



Commonwealth Government COVID-19 Response

Thank you for the opportunity to submit a response to this important Inquiry, focussed on reviewing the Commonwealth Government's response to the COVID-19 pandemic.

COTA NSW is the peak body representing people over 50 in NSW. We work with other State and Territory COTA's and the national peak group COTA Australia. Our COTA Australia colleagues are also intending to prepare a submission to inform this Inquiry which we also support.

It is understood that this Inquiry is not considering actions taken unilaterally by state and territory governments. The reality however, is that for many older people and their families, the State/Commonwealth relationship and demarcation of responsibilities were interdependent, and did become blurred. People didn't necessarily differentiate which tier of government was responsible for what. They had high expectations that their government would keep them informed and safe.

COTA NSW conducts community research, consultations and surveys regularly to highlight the issues that are of importance to older people. Our 50+ Report in 2021 focussed on the impact of COVID-19 and in particular how older people's connection to community and other people changed during 2020 and the possible impacts on their own health and wellbeing.

The main findings of COTA NSW's 50+ report in 2021 included:

- 2/3 of older people wore a face mask and avoided crowded areas during the previous week.
- There were increases in the use of both video and phone calls during the year, with the 50 – 60 age group significantly increasing their use of both video calls and social media.
- Carers, people with disability and those with chronic illness were more likely have decreases in social interactions with service providers, social groups and other members of the community resulting in increased incidence of social isolation.
- The biggest challenges cited by respondents was missing seeing family and friends followed by navigating shopping trips.
- 1/5 of respondents felt anxious or depressed and/or lonely or isolated during the restrictions.
- The impacts of restricted volunteering opportunities were harmful to many, producing feelings of sadness, loneliness, and boredom.
- Many respondents cited the importance of accurate information and a positive and pragmatic attitude as key for successfully navigating this period.

The issue and impact of access to reliable and timely information cannot be understated. Misinformation and disinformation spread through the Australian community and the world, creating fears of contracting the virus **or** losing their individual freedoms.

The Australian ATAGI committee of medical advisers could not clearly communicate what public measures were necessary and when vaccines would be available. The government and the community were not vaccine ready.

The then Morrison government negotiated with ATAGI to change public health policies to minimise the 'perception' of risk of the pandemic and chose the expensive Pfizer vaccine for use in Australia, despite AstraZeneca being available at cost. Public trust in ATAGI and medical advice



plummeted as medical and political spokespersons contradicted each other in the media. For older people, it was difficult to know who to believe.

The issue of accessing health care was also a challenge. Whilst primary care quickly “pivoted” to telehealth consultations many older people were unable to access their doctor for their chronic illnesses. This created anxiety and in some instances progression of conditions or late diagnosis of other conditions.

Perhaps the biggest barrier to an equitable and accessible response to the pandemic was that of **ageism**.

Politicians, academics, health care providers and the media showed an unprecedented level of ageism particularly during the height of the pandemic. The value of older people’s lives was set against the economy and the sharing of access to health resources. This was particularly evident for those older people living in residential care settings where outbreaks happened. Older people were expected to be isolated and treated in their nursing home which was not equipped to manage the impacts of the virus. We know that older people living in residential care facilities experienced deaths at a disproportionate rate.

We also know that the experience of lockdowns saw increased risk factors for older people and their care givers including financial hardship, the decreased access to health care and increased social isolation and stress.

COTA NSW stresses the importance of planning for mechanisms to better target future responses to the needs of particular populations (including across genders, age groups, socio-economic status, geographic location, people with disability, First Nations peoples and communities and people from culturally and linguistically diverse communities).

Australia does need to consider a model for inclusive, intersectoral pandemic preparedness. Inclusive preparedness must involve and resource communities and for older people it must include:

- The promotion of rapid, compassionate responses in residential and long-term care settings
- Avoidance of discrimination in all its forms that ration decisions for scarce health resources
- Provision of accessible policy and public health information
- Surety of essential services availability despite lockdowns

The Commonwealth government has a key role in enabling local, place-based community preparedness not only for natural disasters, but also for pandemics such as COVID-19.

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