

Learning how to live with COVID into the future: the case for better public health messaging

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We are moving to a new stage in our response to COVID which demands changes not just from government and the health system, but more particularly from people and communities.

COVID is likely to be circulating widely for some years. As we adjust to that reality increasingly people will work out their own COVID risk appetites on questions such as when and where to wear a mask, how to respond as symptoms appear, when to use the rapid antigen test and numerous other questions.

COVID has been ever-changing – it is difficult for people to keep up. This makes the case for better public health messaging all the more compelling and urgent.

We need to understand variance in health literacy, adapt information quickly, and put it out through trusted channels, give people time and the right information to adjust to the gear shift.

They will need good information on infection rates, controls and safety. The public also need better community-level information on self-care and carer needs including home support. People will need simple but nuanced information from trusted, easily accessible sources, not buried on a website.

The idea of a stronger individual-focused response to COVID risk is something that caught the interest of ABC Radio's Virginia Trioli when we discussed it on [her show](#) * this week.

Virginia said it was the first time she had heard about the ideas for living with COVID into the future. It was one of the themes which came out of her program, along with the idea that public health information had got drowned out by political messaging relating to Omicron in recent weeks.

Also on the program was the Mitchell Institute Australian Health Policy Collaboration's Professor Rosemary Calder, who spoke of the need for a

stronger public health communications strategy that responded to people's everyday issues such as when to wear a mask and when to have guests in your house.

So getting the message right to help us all "live with COVID" has taken on more urgency as it becomes clear that community protective measures have loosened.

What the health consumers of Australia need is a health system backed by clear, evidence-based and trusted information that will be of most use in protecting themselves from COVID.

A big part of the challenge has been ironically that the Australian community has experienced information overload as governments, government information agencies, campaigns and professional associations all seek to play a role.

The result of too much information has been confusion – and sometimes fear and anxiety – contributing to uncertainty rather than clear simple advice to people.

We need to avoid information overload by keeping to basics: keep the message concise, simple and consistent, tell people when they need to know and do it through the right channels. The right channels are invariably NOT a government website. Information needs to be accessible from places where people intuitively and instinctively seek it.

We need to make special effort to understand health literacy variation and make special efforts to address this as we learnt in the Victorian tower and Western Sydney LGA lockdowns of 2020.

Given we will be living with COVID for some years yet there is a need for system improvements to ensure our health system can continue operating at optimal levels and developing and tailoring public health communication.

We should be wary of complacency. We don't know what variants are coming and we are not clear about the level of immunity from acquiring the disease.

As the listener responses to the Trioli show indicated, there is a litany of information, some of it conflicting and complex, but not enough of it involving effective communication. We need information easily available and digested from community sources including our GPs, nurses and pharmacists. And that

is clearly more necessary when it comes to people with low health literacy and in culturally and linguistically diverse communities.

Our successes and failings in countering COVID in Australia in the past two years show we need a stronger, nationally-coordinated communication system for the provision of vaccines and RATs and for the health workforce which is under heavy and increasing strain.

It's vital that vaccination messages, the need for boosters and different anti-viral medications is continued as effectively as possible. Vaccination will remain our main defence so messaging needs to be clear about vaccination who and when and the structures need to be in place for those vaccinations to happen.

Hospital emergency rooms, GPs and pharmacists are besieged by panicked people with new diagnoses. The importance of an effective phone health service cannot be understated. Access to authoritative advice and guidance and encouraging the public to look to trained professionals for answers to their questions is incredibly important – and using the [Healthdirect](#) web services to know when their symptoms have become serious and when they should ask for more help.

The communication of data has also been an issue, with [different states choosing different data sets](#) or different timings for the release of data. This has made it difficult for researchers to compare the success or failure of responses state to state, but is also confusing to the public trying to make sense of the messaging and their own exposure to risk.

Mask wearing when having symptoms seems to have been the norm in some countries and it's time for it to be the norm in Australia, and not going to work or places where you will be amongst other people when you have symptoms. That's taking care of other members of the community by not infecting them.

Another element that demands a nationally-driven approach is ensuring safe air through good ventilation. That is vital and consumers need to demand it of businesses and architects/builders/designers. Building codes may need to be revised to give this more emphasis, particularly in public buildings, schools and nursing homes. There's a place for consumer advocacy in pushing for these changes.

And a central impact of “living with COVID” into the future will be the pressure of the health system for both COVID *and* non-COVID patients. Hospital and primary care face great and continuing difficulties in maintaining treatment of non- COVID chronic conditions, diagnosis and elective surgery which if delayed can have long term negative consequences for people.

If we are to live with COVID, we must also learn to live with change in our health system.

**The discussion on this issue starts at about 40 minutes into the interview with Virginia Trioli.*