

ALSWH COVID-19 Survey

Report 4: Survey 4, 10 June 2020

Authors: Deborah Loxton, Peta Forder, Natalie Townsend, Emma Byrnes, Isabelle Barnes, Gita Mishra, Leigh Tooth, Julie Byles

Team: Anna Graves, Clare Thomson, Katherine Tuckerman, Ryan Tuckerman

For more information, please contact:

Professor Deborah Loxton (Deborah.Loxton@newcastle.edu.au)

Background

The Australian Longitudinal Study on Women's Health (ALSWH) has been collecting comprehensive quantitative and qualitative data from over 57,000 Australian women for 25 years (alswh.org.au). As with the rest of the population, the women in the study have never lived through anything like the current pandemic. To capture this moment in time, a series of fortnightly short online surveys was deployed via email to women in the three ALSWH cohorts born 1989-95, 1973-78, and 1946-51, commencing in late April 2020. The purpose of this mixed methods survey was to ascertain women's experiences with COVID-19 testing, their overall wellbeing, and the changes occurring for them during the pandemic.

Method

COVID-19 Survey 4 was deployed on Wednesday 10 June 2020. Email invitations were sent to 29,263 women: 14,143 from the 1989-95 cohort, 8618 from the 1973-78 cohort, and 6502 from the 1946-51 cohort. By 23 June 2020, 8200 (28%) women had completed Survey 4: 2403 (17%) from the 1989-95 cohort, 2879 (33%) from the 1973-78 cohort, and 2918 (45%) from the 1946-51 cohort.

This report presents data from the 7909 women who completed the COVID-19 Survey 4 within a 7-day period (10 to 16 June, inclusive). From the free-text comments provided by 2762 women, 600 were randomly sampled (200 from each cohort) and analysed for common content and major preliminary themes.

Findings

COVID-19 symptoms and testing

In all, 13% (1042) of women reported experiencing flu-like symptoms (e.g. fever, cough, sore throat, runny nose, shortness of breath) in the previous 14 days, and 2% (192) reported that they thought they might have COVID-19 (see Table 1).

Table 1. Flu symptoms and COVID-19 testing in the previous 14 days

	1989-95 cohort N=2321		1973-78 cohort N=2782		1946-51 cohort N=2806	
	n	%	n	%	n	%
Flu-like symptoms	529	22.8	374	13.4	139	5.0
Thought they might have COVID-19	108	4.7	63	2.3	21	0.7
Had COVID-19 test	167	7.2	151	5.4	67	2.4

Missing observations were included in the denominators.

Missing data for Symptoms: 1989-95 cohort n=2; 1973-78 cohort n=4; 1946-51 cohort n=10.

Missing data for Suspect COVID-19: 1989-95 cohort n=1; 1973-78 cohort n=12; 1946-51 cohort n=22.

Missing data for COVID-19 test: 1989-95 cohort n=5; 1973-78 cohort n=15; 1946-51 cohort n=29.

Importantly, of the 1084 women who reported that they had flu symptoms or thought they might have COVID-19 within the past 14 days, only 20% reported that they had been tested for COVID-19.

In all, 12% (958) of the 7909 women who completed Survey 4 within seven days had ever reported having a COVID-19 test (either in Survey 4 or a previous survey). Among these women, 85% (809) of women had reported one COVID-19 test, and 14% (138) of women reported more than one COVID-19 test (11 women did not report number of tests).

Health services

Nearly two-thirds of women (n=4981, 63%) reported that they had needed to, or had been scheduled to access health services since COVID-19 restrictions began. Almost half of the women (n=3618, 46%) reported that they had delayed access to at least one health service since COVID-19 began.

Women aged 25-31 years (born 1989-95)

Among women aged 25-31, the four most frequent health services that have been accessed during the COVID-19 pandemic are consultations with a general practitioner (n=1369, 59%), psychologist, counsellor or social worker (n=473, 20%), allied health practitioner (n=393, 17%), and specialist doctor (n=348, 15%). Women also reported accessing midwifery services (n=111, 5%) during the COVID-19 pandemic.

Around one in four women aged 25-31 reported that they had delayed seeing their general practitioner (n=607, 26%) and 8% (n=187) of women delayed seeing a specialist doctor. Around 15% (n=340) reported delaying their consultations with an allied health professional, and 9% (n=214) delayed seeing a psychologist, counsellor or social worker. Around 12% (n=272) reported delaying seeing another health professional (see Table 2).

Women aged 42-47 years (born 1973-78)

The four most frequent health providers accessed by women aged 42-47 were general practitioners (n=1427, 51%), specialist doctors (n=404, 15%), allied health practitioners (n=412, 15%), or a psychologist, counsellor or social worker (n=283, 10%).

Nearly one in five women aged 42-47 reported delaying a consultation with their general practitioner (n=493, 18%), and 7% delayed consultations with a specialist doctor (n=200, 7%). Women also reported delaying consultations with allied health professionals (n=288, 10%) and other health professionals (n=332, 12%).

Women aged 69-74 years (born 1946-51)

Among women aged 69-74, around two in three (n=1880, 67%) reported seeing their general practitioner, one in five (n=609, 22%) reported seeing a specialist doctor, and one in seven (n=416, 15%) reported seeing an allied health professional since the start of the COVID-19 pandemic.

Around one in ten women in this age group reported delaying visiting a general practitioner (n=278, 10%), a specialist doctor (n=211, 8%), or allied health professional (n=218, 8%) since the start of the COVID-19 pandemic.

Table 2. Percentage of women who accessed and delayed health services during the COVID-19 pandemic

Type of health service	1989-95 cohort N=2321		1973-78 cohort N=2782		1946-51 cohort N=2806	
	%	%	%	%	%	%
	Accessed		Delayed		Accessed	
General Practitioner (GP) or doctor	59.0	26.2	51.3	17.7	67.0	9.9
Midwife	4.8	0.3	0.6	0.0	0.0	0.0
Specialist doctor	15.0	8.1	14.5	7.2	21.7	7.5
Hospital emergency department	4.4	1.0	3.7	0.6	3.1	0.5
Hospital stay	3.6	1.0	2.8	1.2	3.9	1.0
Psychologist, counsellor or social worker	20.4	9.2	10.2	3.5	2.0	0.7
Allied health	16.9	14.7	14.8	10.4	14.8	7.8
Other practitioner	9.1	11.7	9.7	11.9	11.9	9.8
None	25.6	44.6	32.5	53.7	20.2	62.7

What women said about accessing health services during COVID-19

Women across all three cohorts spoke about their engagement with health services. A number of women indicated that their health service utilisation had not been impacted, while others described changes to accessing services during this time.

I didn't hold back from accessing any services as telehealth was in place and other measures that made me feel safe. 1989-95 cohort

Accessing a GP has actually been much easier during this time which has been nice. 1989-95 cohort

Our whole family all had our annual flu shot. 1973-78 cohort

...I was able to access a GP and arrange a specialist appointment. 1946-51 cohort

Delays in medical procedures, appointments and screening were highlighted in all cohorts. Some women spoke of delays in treatment due to long waits, provider cancellations and restrictions adherence e.g. elective surgeries being cancelled

I had an appointment at the [Hospital name] to investigate an abnormal pap smear result. It was cancelled due to COVID-19 in May, and has not been rescheduled. 1989-95 cohort

Scheduled cataract surgery in March now rescheduled for June. 1946-51 cohort

Waiting for appointment for two months, next week. 1946-51 cohort

Women from all cohorts discussed purposely delaying health services interactions. Adherence to social distancing, fear of catching COVID-19 and economic impacts from COVID-19 were some of the reasons women chose to delay health service interactions.

Reduction in financial situation due to covid delayed me accessing a psychologist because I was concerned about costs. 1989-95 cohort

I delayed seeing a GP during isolation (April/May)... My health concern was about a sensation in my breasts and had no intention of sitting in a GP waiting room due to fear of Covid... Since then, I have had a mammogram and ultrasound to investigate. I'm pretty certain that I would have delayed going to the GP if the threat of Covid remained high in my city [location]. 1973-78 cohort

I haven't seen a GP, only phone contact for medications. I would like to see my GP & the Diabetes Nurse but I am unable to wear a mask due to very severe claustrophobia. 1946-51 cohort

For some of the women who experienced a delay in health service engagement their conditions often worsened with increased pain and further progression of illness.

Elective surgery for stage 4 endometriosis delayed- originally expected early July, now unlikely to happen before September, probably later. Increasing GI and leg pain symptoms, however GP does not have a good understanding of endometriosis so very little support. High stress surrounding uncertainty and unable to access psychologist as new mental healthcare plan approved in same week as lockdown. 1989-95 cohort

I delayed my pap test, then I went to get it toward the end (yesterday) and the doctors felt like a cesspit of germs. 1989-95 cohort

My scheduled breast screen appointment was cancelled > I made another one immediately I was notified it was starting again and this showed Breast Cancer present. Therefore I lost 2 weeks in diagnosis. 1946-51 cohort

A number of women aged 25-31 commented on their pre-existing chronic conditions in regard to health service access. These women described experiencing further difficulties in managing their condition(s) during COVID-19.

I have severe asthma... I have been prevented from accessing certain physical tests because under the restrictions, the hospitals are not permitted to run those tests. So I can't get a full clinical assessment of the current situation of my asthma, and this is affecting the capacity of the doctors to create an asthma management plan and correctly prescribe treatment. Some of my appointments have been changed to telehealth... for a physical condition which involves breathing, this is just not adequate. 1989-95 cohort

I had difficulty accessing specialist services for eye health, as they were closed. This resulted in a suspension of my drivers licence... 1989-95 cohort

Women in the youngest two cohorts offered insight into experiencing pregnancy and childbirth during the pandemic. Many women spoke about the changes to maternal health services during the COVID-19 crisis, describing the additional challenges and negative impacts that these had on their health and wellbeing.

I have felt that postnatal care has been neglected. I went home less than 48hrs after birth, my midwife checks were time limited, her 4 week check was done over the phone so she has not been weighed or measured since birth and no physical health check. She has 6 week immunization with the GP next week but [even] then they are doing a phone consult to limit the physical time with her so I feel it will be compromised. 1989-95 cohort

Being pregnant during Covid has been somewhat stressful at times. 1973-78 cohort

Women across all three cohorts spoke about health services utilising telehealth. Some women did not like the transition to telehealth.

Seeing a psychologist via telehealth is a great service, however when talking about more vulnerable topics this doesn't feel appropriate or comfortable for me. I feel like I need to speak clearer and more concise which is challenging if the topic is emotional. 1989-95 cohort

I did have initial phone consults with lactation consultant instead of in person which would normally be preferred. 1973-78 cohort

Found it was unsatisfactory to do tele medicine rather than face to face with gp as this was not as good as face to face. 1946-51 cohort

Others, particularly women from the younger two cohorts, enjoyed the accessibility and convenience of telehealth services.

I hope Telehealth availability and services continue especially for GP - I think time and lack there of is a massive barrier to people going to the GP and accessing other services. 1989-95 cohort

Finishing chemotherapy for stage 3 bowel cancer on 1st Jan meant that I had a lot of followup appts scheduled. The increased availability of tele-health has made it much easier for me to keep these appointments. Still suffering from chemo related fatigue access to tele-health services has been beneficial for both fatigue management (ie time saved in travelling to these appointments & sitting in waiting rooms) and reducing exposure risk... 1989-95 cohort

*I have completed my GP appointments via telehealth, which have been great!
1973-78 cohort*

What women said about working in healthcare during COVID-19

Among the two younger cohorts, women continued to comment on their work-related stress during the COVID-19 crisis. Notably, in this survey, many offered a perspective of healthcare providers working on the frontline of the pandemic. Some of these women spoke of the difficulty and associated stress in making adjustments within hospitals to comply with infectious disease control regulations during COVID-19.

It has been a large learning curve at work, as I am a nurse working in operating theatres. Just learning to adjust the way we work in general and all the COVID-19 screenings of all patients. At time's it has been very stressful. 1973-78 cohort

I am a healthcare worker. Internal communication in the hospital is inadequate and inconsistent. There are a lot of changes in regard to entry points, temperature checking, visiting hours, vaccination requirements and who is allowed to attend appointments... This is creating a very stressful work environment and the workplace culture is significantly declining. Everyone is walking on eggshells not exactly sure what we are allowed to do and how to advise our patients. 1989-95 cohort

The increased demand being placed on healthcare workers during this time was evident. A number of women described the subsequent impact that this had on their health and wellbeing.

Feeling the need to be very socially responsible as I work in a hospital. Feeling increased stress due to this and having to work a lot and not being able to have a break and cancelling a holiday. 1989-95 cohort

I myself work as a general practitioner...the stress is related to more patients presenting with complex issues in the past 2 weeks resulting in me running substantially behind each day which stresses me. 1989-95 cohort

As a GP I am helping many patients with their mental health issues due to COVID. It did get me down a bit last week but some exercise & a long weekend has helped a lot. 1973-78 cohort

Other women with practitioner registration described changes to their usual work due to an obligation to undertake clinical roles during the health crisis.

My research job had to cease with covid19 as all healthcare providers were made to return to clinical work. My research grant could be at jeopardy because of this. 1973-78 cohort

I have had to change my role from part time research to full time clinical during the crisis. 1973-78 cohort

Impact of COVID-19

What women said about the impact of COVID-19

At the time of this survey, the Black Lives Matter anti-racism movement had significantly increased in momentum, with several protests having occurred across Australian cities. Women described feeling overwhelmed due to the concurrent pandemic and pressing social justice issue. Some acknowledged the potential future impact of public gatherings on the spread of COVID-19. Others described an internal tension of wishing to support the movement, while adhering to health recommendations.

This fortnight I have persistently felt drained of all energy. Between COVID-19 and the protests in America, I feel stressed about the state of the world. I worry for where we will [be] when this is all over. 1989-95 cohort

I am a bit nervous about the effects of the recent protests on possible increasing spread. 1989-95 cohort

I felt torn between attending the Black Lives Matter Rally in (name of place) and following the health directives to not attend. I'm sorry I didn't go, as this social justice issue is one that brings me Distress and Frustration. It is important to me, and I wish to contribute more, be more constructive - I want meaningful change. 1946-51 cohort

More than twelve weeks since the World Health Organization declared COVID-19 a global pandemic and restrictions began, it was clear that many women were experiencing long-term negative impacts. A number of women across all cohorts described prolonged periods of stress, anxiety, and isolation despite restrictions easing.

Working from home with a 2 yr old is very stressful and I didnt realise just how much the isolation would effect me. I would normally see myself as resilient but during this time I have not felt that way at all. 1989-95 cohort

I have never experienced such a sustained period of stress, hyper-vigilance, fearfulness and anxiousness in my life. I sought to self-medicate with marijuana (which I haven't done in 20 years) - and had to really fight to avoid alcohol on account of a history of alcoholism. TOUGH TIME. Having kids made it worse. 1973-78 cohort

My main concern still is when will it become safe, if ever, for 70 years plus people to travel? My adult children and grandchildren live interstate. Am missing them very much. 1946-51 cohort

Although the difficulties continued to persist for some women, many women also described general improvements in their health and wellbeing.

My mental health has improved greatly and I am not stressed now that my children (with some additional needs & I am a single parent) have returned to school and I have returned to teaching my Foundation class. 1973-78 cohort

In the early stages when every news broadcast spoke of 100's dying in overseas countries I was rather concerned and worried. I limited watching these programs!

Looking back, I was stressed for a couple of weeks and worried about my health. Have not felt like that for some time now. 1946-51 cohort

Others continued to offer reflective comments and express gratitude for their individual circumstance during this time.

On a personal level, I was able to have sometime to myself to think things out and also tried new ways to see my friends. I've discovered that I am very resilient. 1989-95 cohort

Overall, this has not impacted my life too negatively and I count myself very fortunate. 1989-95 cohort

I have enjoyed the slowdown and re assessing my lifestyle and appreciating how lucky we are to be in Australia at this time with access to medical resources. 1946-51 cohort

Acknowledgements

The research on which this report is based was conducted as part of ALSWH at the University of Newcastle and the University of Queensland. We are grateful to the Australian Government Department of Health for funding ALSWH, and to the women who provided the survey data. We thank the University of Newcastle and the Hunter Medical Research Institute for providing funding for the COVID-19 surveys.