



1 July 2020

Committee Secretary
Health, Communities, Disability Services and Domestic and Family Violence
Prevention Committee
Parliament House
George Street
Brisbane Qld 4000
Via email: health@parliament.qld.gov.au

Dear Committee,

Re: Inquiry into the Queensland Government's health response to the COVID-19 pandemic.

Thank you for the opportunity to provide information to your inquiry into the Government's response to the COVID-19 pandemic.

Lung Foundation Australia is Australia's only national for-purpose organisation working to strengthen the lung health of all Australians and supporting those experiencing a lung disease. Our national headquarters, housing the majority of our staff and our patient support specialists, is located in Brisbane, Queensland.

Our experience as a charity organisation and the experience of our members and supporters during the pandemic is captured in our submission to the federal Senate Select Committee on COVID-19. This submission includes the results of our nation-wide survey and is attached for your review.

In summary, we found that:

- the best preparation for fighting a respiratory virus is population level fact-based health literacy, which results in excellent respiratory hygiene and health,
- messaging and information campaigns on the pandemic and other future disease outbreaks must be clear, factual and appropriately supported by trusted experts and balanced with genuine messages of hope and inspiration,
- people living with a lung disease, such as lung cancer, COPD want tailored expert advice and support, including outreach as opposed to generic community health messages,
- the effects of isolation on social interaction, mental well-being, physical health and employment will play out over the coming years,

- delays in accessing medical care (usual care for chronic illness and screening for lung cancer) as a result of isolation and ongoing uncertainty about the safety of health environments are likely to result in delayed diagnosis and treatment of disease,
- ongoing dedicated investment in respiratory research and education will prepare and protect our community against future disease outbreaks, strengthen health and protect the economy.

We believe the Queensland Government response to the COVID-19 pandemic has been and continues to be founded on the best available evidence and expert medical advice and is delivered in the best interests of all Queenslanders.

We acknowledge, the success the Government has achieved in limiting the spread and impact of COVID-19 in Queensland. In part this is due to the agility and timeliness of the government in recognising what needed to be done and then doing it.

In particular, we acknowledge the timely response of the Government in delivering additional funding through the COVID-19 immediate support measures grant, to support and enhance the Foundation's health service delivery to Queenslanders. This additional funding enabled us to provide tailored support and outreach to Queenslanders experiencing a lung disease or lung cancer.

The generosity of the community has always played a significant role in funding our direct support and information services. However, like many other charities and non-government groups, we have experienced a substantial decline in community fundraising revenue as a result of the economic impact of COVID-19. It is estimated that this decline will continue for 2 to 3 years. We urge the Government to continue to offer additional funding in the years ahead to cope with demand for respiratory health education and awareness campaigns and support and information services.

We look forward to continuing our work with the Queensland government to protect and strengthen the respiratory health of Queenslanders.

Yours sincerely

A handwritten signature in black ink, appearing to be 'Mark Brooke', written over a circular stamp or seal.

Mark Brooke
Chief Executive Officer
Lung Foundation Australia



Lung Foundation Australia Submission to the Senate Select Committee on COVID-19

Introduction

Lung Foundation Australia is Australia's only national for-purpose organisation working to strengthen the lung health of all Australians and supporting those experiencing a lung disease.

Everything we have done, for the past 30 years, has been informed by our supporters: Australians living with a lung disease, their families and carers, and respiratory clinicians dedicated to serving their community.

Now, more than ever, Australians appreciate that our respiratory health determines how we live and work. A respiratory virus (COVID-19) has, in a blink of the eye; destroyed livelihoods, killed 103 (as at 27/05/20) Australians, crippled the national and global economy, and radically altered our way of life.

Our submission to your inquiry into the Federal Government's response to the pandemic, is focussed on protecting and securing the lung health of all Australians now and in the future.

Lung health in Australia – overview

Seven million Australians – almost one in three people – live with a chronic lung condition. They may have received a devastating diagnosis of lung cancer or Idiopathic Pulmonary Fibrosis (IPF). Perhaps they are suffering through an ongoing condition such as Chronic Obstructive Pulmonary Disease (COPD), asthma or bronchiectasis. Or they may have developed a lung disease, like silicosis or mesothelioma, due to working conditions or environmental factors.

As Australia's second biggest killer, no post-code is unaffected by lung disease, yet we find that the prioritisation and level of investment in respiratory research, treatment and prevention in Australia is not commensurate with disease burden or risk;

- preventable respiratory illnesses, like silicosis and asbestosis are resurgent in 21st century Australia
- pneumonia and influenza kill more than 4,200 Australians each year¹
- just 51% of at-risk groups are vaccinating against pneumococcal pneumonia despite availability on the Pharmaceutical Benefits Scheme (PBS)²

¹ Australian Bureau of Statistics (ABS), 3303.0 - Causes of Death, Australia, 2017. 2018.

² Australian Institute of Health and Welfare, Immunisation rates for vaccines in the national schedule for older people: <https://www.aihw.gov.au/reports/australias-health/australias-health-2018/contents/indicators-of-australias-health/immunisation-rates-for-vaccines-in-the-national-schedule-older-people>

- COPD is now the leading cause of preventable hospitalisations in Australia³
- lung cancer is the leading cause of cancer death in Australia, accounting for one in five cancer deaths
- diseases of the respiratory system accounted for the third highest number of emergency presentations in Australia in 2017-2018 (behind injury, poisoning and certain other consequences of external causes and symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified⁴).

Fighting the virus – the value of ongoing and early education and support

Our supporters, living with lung diseases, their families and carers, are some of the most vulnerable people in our community. People living with lung cancer, COPD, Pulmonary Arterial Hypertension (PAH), Pulmonary Fibrosis or other lung diseases, are at greater risk of adverse health outcomes if they acquire a COVID-19 infection⁵.

These vulnerable Australians needed protective quarantine measures in the earliest phase of the pandemic, supported by tailored health advice from a trusted health partner, to match their unique circumstances.

Our community were well informed about the impact of respiratory illnesses (e.g. influenza or pneumonia) **before** the introduction of isolation measures targeted to reduce the spread of the respiratory virus, COVID-19.

For 30 years, we have delivered ongoing respiratory and lung health education and awareness campaigns to targeted populations and the broader Australian community. These campaigns are designed with patients and dedicated consumer committees and supported and reviewed by expert clinical committees.

Our public health campaigns encourage individuals to:

- notice the signs and symptoms of respiratory illness
- manage respiratory illness and general health and wellbeing to stay healthy at home and in the community
- maintain regular immunisations and health surveillance.

We structure our health communication campaigns to scaffold information, incrementally building understanding and knowledge that can be easily incorporated into the daily lives of Australians.

At the beginning of the COVID-19 outbreak in Australia, our Consumer Advisory Committees were immediately engaged to seek their views; on the issues and actions needed to safeguard the health and wellbeing of people experiencing specific lung diseases.

³ Australian Institute of Health and Welfare, Chronic Respiratory Conditions: <https://www.aihw.gov.au/reports/chronic-respiratory-conditions/copd/contents/copd>

⁴ Australian Institute of Health and Welfare 2018. Emergency department care 2017–18: Australian hospital statistics. Health services series no. 89. Cat. no. HSE 216. Canberra: AIHW, p.27.

⁵ See: For COPD: Zhao, Qianwen, et al. "The Impact of COPD and Smoking History on the Severity of Covid-19: A Systemic Review and Meta-Analysis." *Journal of Medical Virology*, 2020, pp. *Journal of medical virology*, April 15, 2020. **COPD and ongoing smoking history attribute to the worse progression and outcome of Covid-19.** For lung cancer see, among others: W. Liang, W. Guan, R. Chen, W. Wang, J. Li, K. Xu, et al.

Cancer patients in SARS-CoV-2 infection: a nationwide analysis in China *Lancet Oncol*, 21 (2020), pp. 335-337: patients with cancer were observed to have a higher risk of severe events (a composite endpoint defined as the percentage of patients being admitted to the intensive care unit requiring invasive ventilation, or death) compared with patients without cancer (seven [39%] of 18 patients vs 124 [8%] of 1572 patients).

Their questions and concerns were converted to content for the website (a COVID specific section was established by 5 March); topics for webinars; factsheets; mail and newsletter content and social posts, under the guidance of our COVID-19 Expert Steering Committee.

The COVID-19 Expert Steering Committee was established in February 2020 and its membership includes a multi-disciplinary panel of clinical experts representing respiratory medicine, geriatric medicine, oncology, infectious diseases, nursing, allied health, general practice, palliative care, and paediatrics.

In addition to our electronic and direct mail communications regarding practical actions to take to reduce the spread of COVID-19 and maintain good health, our specialist nurses and staff made outreach calls during March and April, connecting with extremely vulnerable members, providing expert information, support and assurance.

We acknowledge and thank the Queensland Government for providing additional top-up funding to meet the surge in demand. Similar requests to other state governments and the Federal government were rejected or unanswered.

Our community was prepared to fight COVID-19 because they had acquired detailed, practical knowledge and understanding of respiratory diseases and preventative health measures, from our ongoing campaigns and education programs.

This foundation knowledge coupled with the COVID-19 specific information and support provided to our members, resulted in 96% of respondents to our COVID-19 survey⁶ advising that they were well-informed about the actions they needed to take to protect themselves, their family and community during the pandemic. Overwhelmingly, our supporters have advised that they did not contact Departmental health hotlines; they wanted specific information and advice on how COVID-19 would impact how they would manage their lung disease.

Notably, 94% of survey respondents said that they felt that they had played a part in the community response to coronavirus. Importantly, none of our members report that they or their family members have acquired a COVID-19 infection.

Early self-isolation, excellent hygiene practices and fact-based health literacy (acquired over many years) protected our community during the early stages of the pandemic in Australia.

Lung Foundation Australia experts, including our Board member A/Prof Lucy Morgan⁷ and Board Chair, Professor Christine Jenkins AM⁸ also played a role in educating the broader community about the impact of COVID-19 on individuals. Calm, factual and empathic explanations from experts - that answer people's questions and concerns - reassure people and dis-spell misinformation, which has been rife throughout the pandemic. From March to mid-May our website traffic increased by 54% as compared to the same period last year. Our COVID-19 pages were viewed 56,000 times during this same period.

Clinical experts from the Lung Foundation Australia Board contributed to a number of COVID-19 related media articles which resulted in over 67 million media impressions in Australia. These articles were picked up internationally and received significant global exposure.

⁶ Survey conducted by Lung Foundation Australia, 17th April – 1 May, 697 respondents.

⁷ See ABC TV Q&A 6 April 2020. And <https://www.dailymercury.com.au/news/doctor-reveals-how-virus-patients-die/3991091/>

⁸ Professor Christine Jenkins AM, is Conjoint Professor of Respiratory Medicine at UNSW Sydney, Head of the Respiratory Group at the George Institute for Global Health. See: <https://www.theguardian.com/world/2020/apr/15/what-happens-to-your-lungs-with-coronavirus-covid-19>, and <https://www.theguardian.com/world/live/2020/may/02/coronavirus-australia-update-newmarch-house-scott-morrison-nsw-vic-qld-live-news?page=with:block-5eaccca38f082b32fdd6bd8b>.

Issues of concern at time of the survey (peak isolation)

Health concerns arising from the impact of COVID-19 and the effects of ongoing isolation were the major concerns experienced by survey respondents during isolation.

Survey respondents possessed a heightened awareness of the global pandemic, as a result of accessing information through the media: 96% of respondents believed they were well informed about the pandemic, with 47% of respondents reporting that they relied on news services as their "main" source of information on the pandemic. This "heightened awareness" is reflected in the "COVID-19-specific" concerns felt by respondents during the isolation phase: 23% were concerned about changes to individual health and well-being, including pre-existing conditions, 21% were concerned about being diagnosed with COVID-19, 16% were concerned about the prospects of ongoing isolation, 12% were concerned with timely access to health supports, and 12% were concerned about changes to our way of life. Only 9% of respondents were concerned about access to food and medicines.

When asked what changes they had observed within their own lives during isolation, respondents reported that they observed they had become more anxious and concerned for their health (21%), exercised less (19%) and had become more fearful/anxious and depressed (15%).

When asked what activities in the wider community gave them hope, respondents rated "COVID-19 activities" well above other activities:

- 25% said research into a coronavirus vaccine gave them hope
- 24% said receiving reliable information on the pandemic and the response gave them hope
- 23% said research into new coronavirus treatments gave them hope
- 15% said receiving information on when lockdown and social distancing measures would be lifted gave them hope
- 13% said receiving information on things other than coronavirus gave them hope.

These results, coupled with the increase in enquires for tailored support and advice experienced during March - May, suggest that an overabundance of general information, circulating in the broader community, does not always translate into a sense of assurance in the community. There is a need to ensure that the messaging used by governments and media⁹ is clear, factual, appropriately supported by trusted experts and balanced with genuine messages of hope and inspiration.

Access to medicines and health services

We acknowledge and thank the Federal government for instituting changes to ensure continuity, and ease of access to essential medicines, as well as broadening access to telehealth services. The Australian community will secure long-term health benefits if these changes remain a permanent feature of our health system and high-quality public health campaigns support and encourage individuals to access 'usual care' for their health conditions.

⁹ Also see: Bilal, F, et al. "Role of Electronic Media in Mitigating the Psychological Impacts of Novel Coronavirus (COVID-19)." *Psychiatry Research*, vol. 289, 2020, p. 113041.

Social connection

Unsurprisingly, during isolation, people observed significant changes to personal interactions:

- 39% of survey respondents found different ways to increase connection with others - 20% spent more time connecting with family and friends via electronic platforms, 11% spent more time with their immediate family, 6% made contact with people they had lost touch with, 2% had more contact with family and friends.
- 52% of survey respondents had decreased social connections - 22% spent less time with friends, 18% found themselves watching more TV and using social media more often, 12% were reading more books.
- 6% felt isolated and alone.
- 3% of survey respondents found nothing had changed for them.

The short-and-long term impacts of the pandemic on our social behaviours and practices are only emerging.

Recovery

Delays in accessing medical care

Internationally published literature¹⁰ and local insights from recognised peak bodies and our COVID-19 Expert Steering Committee, tell us that COVID-19 is likely to have downstream effects on the long-term health of Australians, due to delays in attending health services to investigate new or changed symptoms.

Both European and UK cancer registries have reported reduced cancer incidence of up to 40% during the pandemic. In Australia, cancer hospitals are also reporting reduced referral of new patients¹¹. As a result, we expect increased advanced stage cancer diagnoses, poorer prognoses for individuals and increased costs for governments; all at a time where access to: early intervention (which is regarded as best practice), and clinical trials is reduced. Although we do not yet have a targeted lung cancer screening program in Australia, international lung screening programs have reported reduced referral rates, which will likely lead to increased future morbidity.

At the peak of the pandemic, some Australian health services were reporting reductions in GP consultations of 20-30%. Anecdotally, some members of our patient community told us that were not leaving the home at all; therefore some people living with lung conditions were not accessing the 'usual care' required to optimally manage their health and wellbeing. Looking to the future, we anticipate that people living with lung disease and lung cancer will have greater health and support needs as a result of COVID-19.

¹⁰ Saini, Kamal S, et al. "Effect of the COVID-19 Pandemic on Cancer Treatment and Research." *The Lancet. Haematology*, 2020, pp. *The Lancet. Haematology*, 24 April 2020.

¹¹ <https://www.smh.com.au/national/fears-seriously-ill-people-going-unchecked-as-cancer-referrals-plummet-20200426-p54n95.html>

Mental health concerns

We commend to the Committee, the Black Dog Institute report on the mental health ramifications of COVID-19 in Australia¹², and Mental Health Australia's issues paper for a response plan to COVID-19¹³. We note there is emerging research and literature¹⁴ detailing the current and future impacts of social distancing, isolation, and widespread unemployment on the safety and mental wellbeing of Australians.

We support comprehensive person-centred mental health services that focus on building resilience, honouring diversity, and uniting our community.

We have been hosting wellbeing webinars, led by psychologists and clinicians experienced in supporting people with lung disease, for our community since 30 March 2020. Seven webinars have been conducted to date. Topics have included "Looking after your mental health during COVID-19; Staying safe during the pandemic; COVID-19 and support for the Carer's Journey; Staying Fit and Strong at Home During the Pandemic" as well as disease specific topics and the impact of COVID-19.

Registration and attendance for these has been beyond demand and feedback has been positive:

- Webinar was great, thanks so much, a few people have enquired about the recording.
- Thank you so much for the webinar last week. I hope the families got a lot out of it, I know that I did as a mum of an immunosuppressed kiddo.
- Thank you both so much for the excellent and rapid work on these webinars – fabulous resources for consumers and HPs alike!
- Thank you for sending the Zoom link. I found the webinar extremely useful.
- Thank you LFA, for running through so many options and putting my mind at ease with regards to my personal fitness level and only doing what I can do. This has made a world of difference.
- I found the session both informative and funny. Dan's joke about hoarding toilet paper made me laugh. I am worried that because you couldn't see or hear the audience you may not be aware of how well received your presentation was, thank you so much for making me smile.
- Belated congrats on the excellent webinar last week. I thought it was great and have had only positive feedback from the broader group.
- Thank you so much for facilitating the webinar. Lots of useful stuff in there that I have not seen before, and to Debra for her compassionate understanding and delivery.
- Just to say a big "well done" to facilitating yesterday's webinar session with Debra S.
- It was a great source of information and comfort in these COVID-19 days.
- I found myself feeling encouraged, supported and more into control.

Again, it is our experience that tailored and targeted support from a trusted health partner, that integrates patient/consumer experience, results in assured knowledge and implementation.

¹² Mental Health Ramification of COVID-19: The Australian context: https://www.blackdoginstitute.org.au/wp-content/uploads/2020/04/20200319_covid19-evidence-and-recommendations.pdf

¹³ Issues Paper – Mental Health Response Plan for COVID-19 <https://mhaustralia.org/sites/default/files/docs/mental1.pdf>

¹⁴ See for example: Mazza, Marianna, et al. "Danger in Danger: Interpersonal Violence during COVID-19 Quarantine." *Psychiatry Research*, vol. 289, 2020, p. 113046.

Operational matters

Lung Foundation Australia is Australia's most trusted lung health charity.

We rely on government grants, community fundraising and donations from supporters to fund research into lung health including clinical trials, to operate our Information and Support Centre freecall helpline, and develop, educate and facilitate consumer and clinical committees.

The economic impact of COVID-19 means that our fundraising revenue is significantly reduced. At the time of writing, it is unlikely that any community fundraising will proceed in 2020, reducing our revenue by an estimated \$1.2 million in the next 12 months, and by an estimated \$2.5 million over the medium term.

We have not retrenched staff or reduced hours. We employ 33 full-time and part-time staff in Brisbane, Sydney and Melbourne. We appreciate that the JobKeeper measures provide continuity of current operations until September 2020. However, it has been our experience, from the global financial crash and several natural disasters, that fundraising revenue does not return to "pre-disaster" levels for two, possibly three, years. Pro Bono Australia and JB Were Research note that a 20-30% decline in community giving is likely over the next 12 months.

The health and social services sector employ more Australians than other industry. We believe that the government has a strong role to play in supporting all not-for-profits, for-purpose charities, particularly health charities, and should consider:

- Allowing health charities access to the charities relief package to support increased volume and complexity of service provision during Covid-19 and beyond
- extending JobKeeper for not-for-profits post September
- or other measures, such as new funding opportunities, to provide certainty of service to the community and certainty of employment to Australians.

Preparing for the future; learning from the past

A planning framework

The National Strategic Action Plan for Lung Conditions¹⁵ (the Action Plan) provides a detailed, person-centred roadmap for planning for and managing respiratory illness and outbreaks such as COVID-19. The Action Plan was commissioned and endorsed by the Federal Department of Health in 2019. It was prepared by Lung Foundation Australia.

This Action Plan outlines a comprehensive, collaborative and evidence-based approach to reducing the individual and societal burden of lung conditions and improving lung health. The plan addresses the broad spectrum of lung conditions, ranging from the common cold - which impacts the health of many Australians, their participation in the workforce, education and social activities - to lung cancer, which is Australia's biggest cancer killer with an estimated 9,020 deaths in 2017: more than breast, prostate and ovarian cancers combined.

It is recommended that given this framework exists, sustained and funded action is taken now to make the goals in this plan a reality.

¹⁵ The National Strategic Action Plan for Lung Conditions can be found [here](#).

Meaningful and sustained investment in respiratory research

Lung diseases accounted for **9%** of the total disease burden in Australia between 2008 – 2017¹⁶, yet only **2%** of total research funds (from the MRFF, the Australian Research Council, the National Health and Medical Research Council (NHMRC) and non-government funders, including Lung Foundation Australia and Asthma Australia) were allocated to lung disease research¹⁷.

Under-investment in respiratory research creates vulnerabilities and gaps in the knowledge, systems and practices needed to understand, manage, or prevent respiratory diseases. Under-investment in respiratory research will lead to failures in health systems, communities, and economies.

While we have seen significant and targeted investment in respiratory immunology of late, the decline in real terms for overall respiratory funding, especially from the National Medical Research Council of Australia, continues. Only four respiratory medicine applications were funded in the May 2020 Investigator Funding Round¹⁸. That is, only 4.8% of funding (approximately \$18 million) was awarded for lung disease or lung cancer research.

Australia's largest funder of health and medical research – the Medical Research Future Fund (MRFF) – **does not** have a dedicated respiratory research mission. The current MRFF 10-year plan, 2019 – 2030, has dedicated research missions - with a combined allocation of \$1.3840M over 10 years - for: dementia, aging and aged care, cardiovascular health, genomics health, indigenous health, mental health, stem cell research and traumatic brain injury.

A dedicated lung health research mission secures a specific research corpus and “gives researchers and industry certainty and direction; supporting them to tackle areas of unmet need and excel in collaborative and transformative research”¹⁹.

In February 2020, the Respiratory Health Alliance²⁰ advised the Health Minister, Greg Hunt, of the urgent need for a dedicated respiratory research mission in the MRFF. The Minister requested that the Alliance develop a proposal by July 2020 for his consideration. The matters we present here form part of that proposal. We believe that this inquiry is well placed to support/recommend the establishment of dedicated respiratory research mission of \$300M per year over 10 years under the MRFF.

Changes for the better as a result of COVID-19 measures

In our April COVID-19 survey, we asked Australians what they wanted to see change for the better as a result of the COVID-19 pandemic. The top three responses were: improved health screening at the Australian border (25%), improved personal hygiene education and practices (25%), and the retention of current cleaning regimes at businesses (e.g. cleaning of EFTPOS machines, surfaces, provision of wipes and sanitiser etc) (22%). We commend these measures for your consideration.

¹⁶ List of diseases classified as “lung diseases” for the purposes of the report were: lung cancer (Australia's highest cancer killer), asthma, bronchiectasis, Chronic Obstructive Pulmonary Disease (COPD), lower respiratory infections, mesothelioma, Pulmonary Fibrosis, tracheal and bronchus cancer.

¹⁷ Australia's investment in lung disease and lung cancer research. Lung Foundation Australia (March 2020). Currently embargoed.

¹⁸ The Investigator Grant scheme is NHMRC's largest funding scheme, with a 40% funding allocation from the Medical Research Endowment Account (MREA). The 2020 Investigator Grant round is the second round for this scheme and funds grants commencing in January 2021. This year's Investigator Grant funding allocation is \$367.5 million. The objective of the Investigator Grant scheme is to support the research program of outstanding investigators at all career stages. The scheme provides five-year funding security for high-performing researchers through its salary and research support packages (RSPs).

¹⁹ Medical Research Future Fund 10-Year Plan, Australian Department of Health

²⁰ Asthma Australia, the National Asthma Council, Lung Foundation Australia, Cystic Fibrosis Australia and the Thoracic Society of Australia and New Zealand are the Respiratory Health Alliance.

93% of our survey respondents want the Australian government to **establish a dedicated respiratory research fund**, to strengthen the respiratory health of Australians and prevent future pandemics

and

97% of survey respondents want more community **education and awareness on respiratory conditions** to strengthen and protect the lung health of Australians.

There is a clear expectation, and need, within the community for education about respiratory conditions, and education to improve and promote good personal and environmental hygiene practices. Lung Foundation Australia are well placed to conduct nation-wide respiratory health and hygiene awareness and education campaigns.

We stand ready to assist the government and our community to strengthen the lung health of all Australians and protect the Australian way of life.

The Lung Foundation Australia CEO, Chairperson and members of our COVID-19 Expert Steering Committee are available to discuss these matters with the Senate Select Committee.

Lung Foundation Australia COVID-19 SURVEY RESULTS

Individual responses to the question: What would you like to see change for the better in our community as a result of COVID-19?

Hopefully, Australia becomes more self-sufficient

More awareness and appreciation of the simple things in life. People enjoying each other and less emphasis on material gain

More plans to prepare us for pandemics in the future

Better hygiene and disease control in schools for all respiratory diseases

The community values connection and the benefits of a simpler way of living...becomes more aware of what we need and how we source it

People looking out for one another and being grateful for the things that really matter

Improved sense of community and common purpose

People actually caring about other people more. Being more aware of the wider society

Greater social cohesion, solidarity and support networks. Better environmental policies and practices

Buy Australian

Maintain a level of social distancing

Improved political debate based on science as opposed to ideology

Cooperation between governments, state and federal; more Australian made goods and services

People continue to see the importance of the flu vaccine and adhering to medications

Better education, so people are aware what can and can't happen. Train police to have some heart and sympathy for people, not to be abusive ticket writers

Make the Commonwealth Government responsible for all health, education and border controls. Abolish the State Governments

All jobs are regarded as essential not only for economy but mental health. Certainly, more flexibility in employment will benefit families

Natural environment a priority

More regular observant health checks starting from childhood right through our lives

Review Australia to make its own PPE. Not relying on China for cheap imports

People more aware of who and what is really important in life

No more people going out and about with flu like symptoms

Australia needs to start self-sufficient. Support local business. Decrease business with China

Maybe Australians will understand that this globalism track we are on is not a good thing

My aged care to be more helpful

When a calamity like this happens, politics should be put aside and parties work TOGETHER harmoniously so that we get all available brains on the problem

More creativity and innovation in all industries

The asthma drugs to be more heavily subsidised. They are quite expensive if you are properly following your action plan

Those of us with chronic lung disease whom work in essential areas being given more protection

Correct information from one source

Improvements in air quality and banning of wood heaters in built up areas

Politicians taking a bi partisan stance on issues that impact all Australians. Looking after the homeless and providing more social housing

Established plans to be always ready and not relying on imports for medical supplies and medications

People being more mindful of 'personal space' and continue Social Distancing in crowded areas such as shopping centres, in lines, grocery stores e.g. areas where that are usually busy and crowded

Less business and more time with family/loved ones

Better infection control with regard to employees in nursing homes & institutions

I hope the National Cabinet continues to meet regularly. It is heartening to see all parties working together - State and Federal

Food deliveries to more remote regional areas perhaps organised through councils

Increase herd immunity

Importance of exercises to build the immunity

Better connection between GPs, respiratory specialists and community nursing/allied health

Everyone to understand how important to stay home

Increase use non- medicated options for strengthening lung health. Shift to personal responsibility for safe-guarding personal health. Socially unacceptable for people with colds, flu to do anything than stay home to rest and recover. AND NOT INFECT ANYONE ELSE

People should be shown pictures of overseas to see how bad it can get as I think a lot of people still dont get it

Improving the way we interact /treat other people, returning to a simpler, less hectic way of life

No more toxic political discourse RIGHT and LEFT. Who cares?

Ban cruises

Clear and precise information about restrictions rather than having to wade through large amounts of not immediately relevant information such as on the SA Health website. Also I note that very little allowance was made for respiratory compromised people between 60 and 65. None of the supermarkets would accept this category as vulnerable

Easier food access for isolated rural people, home deliveries as low cost

Spending more time with family

Less transport on the roads

More testing areas

No more kissing as a greeting

Going back to using cash rather than a plastic card, which is too easily attacked by the nasties in this world. Two friends have been hacked. The banks must be loving all this extra money they have sitting in their accounts

Greater appreciation of our usual liberties and way of life

I stick to myself and ive enjoyed not having pple all around me and in my face..if i cld keep the peacefullnes i feel without virus i wld love it..less pple..less hussle...less personal contact..i.love it

Solution centred politics rather than ideology

Better health screening for cruise ships eg Ruby Princess

Support for all workers - financially, in work environments, mental health support

**Entry to all hospitals and aged care providers have health screening at entry door
mandatory**

Continued promotion on basic personal health care

Timely and respectful community-based support for those with disability

Greater self-sufficiency of Australia for health supplies

Quality time with family and a "slower" lifestyle with less rushing and busyness

Take care of environment and deal with climate change

More bipartisanship by politicians

Money of govts. into general wellbeing of citizens all the time!

Flexible work conditions when mum needs to be home to take care of me

A degree of respect for private space

Lots more people exercising (walking)

Improved health support for homeless with chronic disease

Work from home and access to carers leave available in line with the threat of COVID19

Legal penalties for people that infect others through carelessness

Changes in architectural configuration

Less stigma towards my age

Aged pensioners having a later dedicated shopping hour

A greater acceptance of Christ Jesus

Better understanding of the damage from air pollution especially wood heater smoke

I am a higher research degree student doing a Masters at Uni. I hope to get back to face-to-face communication ASAP but in the meantime Zoom is working quite well, though rather isolating

Closing our national borders to overseas visitors

Improved food handling methods need to be implemented

Permanent increased resources for unemployed, pensioners and welfare recipients

Some social distancing to be maintained in smaller spaces, avoiding overcrowding

Financial support for people with high-risk and am having to self-isolate (and therefore on unpaid long leave). Currently ineligible for 'JobKeeper' payment as company does not meet the criteria, and ineligible for 'JobSeeker' payment as individual is considered employed, even when there is no income

Explain how vulnerable people with respiratory conditions can experience serious stress as a result of impact of COVID-19

Social distancing in supermarkets to continue and no smoking in front of people would be good

Gradual return of small businesses that can manage social distancing

Greater awareness of the impact of air pollution especially residential wood smoke on lung health