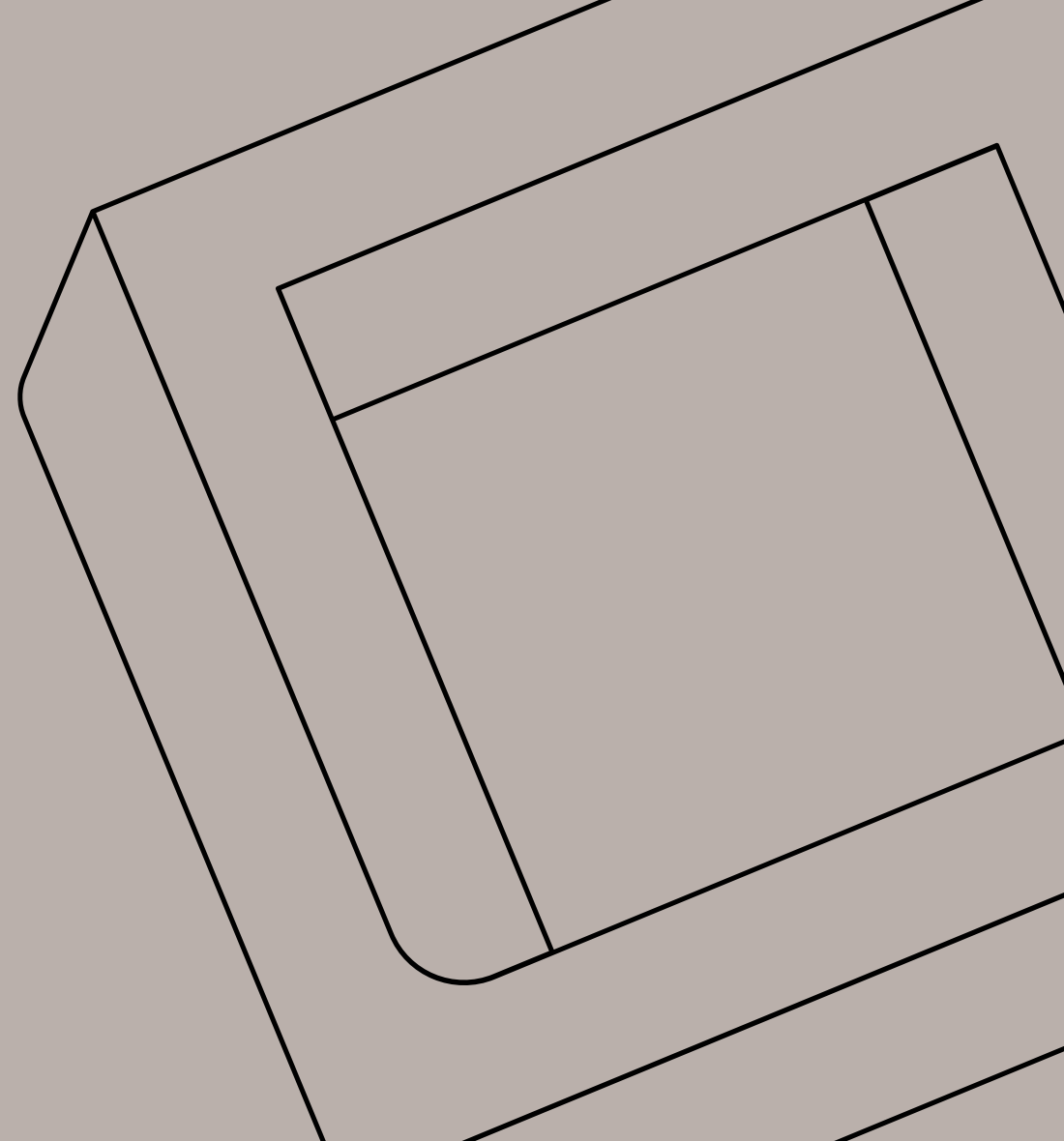# Life since the pandemic:

How the COVID-19 pandemic experience has shaped public attitudes and beliefs on public health, infectious disease and vaccination

QUALITATIVE REPORT

NOVEMBER 2023

verian

Introducing Verian

Verian is the new name for Kantar Public (formerly Colmar Brunton).

Following our divestment from our former parent company, we are now an independent research and evaluation agency, providing evidence and advisory services to government and the public realm, across Aoteoroa New Zealand and around the world.

Executive summary

Report content

Section 2: What's changed as a result of the pandemic?

What do we learn from section 2?

▶ Compared to pre-pandemic times, New Zealanders are more cognisant of infectious illnesses and how they are spread.

▶ There is more social pressure to stay home / work from home when sick and, for many, this has become easier. But a significant grey area still exists about how sick is 'too sick' to leave home.

▶ For parents, keeping kids off school is still mostly about letting them rest and recover so that they get better (in contrast to adults where, since COVID, the focus has shifted to not infecting others).

▶ The main changes related to healthcare access are focused on significantly longer wait times and increased uncertainty/nervousness around visiting healthcare settings.

Section 3a: Attitudes to protective measures

What do we learn from section 3a?

▶ Key drivers to taking protective measures are when people perceive: 1) High threat of infection, 2) High efficacy of intervention, 3) Interventions to be consistent and logical.

▶ New Zealanders vary in their receptiveness to public health measures based on: 1) Their reliance on themselves vs authority to make decisions and, 2) Their level of concern about coronavirus variants.

▶ This report identifies four distinct 'profiles' of New Zealander who vary in their attitudes, motivation, drivers & barriers towards different public health measures.

Section 3b: Attitudes to vaccines

What do we learn from section 3b?

▶ The pace of vaccine development was a key initial driver for COVID vaccine hesitancy – with varying levels of comfort towards this pace of development.

▶ For many, the 'reasons to believe' in vaccine safety are a stronger emotional driver of vaccine comfort / discomfort than the numerical or factual 'evidence'.

▶ Feeling pushed into having the COVID vaccine (by mandates) was a key driver of vaccine anxiety for some who were previously ambivalent or hesitant.

▶ Amongst those with positive attitudes towards the COVID-19 vaccine there is a level of apathy towards more doses – many people would need a push to go out and get a booster.

▶ The majority of parents we spoke to remained generally supportive of childhood vaccines, even if they did have some COVID vaccine hesitancy. For vaccine hesitant parents the drivers & barriers were broadly consistent for their children as for themselves.

▶ Amongst people who have vaccine hesitancy (whether for themselves or their children), there are two core needs:
- Create clear psychological separation between future/other vaccines and the covid vaccine
- Create a sense of informed autonomy around the decision to have this vaccine but not the COVID vaccine – make it feel like a positive choice

Section 4: Information Sources

What do we learn from section 4?

▶ For COVID related information, people were more inclined to pay close attention to official sources / standard channels than in their 'normal life'.

Many were supportive and grateful for Government / Manatū Hauora communications due to clarity and digestibility.

▶ Some of our profiles were less supportive of the 'regular update' style official communications – seeing them as a bit over the top, political or even fearmongering.

Underpinned by a belief that the situation wasn't as bad as the Government was making out.

▶ Community or social sources served to shape interpretation of the core information and provided anecdotal experiences that brought the information to life.

e.g. anecdotal experience of how bad COVID made you feel, anecdotes surrounding the vaccine, which guidance was most effective, situations that were more/less risky

▶ There was considerable variability in the role of community groups and community leaders.
However, we have identified some specific examples that paint a picture of the way community groups and leaders can be influential on attitudes and adherence.

Section 5: Implications for future responses and communications

What do we learn from section 5?

▶ Perceived 'threat of infection' and 'efficacy of intervention' are the major drivers for how receptive people are to specific guidance, in specific contexts.

▶ Perceptions around 'threat of infection' and 'efficacy of intervention' are shaped by a very simplistic idea of the mechanism of infection (breathing or touching 'germs').

▶ When guidance does not align with these heuristics around the mechanism of infection, it is seen to be illogical or disproportionate... and is a source of frustration which can undermine trust and buy in to guidance and advice more broadly.

▶ Since COVID-19, people are now quick to spot guidance, restrictions or communications that feel illogical or disproportionate and are less tolerant of these 'frustrating' guidelines.

▶ During the initial pandemic, people were less questioning of giving up 'choice' or 'autonomy' due to a very high perceived threat level. Moving forwards, people are more reluctant to give up their ability to choose how to respond to COVID-19.

▶ Overall, people want guidance that aligns with their view of what makes a situation threatening and what interventions are effective. And they want to 'be treated like adults' – given the right information to make their own choices around how to stay safe.

01

Introduction

Context and methodology overview.

The need for research

Context

COVID-19 remains a threat to health in Aotearoa New Zealand. Alongside this is the perceived threat of future pandemics. This environment calls for public health interventions that New Zealanders are willing and able to adhere to, while also minimising disruption to individuals, communities and businesses.

Manatū Hauora (the Ministry) needs to provide the best advice and recommendations about future responses to any such pandemics. To assist in developing effective future responses, they need to determine any gaps in their understanding of the drivers of COVID-19 related behaviour change, and establish the impact of barriers and other factors on adherence to public health measures.

This document provides insights from the first phase of research to qualitatively explore drivers of COVID-19 related behaviour change.

Qualitative research purpose

The purpose of this phase of the research is to understand how public attitudes and behaviours towards public health measures and vaccinations have evolved as a result of the COVID-19 pandemic.

It also explores what sources of information and points of influence are most effective in shaping beliefs and behaviours in the post-pandemic world.

In this report, we provide direction on how public health bodies can engage with the public to shape future public behaviour.

Overall research approach

Qualitative in-depth interviews followed by a quantitative survey

Qualitaitve research
30 in-depth interviews
Online
1.5 hours each

Quantitative research
Online and CATI survey

| September 2023 | October 2023 | November 2023 | December 2023 | January 2024 | February 2024 | March 2024 | April 2024 | May 2024 | June 2024 |

Insights provided in this report
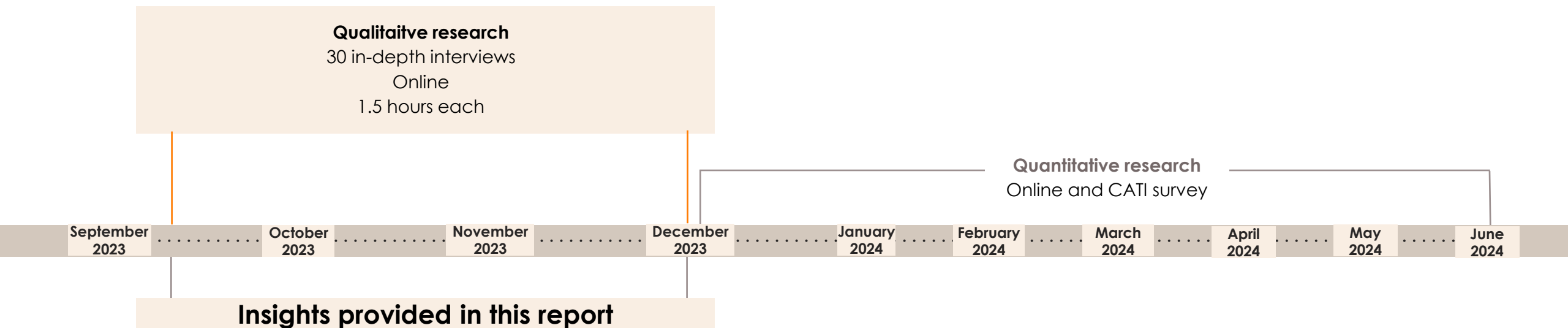
Alongside the above research, we are also conducting two repeated behavioural surveys to monitor adherence to public health measures over time, in terms of intention and actual behaviour.

How we went about the qualitative research

30 in-depth interviews

Māori	Pacific People	Asian	Pākehā	Deaf & disabled	Older people
5 interviews	5 interviews	5 interviews	5 interviews	5 interviews	5 interviews

Across the sample

- A mix of location (with at least 1/3 from provincial/rural areas)
- Different attitudes towards undertaking preventative and protective COVID-19 public health measures
- Range of occupations to include people who work in different environments
- Different household types (e.g. flatting, families, extended families, shared custody, etc.)
- Range of lifestages (e.g. singles, couples, parents, grandparents)

02

What's changed as a result of the pandemic?

Changes to attitudes, beliefs and activities of daily life since the pandemic.

Pre-pandemic versus post-pandemic...

Unsurprisingly, the pandemic has generally changed our attitudes towards health and wellbeing. Today, people often feel more cautious and considered in protecting their health than they used to.

From a sense of being...

Casual

Carefree

Free

To a sense of being...

Cautious

Careful

Considered

Images were selected by our participants in the interviews to convey how they feel the pandemic had impacted them.

Compared to pre-pandemic times, New Zealanders are more cognisant of infectious illnesses and how they are spread

And that leads to a change in societal attitudes and behaviours

Today, people are more cognisant of infectious illnesses...

how they are spread...

and the perceived threat this poses to others.

Changes in societal attitudes and behaviours...

- More cognisant of hygiene behaviours such as hand washing and hand sanitising
- More aware or concerned about catching or spreading something, anything (not just COVID-19)
- Less accepting of coughs and sneezes in public
- Less socially acceptable to be around others when unwell, including going to work or visiting public places.

"It's more socially acceptable to fart than it is to cough."
[Female, 65+ years, Pākehā, disabled person].

"Coughing or sneezing, I definitely wouldn't go anywhere."
[Male, 65+ years, Pākehā].

"I was ordering some food and I needed to sneeze, you look around. Go back five years, if you had the flu, you still came into the office. It was a very much more blasé attitude. And now, it's the sign of the devil."
[Male, 65+ years, Asian].

Staying or working from home has become easier for some

In some industries, working from home has become easier (e.g. corporate jobs). Even when workers are well, we have seen a shift to hybrid working and greater flexibility in where employees work from.

Before the pandemic, the reason to stay home when unwell was to recover. The focus was on looking after yourself. Today, the focus has shifted and is more about not infecting others. This focus carries more social pressure to stay away, and there can be less guilt taking time off work.

Indeed, employers and colleagues expect staff to stay home when unwell. Gone are the days of taking pride in "soldiering on". Furthermore, sick leave allowances have increased, and people feel more comfortable asking to stay home when ill.

"There was an ad about 'soldier on', so then that implied don't be a wimp, don't stay home, don't let your colleagues down, you can soldier on through all of this. That thinking has changed. We're not such a 'soldier on' mentality. And, equally employers have changed to match that as well."
[Female, 65+ years, Pākehā, disabled person].

"When you reflect back [to before the pandemic], we were maybe a bit too casual about sickness and things. So that was the time when family still got together when somebody had a bit of a cold or something. You didn't think anything of it if you were a bit sick. You'd go to work when you weren't feeling 100%."
[Male, 65+ years, Pākehā].

While people expect others to stay home when unwell, they easily rationalise their own going out behaviour

People expect others to stay home when they are unwell and can feel very uncomfortable or affronted if a sick colleague does turn up at work.

They also have good intentions of staying home when they themselves are ill. However, it's not simply black and white and there are several modifying factors that influences their 'stay at home' decision.

There are situations where people rationalise their need to go out in public or to work. For example:

- Impact on colleagues if they are absent
- Inability to find someone to provide cover at work
- The financial pressure if not going to work means a loss in wages
- They don't have any sick leave left
- If they consider type and/or severity of symptoms as relatively minor.

These days people are likely to be less open to others about their illness – trying to keep their symptoms 'under the radar' – as it is less socially acceptable to be ill around others.

"I've got tonnes of sick leave that I can use if I wanted to, but it's just the pressure that you're putting on other people. But at the same time, I've been much more conscious of not going to work, not being the hero, thinking 'I'll go', drag myself into work and then spread it all around and everybody else gets sick."
[Male, 65+ years, Pākehā].

"It is a bit of a balancing act, but certainly if I was coughing and spluttering, I wouldn't be going to work."
[Male, 65+ years, Pākehā].

"Most times there was nobody else to do my job at short notice. You were stuck, there was no backup. Even if you felt unwell, the company couldn't or wouldn't provide an alternative."
[Male, 65+ years, Pākehā].

For parents, keeping kids off school is still mostly about letting them rest and recover so that they get better

If their child is clearly unwell, parents are more inclined to overcome life obstacles to keep them off school than they would be to allow themselves to take a day off.

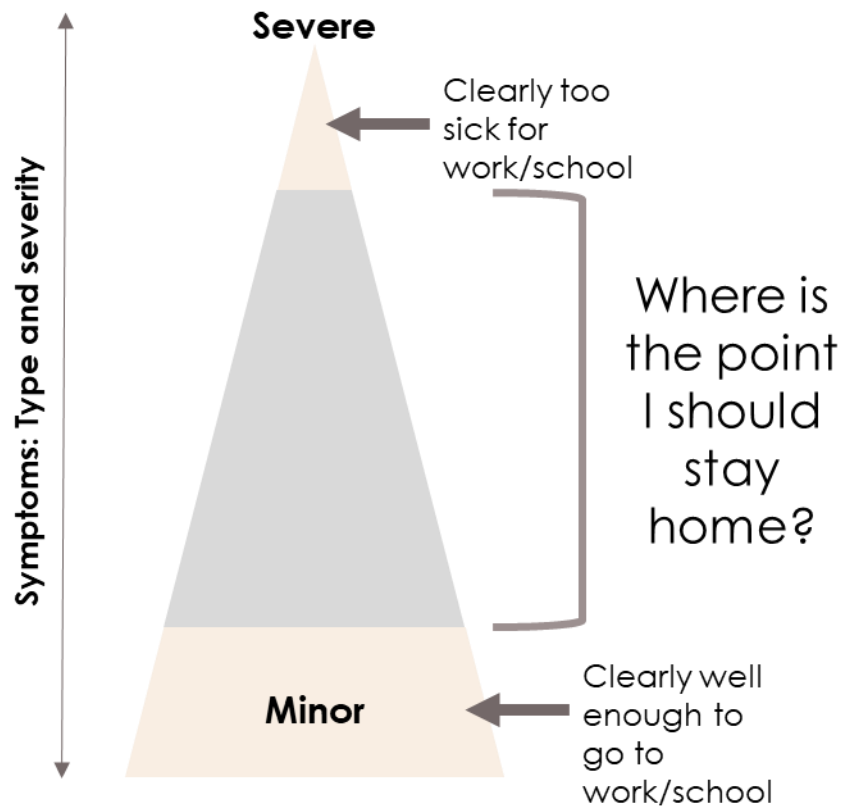However, this is driven by a motivation to protect the child and allow them to rest and recover.

Protecting other kids from the illness is more of an afterthought.

There is a perception that schools are full of germs anyway, so it is futile to try and keep children off to stop the spread of germs.

Parents are generally quite comfortable sending their child to school with mild symptoms if the child appears well and happy.

For both adults and children, knowing when to stay home can be a grey area

Severe

← Clearly too sick for work/school

Symptoms: Type and severity

Where is the point I should stay home?

Minor ← Clearly well enough to go to work/school

Sometimes the decision to stay home can be unclear. There is a grey area between severely unwell and 'not too bad' that people find difficult to navigate.

Testing positive on a Rapid Antigen Test can help people make the decision to stay home, removing a lot of the uncertainty surrounding the decision.

A positive COVID test remains a major factor in people's decisions to stay home, despite some relaxation of the legal requirements around positive tests. When people test positive, they feel a strong obligation to stay home.

Many believe free RAT tests are no longer freely available. However, people seem to have accumulated a bit of a stockpile, or they collect them whenever they go to the airport.

While a positive RAT test gives people clarity on what to do, when they test negative it becomes more of a grey area. Are they well enough to go to work or visit public places? Do they risk infecting others if they do?

People have noticed some changes to healthcare access since the pandemic

There is a sense that it now takes longer to see your GP or have operations than it used to before the pandemic. The lead in times to make an appointment are considered longer. The perceived cause of the longer lead in time is varied. Some point to the pandemic as the cause for delays because healthcare providers are playing catch up. Others believe it's a result of a general labour/skill shortage.

Some people feel uncertain about etiquette or protocols now when visiting healthcare providers. This uncertainty stems from people's ability to be able to decide what protective measures they undertake when attending healthcare appointments.

Finally, some are more nervous some about sitting in waiting rooms than they were before the pandemic. They are more aware of the potential to catch something from other patients.

"Before the pandemic, it was definitely easier to see a doctor – as far as waiting times was concerned."
[Male, 65+ years, Pākehā)].

"There are family members who have been on the wait list for operations, and I think that has ballooned out of control, which has probably started with the COVID and they haven't quite got that back into line. Everything was so delayed for such a long time, and then you've got a backlog."
[Male, 25-39 years, Pākehā, disabled person, parent].

"When it was full on COVID, obviously there's really strict rules implemented. And then now, I find them vague. You walk in there [medical practice], and it's not really known if they're implementing masks anymore or not. People would either have mask on or not have mask on, so I'm not exactly sure. And then, when I would sit down with my GP, I would ask 'you want me to keep this on?', and she'll be like 'oh well, it's your own preference'."
[Female, 40-59 years, Asian, parent].

"I don't like sitting in waiting rooms. I simply wouldn't want to sit next to somebody in a waiting room… even though I'm fully vaccinated, I still feel a little bit nervous about COVID."
[Male, 65+ years, Pākehā].

03

Attitudes to protective measures and vaccine uptake

How have attitudes been impacted by the COVID-19 experience and what impact might this have on receptiveness towards future guidance?

Note:
The profiles and charts within this section are based on qualitative analysis only, they are designed to be illustrative in nature.

Protective health measures

Attitudes and beliefs that affect perceptions of public health measures related to COVID-19

Common drivers to protective health measures uptake

There are three key motivators to take up protective health measures that are common to most people:

1 High threat of infection

The public is more motivated to undertake protective health measures when they perceive the threat of infection as high.

2 High efficacy of intervention

The public feel more encouraged to undertake protective health measures when they believe those measures will be effective at reducing infection rates.

3 Consistent, logical measures

When measures are consistent and make sense, people are more driven to undertake these measures. Inconsistent and/or illogical measures allow people to easily rationalise not doing them.

"What perhaps I didn't agree with were things like, for example, pest control in our ranges here in the National Park and how during that time they weren't allowed to go into the National Park to check on the rat traps and possum traps, because of the lockdown. To me, that wasn't necessary. These people out in the bush by themselves, and they had no chance of contaminating anybody else, but they weren't allowed to do it. So, the pest population exploded during that time."
[Male, 65+ years, Pākehā].

New Zealanders vary in the extent to which they rely on themselves or authority to make decisions about the best course of action

At one extreme are those who tend to rely more on themselves to make decisions for themselves.

Reliant on self to make decisions

←——————————————————→

Reliant on authority to guide or direct

At the other extreme are those rely on information and guidance from the Government to determine what actions to take.

The extent to which people rely on themselves or authority can fall anywhere along this continuum. This variation has implications on people's protective health measure attitudes and behaviours.

New Zealanders also have differing levels of concern about future coronavirus variants

Higher concern about future coronavirus variants

At one extreme are those who are highly concerned about the likelihood and impact of future coronavirus variants.

Lower concern about future coronavirus variants

At the other extreme are those who aren't particularly concerned about future coronavirus variants, and don't give it much thought.
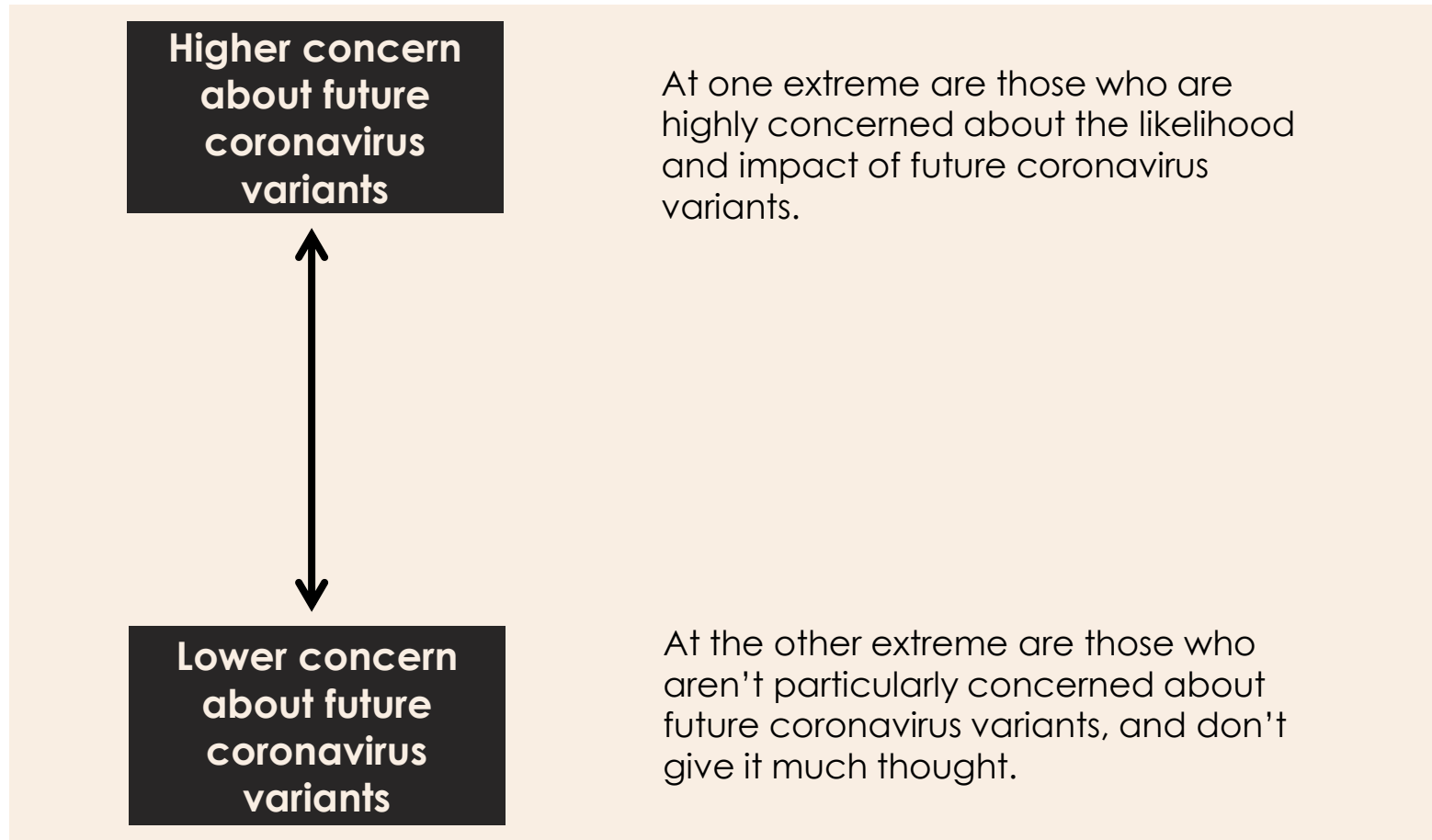
Again, this is a continuum, and people can fall anywhere along this continuum.

People's concern levels may also change at different points in time and contexts. For example, they may become more concerned when there is a wave or spike in their area.

The differing levels of concern also have implications on people's protective health measure attitudes and behaviours.

People's attitudes and behaviours toward public health measures differ across four profiles

Higher concern about coronavirus variants

CAREFUL CONSIDERER

FAITHFUL FOLLOWER

Reliant on self to make decisions

Reliant on authority to guide or direct

DISCONTENTED DOUBTER

MOVED ON MODERATE

Lower concern about coronavirus variants

Profile overview

I'll rely on myself to decide what is the best course of action

Careful considerers perceive future pandemics to be a real threat, but don't believe everything they read, see and hear (including official information). They'll weigh up their decisions in context of the situation.

Higher concern about future coronavirus variants

I'll get on and do what is recommended

Faithful followers are concerned about potential threat and consequences of any future pandemics. They trust in Government and its experts to protect society, so will likely follow guidelines.

CAREFUL CONSIDERER

FAITHFUL FOLLOWER

Reliant on self to make decisions

Reliant on authority to guide or direct

DISCONTENTED DOUBTER

MOVED ON MODERATE

It's all a bit of an over-reaction

Discontented doubters don't truly believe there is much to be concerned about, and dismiss information from authority such as the Government.

Lower concern about future coronavirus variants

I'll do what's recommended when necessary, but it's fine for now

Moved on moderates don't see any current threat and are getting on with life. They rely on officials for advice.

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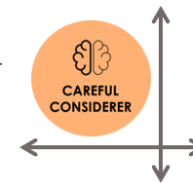
Lower concern about future coronavirus variants

Careful considerer

I'll rely on myself to decide what is the best course of action

Who are the careful considerers?

Careful considerers don't take what they are told or advised at face value. They'll read, listen, and discuss. This, alongside the Government's advice, is taken into consideration to arrive at their own conclusions.

> "I don't believe 100% everything I hear even from the officials. But you weigh up what you believe is the best at the time."
> [Male, 65+ years, Pākehā].

> "I got the message pretty quick [about how to stay safe], and I didn't need to get preached to or talked down to every day about what to do… I couldn't stand that"
> [Male, 65+ years, Pākehā].

Overall attitudes to COVID-19 response…

While not necessarily agreeing with all parts of the response, careful considerers had empathy for the challenge the Government was grappling with. There is a sense that the response was with the best intentions in mind.

They appreciated action was needed, but question if parts of the response did more harm than good (e.g. impact of lockdowns on the economy).

> "I think they did at the time the best that they knew with the knowledge at the time."
> [Female, 65+ years, Pākehā, disabled person].

> "There were things that I did weigh up. But, I didn't just blindly accept everything they said, but I accepted it because of their intention and because it was based on stuff. I was a bit concerned about the school's when it first [opened up]… I think you weren't allowed any more than so many people in households, but kids could come to school."
> [Female, 65+ years, Māori/Pākehā].

> "It's been made into a political football to a large extent… and the taxpayer has to pick up the tab as usual. And generally, whether the lockdowns achieved everything they were meant to achieve is up for debate… So basically our lives are more or less back to where they were, except that we do have this fear about going on a cruise that we would like to go on"
> [Male, 65+ years, Pākehā]
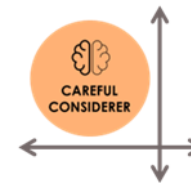
Careful considerer, continued

I'll rely on myself to decide what is the best course of action
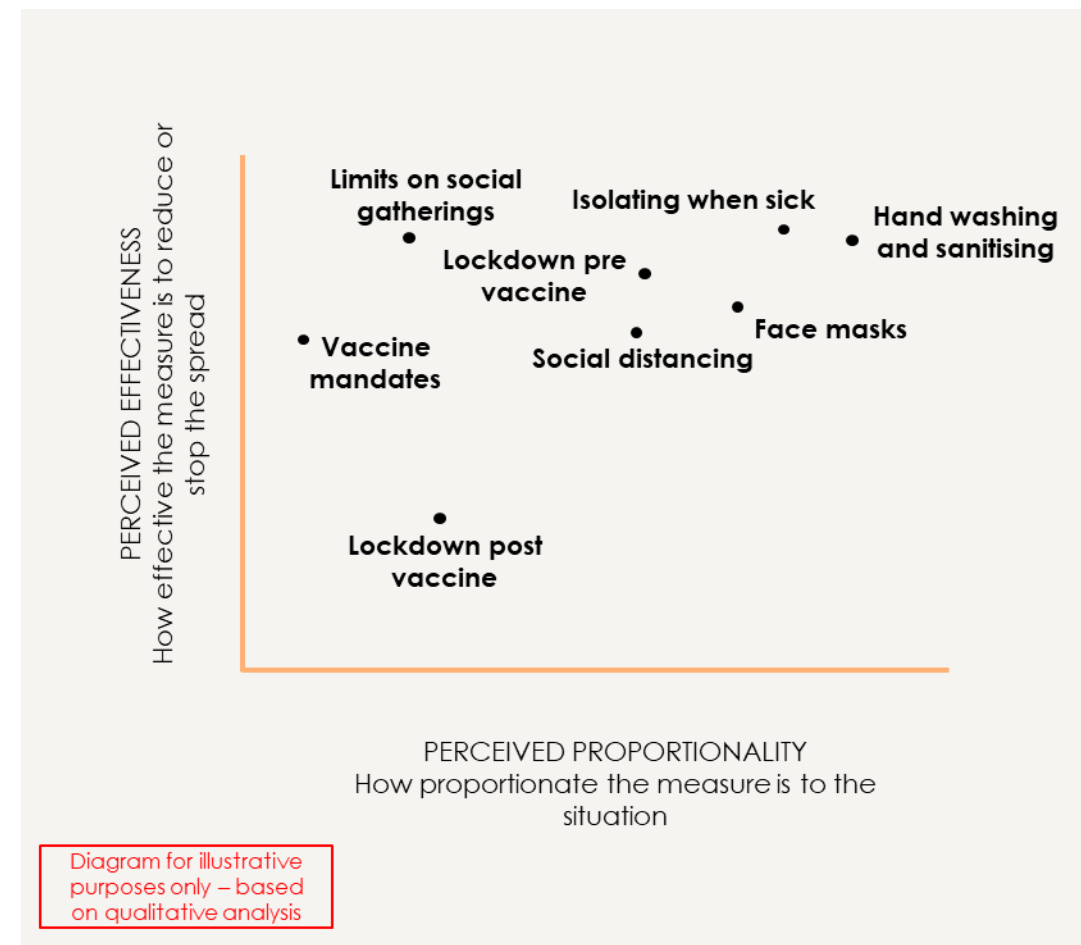
Attitude to specific protective measures...

Protective measures such as hygiene actions, isolating when sick, and mask wearing seem proportionate and effective.
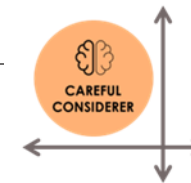
Yet, careful considerers feel some of the other measures seemed somewhat inconsistent and/or disproportionate. For example:

- While they understood the need for lockdowns in the early phases of the pandemic when the vaccine wasn't available, they were less sure about the need for later lockdowns

- People were allowed to go to the supermarket, but not to other enclosed public places such as libraries.

"The directive from the Ministry of Health, which instructed aged care facilities to have a complete lockdown. I was not allowed on the grounds [outside] of the rest home where my mother was, who had dementia. While I completely understand it's an aged care facility and you need to keep those people safe, I cannot accept that standing outside a window in the open air and shouting wasn't allowed."
[Female, 65+ years, Pākehā, disabled person].

PERCEIVED EFFECTIVENESS
How effective the measure is to reduce or stop the spread

Limits on social gatherings
Isolating when sick
Hand washing and sanitising
Lockdown pre vaccine
Vaccine mandates
Social distancing
Face masks
Lockdown post vaccine

PERCEIVED PROPORTIONALITY
How proportionate the measure is to the situation

Diagram for illustrative purposes only – based on qualitative analysis

Careful considerer, continued

I'll rely on myself to decide what is the best course of action

Drivers and barriers to protective measures uptake...

First and foremost, careful considerers need to agree with the measures and feel they are sensible and proportionate to take them up. They take their response seriously and will carry out measures they assess to be most effective.

They are also driven by a desire to protect their own health and not to be the person spreading infections.

> "I did not go [to event] because I was not feeling well. I didn't want to be in a room with 700 people and feeling as though my immunity was maybe not the best that it could be. So, caution about my own health initially. Or spreading it, nobody wants to be the spreader."
> [Female, 65+ years, Pākehā, disabled person].
>
> "There were so many ridiculous things, you couldn't go into the shop but you could stand on the pavement, and they had a counter across the doorway... Just give me some information and I'll be sensible and make up my mind... I'm quite happy to comply with people's advice if it's sensible."
> [Male, 65+ years, Pākehā]

Attitude to future measures...

They will follow guidance if the measures feel consistent, sensible and proportionate. But they want to feel like they are coming to their own conclusions about the right thing to do, not just 'blindly do what they are told'.

It is expected there are significant learnings from our experience that any future Government would need to take into consideration and implement in the event of another pandemic.

> "There are a number of learnings that that both the Government and the MOH need to look at."
> [Female, 65+ years, Pākehā, disabled person].
>
> "I think they've probably learned some lessons and therefore there would be some changes."
> [Male, 65+ years, Pākehā]
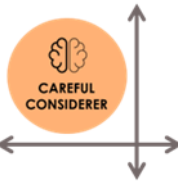
Careful considerer, continued

Bringing the careful considerer profile to life…

Curtis has three children – two boys and a girl. His daughter attends university overseas, and his sons are in their last years of secondary school. Curtis and Susie, the mother of his children, broke up a few years back, so the boys stay with him every other week. Curtis is a guidance counsellor at a secondary school across town (not the one his boys attend).

Adapting to the pandemic was a bit of a challenge at first, especially when it came to working with the kids at school. Curtis had to pretty quickly get up to speed with Zoom meetings etc., so he could still do his work and be there for the students. And then, sorting out the custody arrangements during lockdown with Susie took a bit of arranging.
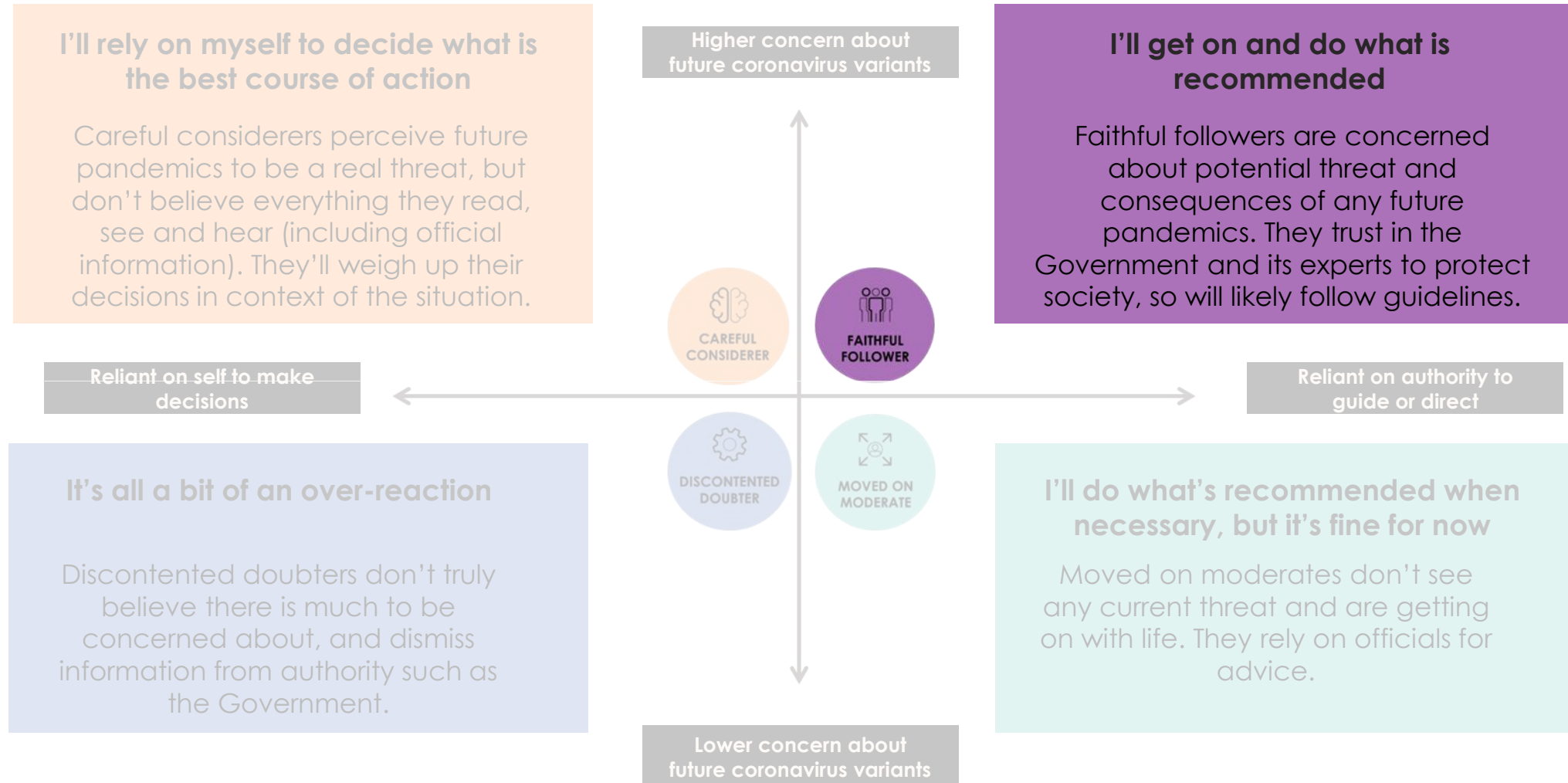
Curtis describes himself as reflective and inquisitive. He is an independent thinker and makes considered decisions where he assesses a range of different perspectives. You wouldn't exactly call him a spontaneous person. While he would listen to the official updates during the pandemic, he also looked to overseas media (like the Guardian and BBC) and discussed different views with friends and family.
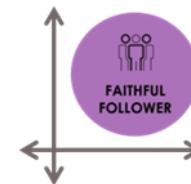
It was a challenging time for many people back then, even more so for those in Government making decisions. Curtis had some empathy for the people in those roles. While he appreciates they were doing the best they could, with the best intentions, Curtis isn't convinced we necessarily got our response right. At the end of day, he reckons you just need to look at the economic monster that was created. We cost businesses and people their livelihoods when we may have not needed to. Curtis believes we probably didn't need to be so hard on the lockdown. And, we could have possibly taken a more measured response in other areas too – don't get him started on MIQ and his daughter trying to come home!

In saying that, he agrees we closed the borders in time, and felt other measures such as face masks and isolating when sick made sense.

This profile is a fictional persona created based on a synthesis of research insights

Profile overview

I'll rely on myself to decide what is the best course of action

Careful considerers perceive future pandemics to be a real threat, but don't believe everything they read, see and hear (including official information). They'll weigh up their decisions in context of the situation.

Higher concern about future coronavirus variants

I'll get on and do what is recommended

Faithful followers are concerned about potential threat and consequences of any future pandemics. They trust in the Government and its experts to protect society, so will likely follow guidelines.

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Discontented doubters don't truly believe there is much to be concerned about, and dismiss information from authority such as the Government.

I'll do what's recommended when necessary, but it's fine for now

Moved on moderates don't see any current threat and are getting on with life. They rely on officials for advice.

Lower concern about future coronavirus variants

Faithful follower

I'll get on and do what's recommended

FAITHFUL
FOLLOWER

Who are the faithful followers?

Faithful followers perceive a real threat of future COVID-19 variants. They also have a general sense of trust and confidence in the Government's intentions, decisions and actions.

This mix of perceived threat of pandemics and confidence in the Government's decisions means faithful followers will support and follow recommended official advice. They likely encourage others (i.e. family and friends) to do the same.

"I mean like because COVID still hasn't gone away like that's the biggest thing."
[Female, 25-39 years, Māori/Pākehā].

"I think the Ministry of Health and the Government, I felt I could trust the decisions that they were making."
[Male, 65+ years, Pākehā].

Overall attitudes to COVID-19 response…

In their view, the Government responded well to the pandemic. The actions taken were needed to protect lives.

A stickler for the rules, faithful followers feel protective measures were put in place for good reason, which is why they should be adhered to.

They also believe these measures are most effective when everyone follows them. This belief reinforces the need to adhere to the measures, even when they may feel hesitant about its efficacy.

"They did their best at the time because I view it as a unique situation."
[Female, 65+ years, Māori/Pākehā].

To be honest, I actually think they did a bloody good job. Like this was actually a fairly serious thing [so all the restrictions were needed].
[Female, 25-39 years, Māori/Pākehā].

"Yeah I think they're pretty good ideas [all the guidance and restrictions imposed during covid]."
[Female, 40-59 years, Asian, parent].

Faithful follower, continued

I'll get on and do what's recommended

Attitude to specific protective measures…

On the whole, faithful followers believe each protective measure was put in place by the Government for good reason. They feel each measure mostly contributed to mitigating the spread of COVID-19, and generally seemed sensible.
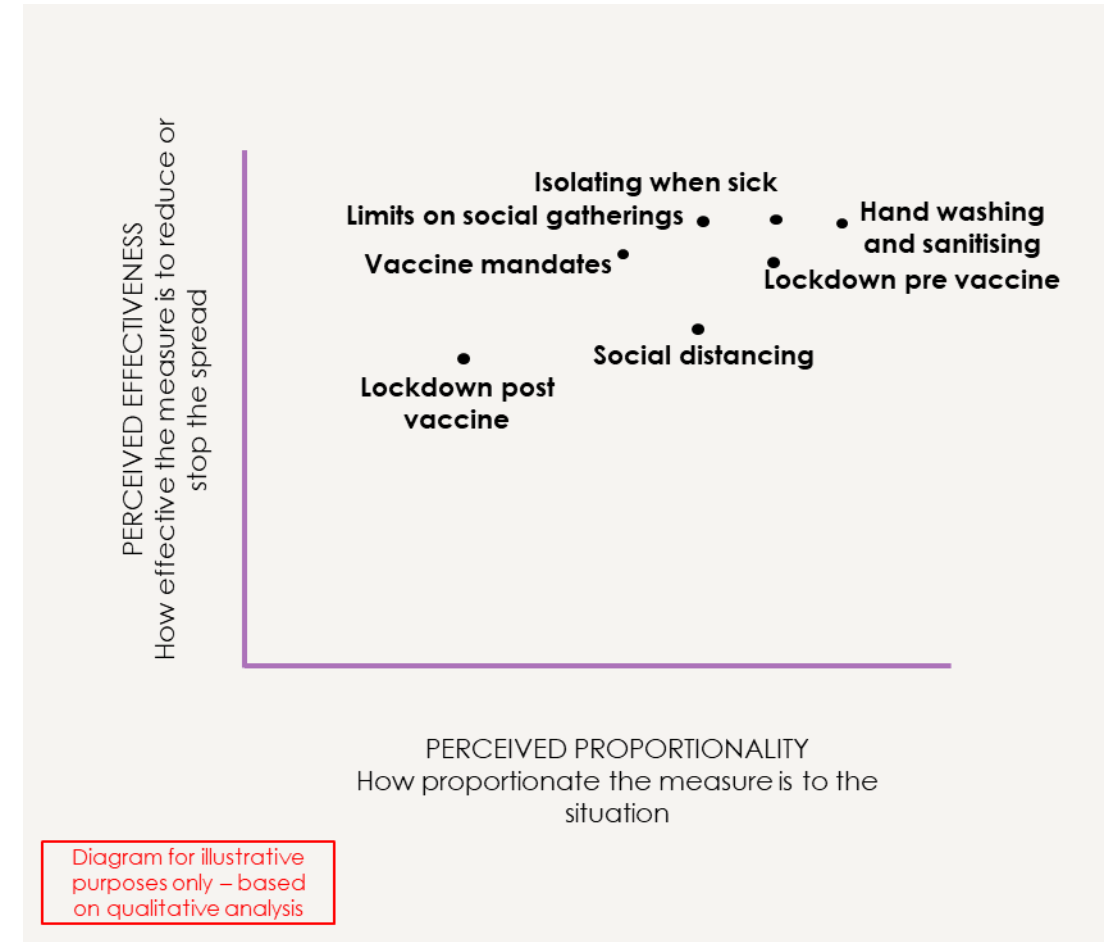
Faithful followers feel the measures required weren't an unreasonable ask of New Zealanders in order to keep everyone safe. Relative to the potential impact of COVID-19, protective measures were considered easy enough to accommodate.
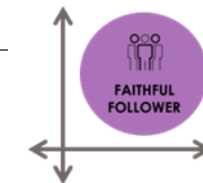
"I had no problem with it [protective health measures]. It wasn't pleasant to wear a mask everywhere, but I think it saved a lot of people from getting it. Washing your hands, of course, we should do that all the time anyway, even getting colds and flu."
[Male, 65+ years, Pākehā].

"You follow their advice because it is based on expert opinion… because a lot of the mandates was for the greater good. Like it wasn't just because they want to control you, you know."
[Female, 40-59 years, Asian, parent].

PERCEIVED EFFECTIVENESS
How effective the measure is to reduce or stop the spread

Isolating when sick
Limits on social gatherings
Hand washing and sanitising
Vaccine mandates
Lockdown pre vaccine
Social distancing
Lockdown post vaccine

PERCEIVED PROPORTIONALITY
How proportionate the measure is to the situation

Diagram for illustrative purposes only – based on qualitative analysis

Faithful follower, continued

I'll get on and do what's recommended

FAITHFUL FOLLOWER

Drivers and barriers to protective measures uptake…

Faithful followers have a strong sense of collective responsibility. They feel a **responsibility to** others and civil society. This often implies a sense of duty or obligation to others or the greater good.

Morally, undertaking all the protective measures (from hand washing/sanitising, to wearing face masks, to distancing and isolating) is for the most part seen as the right thing to do.

"I really didn't have a problem with any of that [covid rules and restrictions] because it was all for the greater good."
[Female, 40-59 years, Asian, parent].

"We're taking the right precautions to keep everyone in the community safe."
[Male, 65+ years, Pākehā].

Attitude to future measures…

Faithful followers find the thought of another pandemic rather concerning. However, their trust in the Government and its advisors means they feel confident the authorities will make the decisions needed, and they will follow future guidance and measures as required.

"That's a terrifying thought that's in the back of a lot of people's minds, that it could happen."
[Male, 65+ years, Pākehā].

"I know that my family would all follow the rules… I would certainly be advocating for people to follow the rules."
[Male, 65+ years, Pākehā].

"I'm just a sheep. Whatever. I mean, yeah, I if we were to rerun the whole COVID thing again, I think I would go along with it."
[Female, 25-39 years, Māori/Pākehā].
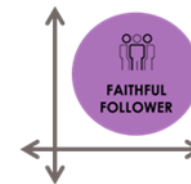
Faithful follower, continued

Bringing the faithful follower profile to life…

Flo is a mum of two beautiful girls who go to the local primary school. She works in town in an office, and when she's not working or doing the chores around the house, she likes to get out with the girls and her husband. They like doing all sorts of things, from swimming at the beach, going to the movies, or even just hanging at the house.

When the pandemic hit and we all went into lockdown, her and the family watched the 1pm updates every day. She found Jacinda and Ashley to be very calming and reassuring, yet honest.
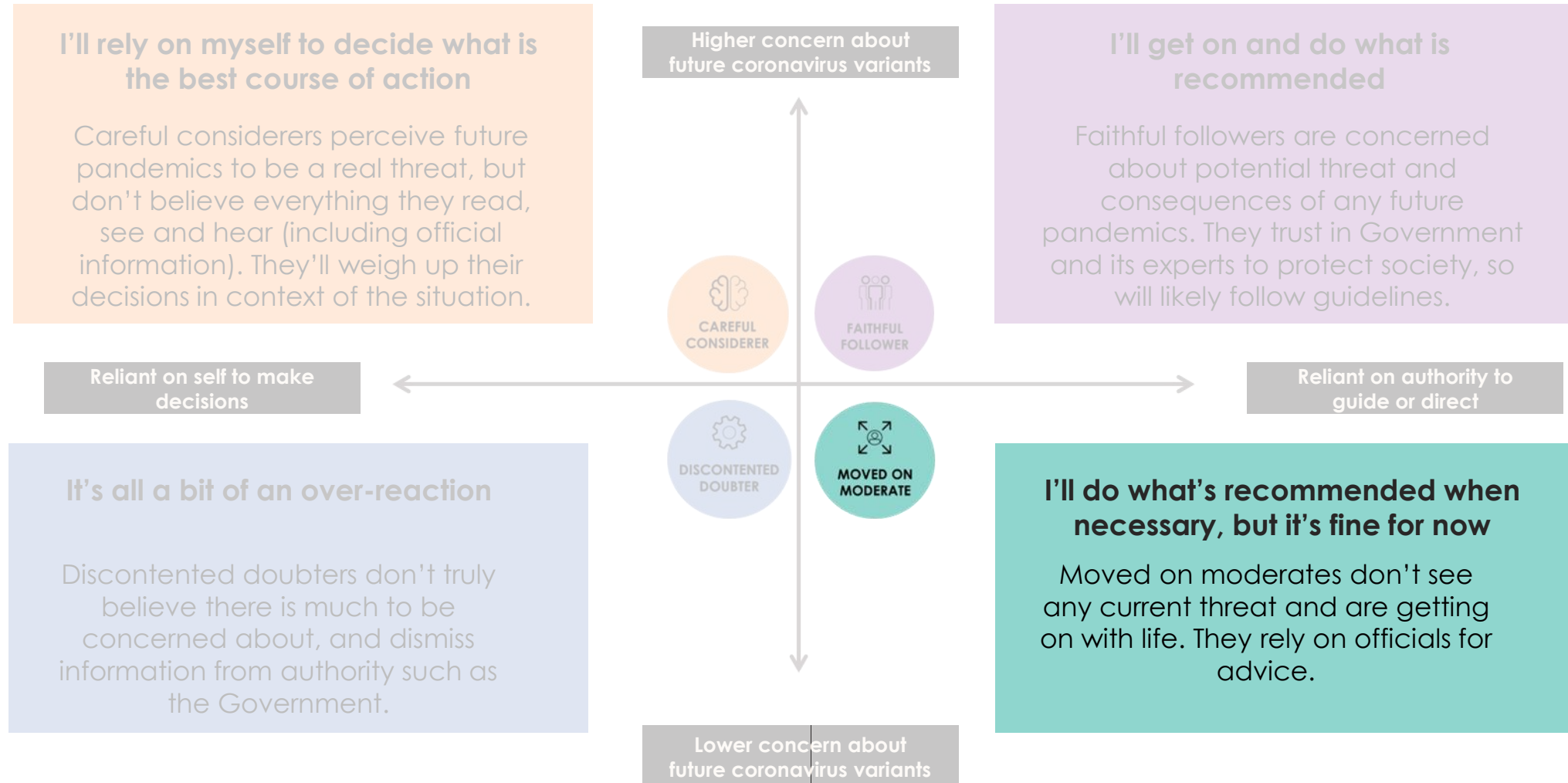
During lockdown, Flo just got on with it and juggled working from home and home schooling the girls. While things got a little stressful at times, and it felt like they were consistently living on top of each other, Flo knew following the guidelines and restrictions was best for everyone. Her and her family needed to play their part to stop the spread of the virus and ease the burden on our healthcare system. It was the right thing to do.
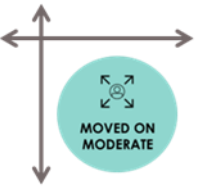
Indeed, Flo didn't necessarily like most of the protections put in place (such as wearing masks and not being able to play her weekly netball games), but she trusted the Government and its officials put these things in place to protect all New Zealanders. Plus, she was quite worried about her or her family getting the virus and what the impact might be. There was talk of not just the symptoms when you first get it, but also the risk of long COVID. So, she diligently followed the official guidance. And, if she was being honest, she felt a bit annoyed with people who weren't doing what they were supposed to (and didn't have good reasons).

Even though things have calmed down, Flo still feels anxious about the threat of another COVID variant happening. However, she is confident the Government, its officials, and the experts will know what to do, and assumes they would have learnt from the last experience about what could be even better.

Profile overview

I'll rely on myself to decide what is the best course of action

Careful considerers perceive future pandemics to be a real threat, but don't believe everything they read, see and hear (including official information). They'll weigh up their decisions in context of the situation.

Higher concern about future coronavirus variants

I'll get on and do what is recommended

Faithful followers are concerned about potential threat and consequences of any future pandemics. They trust in Government and its experts to protect society, so will likely follow guidelines.

CAREFUL CONSIDERER

FAITHFUL FOLLOWER

Reliant on self to make decisions

Reliant on authority to guide or direct

DISCONTENTED DOUBTER

MOVED ON MODERATE

It's all a bit of an over-reaction

Discontented doubters don't truly believe there is much to be concerned about, and dismiss information from authority such as the Government.

I'll do what's recommended when necessary, but it's fine for now

Moved on moderates don't see any current threat and are getting on with life. They rely on officials for advice.

Lower concern about future coronavirus variants

Moved on moderate

I'll do what's recommended when necessary, but it's fine for now

MOVED ON MODERATE

Who are the moved on moderates?

As their name suggests, those in this profile feel relatively indifferent about the threat of future coronavirus variants. In their view, the world has moved on from COVID-19, so those in this profile are just getting on with life.

In saying that, their trust in official information means they are likely to listen and adhere to advice from Government and its experts if there was such a need.

"It's been a while since I thought about covid at all."
[Male, 18-24 years, Pākehā].

"Nobody likes being sick, but for me, I don't feel like it's the end of the world [getting covid]. It's something that I can go home rest up and then get better. which is why I wouldn't take protective measures for myself [anymore]."
[Female, 18-24 years, Asian]

"As far as I'm concerned, it's finished now... the rest of the world seems to have got over it pretty well and I'm moving on."
[Male, 65+ years, Pākehā].

Overall attitudes to COVID-19 response…

Moved on moderates generally feel the Government responded to the pandemic as best it could, and appreciate it was a hard task.

However, there is a sense restrictions could have been lifted sooner so that everyone could get on with their lives. And they may have become looser with their own protective actions by the end.

"I don't see it as a threat or as a sickly disease – it's just a flu, it's going to come and it's going to go away. Whereas if you asked me before, I was like could COVID kill us? But it's all gone back to normal and no one's talking about [COVID] as a sickly disease anymore."
[Female, 18 - 25 years, Pasifika].

"I think the only thing that they should have done differently would have been the length of all of the measures that they put in place. I definitely think it was needed at the start, but it kind of dragged on... I just didn't think that COVID was that big scary thing anymore"
[Female, 18-24 years, Asian]
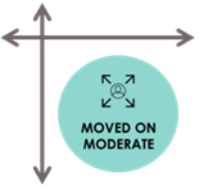
Moved on moderate, continued

I'll do what's recommended when necessary, but it's fine for now

MOVED ON
MODERATE

Attitude to specific protective measures…

In the current context, moved on moderates feel COVID-19 has become normalised. They don't consider a significant threat of infection exists and tend to see COVID-19 as akin to the flu.

They no longer give much thought to the pandemic and are unlikely to currently be taking any protective measures. However, during the pandemic, moved on moderates tended to follow what was required. Given the unprecedented times we were in, it seemed the measures were important at the time.

"I feel like it's a kind of flu."
[Female, 40-59 years, Asian, parent].

"So now we've been through it and we're OK… So I think it's likely to happen again probably at some point, but am I worried? No, because it's not unknown anymore."
[Female, 25-39 years, Pākehā, Disability]

"I think those measures were definitely necessary at one point… Right now, I definitely wouldn't follow the majority of all of those measures just because I don't think it's necessary right now."
[Female, 18-24 years, Asian]

PERCEIVED EFFECTIVENESS
How effective the measure is to reduce or stop the spread

Vaccine mandates

Isolating when sick

Handwashing and sanitising

Lockdown pre vaccine

Social distancing

Face masks

Lockdown post vaccine

Limits on social gatherings

PERCEIVED PROPORTIONALITY
How proportionate the measure is to the situation

Diagram for illustrative purposes only – based on qualitative analysis
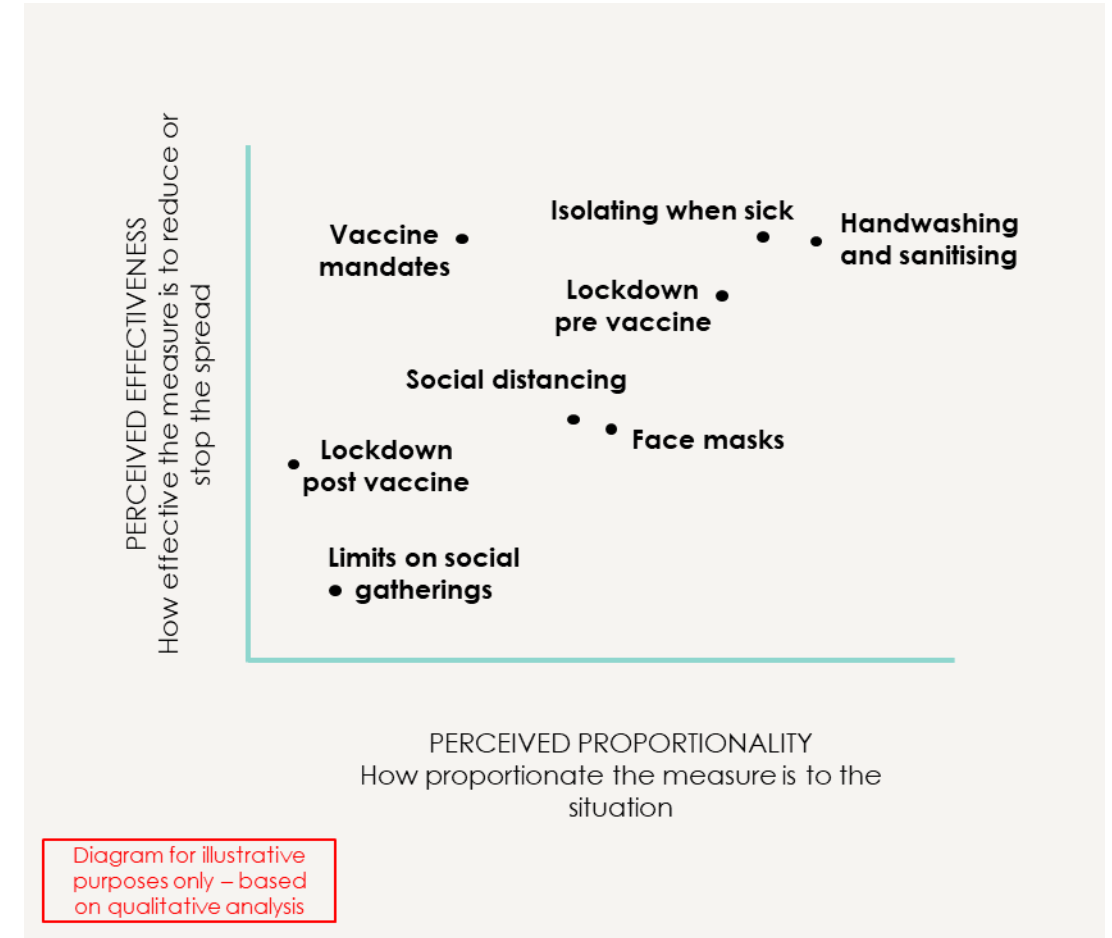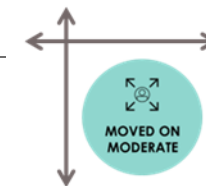
Moved on moderate, continued

I'll do what's recommended when necessary, but it's fine for now

Drivers and barriers to protective measures uptake…

Moved on moderates will undertake protective measures when they are convinced a genuine threat exists. A genuine threat would be a new variant that poses significant threat to them and/or society.

While they would feel reluctant to support future restrictions, moved on moderates would likely follow them because breaking rules would make them more uncomfortable.

"It would probably depend on seeing what's happening, if there are a lot of deaths and things like that happening, then I'd say definitely [I would take protective measures]… but if there were relatively low death rates… I wouldn't be as concerned."
[Male, 18-24 years, Pākehā].

"If it was in the same context that this new virus or illness is something that would cause mass preventable death [then I would be open to following new measures]."
[Female, 18-24, Asian]

Attitude to future measures…

Moved on moderates place their trust in officials and experts to implement appropriate future health protective measures. Given their view that the COVID-19 response was effective overall, moved on moderates feel confident the Government would know how to manage future pandemics, and they will adhere to official guidance.

In saying that, an expectation exists that measures wouldn't need to be as dramatic as the last time. With vaccinations in place and learnings taken from our previous experience, moved on moderates assume future measures would be more lenient.

"Do I trust the Government with their implementation to health management if another pandemic hits? Yes, because it worked. But, I'm also hoping it wouldn't be that dramatic — I don't think that's needed. But, do I trust what they're gonna do? I'm so gonna follow it."
[Female, 40-59 years, Asian, parent].

"You get to a point where it's like, oh, no, I don't really wanna do this again. So doing [covid measures] a second time, I think it would be a lot easier to get fed up with it."
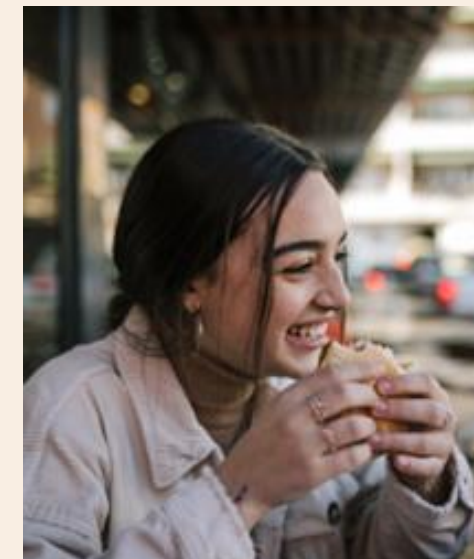[Male, 18-24 years, Pākehā].
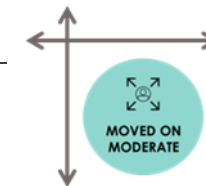
Moved on moderate, continued

Bringing the moved on moderate profile to life…

MOVED ON
MODERATE

In her first year at university, Maia currently lives in one of the halls of residence. She was living back home during the pandemic with her parents, grandmother, and brother. While Maia got a bit bored sometimes during the lockdown, and missed going out with her friends, she quite liked not having to go to school!
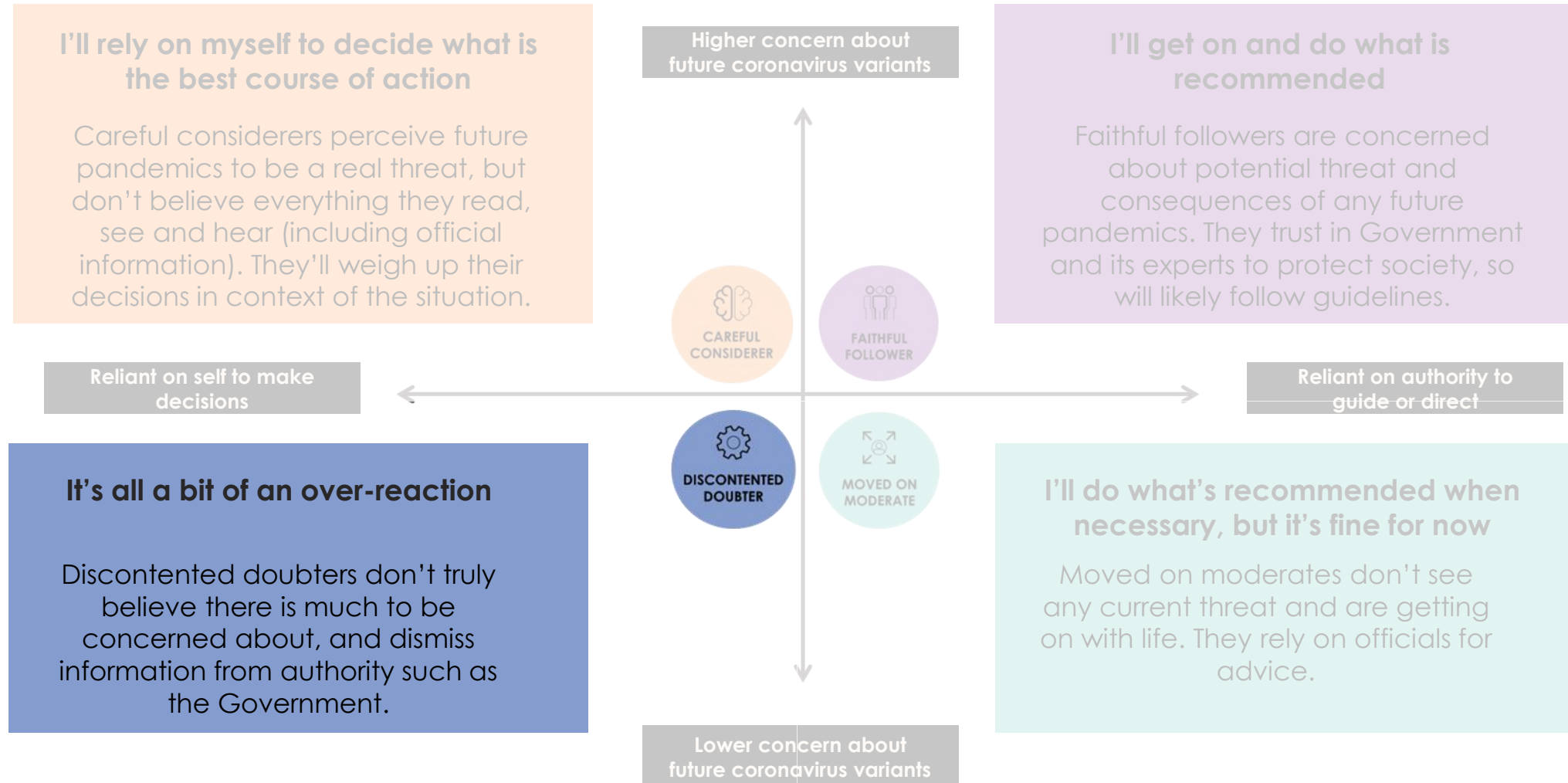
Maia, her mum and brother all had the virus. But luckily they didn't give it to her nana – who is probably more vulnerable given her age. For Maia, getting sick wasn't a big deal. It was like a bad flu or something. She just needed to rest a bit, and then she bounced back quite quickly.
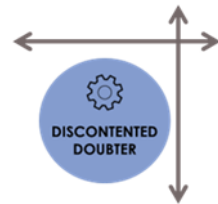
She can't say she thinks much about those times anymore. Life is back to normal isn't it? At the time it made sense to do all those things like wearing a face mask, staying home when you weren't well, and so on. But, quite frankly, Maia can't see a need for all that anymore. Lots of people are vaccinated now, and there doesn't seem to be many cases around, so what's the risk!

If there was another serious wave or severe new variant, Maia would follow the guidelines, reluctantly though. She would feel more uncomfortable breaking the rules and not doing what she was supposed to. While she would place her trust in what the Government and experts were recommending, Maia expects that any measures would be far less dramatic next time. And, Maia also reckons the official line should be to provide New Zealanders with information and guidance, not requirements.

Profile overview

I'll rely on myself to decide what is the best course of action

Careful considerers perceive future pandemics to be a real threat, but don't believe everything they read, see and hear (including official information). They'll weigh up their decisions in context of the situation.

Higher concern about future coronavirus variants

I'll get on and do what is recommended

Faithful followers are concerned about potential threat and consequences of any future pandemics. They trust in Government and its experts to protect society, so will likely follow guidelines.

CAREFUL CONSIDERER

FAITHFUL FOLLOWER

Reliant on self to make decisions

Reliant on authority to guide or direct

DISCONTENTED DOUBTER

MOVED ON MODERATE

It's all a bit of an over-reaction

Discontented doubters don't truly believe there is much to be concerned about, and dismiss information from authority such as the Government.

I'll do what's recommended when necessary, but it's fine for now

Moved on moderates don't see any current threat and are getting on with life. They rely on officials for advice.

Lower concern about future coronavirus variants

Discontented doubter

It's all a bit of an over-reaction

Who are the discontented doubters?

Discontented doubters generally mistrust authority, such as Government, experts and media. They often dismiss information from these sources and will question its credibility.

Moreover, they don't perceive COVID-19 to be as severe an illness as it has been portrayed. In their experience, people's symptoms are closer to flu symptoms that just needs rest to recover from.

"I think the change the main change (as a result of the pandemic] is in becoming someone who questions everything even more. I'm just not inclined to believe the narrative of what we're told anymore… It's damaged my faith"
[Female, 40-59+ years, Pākehā].

"I found that I couldn't trust any of the information I was given as per usual, because you'd read this thing, and the next thing someone would come up with a completely different argument which seemed to be true."
[Male,65+ years, Asian].

"It's just the common cold or the flu. I think COVID is just a nickname, another name [for the flu]."
[Male, 25-39 years, Māori/Pasifika, parent].

"I've never once been concerned about the virus at all. I've never been concerned about getting it. I was curious. I was concerned about the mandates and the vaccine."
[Female, 25-39 years, Māori/Pasifika, parent].

"You see things on the news, and they take these pictures and videos of things that have happened that are ghastly. And they may actually have happened, but they can zero in on this one little dot when the whole picture is a lot bigger…I have no trust in the news, I have no faith in what they say."
[Male,65+ years, Asian].
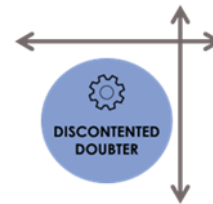
Discontented doubter, continued

It's all a bit of an over-reaction

Overall attitudes to COVID-19 response...

Discontented doubters feel the pandemic response was an over-reaction that ruined lives, social connections and the economy.

They question measures that remove an individual's autonomy. As strong advocates of personal choice, discontented doubters feel particularly affronted by mandates and legislation requiring them to take action.

This profile is likely the most emotionally affected by the COVID-19 experience. Their views about the response and/or vaccines often left them feeling ostracised by society, leading to breakdowns in family and social relationships that are continuing through to today.

"There's a lot of divisiveness in families. People feeling, you know, marginalised. There was too much and I wanted to disengage because I found it too negative... my friends were really isolated and frowned upon... really made to feel like they were doing the wrong thing."
[Female, 40-59+ years, Pākehā].

"You know the people losing their jobs and their businesses, and the division of families and yeah, a whole lot of things collapsing... And then the way that people were treated based on whether they were vaxxed or unvaxxed and yeah, the lies, I think we were told a lot of lies.
[Female, 40-59+ years, Pākehā].

"An atrocious overreaction. I'm one of the ones who would have gone with Sweden's business as usual, because I didn't believe, and I still don't, that COVID is this horrendous thing they say it is."
[Male,65+ years, Asian].

"I think people are pretty sensible. They don't allow for the fact that people are not stupid. They're not going to go and put themselves at risk if they don't need to be. They're not going to put other people at risk if they have something that's incredibly dangerous and might spread. There was no allowance for common sense."
[Male,65+ years, Asian].

"I didn't think it was that bad. The day that there was a close down, I was like 'what are you on about?'. I couldn't really believe it. Everything was ticking along so well, and then, all of a sudden, they went bang to close the country like that."
[Female,40-59 years, Pākehā, disabled person].

"With the shutdown and everything else and what's happened now, the economy is quite ruined."
[Female,40-59 years, Pākehā, disabled person].
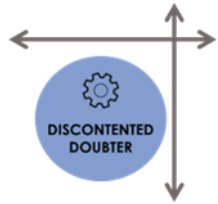
Discontented doubter, continued

It's all a bit of an over-reaction

Attitude to specific protective measures…

Hygiene measures and staying home when sick are considered logical regardless of whether you are symptomatic with COVID-19 or another illness.

Discontented doubters feel the other protective measures were disproportionate to the situation at the time, and mostly ineffective anyway.

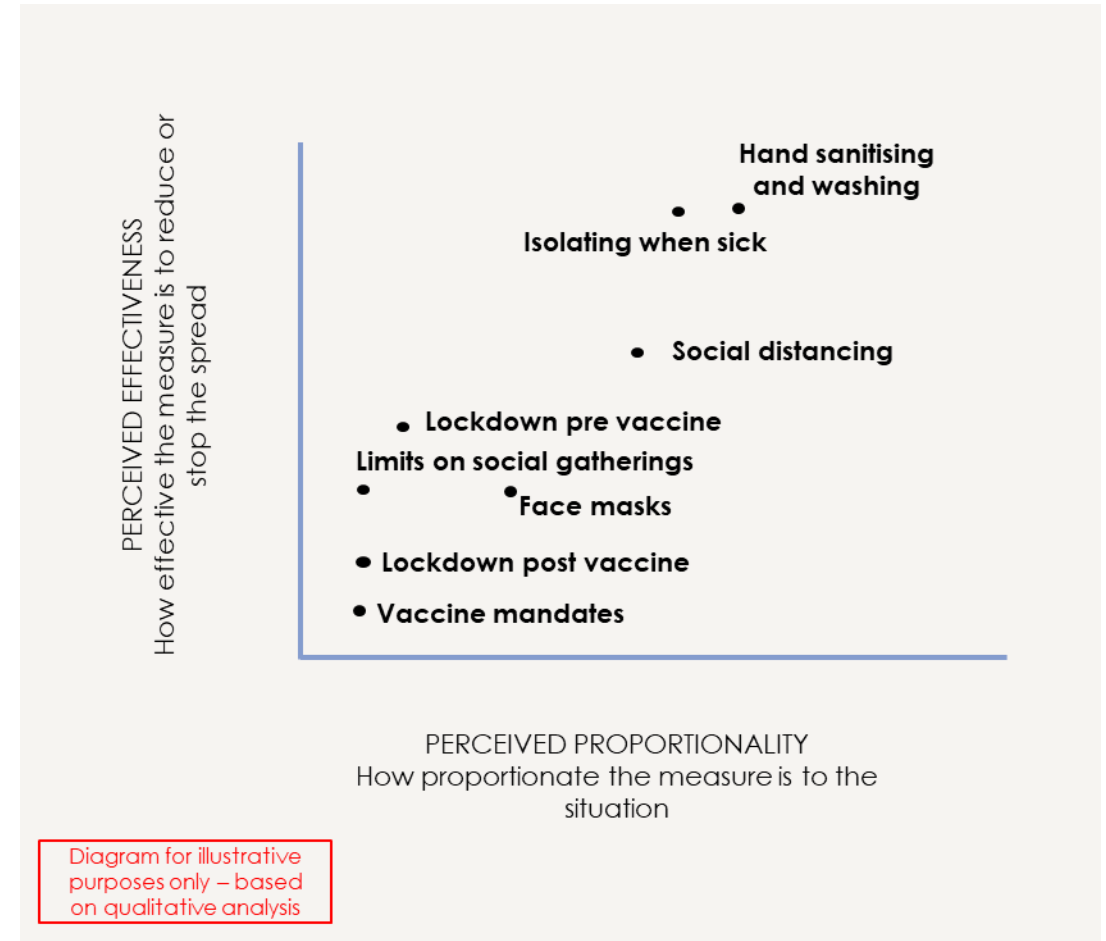"Social distancing, parties and weddings that got cancelled, to me it's all an overreach."
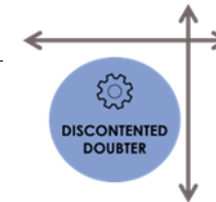
[Male,65+ years, Asian].

"I think masks were of waste of time. If you have COVID, then sure, put something on that stops it spreading to everybody else. But, they were just stacks of rubbish all over the city."

[Male,65+ years, Asian].

I was still coughing in my mask, people still sneezed, so maybe it [mask wearing] did save a few people from COVID, but if you're gonna catch something, you're gonna catch it regardless."

[Female,40-59 years, Pākehā, disabled person].

PERCEIVED EFFECTIVENESS
How effective the measure is to reduce or stop the spread

Hand sanitising and washing

Isolating when sick

Social distancing

Lockdown pre vaccine

Limits on social gatherings

Face masks

Lockdown post vaccine

Vaccine mandates

PERCEIVED PROPORTIONALITY
How proportionate the measure is to the situation

Diagram for illustrative purposes only – based on qualitative analysis

Discontented doubter, continued

It's all a bit of an over-reaction

Drivers and barriers to protective measures uptake…

Discontented doubters strongly believe people are **responsible for** themselves. They may hold a 'survival of the fittest' mindset, where it's up to individuals to look after themselves.

Discontented doubters question authority. They are unlikely to follow protective measure guidance because they don't trust those who put these measures in place.

"The strongest survive, so you gotta take responsibility for your own self."
[Female,40-59 years, Pākehā, disabled person].

"I don't know whether I have great faith in them [Ministry of Health] anymore, because so much of what I've heard has proven to be wrong. I think it was scaremongering. "
[Male,65+ years, Asian].

"They created the fear and the anger and the division. So what? What do they want? What's the goal?"
[Female, 40-59+ years, Pākehā].

Attitude to future measures…

A belief exists amongst this profile that future protective measures should focus on providing accurate information to the public. Once people have the information needed, they should be able to use their common sense and decide what actions is appropriate for them and their situation.

Discontented doubters are unlikely to be convinced that any measures should be mandated by law.

"I'd listen more to a doctor than to the government. They know what's going on. They can just inform us more of what is in this medicine, give you more information, this could happen, or this couldn't, And then, it's everybody's personal preference."
[Female,40-59 years, Pākehā, disabled person].

"Quite often you were being told what to do. And that's something I'm more resistant to."
[Male,65+ years, Asian].
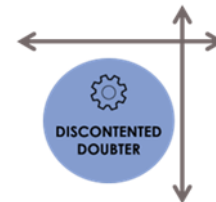
Discontented doubter, continued

Bringing the discontented doubter profile to life…

Donald has recently retired to a smaller town. He and the wife used to live in the city, but now that he doesn't need to be there for work, they've opted for a quieter life. Their children are adults now and have moved their families to other parts of New Zealand.

His wife says he is opinionated, and sometimes a little stubborn. Donald just thinks he is driven and has strong beliefs. He certainly doesn't believe he has to agree with others for the sake of keeping the peace. Donald doesn't mind a bit of debate and will openly voice his ideas. And don't bother trying to tell him what to do, he's not going to unless he agrees with you!

When the pandemic first hit and the borders were closed, Donald couldn't understand what all the fuss was about. And then there was all the hoo-ha with face masks and vaccines – what a drama!

Donald feels the Government's restrictions were out of line and just treating everyone like children. We're adults. We all have common sense. We should be able to make our own decisions. The restrictions, such as the lockdowns and vaccine mandates, ruined people's lives and the economy. Now we're all paying for it.
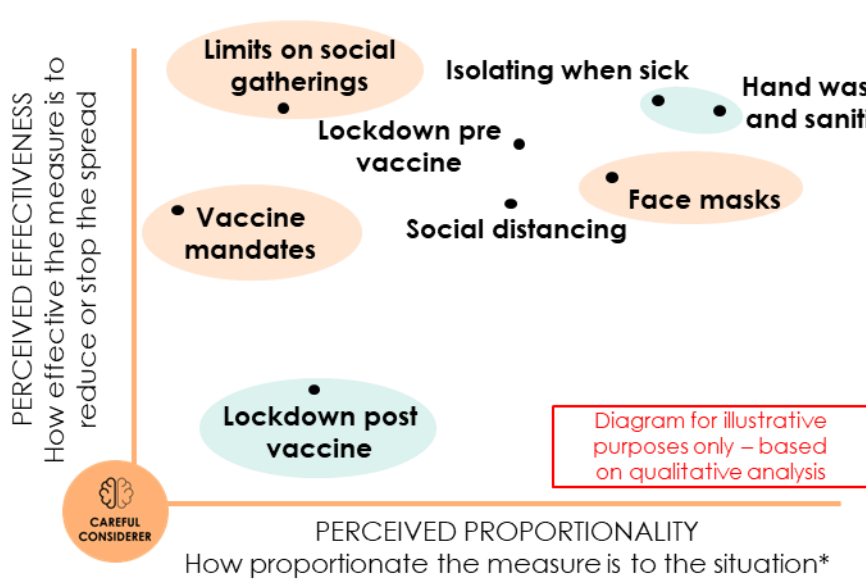
All of this was reinforced when he got COVID. It was just a flu. Not a big deal – just needed to rest up for a couple of days.

As for getting information about the pandemic and what was going on, there was no way he was going to trust information from the Government or its officials. They're all just pushing their own political agendas. And then the mainstream media aren't much better – they're just after the click throughs and ratings. Nah, far better getting information from those he trusts and respects in his community, like his own doctor.

This profile is a fictional persona created based on a synthesis of research insights

Qualitative comparison of intervention perceptions across profiles

Charts provide an illustrative overview of the trends observed in the qualitative analysis – THESE ARE NOT QUANTITATIVELY VALIDATED

CAREFUL CONSIDERER

PERCEIVED EFFECTIVENESS
How effective the measure is to reduce or stop the spread

PERCEIVED PROPORTIONALITY
How proportionate the measure is to the situation*

Limits on social gatherings
Isolating when sick
Hand washing and sanitising
Lockdown pre vaccine
Face masks
Vaccine mandates
Social distancing
Lockdown post vaccine

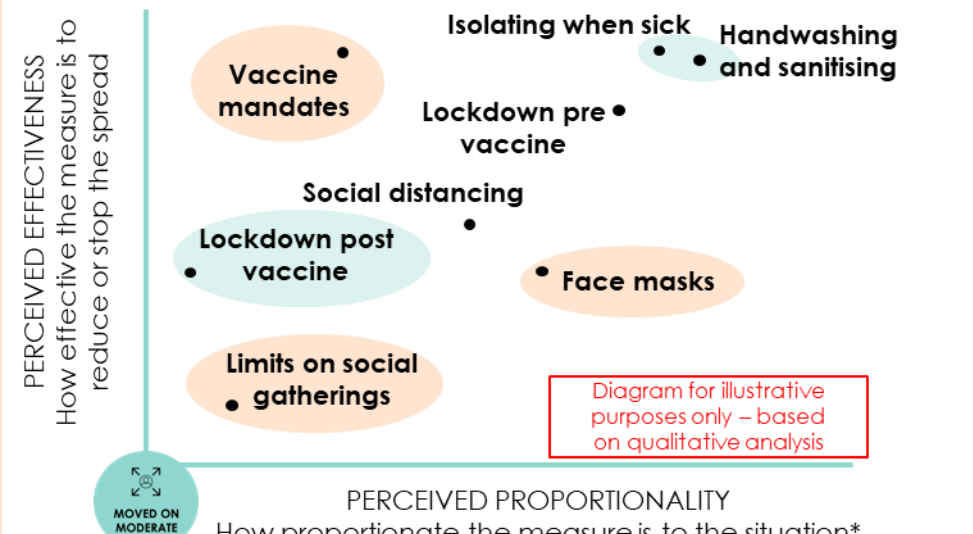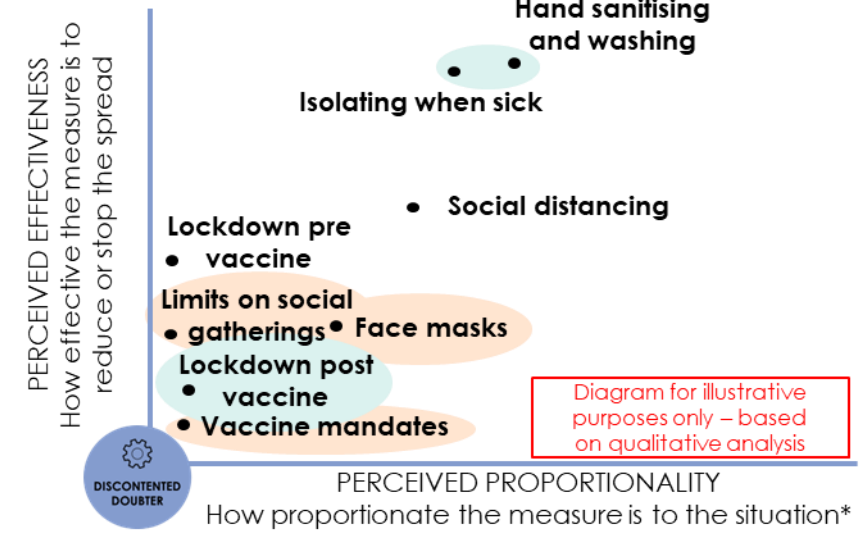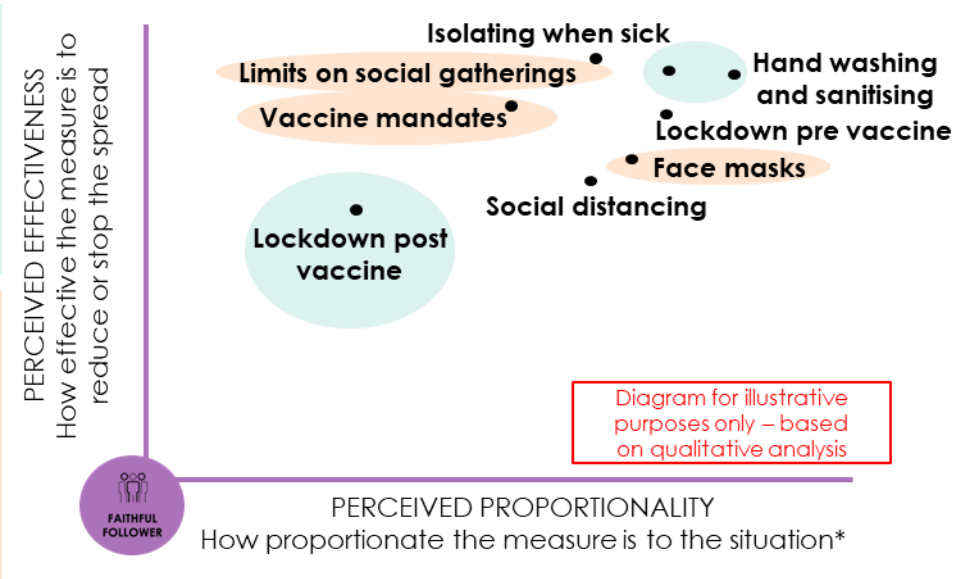*Diagram for illustrative purposes only – based on qualitative analysis*

Key commonalities

- 'Hand washing / sanitising' & 'isolating when sick' commonly seen as most effective and proportionate measures

- The later lockdown(s) were, to varying degrees, seen as disproportionate

Key differences

- Careful considerers and faithful followers more likely to be supportive of mask wearing, whereas discontented doubters and moved-on moderates more likely to feel that they are unnecessary in most situations.

- We saw varied perspectives on limiting social gatherings. Careful considerers believe in the concept but want to be able to police it themselves. Moved on moderates feel that within their group the threat is low, so limits are unnecessary.

- A lot of variation in the support for vaccine mandates. Faithful followers saw it as a highly effective tool to combat the pandemic and get out of restrictions. Moved on moderates and careful considerers felt that the enforcement was heavy handed but understood the principle. Discontented doubters felt that the mandates were a definite over-reach by authority, many of whom were pushed further away from supporting the response.


FAITHFUL FOLLOWER

PERCEIVED EFFECTIVENESS
How effective the measure is to reduce or stop the spread

PERCEIVED PROPORTIONALITY
How proportionate the measure is to the situation*

Isolating when sick
Limits on social gatherings
Hand washing and sanitising
Vaccine mandates
Lockdown pre vaccine
Face masks
Social distancing
Lockdown post vaccine

Diagram for illustrative purposes only – based on qualitative analysis

DISCONTENTED DOUBTER

PERCEIVED EFFECTIVENESS
How effective the measure is to reduce or stop the spread

PERCEIVED PROPORTIONALITY
How proportionate the measure is to the situation*

Hand sanitising and washing
Isolating when sick
Social distancing
Lockdown pre vaccine
Limits on social gatherings
Face masks
Lockdown post vaccine
Vaccine mandates

Diagram for illustrative purposes only – based on qualitative analysis

MOVED ON MODERATE

PERCEIVED EFFECTIVENESS
How effective the measure is to reduce or stop the spread

PERCEIVED PROPORTIONALITY
How proportionate the measure is to the situation*

Isolating when sick
Handwashing and sanitising
Vaccine mandates
Lockdown pre vaccine
Social distancing
Lockdown post vaccine
Face masks
Limits on social gatherings

Diagram for illustrative purposes only – based on qualitative analysis

NOTE: Charts generated through qualitative analysis and are solely illustrative in nature.
*At the time when COVID guidelines and restrictions were in place

Vaccine mandates generate polarising views

A general consensus exists that the vaccine mandate was particularly challenging for some in our communities. There is empathy for those who either had to have the vaccine (and would've preferred not to) or they would lose their jobs, or lost their jobs because they choose not to have the vaccine. Yet, this shared empathy doesn't necessarily result in agreement about the mandate.

For some…

Vaccine mandates are seen as a **step too far**. Those who hold this view feel some people had their personal choice removed.
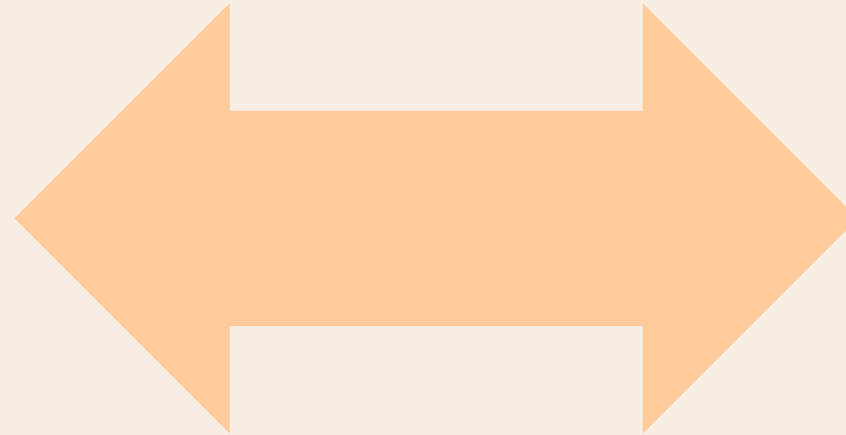
We heard some level of empathy for those affected by vaccine mandates from people across all four profiles.

For others…

Although there is some empathy for those affected by the mandates, they were seen as **necessary**, particularly to protect more vulnerable people in our communities.

People who hold this view feel it was important to improve vaccination rates amongst those who won't co-operate and do what suits them best.

They also feel vaccines are essential for some occupations where there is a strong likelihood of putting others at threat of infection (e.g. teachers, healthcare workers).

In their words...

A step too far...

"All those people that lost their jobs, and now look, you didn't even need to be vaccinated at all. They lost all of it, teachers, and all those port workers, and all sorts of people. That was ridiculous. It was a personal preference, but the Government scared everybody."

[Female, 40-59 years, Pākehā, disabled person].

"[The mandates were] perhaps a bit too broad – rather than looking at individual companies or individual jobs. Yes, the coach driver, bus driver should be vaccinated because such close quarters with people. But, for somebody that was working out in the open and away from everybody, I couldn't see really the advantage in that. I think there was more damage done to economy and to the environment than would have been otherwise."

[Male, 65+ years, Pākehā].

Necessary...

"In terms of protecting everybody, I did like there being mandates. For example, visiting rest homes and things like around schools. Sadly, I think what was proved is that there are people who just simply will not follow guidelines. They probably won't follow mandates either, but at least there's a bit more pressure to do so... If there's a pandemic, then I probably feel strongly that mandates are necessary, even if they're not things that I'd like."

[Male, 65+ years, Pākehā].

"The required inoculations, vaccinations so we could keep working. In some places, I think that was essential, like in healthcare and any sort of job where you are in close contact with people."

[Male, 65+ years, Pākehā].

Vaccines

How has the COVID-19 experience impacted attitudes towards vaccination?

Differing levels of comfort exist with the pace at which the COVID-19 vaccine was developed

While people understood that the COVID-19 vaccine was developed rapidly out of necessity, people's levels of comfort with the pace varied.

Those who were more concerned about the pace at which the vaccine was developed were more resistant or concerned about having the vaccine. Their key concern was how new and unproven the vaccine was at the time:

- Uncertainty about potential short- and long-term side effects ("Is it safe?")
- Unsure how effective the vaccine was at keeping the virus at bay and/or reducing the severity of the symptoms. ("Will it even work?")

On the other hand, some were eager to have the vaccine as soon as they were able. Seeing the vaccine as the fastest way to put an end to lockdowns, restrictions and COVID anxiety.

Regardless of whether people were hesitant/resistant or eager to have the vaccine…

…people wanted to feel informed with credible and trusted information.

Amongst those with some level of vaccine hesitancy, there is a need to reassure on both a rational and emotional level

People are quick to tell you about the sort of **evidence** that is important to them when considering Covid or other vaccines…

- Proof of limited side effects
- An understanding that none of the side effects are 'scary'
- Evidence of appropriate long testing period and trial history
- Evidence of safety in large numbers of people

…however, when you dig deeper, you find that, on an emotional level, the '**reasons to believe**' are a stronger driver of (dis-)comfort in a vaccine

- **'New' technology viewed with caution** vs 'established', 'tried and tested' technology of other vaccines (e.g. polio or flu)
- **How 'synthetic' the vaccine is.** Some perceive the COVID vaccine to be more synthetic than more established vaccines.
- **How 'natural' the immunity is.** There is belief that some vaccines encourage 'natural' immunity from your own immune system whereas others lead to less natural or less strong immunity
- **The anecdotal 'real life' evidence of others** is a powerful driver in perceived safety and efficacy of vaccines – one bad anecdote can trump even the strongest safety/efficacy evidence.
- **How many others have had the vaccine and how long ago.** People want to feel like they are not the guinea pigs and any serious issues will have been sorted by the time they take a vaccine.
- **'How much I am being pushed into it'.** For those who are vaccine hesitant, feeling that they are being pushed into a decision can increase anxiety towards the vaccine.

Amongst those with positive attitudes towards the COVID-19 vaccine there is a level of apathy towards more doses

People no longer feel that COVID poses a major threat...

..and that they should have a good level of immunity from their initial doses (and having had the virus).

If there was a significant future wave, they would be more inclined to explore if a 'booster' was available.

Some people are unaware that boosters were/are available and believe that they have 'had their full course'.

If they received a message from their doctor inviting them for a booster, they might be inclined to get it, but they wouldn't seek out a booster otherwise.

Although getting vaccinated was seen to be very easy, the slight inconvenience of needing to book it, and find time to go, creates a friction that can be a blocker when the perceived threat is low.

If booster vaccinations came to them, they might be inclined to get one (e.g. if it was offered at work).

Feeling pushed into having the COVID vaccine was a key driver of vaccine anxiety for some

We spoke to some who were 'on the fence' about the COVID vaccine until the mandates made them feel like they were being forced into having the vaccine.

The feeling of pressure increased anxiety and led to 'reactance' psychology (strengthening an opposing view when you feel challenged) – similar to commitment bias and related to confirmation bias.

This led to some moving from a hesitant sentiment to a stronger anti-vaccine sentiment in response to the pressure they felt.

Some reported that although they ultimately got the COVID vaccine because the mandates made life too difficult, it has left them with a sense of suspicion and/or anxiety about all types of vaccines that they did not have previously.

Some Māori and Pasifika whānau reported that the decision around getting the COVID vaccine is a collective whānau decision-making process - a process undermined by vaccine mandates. In many cases vaccination is secondary to first instigating protective measures within a whānau bubble.

If there is a need to get these people have different vaccines in the future, it will be important to:
- Create clear psychological separation between this vaccine and the COVID vaccine
- Create a sense of informed choice and autonomy around the decision to have the vaccine

Generally, less concern exists around other vaccines (yet, this doesn't mean everyone will have the other vaccines)

Some people are more comfortable with other vaccines than the COVID-19 vaccine. Some even consider other vaccines as essential for protection in a world where diseases and infection seem increasingly common.
There is a general sense other vaccines are more fully developed and tested. So, people feel more confident in the effectiveness of other vaccines and in the low likelihood of adverse side effects.

More comfortable

"The flu vaccine has been around for so many years, admittedly every year as a slightly different strain. But the flu vaccine has been around for so long and had no negative effects on me."
[Male, 65+ years, Pākehā].

"I think [other vaccines] are essential, especially in children. But once again, I think they are more of a proven vaccine, been around for a long time. I think it's the world we live in now, we are living in the world now that it's getting more and more diseases."
[Male, 65+ years, Pākehā].

Less comfortable

"We're not supposed to have stuff injected into our bodies. Junkies, they're injecting stuff. If I wanted to be a junkie, I would be. We're not supposed to be doing stuff like that to our bodies. It's bad enough eating these processed foods that cause cancer."
[Female, 40-59 years, Pākehā].

Other people (particularly those from the discontented doubter profile) are against all vaccines, no matter how developed they are. There is a sense vaccines are unnatural and shouldn't be given as a matter of course.

The majority of parents we spoke to remained supportive of childhood vaccines

We heard a range of reasons why people were supportive of standard childhood vaccines for their children:

- They had them as kids, no bad experiences

- The vaccines have been around for a while without any problems

- Childhood vaccines perceived to be different to a COVID vaccine

- A strong desire to protect your vulnerable young children

- Sāmoa measles epidemic highlighted the value of vaccines

- Perception that it's normal / other parents do it / it's just a normal part of early childhood – they wouldn't think twice

- An understanding that childhood vaccines can prevent old diseases coming back again

However, those who were hesitant about the COVID-19 vaccine for themselves were also hesitant about childhood COVID-19 vaccines.

This is driven by similar concerns, and a belief that COVID-19 is not that dangerous and natural immunity to it will be superior.

The COVID-19 experience has empowered this group to feel that vaccination is a choice, not a standard process, so they feel it is their right to opt-in for some vaccines and opt-out of the COVID-19 vaccine for their children.

Although the level of hesitancy towards standard childhood vaccines is lower than it is towards the COVID vaccine, for some people there will be a need to carefully manage concerns

Pre-COVID, no-one in our sample would have questioned getting vaccines for their children (even those in the 'discontented doubter' group) – it was seen as normal part of the process of having a child…

…however, the COVID-19 experience has made the idea of questioning the 'why' or the 'safety' of a vaccine a more normal thing to do.

Typical questions / concerns amongst hesitant parents that may need to be managed:

- 'I've never heard of these illnesses', 'they don't seem to be causing a problem', 'why is it so important that we worry about them if no one gets them?'

- What actually are these vaccines anyway? How similar are they to the COVID vaccine?

- I definitely won't give my child a COVID vaccine. Or a vaccine like the COVID vaccine.

- I would prefer my child to build natural immunity.

- Why is the doctor putting pressure on me to have these vaccines?

- Can I make a choice about the vaccines for my child? There may be some that are better / safer than others. Could I opt out of anything COVID-vaccine like?

Fundamentally, the same two needs need to be met for hesitant parents as for those with general vaccine hesitancy:

- Separation from the COVID-19 vaccine

- A sense of control, choice and knowledge

Our four profiles hold differing levels of support for the COVID-19 vaccine
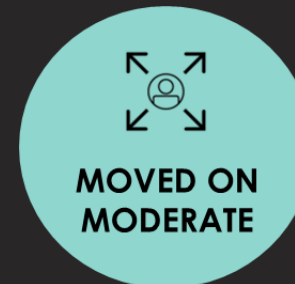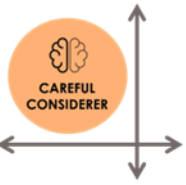
RESISTANCE

- Opposed, unwilling

RESERVATIONS

- Hesitant, some uncertainty

RECEPTIVENESS

- Open, willing to consider

DISCONTENTED DOUBTER

CAREFUL CONSIDERER

MOVED ON MODERATE

FAITHFUL FOLLOWER

Careful considerers hold some reservations about the COVID-19 vaccine, and would like more information

CAREFUL CONSIDERER

Attitude to COVID-19 vaccine…

While generally pro-vaccination, initial reservations about the vaccine existed amongst this group due to the speed at which it had been developed.

At first, careful considerers took a 'watch and wait' approach. Once they considered what they'd heard and read, and discussed it with friends and family, they often proceeded with having the vaccine.

"I did that thinking first. I didn't just go off and do it."
[Female,65+ years, Māori/Pākehā].

"I need to make sure that we're well informed of the side effects of the vaccine, the impacts that may have, how it links in with other illnesses the whānau already have. Is it going to interfere with current medications or illnesses? Is it going to trigger something else? All those kinds of things in open whānau discussions – and keeping an eye on the data."
[Female, 25-39 years, Māori/Pasifika].

"I did do like a lot of research on at the time and how effective it was."
[Male 18-24 years, Pākehā]

Faithful followers are receptive to having the COVID-19 vaccine

Attitude to COVID-19 vaccine...

Initially, faithful followers may have had some uncertainty about the risks involved given the vaccine was new and unproven. However, they believe officials and experts wouldn't knowingly advocate for people to have the vaccine if it was harmful.

They have faith that if the Government and experts recommend having the vaccine, then it's what they should do. They are further encouraged to have the vaccine when those around them (e.g. friends, family, elders) are also getting it.

Having an accessible vaccine makes them feel less anxious going about their business and is likely to result in shorter lockdowns.

They will likely discuss with those close to them, and encourage others to have the vaccine too.

"We had a little bit of nervousness about the first vaccination, because it was rushed out fairly quickly. You just thought 'well, I hope it's okay'... I think we should be able to trust our professionals."
[Male, 65+ years, Pākehā].

"I made an informed decision with the [official] information that I was provided and also felt a level of responsibility to demonstrate to my whānau, my younger ones, that [the COVID vaccine] is something we need to consider having."
[Male, 25-39 years, Māori].

"I'm not a scientist, I just trust the researchers and scientists who create these things, and it does what it's supposed to do."
[Female, 40-59 years, Asian, parent]
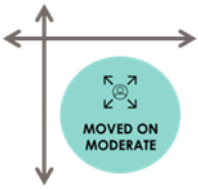
Moved on moderates were open to having COVID-19 vaccine, but don't feel it's needed now

MOVED ON MODERATE

Attitude to COVID-19 vaccine…

While at the outset moved on moderates would have had the vaccine, they don't see a need for it in the current environment. They believe the threat COVID-19 infection today is low.

However, if there was a new, serious wave of COVID and a booster vaccine was the best option to avoid any further restrictions they would have little hesitation in going to get it.

"I didn't hesitate to get the first two vaccinations. I didn't want to get seriously ill at 70 years of age. I was an at-risk group. I think now I would be reluctant to have another one, because right now, I don't think the risk would outweigh the benefit of having another one… because I still have some lingering doubts about what the long-term, negative effects of that vaccine are. "
[Male, 65+ years, Pākehā].

"My thought process was I'll be like helping stop it spreading… because I'm young, healthy, so I know it wasn't like a big threat to me, I just wanted to stop it a lot to also get my life back."
[Male, 18-24 years, Pākehā]
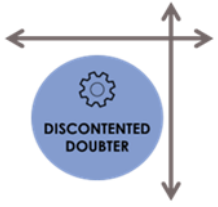
Discontented doubters are resistant to the vaccine

Attitude to COVID-19 vaccine…

Discontented doubters are resistant to having the COVID-19 vaccine because they question its effectiveness and are uncertain what the risk is of any short or long-term side effects.

They strongly believe people should have the freedom to choose what they put in their bodies. While the COVID-19 vaccine wasn't mandatory per se, discontented doubters believe some people were put in a position of no choice (otherwise they would lose their job and income).

"I'm so averse to the COVID one [vaccine]. That's probably more of a reaction to these last few years. I'm just a big child. I don't like being told what to do, so it's maybe more the reason than anything else."
[Male, 65+ years, Pākehā].

"If I had had been a well person, I wouldn't have got them [COVID-19 vaccines], because I feel they weren't tested properly. There was not enough testing that on them. I got them for my own peace of mind and because of my lung issues."
[Female, 40-59 years, Pākehā, disabled person].

"This particular vaccine bypassed all of that [proper testing] and just went straight into the market and it's an unapproved, unfairly tested serum that you're putting into your body. Like, that's crazy."
[Male, 25-39, Pasifika, parent]

04

Information sources

What are the key sources of information and influence that inform understanding of public health measures related to COVID-19?

For most, official information channels stood out as the prominent source of trusted information.

Core sources of information

Direct communications:

- 1pm Updates
- MoH branded adverts:
  - On social media (i.e. Youtube etc)
  - Posters
- Civil Defence Alerts
- MoH website

Mainstream news:

- TV (domestic and international)
- Social Media accounts of news outlets

Given how unfamiliar and concerning the situation was, people were more inclined than usual to pay close attention to standard channels.

This formed their core, baseline understanding of what was going on.

Lenses used to guide interpretation of the core information.

Social Media:

- Instagram
  - 'Kavasations' account
  - 'ReNews' account
  - 'Shit You Should Care About' account
- Facebook
  - Official accounts
  - Community pages / friends / family sharing information
  - Interesting persepectives that pop up from 'indepdent experts' on newsfeed

Community influence:

- Chats with family / friends / elders
- Church
- Iwi
- Advocacy groups
- Local businesses
- Community marae
- Local doctor / GP
- Anyone in the community with a medical background

For many people, the interpretation of the official picture was augmented by what they heard through less standard sources.

e.g. anecdotal experience of how bad COVID made you feel, anecdotal stories associated with the vaccine, which guidance was most effective, situations that were more/less risky, anecdotal experience

Overall, many people found Government and Ministry of Health communications about COVID-19 advice to be useful and trustworthy...

Official Government communications were often a first port of call when seeking information about COVID-19, vaccines, and the pandemic rules. Overall, most people speak positively of these communications – highlighting the clarity, accessibility, and usefulness of the information. People particularly appreciated the 'infographics' and 'charts' that made the information digestible.

There is a sense that creating an official 'brand' associated with COVID-19 information appealed to a wide range of New Zealanders and ensured many were exposed to the information they required.

Mainstream news content was often consumed hand-in-hand with official government channels.

"The more you know and understand, the more accepting of rules they're asking you to follow."
[Male, 65+ years, Pākehā].

"Clear, consistent messaging definitely helped. The creation of a brand was helpful too because you knew what that brand was and what that related to. The traffic light system was nice drip feed of restrictions that were drip fed communicated so that it wasn't smothering."
[Male, 25-39 years, Māori].

"I think the use of visuals in breaking it down until it easy read the fact that they had sign language interpreters was amazing."
[Female, 25-39 years, Māori/Pākehā]

"It was all just changing, but I guess they communicated all the change well... like on your phone you'll get lots of ads about it which weren't really attacking, no like 'do this, do this'. So, I think they [MoH] did well with all their ads."
[Male, 18-24 years, Pākehā]

However, buy-in to official government communications differs across profiles…

Those in the faithful follower and moved-on moderate profiles demonstrated the greatest level of buy-in to official government communications. They tended to perceive the Ministry of Health as a neutral body with access to a wide range of information to inform their advice. Many also perceived the information to be communicated with clarity & honesty.

In contrast, those in the discontented doubter tended to perceive official information as overly political or fearmongering. They questioned the credibility of official information, seeing the MoH as an extension of the Government and not independent.

Careful considerers tended to follow the official information while keeping an open-mind about its validity – seeing some as helpful and some to be cautious of. There was a perception amongst some careful considerers that the message was being managed to support the political agenda and decision making.

"I think the updates, Bloomfield's updates were really good. It felt like you were really being communicated with, and honestly."
[Male, 65+ years, Pākehā].

"Because everyone was watching the same news, everyone was able to follow the same rules. It was useful, but I still had my doubts about the whole pandemic and everything else."
[Male, 18-24 years, Pasifika].

"I got sick of it in the end and all this preaching from the pulpit of truth every day. That was all rubbish… the thing was politicized too much"
[Male, 65+ years, Pākehā]

Official information and communications compliment the role of community leaders and local groups

In many cases, people were influenced by official information first and foremost – complimented and supported by advice from those within their communities. These information sources include:

- Iwi
- Urban Marae
- Community elders / whānau
- Church leaders
- University groups
- Local businesses

There is a sense that official information provided a clear, consistent overview of the national (and sometimes international) pandemic situation, while community specific information raised awareness of local priorities.

"I follow lots of people on social media, like content creators and influencers. I didn't think they were that influential for me - I didn't focus on what they were saying. I kind of just wanted to know what the government was saying. And then what my parents were saying."
[Female, 18-24 years, Pasifika].

"There were so many different media and platforms going on with so much information. You've got the government level, your workplace, and then your whānau values to take into consideration. But, the 1pm check-ins gave a great overview of what was actually happening around the country and overseas… we were quite oblivious to a few things if you weren't watching those 1pm updates."
[Female, 25-39 years, Māori/Pasifika].

For some communities, it was important to receive information that was delivered from within the community and was sensitive to their unique realities.

Overall, there is a sense that people value information sourced from community groups that understand and are responsive to their unique individual and whānau realities.

Māori participants in particular spoke of information provided by iwi and marae as fundamental to their understanding of the pandemic. There is a sense that rōpū which understand cultural values can be hugely influential information sources.

- One Māori participant referred to urban marae in Auckland as invaluable sources of information as she felt they understood her situation and didn't judge her. She felt comfortable to ask any questions about COVID restrictions or vaccines in those environments.
- Communications from iwi helped to make sense of official government information in a culturally relevant manner and allow iwi to demonstrate mana motuhake over their people.

For Pasifika participants, the role of their family elders and parents as information sources were significant influences on understandings of COVID-19, adherence to advice, rules, and restrictions - including vaccinations.

"My iwi were well organised from top to bottom. They could cater to everyone from our iwi who lived in our suburb. They sent out comms by Facebook, gave us calls per household because we're on the register, some of them even did drive bys with the loud speaker!"

[Female, 25-39 years, Māori/Pasifika].

"There was an Instagram page, Kavasations, that I found quite interesting. It was aimed at Polynesian people because a lot of our people didn't understand what was actually going on... like basically informing people - non-biased - like what's going on with the vaccines and about what happens when you get [COVID-19]."

[Female, 25-39 years, Māori/Pasifika, parent].

The role of community groups and leaders in influencing understanding and buy-in to the response was variable… here are some examples

Hikurangi business association

- Northland, community association of small businesses (existed prior to COVID-19)
- Well known individuals, well used businesses, presence on facebook.
- Played a key role in ensuring the community (and businesses) understood the rules and what they meant for them.
- Helped businesses take steps to effectively enforce the rules.
- Provided support for vulnerable people in the community.
- Actively promoted the rules, restrictions, guidance on facebook.

Auckland Pasifika church community

- A community of churchgoers at a specific church in Auckland.
- As a church group, and led by leaders in the church, they reflected on and discussed extensively the guidance, restrictions and risks of the pandemic.
- Explored how restrictions and guidance should be understood and interpreted in relation to bible teachings.
- Came to decisions as a group about how the guidance should be interpreted within their church – many in the community used this to inform their interpretation of guidance more broadly in their life.
- This included some guidance areas where the church took a different approach to the guidance e.g. allowing some F2F worship at church when this was still restricted.

Local Fire and Emergency

- Particularly in provincial and rural communities.
- Ability to reach more isolated communities.
- Are trusted and respected by local communities.
- Know the local community well, understand the potential risks for the area, and know who are the likely vulnerable community members.
- Play a role as a main conduit for almost everything locally.
- A sense this was an underused group during the pandemic that would be particularly valuable to support local communities in the event of future pandemics.

Urban Mana Whenua Iwi

- Urban mana whenua iwi with an established papakāinga.
- Strong relationships between iwi members and those in leadership position; longstanding whānau links.
- Provided support for vulnerable and isolated iwi members – especially kaumatua and kuia – through kai deliveries.
- Called iwi-affiliated households to check-in and ensure the pandemic rules were understood. Open channel of communication if guidance was needed by iwi members.
- Demonstrated mana motukahe by establishing road closures within their papakāinga to protect the vulnerable – leading by example by going above and beyond.

Auckland Pasifika Community Hui

- Regular virtual gathering of Auckland based Pasifika leaders, representatives of the Ministry of Health, Minister Sio, and other agencies.
- Provided a culturally safe environment using tikanga.
- Provided a safe space to ask questions of the government representatives about the advice, rules, and restrictions and how to apply them in their communities.
- Focused on how to filter official information down to various Pasifika communities.
- Offered services and explanations in all Pacific languages.
- A sense the Pasifika community was acutely aware of the affect COVID was having and could have within their communities, and committed to responding well.

Cross-agency Rangatahi Hui

- Rangatahi Māori (aged under 28 years) representatives from various community organisations gathered to identify how to filter official information down to rangatahi.
- Produced ideas utilising radio, TikTok, Instagram, and other social media platforms to appeal to rangatahi.
- 'Translated' the official 1pm updates to appeal to rangatahi using relatable vocabulary and a youth perspective.
- Raised awareness of the need to follow official advice, rules, and restrictions for rangatahi as individuals, and within their whānau.
- Monthly virtual hui.

05

Implications for future responses and communications

How can this insight inform future public health efforts?

Note:
There are some communication mock ups in this section – these are designed to be illustrative examples of the insights only. They are not communication or intervention recommendations.

Major themes that will impact responsiveness to communications and public health guidance:

▶ Perceived 'threat of infection' and 'efficacy of intervention' are the major drivers for how receptive people are to specific guidance, in specific contexts.

▶ Perceptions around 'threat of infection' and 'efficacy of intervention' are shaped by a very simplistic idea of the mechanism of infection (breathing or touching 'germs').

▶ When guidance does not align with these heuristics around the mechanism of infection, it is seen to be illogical or disproportionate… and is a source of frustration which can undermine trust and buy in to guidance and advice more broadly.

▶ Since COVID-19, people are now quick to spot guidance, restrictions or communications that feel illogical or disproportionate and are less tolerant of these 'frustrating' guidelines.

▶ During the initial pandemic, people were less questioning of giving up 'choice' or 'autonomy' due to a very high perceived threat level. Moving forwards, people are more reluctant to give up their ability to choose how to respond to COVID-19.
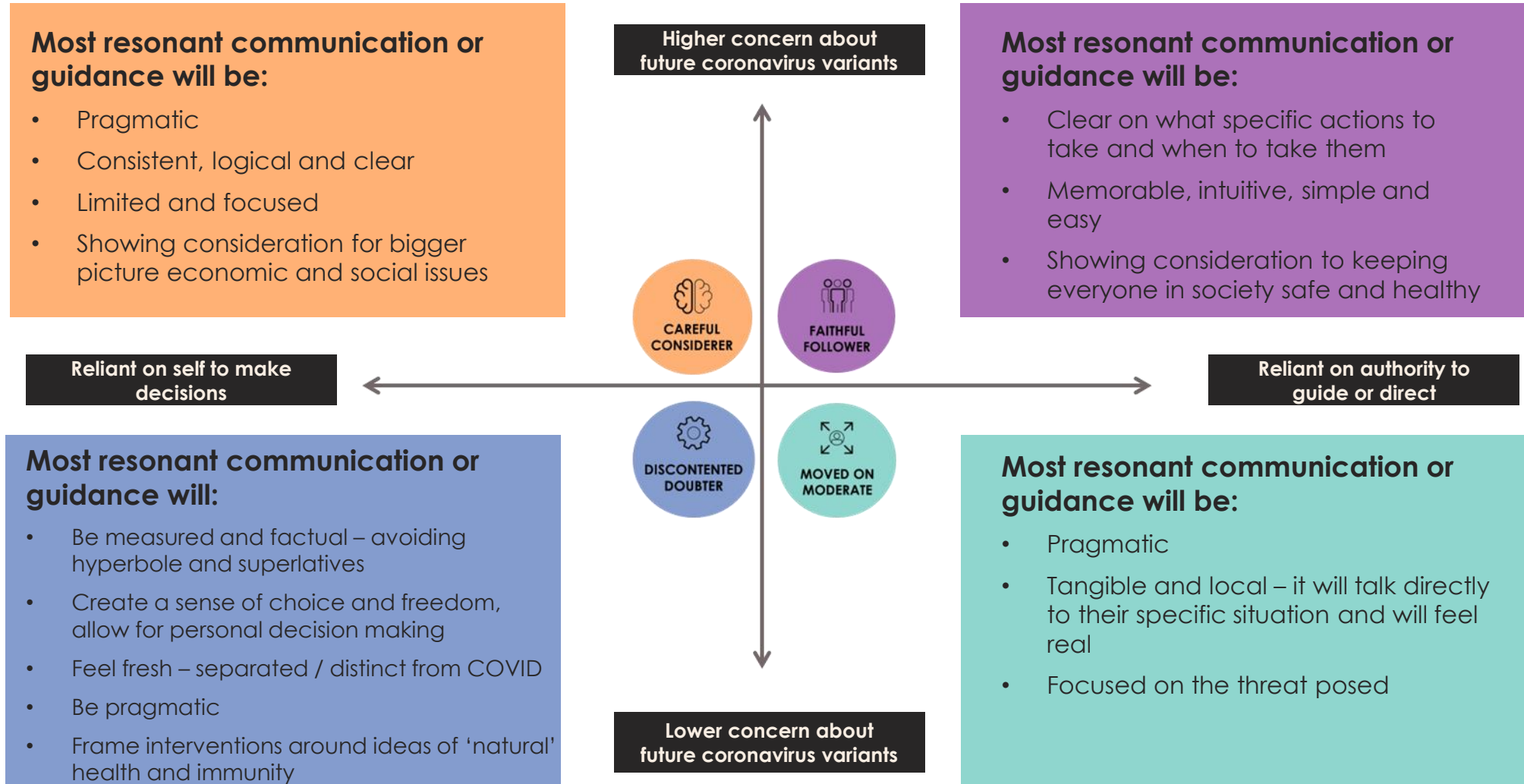
▶ Overall, people want guidance that aligns with their view of what makes a situation threatening and what interventions are effective. And they want to 'be treated like adults' – given the right information to make their own choices around how to stay safe.

Key principles for future guidance, interventions and communications

RESONANCE BY PROFILE

	Faithful follower	Moved on moderate	Careful considerer	Discontented doubter
Leverage the instinctive aversion to coughs and touching germy surfaces that was strengthened by the pandemic experience.	M	M	H	H
People need to be convinced that the threat we are protecting against is significant and local (not a distant issue affecting other people).	M	H	M	L
Align with people's intuitive understanding of what causes infections, and therefore situations that pose greatest risk and interventions that are intuitively most effective.	M	H	H	H
Avoid guidance that feels like it is focused on low-risk situations or ineffective measures – this can erode belief in the efficacy or importance of all measures / the full response.	M	H	H	H
Guidance that feels like it is focused on specific situations that pose an intuitive risk resonate the strongest. These make the overall response feel well considered, pragmatic and reasonable – this is diluted when there are lots of restrictions that feel less intuitive.	M	H	H	H
Be consistent – people become frustrated when they can't see the logic or consistency between interventions.	M	H	H	H
Social cues and social pressure can play an important role in 'tipping the balance' when people aren't strongly 'for' or 'against' a piece of guidance.	H	H	L	L
There is a significant grey area surrounding what it means to be too sick to go to work, providing clarity or unambiguous measures of when you can/can't go to to work is very helpful (e.g. a +ve COVID test).	H	H	H	M
Providing a sense of choice and autonomy to make informed decisions is important for people who are more sceptical or questioning. When people feel forced into doing something they feel unsure about, it erodes trust and empathy towards authority and increases a desire to push back.	L	L	M	H
Make the nature and scale of any new threat feel tangible. Future compliance may require people to feel that the threat is 'new' or 'different' to the COVID threat that they have become desensitized to. As we get further from the pandemic, people are becoming 'desensitized' to the COVID threat, and protective instincts get weaker, social pressure becomes less powerful and overall motivation to follow guidance reduces.	M	H	M	L

KEY: **H** = High resonance   **M** = Mid resonance   **L** = Low resonance

Each profile will respond more positively to different styles of communication

Most resonant communication or guidance will be:

- Pragmatic
- Consistent, logical and clear
- Limited and focused
- Showing consideration for bigger picture economic and social issues

Higher concern about future coronavirus variants

Most resonant communication or guidance will be:

- Clear on what specific actions to take and when to take them
- Memorable, intuitive, simple and easy
- Showing consideration to keeping everyone in society safe and healthy

Reliant on self to make decisions

CAREFUL CONSIDERER

FAITHFUL FOLLOWER

Reliant on authority to guide or direct

Most resonant communication or guidance will:

- Be measured and factual – avoiding hyperbole and superlatives
- Create a sense of choice and freedom, allow for personal decision making
- Feel fresh – separated / distinct from COVID
- Be pragmatic
- Frame interventions around ideas of 'natural' health and immunity

DISCONTENTED DOUBTER

MOVED ON MODERATE

Most resonant communication or guidance will be:

- Pragmatic
- Tangible and local – it will talk directly to their specific situation and will feel real
- Focused on the threat posed

Lower concern about future coronavirus variants

A core driver for protective behaviours is a new, front of mind 'awareness' of the mechanism of infection

'**Breathing in germs**' or '**touching germy surfaces**' are instinctively seen as the core mechanisms of getting infected / unwell.

The COVID experience has solidified this in people's minds and created both strong rational beliefs and powerful instinctive / emotional responses.

Instinctive & emotional associations

Very strong associations

Seeing or hearing a cough now triggers a strong, automatic, recoil / disgust response for most.

Strong associations

Touching 'germy' surfaces or **touching hands with strangers** triggers a lingering feeling of unease and desire to wash hands for many.

Points us to some simple 'nudge' opportunities

Rational associations

The COVID-19 experience has led to people **forming a clear idea of what is likely to cause an infection** and therefore **when they are threatened** and **what protective measures are likely to work**…

…this is generally based on the idea of situations where they are at increased risk of breathing in or touching germs.

Points us to some broader principles for interventions & communications

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For many people, the COVID-19 experience has conditioned new automatic & instinctive responses to 'germy' situations

"If I see someone coughing now I will back away or turn my head without even thinking about it."
[Female, 40-59 years, Asian, parent].

New stimuli associated with instinctive 'recoil' response

↑↑↑↑ Hearing / seeing coughing

↑↑ Touching germy / high touch surfaces (e.g. hospital door handles)

↑ Touching hands with strangers

Fast, instinctive, involuntary response.

Causing a feeling of discomfort and instinctive desire to take protective action.

New responses associated with the stimuli

Keeping distance or 'swerving' to avoid a situation

An involuntary urge to wash / sanitise hands

Breathing more lightly / covering mouth / avoiding touching face or lips

"I shook hands with a real estate person and then in the back of my head all I could think about were my hands. It was a bit weird!"
[Male, 25-39 years, Pākehā].

"Now, when I go into hospital, I feel uneasy, it's almost like it feels unclean… I think I'm more aware of people coughing near me and I want to use sanitiser every time I touch things"
[Male, 65+ years, Pākehā].

This new, automatic response to coughing or touching 'germy' surfaces could help to nudge people towards taking protective actions

Visuals (or even audio) of coughing is likely to stimulate some instinctive response to take protective action.

Reminders and visuals around high touch areas are likely to trigger similar instinctive responses (although this will likely be focused more on hand washing).

We see this effect in anecdotes people recall about being in hospital waiting rooms or on packed busses… where people have a heightened awareness of coughs and what they are touching, a general feeling of unease and instinctive desire to take protective action.

Consider wearing a mask while riding the bus

Busy area

Consider wearing a mask

On average, 500 people touch this handle every day.

Consider using the hand sanitizer provided.

A core driver for protective behaviours is a new front of mind 'awareness' of the mechanism of infection

'**Breathing in germs**' or '**touching germy surfaces**' are instinctively seen as the core mechanisms of getting infected / unwell.

The COVID experience has solidified this in people's minds and created both strong rational beliefs and powerful instinctive / emotional responses.

Instinctive & emotional associations

Seeing or hearing a cough now triggers a strong, automatic, recoil / disgust response for most.

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The COVID experience has led to people **forming a clear idea of what is likely to cause an infection,** and therefore **when they are threatened** and **what protective measures are likely to work**…

…this is generally based on the idea of situations where they are at increased risk of breathing in or touching germs.

Points us to some broader principles for interventions & communications

Common beliefs about the mechanism of infection shape perceptions of how threatening a situation is or how effective an intervention is

When designing or communicating guidance, it will be important to consider how it will align with people's pre-conceptions of how threatening the situation is and what makes an intervention effective. If there is a high degree of dissonance with these pre-conceptions it can undermine belief and motivation.

What increases the perceived threat level?

When the perceived **chance of encountering an infected or vulnerable person** is high…

…and the **chance of breathing or touching germs** is high…

…and the **consequence of the resulting illness** is high.

What increases the perceived efficacy of an intervention?

If it is about **excluding people who are genuinely ill** from spaces where they could infect others.

If it is perceived to make **a meaningful impact on the likelihood of encountering germs**.

If it is clearly targeted at **protecting vulnerable people**.

If the threat level we are protecting against **seems consistent** across interventions.

People are likely to see things as ineffective if they can see another area of their life where they are just as likely to be exposed to an infected person's germs.

We explored what information can impact perceived threat levels

What increases the perceived threat level?

When the perceived **chance of encountering an infected / vulnerable person** is high…

…and the **chance of breathing or touching germs** is high…

…and the **consequence of the resulting illness** is high.

- General population level infection rates are typically too abstract and distant to increase perceived personal threat.
- Information that suggests a more tangible local threat can more strongly increase perceived threat e.g.

'If lots of people at work started getting ill'

'If my local hospital became full'

'If a bunch of my mates got ill at a similar time'

'If they said lots of people in my town had COVID'

Communications that create a more tangible local threat are likely to be more powerful in driving self-directed protective behaviours.

Major covid spike in Wellington

- People are more receptive to messages advising them of protective measures they can take when in an environment / situation they perceive as potentially more 'germy' e.g.

'If people are coughing nearby'

'In a medical setting'

'On public transport at rush hour'

'On an aeroplane'

When the advice feels more tailored & specific to 'higher risk' situations it gives the communication greater salience.

When advice appears to cover a very broad set of contexts incl. some which are lower risk, the advice is seen as less important.

The further we get from the peak of the pandemic; the lower people are estimating the potential consequences of getting COVID-19.

However, people generally still dislike the idea of being sick…

…so reminders that 'even if it won't kill you, COVID can make you feel very rough' can shift people's perspectives.

'I got ill and felt awful for a week… I was a bit more cautious after that'

'A friend got it and they felt terrible. That was a bit of a reminder'

There is also a general sense that there could be a new, more severe wave of COVID and we may need to go back to having some restrictions…

…so evidence of a serious incoming wave would shift perspectives.

…however, for most people this evidence would need to be quite strong before they took very significant protective measures.

'Lots of people or young people dying in hospital.'

In general, people expect there to be more waves of COVID-19 and are not concerned by this…

…there is a high bar for considering a new wave of COVID as a major threat that requires the same level of concern as the first wave

People talk about needing to see deaths (esp. deaths of younger people) and/or major levels of hospitalisation to take a new wave seriously.

We heard frequent mentions of people looking abroad to countries like the UK and Australia to get a sense of whether there was a genuine threat…

…there is an assumption that other countries will see the worst of a new wave first.

Without feeling convinced that the threat is significant, there would likely be some pushback on reintroduction of any restrictions.

MOVED ON MODERATE The moved on moderate profile would find it particularly important to see evidence of a 'real' threat in order to re-engage with restrictions.

However, communications around new threats need to be carefully considered, as anything too emotive can be seen as 'fearmongering or 'over the top' by some.

CAREFUL CONSIDERER **DISCONTENTED DOUBTER** The discontented doubters, and to a lesser extent, the carfeful considerers would be likely to be turned off by a big push on threat focused communications.

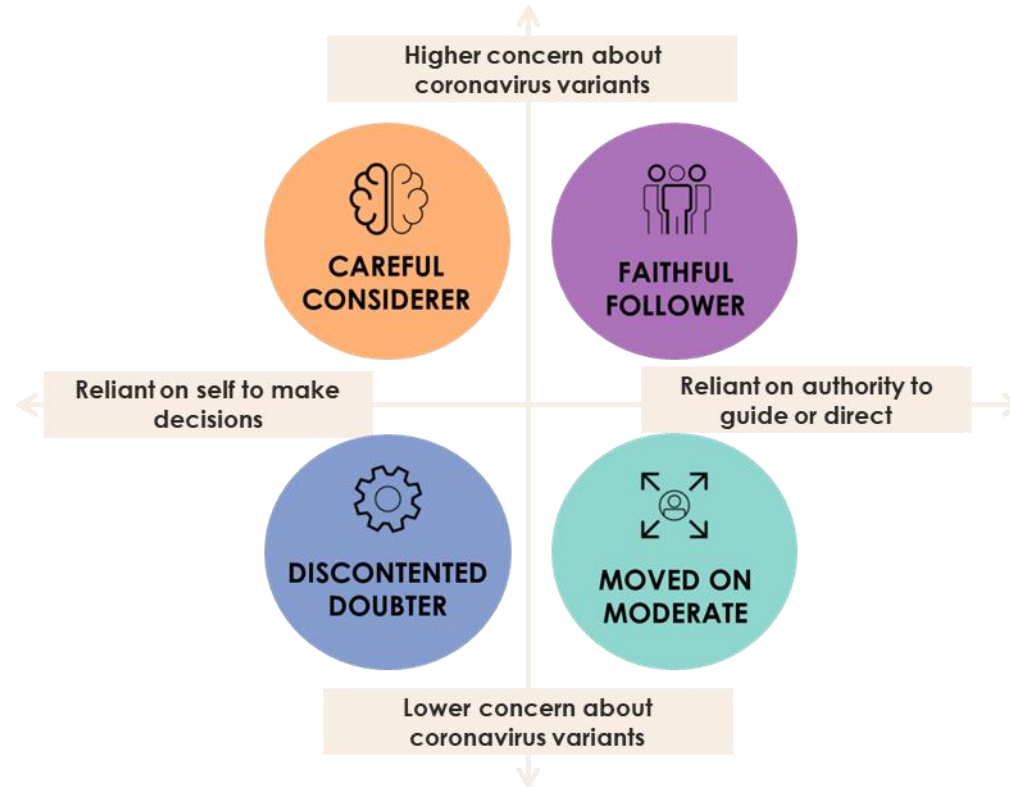# Threat focused communication considerations per profile

The careful considerer group will be even more strongly affected by information that highlights the local threat.

Similar to the discontented doubter group, care needs to be taken for the communication not be seen as 'over the top', 'disproportionate' or 'fearmongering'.

Faithful followers would generally like to see any threat focused communication tied to some clear guidance about what actions they should take.

Higher concern about coronavirus variants

CAREFUL CONSIDERER

FAITHFUL FOLLOWER

Reliant on self to make decisions

Reliant on authority to guide or direct

DISCONTENTED DOUBTER

MOVED ON MODERATE

Lower concern about coronavirus variants

Discontented doubters perceived a lot of communications during COVID-19 as 'fearmongering'.

So, there is a significant risk that any threat focused communications are perceived to be re-starting the fearmongering.

Softer communication that presents the 'threat' as information and outlines the guidance as 'choices' that the audience can make are likely to be most resonant with this group

For moved on moderates, communications that make the threat feel significant, tangible, and local are critical to get them to re-engage with COVID-19 guidance.

A tension exists between these two profiles. Moved on moderates need very strong, potentially emotive evidence of the threat. Whereas, this sort of communication will likely alienate discontented doubters.

We explored what information can impact perceived efficacy of interventions

What increases the perceived efficacy of an intervention?

If it is about **excluding people who are genuinely ill** from spaces where they could infect others.

If it is perceived to make a **meaningful impact on the likelihood of encountering germs**.

If it is clearly targeted at **protecting vulnerable people**

If the threat level we are protecting against **seems consistent** across interventions.

- Guidance and restrictions that are focused on exclusion of 'ill people' from spaces are generally seen to be effective and intuitive.
- On the other hand, guidance and restrictions that seem to predominantly prevent 'well people' from getting on with normal life are a source of frustration – this frustration grew as the perceived threat reduced.

Moving forwards there is likely to be resistance to guidance that is not obviously targeting 'ill people' and instead seems to disproportionately affect 'well people'.

- Enclosed, busy spaces, that are potentially enriched with ill people are perceived to be areas where you might be more likely to encounter germs. (E.g. GP waiting rooms, public transport at rush hour, aeroplanes).

Guidance and restrictions focused on these sorts of areas feel reasonable to a lot of people.

When guidance prevents small groups meeting in large or well-ventilated spaces, they are perceived to be ineffective and can be met with scepticism.

- People are generally more responsive to guidance that they feel is designed to protect vulnerable people (e.g. wearing a mask in hospital or an aged care facility).
- Whereas guidance or restrictions are more likely to be disregarded between groups of younger, fitter people.
- "If I had a lecturer who was a bit older and was wearing a mask then I would put one on, but I'd never put one on if I was just with my mates".

Clarity on whether a restriction is designed to protect you or someone else can change how it is perceived.

- People become frustrated with guidance that seemed illogical i.e. where an activity is restricted that seems to carry less risk than an activity that is allowed. For example:
  - 'I can go to the supermarket but I can't go to the library, this doesn't make sense – the risk in the supermarket seems much higher than the risk in the library.'

Perceived inconsistencies in guidance are a major watch out – they can have a significant impact on trust and buy in.

Efficacy communication considerations for each profile

Careful considerers want to feel like they are making their own choices based on a personal assessment of threat and efficacy.

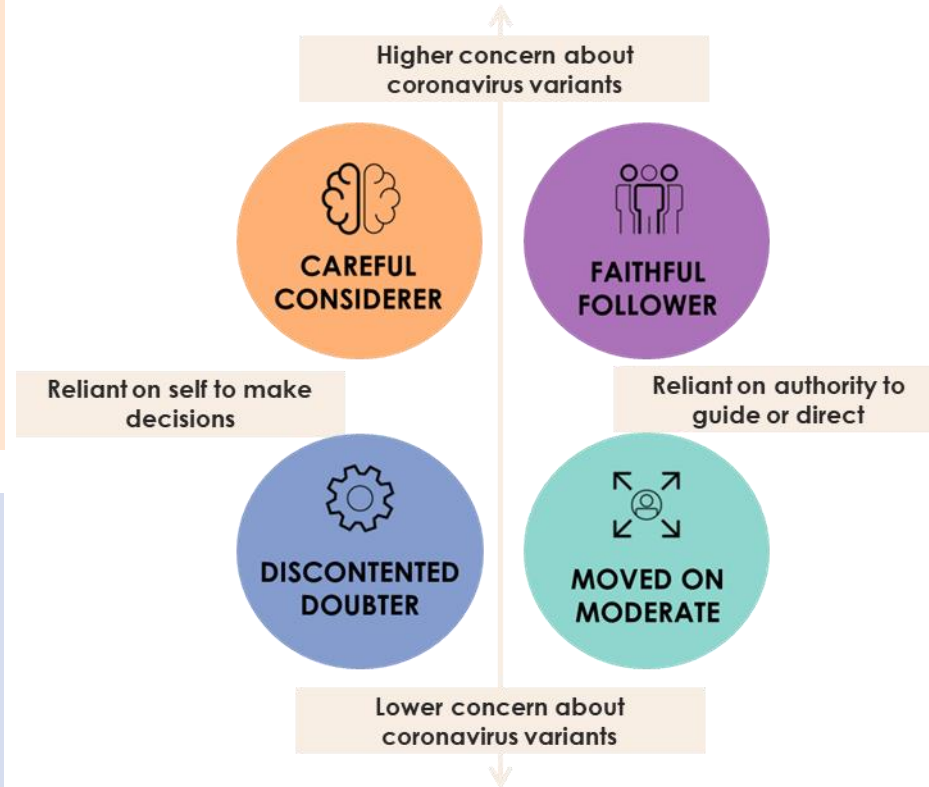The more specific and pragmatic the guidance feels, the more likely it will be to resonate.

They are sensitive to measures that don't have a 'good cost-benefit'. If the social or economic cost is high and the efficacy is perceived to be marginal, they will become more sceptical.

They are particularly watchful for inconsistencies and will lose faith in the response if they believe measures are targeted to the wrong situations, inconsistent or ineffective.

Faithful followers are less likely to question the efficacy of different mandatory measures.

However, when guidelines are optional, they will find simple and seemingly effective measures most memorable and motivating.

Discontented doubters have a high degree of scepticism around of most interventions, especially those that feel disproportionately severe, controlling or inconsistent.

They will be most responsive to highly focused interventions that are targeting very obviously higher threat situations.

They will also appreciate communication that they feel 'treats them like adults' and gives them freedom of choice to make informed decisions.
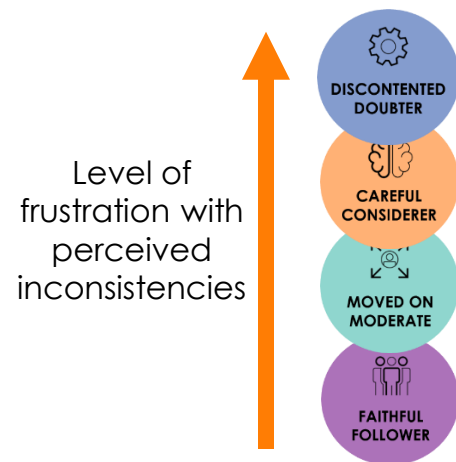
Moved on moderates are more likely to buy into guidance that they feel will be effective in protecting those more vulnerable than themselves.

They are supportive of COVID-19 measures, in principle, but feel a very limited threat to themselves.

They are likely to be most supportive of measures that are simple and seem effective at mitigating an obvious, tangible, local threat.

Higher concern about coronavirus variants

Reliant on self to make decisions

CAREFUL CONSIDERER

FAITHFUL FOLLOWER

Reliant on authority to guide or direct

DISCONTENTED DOUBTER

MOVED ON MODERATE

Lower concern about coronavirus variants

'Inconsistent' or 'disproportionate' measures and guidance are a major source of frustration for people

To varying degrees, people across all segments expressed some level of frustration or confusion at inconsistent or disproportionate restrictions.

Level of frustration with perceived inconsistencies

DISCONTENTED DOUBTER

CAREFUL CONSIDERER

MOVED ON MODERATE

FAITHFUL FOLLOWER

Examples:
- Supermarket and not library
- A non-urgent check up at the dentist (breath in someone's face) but can't meet a friend for an important discussion
- Unable to do my outdoor job while other indoor businesses continue to operate

As the pandemic wore on and people formed a stronger concept of the mechanism of infection and what measures were effective…

…people became less accepting of inconsistencies or measures that seemed disproportionate.

The more inconsistencies people feel like they have spotted, the less inclined they are to follow any guidance at all…

…perceived inconsistencies appear to have a major impact on trust and buy in to the overall response.

Heuristics around 'threat' and 'efficacy' affect how people perceive different protective actions

Less positive sentiment*

More positive sentiment*

Restrictions on social gatherings

Mask wearing in general situations

Restrictions on 'non-essential' business use

Mask wearing in situations with high perceived threat of infection (e.g. GP / hospital)

Mask wearing when sick

Staying home when sick (esp. others staying home when they are sick)

Keeping distance from people who appear to be ill

Hand washing

Chance of encountering ill people and/or germs perceived to be very low, so these restrictions seem disproportionate.

Even those in the 'faithful follower' segment would struggle to follow these restrictions again unless there was a clear escalation of the perceived threat

People are more inclined to feel the threat of infection is minimal when they aren't around those who are obviously infectious.

Feels logical and social to try to avoid spreading germs when you know for a fact that you are ill. However, masks are not seen as 100% effective at stopping your germs from ending up outside your mask and mask wearing feels like a 'statement'. So people would rather keep their distance or stay home.

Simple to do and align with all heuristics of threat and efficacy.

Even those in the 'discontented doubter' segment generally comfortable with this sort of guidance (if it's not mandatory)

FAITHFUL FOLLOWER

DISCONTENTED DOUBTER

*Significant variability existed in our sample around level of comfort with different protective actions. This spectrum is qualitative illustration of the general trends observed. The protective actions listed are the ones that were most front of mind for respondents when discussing their attitudes to 'taking protective action'.

Now that people feel more knowledgeable about COVID-19 and the mechanisms of infection, they are more reluctant to give up autonomy than they were when COVID-19 was fresh

Most people feel that they now have a good understanding of how to stay safe and don't need to be 'told what to do' to the same extent

Now that everyone has been through the COVID-19 pandemic and built an understanding of the protective actions we can take…

…many people feel that if there was another pandemic the government should 'treat us more like adults'…

…by providing information and guidance and allowing greater freedom to make choices.

To varying degrees, people across all of our groups expressed a desire to be more able to make choices about decisions that they felt only affected them and their peers.

e.g. If we have to limit numbers in the hospital that makes sense, but if I am comfortable having a gathering at my house, I should be allowed to make that choice.

For the careful considerer and discontented doubter, choice (or lack of) can have a significant impact on the level of trust they have in authority

- For these groups, a sense of control and choice is important in overall buy in to any future response.

- There is a feeling of unease at 'being controlled' (esp. discontented doubter group) or 'being forced to do things that I disagree with/are bad for NZ' (esp. careful considerer group)

- For some, the vaccine mandates were a major fork in the road in terms of their support for COVID-19 measures.

- Vaccine mandates were seen to be an unfair, heavy handed removal of choice and autonomy that eroded trust.

- This caused some people, who had been broadly supportive, to want to rebel against or ignore the guidance the response more strongly

For these groups, communication that offers a sense of autonomy is important.

Communications that outline threats of infection and how to mitigate them, as well as being very clear on situations where this is more/less important will appeal to the desire to 'make an informed choice' that these groups have.
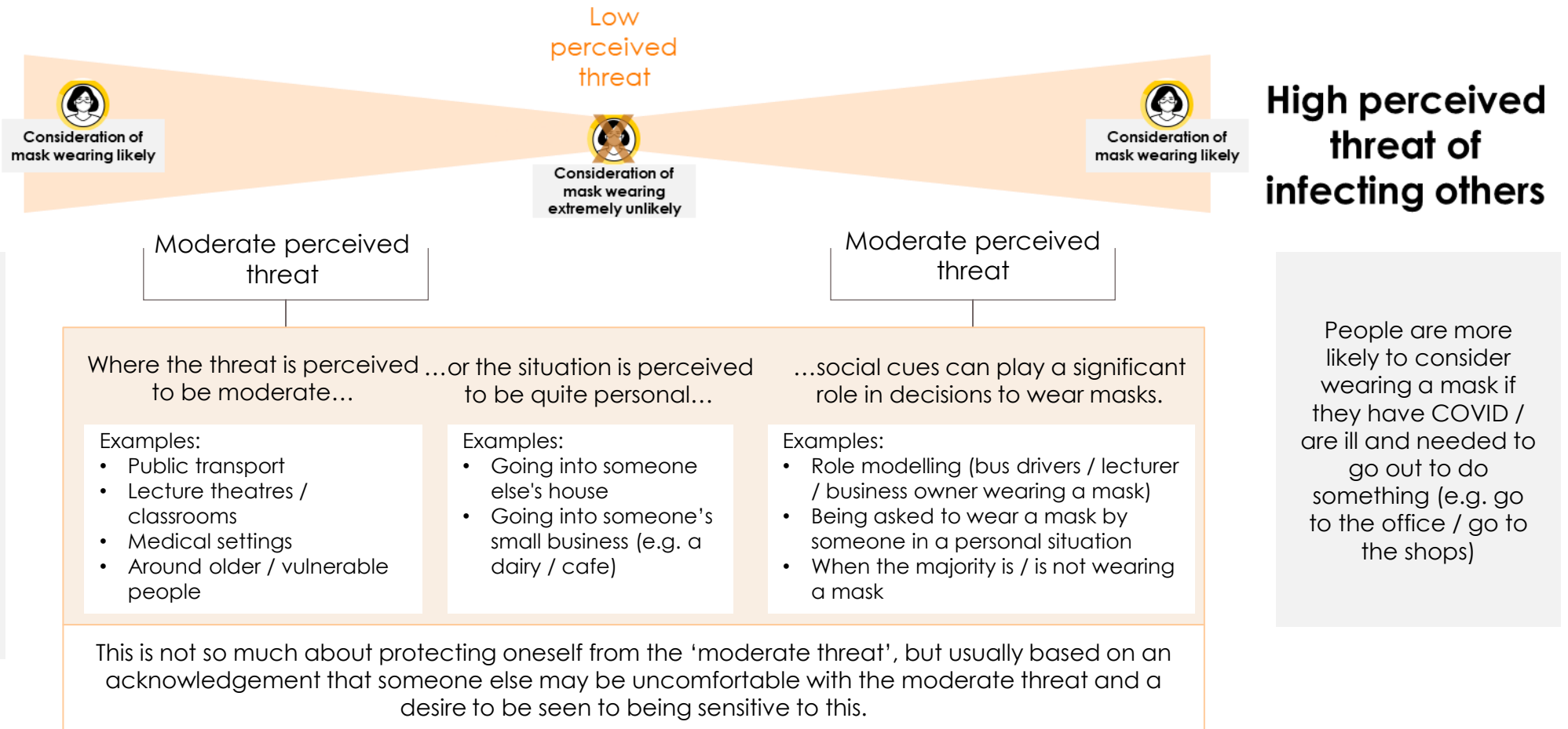
Considerations related to specific measures or guidance

While mask wearing can be encouraged by an instinctive desire to protect oneself when the threat of infection seems high, it is also strongly influenced by social factors

High perceived threat of infection in local environment

Low perceived threat

Consideration of mask wearing likely

Consideration of mask wearing extremely unlikely

Consideration of mask wearing likely

High perceived threat of infecting others

People are more likely to consider wearing a mask if they were in an environment with a higher perceived threat level (e.g. a GP waiting room with people coughing near them)

(This is often driven by the instinctive desire to take protective measures described on previous slides)

Moderate perceived threat

Moderate perceived threat

People are more likely to consider wearing a mask if they have COVID / are ill and needed to go out to do something (e.g. go to the office / go to the shops)

Where the threat is perceived to be moderate…

…or the situation is perceived to be quite personal…

…social cues can play a significant role in decisions to wear masks.

Examples:
- Public transport
- Lecture theatres / classrooms
- Medical settings
- Around older / vulnerable people

Examples:
- Going into someone else's house
- Going into someone's small business (e.g. a dairy / cafe)

Examples:
- Role modelling (bus drivers / lecturer / business owner wearing a mask)
- Being asked to wear a mask by someone in a personal situation
- When the majority is / is not wearing a mask

This is not so much about protecting oneself from the 'moderate threat', but usually based on an acknowledgement that someone else may be uncomfortable with the moderate threat and a desire to be seen to being sensitive to this.

What can be done to harness the social cues that surround mask wearing?

Communication/intervention <u>opportunities</u>

Role modelling	Having people that could be perceived to own the space (e.g. bus drivers) wearing a mask
Free to take masks in prominent positions	Create an impression that mask wearing is expected in the space
'Personal feeling' requests	Highlighting that the mask wearing is for someone else's comfort, it's not just a rule
Language that suggests it is somebody's space	Using personal language like '**we** would be very grateful if you wear a mask while you are in **our** space'
Referencing more vulnerable people	Highlighting that the reason for wearing a mask in a specific situation is to protect a vulnerable person

We found a strong social obligation to respect the wishes of vulnerable people… Even some with very strong anti-mask sentiment would be open to wearing a mask if asked to by a vulnerable person.

Illustrative example

10% of people who ride <u>this bus</u> are more vulnerable to COVID-19.

Let's help keep them safe by wearing our masks

Communication/intervention <u>risks</u>

In people's 'personal spaces'* where they already have strong pre-existing social norms…

…people feel responsible to make their own decisions based on the social relationships they have with others in these spaces…

…trying to police mask wearing in these spaces can be a source of frustration and can reduce motivation for mask wearing in other situations.

*(e.g. offices, their local bar/café, social/ community meeting places)

Staying home when sick could be encouraged with social cues and by providing a clearer marker of what 'too sick to work' is

Most people now have a sense that going to work when sick isn't the right thing to do, as it threatens others

BUT…

People seem more able to self-justify for themselves why the NEED to go to work that day and the threat to others is probably low.

People are much less accepting of others who come in when they are unwell.

There appears to be a self-perception gap.

Communications that 'hold the mirror up' and address this self-perception blind spot could be effective in getting people to be more thoughtful about staying home when sick.

Don't be that person.

If you're sick, stay home.

'Being ill' has so many shades of grey for people and it is difficult to know what the threshold is for being too ill to go to work.

The simplicity and 'black and white' clarity of a positive test was a key driver of compliance…

…for many people it removed the grey area, made an easier conversation with work, and removed the possibility that 'I'm probably not infectious.'

If there is a need to drive large scale compliance with a guideline involving staying home when sick, it will be important to provide the public with a clear measure, marker or threshold of when they are too sick to go to work.

Perceived inefficiencies with the financial incentives from the pandemic mean that any future incentives would be viewed with scepticism

- To varying degrees (more so discontented doubters & careful considerers), there was a sense that the financial management of the pandemic was poorly handled.

- People felt that the financial incentives didn't always get to where they were needed and probably led to a lot of 'wasted money', without much improvement in 'threat reduction'.

- There was a belief that those who would comply would do this anyway and ultimately a lot of people ended up working the system to get incentives for things they would do anyway.

- There was also a sense that some of the heavier handed tactics (later lockdowns and vaccine mandates) led to significant (and avoidable) economic harm e.g.
  - **Lockdowns** perceived to have led to business struggles that cost the economy and cost jobs.
  - **Vaccine mandates** perceived to have led to people losing jobs and businesses losing employees unnecessarily.

This led many to believe that financial incentives would likely be an ineffective and costly way of managing any future pandemic response.

(If the incentives were administered in the same way as during COVID-19)

When exploring what *would* make sense... there was a good level of support for getting people to stay home for a **short time** when sick. So, supporting people/businesses to enable this would be a financial measure that would find broader support.

However, this would need to be communicated and administered in a way that ensured it wasn't perceived as an easy cash hand out.

06

Moving into the quantitative survey:

Next steps: Validation and quantification via a quantitative methodology

Next steps: Validation and quantification via a quantitative methodology

This report forms the foundation for a follow-on piece of quantitative research.

- N=1840 online/telephone interviews

- 10 minute online interviews (nationally representative) and 15 minute booster phone interviews (amongst Māori and Pacific peoples)

This quantitative survey will seek to:

- Validate and size each of the profiles.

- Explore associations of each profile with various demographic features incl. geographic and socioeconomic distribution.

- Robustly validate key drivers, barriers and information needs per profile.

- Explore the predicative power of the profiles in defining how people would respond in different future pandemic scenarios.

- Explore perceptions and how each profile would respond to different information or public health measures.

Thank you.

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Powering decisions
that shape the world.