

Impact of COVID-19 on Pacific peoples living in South Auckland

Proactively released

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Key insights

This section summarises the results of 500 interviews with Pacific South Aucklanders about the impact of COVID-19 on their lives in 2020.

Over a third of Pacific households have been financially impacted by COVID-19

Key results relating to the financial impact on Pacific households are:

- Nearly one in five (18%) Pacific households have lost half or more of their income.
- One in four (25%) Pacific households have someone who has experienced reduced pay or hours, and 13% of Pacific households have someone who lost their job. Two thirds (66%) of those who lost their job are still out of paid work.
- Pacific households are much more likely than the general population to have struggled to pay for basic household costs in the last week (38% vs 9%).

Alert levels have impacted Pacific people's ability to access both mental health support and healthcare when needed

- Almost three in ten (28%) Pacific people who tried to get mental health support during Alert levels 4, 3 and 2 felt they could not get this support.
- And nearly three in ten (26%) Pacific people who needed healthcare during Alert levels 4, 3, and 2 felt they couldn't get this. This most commonly related to GP care, prescription items, and dental care.

With less than one in five Pacific people with symptoms getting a COVID test, there are opportunities to address barriers relating to anxiety and the consequences of taking time to get a test

Seventeen percent of Pacific people experienced COVID-19 related symptoms in the last four weeks. Only 18% of these people with symptoms got a COVID test.

The Pacific community cites anxiety about the outcome (e.g., the stigma of testing positive and potentially not being able to work) and shyness about getting a test as a key barrier to Pacific people getting a test (17% without prompting cited these types of concerns). Future communications should address these fears.

The time involved in getting a test (raised by 14% without prompting) is also considered to be a barrier to testing. Comments around lost income and impact on employment suggests employer support will be important in raising testing levels. Any future efforts to raise testing levels with the Pacific community will need to address both worker and employer behavioural drivers.

There is a tension between staying home and getting a test.

Pacific people knew that they should be staying home while there was COVID in the community. Lots of people think that if they stayed home, then they can't have COVID, so they don't need to get tested. Also there is a fear that going to get tested means being around other people who might have it, so you can be exposed to it while at the testing station.

Insight from the interviewing team

The Unite against COVID-19 campaign has performed well among Pacific people

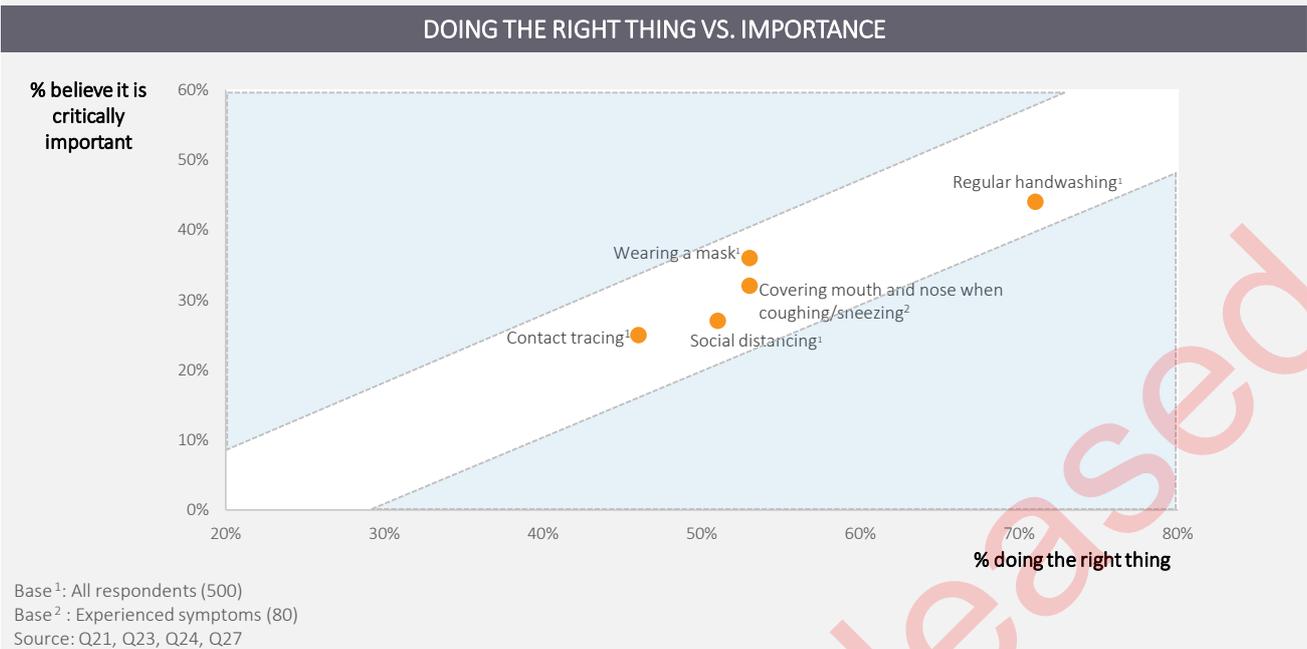
- The vast majority (94%) of Pacific people recall the *Unite against COVID-19* communications.
- Four in ten (41%) Pacific people who recalled the campaign read the written information in depth, while 34% only saw the TV advertising.
- The campaign rates well for ease of understanding (84%), communicating what people need to know (84%), instilling confidence in how government agencies are managing COVID-19 (78%) and relevance for Pacific people (70%).
- Message take out is strong for wearing a mask (34% without prompting), handwashing (32%), staying at home/in your bubble (34%), and social distancing (24%).

However, there is a gap between what Pacific people say is important and what they do

Large majorities (between around 80% and 90%) of Pacific people consider each of the preventative activities measured in this research to be either very important or critical. However, Pacific people are somewhat divided in how much they follow the guidelines. Specifically:

- 71% washed their hands at least several times a day (in the last seven days).
- 53% wore a mask or face covering (in the last seven days).
- 46% reported contact tracing activities (using the phone app or keeping a record of where and who they've had contact with) in the last seven days.
- 51% indicated their close family members practiced social distancing when COVID-19 was in the Auckland community.
- 50% say their close family members always (or almost always) stayed in their bubble when COVID-19 was in the Auckland community.
- 53% of those with symptoms in the last four weeks say they covered their mouth and nose with a tissue, sleeve or elbow when they coughed or sneezed.

The following chart suggests there is a link between perceiving a behaviour to be of critical importance and doing the behaviour. That is, the behaviours which are seen as critically important by more people are also the behaviours that are being done by more people (shown in the white, unshaded area of the chart). Therefore, reinforcing the critical importance of behaviours, should lead to greater adoption.



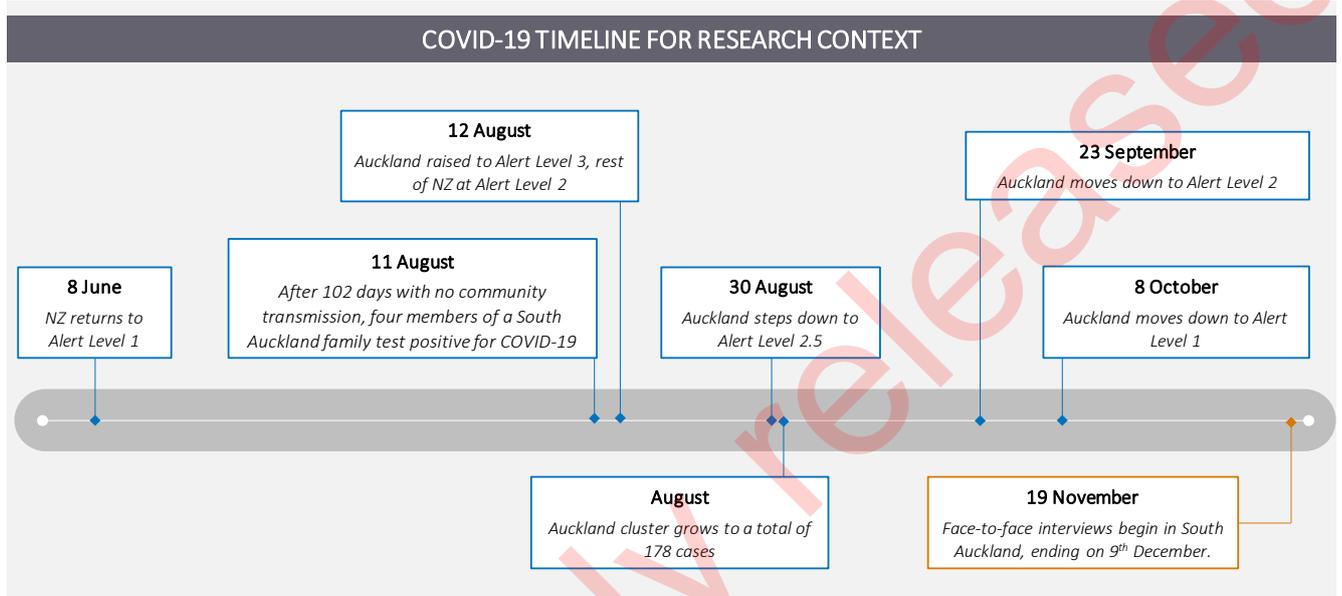
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Background

This section describes the background to the research.

Background

In August 2020, there was a community outbreak of COVID-19, primarily centred in South Auckland. The diagram below outlines the major events of this outbreak.



The outbreak created a need within the Ministry of Health to understand how the outbreak (and COVID-19 more generally) has impacted the Pasifika community in South Auckland. Specifically, the Ministry want to understand:

- The effect of the COVID-19 on Pacific peoples' income, their ability to access mental health support, and general healthcare services.
- The extent to which Pacific people engaged in preventive behaviours at the time of the outbreak as well as subsequently.
- The barriers to getting a COVID-19 test.
- The effectiveness of the Ministry's COVID communications.

Method

This section summarises how the research was conducted.

Partnership with Tupu Toa

Colmar Brunton and Tupu Toa worked in partnership to conduct the research. Tupu Toa is a Māori and Pasifika organisation that identifies Māori and Pacific students with leadership potential and facilitates their placement into partner organisations.

Colmar Brunton's role in the project was to provide the research expertise – i.e., the design of the questionnaire and the fieldwork, the analysis and the reporting of the findings. Tupu Toa's role was to provide the cultural expertise – i.e., review of the questionnaire, conducting the interviews, and providing context and interpretation to the analysis and reporting.

The Tupu Toa team working on the project were fully trained on conducting face-to-face interviews prior to the research starting. Additionally, during the project, the Tupu Toa and Colmar Brunton leads worked closely with those conducting the interviews to support them.

Face-to-face interviews

A team of five Pacific people from Tupu Toa (supplemented by Colmar Brunton's interviewers) conducted the 500 face-to-face interviews in South Auckland. These interviews were completed between the 19th November and 9th December, 2020.

Interviewers worked in teams of two and went to areas of high foot traffic in South Auckland (such as the Otara market on a Saturday morning) to intercept members of the public. These interviews were spread across different suburbs and locations in South Auckland. Interviewers would approach members of the public and introduce themselves, saying they are conducting an important survey with Pacific people who live in South Auckland. They also told potential respondents that they would receive \$5 for taking part. Respondents were not informed about the survey topic before deciding whether to participate. It is possible that due to the public nature of the interviews, some respondents may have heard discussions about the survey topic before taking part, however this is likely to be uncommon.

Once a person indicated they were willing to participate, the interviewer then provided them with a tablet which the survey was scripted on. The respondent was then able to complete the survey at their own pace, without their answers being seen. Interviewers were available to answer questions or help with any technical difficulties.

In some cases where language or literacy issues arose, interviewers assisted where they could. However, in most of these cases it was an older respondent who had a younger family member with them who was able to translate or complete the survey on their behalf.

Once the interview was complete, interviewers then provided respondents with \$5 cash for their time. Interviews took between 15 and 20 minutes to complete, on average.

Sample profile

Interviewers aimed to approach a range of people across both gender and age groups. The final sample was weighted to represent the Pacific population in South Auckland by age within gender (according to 2018 Census figures).

Age	Male		Female	
	Unweighted %	Weighted %	Unweighted %	Weighted %
18 – 29	15%	17%	22%	19%
30 – 39	8%	11%	10%	10%
40 – 49	5%	7%	10%	9%
50 – 59	5%	6%	5%	5%
60 – 69	4%	5%	6%	6%
70+	6%	2%	4%	3%

Significant differences and maximum margin of error

Throughout this report, survey results for demographic groups that are significantly higher or lower than average are noted. These comparisons have been made at the 95% confidence level.

The maximum margin of error for these survey results is $\pm 4.4\%$. This assumes a survey result is based on the total sample of 500 respondents. It also assumes a survey result of 50%; as a result moves closer to 0% or 100%, the margin of error decreases.

Notes for interpretation

Please note that throughout this report we interpret survey results among Pacific people or households; these relate to Pacific people or households in South Auckland. When other Pasifika results are mentioned (such as the Household Labour Force survey on page 9) these are not specific to South Auckland but rather are national results.

It is also worth noting that perceptions of COVID-19 are particularly dependent on the current 'risk' climate. While the latest community outbreak in Auckland occurred in August, this research was conducted in November and December, 2020, while there was no community transmission. Please see the timeline on page 4 for context.

1. The impact of COVID-19 on Pacific individuals and families

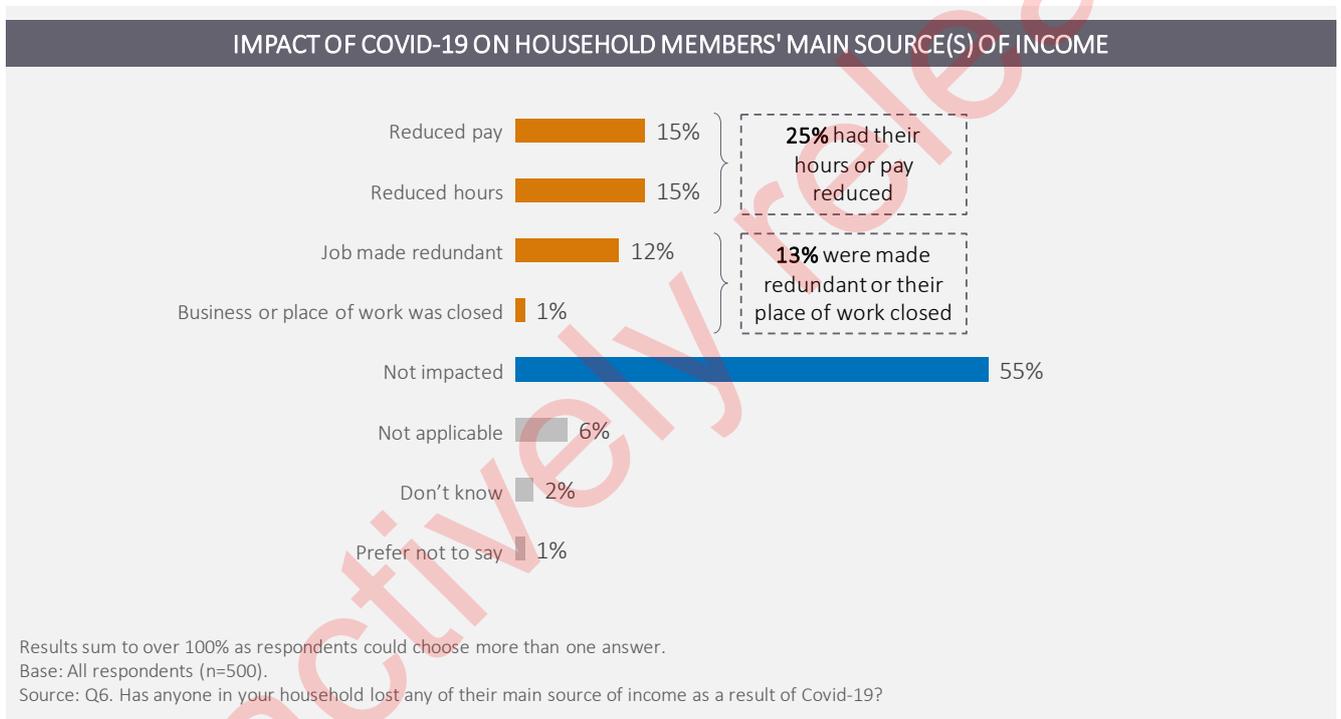
This section summaries the financial impact of COVID-19 on Pacific households, and individuals’ ability to access healthcare and support during various Alert levels.

Impact of COVID-19 on Pacific households’ income

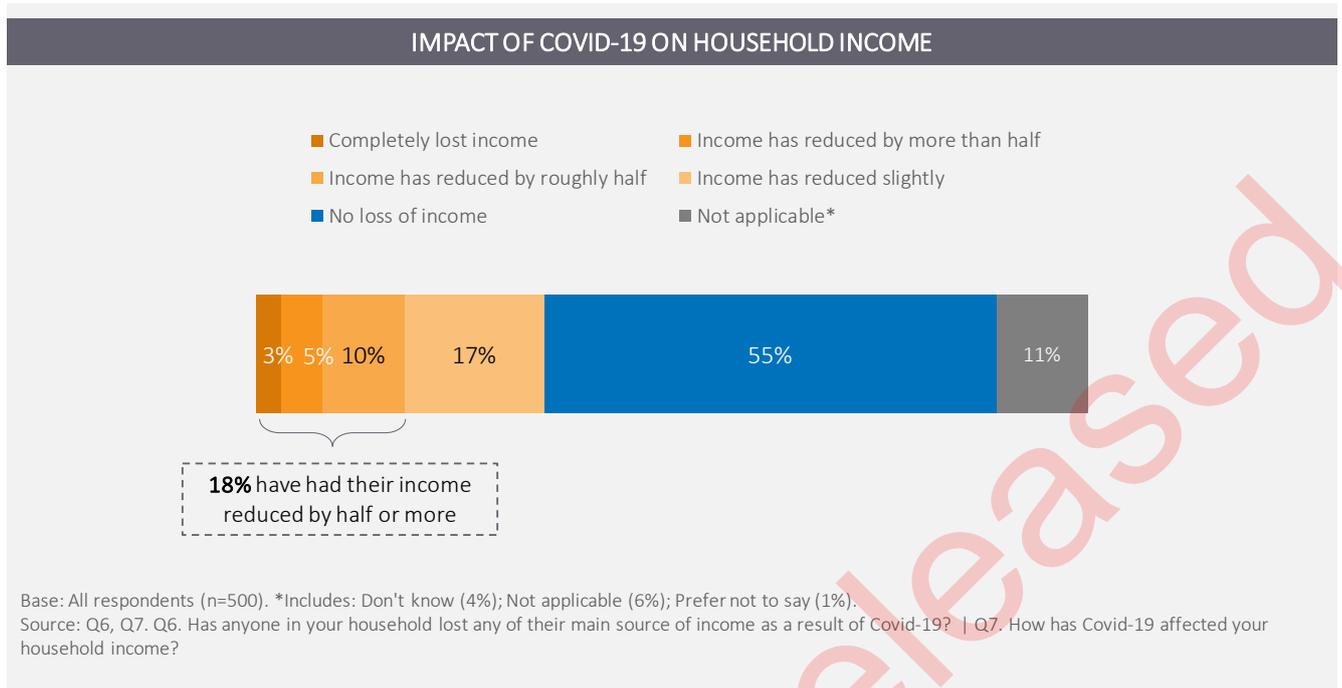
We measured the financial impact of COVID-19 on Pacific households’ income sources.

Just over a third (36%) of respondents report someone in their household has had their main source of income impacted by COVID-19. Those aged under 30 (44%) were more likely than average to have been impacted.

Thirteen percent of respondents say they have a household member who was made redundant, or their business or place of work was closed. Of the 13% who had been made redundant or had their workplace closed, a third (34%) of those are now in paid employment.

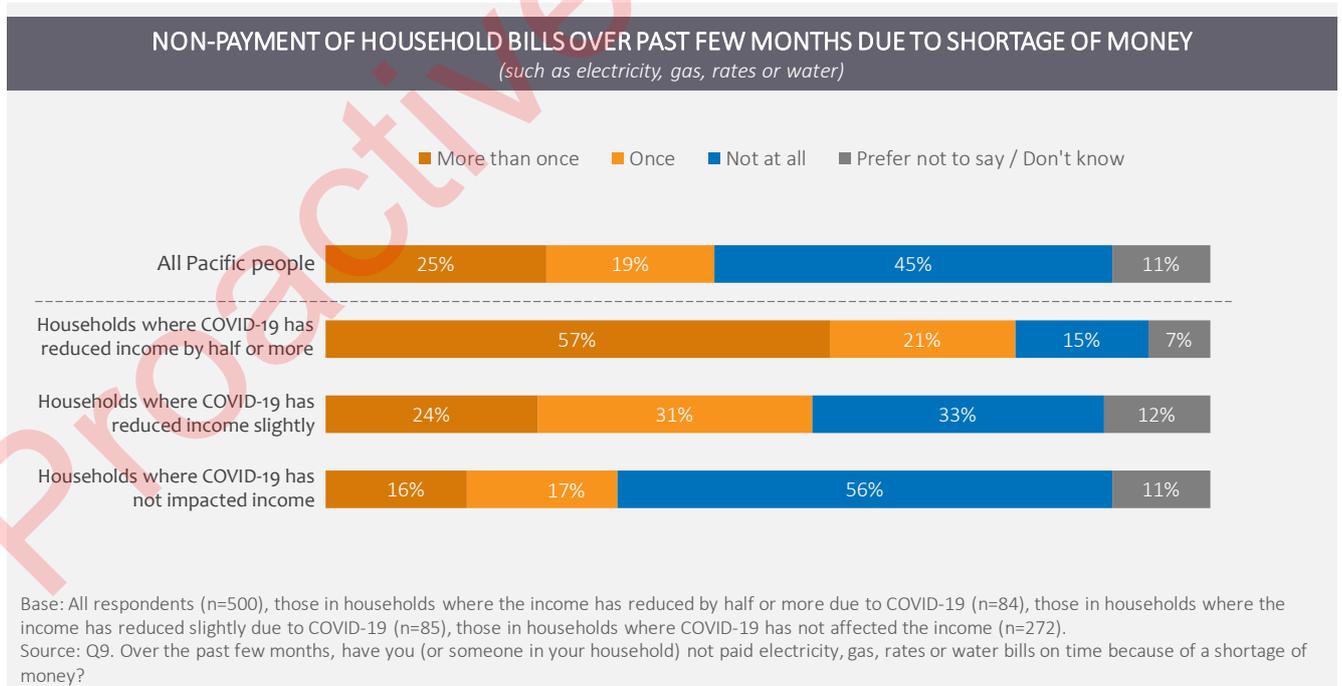


Almost one in five (18%) Pacific households have lost half or more of their household income due to COVID-19.



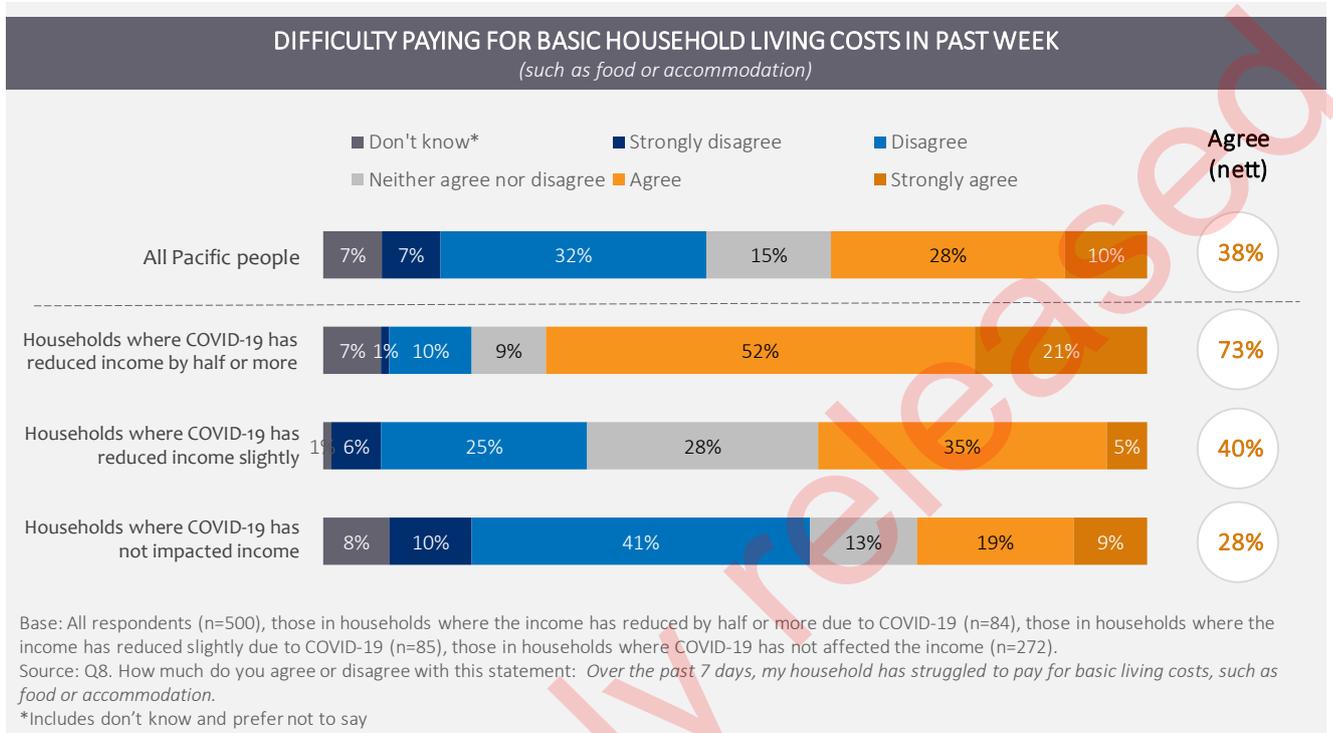
Impact of COVID-19 on Pacific households' ability to afford basic living costs

Just over two in five (44%) Pacific households have not paid their household bills on time in the last few months due to being short on money. This proportion is much higher amongst those households who have lost income as a result of COVID-19.



Around four in ten (38%) Pacific people have found it difficult to pay for basic household costs in the last week. This is significantly higher than the average result of 9% among all New Zealanders¹.

The finding that Pacific peoples have greater difficulty in affording basic household costs is consistent with Statistics New Zealand’s September 2020 Household Labour Force Survey, which found that 23% of Pacific peoples did not have enough money to meet their everyday needs compared to 7% of all New Zealanders².

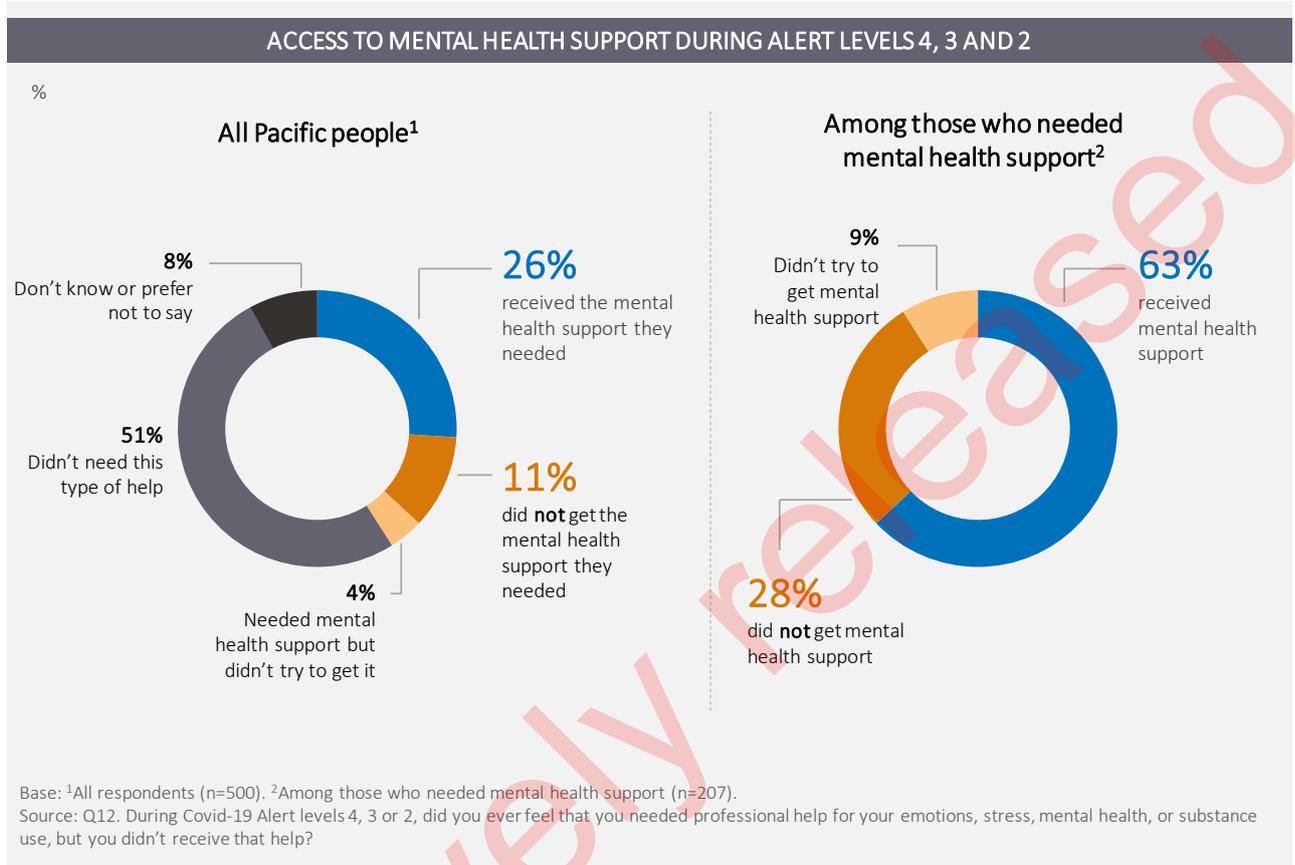


¹ This figure was sourced from the Ministry of Health’s COVID-19 Health and Wellbeing survey. This was based on 300 respondents surveyed from 31 August to 6 September, 2020.

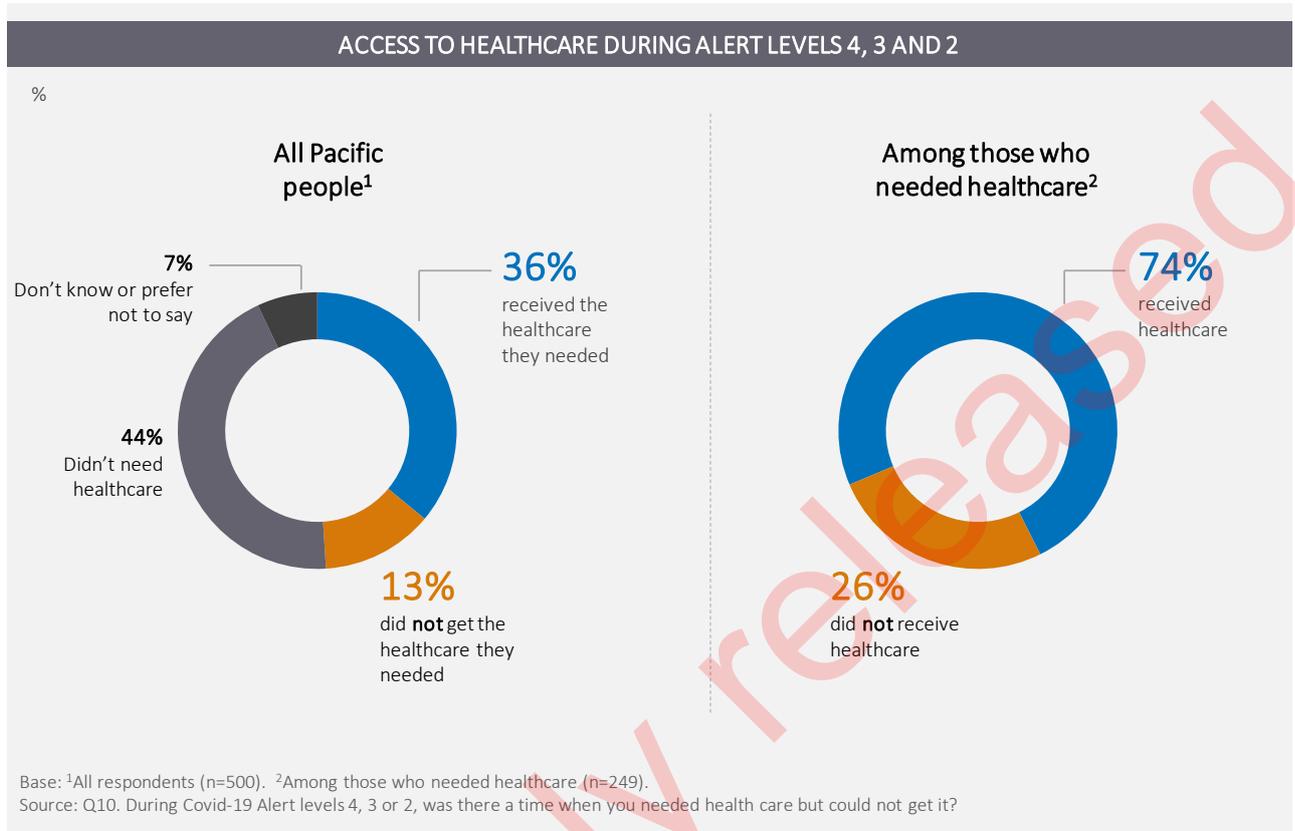
² Sourced from Statistics New Zealand’s Household Labour Force survey (HLFS) September 2020 quarter results.

Impact of COVID-19 on Pacific peoples' ability to access support services

During Alert levels 4, 3 and 2, one in ten (11%) Pacific people needed mental health support and did not get the help they needed. Among those who did need mental health support, a majority (63%) received the support they needed, while just under one in three (28%) did not get help.



During Alert levels 4, 3 and 2, just over one in ten (13%) Pacific peoples did not get the healthcare they needed. Among those who needed healthcare, three quarters (74%) were able to get the care they needed while a quarter (26%) did not.



18% of Pacific people either needed mental health support and didn't get it, or needed healthcare and didn't get it.

Demographic analysis shows that those whose household income has been affected by COVID-19 are less likely to have gotten the support they needed than the rest of the Pacific population:

- 23% of those whose income has been affected by COVID-19 did not get the mental health support they needed (compared to 11% of the rest of the Pacific population).
- 20% of those whose income has been affected by COVID-19 did not get the healthcare they needed (compared to 13% of the rest of the Pacific population).
- 31% of those whose income has been affected by COVID-19 either did not get the healthcare they needed, or the mental health support they needed (compared to 18% of the rest of the Pacific population).

Those who needed healthcare but were not able to access it during heightened Alert levels were asked to identify the types of healthcare they did not receive. These are summarised in the table below. Most people (46%) describe not being able to access their GP or nurse, followed by missing out on prescription items (24%) and dental care (20%).

Healthcare missed during Alert levels 4, 3 or 2	n=63
GP/nurse/medical centre (including routine check-ups)	46%
Prescription items	24%
Dental care	20%
Blood tests	16%
After hours medical centre	14%
Other healthcare (such as physiotherapist, chiropractor)	13%
Scheduled operation	10%
Other specialist care	6%
Flu vaccination	5%
Helpline, including Healthline	4%
Cancer care	2%
Antenatal care	2%
Don't know	4%
Prefer not to say	3%

2. Preventative behaviours

This section explores Pacific peoples’ attitudes and behaviours towards preventing COVID-19.

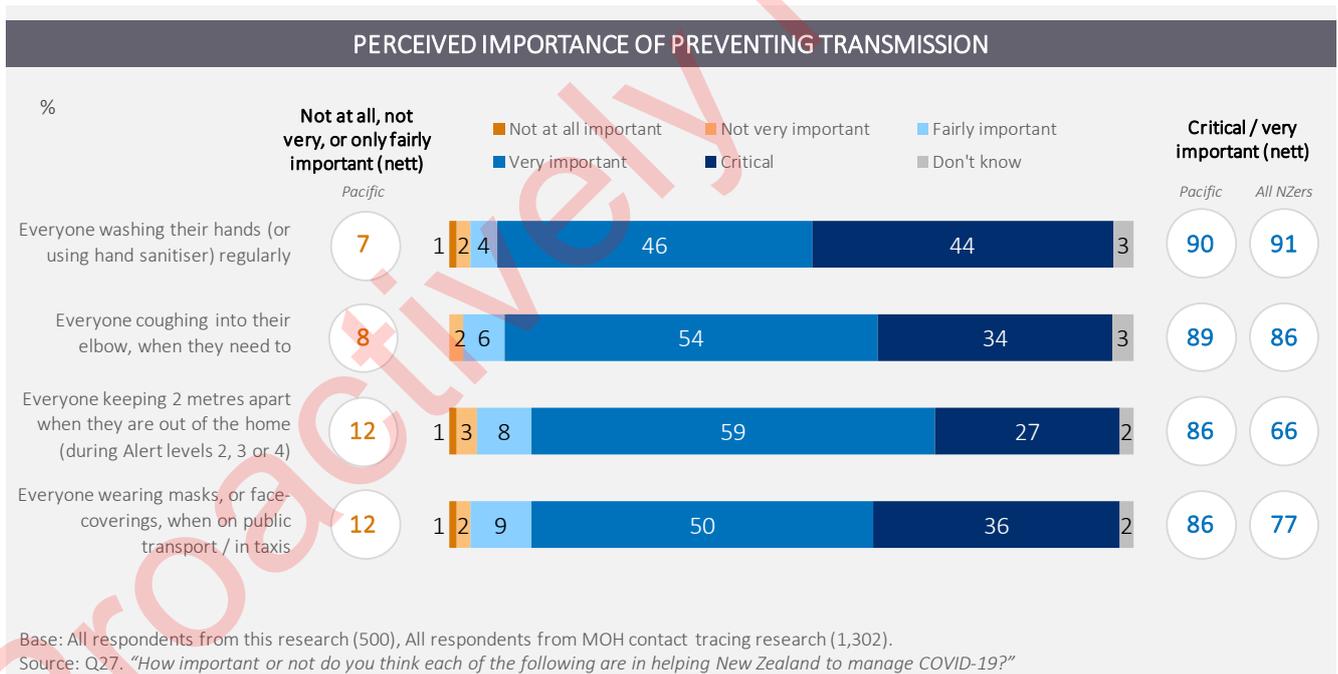
Perceived importance of preventative behaviours

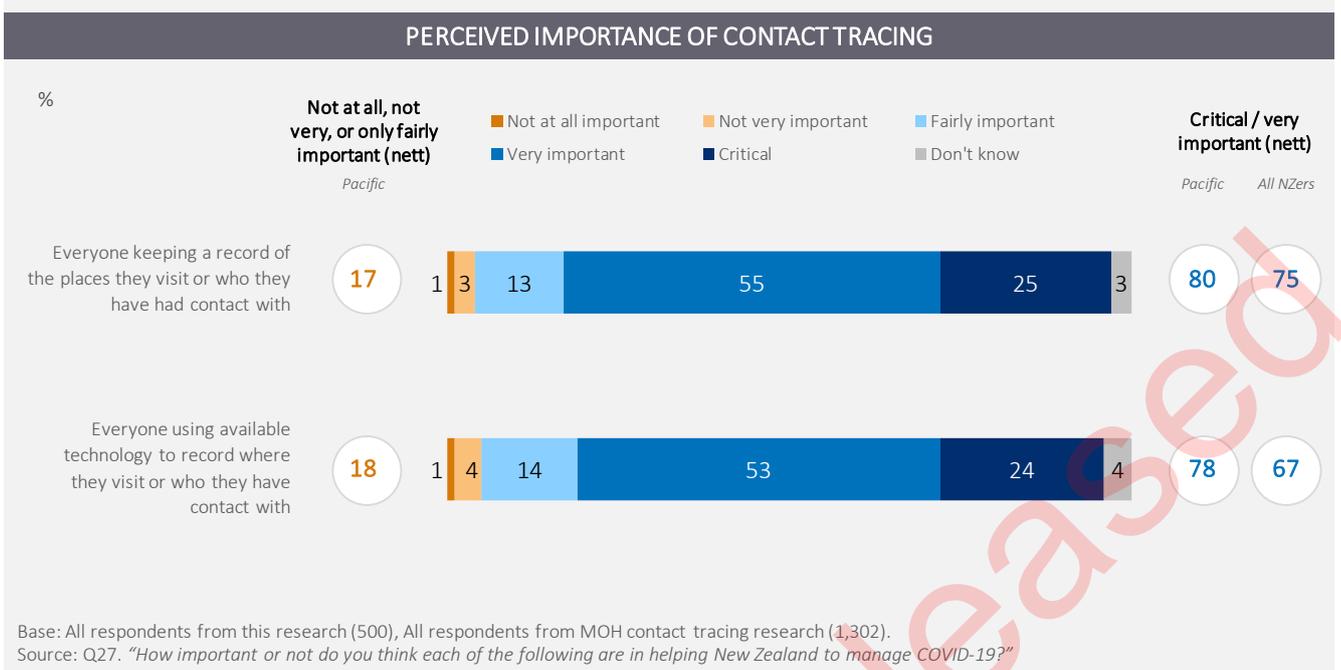
We explored the importance that Pacific people place on behaviours that prevent transmission. Results are presented in the next two charts.

Large proportions of Pacific people consider each of the behaviours to be either very important or critical. While most think contact tracing is important, nearly one in five Pacific people consider each of the contact tracing activities to not be very important.

Demographic analysis shows that younger people (under 40, and especially 18-29) place less importance on each of the six behaviours (perceived importance among those under 40 ranges from 86% for regular hand washing to 71% for using technology for contact tracing).

This question was asked in another Ministry of Health project conducted by Colmar Brunton in September 2020 among the general population (i.e. all New Zealanders aged 18+). While the September survey provides a useful benchmark, care should be taken in interpreting difference as the COVID environment is time dependent. Comparisons suggest Pacific people greater importance on social distancing, wearing masks, and contact tracing than the general population.

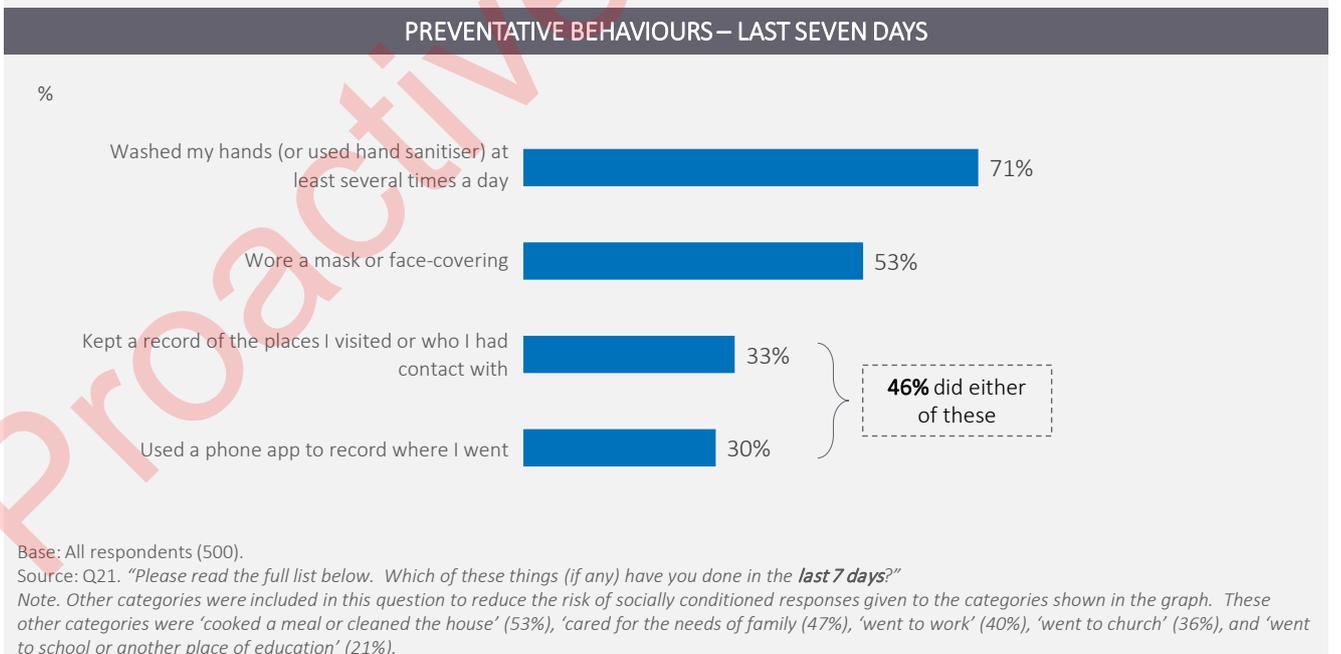




General preventative behaviours (last seven days)

Respondents were asked whether they had engaged in a range of behaviours in the last seven days. The question included both COVID related behaviours and non-COVID behaviours, (e.g., 'cooked a meal or cleaned the house').

Regular hand washing and wearing a mask are most common, with at least half of Pacific people doing these things over the last seven days (71% and 53% respectively). Just under half (46%) report doing at least one of the contact tracing activities.



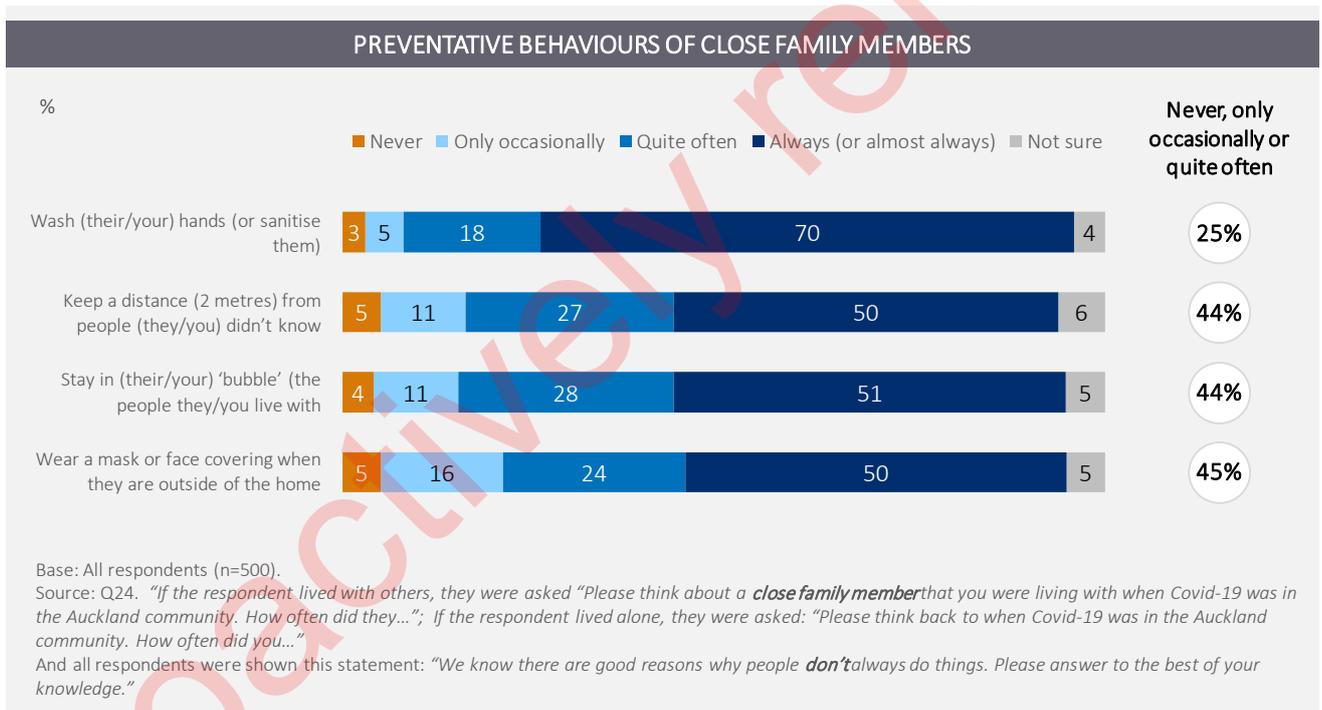
Demographic analysis shows younger men (under 40) are much less likely to do these behaviours than the rest of the population:

- 54% of Pacific men under 40 regularly wash their hands (compared to 78% of the rest of the Pacific population).
- 36% of Pacific men under 40 wore a face mask in the last seven days (compared to 59% of the rest of the Pacific population).
- 34% of Pacific men under 40 regularly did at least one of the contact tracing activities in the last seven days (compared to 51% of the rest of the Pacific population).

Preventative behaviours when COVID is in the community

To understand the prevalence of preventative behaviours among Pacific people when COVID is in the community we asked respondents how often a close family member³ undertook each of four preventative behaviours when COVID was in the community.

Handwashing is most frequently done, with around seven in ten saying this is always (or almost always) done. Social distancing, staying within their ‘bubble’, and wearing a mask, are more polarising activities with around half always (or almost always) doing each of these and half doing them less frequently.



³ Asking about close family members (rather than the respondent themselves) can be a more accurate way of measuring the prevalence of socially conditioned behaviours. The 5% of respondents who lived by themselves were asked to respond in relation to their own behaviour.

3. COVID testing

This section explores the incidence of getting a COVID test as well as barriers and facilitators to getting tested.

Incidence of getting a COVID test

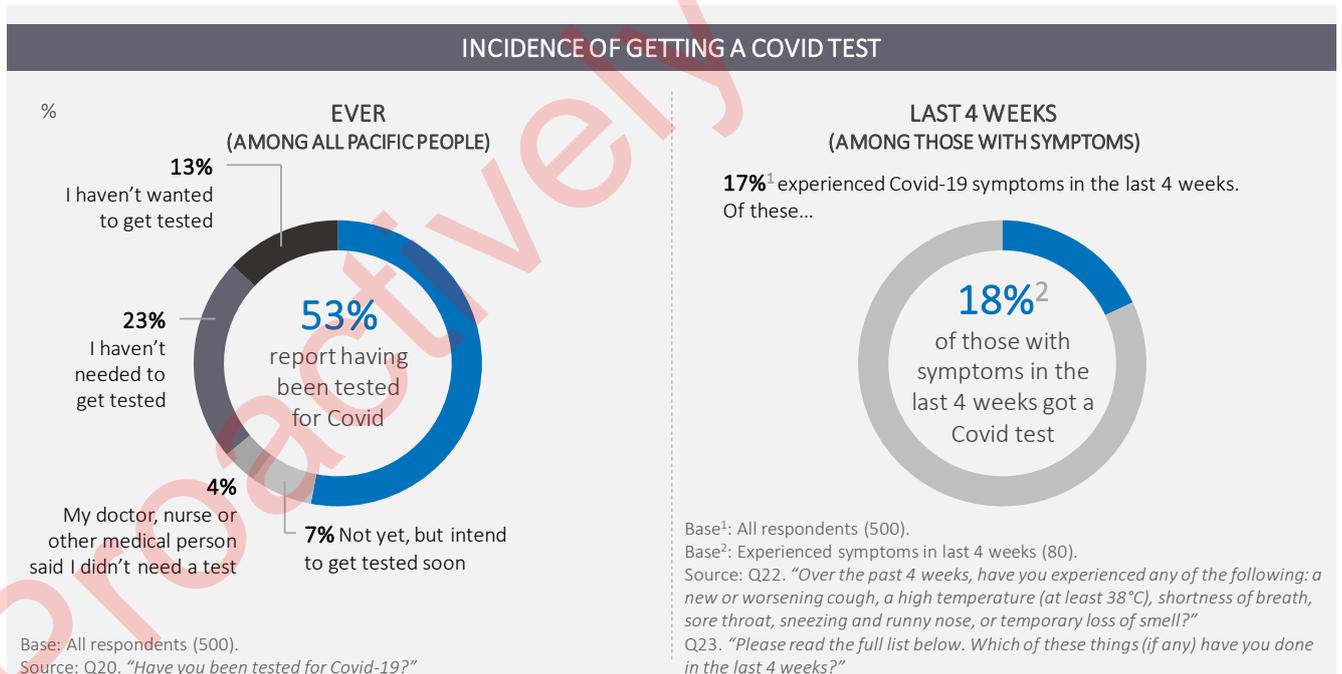
We measured both the incidence of Pacific people reporting ever having had a COVID test and the incidence of Pacific people with symptoms in the last 4 weeks reporting getting a COVID test during this time.

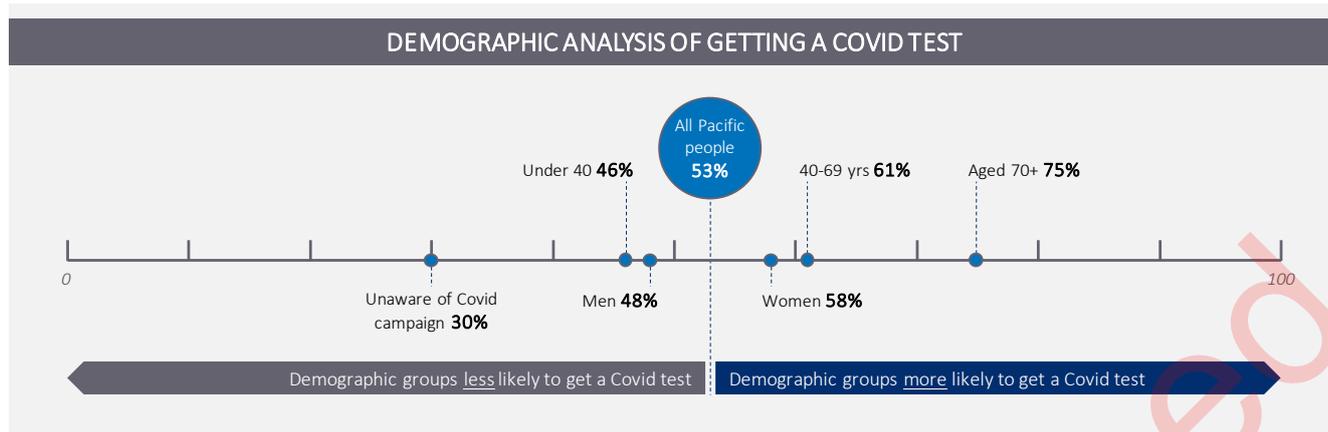
Just over half (53%) report having had a COVID test at some point. However, there may be a degree of socially conditioned response in this figure – i.e., the subject matter of the survey suggesting to the respondent that the ‘right’ response to the testing question is a ‘yes’.

Demographic analysis (see chart overleaf) shows that older Pacific people and women are more likely to report having had a COVID test.

We explored whether respondents had experienced COVID related symptoms in the last four weeks by asking them about their experience of a new or worsening cough, a high temperature (at least 38°C), shortness of breath, sore throat, sneezing and runny nose, or temporary loss of smell. Around one in six (17%) say they’ve experienced any of these in the past four weeks.

Of the 17% who had symptoms, about one in five (18%) got a COVID test. To reduce the risk of socially conditioned responses, ‘getting a COVID test’ was included in a longer list of six possible responses to having symptoms. These other responses are discussed shortly (on page 21).





Barriers to getting a COVID test

We asked all respondents what things make it hard for their family and friends to get tested for COVID-19.

Barriers to getting tested for COVID-19	n=500
Concerns about the test or outcome (nett)	17%
<i>Scared, afraid or nervous about the outcome</i>	10%
<i>The test is uncomfortable or painful</i>	4%
<i>Ashamed or worried about stigma if tested positive / shy about outcome</i>	4%
<i>Having to isolate from family or work</i>	2%
Concerns about the time involved in getting a test (nett)	14%
<i>Busy, no time, working</i>	10%
<i>Queues or waiting in line</i>	4%
Difficulty getting to testing locations when they are open (nett)	9%
<i>Transport issues</i>	7%
<i>Difficulty accessing testing stations (e.g. location, too far)</i>	2%
<i>Testing station hours are limited</i>	1%
Don't need a test or have no symptoms	5%
Laziness or can't be bothered	4%
Language barrier	3%
Lack of information or understanding	1%
Don't want to go out or be in close contact with others	1%
Don't want to get tested	1%
Lack of money	1%
Told to stay home	1%
Conspiracy theories	1%
No barriers, it's easy, been tested	33%
Other	8%
Don't know	8%

Concerns about the test or outcome are the most common barrier (17%). Most people did not mention a specific cause for their concern, other than that they are afraid of the outcome. Of those who did mention a specific cause, the concerns centred on discomfort associated with the test and anxiety about what a positive result will mean (stigma and an inability to work).

"Scared because people who get tested said it was sore to test."

Woman, 50-59, Tongan

"Fear from watching examples online."

Man, 30-39, Fijian

"Fear of having the test, to have that "thing" put up their nose. Fear that their result may be positive, and don't trust the process."

Woman, 50-59, Niuean

"Maybe people feel scared to get tested or shy if they might have the COVID."

Man, 70+, Tongan

"They were afraid of the backlash if they were positive and could not afford to take time off work after taking a test. Bosses at work also put pressure on some to work and would not pay any leave."

Man, 40-49, Niuean, Tokelaun and Tuvuluan

"Stigma if we tested positive."

Woman, 18-29, Samoan, Tongan and Niuean

"Worried, didn't want to be blamed."

Woman, 25-29, Niuean and Samoan

"Feeling shy because people will label them if they will get the COVID."

Woman, 70+, Tongan

Practical concerns relating to time (14%) and access (9%) are also raised.

"Having to miss out on work (income), and long lines at testing station."

Man, 18-29, Samoan

"Busy with work and family and feeling ashamed to go get tested."

Woman, 60-69, Tongan

"To scared to go out in public to be tested in case we contract it. Some couldn't afford to take time off work."

Woman, 60-69, Tongan

"The hours that testing stations are open don't fit in with work hours, and [I have] no transport."

Woman, 18-29, Samoan and Niuean

“Lack of transport to medical centres for those who can’t drive or have no car.”
Woman, 30-39, Cook Island Māori

A few respondents mentioned that there was a tension between being told to stay home and being told to get tested, as they seem inconsistent. The interviewing team also observed this.

Pacific people knew that they should be staying home while there was COVID in the community. Lots of people think that if they stayed home, then they can’t have COVID, so they don’t need to get tested. Also there is a fear that going to get tested means being around other people who might have it, so you can be exposed to it while at the testing station.
Insight from interviewing team

Facilitating factors to getting tested

We also asked respondents what has made it easier for their family and friends to get tested for COVID-19. It is important to note that in answering this question, many respondents answered in terms of what *would* make it easier, rather than what *has* made it easier.

Facilitating factors to getting tested for COVID-19	n=500
Access (nett)	34%
<i>Easy to access testing stations (e.g. location, available in lots of places)</i>	15%
<i>Available at doctors</i>	10%
<i>Ability to get tested at a variety of places (e.g. home, church, work)</i>	6%
<i>Access to transport</i>	3%
<i>Drive through test stations</i>	1%
<i>Available after-hours, 24-7</i>	1%
People support (nett)	16%
<i>Reach out to help family and friends get tested</i>	8%
<i>Getting support or help from others, going to get tested together</i>	7%
<i>Encouragement</i>	4%
Other factors (nett)	25%
<i>More information or reminders about getting tested</i>	7%
<i>Reach out to every household to get tested</i>	3%
<i>Want to keep people safe</i>	3%
<i>Following the rules (e.g. social distancing, scan, masks, stay in bubble)</i>	2%
<i>Be kind</i>	2%
<i>Other</i>	8%
No-one has needed to be tested	1%
Nothing, it’s fine, been tested	16%
Don’t know	11%

Facilitating factors largely relate to access (34%) and people support (16%).

Ease of access is considered to be the main facilitating factor to getting tested, in terms of access to testing stations (15%), and getting tested at GP practices (10%), and other venues such as home, church, and work (6%).

"Testing station being accessible in Otara area."

Woman, 40-49, Samoan

"Easy access [to testing] in our community."

Man, 18-29, Samoan and Cook Island Māori

"Having some pacific people advocate for testing and provide testing in common Pacific areas."

Woman, 60-69, Tongan

"Do the COVID test at every GP."

Man, 70+, Niuean

"Arrange health professionals to come into our home and test everyone in the house. Help your family and relatives by offering them a ride to go get tested for covid-19 if there is no ride."

Woman, 18-29, Samoan

Personal support and encouragement from family, friends and others has the potential to address some of the barriers people face to in getting tested (discussed on the previous page).

"Ministry of Health or government should encourage people not to feel scared."

Man, 50-59, Samoan

"Need sufficient support and encouragement to get tested for COVID."

Man, 30-39, Tongan

"Help your family and friends out by offering them a ride if they need it to get to the test station."

Man, 40-49, Samoan

"I need my children to take me to where the COVID test is because of my age."

Man, 70+, Tongan

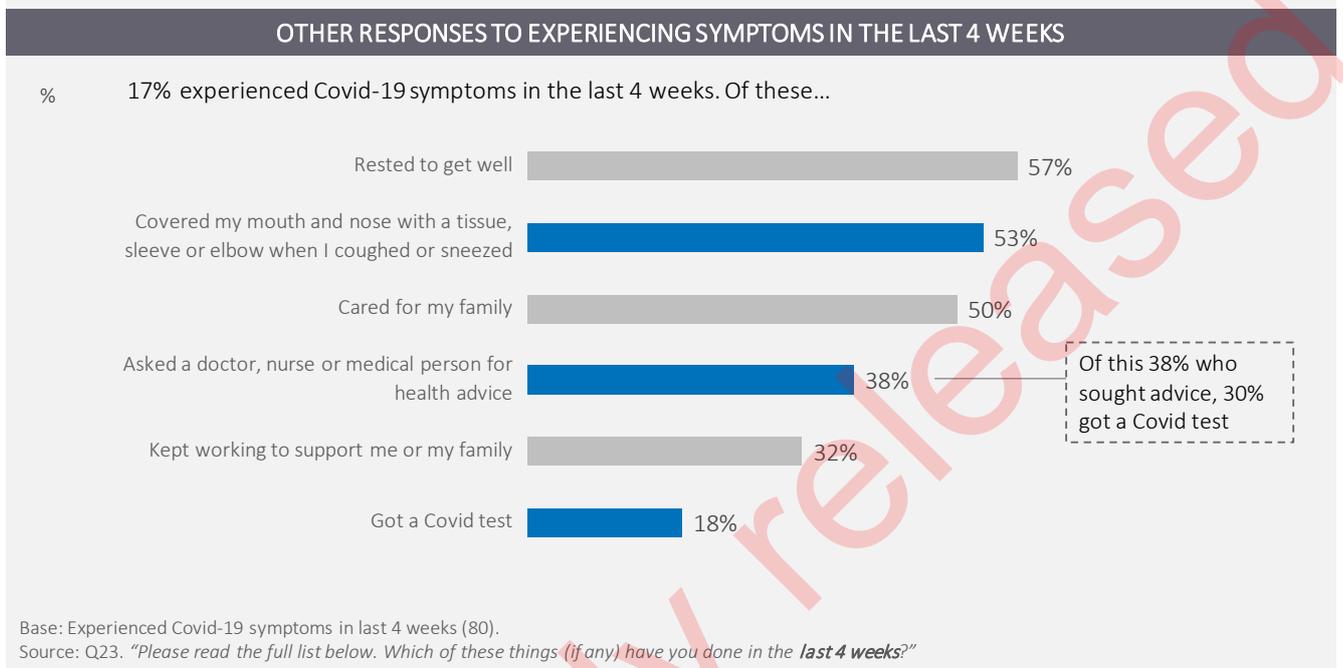
"Go as a family together, which makes it easier to do the test once as a family. Help each other and be kind."

Woman, 18-29, Tongan

Behavioural responses to experiencing symptoms in the last four weeks

Only around half (53%) of Pacific people who reported symptoms in the last four weeks said that over this same time period they covered their mouth and nose when they coughed or sneezed.

Most Pacific people did not seek professional medical advice. Of the 38% with symptoms who sought medical advice (32 respondents), about a third (30%) report also getting a COVID test.

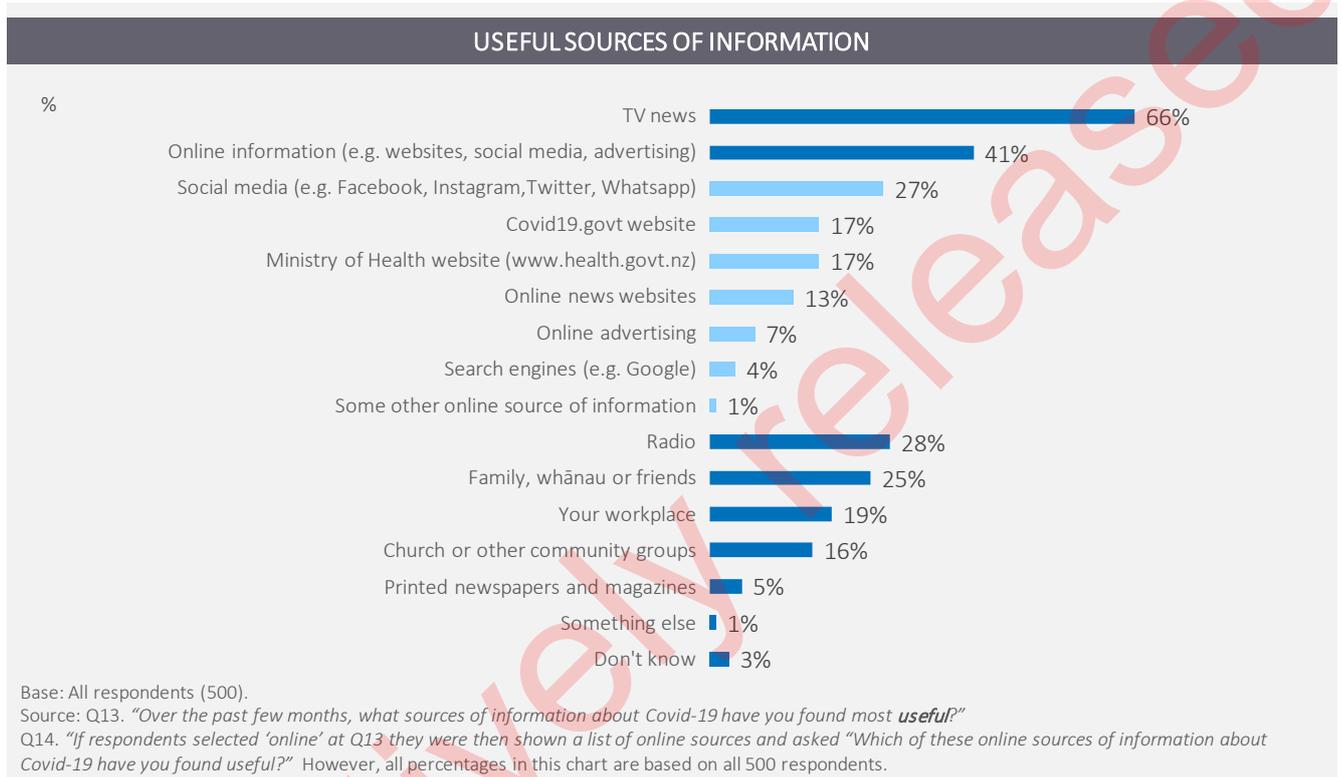


4. Communications

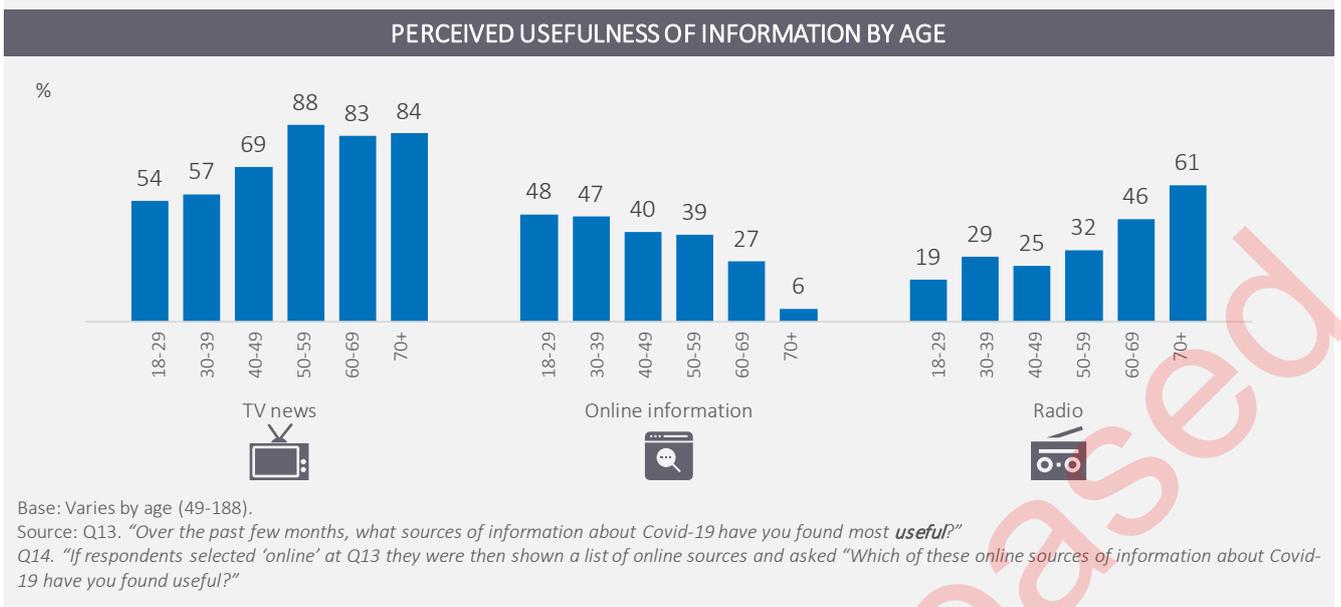
This section explores the effectiveness of the Government's communications.

Perceived usefulness of information sources

Pacific people have found a wide range of sources of information about COVID-19 to be useful. TV news (66%), online information (41%) and radio (28%) are the most useful sources of information.



Strong patterns by age are evident, with TV and radio appealing to older Pacific people and online sources appealing more to younger audiences (see the following chart).

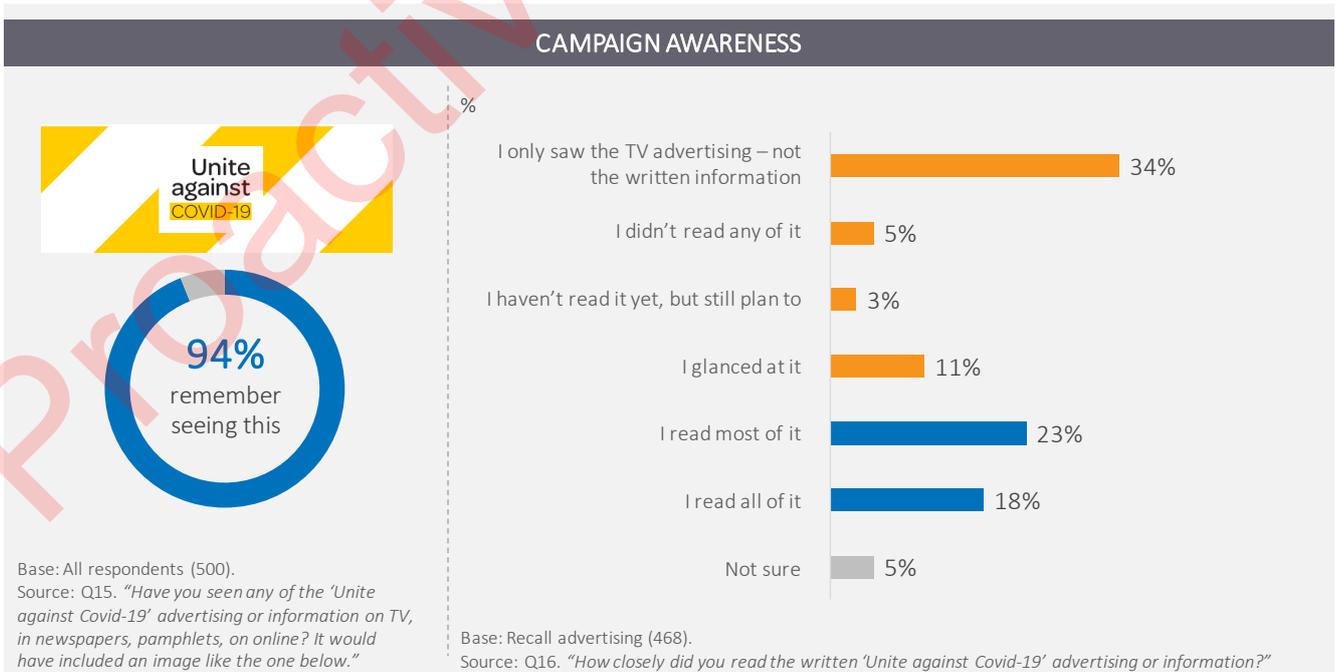


Subgroup analysis also shows that church and other community groups are especially important as a source of information for Samoans (23% rate it as useful). This was also high for Fijians but based on a small sample size (22% of 27 Fijian respondents considered church sources useful).

Campaign recall and attention

A vast majority (94%) of Pacific people recall the Government's *Unite against COVID-19* communications, with visual prompting (see image in the chart below).

Around four in ten (41%) Pacific people who recalled the campaign visuals read the written information in depth (either reading 'most of it' or 'all of it'). The remainder either gave the written communications little attention (19% glanced at it or didn't read it) or only saw the TV advertising (34%).



Groups less likely than average (41%) to have read all or most of the written information are:

- Older Pacific people (15% of those aged 70+ and 33% of those aged 60-69, versus 40% of those aged 18 to 39 and 51% of those aged 40 to 59)
- Tongans (36%) and Mangere residents (32%) - the older age profile of these subgroups in the survey contributes to this.

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Message take out

Without prompting with ideas, respondents were asked what they remember about the messaging. Wearing a mask (34%), handwashing (32%), staying at home/in your bubble (31%), and social distancing (24%) come through clearly. However, few recall anything about seeking medical advice or getting a COVID test if unwell. Likewise, few mention anything related to contact tracing.

Those over 60 are more likely than average to recall messaging about wearing a mask (67%), washing hands (60%), and staying home/in your bubble (50%). This is in contrast to those under 40, who are less likely than average to recall these messages (24% recall messaging about wearing a mask, 21% about washing hands and 23% about staying home). Tongan respondents are also more likely than average to recall the message to stay home or in your bubble (39%).

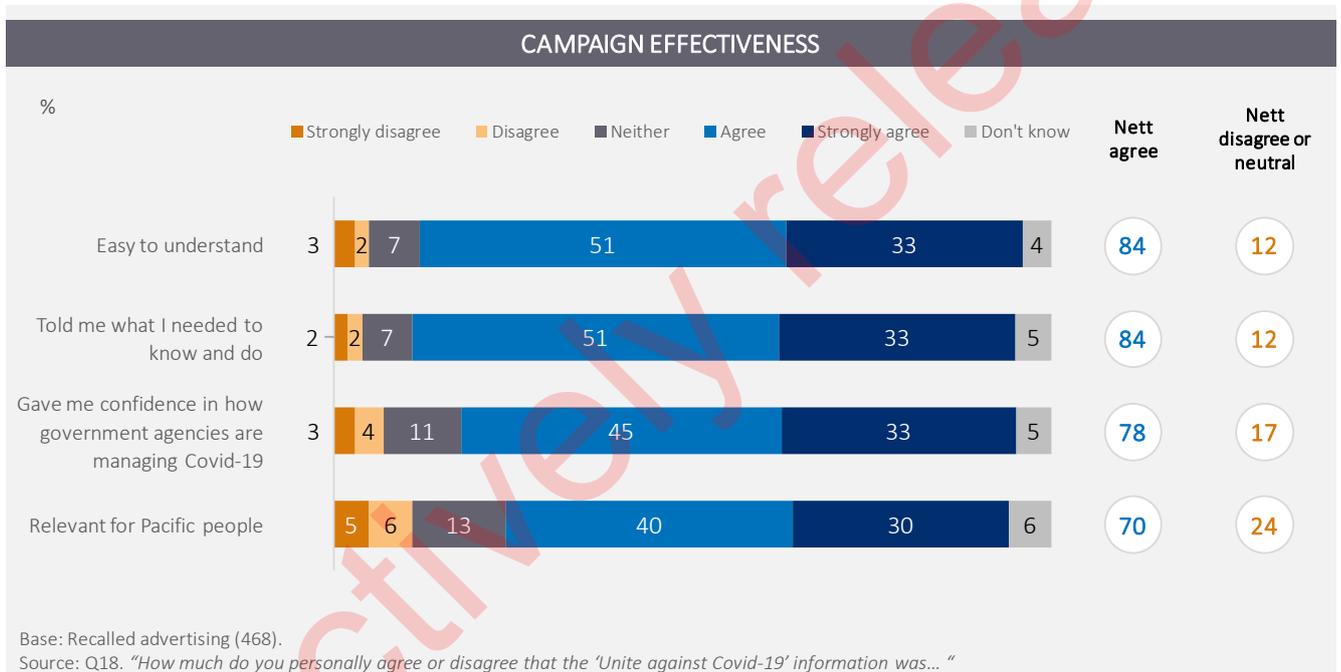
Unite against COVID-19 message recall	Those who recall the campaign n=468
Wear a mask	34%
Wash or sanitise hands	32%
Stay at home or in your bubble (NETT)	31%
<i>Stay at home or work remotely</i>	17%
<i>Stay at home when sick or unwell</i>	9%
<i>Stay in your bubble</i>	7%
Social distancing, stay 2 metres apart	24%
Stay safe or be careful	12%
Contact the doctor or helpline if unwell	5%
Contact tracing, scan or use the app	5%
Good hygiene and cleanliness	4%
Cough into your elbow or cover your coughs	4%
Be kind	3%
Work together, unite	2%
Get tested if you have symptoms	1%
Ways to stay safe	1%
Wear gloves	1%
Save lives	1%
COVID updates	1%
Follow instructions	1%
Other	4%
Don't know	28%

Campaign diagnostics

The campaign performs well on all measures, but especially for ease of understanding and clarity: 84% agree the information is easy to understand and 84% agree the information tells them what they need to know.

While most Pacific people aware of the campaign also consider that the information is relevant to Pacific people (70%) and instills confidence in government agencies managing COVID-19 (78%), significant pockets are not positive about these aspects:

- Nearly one quarter (24%) were neutral or rejected the notion that the information is relevant to Pacific people. Subgroup analysis show this perceived lack of relevance is more common among working age Pacific people (27% of those aged under 60 vs 9% of those aged 60+) and those whose household income has been affected by COVID-19 (31% vs 22% of those whose household income has not been affected).
- Nearly one in five (17%) were neutral or rejected the notion that the information instilled confidence in Government agencies. Subgroup analysis show lack of confidence is more common among working age Pacific people (20% of those aged under 60 vs 3% of those aged 60+; and those whose household income has been affected by COVID-19 (23% vs 15% of those whose household income has not been affected).



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- s 9(2)(a)

[Redacted text block containing names and details of contributors]

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