Commonwealth Government COVID-19 Response Inquiry

Thank you for the opportunity to submit evidence regarding the COVID-19 response. The data we draw on were collected during 122 qualitative interviews with 59 Australian women aged 25-64, pre- and during-pandemic (most women interviewed twice, one three times and seven four times). We interviewed women about their experiences of living during COVID-19 countermeasures (social distancing and lockdown restrictions), including impacts on social connections and their trust in sources of health information and risk messaging. We also asked about their perceptions of 'competing' health risks: specifically how non-communicable longer term diseases such as preventable breast cancers resulting from alcohol consumption (our study focus before the pandemic) might compete for prominence and action within the context of acute, communicable risk of the SARS-COVD-2 virus. Our sample was diverse in terms of women's living circumstances (i.e. partnered, children, single), working arrangements, income and education, and health status pre-pandemic – although all participants were of Caucasian descent. Our peer-reviewed articles publishing data collected during the pandemic are included as supplementary material. The following 3 pages synthesise our evidential contribution within the desired **Terms of Reference** of the COVID-19 Response Inquiry.

Key health response measures

Public health messaging:

Press conferences: Interviewees valued the regular press conferences because they provided relevant and responsive communication to local/state circumstances. Some interviewees identified these were useful in offsetting potential conflations or confusions between the intensity of global news reporting around death rates and health service strain (particularly Italy and USA) compared with how the pandemic was unfolding in Australia (Foley et al., 2023).

Media reports: Listening to media reports about the pandemic evoked intense emotions like fear and anxiety for many of our interviewees. They expressed stress about trying to keep up with and process the volume of communication about lockdown restrictions and the fluctuating nature of public health recommendations to decrease viral transmission (Ward et al., 2021; Foley et al., 2023). The intensity of these negative emotions was a driving factor for many women to 'switch off' to information about changing conditions within the pandemic – identifying that they would find out about things 'eventually' but 'weren't listening to all of it' (Foley et al., 2023). Participants conveyed a sense of saturation with COVID-19 content; feeling 'everything was about COVID now' and this seemed to result in disassociation from long-term health risks (our interest is in non-communicable disease and chronic disease prevention) because these risks felt 'further away' *and* less controllable (Foley et al., forthcoming1). In contrast, our data showed women we interviewed were pragmatic about contracting SARS-COV-2 – because based on the saturation of media reporting, they assumed 'everyone would get it' (Ward et al., 2021). This democratic perception of viral candidacy shifted focus to what they could do to best 'weather' the virus (Ward et al., 2021; Foley et al., forthcoming2). From these data we suggest that an acceptable way to frame future public health messaging during crises is not about risk avoidance, but enhancing robustness to cope with the virus (i.e. SARS-COV-2).

Trustworthiness of information: Regarding sources of information women we interviewed perceived as trustworthy, and therefore worth paying attention to, medical and health scientists were highly trusted and looked to as authority figures amidst the pandemic (Ward et al., 2021); although the extent to which women felt able to trust in terms of actioning health advice, differs by social class (Meyer et al., 2022; Lunnay et al., 2022b). Using audience segmented approaches for public health messaging, based on the social, cultural and economic resources, service access and forms of support, and health literacies that people have access to should be considered in future public health messaging initiatives (i.e. see Meyer et al., 2022) – for example, women from middle and affluent social class backgrounds tended to have contacts within health professions with whom they could verify information seen in the media (to bolster trust); while those in working social class positions did not. Interviewees suggested that consistency in content over time enhanced trust (Meyer et al., 2022; Foley et al., 2024), while the commercial landscape of health information and products is a cause for mis/distrust – even of government actors, because mass media and pharmaceutical companies are perceived influential of government priorities/actions (Foley et al., 2024).

Enhancing trustworthiness of messages: Current public health – and wider governmental – approaches rely on individuals critically evaluating any new information so that they don't 'fall for' unreputable sources or information. Our interviewees were highly cognisant of this risk (Ward et al., 2021; Foley et al., 2024). This is a major challenge for public health messaging during crises – and must inform information provision, in ways that can be stable-but-changeable and further imbued with other markers of trust. Perhaps developing and circulating a tiered risk rating early in the pandemic, which outlines different approaches to managing viral risk (i.e. immunisation, PPE, lockdown, social bubbles etc), would enable a form of stability – because even though movement through the risk tiers might change, this change occurs within a pre-determined, stable framework. Proactive public communication about the profits that businesses can make as a 'result' of pandemics – particularly around news and medicines – may offset future distrust about public health messaging (Foley et al., 2024). Another strategy could be supporting longstanding partnerships between health experts and diverse media channels of dissemination, as journalists were sometimes perceived to be 'axe-grinding' or lacking the precision needed for scientific communication (Foley et al., 2024).

Broader health supports for people impacted by COVID-19 and/or lockdowns

Health service access: Women were fearful about developing a serious health condition during the pandemic because they perceived necessary services to be inaccessible. Most participants were understanding that these measures were necessary and important to prevent transmission, especially those that were immunocompromised; however they nonetheless did impact mental health, such as one of our interviewees who didn't receive timely follow-up for a miscarriage. Not being able to go anywhere, including playgrounds or community centres, was particularly difficult for mothers with young children – exacerbating challenging circumstances experienced by those with few social supports.

Using harmful products to feel well during the pandemic: Women we interviewed described increasing their alcohol consumption in the early phases of the pandemic (Lunnay et al., 2021; Foley et al., forthcoming1 and 2) because the pandemic felt a bit like a 'holiday' (Ward et al., 2021). Increases were most pronounced for women in middle social

class positions (Lunnay et al., 2021). The activities women had access to in order to feel well during the pandemic were structured by social class, with women in affluent positions able to draw on a range of strategies that supported perceptions of wellness while alcohol was prominent in helping women feel stable (middle class) or able to cope (working class) with life's pressures and uncertainty during lockdown (Ward et al., 2022). Women reported alcohol helped them to feel calm (Ward et al., 2021), experience pleasure (Foley et al., forthcoming2) and mark time (Foley et al., forthcoming1) in specific contrast to their unstructured and changing circumstances. Alcohol was also connected to feeling happy amidst the pandemic uncertainty; although, happiness was more possible for women in affluent social class positions while more illusory or fleeting for women in working social class positions (Lunnay et al., 2023). The extent to which women felt able to manage their drinking (Lunnay et al., 2022b), as well as experiment with or embrace 'sober curiosity' amidst the pandemic were likewise structured by social class (Lunnay et al., 2022a), with women in working social class positions struggling to see what they would substitute alcohol with to survive everyday challenges. These factors converge to showcase the future health burdens which will emerge in response to alcohol consumption for conditions like breast cancer – and impact women with least resources the most. Even short-term increases in alcohol consumption will substantially increase breast cancer incidence (Sarich et al., 2020) – of which 10% of cases are estimated to be caused by alcohol (Pandeya et al., 2015). These future risks to Australia's healthcare system must be weighed alongside the need for countermeasure restrictions to minimise pandemic harms.

Support for industry and business

Alcohol outlets: National Health Guidelines now outline that there is no safe level of drinking (albeit they offer a guideline to low risk consumption practices), yet the nomination of alcohol retail outlets as 'essential services' during restrictions might suggest that drinking was a feasible way to pass time during the pandemic (Ward et al., 2022; Foley et al., forthcoming2). Similar to how the involvement of alcohol in fundraising for breast cancer research/treatment encourages consumption and dismisses public health messages that alcohol increases cancer risk (i.e. see Batchelor et al., 2023); government-endorsed material distributed as restrictions eased pictured men safely-distancing at the bar – while holding beers – as an example of getting back to life 'safely'. While this is true regarding viral transmission it may confuse members of the public regarding the riskiness of alcohol to health (rather than only read as an intonation to socially-distance at the pub) and in turn warrant cross-departmental consideration and coherence. Interviewees did identify that 'taking away' alcohol without replacing it with anything would be taking away their ability to cope, to feel at home, or stem loneliness or despair (Ward et al., 2022; Lunnay et al., 2022b). This complex and paradoxical role of alcohol in health (Foley et al., forthcoming2) however must be carefully navigated in government-endorsed materials.

Financial support for individuals

We only wish to add here that our data clearly show some positive impacts of increased income support payments for mothers during the pandemic – enabling them to buy warm clothes for their children or replace their car tyres (previously managing risk by driving slowly when transporting children). Those receiving income support payments reported the increases had significantly improved their mental health: even in the face of other pandemic stressors.

Thank you again for the opportunity to contribute. Please do not hesitate to reach us as needed:

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Supplementary Material: Details on the Research Centre submitting evidence

The Centre for **Public Health, Equity and Human Flourishing (PHEHF)** is a world-leading multidisciplinary research centre extending the horizon of public health research. We generate internationally renowned and cutting-edge research that creates thought leadership for the significant and varied public health problems of our time. We focus on undertaking research and advocacy activities that improve equity in society, locally, nationally and globally, and will enable human flourishing for all. Our 'field of vision' is on the systems and structures that currently hinder or destabilise human flourishing for some groups, but not others. We are interested in how inequality is present and operates within society.

Our research programs focus on understanding and improving social justice globally. Our researchers have expertise in academic disciplines such as sociology, epidemiology, psychology, human physiology, health promotion, allied health, nutrition, anthropology, medicine, philosophy and laboratory sciences. This means we are uniquely placed to respond to 'wicked problems' in contemporary society. Our research studies bridge disciplinary borders in order to synergise the strengths of multiple and complimentary research designs. Our home at **Torrens University Australia** means that we are able to extend this knowledge work into education and disseminate through the national reach of campuses and academics. The centre holds an exceptional h-index of 84 and 45,137 citations demonstrating its prominence in researching health equity and human flourishing at global, national, regional, and local levels.

Supplementary Material: Supporting Evidence

Published articles in peer-reviewed Q1 journals

1. Batchelor, S., **Lunnay, B.,** Macdonald, S., & **Ward, P. R.** (2023). Extending the sociology of candidacy: Bourdieu's relational social class and mid-life women's perceptions of alcohol-related breast cancer risk. *Sociology of Health & Illness*.

2. **Lunnay, B., Foley, K.,** Meyer, S., Wilson, C., Miller, E., Warin, M., Olver, I., Thomas, J., Batchelor, S. & **Ward, P.** (2022b) 'I have a healthy relationship with alcohol': A qualitative study of midlife women, alcohol and social class. *Health Promotion International.*
3. **Lunnay, B.,** Nicholls, E., Pennay, A., Maclean, S., Wilson, C., Meyer, S., **Foley, K.,** Warin, M., Olver, I. & **Ward, P.** (2022a) Sober curiosity: A qualitative study exploring women's preparedness to reduce alcohol by social class. *International Journal of Environmental Research and Public Health.*
4. **Lunnay, B.,** Toson, B., Wilson, C., Miller, E., Meyer, S., Olver, I., **Foley, K.,** Thomas, J. & **Ward, P.** (2021) Social class and changes in Australian women's affect and alcohol consumption during COVID-19. *Frontiers in Public Health*. https://doi:10.3389/fpubh.2021.645376
5. Meyer, S., **Lunnay, B.,** Warin, M., **Foley, K.,** Olver, I., Miller, E., Wilson, C., Macdonald, S., & **Ward, P.** (2022) Examining social class as it relates to the perceived trustworthiness of information regarding the link between alcohol and breast cancer risk. *PLoS One: Cancer and Social Equity.*
6. **Ward, P., Foley, K.,** Meyer, S., Wilson, C., Warin, M., Batchelor, S., Olver, I., Thomas, J., Miller, E. & **Lunnay, B.** (2022) The place of alcohol in the 'wellness toolkits' of midlife women in different social classes: a qualitative study in South Australia. *Sociology of Health and Illness.* https://onlinelibrary.wiley.com/doi/10.1111/1467-9566.13440
7. **Ward, P., Lunnay, B., Foley, K.,** Meyer, S., Thomas, J., Olver, I. & Miller E. (2021) The Case of Australia: Trust During Pandemic Uncertainty: a qualitative study of midlife women during in South Australia. *International Journal of Social Quality.*

Forthcoming articles, under review in Q1 journals

1. **Foley, K., Lunnay, B. & Ward, P.** (forthcoming2) Competing candidacies during COVID-19 and the paradoxical role of alcohol in managing both risk and pleasure for Australian women in midlife.
2. **Foley, K., Ward, P.,** Warin, M., & **Lunnay, B.** (forthcoming1) Recalibrating temporalities of risk: Alcohol consumption and breast cancer risk for Australian women pre-midlife before and during COVID-19.

Published book chapters

1. **Foley, K., Lunnay, B., and Ward, P.** (2023) Feeling and (dis)trusting in modern, post-truth, and pandemic-times. *The Emerald Handbook of the Sociology of Emotions in a Post-Crisis World: Imagined Emotions and Emotional Futures.*
2. **Lunnay, B., Foley, K.,** Warin, M. and **Ward, P.** (2023) Is happiness a fantasy only for the privileged? Exploring women's classed chances of being happy through alcohol consumption during COVID-19. *The Emerald Handbook of the Sociology of Emotions in a Post-Crisis World: Imagined Emotions and Emotional Futures.*
3. **Foley, K., Lunnay, B.** and **Ward, P.** (2024) When the politics of contextuality (can) subvert science: Australian women's perception of alcohol consumption and breast cancer risk. In: Farina, M. and Lavazza, A. *Overcoming the Myth of Neutrality: Expertise for a New World.* Routledge.

Other references cited

1. Pandeya, N., Wilson, L.F., Webb, P.M., Neale, R.E., Bain, C.J. & Whiteman, D.C. (2015) Cancers in Australia in 2010 attributable to the consumption of alcohol. *Australian and New Zealand journal of public health.* 39(5):408-13.
2. Sarich, P., Canfell, K., Egger, S. *et al.* Alcohol consumption, drinking patterns and cancer incidence in an Australian cohort of 226,162 participants aged 45 years and over. *Br J Cancer* **124**, 513–523 (2021). https://doi.org/10.1038/s41416-020-01101-2