



16 September 2022

P Shaw

By email: fyi-request-20225-35b9487a@requests.fyi.org.nz  
Ref: H2022010220

Tēnā koe P Shaw,

### **Response to your request for official information**

Thank you for your request under the Official Information Act 1982 (the Act) to Manatū Hauora (Ministry of Health) on 15 August 2022. You requested the below documents:

- “1. Full report titled 'Attitudes to self-isolation', and dated February 2022.*
- 2. Full report titled 'Health seeking behaviours', and dated March 2022.”*

Please find the requested reports and their appendices attached. Some identifiable information has been withheld under section 9(2)(a) of the Act to protect the privacy of natural persons. I have considered the countervailing public interest in release in making this decision and consider that it does not outweigh the need to withhold at this time.

Please consider the following when interpreting the results from Appendix 5 from the February 2022 report and Appendix 4 from the March 2022 report.

The data tables are developed as part of the basic analytical framework that helps Manatū Hauora to look at the results in a meaningful way. They show the proportion of respondents who answered each option of a question and the total number of respondents who answered the question.

Please note that the proportion is weighted. This means that if 100 respondents answered the question and the results showed 75% said yes, it does not mean that 75 respondents said yes. Weighting is a statistical technique to minimise the effect of imbalances in the sample, so it is more representative of Aotearoa New Zealand. Hence, weighting is an adjustment of the percentage of respondents who said yes, to better reflect the population percentage. Please see the appendix on methods in the report for the variables used for weighting.

The tables also include a breakdown by several variables, such as age groups or gender. Please note that the percentages shown are also weighted and the number of actual respondents is shown below each sub-group. We are careful with how we interpret the data, to make sure we share accurate results.

A note of caution when looking at sub-groups is that many have very few respondents who are part of that sub-group. Numbers of respondents in each sub-group are reduced for some questions, as not everyone answers every question or the number of respondents in the survey that are part of the sub-group is very small.

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In such a situation, we would recommend that you ignore these small sub-groups as on their own, they are imprecise results with large 'errors.' 'Error' is a technical term that refers to the estimated difference of the percentage obtained from the survey to the 'true' percentage in the population. It is something that can be estimated in statistics.

There is a relationship between the number of respondents and the size of the error. Table 1 describes this negative relationship – as the number of respondents increase the size of the error decrease.

You may read the table in the following way. When the number of respondents for whole survey or sub-group of respondents is 385, the true percentage is potentially 5% higher or 5% lower than the percentage shown in the table at a 95% confidence level (e.g., a result of 75% would mean that we are 95% confident that the true percentage lies between 70-80%).

Table 1: Relationship between the number of respondents in a survey or sub-group and the size of the error.

Size of the error	±1%	±5%	±10%	±20%
Number of respondents	9604	385	97	25

Besides error there are other things that could influence the results, such as bias. Bias is also a potential difference of the percentage obtained from the survey to the true percentage in the population. Bias, however, differs from error in that it cannot be estimated in statistics, it can sometimes be known which direction the bias occurs. It can be a positive, negative, or bidirectional. In this study, there is a potential bias due to the survey being conducted online and not everyone in Aotearoa New Zealand has access to or ability to use the internet. We know neither the percentage difference of any question, option or sub-group nor the direction of bias due to the study's recruitment methodology.

Respondents complete this survey without the help of an interviewer, as such there is a chance that they might not understand what we are asking. It is also possible for respondents to misinterpret the question or not answer some questions and these have impacts on the results as well, the size of which is unknown. Sometimes respondents answer in ways we do not expect, for instance, they may answer what they think we want them to say, rather than what they genuinely think or do. We have made all attempts to minimize these issues, but we cannot rule out the possibility that they may occur.

A survey is a common tool used in health research and we have applied common techniques to improve the accuracy of the findings. This guide has been written to help you think through and identify numbers and tables that cannot be interpreted easily.

These notes are generic and should be read together with the technical notes that specify the context of each survey.

Please see NZ Statistics for more information: <https://www.stats.govt.nz/methods/2013-census-definitions-and-forms/>.

I trust this information fulfils your request. Under section 28(3) of the Act, you have the right to ask the Ombudsman to review any decisions made under this request. The Ombudsman may be contacted by email at: [info@ombudsman.parliament.nz](mailto:info@ombudsman.parliament.nz) or by calling 0800 802 602. Please note that this response, with your personal details removed, may be published on the Manatū Hauora website at: [www.health.govt.nz/about-ministry/information-releases/responses-official-information-act-requests](http://www.health.govt.nz/about-ministry/information-releases/responses-official-information-act-requests).

Nāku noa, nā

A handwritten signature in blue ink, appearing to read 'Dan Bernal', with a long horizontal stroke extending to the right.

Dan Bernal  
**Acting Group Leader, Intelligence, Surveillance and Knowledge  
Public Health Agency, Ministry of Health**

## Appendix 1: List of documents for release

#	Date	Document details	Decision on release
1	February 2022	Horizon Self-isolation Survey Report	Some information withheld under section 9(2)(a) of the Act to protect the privacy of natural persons.
1A.		Excel Spreadsheet: Appendix 5	
2	March 2022	Horizon Health Seeking Behaviours Report	
2A.		Excel Spreadsheet: Appendix 4	





# Attitudes to Self-Isolation

## February 2022 Final Report

In association with  
the School of Population Health,  
University of Auckland.

Prepared for:  
**Behavioural Insights  
Science and Insights Group,  
COVID-19 Directorate,  
Ministry of Health.**



RELEASED UNDER THE OFFICIAL INFORMATION Act 1982

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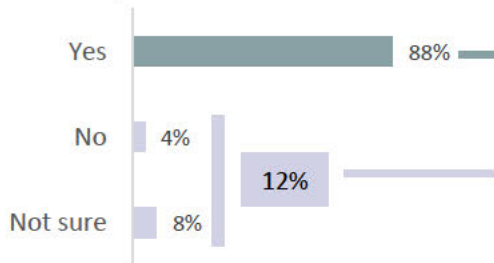
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**KEY FINDINGS**



**Would you self-isolate if asked to?**



Base: n=1,011

At the 95% confidence level there are no significant differences in likelihood to be vaccinated by ethnicity, income levels, employment status, educational level, identify as disabled or with health issues, household type and household numbers, region or DHB area.

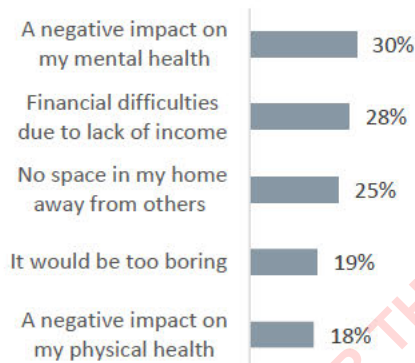
**Around 450,000 people will not self-isolate or are unsure about self-isolating if asked to.**

If asked to, almost nine out of ten (88%) would self-isolate (equivalent to 3,489,000 people).

However, 4% will not isolate (150,000 people) and 8% are unsure (305,000 people), meaning 12% (455,000 people) are at risk of spreading the virus.

Likelihood to self-isolate	
<b>Less likely ↓</b>	<b>More likely ↑</b>
<ul style="list-style-type: none"> <li>Male 85%</li> <li>Will not get vaccinated 34%</li> </ul>	<ul style="list-style-type: none"> <li>Female 92%</li> <li>Age 45-54 93%</li> <li>Clerical/Sales Employee 96%</li> </ul>

**Main concerns about self-isolating**



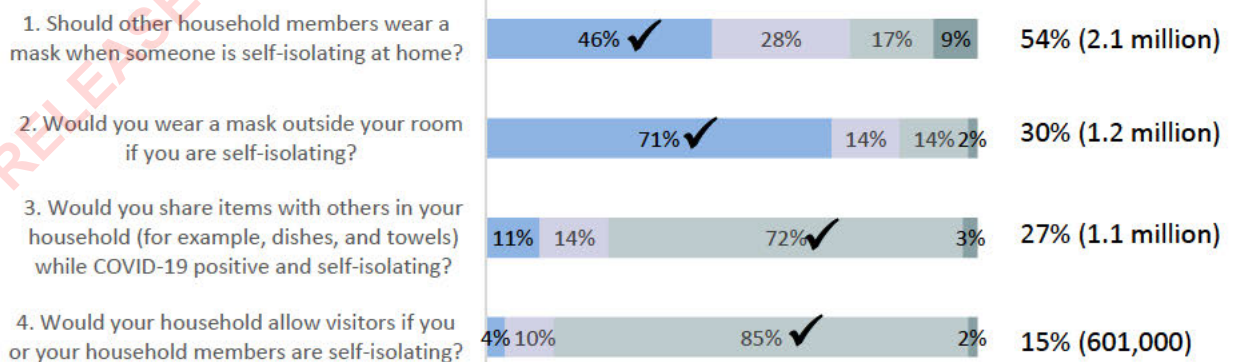
Base: n=1,012

**Main concerns about self-isolating relate to people's mental and physical health, financial pressure, not having the space to self-isolate and boredom.**



An estimated 1,147,000 people are concerned about negative impacts on their mental health while 997,000 don't have enough space in their homes to self-isolate.

**Understanding of isolation guidelines**



Results for questions 2 and 3 above exclude those living by themselves.

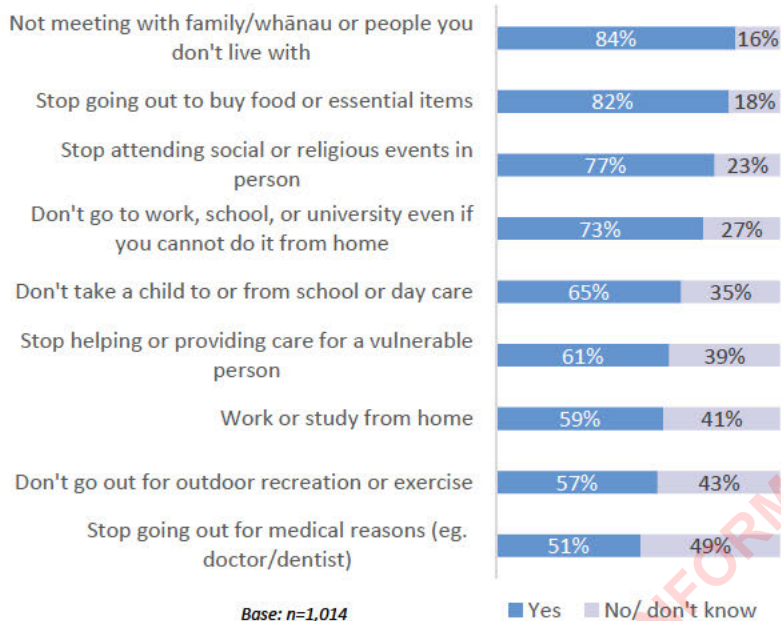
Base for Q 1 and 4: n=1,010

Base for Q 2 and 3: n=855

**While most will definitely do the right thing when self-isolating, still large numbers of people will do the wrong thing or are unsure.**



### Actions people would take if they need to self-isolate



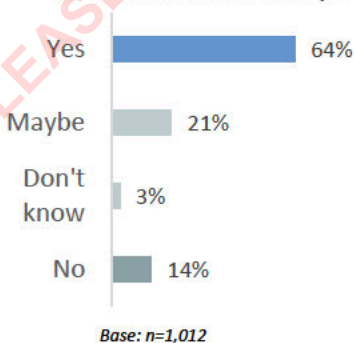
Most common actions include not meeting with family/whanau, not going out to buy household supplies, avoiding events and not going to places of education.

43% indicated they could go out for recreation and 49% for medical reasons.

The extent that people said they will not undertake an activity or don't know is concerning, as not undertaking these activities will place them and others at risk of infection by COVID-19. As an example, 23% (equivalent to 910,000 people nationally) did not say they would stop attending social or religious events. The issue here is that indoor social facilities and church buildings etc. are settings which may have vulnerable people attending with typical behaviours (e.g. singing) being favourable for mass transmission.

*NB. This question only asked people to identify the actions they would undertake ('yes' in the above chart). However, for ease of analysis we included a 'no/don't know' category showing those who did not select each action.*

### Have support person/s outside the home who could help?



Almost two-thirds (64%) definitely have whānau/family, neighbours or friends outside their household available to support them if needed and another 21% could possibly get this support.

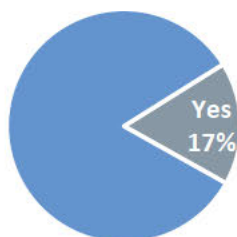
However, 14% do not have outside support (equivalent to 538,000 people nationally).

At the 95% confidence level there are no significant differences in having outside support by gender, employment status ethnicity, income levels, educational level, being disabled or having health issues, region or DHB area.

Likelihood to have outside support ('yes')	
Less likely ↓	More likely ↑
• Unemployed/Beneficiary 48%	• Age 65 or more 73%
• Living alone 55%	• Have 2 doses + booster 70%







Base: n=1,011

### Around one in six people had previously self-isolated in the last two years

17% (equivalent to 653,000 people) had self-isolated in the last two years, either at home or at an MIQ facility.

The main reason to self-isolate was waiting for the results of a COVID test that ended up testing negative (10%).



### Government websites and healthcare providers are the most preferred COVID-19 information sources

Four most trusted sources	Top four places people would go for information	Top four sources of information if people test positive
<b>73%</b> Healthcare providers	<b>73%</b> NZ Government websites	<b>68%</b> Healthcare providers
<b>66%</b> NZ Government websites	<b>62%</b> Healthcare providers	<b>51%</b> NZ Government websites
<b>35%</b> Hotline services (e.g. Healthline)	<b>30%</b> Hotline services (e.g. Healthline)	<b>48%</b> Hotline services (e.g. Healthline)
<b>24%</b> New Zealand news media	<b>24%</b> New Zealand news media	<b>9%</b> My employer

### Some verbatim comments

*"I am the sole earner in my family and if I had to isolate for too long would not have enough income to pay bills, especially if other members in the household have to isolate too."*

*"My wife and I have decided that if one of us were to require isolation we would isolate together, so the questions about isolating alone don't really apply."*

*"My mental health will really struggle with self-isolating."*

*"Need to get on with life and treat people equally whether vaccinated or not. Go convoy!!"*

*"I don't think that self-isolating from other members of my household would make a difference... they would get it in anyway."*

*"Family or friend support is fine but in a massive outbreak we could all be self-isolating- what then?"*

*"I am effectively self-isolating now, not because I am unwell but out of fear."*



## APPENDIX 1 – SOCIAL EQUITY ISSUES

The analysis following focuses on vulnerable groups in the community. We examined whether the following groups are particularly disadvantaged by having to self-isolate:

- Māori and Pasifika
- elderly people and young adults
- disabled people and those living with impairments or long-term health conditions (described as 'with significant health issues')
- people living by themselves and flatting or boarding
- low income people

### If asked to, would NOT self-isolate by vulnerable group

At the 95% confidence level, **no significant higher results** were identified compared with the total (4% of the total would not self-isolate if asked to).

### Do NOT have outside support by vulnerable group

Only one vulnerable group is **more likely** than the total not to have outside support:

- those with the lowest household incomes.

All other results including those for Māori and Pasifika are in line with the total.

	Total %	Significantly more likely ↑	
Do NOT have whanau/family, neighbours or friends outside your household available to support if help is needed	13%	'Earn less than \$20,000 household income per year	26%

## Concerns of vulnerable groups

Young adults aged 25-34 are particularly concerned about:



- Their mental health
- Boredom
- Having caring responsibilities that would make self-isolation impossible.

Those aged 18 to 24 are more likely to say they don't have the space at home to self-isolate. The concerns of Māori and Pasifika are similar to the total population except Pasifika have relatively more financial concerns. Those who are flatting or boarding are especially concerned about their mental health and boredom. Not surprisingly, disabled people and those with significant health issues are more likely to say they have health or medical needs that would make it hard to self-isolate.

Main concerns about self-isolating	Total %	Significantly more concern ↑	
Self-isolation would have a negative impact on my <b>mental health</b>	30%	Those flatting or boarding Young adults aged 25-34	51% 37%
<b>Financial difficulties</b> due to lack of income from self-isolating	28%	Pasifika	44%
I <b>don't have a space</b> in my home away from others	25%	Those flatting or boarding Those aged 18 to 24	48% 46%
Self-isolation would be too <b>boring</b>	19%	Young adults aged 18-24	34%
Self-isolation would have a negative impact on my <b>physical health</b>	18%	<i>No groups identified</i>	
I have <b>health or medical needs</b> that would make it hard	12%	Identify as disabled Have significant health issues	43% 27%
I have <b>caring responsibilities</b> that would make self-isolation impossible	10%	Young adults aged 25-34	18%



## Understanding isolation guidelines by vulnerable groups

The only significantly lower results than the total involve young adults:

- People from two age groups (18 to 24 and 25 to 34) are less likely to say that other household members should wear a mask when someone is self-isolating at home.
- The 25 to 34 year age group is also less likely to say they would NOT share items with other household members.

Understanding isolation guidelines	Total %	Significantly lower responses ↓	
Agree that other household members should wear a mask when someone is self-isolating at home (% yes)	46%	Aged 18-24 Aged 25-34	30% 38%
Would personally wear a mask outside your room if you are self-isolating (% yes) <i>Results exclude those living alone</i>	71%	<i>No significantly lower results were identified</i>	
Would NOT share items with others in your household (for example, dishes, and towels) while COVID-19 positive and self-isolating (% no) <i>Results exclude those living alone</i>	72%	Aged 25-34	65%
Your household would NOT allow visitors if you or your household members are self-isolating (% no)	85%	<i>No significantly lower results were identified</i>	



## Actions vulnerable groups will undertake if they have to self-isolate

As shown in the table below, three vulnerable groups indicated they are less likely than the total to take some recommended actions if they have to self-isolate:

- Those who identify as disabled
- Those with significant health problems
- People who live by themselves.

No significantly lower results were identified for Māori or Pasifika.

Actions people will undertake	Total %	Significantly lower responses ↓	
Not meeting with family/whānau or people you don't live with	84%	<i>No significantly lower results were identified</i>	
Stop going out to buy food or essential items	82%		
Stop attending social or religious events in person	77%		
Don't go to work, school, or university even if you cannot do it from home	73%	Identify as disabled	56%
		From a single person household	65%
		Have significant health issues	68%
Don't take a child to or from school or day care	65%	Identify as disabled	51%
		From a single person household	56%
Stop helping or providing care for a vulnerable person	61%	<i>No significantly lower results were identified</i>	
Work or study from home	59%	Have significant health issues	53%
Don't go out for outdoor recreation or exercise	57%	<i>No significantly lower results were identified</i>	
Stop going out for medical reasons (e.g. to the doctor/dentist)	51%		

## APPENDIX 2 – SURVEY OBJECTIVES

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The purpose of the survey is to understand the attitudes of adult New Zealanders to self-isolating during the current pandemic.

Key objectives are to:

- Record whether people will self-isolate if asked to
  - Determine whether people have had to self-isolate in the last two years and if so, the reason why
  - Assess their attitudes and stated behaviour regarding:
    - Mask wearing while self-isolating
    - Sharing items with others in the household
    - Allowing visitors into the household
    - Actions they would take if asked to isolate
    - The concerns they have around self-isolating.
  - Establish whether people have whānau/family, neighbours or friends outside their household who could help them while self-isolating
  - Establish what information sources they trust and would use for general information and to establish their options if they test positive to COVID-19
  - Determine their general attitudes to COVID-19 via a broad open-ended question – ‘do you have any final comments about COVID-19 vaccines?’
  - Record peoples’ vaccination status
  - Ask personal and household demographic questions in order to cross-analyse the results for different sub-groups of the population e.g. Māori and Pasifika.
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## APPENDIX 3 – METHOD



### Research approach

An online survey of people aged 18 or older.

### Sample sources

Members of the nationwide HorizonPoll and Horizon Research Māori panels as well as two third-party respondent panels: s 9(2)(a)

### Fieldwork dates

4 to 14 February 2022

### Sample size

n=1,014

### Survey reliability

For the total sample the maximum margin of error is  $\pm 3.1\%$  at the 95% confidence level.

### Quotas

Demographic quotas were used to ensure a representative sample. In addition, quotas for Māori and Pasifika respondents were boosted to achieve sufficient interviews to ensure reliable results for these ethnic groups.

### Weighting

The total sample is weighted on age, gender, ethnicity, highest education and personal income to match the adult population at the most recent census.

### Questionnaire design

The survey includes 31 questions (30 pre-coded questions as well as 1 open-ended question). The majority of questions were compulsory to answer. To ensure good quality data, only those people who answered 25 or more questions were included in the survey sample.

### Interview duration

The median time to complete the survey took 5.9 minutes.

### Sample profile

See Appendix Three.

### National population size for estimates

All estimates are based on Statistics NZ's Q3 2021 population projection of 3,956,300 New Zealanders aged 18 or more.

### Guide to interpretation

Cross analysis of the results only features statistically significant differences from the total. These results are indicated by the following symbols:

↓ significantly less than the total    ↑ significantly more than the total.



## APPENDIX 4 – SAMPLE PROFILE



## A) BY PERSONAL DEMOGRAPHICS

Gender	n= (unweighted)	% (unweighted)	% (weighted)
Male	493	48.6%	48.4%
Female	515	50.8%	50.9%
Another gender	6	0.6%	0.7%
<b>Total</b>	<b>1,014</b>	<b>100%</b>	<b>100%</b>

Age	n= (unweighted)	% (unweighted)	% (weighted)
18-24	60	5.9%	7.0%
25-34	249	24.6%	23.8%
35-44	137	13.5%	13.4%
45-54	188	18.5%	20.6%
55-64	93	9.2%	8.2%
65-74	165	16.3%	14.9%
75 or more	122	12.0%	12.1%
<b>Total</b>	<b>1,014</b>	<b>100%</b>	<b>100%</b>

Ethnicity	n= (unweighted)	% (unweighted)	% (weighted)
Asian	60	5.9%	4.7%
Indian	40	3.9%	3.2%
Māori	180	17.8%	15.2%
NZ European/Pakeha	652	64.3%	69.1%
Other European	64	6.3%	6.0%
Pasifika	90	8.9%	9.5%
Other	48	4.7%	4.0%
<b>Total</b>	<b>1,134 responses</b>	<b>111.8%</b>	<b>111.8%</b>

Multiple responses were allowed; hence the totals add to more than 100%

Highest education level	n= (unweighted)	% (unweighted)	% (weighted)
Postgraduate degree (Masters degree or PhD)	103	10.2%	7.7%
Undergraduate (Bachelor) degree	206	20.3%	15.7%
Vocational qualification (includes trade certificates, diplomas etc)	176	17.4%	14.2%
University Bursary or 7th form	77	7.6%	6.1%
Sixth form/UE/NCEA Level 2	125	12.3%	17.3%
NCEA Level 1 or School Certificate	157	15.5%	18.6%
No formal school qualification	134	13.2%	15.8%
Prefer not to say	36	3.6%	4.5%
<b>Total</b>	<b>1,014</b>	<b>100%</b>	<b>100%</b>

Current occupation	n= (unweighted)	% (unweighted)	% (weighted)
Professional/Senior Government Official	77	7.6%	6.2%
Business Manager/Executive	59	5.8%	4.9%
Business Proprietor/Self-employed	59	5.8%	5.4%
Teacher/Nurse/Police or other trained service worker	81	8.0%	7.1%
Clerical/Sales Employee	135	13.3%	13.1%
Farm Owner/manager	13	1.3%	1.3%
Technical/Mechanical/Skilled Worker	118	11.6%	10.8%
Labourer/Agricultural or Domestic Worker	51	5.0%	6.4%
Home-maker (not otherwise employed)	47	4.6%	5.2%
Student	57	5.6%	6.1%
Retired/Superannuitant	210	20.7%	20.6%
Unemployed/Beneficiary	62	6.1%	8.1%
Don't know/prefer not to say	45	4.4%	4.9%
<b>Total</b>	<b>1,014</b>	<b>100%</b>	<b>100%</b>

Look after or help others because of their long-term health issues	n= (unweighted)	% (unweighted)	% (weighted)
Yes	150	14.8%	15.0%
No	854	84.2%	83.9%
Prefer not to say	10	1.0%	1.1%
<b>Total</b>	<b>1,014</b>	<b>100%</b>	<b>100%</b>

Personal income	n= (unweighted)	% (unweighted)	% (weighted)
Less than \$20,000 per year	219	21.6%	24.1%
Between \$20,001 and \$30,000 per year	201	19.8%	21.5%
Between \$30,001 and \$50,000 per year	239	23.6%	24.0%
Between \$50,001 and \$70,000 per year	110	10.8%	8.4%
Between \$70,001 and \$100,000 per year	89	8.8%	6.6%
Between \$100,001 and \$150,000 per year	48	4.7%	3.5%
Between \$150,001 and \$200,000 per year	12	1.2%	1.0%
More than \$200,000 per year	11	1.1%	0.8%
Don't know/prefer not to say	85	8.4%	10.2%
<b>Total</b>	<b>1,014</b>	<b>100%</b>	<b>100%</b>

#### B) BY HOUSEHOLD DEMOGRAPHICS

Household income	n= (unweighted)	% (unweighted)	% (weighted)
Less than \$20,000 per year	85	8.4%	9.9%
Between \$20,001 and \$30,000 per year	133	13.1%	14.4%
Between \$30,001 and \$50,000 per year	182	17.9%	18.5%
Between \$50,001 and \$70,000 per year	145	14.3%	14.1%
Between \$70,001 and \$100,000 per year	153	15.1%	14.3%
Between \$100,001 and \$150,000 per year	137	13.5%	11.5%
Between \$150,001 and \$200,000 per year	50	4.9%	3.9%
More than \$200,000 per year	38	3.7%	2.8%
Don't know/ prefer not to say	91	9.0%	10.6%
<b>Total</b>	<b>1,014</b>	<b>100%</b>	<b>100%</b>



Household composition	n= (unweighted)	% (unweighted)	% (weighted)
Single person household	169	16.7%	16.7%
Couple only (no children/none at home)	314	31.0%	29.7%
Two parent family, one or two children at home	239	23.6%	22.5%
Two parent family, three or more children at home	58	5.7%	6.3%
One parent family, one or two children at home	81	8.0%	8.1%
One parent family, three or more children at home	16	1.6%	1.6%
Flatting or boarding - not a family home	78	7.7%	8.4%
Extended family	44	4.3%	4.7%
Prefer not to say	15	1.5%	1.9%
<b>Total</b>	<b>1,014</b>	<b>100%</b>	<b>100%</b>

Where are you living?	n= (unweighted)	% (unweighted)	% (weighted)
House	767	75.6%	76.1%
Townhouse	74	7.3%	6.9%
Unit or flat	110	10.8%	10.9%
Studio	6	0.6%	0.5%
Apartment	36	3.6%	3.3%
Care facility in a room with others	1	0.1%	0.1%
Boarding house	8	0.8%	1.0%
Something else	12	1.2%	1.2%
<b>Total</b>	<b>1,014</b>	<b>100%</b>	<b>100%</b>

### C) BY HEALTH & DISABILITY STATUS

Live with impairments or long-term health conditions	n= (unweighted)	% (unweighted)	% (weighted)
Yes	327	32.2%	33.8%
No	673	66.4%	64.8%
Prefer not to say	14	1.4%	1.4%
<b>Total</b>	<b>1,014</b>	<b>100%</b>	<b>100%</b>

Identify as disabled	n= (unweighted)	% (unweighted)	% (weighted)
Yes	82	8.1%	9.4%
No	919	90.6%	89.2%
Prefer not to say	13	1.3%	1.4%
<b>Total</b>	<b>1,014</b>	<b>100%</b>	<b>100%</b>

## D) BY VACCINATION STATUS

Vaccination status	n= (unweighted)	% (unweighted)	% (weighted)
Had two doses and a booster	529	52.2%	50.4%
Had two doses	402	39.6%	40.8%
Had one dose	9	0.9%	0.9%
Not vaccinated - but have booked	2	0.2%	0.3%
Not vaccinated - but will book	4	0.4%	0.4%
Not vaccinated and won't be one	53	5.2%	5.7%
Prefer not to say	15	1.5%	1.5%
<b>Total</b>	<b>1,014</b>	<b>100%</b>	<b>100%</b>

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## APPENDIX 5 – TECHNICAL REPORTS



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Excel tables (cross-tabs) and the raw survey data including verbatim comments and questionnaire are provided separately from this report.

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# Health seeking behaviours

March 2022 Report

**Prepared for:**

Evaluation and Behavioural Science  
Science, Surveillance & Insights  
COVID-19 Health System Response Directorate  
Ministry of Health

**In association with:**

the School of Population Health,  
University of Auckland.

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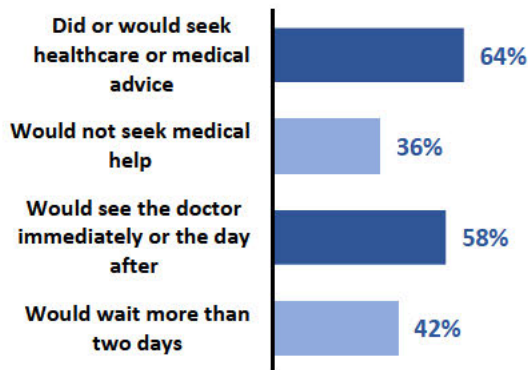
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## KEY FINDINGS

### Response to having COVID symptoms



Base: n=1,235

By far the most common health care providers adults would go to first are their GP (69%) and Healthline/ Whakarongorau (20%)

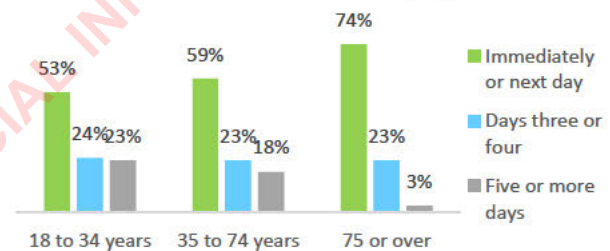
74% would wait until the symptoms were at least moderate, and 26% would wait until they were severe. Three per cent say they **never** want to see a doctor.

**1.4 million adults say they won't seek medical help if they develop COVID-19 symptoms**

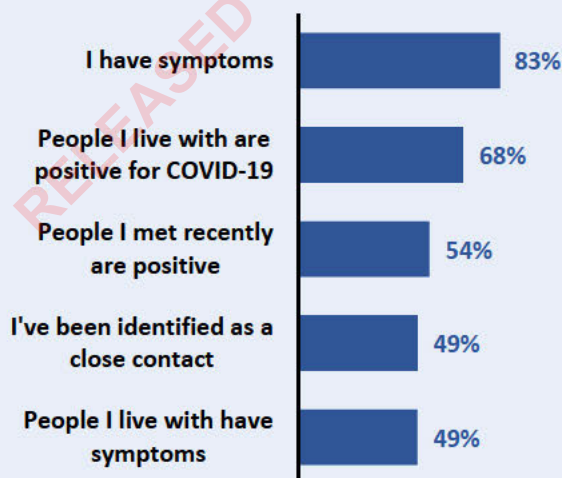


Almost two-thirds (64%) say they will seek medical advice if they have symptoms. However, 36% say they won't seek medical help. 58% would see the doctor immediately or the day after if they develop symptoms, but 42% would wait longer than this. 18% would wait to day 5 or after.

#### When see doctor after symptoms



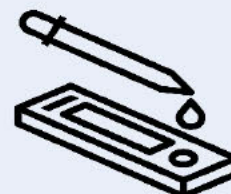
### Main reasons for self-administering a Rapid Antigen Test



Base: n=1,234

**83% or an estimated 3.3 million adults aged 18 or over would want to get a RAT test to test themselves if they develop symptoms of COVID-19.**

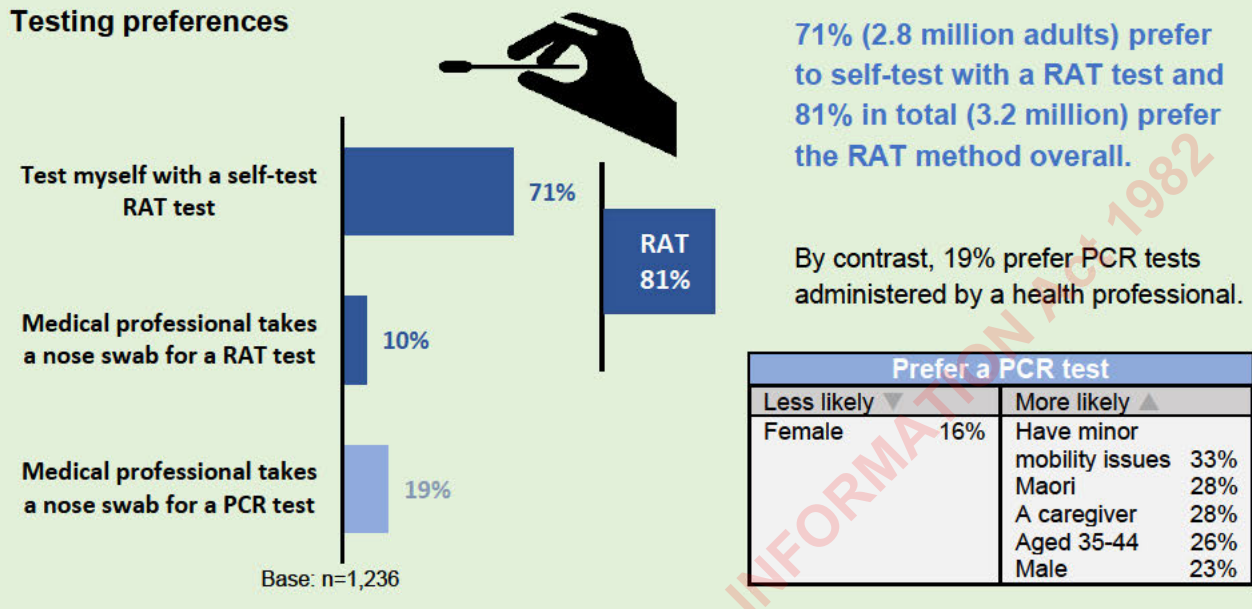
7% never want to be tested.



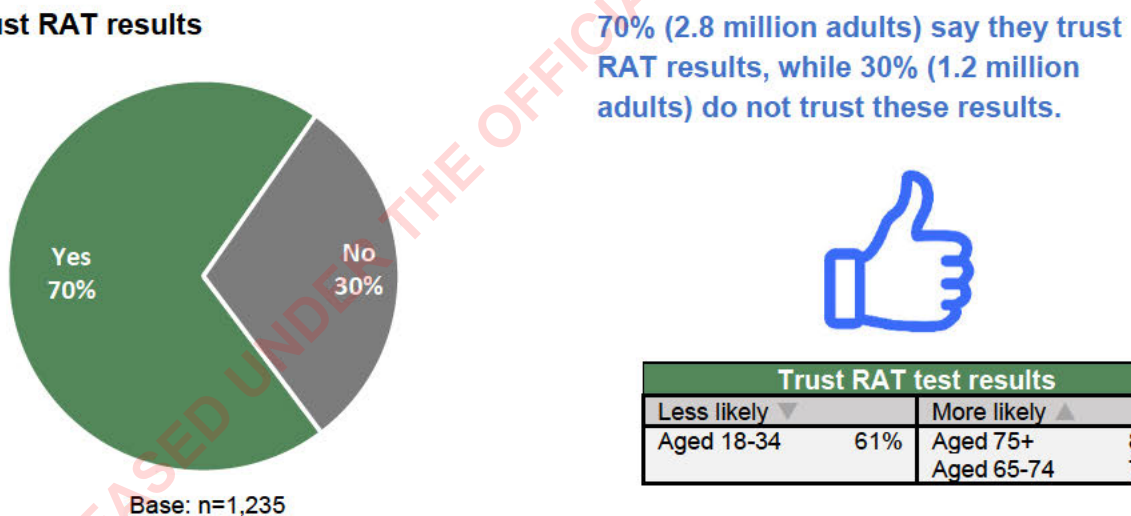
*"I have got some RATs to check if I feel sick, whether it is COVID or just a cold. We hardly go out or see anyone as we are old and want to avoid catching it"*

## KEY FINDINGS

### Testing preferences



### Trust RAT results



*“I just went and got RAT tests for the household and we tested to ensure we knew whether it was COVID or flu”*

*“It is a shambles. Rules change daily. I am a teacher and we are not RAT tested on site”*

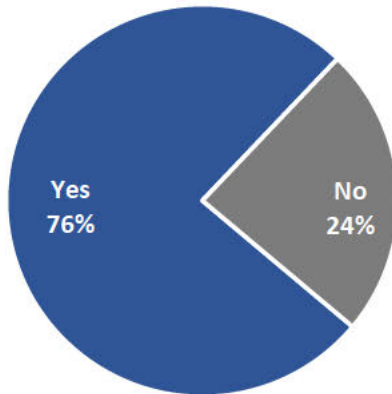
*“RAT test question was tricky. Mostly trust the result but not 100%”*

*“I would prefer the accuracy of a PCR test, but it isn't possible to support disability needs and wait two hours for a test”*



## KEY FINDINGS

### Are COVID-19 tests still necessary?

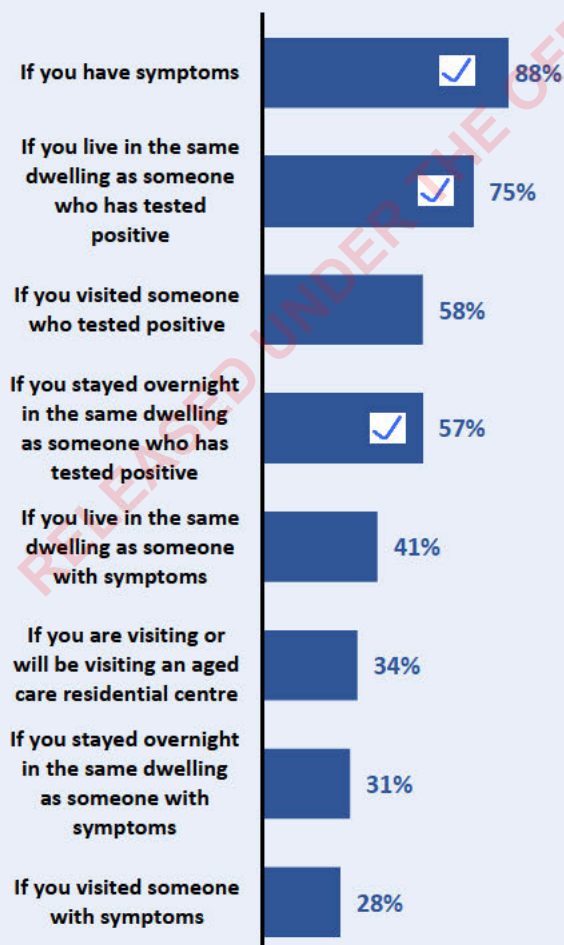


Base: n=1,230

Three-quarters of the adult population (76%) believe COVID-19 tests are still necessary. This equates to 3.0 million adults.

COVID-19 tests are still necessary	
Less likely ▼	More likely ▲
Aged 75+	90%
Have mobility issues	87%
Have serious health impairment	87%
Have a degree	81%

### When should you get a COVID-19 test? (top 8 reasons)



Base: n=1,226

**88%** or an estimated 3.5 million adults say they should get tested if they have symptoms

Other common reasons include:

- Living in the same house as someone who has tested positive (75%)
- Having visited someone who has tested positive (58%)
- Staying overnight in the same dwelling as someone with a positive test (also 57%)

Ticks indicate the situations where the Ministry recommends people get tested.

*“As soon as I get symptoms, I will get tested and isolate”*

*“I don’t think there is any need to test anymore, we just need to let it run its course and take the fear factor out of it, so people can get on with their lives”*

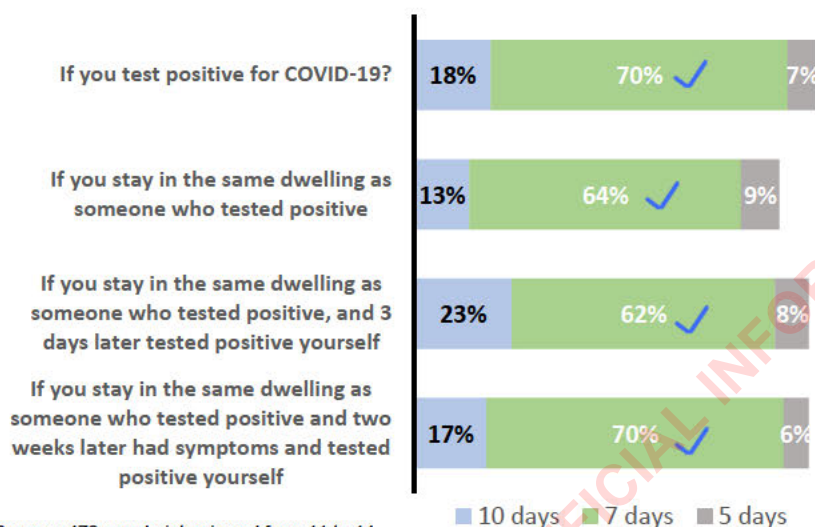
*“If I didn’t have any symptoms or was not sick, I wouldn’t waste resources”*

## KEY FINDINGS

### Knowledge of isolation rules

#### How long do you need to isolate?

Top three responses for a range of scenarios

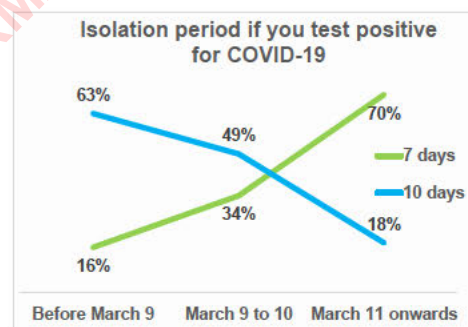


Base: n=472 people interviewed from 11 to 14 March out of 1,226 who answered these questions

The required period of isolation changed from 10 days to 7 days on 11 March, and announced on 9 March in the middle of fieldwork. Therefore, results are only shown for interviews conducted from 11 March onward.

For all four scenarios tested from 11 March, over sixty percent correctly say the isolation period is seven days. Before March 9 it was ten days.

The effectiveness of communicating this change is illustrated in the following chart:



#### When should you start isolating?

Less than half of adults correctly identify when they should start isolating in a range of scenarios

Scenario	Correct response	% who selected the correct response
If you were symptomatic and tested positive for COVID-19?	When you first had symptoms	43%
If you stay in the same dwelling as a person who had symptoms and tested positive	When the other person first had symptoms	33%
If you stay in the same dwelling as someone who tested positive, and 3 days later tested positive yourself but had no symptoms	When you got your test that had a positive result	33%
If you stay in the same dwelling as someone who tested positive and two weeks later had symptoms and tested positive yourself	When you first had symptoms	25%

“I guess if I have symptoms, get tested and it's positive, I'll be told what to do or I could look it up. I've seen it on the website but just can't be bothered trying to remember it all as it changes so often”





## APPENDIX 1 – SOCIAL EQUITY ISSUES

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**The following analysis focuses on vulnerable groups in the community.**

In this section we examine whether the following vulnerable groups exhibit significant differences compared with the total regarding their attitudes to COVID-19 symptoms and testing:

- Māori and Pasifika
- Elderly people and young adults
- Disabled people and those living with impairments or long-term health conditions.

Questions analysed include the following:

- Did they or would they seek medical help in response to having COVID-19 symptoms?
- How long would they wait to see a doctor if they have symptoms?
- How severe would their symptoms be before they would see a healthcare provide?
- Do they trust the results of RAT tests?
- Do they think COVID-19 testing is still necessary?

**Relatively few instances were observed where vulnerable groups have lower levels of health-seeking responses to COVID-19 compared with the total.**

**These differences are all age-related:**

- Those aged 55 to 74 are less likely than the total to say they did seek or would seek medical help in response to having COVID-19 symptoms (59% cf. 64% overall)
- Younger adults aged 18 to 24 are more likely to say that COVID-19 would need to be of high severity before seeing a healthcare provider (36% cf. 26% overall). This age group is also less likely to trust the results of RAT tests (42% cf. 70%).

**By contrast, there are more examples where vulnerable groups have a higher level of health-seeking responses than the overall population**

**Age-related differences:**

- Older people aged 75 or over are more likely than the total to say they did seek or would seek medical help in response to having COVID-19 symptoms (83% cf. 64% overall).
- This age group is also more likely to trust the results of RATs (85% cf. 70% overall) as is the 65 to 74 year age group (78% cf. 70% overall).



- The 75 plus age group is also more likely to say they will see a doctor immediately or the day after if they observe symptoms (74% cf. 58% overall); to say they will seek medical help for symptoms of moderate severity (62% cf. 48% overall); and to agree that COVID-19 tests are still necessary (90% vs. 76% overall).

### Ethnicity differences:

- Māori are more likely to say they will see a doctor immediately or the day after if they observe symptoms (66% cf. 58% overall).

### Disability and impairment-related differences:

- Those who are disabled with mobility issues (both moderate and severe) are more likely to say they did or will get medical help if they notice COVID-19 symptoms (74% cf. 64% overall).
- They are also more likely to say they will see a doctor immediately or the day after if they observe symptoms (71% cf. 58% overall); and to say they will seek medical help for symptoms of mild severity (40% cf. 23% overall).
- This group is more likely to say COVID-19 tests are still necessary (87% cf. 76% overall).
- People with serious medical impairments are also more likely to say COVID-19 tests are still necessary (87% cf. 76% overall).



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## APPENDIX 2 – METHOD



### Research approach

An online survey of people aged 18 or older.

### Sample sources

Members of the nationwide HorizonPoll and Horizon Research Māori panels as well as two third-party respondent panels: s 9(2)(a) [REDACTED] were used for source diversity)

### Fieldwork dates

8 to 15 March 2022

### Sample size

n=1,236

### Survey reliability

For the total sample the maximum margin of error is  $\pm 2.8\%$  at the 95% confidence level.

### Quotas

Demographic quotas were used to ensure a representative sample. In addition, quotas for Māori and Pasifika respondents were boosted to achieve sufficient interviews to ensure reliable results for these ethnic groups.

### Weighting

The total sample is weighted on age, gender, ethnicity, region and highest education to match the adult population at the most recent census.

### Questionnaire design

The survey includes 28 questions (27 pre-coded questions as well as 1 open-ended question). The majority of questions were compulsory to answer. To ensure good quality data, only those people who answered 26 or more questions were included in the survey sample.

### Interview duration

The median time to complete the survey was 6.5 minutes.

### Sample profile

See Appendix Three.

### National population size for estimates

All estimates are based on Statistics NZ's Q3 2021 population projection of 3,956,300 New Zealanders aged 18 or more.

### Guide to interpretation

Cross analysis of the results only features statistically significant differences from the total at the 95% confidence level. These results are indicated by the following symbols:

▼ significantly **less** than the total    ▲ significantly **more** than the total.

## APPENDIX 3 – SAMPLE PROFILE



### A) By Personal Demographics all percentages to 1 decimal point

Gender	n= (unweighted)	% (unweighted)	% (weighted)
Male	600	48.5%	49%
Female	624	50.5%	50.1%
Another gender	12	1.0%	0.9%
<b>Total</b>	<b>1236</b>	<b>100%</b>	<b>100%</b>

Age	n= (unweighted)	% (unweighted)	% (weighted)
18-24	75	6.1%	8%
25-34	211	17.1%	22%
35-44	219	17.7%	17.1%
45-54	214	17.3%	16.9%
55-64	205	16.6%	13.9%
65-74	208	16.8%	14.3%
75 or more	104	8.4%	7.7%
<b>Total</b>	<b>1236</b>	<b>100%</b>	<b>100%</b>

Priority Ethnicity	n= (unweighted)	% (unweighted)	% (weighted)
Māori	285	24.1%	20.1%
Pasifika	51	4.3%	3.8%
Asian	97	8.2%	7.5%
European	728	61.5%	67.3%
Other	23	1.9%	1.4%
<b>Total</b>	<b>1184</b>	<b>100%</b>	<b>100%</b>

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Highest education level	n= (unweighted)	% (unweighted)	% (weighted)
Postgraduate degree (Masters degree or PhD)	156	12.6%	12.5%
Undergraduate (Bachelor) degree	305	24.7%	22.0%
Vocational qualification (includes trade certificates, diplomas etc)	310	25.1%	26.4%
University Bursary or 7th form	88	7.1%	10.0%
Sixth form/UE/NCEA Level 2	133	10.8%	11.7%
NCEA Level 1 or School Certificate	123	10.0%	8.3%
No formal school qualification	93	7.5%	7.5%
Prefer not to say	28	2.3%	1.6%
<b>Total</b>	<b>1236</b>	<b>100%</b>	<b>100%</b>

Essential worker	n= (unweighted)	% (unweighted)	% (weighted)
Yes	325	26.3%	27%
No	894	72.3%	71.3%
Prefer not to say	17	1.4%	1.7%
<b>Total</b>	<b>1236</b>	<b>100%</b>	<b>100%</b>

Look after or help others because of their long-term health issues	n= (unweighted)	% (unweighted)	% (weighted)
Yes	277	18.4%	17.9%
No	999	80.8%	81.2%
Prefer not to say	10	0.8%	0.9%
<b>Total</b>	<b>1236</b>	<b>100%</b>	<b>100%</b>

Number in Household	n= (unweighted)	% (unweighted)	% (weighted)
One	192	15.5%	14.6%
Two	423	34.2%	33.1%
Three	253	20.5%	21.4%
Four	210	17.0%	17.8%
Five or more	158	12.8%	13.1%
<b>Total</b>	<b>1236</b>	<b>100%</b>	<b>100%</b>

Date Survey Completed	n= (unweighted)	% (unweighted)	% (weighted)
Before March 9	291	23.5%	25.9%
March 9 to 10	473	38.3%	39.7%
March 11 onwards	472	38.2%	34.4%
<b>Total</b>	<b>1236</b>	<b>100%</b>	<b>100%</b>

DHBs	n= (unweighted)	% (unweighted)	% (weighted)
Northland	37	3.0%	3.0%
Waitemata	145	11.7%	14.3%
Auckland	108	8.7%	9.4%
Counties Manukau	109	8.8%	10.3%
Waikato	103	8.3%	8.8%
Lakes	28	2.3%	2.4%
Bay of Plenty	62	5.0%	5.5%
Tairāwhiti	18	1.5%	1.4%
Taranaki	30	2.4%	2.1%
Hawke's Bay	41	3.3%	2.8%
Whanganui	17	1.4%	1.1%
MidCentral	56	4.5%	4.2%
Hutt	46	3.7%	2.7%
Capital and Coast	120	9.7%	7.4%
Wairarapa	13	1.1%	0.9%
Nelson/ Marlborough	32	2.6%	2.4%
West Coast	10	0.8%	0.8%
Canterbury	167	13.5%	13.0%
South Canterbury	16	1.3%	1.2%
Southern	78	6.3%	6.5%
<b>Total</b>	<b>1236</b>	<b>100%</b>	<b>91.4%</b>

Region	n= (unweighted)	% (unweighted)	% (weighted)
Northland	37	3.0%	3.0%
Auckland	362	29.4%	33.9%
Waikato	98	8.0%	8.5%
Bay of Plenty	92	7.5%	8.0%
Taranaki	30	2.4%	2.1%
Gisborne/Hawkes' Bay	62	5.0%	4.5%
Wairarapa	9	0.7%	0.6%
Whanganui/ Manawatu/ Palmerston North	73	5.9%	5.2%
Wellington	166	13.5%	10.0%
Nelson/ Tasman/ Marl- borough	32	2.6%	2.4%
Canterbury	183	14.9%	14.2%
West Coast	10	0.8%	0.8%
Otago	53	4.3%	4.5%
Southland	25	2.0%	2.0%
<b>Total</b>	<b>1232</b>	<b>100%</b>	<b>99.7%</b>

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## B) By Health & Disability Status

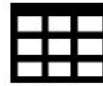
Identify as disabled	n= (unweighted)	% (unweighted)	% (weighted)
No	1,055	85.4%	86.2%
Yes, minor mobility issues	129	10.4%	9.7%
Yes, more serious mobility issues	26	2.1%	2%
Yes, a vision impairment	22	1.8%	1.7%
Yes, a hearing impairment	36	2.9%	2.8%
<b>Total</b>	<b>1268</b>	<b>102.6%</b>	<b>102.6%</b>

*Multiple responses were allowed; hence the totals add to more than 100%*

Live with impairments or long-term health conditions	n= (unweighted)	% (unweighted)	% (weighted)
No	720	58.3%	59.7%
Yes, a minor one that doesn't affect me too much	385	31.1%	30.2%
Yes, one that is more serious	131	10.6%	10.1%
<b>Total</b>	<b>1236</b>	<b>100%</b>	<b>100%</b>

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## APPENDIX 4 – TECHNICAL REPORTS



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Excel tables (cross-tabs) and the raw survey data including verbatim comments and the questionnaire are provided separately from this report.

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