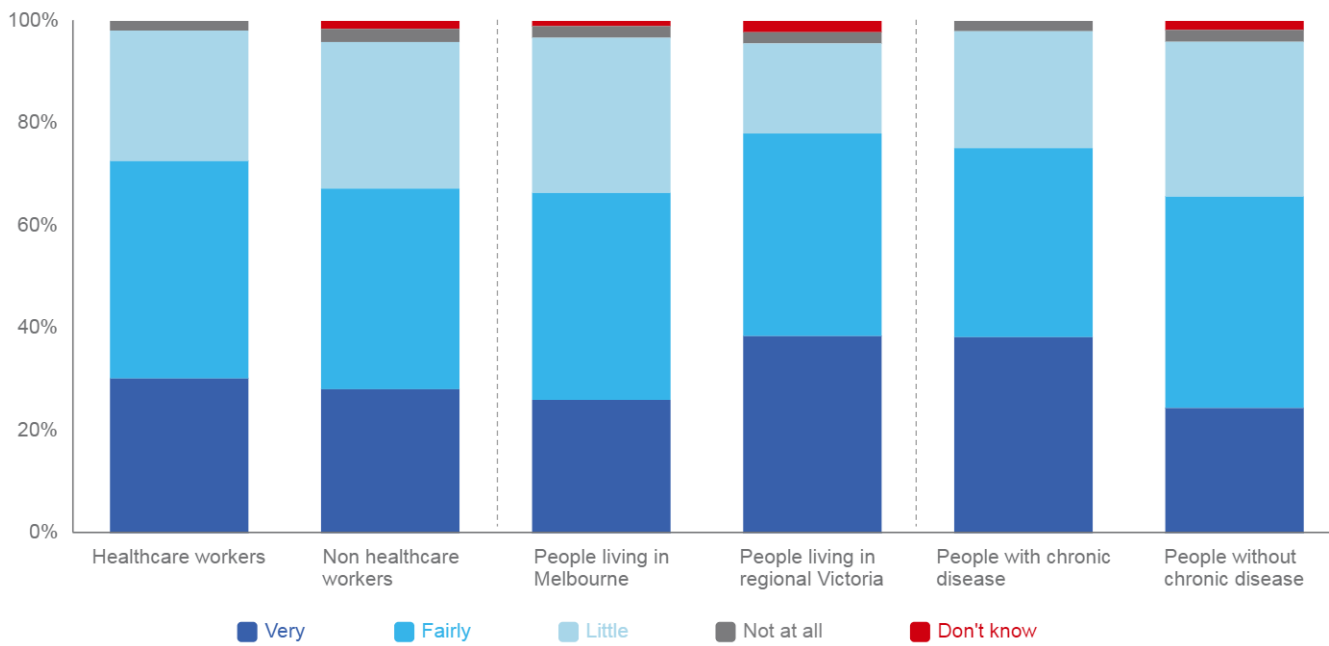
*"It used to be like a daily routine here... watching Dan Andrews give his talk and then as soon as it kind of chilled, it just gradually, we stopped watching... but then that COVID case in Melbourne [was reported], that's when we started to tune back in."*

Worry about the COVID-19 situation over time

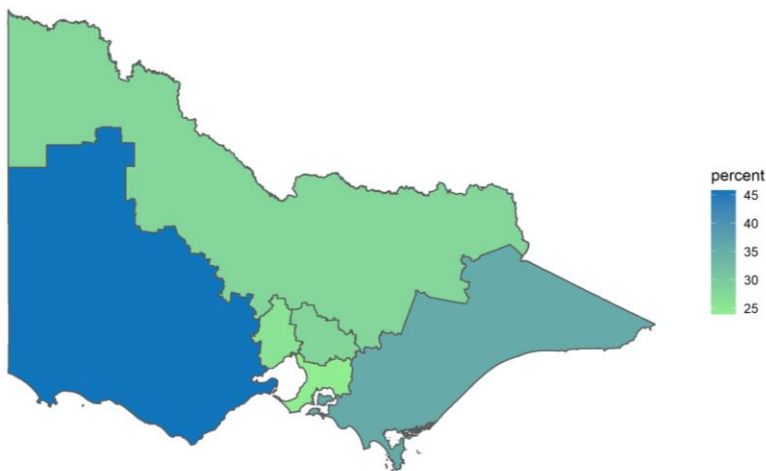


Women were more likely to be very concerned, whereas men were more likely to be not at all concerned. People with a chronic disease, health care workers and people living in regional areas were more likely to report being very or fairly concerned about the pandemic.

Worry about the COVID-19 situation by key group in August 2021

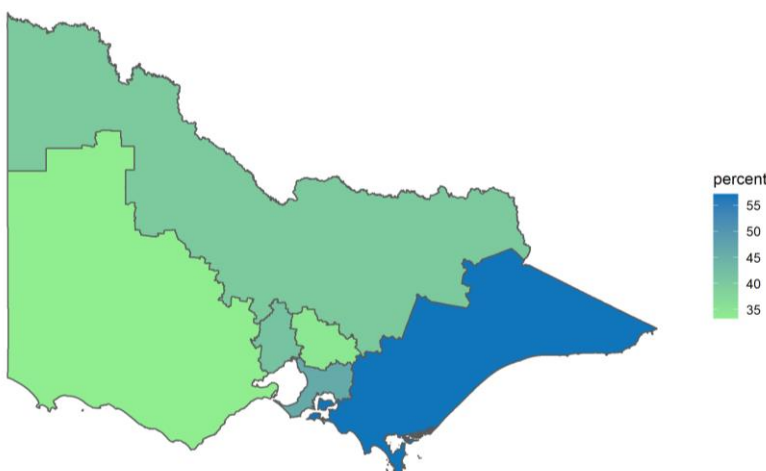


Percentage of participants who are very worried about the COVID-19 situation by PHN



Forty-six percent of the 48 participants living in Western Victoria PHN area were **very worried** about the COVID-19. This was followed by Gippsland (36%, N=14), Eastern Melbourne (28%, N=131) and Murry PHN areas (28% N=25).

Percentage of participants who are fairly worried about the COVID-19 situation by PHN



Fifty-seven percent of the 14 people living in Gippsland PHN area were **fairly worried** about COVID-19. This was followed by people living in South Eastern Melbourne (46%, N=117) and in the North Western Melbourne PHN area (41%, N=152).

## INFORMATION SOURCES

The most common sources of information people use to stay up-to-date on the pandemic are daily government press conferences (70%), news media (68%), health authorities (60%), social media (37%) and friends or family (32%)\*.



\*Participants could select more than one response

Qualitative interview participants described how they often turned to the press conferences as a reliable and consistent source of information. Participants noted that there was a lot of information circulating about the pandemic but the press conferences helped to cut through the noise and provide people with the information they needed to know.

*"...we felt at the time, me and my housemates, we felt like [Dan Andrews' press conferences were] ...the most trusted source of information, just a centralised source of information... I think there's too much media out there... it's hard to sort out what is the most relevant..."*

A few participants commented on both the beneficial and detrimental effects the media has had on COVID-19 information dissemination. For example, in reference to the AstraZeneca vaccine one participant stated that *"the media does a good job at terrifying people about the clotting..."*. Another participant wanted to see more balanced information disseminated via news media including more information about the consequences of contracting COVID-19 for young people.

*"So, I definitely didn't want to get it, and some of the stuff that I would like, there hasn't been enough information, I don't think, in the media about people that have contracted COVID and even younger people that have had some lasting effects from it."*

Overall, participants of the Community Engagement Group felt trustworthy information about COVID-19 was becoming more accessible across a range of media (including television, social media, websites, newspapers).

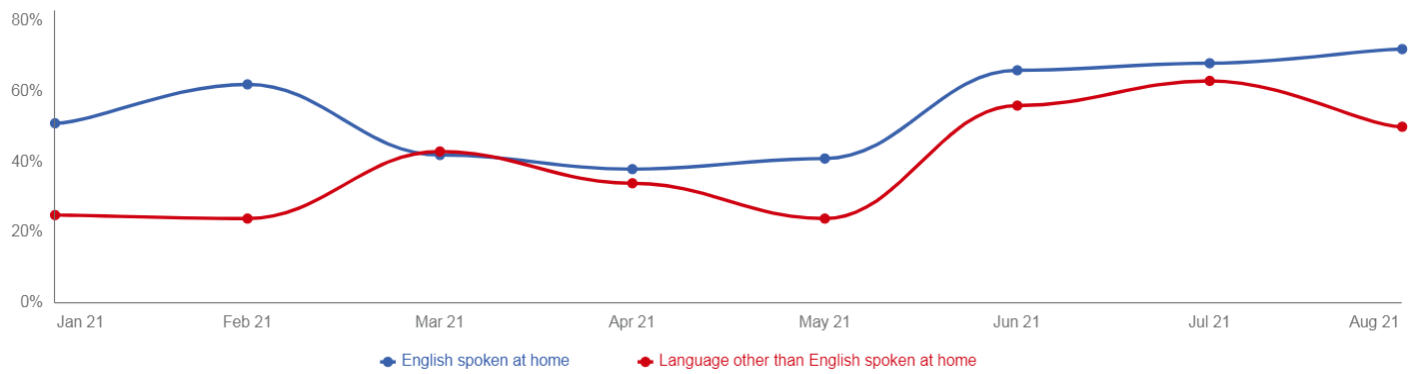
Several participants mentioned press conferences as one of their main sources of COVID information. One participant was concerned that the credibility of this source of information would be jeopardized if the Premier stopped attending (as in NSW).

Some participants reported the Victorian Government website was complicated to navigate. A couple preferred to use websites (or follow them on social media) that distilled the information in a more accessible way. One example cited was the [COVID-19 Near Me - Victoria \(covid19nearme.com.au\)](https://covid19nearme.com.au) and exposure site bots on Twitter.

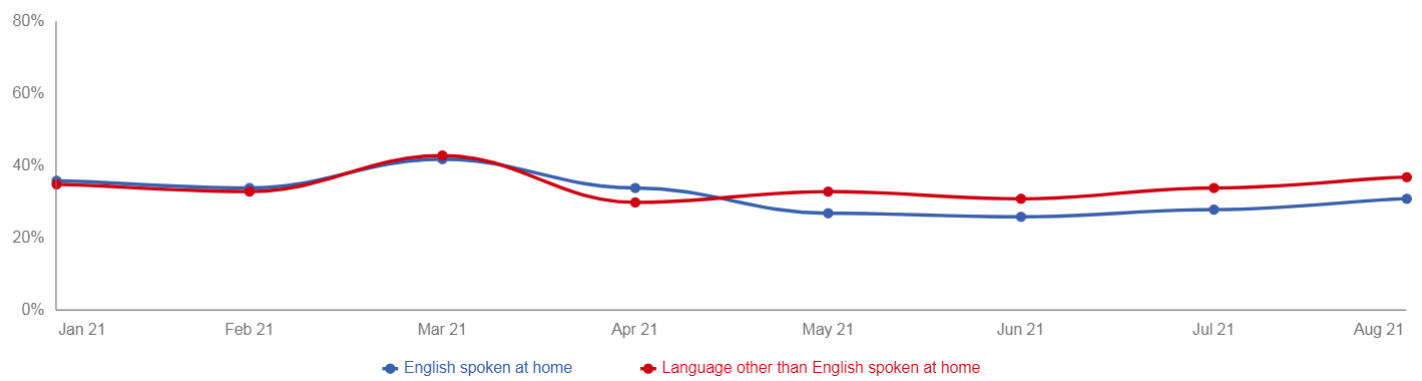
## INFORMATION SOURCES BY LANGUAGE SPOKEN AT HOME

Amongst Optimise survey participants there were few differences in sources of information by age group or gender. When we compared language spoken at home, people who spoke English at home were more likely to get their information from press conferences compared to people who spoke a language other than English at home. For people who spoke a language other than English at home, they were more likely to source information from friends or family, social media and their workplace. There has been a large fluctuation over time amongst both groups who source information from daily press conferences, whereas friends and family and social media have been fairly consistent sources of information.

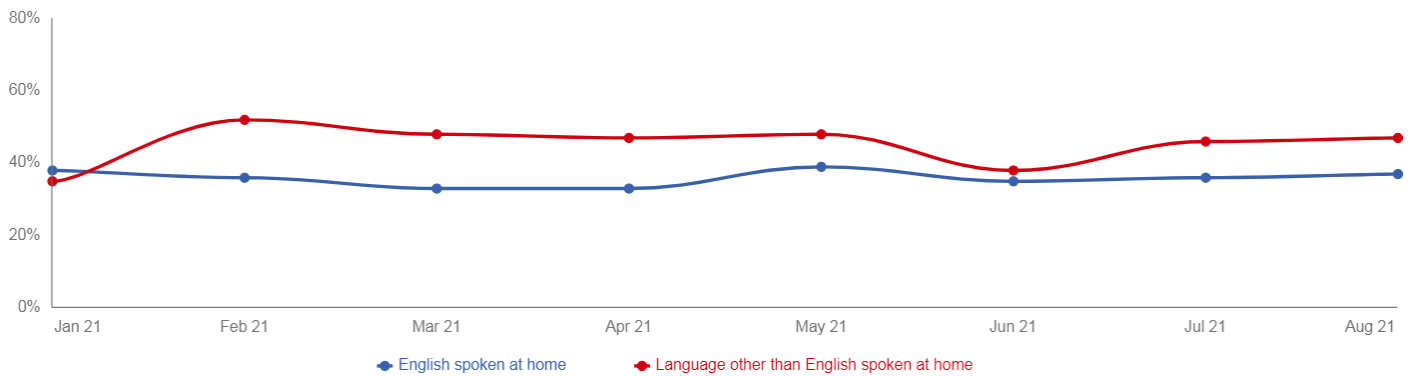
**Participants reporting daily press conferences as a source of information by language group**



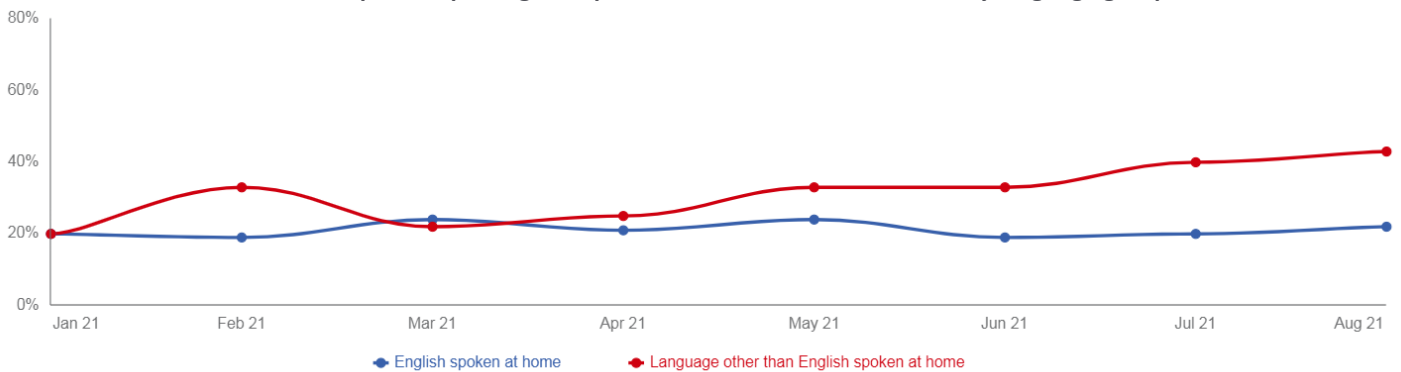
**Participants reporting friends and family as a source of information by language group**



**Participants reporting social media as a source of information by language group**



**Participants reporting workplaces as a source of information by language group**



Qualitative interview participants reiterated that for many people who do not speak English at home, they tend to rely more on social media, their workplace or less informal sources of information, such as friends or family. One qualitative interview participant outlined his experience and challenges as a first-generation Australian whose parents were born overseas. He felt that he was not fully equipped to act as his parents' de facto primary source of information and did not know where to direct his parents for official information in their language. Other qualitative interview participants remarked that there is a lack of official information that is clear and is in languages other than English.

*"For me, it was fine, but for my folks who... aren't super proficient in English, I wasn't sure what source of information I could point them to... I think I've come to realise that a lot of Asians in Australia get information from... WeChat..."*

*"Better communication in terms of guidelines for self-isolating... And then approaching it not just [for] people whose... first language is English, but actually considering... people whose first language isn't English. Like, I think that was a huge, missed opportunity and subsequently like a downfall."*

The participant representing international students in the Community Engagement Group also emphasised that her group was more likely to get their information from social media, family members, GPs or religious leaders. She said people who spoke a language other than English found the press conferences and government information difficult to access.

## QUALITY AND QUANTITY OF INFORMATION

There is a plethora of information about the pandemic on many different channels and this information can vary widely in quality. This has contributed to confusion and uncertainty amongst qualitative interview participants. As a result, some reported seeking out other sources of information, particularly those that were perceived as more trustworthy, such as government sources and research publications.

*"I was searching everywhere for any information I can get, but the most reliable ones are the government websites, the recommended ones and the research academic journals..."*

*"I feel like my dad actually probably got a bit anxious at one stage having to see... like the whole media, like it's constantly on the TV, it's always everywhere you look..."*

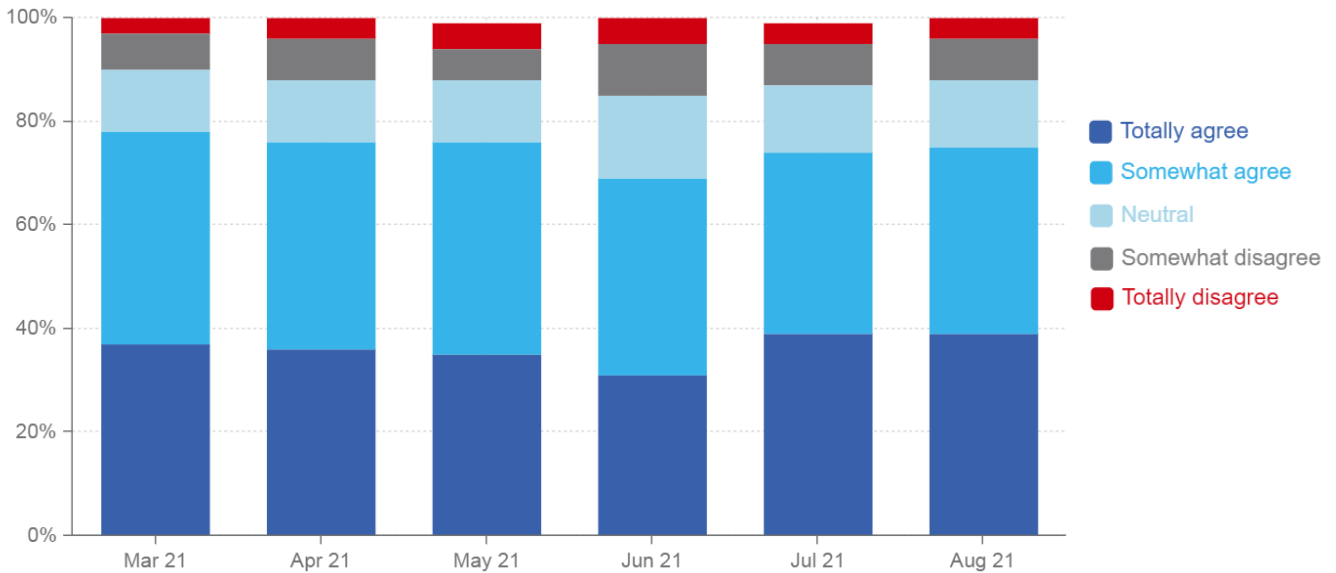
Many qualitative interview participants commented on the fact that they have been overloaded with information during the pandemic, and this has had negative impacts on people's mental health and wellbeing. Social media has also been one of the primary drivers of negative feelings. The participant representing international students in the Community Engagement Group found watching press conferences could impact negatively on her mood and so she started seeking information on an as-needs basis instead.

In the Community Engagement Group participants reported that some groups were more susceptible to misinformation or lack of information. The participant representing young people said his group mainly used social media rather than news or government sites for information. He felt teachers needed to be given up-to-date information to pass onto students. He also reported that organisations who support homeless people need to be sources of reliable information, as their clients do not have access to social media or family and friends. The participant representing people in community housing was particularly concerned about the impact of misinformation on vaccination rates in his community. He was frustrated that some journalists or commentators provide forums for spreading misinformation and that this should be discouraged. One participant also reported that her partner had encountered misinformation in the construction industry.

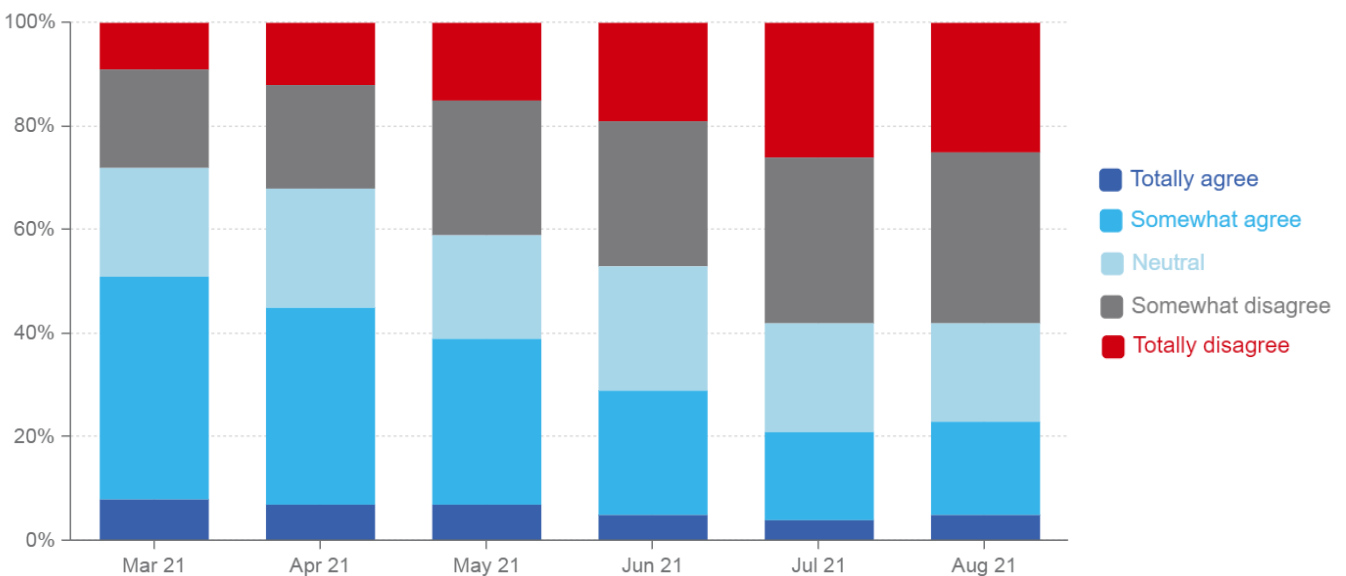
*"It's going to take some serious work to bring [people] back. They're embedded in that way of thinking now. Some of the people I didn't think would go to the dark side, have gone to the dark side and they're pretty adamant they know what they're talking about".*

## CONFIDENCE IN GOVERNMENT RESPONSES TO COVID-19

Confidence in the state government response to COVID-19 has remained relatively stable between March and August 2021. In August 2021, 39% of participants strongly agreed with the state government response while 4% strongly disagreed.



Confidence in the Federal Government response has been declining over time with the percentage of people who somewhat agreed with the Federal Government's response declining from 43% in March to 18% by August 2021. The percentage of participants who strongly disagreed increased from 9% in March to 25% by August 2021.




## INFORMATION NEEDS

Qualitative interview participants reported seeking information about COVID-19 vaccination from a range of sources including: academic journals, friends, family and colleagues, as well as the government. However, it appears that in general people did not find it easy to access clear, easy to understand and trusted information about vaccines.

*"I definitely talked to a lot of people who are quite concerned around you know blood clots and other risks related to AstraZeneca and it's been quite hard I think to find good information around what exactly those risks look like for people."*





In the Community Engagement Group, participants who have had COVID-19 reported there was not enough accessible information for them about the possibility and impact of re-infection. A couple of participants expressed the need for information about a concrete plan out of lockdown (which was later announced after the CEG met).

The group also wanted more information about Moderna e.g. why would a parent choose to vaccinate their child with Moderna versus Pfizer? The representative for healthcare workers said the issue of boosters was already being discussed amongst her colleagues.

# RECOMMENDATIONS

1

## **Actively provide simple, easy to understand and accessible information**

Qualitative interview participants suggested that information should be simple and easy to understand, easily accessible, actively provided, and also tailored to specific groups such as young people or multicultural communities. This could include having live interpreters or a summary available in key languages immediately at the end of a press conference.

2

## **Address gaps in information**

CEG participants sought more information specifically for people who have previously had COVID-19. Similarly, information about boosters should be addressed as early as possible. More information should also be provided about the Moderna vaccine to parents and others wishing to accept this vaccine. Having forums with trusted community leaders partnering with public health experts is one way to provide this information and enable people to ask questions and address misinformation.

3

## **Disseminate information using a range of communication channels**

Employers and teachers are an important source of information. They need to be equipped with the right information to disseminate to their employees and students. One way to support this could include having a clearer and easier to navigate website. It is also important for the government to have a clearer presence on social media dissemination information and dispelling myths.

# STRENGTHENING COVID-19 COMMUNICATION IN PREGNANCY

## OVERVIEW

At the beginning of the pandemic, little was known about the impact of COVID-19 during and after pregnancy. In addition, maternity care and services changed dramatically. Many of these changes to care occurred very quickly in response to outbreaks and lockdowns. It is important for pregnant women and people to receive timely, up-to-date information about the impacts of COVID-19 on pregnancy and any changes to their care.

The SCOOP study is an ongoing collaboration between the Burnet Institute and the University of Melbourne. The study seeks to understand what information and messages pregnant women and people receive regarding pregnancy and COVID-19 and how this information impacts their pregnancy and birth experiences and decision-making during this time. The study combines individual online interviews and real-time social media analysis. Between June to July 2021, we interviewed 21 pregnant and postnatal women and analysed the top 206 posts from social media platforms Reddit and Twitter, utilising the TIGER C19 methodology. Our interviews had representation from all states and territories across Australia, including both metropolitan and regional locations.

## KEY FINDINGS

Preliminary interview results:

- A lack of information caused anxiety, distress and frustration and impacted negatively on women's experiences of pregnancy, birth and after the baby was born.
- Women wanted information about the risks and potential impacts of COVID-19 on themselves and their newborns, as well as information about how hospital restrictions would impact appointments, labour and birth.
- When there was a lack of information, women turned to informal sources including social media, friends, and family. This increased the potential of exposure to misinformation.
- Women wanted communication to be timely and consistent. The ability to interact with health providers and experts in real-time where they could ask questions and provide feedback was highlighted as a preferred communication method. Many cited social media as an ideal platform for this form of communication.

*"The information in the public domain wasn't really that much. So it was really necessary to sort of have that broader network. I guess that's what Facebook kind of gave me is that broader social network to ask questions or to at least have information that wasn't in the general publications." (Postnatal mother)*

## RECOMMENDATIONS

- Women will continue to become pregnant, give birth and access maternity services at all stages of the pandemic. Health services and organisations must pre-empt changes to care and proactively provide information. Information should be ready to disseminate to community members as new information develops and service delivery changes in response to outbreaks, restrictions and lockdowns.
- Government departments are trusted sources of information and must provide regular, consistent, and timely updates to pregnant and birthing women and people in the community.
- Important recommendations from peak bodies, such as, the Royal Australia and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) and Australian College of Midwives (ACM) should be reinforced and disseminated through government communication channels.
- A variety of communication channels must be used including social media posts, mass media campaigns and up to date websites.
- Providing comprehensive accessible information will ensure pregnant and birthing women and people in the community feel better supported during uncertain times and limit reliance on informal and potentially inaccurate sources.

## **REPORT PREPARED BY**

Ms Freya Saich  
Mr Edwin Kwong  
Dr Katherine Heath  
Ms Aimée Altermatt  
Dr Stephanie Munari  
Dr Bronwen Merner  
Associate Professor Sophie Hill  
Professor Mark Stoové  
Dr Alyce Wilson  
Ms Cassandra Caddy  
Associate Professor Megan Lim  
Associate Professor Joshua Vogel  
Professor Robert Power  
Dr Benjamin Coghlan  
Dr Marc Cheong  
Dr Zoe Bradfield  
Professor Caroline Homer  
Dr Alisa Pedrana  
Dr Katherine Gibney  
Professor Margaret Hellard

## **ACKNOWLEDGEMENTS**

Participants of the Community Engagement Group  
Participants of the Qualitative Interviews  
Optimise Data Collectors  
Optimise Data Management Team  
Optimise Qualitative Working Group  
Optimise Knowledge Translation and Policy Working Group  
Optimise Executive Committee

Burnet Institute  
85 Commercial Road  
Melbourne, Australia, 3004

[burnet.edu.au](http://burnet.edu.au)

The Peter Doherty Institute  
for Infection and Immunity  
792 Elizabeth Street  
Melbourne, Australia, 3000

[doherty.edu.au](http://doherty.edu.au)

### Chief Investigators

Professor Margaret Hellard AM  
[margaret.hellard@burnet.edu.au](mailto:margaret.hellard@burnet.edu.au)  
+61 3 9282 2111

Dr Katherine Gibney  
[katherine.gibney@unimelb.edu.au](mailto:katherine.gibney@unimelb.edu.au)  
(03) 9035 3958

For More Information  
Dr Stephanie Fletcher-Lartey  
Study Coordinator  
[stephanie.fletcher@burnet.edu.au](mailto:stephanie.fletcher@burnet.edu.au)

