

The Optimise Study:

COVID-19 testing and strategies to improve testing uptake.

Report 3 | February 2021



REPORT 3 | FEBRUARY 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. The study aims to assess the level of community adherence to government COVID-19 directions, measure the effectiveness of government restrictions, research any unintended consequences of the restrictions, measure transmission dynamics and identify and test the acceptability and feasibility of new interventions to reduce transmission and increase adherence.

Optimise is a longitudinal cohort study that will follow approximately 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 (see page 6 for a comprehensive list of these key groups).

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.

By establishing a map of social connections, the Optimise Study can be used to assess the extent to which key groups or individuals at higher risk of COVID-19 infection or severe disease are adhering to government directions on COVID-19, are experiencing unintended consequences of government restrictions or have different attitudes and level of engagement in key COVID-19 interventions such as testing and vaccination. The resulting social map increases our understanding of the interplay between the individual, social and community-level impacts of COVID-19.

Each month we will release findings from the study to provide real-time and rapid advice to policy-makers and the broader community.

COVID-19 Testing Uptake

This report draws on the findings from 301 participants who completed the Optimise baseline survey and follow up surveys between 14 September 2020 and 1 February 2021. At the time of recruitment and during the follow-up period none of the participants reported having COVID-19, however three people had previously been diagnosed with COVID-19.

301
PARTICIPANTS

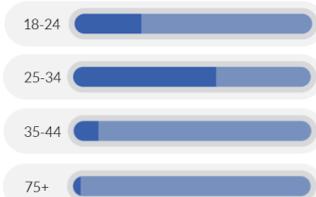
SURVEYS
14 SEPTEMBER
- 1 FEBRUARY

Testing is a critical component of the public health response to COVID-19. This report focuses on:

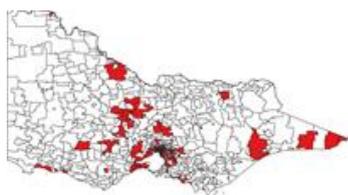
- participants reporting symptoms consistent with COVID-19 and their testing uptake
- reasons for non-testing among people who reported symptoms consistent with COVID-19

To supplement the Optimise cohort findings, we have included insights from a series of COVID-19 Testing Codesign workshops conducted in November and December 2020. These workshops focused on designing solutions with young people to encourage them to get tested as soon as they have symptoms and stay home until they receive a result. We have also included insights from community and consumer representatives attending a Community Engagement Group meeting held in early February which was facilitated by the Centre for Health Communication and Participation at La Trobe University. This forum explored reasons for not getting tested and proposed strategies to address this.

DEMOGRAPHICS OF SURVEY PARTICIPANTS



60% are aged between **25-34**



77% live in **metro Melbourne**



21% have children with a median number of 1 child



8% speak a **language other than English** at home



39% have had a **postgraduate education**



38% have a **chronic disease***



18% are **healthcare workers**



2% work in **manufacturing**

SYMPTOMS OF COVID-19

70% of respondents reported having **two or more symptoms** of COVID-19 since March 2020. The most frequently reported symptoms were:



21% fatigue



17% aches and pains



16% headache



14% runny nose



9% sore throat



8% cough

TESTING

Fifty-three percent of participants had been tested for COVID-19 at some point. The most commonly reported reasons for getting a test were symptoms, being a close contact of with someone confirmed to have COVID-19, working in a high risk setting or being required to be tested before returning to work.



symptoms



close contact



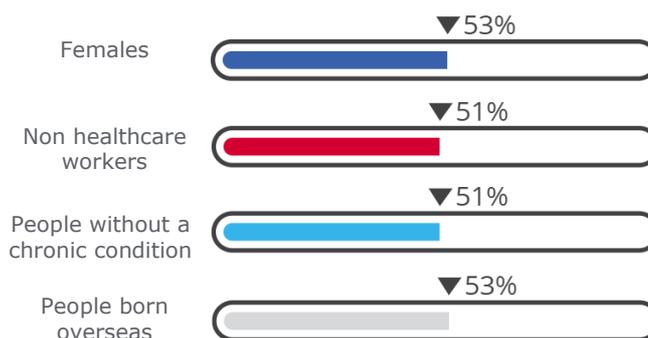
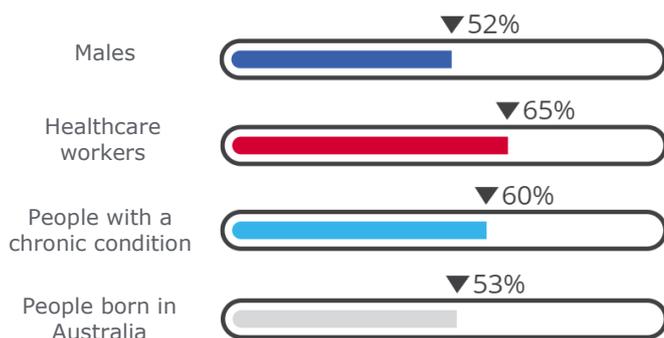
work in a high-risk setting



required for work

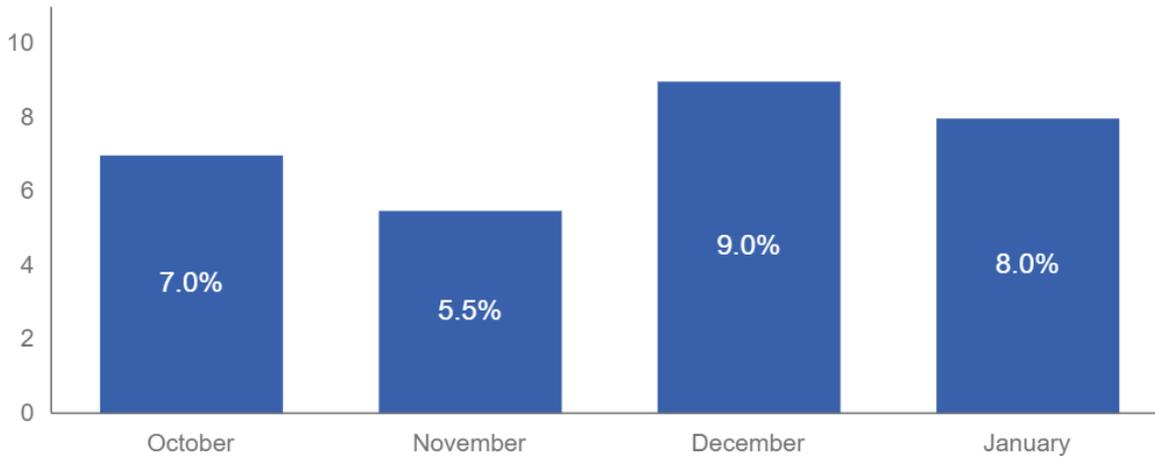
DEMOGRAPHIC BREAKDOWN OF TESTING

Overall, 53% of females and 52% of males in our study have had a COVID test at some point. Approximately 65% of healthcare workers have been tested for COVID-19 compared to 51% of non-healthcare workers while 60% of people with a chronic condition have had a test compared to 51% of people without a chronic condition. The percentage of people born in Australia who have a test was the same as people born overseas (53% respectively).



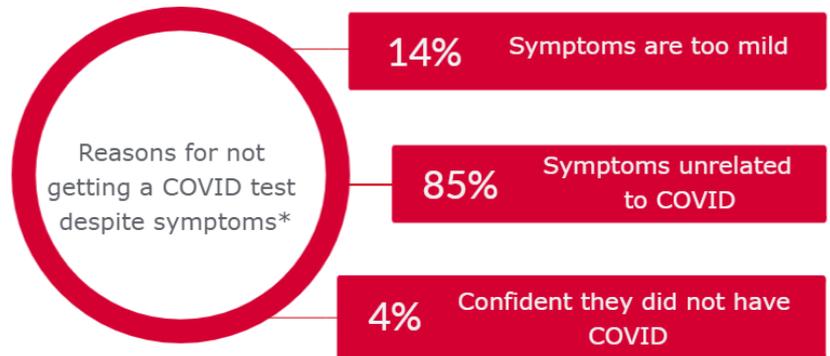
TESTING OVER TIME

The percentage of study participants getting tested remained relatively stable over time.



REASONS FOR NOT GETTING A COVID TEST

Some participants have been tested for COVID-19 more than once since March 2020 or have reported symptoms more than once during the follow-up period. Ninety-three percent of participants reported symptoms but did not test on at least one occasion during follow-up. Of this number, 14% had declined to get a test because they had **mild symptoms** while 85% considered had declined to get a test because they considered their symptoms to be **unrelated to COVID-19**. The symptoms most commonly considered unrelated were fatigue, headache and aches and pains, which were reported by 60%, 46% and 45% respectively of participants who did not get a test due to unrelated symptoms. In addition, 4% were **confident that they did not have COVID-19** due to no known cases in the state or because they had previously had COVID-19.

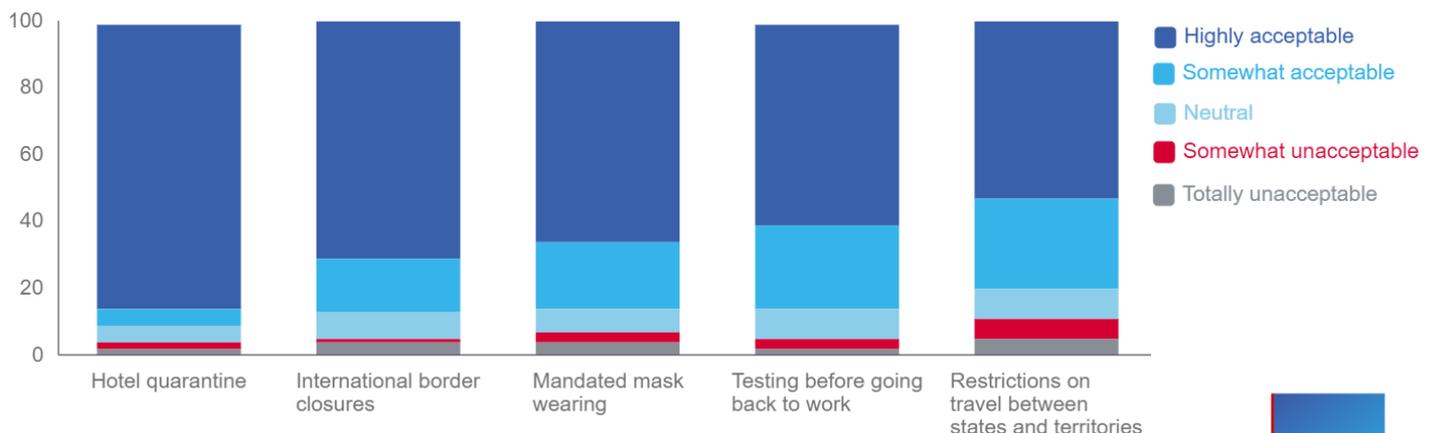


From the survey there were relatively small numbers of people who did not get a test as they did not think they were eligible for a test, were fearful of the test or from contracting COVID-19 while getting a test, lacked private transport, had work/child time constraints, or chose to stay home and isolate instead.

*Responses total more than 100% as participants were able to select more than one response to the question.

ACCEPTABILITY OF PUBLIC HEALTH MEASURES

Among participants, hotel quarantine was the most acceptable prevention response, with 85% reporting this as "highly acceptable". While restricting state and territory movement was considered least acceptable, 53% of participants still rated this as "highly acceptable".



CODESIGN INSIGHTS

OVERVIEW

In November and December 2020, Optimise conducted a 6-week design sprint to rapidly identify and design strategies to overcome barriers to COVID-19 testing among young people. Partnering with **co-Health**, the sprint involved a rapid evidence review and co-design with young people, service providers, policy makers and strategic designers. The team worked together to explore existing COVID-19 testing and isolation experiences, define key challenges and develop evidence informed solutions to ensure that young people can fit COVID-19 testing into their daily lives.

KEY INSIGHTS

1. Financial supports

Young people fear they will not have enough food or internet when they are required to isolate, putting them off getting a test. They are often unaware of the support that is available to them or assume it will be too difficult to access. Young people assume that accessing financial supports through the Victorian Government will be similar to previous experiences accessing other government services such as Centrelink; which involve lengthy delays and a significant amount of paperwork. Some participants had also attempted to use the COVID hotline early in the pandemic and were unable to reach anyone due to long wait times. This made them reluctant to reach out in the future or rely on government supports.

2. Social and emotional aspects

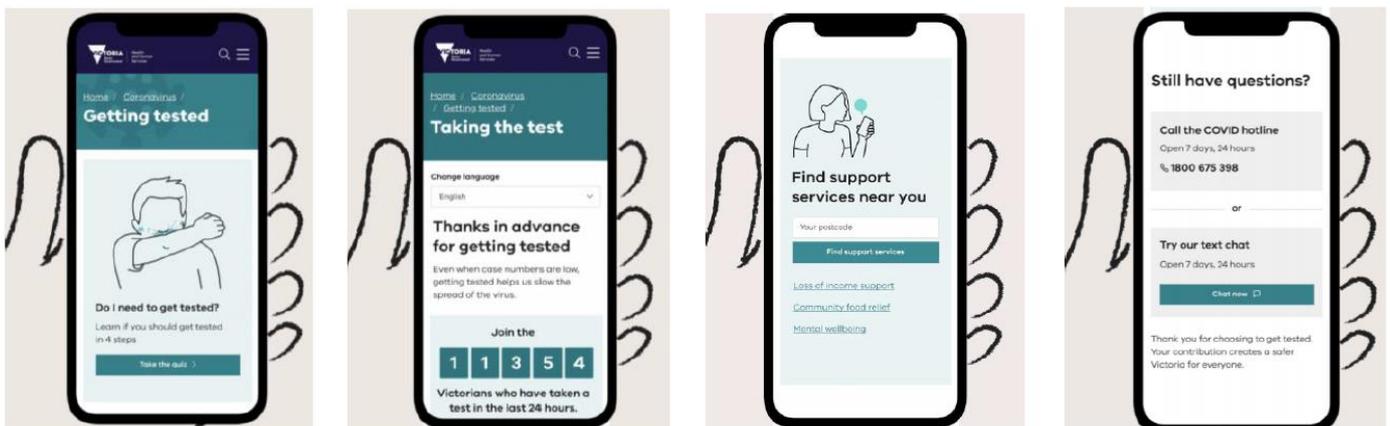
For young people, fear, anxiety and stigma play a prominent role in their decision to get a test. Media portrayals of individuals as selfish, irresponsible or reckless play into a fear that having a test will result in being made an example of and exacerbated anxieties about being judged. In addition, young people also feared the impact of isolation and not being able to survive.

3. Employment and financial security

For young people, the pandemic is not only a health crisis but an employment crisis too. Job and financial security are major concerns for young people, who are disproportionately impacted by insecure work practices. Not having certainty about how long they will need to isolate for after a test compounds their fear of losing shifts into the future. It is also harder for young people to fit testing into their lives. They are less likely to be able to work from home, less likely to have their own transport and less likely to feel that their lives and needs are reflected in government information or advice.

4. The system lacks humanity

To young people, the system feels like it lacks humanity, is impersonal and does not care about you. Young people often felt like it was not important or appreciated if they engaged with testing. Interactions during testing felt cold, impersonal and dismissive.



Example of a suggested interface to assist someone to get tested.

SOLUTIONS

1. It is fine if advice changes rapidly. Directions that use everyday language and explain why and how to follow them for people who have different life circumstances (i.e. living in a share house) may help young people make the decision to get tested and isolate.
2. Knowing that on-the-spot support such as food delivery and internet vouchers will be offered to everyone may reduce barriers to having a test.
3. Providing people with a thank you card with a link to further information/support at testing sites may be a cheap and easy way to increase the sense of humanity and community engagement while linking people into information and support.
4. An expanded health concierge model that embeds young people in the health system can help guide young people through the testing and isolation process and support the timely provision of tailored support.



Image of a thank you card linking people to further information and support.

Detailed findings from the design sprint are available upon request.

COMMUNITY ENGAGEMENT GROUP INSIGHTS

OVERVIEW

In early February 2021 the Centre for Health Communication and Participation at La Trobe University held the first Optimise Study Community Engagement Group meeting. The meeting involved community and consumer representatives from five key groups including people with a lived experience of COVID, health workers, older people, young people and international students.

The aims of this meeting were to seek insights from key groups in the community about some of the barriers they may face in adhering to COVID-19 control measures and provide insights on how to tailor public health messages to key groups to increase the effectiveness of public health measures.

PRACTICAL BARRIERS TO GETTING TESTED

Like the insights from the codesign sprint, participants of the Community Engagement Group identified several practical barriers to getting a COVID-19 test. For example, the long queues at testing sites may make people reluctant to wait for hours particularly if they think "it's just a scratchy throat" while older people or people with health issues may be unable to stand or wait for long periods of time. Even though the 'call-to-test' service exists, people may not be aware of it or may have experienced lengthy (sometimes 48 hour) waits before receiving a test at home. For people who speak a language other than English, accessing testing can be difficult if they are unable to communicate their symptoms or anxieties about having a test. Similarly, eligibility criteria also make it difficult for people to get a test if they are not displaying symptoms but are seeking peace of mind when caring for frail or unwell family members.

SHAME AND STIGMA

The shame and stigma regarding having COVID-19 is pervasive throughout the community. Participants identified a range of settings where they or people they know have experienced discrimination or shame for having COVID-19.

Participants noted that the media often sensationalise

stories of people with COVID-19 and that people with the disease are "bombarded with hate". Online and via social media, people use hashtags such as #covidiot to publicly shame and harass others who have supposedly "done wrong".

For young people at school, if there is a "COVID-scare", there is intense focus on identifying the person who had COVID but are less interested in knowing whether that person is ok. Young people are scared to get a test or be diagnosed with COVID-19 for fear that "people will come after them" and they do not want to be the *one* person who gets COVID-19.

In some culturally and linguistically diverse communities, family groups and communities can blame and stigmatise individuals who try to get tested by asking "What have you been doing [to get COVID-19]?" "Who are your friends?"; which may encourage them not to seek out testing in the future.

For people who have recovered from COVID-19, they noted their experience of shame when accessing services. For example, services that use screening questionnaires (e.g., health services) ask whether a person has tested positive to COVID-19, but not the time frame. As a result, despite having COVID-19 many months ago people are still being required to declare it, with the results sometimes discussed in the waiting room in front of others.

SOLUTIONS

Participants made the following recommendations to improve the testing experience:

1. Introduce a booking system for testing to avoid long queues and designating certain times for older people or vulnerable community members.
2. General practitioners are a trusted source of information for older people and people from culturally and linguistically diverse backgrounds and should be integrated into the testing process to advise a person whether they should get tested.
3. More information should be provided about walk-in testing centres, and these should be easily accessible.

THE OPTIMISE STUDY

Optimise is a longitudinal cohort study that will follow approximately 1000 participants for a 12-month period. Individuals are recruited via social media, community organisations and the social networks of existing participants. Using a snowball design, participants nominate people who play a key role in their lives, and where permission is given, these peoples are also invited to participate in the study. By establishing a social map, the Optimise Study can be used to assess if key groups or individuals are at higher risk of COVID-19 infection and to understand the interplay between the individual, social and community-level impacts of COVID-19.

Participants are adults living in Victoria and include the following cohorts:

- COVID-19 cases and close contacts
- Healthcare workers
- Aged care workers
- People from culturally and linguistically diverse communities
- People living in regional areas
- People with pre-existing chronic illness
- Young people
- Factory/warehouse/distribution/meat processing workers

Participants are regularly monitored through repeated questionnaires and interviews including:

- initial phone interview
- quantitative surveys, repeated every month
- online diaries for 14 consecutive days and repeated for four days every month
- in-depth Interviews with a subset of individuals at key time points.

Participants receive a small reimbursement for each survey and diary they complete.

KEY OUTCOMES

Transmission Dynamics

- Estimates of social contacts and mixing
- Time from symptom onset to testing
- Daily activities and locations

Unintended consequences

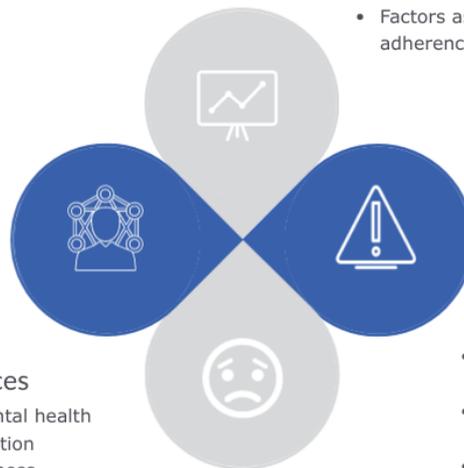
- Impacts on physical and mental health
- Changes in healthcare utilisation
- Changes in social connectedness, household structure
- Changes in economic circumstances
- Challenges experienced while in isolation or quarantine

Adherence

- Adherence to government directions
- Change in adherence over time
- Factors associated with adherence/non-adherence

Effectiveness of government interventions

- Knowledge and understanding of government restrictions
- Uptake of COVID19 testing and reasons for non-testing
- Adoption of risk reduction behaviours
- Acceptability of government interventions
- Changes over time



FUTURE REPORT

The next Optimise reports are due for release in **March 2021**.

We welcome requests for the inclusion of specific indicators and outcomes of interest in future reports. Please email C19.Optimise@burnet.edu.au to make such requests.

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