MACQUARIE University
AUSTRALIAN INSTITUTE OF HEALTH INNOVATION

CHF Consumers Health Forum OF Australia

Health System Sustainability
NHMRC Partnership Centre

The Voice of Australian Health Consumers

THE AUSTRALIAN HEALTH CONSUMER SENTIMENT SURVEY

Preliminary Analysis and Key Findings

MACQUARIE University
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EXECUTIVE SUMMARY

Purpose

The **Australian Health Consumer Sentiment Survey** is a population-based study of health consumer sentiment and provides an important barometer of satisfaction and opinions about the Australian health system. The survey was co-designed by academics and researchers from Macquarie University together with health consumer advocates and consumer-researchers from the Consumers Health Forum of Australia (CHF). Data from two waves of the survey with representative samples of Australian adults drawn from the general population – 1024 respondents in December 2018 and 5100 in October 2021 during the COVID-19 Delta outbreak – provides unique insights into health service use, satisfaction, and opinions before and during the COVID-19 pandemic. The Australian Health Consumer Sentiment survey, if undertaken regularly over time, would ensure that consumer views inform health policy.

Methods

Participants were recruited through market research panels with sampling procedures designed to recruit a national cohort that was representative by state population, age, and gender. Importantly, deliberate oversampling of respondents from rural and regional Australia, and of people who identified as Aboriginal and/or Torres Strait Islander and of people who speak a language other than English at home (LOTE) provides unique opportunities for meaningful comparisons across these often-under-represented groups. Unlike many other surveys, it does not specifically target people who attend certain health services, or have certain medical conditions, and simultaneously collects socio-demographic information. Our ability to compare the recent results with the Menzies-Nous surveys from 2012 (n=1200), 2010 (n=1201), and 2008 (n=1146) is another unique feature.

Key results

Affordability and access

- **14%** of people with chronic conditions could not pay for healthcare or medicine because of a shortage of money
- **24%** did not fill a prescription or omitted doses of medicine – over a third said this was because of cost
- **30%** of people with chronic conditions were not confident they could afford needed care if they became seriously ill
- **37%** used telehealth in 2021, compared with less than 6% in 2018
- **34%** had difficulty accessing care out of hours or on weekends in 2021 compared with 24% in 2018
- **55%** of people in regional and remote regions said they needed more doctors, nurses and health workers

Experience and satisfaction when receiving care

- **23%** of people experienced discrimination or disrespect whilst accessing healthcare and people who identified as Aboriginal and/or Torres Strait Islander or LOTE were over-represented
- **84%** were satisfied with health services they received
- **71%** of people who used telehealth said it was as good or better than face-to-face

Opinions of our health system

- **23%** believed that residential aged care services are bad or very bad
- **30%** said their confidence in the health system increased since the COVID-19 pandemic

Psychological distress

- **24%** experienced serious psychological distress – these rates are higher than pre-pandemic population prevalence rates
- **39%** with psychological distress accessed a telephone advice line (e.g. Lifeline)
- **35%** with psychological distress accessed care through video conferencing
- **85%** with psychological distress were satisfied with the care they received via digital health modalities

The key messages reported here are rounded up approximations for ease of reading. For detailed information, please see the body of the report. LOTE: Speaks Language Other Than English at Home

Discussion and conclusion

Despite ongoing disruptions to the Australian healthcare system as a result of the COVID-19 pandemic, overall, Australian's satisfaction and favourable views of their healthcare system continued to increase. However, there are continued concerns over inadequate workforce capacity in the health system and ability to afford needed care, especially among people with chronic conditions. Use of telehealth and other virtual care services increased, and such services were highly rated. Almost a quarter reported serious levels of psychological distress and were more likely to use virtual care. With over 20% of people reporting disrespect or discrimination, especially among vulnerable populations, interventions to increase cultural competency in the health system are needed. The Australian Health Consumer Sentiment Survey, if undertaken regularly over time, would ensure that consumer views inform health policy.

INTRODUCTION AND METHODS

Surveys of Australian's sentiment towards their healthcare and opinions about the Australian health system were conducted in 2008[1], 2010[2], 2012[3], and in 2018 we conducted the first Australian Health Consumer Sentiment Survey[4-5]. With the release of the present report, we provide details and early results of our survey conducted in 2021, with 5100 respondents. Around 1200 respondents were included in each of the previous surveys. Since the last survey, the health system has had to deal with the COVID-19 pandemic, and this clearly is likely to have had an effect on how people rate the system, and the care they receive from it.

Unique strengths of the Australian Health Consumer Sentiment Survey include:

- Co-designed by academics and researchers with consumer advocates and consumer researchers, with input from government. Large respondent base (n=5100 in 2021), drawn from the general Australian population and representative by geographical location, age group and gender and not based on cohorts that attend specific services or who have specific medical conditions.
- National scope with deliberate over-sampling from regional/rural areas to enable meaningful comparisons with the health consumers living in metropolitan areas.
- Deliberate over-sampling to ensure meaningful representativeness of vulnerable populations to ensure cultural and linguistic diversity of the sample.
- Simultaneous collection of detailed socio-demographic data in the same sample, including postcode, income bracket, change in income and employment over the last year, educational attainment, living with chronic conditions and/or disabilities.
- Capacity to update and extend the survey to include additional questions to assess sentiment depending on current need and circumstances.
- Notable features of the 2021 survey are:
  - A sample of 11.5% of people who identify as Aboriginal and/or Torres Strait Islander and 24.5% of people who speak a language other than English at home were included to ensure **cultural and linguistic diversity** and to enable meaningful comparisons.
  - Questions about access to **social security payments**, including job keeper and job seeker in 2020/2021, changes in employment status and hours worked, and changes in income.
  - **Specific questions related to the COVID-19 pandemic** and use of COVID-19-specific healthcare services, such as COVID-19 testing facilities and COVID-19 vaccination services were included.
  - **Direct mental health assessment** using the Kessler 6-item Psychological Distress Scale.
  - **The use of the Patient Activation Measure (PAM)**, which provides a holistic measure of an individual's knowledge, skills, and confidence to manage their own health.
  - A question about **experiencing discrimination or disrespect** while accessing healthcare was included.
  - Questions about the use of, experience with, and perceived **quality of digital health services** were included.

Results were analysed to examine differences by age group, gender, location, and survey year. The survey included core questions consistent with previous surveys regarding use, opinions, and experiences of the health system.

RESULTS

Description of the sample

Key descriptors of the surveyed sample are included in Table 1. Responses from 5100 Australians aged over 18 years were recorded (age range: 18-92 years), with proportional representation across Australian states. Approximately 11% of respondents identified as Aboriginal and/or Torres Strait Islander. Almost a quarter (24.5%) spoke a language other than English at home providing a robust indicator of cultural and linguistic diversity (Table 1). These proportions are broadly aligned with Australian census data. The data were post-weighted by age, sex, and state according to ABS demographic statistics through a survey raking technique using the anesrake package in R to reflect the population distribution in the survey year.

We deliberately oversampled people living outside of metropolitan areas to provide a large enough cohort to enable comparisons by geographical setting.

TABLE 1.

Sample characteristics

** Speaks Language Other Than English at Home

§ Data not reported in 2018

Weighted

	2018	2021
Number of respondents (N)	**1024**	**5100**
Characteristics	**N(%)#**	**N(%)#**
Gender		
M	432 (49.0)	2475 (48.7)
F	592 (51.0)	2576 (50.7)
Non-binary§	N/A	26 (0.6)
Age Group		
18-24	68 (12.0)	614 (12.0)
25-44	352 (37.0)	1853 (36.3)
45-54	383 (32.0)	1589 (31.2)
65+	221 (19.0)	1043 (20.5)
State		
NSW	330 (32.0)	1623 (31.8)
Vic	262 (26.0)	1319 (25.9)
Qld	218 (20.0)	1033 (20.3)
SA	83 (7.0)	351 (6.9)
WA	98 (10.0)	531 (10.4)
Tas	22 (2.0)	108 (2.1)
NT	2 (1.0)	49 (1.0)
ACT	9 (2.0)	86 (1.7)
Major City	**654 (65.6)**	**2980 (58.4)**
Regional/Remote	**370 (34.4)**	**2120 (41.6)**
Identifies as Aboriginal and/or Torres Strait Islander§	**N/A**	**586 (11.5)**
LOTE§**	**N/A**	**1251 (24.5)**

Health status among surveyed Australians

Approximately 60% of respondents reported having at least one chronic condition, most commonly back-pain or other back problems, mental health disorders, arthritis, and asthma (Table 2).

TABLE 2.

Self-reported health status of respondents to the survey in 2018 and 2021

§ Data not reported in 2018

Weighted

Survey year	2018	2021
Number of respondents (N)	**1024**	**5100**
	N(%)#	**N(%)#**
Excellent or very good health	**414 (40.4)**	**2353 (46.1)**
At least 1 chronic condition	**605 (59.0)**	**3021 (59.2)**
Condition reported		
Arthritis	172 (16.8)	989 (19.4)
Asthma	135 (13.2)	831 (16.3)
Back pain or back problems	260 (25.4)	1266 (24.8)
Cancers	32 (3.1)	246 (4.8)
Cardiovascular disease	62 (6.0)	373 (7.3)
Chronic obstructive pulmonary disease	22 (2.2)	203 (4.0)
Diabetes	83 (8.1)	581 (11.4)
Kidney disease§	N/A	130 (2.5)
Mental disorders	244 (23.8)	851 (16.7)
Osteoporosis§	N/A	186 (3.6)

Trends in health services use and satisfaction with care received

Health service use

Respondents reported attending most health services in person less often in 2021 than in 2018. The biggest difference was noted in attendance at GPs, which dropped from 84.7% in 2018 to just 66.2% in 2021. However, attendance at private hospitals increased from 11.5% in 2018 to 16.1% in 2021 (Table 3).

TABLE 3.

Health services attended in person in the last 12 months

* Specialist doctor seen outside of the public hospital system

Weighted

	2018 (N=1024)	2021 (N=5100)
Service used in the last 12 months	**Total N(%)#**	**Total N(%)#**
Public hospital	338 (33.0)	1483 (29.1)
Private Hospital	118 (11.5)	822 (16.1)
GP	867 (84.7)	3374 (66.2)
Specialist doctor*	239 (23.3)	1047 (20.5)

Access to healthcare out of usual business hours

Accessing needed care during the evening, on the weekend or during holidays without going to a hospital emergency department was difficult for a significantly higher proportion of respondents in 2021 (34.3%) compared with 2018 (23.7%). An even greater proportion of people with chronic conditions found accessing care out of hours difficult (36.0% in 2021 and 28.1% in 2018).

Satisfaction with health services accessed

The level of satisfaction with services attended in the last 12 months remained high (above 80%) among people attending private hospitals, GPs, and specialist doctors. Satisfaction with public hospitals showed a significant increase of 12.8% from 69.2% in 2018 to 82% in 2021 (Table 4).

Table 4.

Satisfaction with health services attended in person in the last 12 months (percent "very" or "somewhat satisfied") among those attending in the last 12 months

	2018 (N=1024)	2021 (N=5100)
Service used in the last 12 months	Total N(%)#	Total N(%)#
Public hospital	234 (69.2)	1216 (82.0)
Private Hospital	99 (83.9)	740 (90.0)
GP	699 (80.6)	3000 (88.9)
Specialist doctor*	199 (83.3)	915 (87.4)

* Specialist doctor seen outside of the public hospital system

Weighted

When asked about overall satisfaction with healthcare received over the last 12 months, 67.3% of all respondents in 2018 were very or somewhat satisfied, compared with 84.3% in 2021. Among people with chronic conditions, satisfaction with care received increased by 20% from 64.7% in 2018 to 85.3% in 2021 (Table 5).

Table 5.

Percent "very" or "somewhat satisfied" with healthcare received over the last 12 months

	2018		2021	
	N	Satisfied with care received N(%)#	N	Satisfied with care received N(%)#
All respondents	1024	689 (67.3)	5002	4215 (84.3)
No Chronic condition	419	298 (71.1)	2006	1661 (82.7)
Chronic condition	604	391 (64.7)	2996	2555 (85.3)

Weighted

Perceived disrespect or discrimination in the health system during 2021

In the 2021 survey, we asked: "*Do you feel that you have been discriminated against or disrespected when receiving healthcare in the last 12 months?*" and 1112 (23.5%) of respondents said "yes". Respondents who reported being discriminated against or disrespected were significantly more likely to have a chronic condition, speak a language other than English at home, or identify as or Aboriginal and/or Torres Strait Islander (Table 6). This question was not posed in 2018 so no comparisons are possible. However, it is an important question to retain in future versions of the survey as this is an important indicator for tracking care quality and safety.

Table 6.

Feeling disrespect or discrimination while receiving healthcare in the last 12 months

	N	Disrespect or discrimination N(%)#
Total Sample	**5100**	**1112 (23.5)**
Aboriginal and/or Torres Strait Islander	586	442 (81.0)
LOTE**	1251	552 (51.7)
Chronic condition	3112	938 (33.1)

** Speaks Language Other Than English at Home

Weighted

Digital health – access and perceptions of quality

Almost half of respondents (46.7%) reported using digital health technologies (including, telehealth, help-lines, apps and websites) in 2021, an increase from just 11.8% in 2018.

Access to telehealth services through phone or video consultations in the previous 12 months increased considerably from a modest 5.5% in 2018, to 37.1% in 2021.

In the 2021 survey, of the respondents who reported using telehealth in the previous 12 months, 1254 (66%) accessed a health professional via telephone, 289 (15%) had a videoconference, and 347 (18%) had both video and phone consultations.

Most respondents reported having one or two telehealth consultations in the previous 12 months. Regarding their most recent appointment, most reported consulting a GP (75%) or a specialist (19%).

Over half of respondents who had used telehealth rated the quality of the most recent appointment as about the same as in-person, and 17.1% rated the appointment as better than in-person. However, almost 30% felt that the appointment was not as good as in-person.

Most of the participants reported that the technology (both telephone and videoconference) was easy to use. People who ranked the ease of use of the technology lower were more likely to rate the quality of the appointment as not as good as in-person.

In addition, 823 respondents reported having a telehealth consultation before March 2020, and 535 (65%) of these said that their most recent telehealth consultation was much better than the previous appointment, while ~32% per cent said the appointments were about the same. This suggests that the quality of telehealth consultations increased over the two years of the pandemic.

Psychological distress and virtual mental healthcare during COVID-19

In 2021, almost a quarter (23.6%) of respondents reported serious levels of psychological distress, such as feelings of sadness, nervousness, restlessness, worthlessness.

High levels of psychological distress, as measured on the K6 Psychological Distress scale, were associated with younger age (<44 years), living in NSW or Victoria, having a chronic health condition, and financial factors, including job loss or working fewer paid hours.

Compared with respondents who showed low levels of psychological distress, those with severe psychological distress (Kessler score ≥ 19) were significantly more likely to:

- Consult with a healthcare professional via videoconferencing (35.4% vs 21.8%);
- Access healthcare via a telephone advice line (e.g., Lifeline) (38.9% vs 15.6%);
- Access healthcare via an email or webchat advice line (e.g., headspace online) (19.6% vs 10.2%).

Overall, 85% of people with severe psychological distress reported high levels of satisfaction ("very" or "somewhat satisfied") with digital health modalities. Satisfaction for specific digital modalities were also high:

- 93.9% for care they received via videoconferencing;
- 88.0% for telephone advice lines; and
- 86.5% for webchat advice lines.

Rates of severe psychological distress were elevated among adult Australians in comparison with pre-pandemic population mental health prevalence rates[6-7], providing further evidence for the serious impact of COVID-19 on the mental health of the general population.

Capacity for self-care among Australians living with and without chronic conditions

Having capacity to understand what medications do and when to take them, detect signs and symptoms well enough to decide when to access different types of health services, and taking an active role in their own healthcare are important for respondents to maintain health and wellbeing, prevent complications, and reduce the burden on health systems. We used the patient activation measure (PAM) scores to determine the following activation levels:

- **Level 4** (Maintaining behaviours and pushing further)
- **Level 3** (Taking action)
- **Level 2** (Becoming aware, but still struggling)
- **Level 1** (Disengaged and overwhelmed)

Most respondents (78.5%) had high activation (Level 3 or 4) with 21.5% having low activation (Level 1 or 2). High activation (Level 3-4) was associated with older age (>44 years), having a university education, having private health insurance, earning >$2000 per week and not having a chronic condition. In addition, significantly fewer people with mental disorders had high activation (68.8%) compared with the rest of the respondents.

Our results suggest that communities of people living with chronic conditions, especially those with mental health disorders, and people living with socio-economic disadvantage may need additional support to maintain their health and wellbeing.

Views about affordability of healthcare 2018-2021

When asked whether in the last 12 months they could not pay for healthcare or medicine, 9.5% of respondents said "yes" in 2018 but only 5.8% did in 2021. However, in both years people with chronic conditions were significantly more likely to say they couldn't pay for healthcare or medicine (Figure 7a). Overall, respondents in 2021 were more confident that they could afford to pay for needed healthcare if they were to become seriously ill (62.6% in 2018 vs 71.4% in 2021) however, significantly fewer people with chronic conditions were confident about this in both years (56.7% in 2018 and 68.9% in 2021) (Figure 7b).

Figure 7a.

Ability to pay for needed healthcare

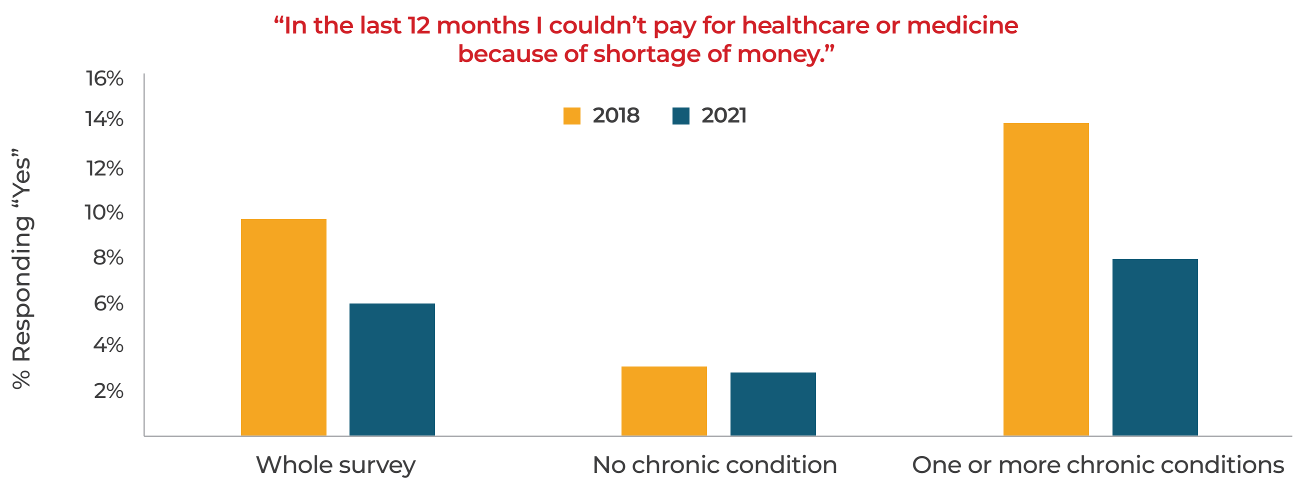
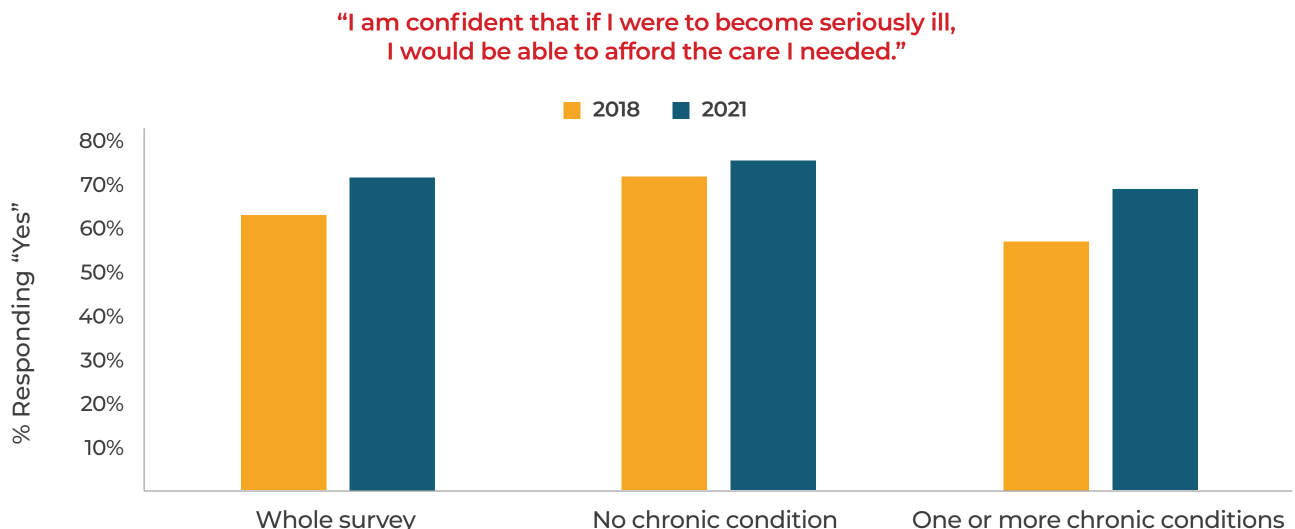


Figure 7b.

Confidence in being able to afford needed healthcare in the future



Proportionately fewer people skipped filling a prescription or skipped doses of medicine in 2021 compared with 2018, and fewer were likely to say that it was due to affordability; similar results were apparent for not visiting a doctor or dentist when needed (Table 8).

TABLE 8.

Avoidance of needed care and proportion avoided because of cost

Survey year	2018	2021
Number of respondents (N)	**1024**	**5100**
	N(%)#	**N(%)#**
I did not fill a prescription or skipped doses of needed medicine	242 (23.6)	1235 (24.2)
...because I could not afford it	114 (11.1)	448 (8.7)
I had a medical problem but did not visit a doctor	560 (54.7)	2265 (44.4)
...because I could not afford it	75(7.3)	280 (5.5)
I did not visit a dentist when I needed to	351 (34.3)	1593 (31.2)
...because I could not afford it	166 (16.2)	590 (11.6)

Weighted

In 2021, people who did not fill a prescription or did not visit a doctor because of cost, were more likely to have lost their job or their hours of work had reduced in the last 12 months.

More people reported having private health insurance (PHI) in 2021 than in the 2018 survey. In the 2018 survey, 46.3% reported having PHI. In the 2021 survey 58.2% reported having PHI and this increase reflects observed increases in PHI take-up over 2020 and 2021 reported by APRA[8]. Among those who did not have PHI, the most common reason for not having PHI was “Can’t afford it” – approximately 73% in both years – and “Poor value for money” – 35.0% in 2018 and 26.8% in 2021.

Trends in the perceptions and experiences of the healthcare system: 2008 – 2022

The views of the Australian public are an important barometer of the health system. This study provides key findings about the views and experiences held by Australian health consumers during 2021 and investigates longitudinal trends since 2008. Results from the two sentiment surveys (2021 and 2018) can be compared with three Australian Health surveys conducted by the Menzies Centre for Health Policy at The University of Sydney and the Nous Group in 2012, 2010 and 2008.

In 2021, over half of respondents (52.1%) reported that the 'health system works pretty well and only minor changes are needed to make it better', up from 45% in 2018 and 30% over 2008 to 2012 (Menzies-Nous surveys).

Over two thirds of respondents (77.4%) reported that since the COVID-19 pandemic, their confidence in the Australian healthcare system had either stayed the same (47.7%) or even increased (29.7%).

The 2021 data mirror the results from 2018 highlighting areas for attention, which included the need for more doctors and other health workers (49.7%), and the need for lower costs of care and medicines (45.5%).

In 2021, respondents from regional/remote areas were more likely to report the need for more doctors, nurses, and other health workers (54.9%) compared to those living in major cities (46.0%).

Respondents reported increased dissatisfaction with the services provided at residential aged care facilities, with almost a quarter of respondents (23.5%) rating these services as "bad" or "very bad" in 2021, compared with 17.3% in 2018.

Perceptions of specific COVID-19 health services

By October 2021, 1183 respondents (23.2%) had accessed a COVID-19 testing facility and 1156 (22.7%) had accessed a COVID-19 vaccination hub. Many may have accessed COVID vaccination through their GP or another facility, however, those results are yet to be analysed. The level of satisfaction with COVID-19 testing facilities were high, with 89.0% of respondents very or somewhat satisfied. The level of satisfaction with COVID-19 vaccination hubs was also high with 90.2% very or somewhat satisfied.

Of the 5100 respondents, 416 (8.2%) did not get tested for COVID-19 when they had relevant symptoms consistent with COVID-19 infection. The most frequent reasons for not getting tested were: decided that it was unnecessary (33.1%); fear of being exposed to COVID-19 (21.1%); fear of spreading COVID-19 (19.9%); and too busy with other commitments (19.1%). These results suggest that the messages from government to get tested on the first sign of symptoms were not adhered to by a minority of respondents (8.2%), and the reasons given suggest some misconceptions about COVID-19 transmission.

An analysis of these results by state is underway to understand the different approaches to testing and vaccination among the states, and the rates of accessing these services may also have been influenced by the rates of COVID-19 infection reported in each state during the second half of 2021.

DISCUSSION AND CONCLUSION

Despite ongoing disruptions to the Australian healthcare system as a result of the COVID-19 pandemic, overall Australians' perceptions of their healthcare system continued to improve. However, there are expressed concerns over inadequate workforce capacity, access to medicines, and the quality of aged care facilities, with amplified concerns identified by those living in regional areas.

Our survey revealed that in 2021 almost a quarter of respondents reported serious levels of psychological distress. Respondents who reported high levels of psychological distress were more likely to access care through online services, such as videoconferencing, telephone advice lines or through email/webchat advice lines, than those reporting low levels.

Changes in government subsidies for telehealth through the Medicare Benefits Scheme (MBS) beginning in March 2020 led to a dramatic rise in number of telehealth appointments. In 2021, health consumers reported that their telehealth appointments were of equal or better quality compared to their face-to-face experiences, and that the quality of telehealth consultations had improved since before the pandemic. However, nearly a third reported that the appointment was worse than in-person, potentially due to difficulties with the technology.

People who identified as Aboriginal and/or Torres Strait Islander or LOTE or those with chronic conditions were more likely to report disrespect or discrimination when accessing healthcare. With over 20% of respondents overall reporting disrespect or discrimination, there is a need to build capacity in the health system to ensure safety and quality of care for all who access it. The results for this question in the 2021 survey, are likely to have been impacted by the COVID-19 pandemic, including significant levels of stress among health staff[9], and frustrations experienced among health consumers with restrictions imposed on access to health services to limit the spread of the virus. This is an important indicator to monitor over time in the future.

People who had low capacity for selfcare according to the PAM, included younger people, those on low incomes and people with lower educational attainment, as well as people living with chronic conditions, especially those dealing with mental ill-health. These groups may need additional support to stay well in the community by supporting them in their self care activities such as adherence to medication, attending regular scheduled checks and undertaking preventative health and wellbeing measures.

This report represents the first high level analysis of the Australian Health Consumer Sentiment Survey. Analysis continues and the full report is planned as are several academic publications.

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