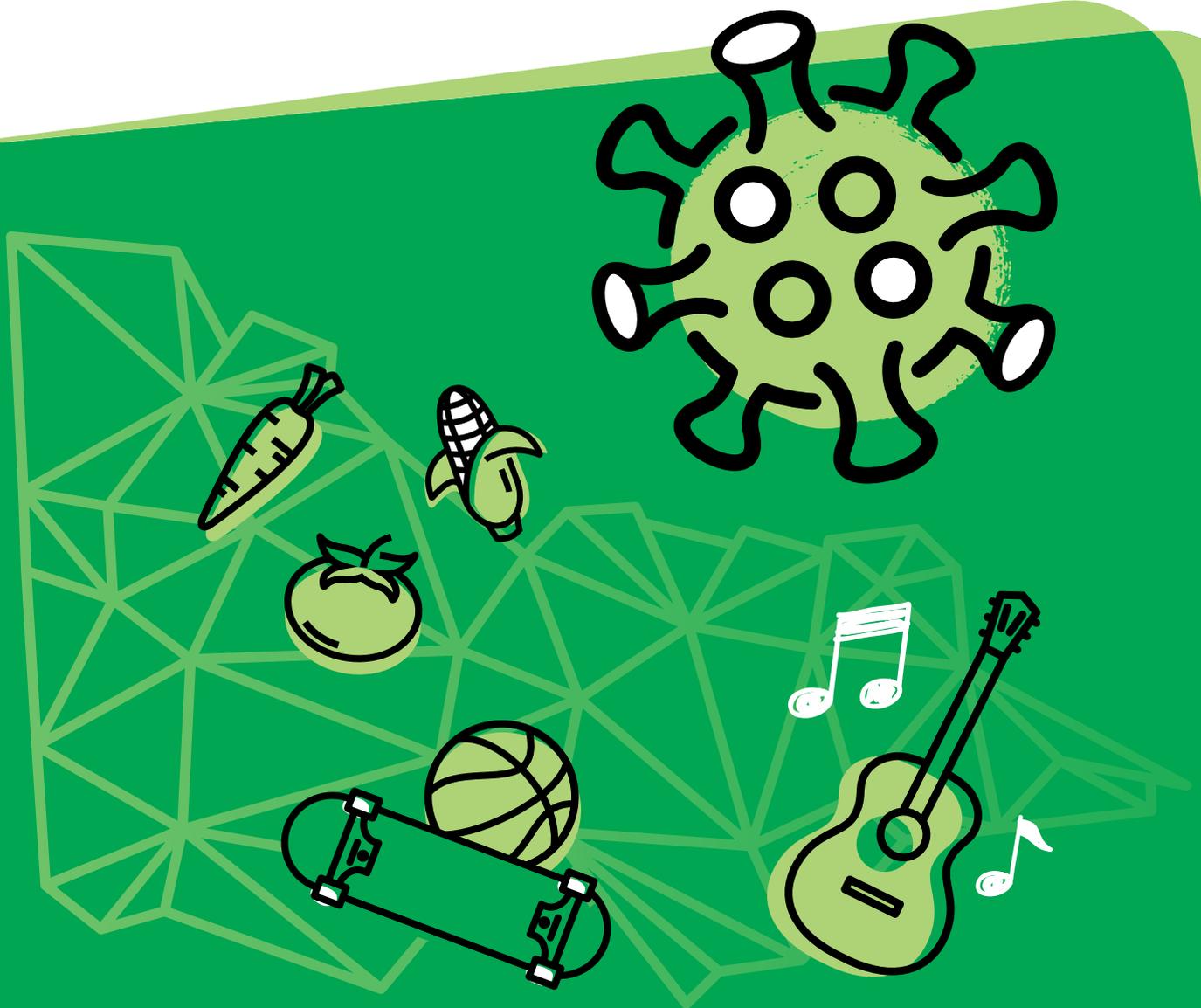


VicHealth Coronavirus Victorian Wellbeing Impact Study: **Follow-up survey**

Summary of survey #2

How the second pandemic wave impacted the health and wellbeing of Victorians



Foreword by VicHealth CEO

This year has brought immense challenges for Victorians. It began with bushfires, followed by a first set of restrictions to stop the spread of coronavirus and then a second set of restrictions. Anecdotally and through public discourse we saw Victorians voice their struggles during the second wave of the pandemic.

It appeared to be harder than the first time around.

Listening to these stories, documenting these experiences and learning from them are important to our recovery. With the first Coronavirus Impact Wellbeing Study survey we were provided with invaluable insights into the daily struggles of Victorians and how this impact varied between communities.

The findings of the first survey guided the Reimagining Health: A VicHealth Partnership Grant round, our largest grant round to date, providing \$3.9m for locally-led solutions that support those hardest hit by this pandemic.

To understand the experiences, challenges and silver linings experienced by Victorians during the latter half of 2020, including during the second wave of the pandemic, we again asked 2,000 participants to share their insights with us.

Once again, this survey covers key domains of general wellbeing, social connection, healthy eating, physical activity, financial hardship, smoking, alcohol consumption and details the impact of the pandemic on home and working life. It also identifies Victorian communities that have carried the social, economic and indirect health burdens during this pandemic.

These results will continue to guide how we work with Victorians as together we find the ways to build back the physical, mental and social wellbeing of our communities.

Dr Sandro Demaio
CEO, VicHealth

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Thank you to the 2,000 Victorians who agreed to participate in this study.

Suggested citation

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Executive Summary

This report is the second in a series undertaken by VicHealth. It outlines the results of the VicHealth Coronavirus Victorian Wellbeing Impact Study - Survey Two, a follow-up survey of 2,000 Victorians conducted in September 2020 during the second wave of the coronavirus pandemic in Victoria. Survey One was carried out during the first pandemic wave and conducted from late May to early June 2020.

This online representative survey was designed to examine the health and wellbeing impacts of the pandemic during the second wave that occurred from July to October 2020. Results are compared to findings from VicHealth's first survey that examined the health and wellbeing impacts of the first pandemic wave from March to June 2020.

Importantly, the study has also examined reasons why health and wellbeing factors may have changed, as well as variation by sociodemographics and recent experiences, such as job loss and the 2020 summer bushfires across Victoria. It is anticipated that this level of information will be valuable in the development of policies and programs aimed at influencing the underlying drivers of health and illness that are most important to our communities.

The Survey Two Results Summary table on the following page provides an overview of the change in health and lifestyle factors from Survey One to Survey Two. Changes that were statistically significant are highlighted*. The direction of change is summarised as improving or declining if it was a statistically significant change. For context, the table also provides a reference statistic from surveys that have measured these factors in recent years. Victorian sub-populations who were most impacted are listed.

Overall, the significant changes in health and wellbeing factors at the state level between Survey One and Two can be summarised as follows:

- Improvement in the risk of short-term harm from alcohol; reliance on low-cost unhealthy food due to shortage of money; and financial hardship.
- Decline in life satisfaction; subjective wellbeing; and social connection.

Other changes have also occurred, such as a slight improvement in the frequency of daily consumption of sugary drinks and running out of food due to shortage of money, however these were not statistically significant changes.

Survey Two identified stark differences between the experiences of communities facing hardship and the wider population.

Those experiencing the most significant health and wellbeing impacts compared to the Victorian population overall, included:

- young people aged 18–35 years
- Aboriginal and Torres Strait Islander people
- people on low incomes
- people living in inner Melbourne
- the unemployed
- bushfire-affected communities.
- people with a self-reported disability

See the Survey Two results summary table for details of how these sub-populations have been impacted.

The results outlined in this report will enable a more detailed understanding of the response required by VicHealth and its stakeholders to support the health and wellbeing of Victorians during the coronavirus pandemic and beyond.

VicHealth Coronavirus Victorian Wellbeing Impact Study: **Follow-up survey**

How the second pandemic wave impacted some aspects of the health and wellbeing of Victorians.

Indicator	Reference statistic [~]	Survey One	Survey Two	Direction of change	Sub-populations with a significantly less favourable result than Victorians overall
Low-med life satisfaction	20%	49%	53%*	Declined	Aged 25 to 34 years, Self-reported disability, Income < \$40K, Share house, Aboriginal and Torres Strait Islanders [^]
Subjective wellbeing (score out of 100)	77	65	62*	Declined	Self-reported disability, Unemployed, Income < \$40K, Living alone, Share house, JobSeeker, Single parents with child under 18
High psychological distress	15%	16%	17%		Women aged 25 to 34 years, Inner metro, Self-reported disability, Unemployed, Job Keeper, JobSeeker, Aboriginal and Torres Strait Islanders [^]
Poor Social connection		23%	29%*	Declined	Unemployed
Sufficient Physical Activity	30%	32%	33%		Self-reported disability
5 serves vegetables/day	6%	8%	9%		Language other than English at home, Aboriginal and Torres Strait Islanders [^]
Sugary drinks daily	10%	32%	29%		Males, Aged 18 to 24 years, Regional city, Employed, Single parents with child under 18, Aboriginal and Torres Strait Islanders [^]
Takeaway more than twice a week	10%	4%	4%		Aged 18 to 24 years & 25 to 34 years, Inner metro, Employed, Bushfire area, JobKeeper, Aboriginal and Torres Strait Islanders [^]
Relied on low-cost unhealthy food	13%	23%	18%*	Improved	Aged 18 to 24 years & 25 to 34 years, Inner metro, Unemployed, Income of \$40K- \$60K, Bushfire area, JobKeeper, JobSeeker, Aboriginal and Torres Strait Islanders [^]
Ran out of food	4%	7%	5%		Aged 18 to 24 years, Self-reported disability, Unemployed, Income < \$40K, Bushfire area, JobSeeker, Aboriginal and Torres Strait Islanders [^]
Alcohol – Risk of short term harm	11%	11%	7%*	Improved	Males, Self-reported disability, JobSeeker, Aboriginal and Torres Strait Islanders [^]
Alcohol – Risk of long term harm		7%	6%		Aged 65 to 74 years, Self-reported disability, Retired, Living alone
Smoking, daily	12%	12%	12%		Aged 45 to 54 years, Small shire, Self-reported disability
Financial hardship		24%	18%*	Improved	Aged 18 to 24 years & 25 to 34 years, Inner metro, Small shire, Language other than English at home, Unemployed, Self-reported disability, Income < \$40K and \$40-\$60K, Bushfire area, Share house, JobKeeper, JobSeeker, Aboriginal and Torres Strait Islanders [^]

Note: *Significant change between Survey One (May/June 2020) and Survey Two (September 2020), $p < .05$. [~]The reference statistic is from population surveys that have measured the level of these indicators in recent years, see full report for details. [^]The Aboriginal and Torres Strait Islander sub-sample was too small for significance testing but results are included here if levels were similar to other significantly less favourable results.

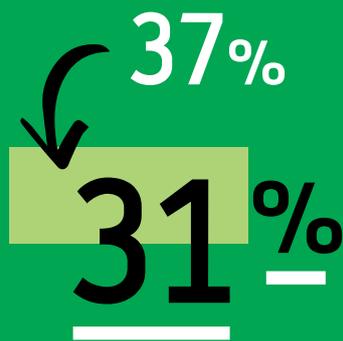
Source research report: <https://doi.org/10.37309/2020.P01011>

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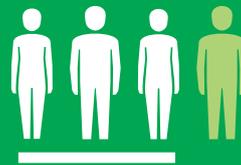
VicHealth Coronavirus Victorian Wellbeing Impact Study: **Follow-up survey**

How the second pandemic wave impacted some aspects of the health and wellbeing of Victorians.

Less than a third of Victorians (31%) felt connected to others during the second pandemic wave, significantly lower than the first wave (37%).



3 in 4 Victorians who participate in fitness classes stopped attending during the second wave.



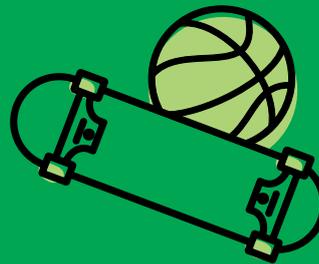
3 in 4

1 in 3 Victorians were worried about their **loss of connection** during the second wave of the pandemic.

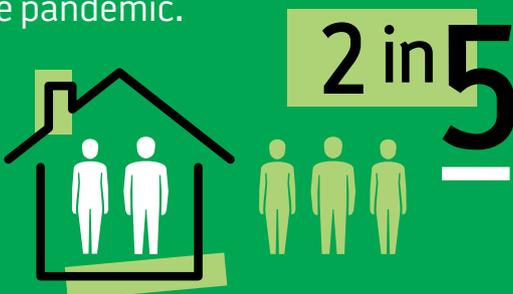


1 in 2

1 in 2 school-aged kids were **less active** during the second wave of the pandemic.



2 in 5 Victorians found it **hard** (or very hard) to **stay connected with friends and family** during the second wave of the pandemic.



3 in 5 Victorians who participate in **music and arts groups** stopped during the second wave



More than half of Victorians said they **wanted to get involved** in a community group or club once coronavirus restrictions eased.

1 in 5 Victorians ate **more vegies** in the second pandemic wave, mainly because they were cooking more.



Findings: General wellbeing

For complete data, refer to the full report: <https://www.vichealth.vic.gov.au/media-and-resources/publications/vichealth-coronavirus-victorian-wellbeing-impact-study-follow-up-survey>

General wellbeing

Impact on general wellbeing

People's general wellbeing appears to have declined further during the second pandemic wave.

- 53% of respondents had low to medium life satisfaction in Survey Two. This is significantly higher than Survey One where 49% of people reported low to medium life satisfaction. These results are less favourable than the 2017 comparison survey where one in five (20.5%) reported low to medium levels of life satisfaction.
- Subjective wellbeing is scored out of 100. The subjective wellbeing score among respondents in the Survey Two (62.0) was significantly lower than the Survey One result (65.0). Both results are lower than the 2015 comparison survey level (77.3) and the results from preceding years 2011 (77.5) and 2007 (76.6).
- The proportion of people experiencing high psychological distress was 17%, a one percentage point increase compared to Survey One (16%), although this is not a statistically significant change. The proportion in the 2017 comparison survey was 15.4%.

Factors influencing these changes

- A significant decline in satisfaction in the following subjective wellbeing domains was observed between the two surveys:
 - current achievements in life (an average of 5.6 out of 10, decreased from 6.2 in Survey One)
 - feeling part of the community (an average of 5.2 out of 10, decreased from 5.8 in Survey One)
 - standard of living (an average of 6.5 out of 10, decreased from 6.8 in Survey One)
 - personal relationships (an average of 6.3 out of 10, decreased from 6.8 in Survey One).

Key Indicator	Survey Two	Survey One	Comparison Survey Result
Low-medium life satisfaction (% rating 0 to 6 out of 10)	53% ▲	49%	20.5% (2017) [^]
Subjective wellbeing (score out of 100)	62.0 ▼	65.0	77.3 (2015) [†]
High psychological distress*	17%	16%	15.4% (2017) [^]

▲▼ The second survey result – significantly higher or lower than the first survey at the 95% confidence level.

*VicHealth Coronavirus Victorian Wellbeing Impact Study results collected using the Kessler 6 scale and VPHS use the Kessler 10 scale. [^]VPHS 2017 - www2.health.vic.gov.au/public-health/population-health-systems/health-status-of-victorians/survey-data-and-reports/victorian-population-health-survey/victorian-population-health-survey-2017

[†]VHI 2015 - www.vichealth.vic.gov.au/media-and-resources/publications/vichealth-indicators-report-2015

Findings: Social connection

For complete data, refer to the full report: <https://www.vichealth.vic.gov.au/media-and-resources/publications/vichealth-coronavirus-victorian-wellbeing-impact-study-follow-up-survey>

Social Connection

Impact on social connection

- Almost one in three (31%) agreed they felt connected to others in Survey Two, significantly lower than the Survey One result (37%). The proportion of those disagreeing with the statement that they felt connected with others significantly increased from 23% to 29%.
- The average social solidarity score for respondents in Survey Two was 20.8 out of a maximum of 30, higher results being indicative of feeling more connected to the local community; this was in line with the result from Survey One (21.2).
- Two in five (42%) respondents reported that they had found staying connected to friends and family 'hard' or 'very hard' in Survey Two, significantly higher than the Survey One result (30%).

Factors influencing these changes

- The aspects of social solidarity that have significantly shifted between Survey One and Two include fewer people feeling proud to be a member of their community (46% in the Survey Two compared to 50% in Survey One) and a decrease in those who feel that they are a part of the community (35% in Survey Two from 42% in Survey One).
- Involvement in community groups and clubs stopped by as much as 76% during the second wave of the pandemic.
- One in three Victorians (32%) were concerned about their loss of social connection with others outside their household in Survey Two. It is therefore not surprising that over half of all respondents (56%) plan to get involved in community groups and clubs once pandemic restrictions ease.

Key Indicator	Survey Two	Survey One
Feeling connected to others (% agree)	31% ▼	37%
Social solidarity score (rating out of 30)	20.8	21.2

▼ Survey Two result significantly lower than the Survey One result at the 95% confidence level.

Findings: Physical activity

For complete data, refer to the full report: <https://www.vichealth.vic.gov.au/media-and-resources/publications/vichealth-coronavirus-victorian-wellbeing-impact-study-follow-up-survey>

Physical activity

Impact on physical activity

- One in three (33%) respondents were sufficiently active by participating in physical activity five or more days a week during the second pandemic wave. This is in line with results recorded in the first wave (32%) and similar to a 2015 comparison survey (30%).
- One in four (25%) respondents reported they were inactive (0–1 day of physical activity per week) during the second wave. This is in line with responses for first wave (27%) and consistent with the 2015 comparison survey (27%).
- Walking was the only type of physical activity that had a significant increase in participation from the first to the second wave, from 73% to 80%.
- Parents reported that their children were commonly doing less physical activity during the second wave. One in two (52%) parents reported their children aged 5 to 11 were doing less physical activity during the second wave, and similar changes were reported for children aged 12 to 17 (47%). One in five (18%) children aged 1 to 4 were doing less physical activity according to their parents.

Factors influencing these changes

- During the second wave, low motivation became a more common reason for doing less physical activity. One in two (51%) cited this as a reason for decreased physical activity, an increase from the 39% during wave one.
- Other reasons for decreased physical activity levels included:
 - having to wear a mask (34%)
 - the one-hour exercise limit (22%)
 - concern about catching coronavirus (22%)
 - nowhere to exercise at home (21%).
- Common reasons for increased levels of physical activity during the second wave included:
 - wanting to improve health (38%)
 - to get out of the house (38%)
 - having more time (34%)
 - I like my local area (20%)
 - I have more flexible work arrangements (20%).

Key Indicator	Survey Two	Survey One	Comparison Survey Result
Active (physically active for at least 30 minutes, 5 or more days each week)	33%	32%	30% (2015) [†]
Inactive (physically active for at least 30 minutes, 0 or 1 days each week)	25%	27%	27% (2015) [†]

[†]VHI 2015 – <https://www.vichealth.vic.gov.au/media-and-resources/publications/vichealth-indicators-report-2015>

Note: The VHI 2015 Inactive and Active results reported in the table above are based on new research¹⁶ and re-analysis of VHI 2015 data using different categories for physical activity levels of at least 30 minutes per day, where 0-1 days = inactive, 2-4 days = somewhat active and 5-7 days = active. The VHI 2015 Selected Findings Report used the categories 0 days per week, 1-3 days per week and 4-7 days per week.

Findings: Healthy eating

For complete data, refer to the full report: <https://www.vichealth.vic.gov.au/media-and-resources/publications/vichealth-coronavirus-victorian-wellbeing-impact-study-follow-up-survey>

Healthy eating

Impact on healthy eating

- On average, respondents were eating similar amounts of vegetables – 2.6 serves per day during the second wave compared to 2.5 serves per day during the first wave.
- 29% of respondents reported drinking sugar sweetened beverages daily – this is similar to the first wave result of 32%.
- One in three respondents (36%) reported eating take-away foods less frequently during the second wave in comparison to the period before the pandemic.
- 12% of respondents reported worrying about having enough money to buy food during the second wave. This is significantly lower than the 17% who reported experiencing this during the first wave. Results are closer to levels reported for February 2020 of 9%.
- 18% of respondents reported relying on a restricted range of low-cost unhealthy food because of financial concerns during the second wave compared to 23% during the first wave. 5% of respondents ran out of food and couldn't afford to buy more during the second wave – this is lower than the first wave result of 7%.
- One in four (28%) of 12-17 year olds consumed sugar sweetened beverages daily. For 1-4 year olds, it was 13% and for 5-11 year olds, 18%.
- One in four school aged children were consuming less takeaway food (5-11 years, 26%; 12-17 years, 23%), however, 32% of 5-11 year olds were consuming more snack foods.

Factors influencing changes in food consumption behaviours

- Two in three (66%) respondents who ate more vegetables during the second wave reported it was because they were cooking more, and for one in three it was because they had more time (36%) or they wanted to look after their health more than before (34%). Reasons for decreased consumption of vegetables included preference for preparation of other food (30%), and one in five reported they were too expensive (23%) or they couldn't get the vegetables they usually buy (21%).
- The most common reasons for increased sugar sweetened beverage consumption during the second wave in comparison to the period before the pandemic were enjoyment (40%), boredom (39%) and to treat oneself (24%). Common reasons for decreased consumption included awareness of sugar sweetened beverages being unhealthy (64%) and that these beverages are not kept at home (37%).
- Reasons for increased takeaway food consumption during the second wave were convenience compared to home cooking (44%), ease of purchase (42%), wanting a treat (41%), and using takeaway meals as something to break up the week (39%). Common reasons for decreased takeaway food consumption were concern for health impacts (41%), more time for cooking (37%), and cost (28%).

Findings: Healthy eating cont.

Key Indicator	Survey Two	Survey One	Comparison Survey Result
Daily vegetable serves (average serves per day)	2.6	2.5	2.2 (2017) [^]
Daily vegetable serves (eating 5 or more serves per day)	9%	8%	6.4% (2017) [^]
Sugar sweetened beverages frequency (consume daily)	29%	32%	10.1% (2017) [^]
Takeaway foods frequency (more than twice a week)	4%	4%	10% (2015) [†]
Restricted range of low-cost unhealthy food (% yes)	18% ▼	23%	
Ran out of food (% yes)	5%	7%	4% (2014) [*]

Note: ▼ Survey Two results significantly lower / more favourable than Survey One results.

[^]VPHS 2017 – www2.health.vic.gov.au/public-health/population-health-systems/health-status-of-victorians/survey-data-and-reports/victorian-population-health-survey/victorian-population-health-survey-2017

[†]VHI 2015 – www.vichealth.vic.gov.au/media-and-resources/publications/vichealth-indicators-report-2015

^{*}VPHS 2014 – www2.health.vic.gov.au/public-health/population-health-systems/health-status-of-victorians/survey-data-and-reports/victorian-population-health-survey/victorian-population-health-survey-2014

Findings: Alcohol consumption

For complete data, refer to the full report: <https://www.vichealth.vic.gov.au/media-and-resources/publications/vichealth-coronavirus-victorian-wellbeing-impact-study-follow-up-survey>

Alcohol

Impact on alcohol consumption

- The frequency of at least weekly risk of short-term harm from alcohol in the second wave of the pandemic showed significant improvements compared to the first wave, decreasing from 11% to 7%. In the second wave, the proportion of those consuming more than two standard drinks of alcohol at least 5 days a week, which is consistent with risk of long-term harm, was 6%, which is on par with the first wave result (7%).

Factors influencing these changes

- The most commonly reported reasons for increased alcohol consumption during the second wave were: boredom (46%), being anxious or stressed (43%), having more time (32%), not needing to stay below .05 for driving (28%), and feeling lonely (20%).
- Those who reported drinking less alcohol cite not being able to socialise with the people they usually drink with (44%), not being able to access usual places to drink (33%), and a desire to improve their health in general (31%) as reasons for reduced alcohol consumption.

Key Indicator	Survey Two	Survey One	Comparison Survey Result
Short-term harm (consumed more than 4 standard drinks in a session at least weekly)	7% ▼	11%	11.5% (2017) [^]
Long-term harm (consumed more than 2 standard drinks in a session at least 5 times a week)	6%	7%	-

Note: ▼ Survey Two results significantly lower/more favourable than Survey One results.

[^]VPHS 2017 - <https://www2.health.vic.gov.au/public-health/population-health-systems/health-status-of-victorians/survey-data-and-reports/victorian-population-health-survey/victorian-population-health-survey-2017>

Findings: Smoking

For complete data, refer to the full report: <https://www.vichealth.vic.gov.au/media-and-resources/publications/vichealth-coronavirus-victorian-wellbeing-impact-study-follow-up-survey>

Smoking

Impact on smoking

- The proportion of respondents who reported they smoked daily during the second pandemic wave (12%) was consistent with the first wave (12%) and the 2017 comparison survey (12.4%). However, a recent survey of smoking behaviour in Victoria revealed the rate of daily smoking was 10% in 2019, therefore the current result of 12% may indicate an increase in daily smoking rates.
- One in five respondents that smoke (22%) reported that they had smoked more than usual during the second pandemic wave. One in eight (13%) people who smoke reported smoking less than usual.
- The pandemic may have been a catalyst to stop smoking for some, with 14% attempting to quit and 4% successful in quitting in the second pandemic wave.

Factors influencing these changes

- Reasons for smoking more reported in Survey Two included boredom (67%), stress or anxiety (67%), having more free time (52%), and feeling lonely (28%).
- Improving respondents' general health was the most common reason for smoking less (74%), followed by having fewer opportunities to smoke at home (26%).
- The most common reason for attempting to quit smoking reported in Survey Two was to improve general health (71%). Other reasons included to save money (30%), and a concern that smoking could increase the risk or severity of coronavirus (22%).
- For the small proportion of people who reported in Survey Two that they had successfully quit, the most common reason to do so was to improve their general health (40%).

²⁰Australian Institute of Health and Welfare 2020. National Drug Strategy Household Survey 2019. Drug Statistics series no. 32. PHE 270. Canberra AIHW, www.aihw.gov.au/getmedia/4a26ccf6-4934-4dcc-8052-c6ee705ebb0f/aihw-phe-270-fact-sheet-Vic.pdf

Key Indicator	Survey Two	Survey One	Comparison Survey Result
Smoking frequency (smoke daily)	12%	12%	12.4% (2017) [^]

[^]VPHS 2017 – www2.health.vic.gov.au/public-health/population-health-systems/health-status-of-victorians/survey-data-and-reports/victorian-population-health-survey/victorian-population-health-survey-2017

Findings: Hardship

For complete data, refer to the full report: <https://www.vichealth.vic.gov.au/media-and-resources/publications/vichealth-coronavirus-victorian-wellbeing-impact-study-follow-up-survey>

Hardship

Impact on financial hardship and employment

- Two in five (21%) Victorians reported experiencing some form of hardship during the second wave. This is significantly lower than the proportion who reported experiencing hardship during the first wave (24%).
- The most common form of financial hardship reported during the second wave was not being able to pay electricity, gas or telephone bills on time (8%), however, the proportion of Victorians experiencing this has significantly decreased since the first wave (11%).
- Three in ten (28%) Victorians were concerned about their future job prospects during the second pandemic wave, this level is consistent with the first wave.

Factors influencing these changes

- During the second wave, one in four (23%) reported a reduction in their hours worked (see Figure 92). Other impacts on respondents' employment are shown in Figure 92, including having hourly rates of pay cut (8%) and forced paid leave (10%). These levels are all significantly lower than the first wave.
- One in twelve respondents (8%) had lost their job during the second wave, which has not significantly changed since the first wave.

Key Indicator	Survey Two	Survey One
Experience of financial hardship (% yes)	18% ▼	24%
Concern about housing stability (% concerned)	17%	19%
Concern about future job prospects (% concerned)	28%	29%

▼ Result from Survey Two was significantly lower/more favourable than the results for Survey One at the 95% confidence level.



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VicHealth is committed to health equity, which means levelling the playing field between people who can easily access good health and people who face barriers, to achieve the highest level of health for *everyone*.



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VicHealth acknowledges the Traditional Custodians of the land. We pay our respects to all Elders past, present and future.