

Equitable access to COVID-19 healthcare

July 2022 Report

Prepared for:

Evaluation and Behavioural Science - Science & Technical Advisory
Intelligence, Surveillance and Knowledge
Public Health Agency
Manatū Hauora - Ministry of Health

By Horizon Research Limited in association with:

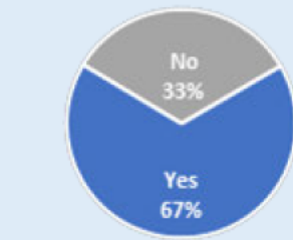
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KEY FINDINGS – EASE OF GETTING RAPID ANTIGEN TESTS (RAT)

NEEDED/TRIED TO GET A RAT IN THE PAST 30 DAYS

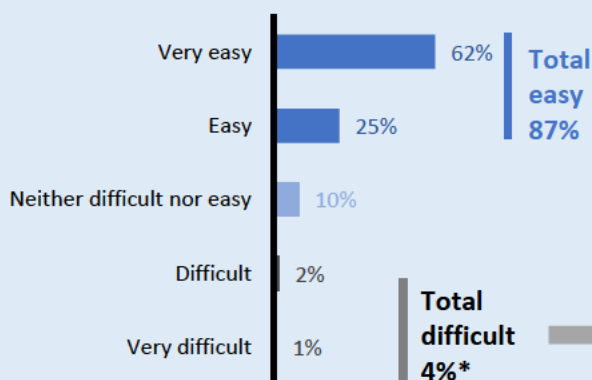


Two-thirds of respondents needed or tried to get a RAT in the past 30 days.

Of these people, 87% said it was easy to get the test, while only 4% said it was difficult.



HOW EASY WAS IT TO GET A RAT?



Sub-groups that were more likely to say a RAT was easy to get:

- Healthcare workers (93%)

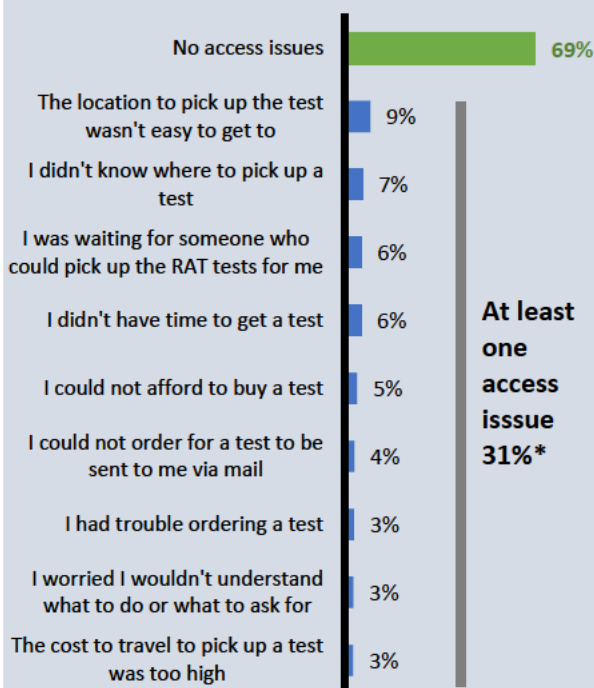
Sub-groups that were more likely to say it was difficult to get a RAT:

- 5 or 6 people in the household (9%)
- Education level NCEA 2 or lower (7%)

n=915 (needed or tried to get a RAT)

* "Total difficult" is different from individual percentages shown owing to rounding.

MAIN ACCESS ISSUES EXPERIENCED WHEN TRYING TO GET A RAT FOR PERSONAL USE



69% of respondents who needed or tried to get a RAT in the past 30 days experienced no access issues, while 31% mentioned at least one issue.

The top two access issues relate to the location to pick up the test:

- Not easy to get to (9%).
- Did not know where to pick up a test (7%).

Younger people aged 18 to 24 are significantly more likely to mention a range of access issues:

- Location not easy to get to (20% cf. 9% overall)
- Didn't know where to pick up a test (14% cf. 7%)
- Waiting for someone to pick the test up for me (13% cf. 6%)
- I could not order a test to be sent to me via mail (11% cf. 4%)
- Worried I would not understand what to do or what to ask for (9% cf. 3%).

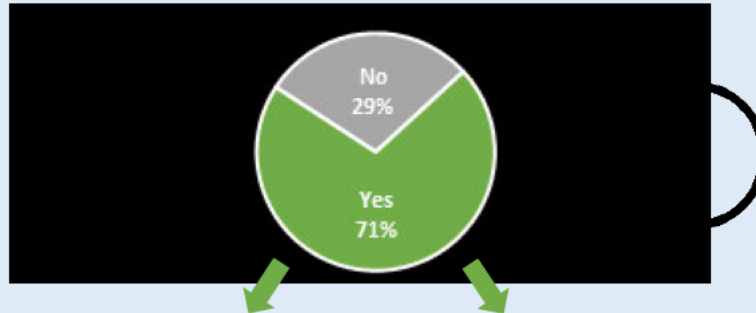
Other sub-groups who are more likely to mention access issues include healthcare workers, caregivers and those who identify as disabled.

n=915 who needed/tried to get a RAT
– chart excludes responses of less than 3%
* Respondents could choose more than one issue

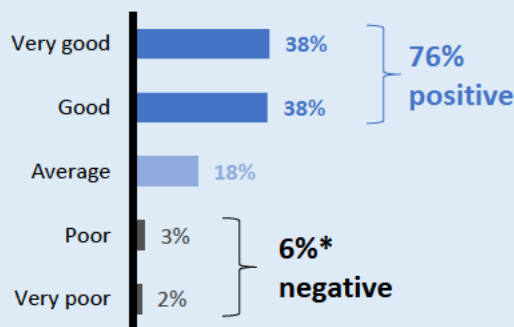
KEY FINDINGS – ACCESS TO INFORMATION FROM THE GOVERNMENT

TRIED TO GET INFORMATION FROM THE GOVERNMENT ON COVID-19 HEALTHCARE

7 out of 10 respondents had tried to access information from the government on COVID-19 healthcare.



EASE OF GETTING GOVERNMENT INFORMATION ON COVID-19 HEALTHCARE



*"Negative" subtotal is different from the sum of individual percentages shown owing to rounding.

n=961 (got/tried to get government information on COVID-19)

76% of those who looked for government information had a positive experience, while 6% had a negative experience

Sub-groups more likely to have a positive experience:

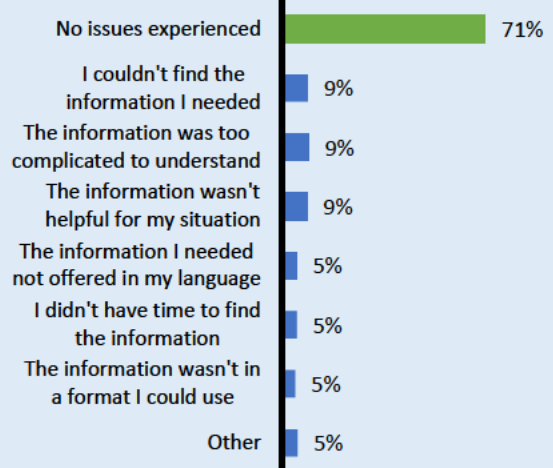
- Healthcare workers (87%)
- Have a university degree (83%)
- From Auckland (82%)

Sub-groups more likely to have a negative experience:

- Education level NCEA 2 or lower (10%)

Correlation analysis showed a moderate relationship between not experiencing any issues accessing government information and positive ratings for ease of getting this information (0.41 correlation)

ISSUES WHEN TRYING TO GET THIS INFORMATION



n=961 (got/tried to get government information on COVID-19 healthcare)

71% of those who sought government information said they experienced no issues getting this information.

Main issues mentioned:

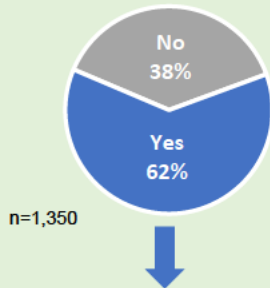
- I couldn't find the information I needed (9%)
- Information was too complicated (9%)
- Information was not helpful for my situation (9%).

Sub-groups who were more likely to say they couldn't find the information they needed:

- 7+ people in household (21% cf. 9% overall)
- Healthcare workers (19%)
- Those with postgraduate degrees (17%)
- Tested positive for COVID-19 (16%)
- Age under 35 (15%)

KEY FINDINGS – COVID-19 HEALTHCARE ACCESS

NEEDED OR TRIED TO GET COVID-19 HEALTHCARE IN THE PAST SIX MONTHS



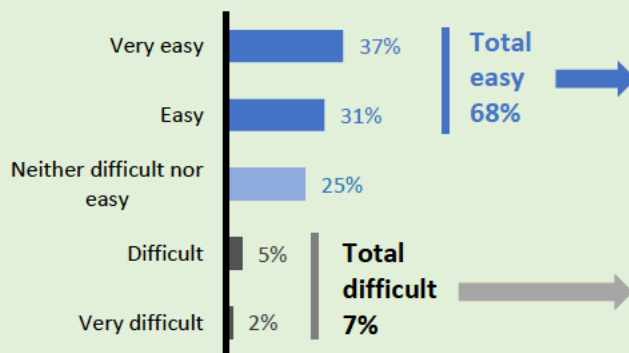
62% of respondents needed or tried to get COVID-19 healthcare in the past 6 months



Of those who had needed or tried to get COVID-19 healthcare:

- 7 out of 10 (68%) said this healthcare was easy to get, while
- 7% said it was difficult.

EASE OF GETTING COVID-19 HEALTHCARE IN THE PAST SIX MONTHS



Sub-groups more likely to say COVID-19 healthcare was easy to get:

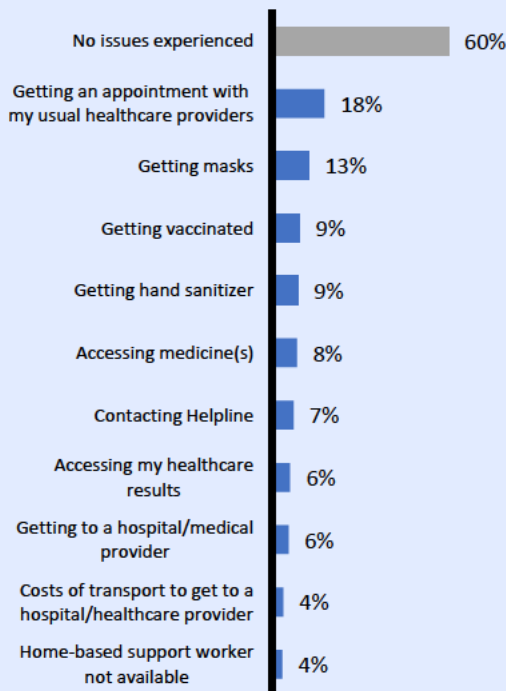
- Healthcare workers (78%)

Sub-groups more likely to say COVID-19 healthcare was difficult to get:

- Education level NCEA 2 or lower (12%)

n=820 (needed/tried to get COVID-19 healthcare in the past 6 months)

ISSUES WHEN TRYING TO ACCESS COVID-19 HEALTHCARE



n=820 who needed/tried to get COVID-19 healthcare in the past 6 months – chart excludes responses of less than 4%

While 6 out of 10 adults reported no issues when accessing COVID-19 healthcare, 4 out of 10 had experienced at least one issue

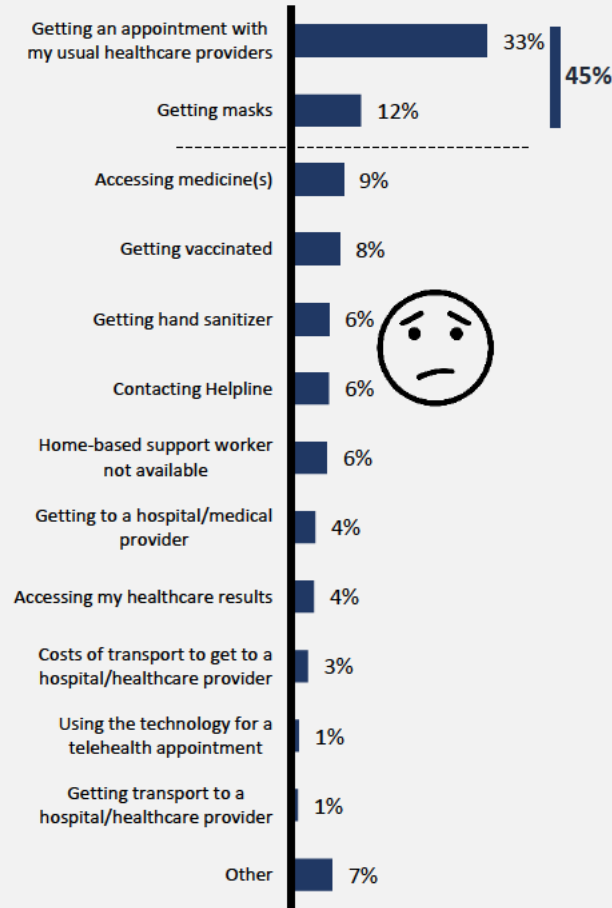
Main issues	Total %	Main sub-groups impacted ▲
Getting an appointment with my usual healthcare providers	18%	5+ children in household (36%)* Healthcare workers (31%)
Getting masks	13%	Age 18 to 24 (23%) Age 25 to 34 (22%)
Getting vaccinated	9%	Age 25 to 34 (21%) Caregivers (18%)
Getting hand sanitizer	9%	Age 18 to 24 (17%) Age 25 to 34 (17%)
Accessing medicines	8%	5+ children in household (28%)* 5+ adults in household (21%) Healthcare workers (17%) Tested positive for COVID-19 (13%)

* Note small sample for households with 5 or more children n=36

Correlation analysis showed a strong relationship between not experiencing any access issues and positive ratings for ease of getting COVID-19 healthcare (0.67 correlation)

KEY FINDINGS – MOST RECENT ACCESS ISSUES

MOST RECENT COVID-19 HEALTHCARE ACCESS ISSUES

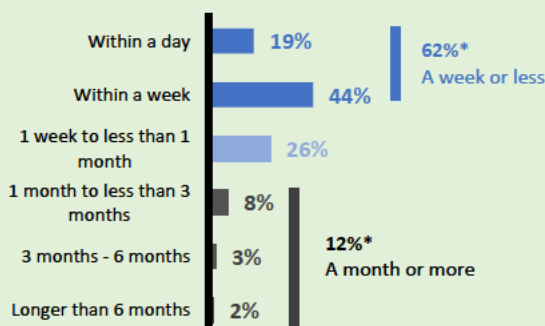


Two healthcare access issues make up 45% of the most recent issues

For a third of respondents with COVID-19 healthcare access issues, “getting an appointment with my usual healthcare providers” was the most recent issue.

n=315 who reported at least one healthcare access issue – question required a single response

WAITING TIMES FOR MOST RECENT ISSUES TO BE ADDRESSED IN THE PAST 6 MONTHS



62% of the most recent issues were addressed in a week or less; however, 13% of these issues took a month or more to resolve.

The largest issue, “Getting an appointment with my usual healthcare providers” (n=106 responses), was resolved in a week or less in 56% of cases, but in 9% of cases this took a month or more.

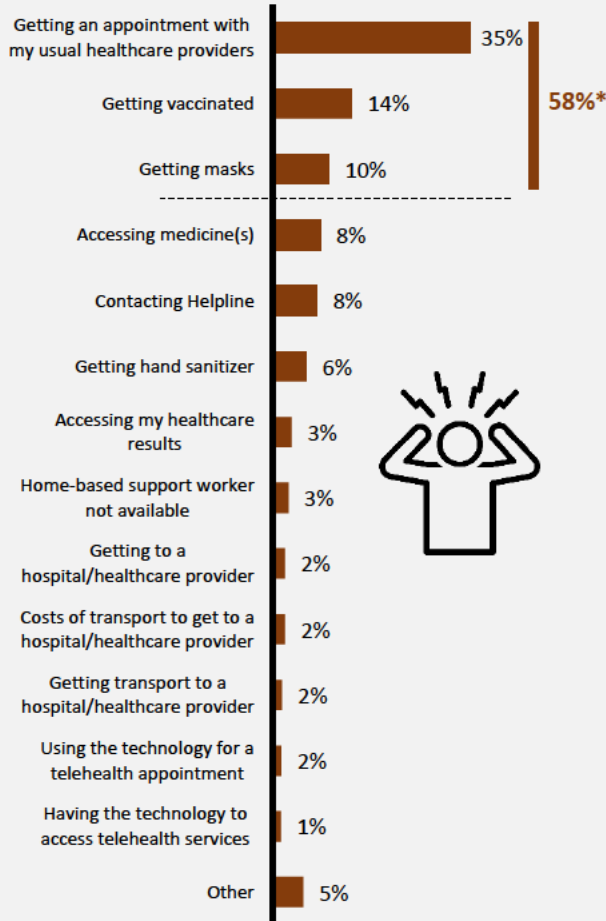
*Subtotals are different from the sum of individual percentages shown owing to rounding.



Relationship between waiting times and the effect of the issue on peoples’ lives
Those who had to wait longer were slightly more affected by the most recent issue; eg 17% were very or extremely affected if the issue took a week or less to resolve, while 25% were very or extremely affected if the waiting time was a month or more. NB. This result is indicative, due to the small sample of people who had waiting times of a month or more (n=38)

KEY FINDINGS – COVID-19 HEALTHCARE ACCESS CONT'D

COVID-19 HEALTHCARE ACCESS ISSUES WITH THE MOST SIGNIFICANT IMPACT



n=315 who reported at least one healthcare access issue – question required a single response

Three healthcare access issues make up 58% of the issues with the most significant impact

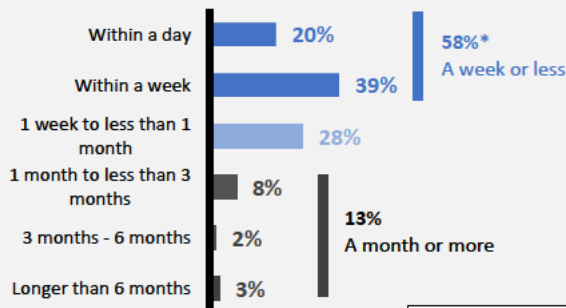
Getting an appointment with my usual healthcare providers is considered the most impactful issue overall (mentioned by 35% of those who experienced issues).

Sub-groups who were most impacted by the main issues:

Issues with the most impact	Significant impact overall	Sub-groups where this issue impacted the most ▲
Getting an appointment with my usual healthcare providers	35%	Age 35 to 44 (53%) From Te Whatu Ora Southern Region (53%)
Getting vaccinated	14%	Age under 35 (22%)
Getting masks	10%	No significant differences
Accessing medicine(s)	8%	7+ people in household (17%) Have a university degree (16%)
Contacting Helpline	8%	No significant differences

*Subtotal is different from the sum of individual percentages shown owing to rounding.

WAITING TIMES FOR ISSUES WITH THE MOST SIGNIFICANT IMPACT TO BE ADDRESSED IN THE PAST 6 MONTHS



N=314 (had healthcare access issues).

*Subtotal is different from the sum of individual percentages shown owing to rounding.



58% of the issues with the most significant impact were addressed in a week or less; however, 13% of these issues took a month or more to resolve. This is a very similar result to the most recent issues.

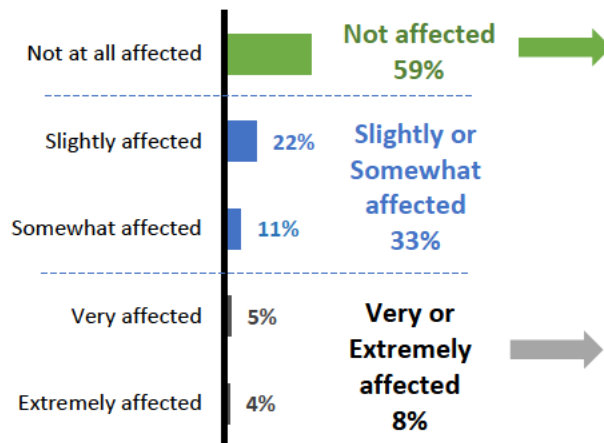
The largest issue, "Getting an appointment with my usual healthcare providers" (n=104 responses) was resolved in a week or less in 54% of cases, but in 10% of cases this took a month or more.

Relationship between waiting times and the effect of the significant issue on peoples' lives

Again, those who had to wait longer were slightly more affected by the most significant issue eg 16% were very or extremely affected if the issue took a week or less to resolve, while 26% were very or extremely affected if the waiting time was a month or more. NB. This result is indicative, due to the small sample of people who had waiting times of a month or more for a significant issue (n=42)

KEY FINDINGS – IMPACT OF COVID-19 HEALTHCARE ACCESS ISSUES

IN THE PAST 6 MONTHS, TO WHAT EXTENT HAS YOUR LIFE BEEN AFFECTED BY DIFFICULTIES ACCESSING OR WAITING TO RECEIVE THE COVID-19 HEALTHCARE YOU NEEDED?



n=820 who needed/tried to get COVID-19 healthcare in the past 6 months – results are affected by rounding

6 out of 10 respondents (59%) said their lives had not been affected by difficulties with COVID-19 healthcare access.

Sub-groups more likely to not be affected include:

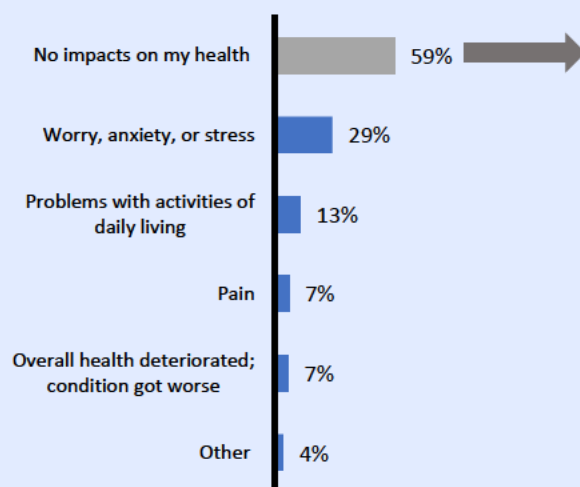
- Those who said it was very easy to access the COVID-19 healthcare they needed (71%)
- Age 55 or more (70%)
- Never tested positive for COVID-19 (64%)

8% said their lives had been very or extremely affected.

More likely to be very or extremely affected:

- Caregivers (20%)
- Healthcare workers (17%)
- Age less than 35 (14%)

IMPACT OF COVID-19 HEALTHCARE ACCESS ISSUES ON PEOPLES' HEALTH IN THE PAST 6 MONTHS



n=820 who sought COVID-19 healthcare in the past 6 months

59% of those who sought COVID-19 healthcare reported no impacts on their health as a result of healthcare access issues. 41% reported at least one health impact.

Main impacts reported include worry, anxiety and stress (29%) and problems with the activities of everyday living (13%)

Sub-groups more likely to be affected by worry, anxiety and stress:

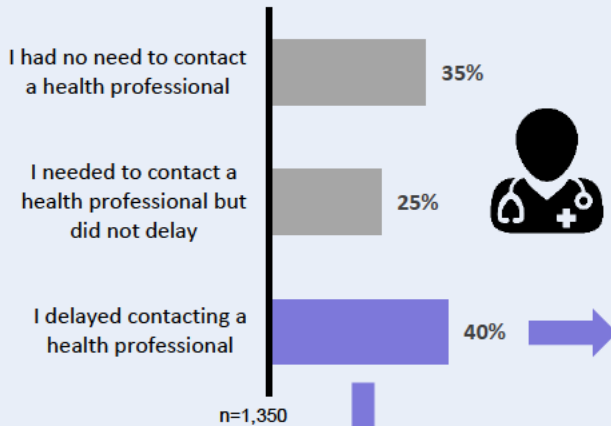
- Living in a flatting situation (48%)
- 5+ adults in the household (47%)
- 7+ people in the household (43%)
- Caregivers (43%)
- Age under 35 (41%)
- Have an impairment or long-term health condition (36%)

Sub-groups more likely to be affected by problems with the activities of everyday living:

- 5+ adults in the household (26%)
- 7+ people in the household (23%)
- Caregivers (21%)
- Age under 35 (21%)
- Live in Auckland (19%)
- In Te Whatu Ora Northern Region (18%)

KEY FINDINGS – DELAY IN CONTACTING A HEALTHCARE PROFESSIONAL

DID YOU DELAY CONTACTING A HEALTHCARE PROFESSIONAL ABOUT A PHYSICAL, EMOTIONAL, OR MENTAL HEALTH PROBLEM IN THE PAST 6 MONTHS?

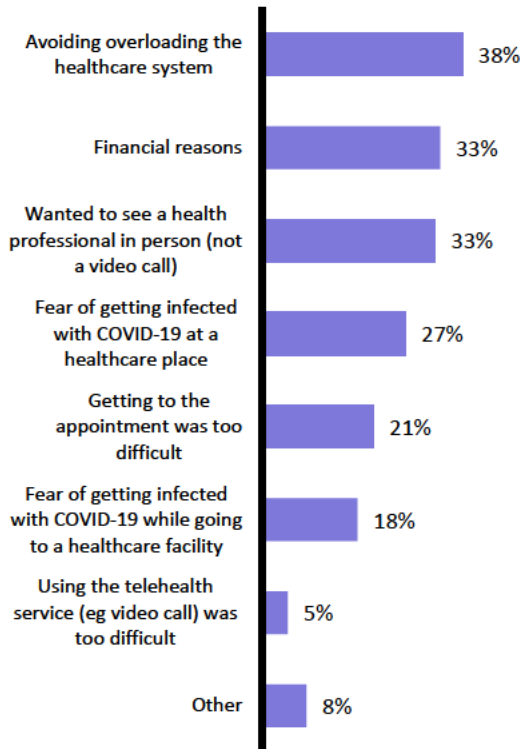


Sub-groups more likely to delay:

- Age 18 to 24 (64%)
- Healthcare workers (59%)
- Caregivers (59%)
- 7+ people in household (57%)
- Identify as disabled (56%)
- Tested positive for COVID-19 (51%)
- Age 25 to 34 (49%)
- Have an impairment or long-term health condition (48%)
- Ethnic priority Māori (46%)

40% of respondents delayed contacting a healthcare professional about a health problem in the past 6 months.

REASONS FOR DELAYING CONTACTING A HEALTH PROFESSIONAL



Top three reasons to delay contacting a health professional:

- To avoid overloading the healthcare system (38%)
- Financial reasons (33%)
- Wanted to see a health professional in person (33%).

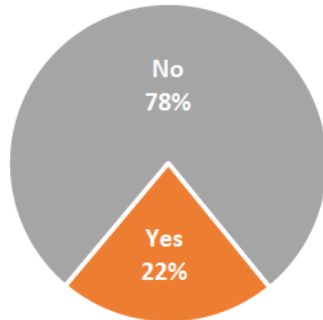
Sub-groups who were more likely to delay contacting a healthcare professional for the main reasons:

Main reasons for delay	Total %	Sub-groups more likely to give this reason ▲
Avoiding overloading the healthcare system	38%	No significant differences
Financial reasons	33%	Flating (52%) Age 35 to 44 (51%)
Wanted to see a health professional in person (not a video call)	33%	Age 55 and over (48%) Live in a regional town (46%)
Fear of getting infected at the healthcare place	27%	Have a university degree (35%)

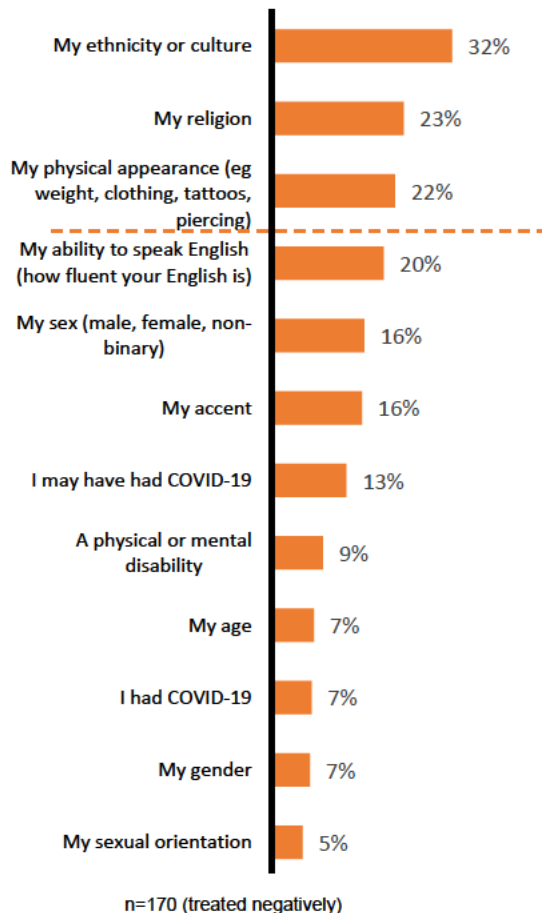
n=523 (delayed contacting a health professional)

KEY FINDINGS – FEELING NEGATIVELY TREATED BY A HEALTHCARE PROFESSIONAL

FELT NEGATIVELY TREATED BY A HEALTHCARE PROFESSIONAL IN THE PAST 6 MONTHS



REASONS I FELT NEGATIVELY TREATED



Of the adults who needed or tried to access COVID-19 healthcare in the past 6 months (n=820), 78% did not feel they had been treated negatively by a healthcare professional.

Sub-groups more likely to feel they had not been treated negatively included:

- Aged 55 years or (94%)
- Female (84%)
- Non-caregivers (86%)
- People living on their own (86%)
- Respondents who had not tested positive for COVID-19 (86%)

Sub-groups with a higher level of feeling they had had been treated negatively included:

- Healthcare workers (50%)
- Caregivers (48%)
- Age 18 to 24 (46%)
- Identify as disabled (42%)
- 5+ adults in household (38%)
- Age 25 to 34 (35%)
- Ethnic priority Māori (30%)

Main reasons people felt treated negatively relate to:

- Their ethnicity or culture (32%)
- Their religion (23%)
- Their physical appearance eg weight, clothing, tattoos, piercing (22%)

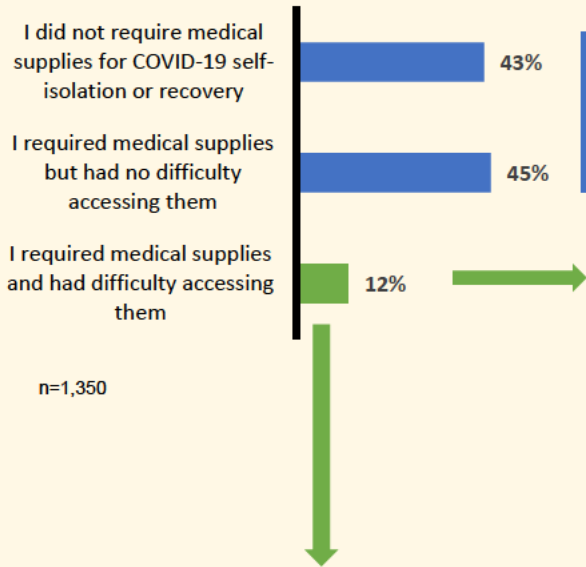
The following insights are for sub-groups of 50 or more people (results for smaller samples are considered unreliable):

- Those aged 18 to 24 mention their **ability to speak English** as a source of negative treatment (37% cf. 20% overall)
- Healthcare workers are also more likely to select their **ability to speak English** (35% vs. 20% overall) as are those who identify as disabled (39% cf. 20%)
- The 35 to 54 age group is more likely to select 'I may have had COVID' (27% cf. 13% overall).

KEY FINDINGS – ACCESS TO MEDICAL SUPPLIES

ACCESS ISSUES WHEN TRYING TO GET MEDICAL SUPPLIES FOR COVID-19 SELF-ISOLATION AND RECOVERY

(eg paracetamol or ibuprofen, throat lozenges, decongestants for a blocked nose, masks)



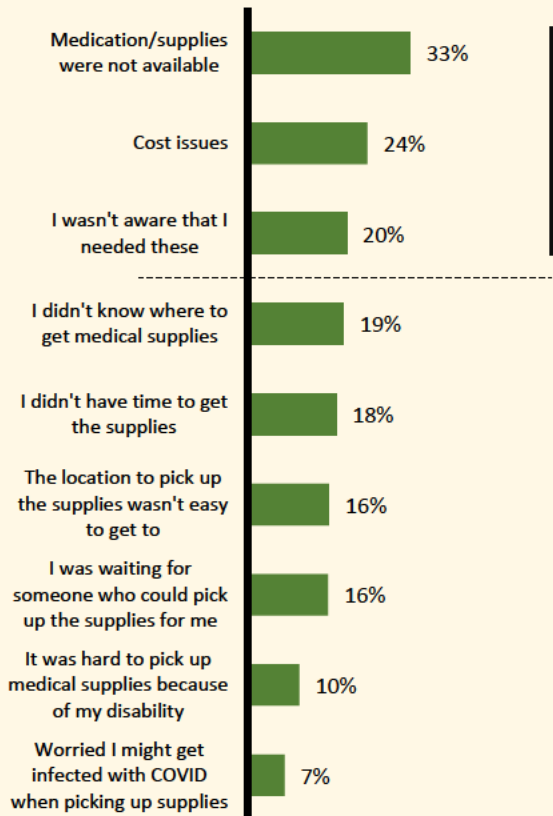
88% of respondents either said they did not require medical supplies for COVID-19 self-isolation and recovery (43%) or required these supplies but had no difficulty accessing them (45%)

12% of respondents had difficulty accessing these supplies

Sub-groups who had more difficulty than the average:

- Healthcare workers (37%)
- 7+ people in the household (36%)
- Age 18 to 24 (32%)
- Caregivers (31%)
- Identify as disabled (29%)
- Tested positive for COVID-19 (25%)
- Ethnic priority Māori (17%)
- Have an impairment or long-term health condition (16%)
- Live in Auckland (16%)

MAIN ACCESS ISSUES WHEN TRYING TO GET MEDICAL SUPPLIES



Main access issues included medication/supplies not being available (33%), cost issues (24%) and not being aware I needed these supplies (20%)

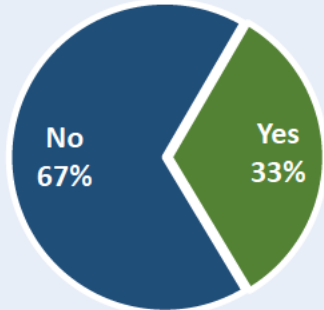
Sub-groups more likely to mention the five main issues:

Main access issues	Total %	Sub-groups more likely to mention this issue ▲
Medication/ supplies not available	33%	No significant differences
Cost issues	24%	Ethnic priority Pasifika (46%) Age 35 to 44 (39%)
Not aware I needed these supplies	20%	Healthcare workers (34%)
I didn't know where to get medical supplies	19%	No significant differences
I didn't have time to get medical supplies	18%	No significant differences

n=256 (had difficulty accessing medical supplies)
- chart excludes responses of less than 7%

KEY FINDINGS - TESTING POSITIVE FOR COVID-19

EVER TESTED POSITIVE FOR COVID-19



Base: n=1,350

A third of respondents said they had tested positive for COVID-19

How confirmed:

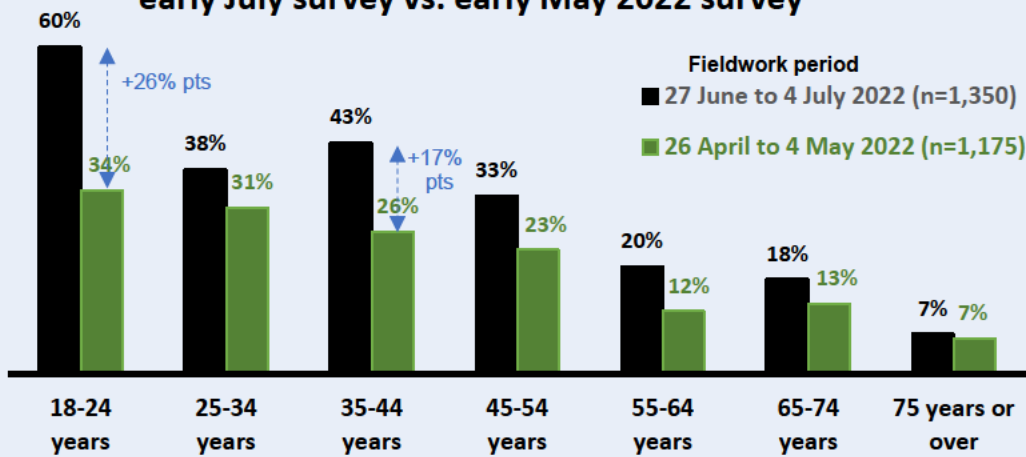
25% via RAT test

8% via PCR test



From early May to early July, “Ever tested positive for COVID-19” increased for all age groups except those aged 75 or more.

Ever tested positive, by age
Comparison of survey results:
early July survey vs. early May 2022 survey



Incidence of testing positive by sub-groups – early July 2022			
	Lower ▼		Higher ▲
No children in household	22%	3+ children in household	67%
Live in a rural setting	22%	7+ people in household	66%
Live alone	15%	5+ adults in household	61%
		Healthcare workers	57%
		Ethnic priority Asian	52%
		Children in household	51%
		Ethnic priority Māori	42%
		Caregivers	41%

Appendix 1 – Key findings for sub-groups more likely to be at risk of negative impacts from COVID-19



Sub-groups considered

- Young adults aged 18 to 24 years (unweighted sample size n=117)
- Older people aged 55 or more (n=657)
- Ethnic priority Māori (n=374) and Pasifika (n=102)
- Those who identify as disabled (n=129) and those living with serious health impairments or long-term health conditions (n=535)
- Those living in large households with seven or more people (n=82 – *note relatively small sample*).

Healthcare access for these sub-groups

The table below shows results for a range of healthcare access measures for the various sub-groups compared with the total. Significantly higher results, representing higher than average access issues, are indicated by ▲ and green shading.

Measures	TOTAL	Age 18 to 24	Age 55 plus	Māori	Pasifika	Identify as disabled	Health impairments	7+ people in household
Difficult to get a RAT in the past 30 days for those who needed/tried to get a RAT	4%	5%	2%	2%	8%	2%	4%	3%
Had access issue/s when trying to get a RAT for personal use	31%	58%▲	19%▼	33%	31%	58%▲	39%▲	56%▲
Had access issues when trying to get healthcare information from the government	29%	51%▲	15%▼	32%	22%	43%▲	34%	59%▲
Difficult to get the COVID-19 healthcare I needed	7%	5%	7%	7%	9%	7%	10%	11%
Had access issues when trying to get the COVID-19 healthcare I needed	40%	62%▲	25%▼	41%	52%▲	48%	46%	67%▲
In the past 6 months my life has been very or extremely affected by difficulties accessing or waiting to receive COVID-19 healthcare	8%	16%▲	3%▼	10%	6%	17%▲	12%	13%
In the past 6 months I needed to contact a healthcare professional but delayed this	40%	64%▲	28%▼	46%▲	45%	56%▲	48%▲	57%▲
In the past 6 months I was treated negatively by a healthcare professional when trying to access COVID-19 healthcare (<i>respondent selected 1 or more types of negative treatment from a list</i>)	22%	46%▲	6%▼	30%▲	19%	42%▲	26%	45%▲
In the past 6 months had difficulty getting medical supplies to support COVID-19 self-isolation and recovery	12%	32%▲	3%▼	17%▲	16%	29%▲	16%▲	36%▲

Summary

Overall, the considered sub-groups reported a wide range of results representing higher than average access issues.

Sub-groups that are most affected by healthcare access issues include:

- **Young adults aged 18 to 24**, with 7 out of 9 measures significantly higher (worse) than the average
 - Over half of this age group report having access issue/s when trying to get a RAT for personal use (58%), when trying to get healthcare information from the government (51%) and when trying to get the COVID-19 healthcare they needed (62%).
 - Nearly two-thirds (64%) said they needed to contact a healthcare professional but delayed this in the past 6 months.
 - Drilling into the more detailed results in the report reveals additional issues for this group; eg they are more likely than the average to report being treated negatively by healthcare professionals due to their inability to speak English fluently.
- **Ethnic priority Māori** had three access issues significantly higher (worse) than the average
 - eg. 46% had delayed contacting a healthcare professional when they needed to, compared with 40% of all respondents.
- **Ethnic priority Pasifika** had only one access issue significantly higher (worse) than the average: 52% had access issues when trying to get the COVID-19 healthcare they needed, compared with 40% of all respondents.
- **People who identify as disabled** (6 out of 9 measures higher than the average); eg:
 - 58% had access issue/s when trying to get a RAT for personal use.
 - 56% delayed contacting a healthcare professional when they needed to.
- **Those from large households with 7 or more people** (again, with 6 out of 9 measures higher than the average)
 - Two-thirds (67%) said they had access issues when trying to get the COVID-19 healthcare they needed - the highest level of the sub-groups considered.
 - 36% had difficulty getting medical supplies to support COVID-19 self-isolation and recovery – again, the highest level of the sub-groups considered.

In contrast, **older people aged 55 or more** reported no access issues significantly worse than the average; indeed, for this group 7 out of the 9 measures were rated significantly better than the average.

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: [REDACTED]

Fieldwork dates

27 June to 4 July 2022

Sample size

n=1,350

Survey reliability

For the total sample the maximum margin of error is $\pm 2.7\%$ 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.

Priority ethnic groups

Horizon used priority ethnic groups to determine ethnicity.¹

Weighting

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

Interview duration

The median time to complete the survey was just under 5 minutes.

Sample profile

See Appendix 3.

National population size for estimates

All estimates are based on Statistics NZ's Q1 2022 population projection of 3,993,540 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.

Sub-group differences by subgroup are only shown in this report where there are 50 respondents or more in a sub-group (n=50 has a maximum margin of error² of $\pm 13.9\%$). In general, sub-samples with fewer than 50 respondents tend to be less statistically robust and need to be regarded as “indicative only”.

¹ If someone identifies as Māori, they are Māori. If someone does not, but identifies as Pasifika, they are Pasifika. If someone identifies as neither, but Asian (including Indian), they are Asian. If someone does not identify as any of these groups but instead European (either of New Zealand descent or not) they are European. Otherwise, they are Other.

² The maximum margin of error occurs where there is a 50%/50% answer.



Appendix 3 – sample profile

A) By demographics *(Note that some percentages may not sum to 100% owing to rounding)*

Gender	n= (unweighted)	% (unweighted)	% (weighted)
Male	617	46%	49%
Female	723	54%	50%
Another gender	10	1%	1%
Total	1,350	100%	100%

Age	n= (unweighted)	% (unweighted)	% (weighted)
18-24	117	9%	11%
25-34	223	17%	19%
35-44	195	14%	19%
45-54	158	12%	15%
55-64	299	22%	14%
65-74	241	18%	14%
75 or more	117	9%	9%
Total	1,350	100%	100%

Priority Ethnicity	n= (unweighted)	% (unweighted)	% (weighted)
Māori	374	28%	21%
Pasifika	102	8%	7%
Asian	74	5%	4%
European	797	59%	68%
Other	3	0%	0%
Total	1,350	100%	100%

Highest education level	n= (unweighted)	% (unweighted)	% (weighted)
Postgraduate degree (Masters or PhD)	177	13%	12%
Undergraduate (Bachelor) degree	334	25%	25%
Vocational qualification (includes trade certificates, diplomas etc)	391	29%	30%
University Bursary or 7th form	106	8%	8%
Sixth form/UE/NCEA Level 2	126	9%	9%
NCEA Level 1 or School Certificate	98	7%	7%
No formal school qualification	90	7%	7%
Prefer not to say	28	2%	2%
Total	1,350	100%	100%

Household	n= (unweighted)	% (unweighted)	% (weighted)
Flatting	99	7%	9%
Boarding/ hostel/ shared housing	46	3%	4%
Living with family	891	66%	66%
Living on my own	199	15%	13%
Living with extended family	115	9%	8%
Total	1,350	100%	100%

Healthcare worker	n= (unweighted)	% (unweighted)	% (weighted)
Yes	155	11%	11%
No	1195	89%	89%
Total	1,350	100%	100%

Look after or help others because of their long-term health issues	n= (unweighted)	% (unweighted)	% (weighted)
Yes	275	20%	20%
No	1055	78%	78%
Prefer not to say	20	2%	2%
Total	1,350	100%	100%

DHBs	n= (unweighted)	% (unweighted)	% (weighted)
Northland	59	4%	5%
Waitematā	177	13%	14%
Auckland	154	11%	12%
Counties Manukau	119	9%	9%
Waikato	92	7%	9%
Lakes	23	2%	2%
Bay of Plenty	59	4%	5%
Tairāwhiti	8	1%	0%
Taranaki	36	3%	2%
Hawke's Bay	49	4%	3%
Whanganui	21	2%	1%
MidCentral	65	5%	5%
Hutt	57	4%	3%
Capital and Coast	131	10%	7%
Wairarapa	16	1%	1%
Nelson/ Marlborough	39	3%	3%
West Coast	15	1%	1%
Canterbury	144	11%	12%
South Canterbury	9	1%	1%
Southern	77	6%	6%
Total	1,350	100%	100%

Te Whatu Ora (Health New Zealand) regions	n= (unweighted)	% (unweighted)	% (weighted)
Northern	509	38%	39%
Te Manawa Taki (Midland)	216	16%	19%
Central	341	25%	20%
Southern	284	21%	23%
Total	1,350	100%	100%

Region	n= (unweighted)	% (unweighted)	% (weighted)
Northland	59	4%	5%
Auckland	450	33%	34%
Waikato	93	7%	9%
Bay of Plenty	79	6%	7%
Taranaki	36	3%	2%
Gisborne/Hawkes' Bay	59	4%	3%
Wairarapa	16	1%	1%
Whanganui/ Manawatu/ Palmerston North	86	6%	6%
Wellington	188	14%	10%
Nelson/ Tasman/ Marlborough	39	3%	3%
Canterbury	153	11%	13%
West Coast	15	1%	1%
Otago	55	4%	4%
Southland	22	2%	2%
Total	1,350	100%	100%

B) By health and disability status

Identify as disabled	n= (unweighted)	% (unweighted)	% (weighted)
Yes	129	10%	10%
No	1221	90%	90%
Total	1,350	100%	100%

Live with impairments or long-term health conditions	n= (unweighted)	% (unweighted)	% (weighted)
Yes	633	53%	54%
No	134	11%	11%
Total	1,350	100%	100%

Appendix 4 – tables and data



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

