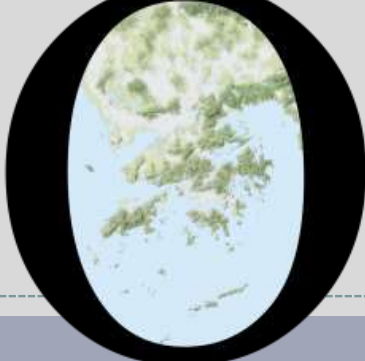


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HONG KONG PUBLIC OPINION PROGRAM

HONG KONG PUBLIC OPINION RESEARCH INSTITUTE

香港民意研究所 之 香港民意研究計劃

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「民主社區互助共融」

社區健康計劃

結果發佈會

2021年8月27日

# 樣本資料 - 社區健康計劃

2

	香港民研意見群組成員	
調查日期	8月9日下午3時正 至 8月26日下午3時正	
調查方法	以電郵接觸群組成員，並於網上完成調查	
訪問對象	十二歲或以上的香港市民	
	代表組群	自結組群
總成功樣本	826	6,787
回應比率	9.4%	8.2%
抽樣誤差	95%置信水平，百分比誤差 $\pm$ 3%	95%置信水平，百分比誤差 $\pm$ 1%
加權方法	按照1) 政府統計處提供的全港人口年齡及性別分佈統計數字、各區議會人口數字；2) 選舉事務處提供的區議會選舉結果；3) 常規調查中的特首評分分佈數字，以「反覆多重加權法」作出調整。	

# 調查結果 - 社區健康計劃

3

- **最新調查日期：9-26/8/2021** (代表組群N=824 自結組群N=6,783)
- **上次調查日期：19/7-9/8/2021** (代表組群N=763 自結組群N=6,007)
- **上上次調查日期：12-19/7/2021** (代表組群N=519 自結組群N=5,201)

意見題目^		「香港市民代表組群」(N=824)		「香港市民自結組群」(N=6,783)	
		「不知道/ 很難說」	平均值	「不知道/ 很難說」	平均值
Q1 你認為你在未來一個月 有多大機會感染新型冠狀病 毒肺炎(新冠肺炎)? [對數尺度]	最新	17%	百分之九▼*	17%	百分之七▼*
	上次	17%	一成四	15%	百分之八
	上上次	10%	百分之九	13%	百分之九

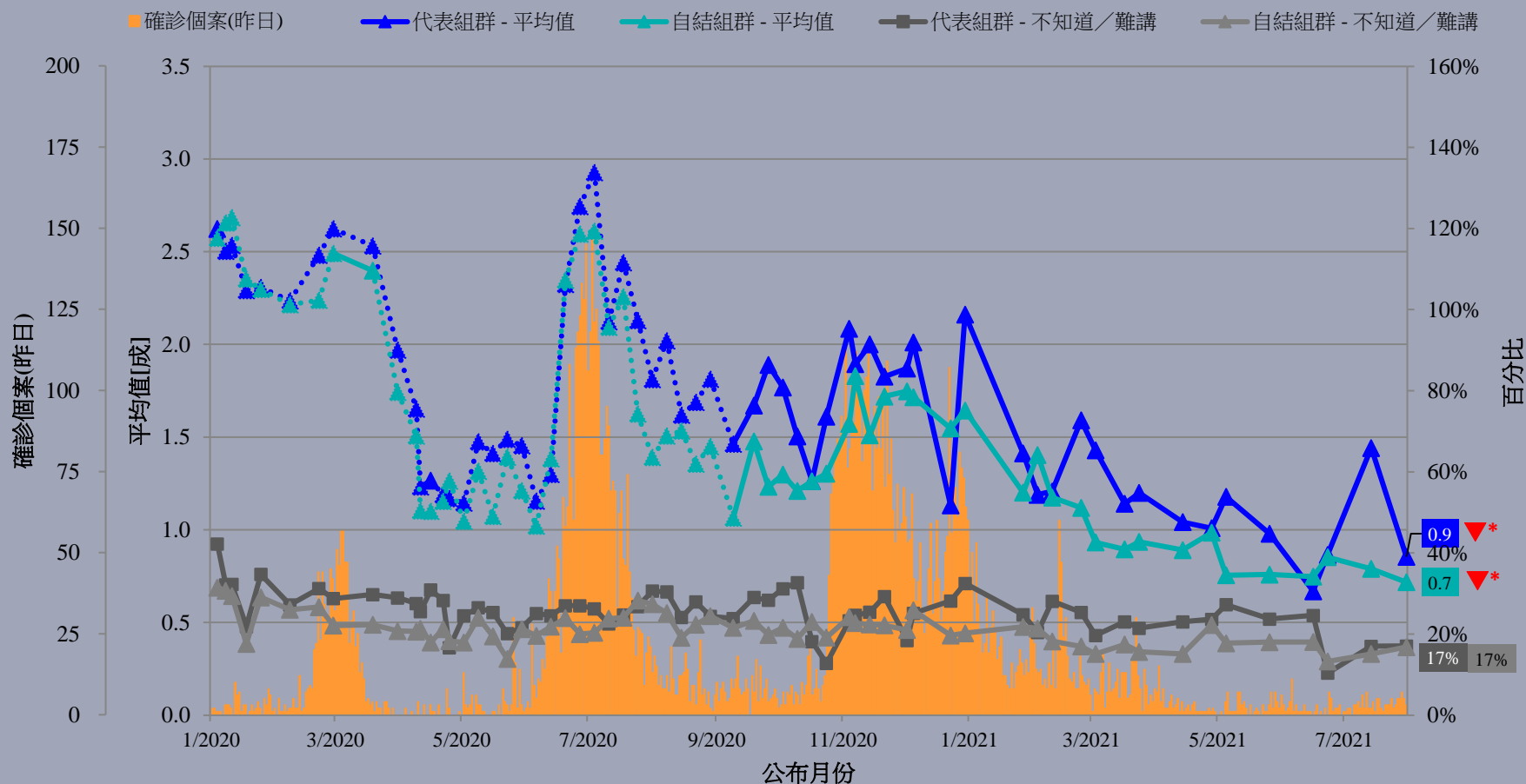
^ 答案選項為 0-10分量尺及「其他/不知道/很難說」選項。2020年10月前以線性尺度提問，之後改用對數尺度。

\* 顯著變化

# 調查結果 - 社區健康計劃

4

## 市民對預計感染 新型冠狀病毒肺炎 的機會率評估



^ 答案選項為 0-10分量尺及「其他/不知道/很難說」選項。2020年10月前以線性尺度提問，之後改用對數尺度。

\* 顯著變化

# 調查結果 - 社區健康計劃

5

- **最新調查日期：9-26/8/2021** (代表組群N=826 自結組群N=6,781)
- **上次調查日期：19/7-9/8/2021** (代表組群N=762 自結組群N=5,986)
- **上上次調查日期：12-19/7/2021** (代表組群N=518 自結組群N=5,208)

意見題目 <sup>^</sup>		「香港市民代表組群」(N=826)				「香港市民自結組群」(N=6,781)			
		滿意	一半半	不滿	平均量值 <sup>†</sup>	滿意	一半半	不滿	平均量值 <sup>†</sup>
Q2 你有多滿意或不滿香港政府應付新冠肺炎的表現？	最新	32%	25% ▲*	43% ▼*	2.6	30% ▼*	12% ▲*	<b>57%</b>	2.4
	上次	34%	18%	49%	2.6	31%	11%	<b>58%</b>	2.4
	上上次	33%	21%	45%	2.6	30%	14%	<b>56%</b>	2.4

<sup>^</sup> 答案選項為「好滿意／幾滿意／一半半／幾不滿／好不滿／不知道/很難說」

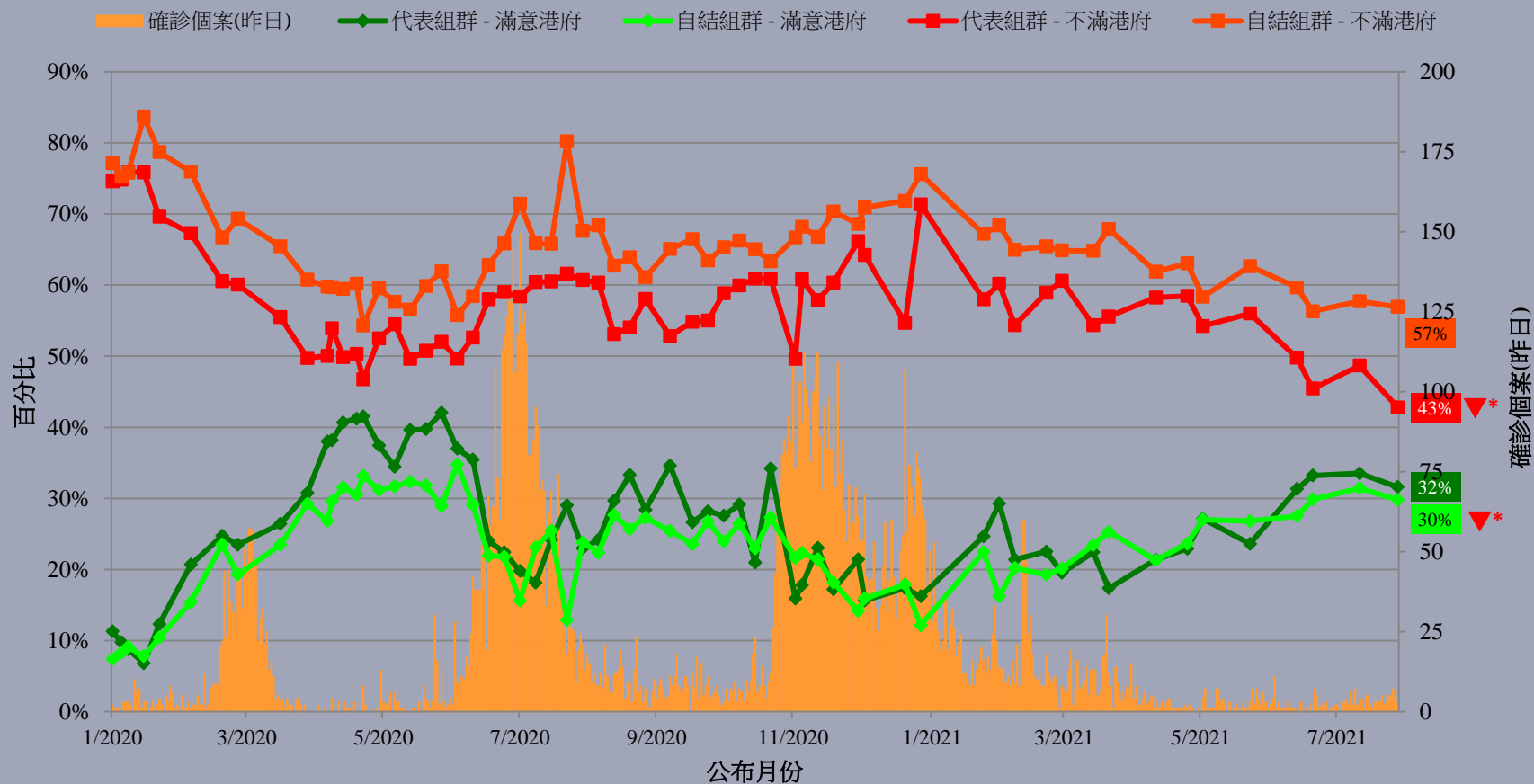
<sup>†</sup> 平均量值是把所有答案按照正面程度，以1分最低5分最高量化成為1、2、3、4、5分，再求取樣本平均數值。

\* 顯著變化

# 調查結果 - 社區健康計劃

6

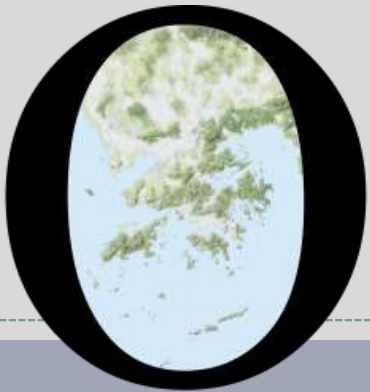
## 市民評價香港政府應付新冠肺炎的表現



^ 答案選項為「好滿意／幾滿意／一半半／幾不滿／好不滿／不知道／很難說」

\* 顯著變化

# POP



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限聚指數

**Group Gathering Prohibition Index**

**27/8/2021**

# 樣本資料 - 限聚指數基準調查

## Contact Information - Group Gathering Prohibition Index Benchmark Survey

8

	香港民研意見群組成員 HKPOP Panel
調查日期 Survey date	16/8 15:00 – 23/8 15:00
調查方法 Survey method	以電郵接觸群組成員，並於網上完成調查 Online survey
訪問對象 Target population	十二歲或以上的香港市民 Hong Kong residents aged 12+
總成功樣本 Total sample size	7,456
回應比率 Response rate	8.1%
抽樣誤差 Sampling error	95% 置信水平，百分比誤差 +/-1% Sampling error of percentages at +/-1% at 95% confidence level
加權方法 Weighting method	按照1) 政府統計處提供的全港人口年齡及性別分佈統計數字、各區議會人口數字； 2) 選舉事務處提供的區議會選舉結果；3) 常規調查中的特首評分分佈數字，以 「反覆多重加權法」作出調整。 The figures are rim-weighted according to 1) gender-age distribution of Hong Kong population and by District Councils population figures from Census and Statistics Department; 2) Voting results of District Councils Election from Registration and Electoral Office; 3) rating distribution of Chief Executive from regular tracking surveys.



# 限聚指數

## Group Gathering Prohibition Index

9

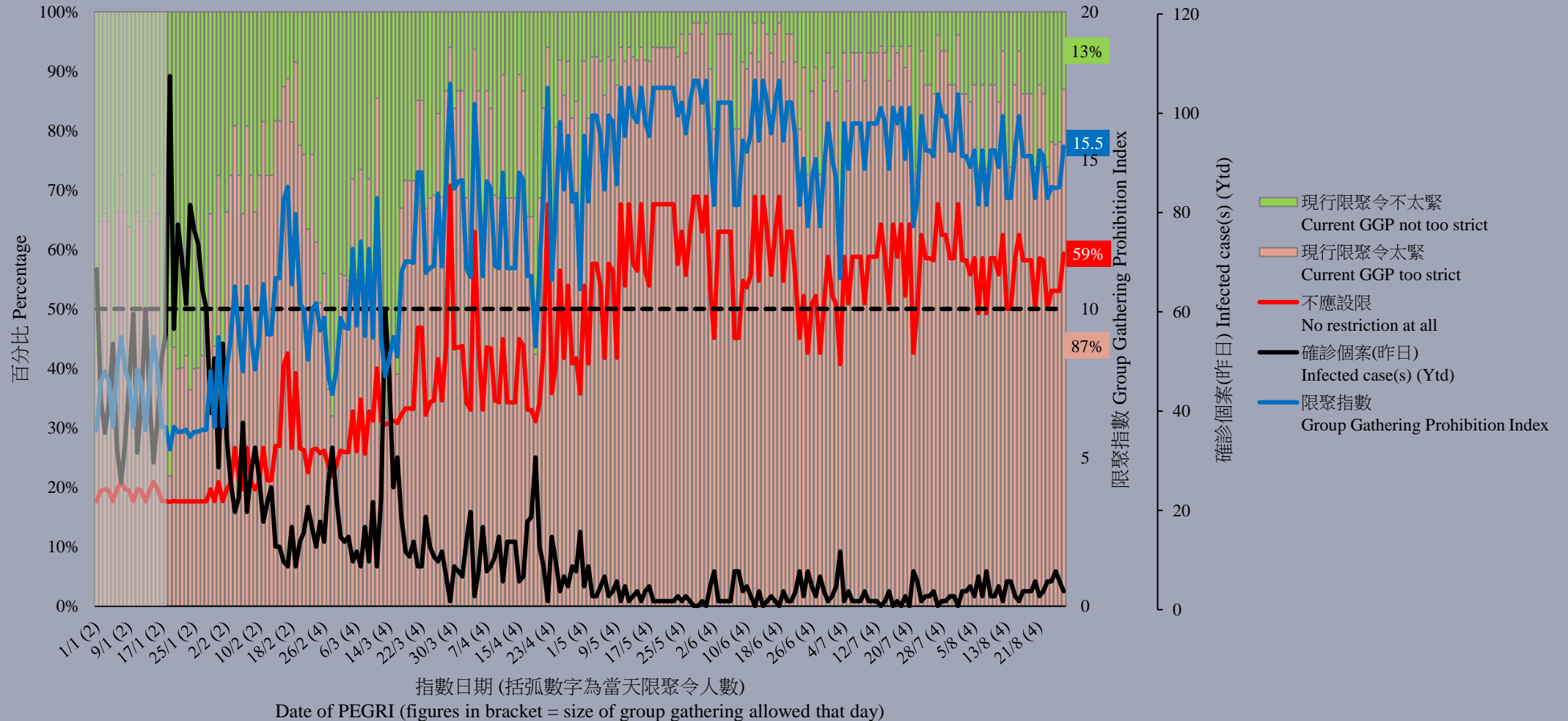
- **最新調查日期 Latest survey date: 16-23/8/2021 (N=7,456)**
- **上次調查日期 Last survey date: 16-21/7/2021 (N=5,636)**
- **上上次調查日期 Second last survey date: 18-23/6/2021 (N=6,158)**

意見題目	Opinion Questions
<p>你認為香港應否無條件全面撤銷「限聚令」？</p> <ul style="list-style-type: none"><li>▪ 應該無條件撤銷「限聚令」</li><li>▪ 不應該，應視乎疫情而定</li><li>▪ 不知道／很難說</li></ul> <p>[追問沒有選擇應該“無條件撤銷「限聚令」”者]</p> <p>你認為每天新增確診個案數應是多少，才適合將「限聚令」訂於2人？</p> <p>你認為每天新增確診個案數應是多少，才適合將「限聚令」訂於4人？</p> <p>你認為每天新增確診個案數應是多少，才適合將「限聚令」訂於8人？</p> <p>你認為每天新增確診個案數應是多少，才適合將「限聚令」訂於16人？</p> <p>你認為感染個案清零多少天後，限聚令應該全面撤銷？</p> <p>請於以下欄位列舉你認為合適的 [個案數 及 限聚人數] 組合.....</p>	<p>Do you think the regulation prohibiting gatherings of more than a specific number of people in public places should be completely lifted unconditionally in Hong Kong?</p> <ul style="list-style-type: none"><li>▪ Yes, the ban should be lifted unconditionally</li><li>▪ No, it should depend on the epidemic situation</li><li>▪ Don't know / hard to say</li></ul> <p>[For respondents NOT answering “Yes, the ban should be lifted unconditionally”]</p> <p>How many newly confirmed cases each day should there be before it would be appropriate to prohibit gatherings of more than 2 people?</p> <p>How many newly confirmed cases each day should there be before it would be appropriate to prohibit gatherings of more than 4 people?</p> <p>How many newly confirmed cases each day should there be before it would be appropriate to prohibit gatherings of more than 8 people?</p> <p>How many newly confirmed cases each day should there be before it would be appropriate to prohibit gatherings of more than 16 people?</p> <p>After how many days of zero infection do you think the group gathering ban should be lifted altogether?</p> <p>Please list combinations of [number of cases &amp; number of people allowed in gatherings] that you think is appropriate in the field below:</p>

# 調查結果 - 限聚接受程度

## Survey Result - Group Gathering Prohibition Acceptance Level

限聚接受程度 Group Gathering Prohibition Acceptance Level



# 限聚指數 - 分析評論

## Group Gathering Prohibition Index – Commentary

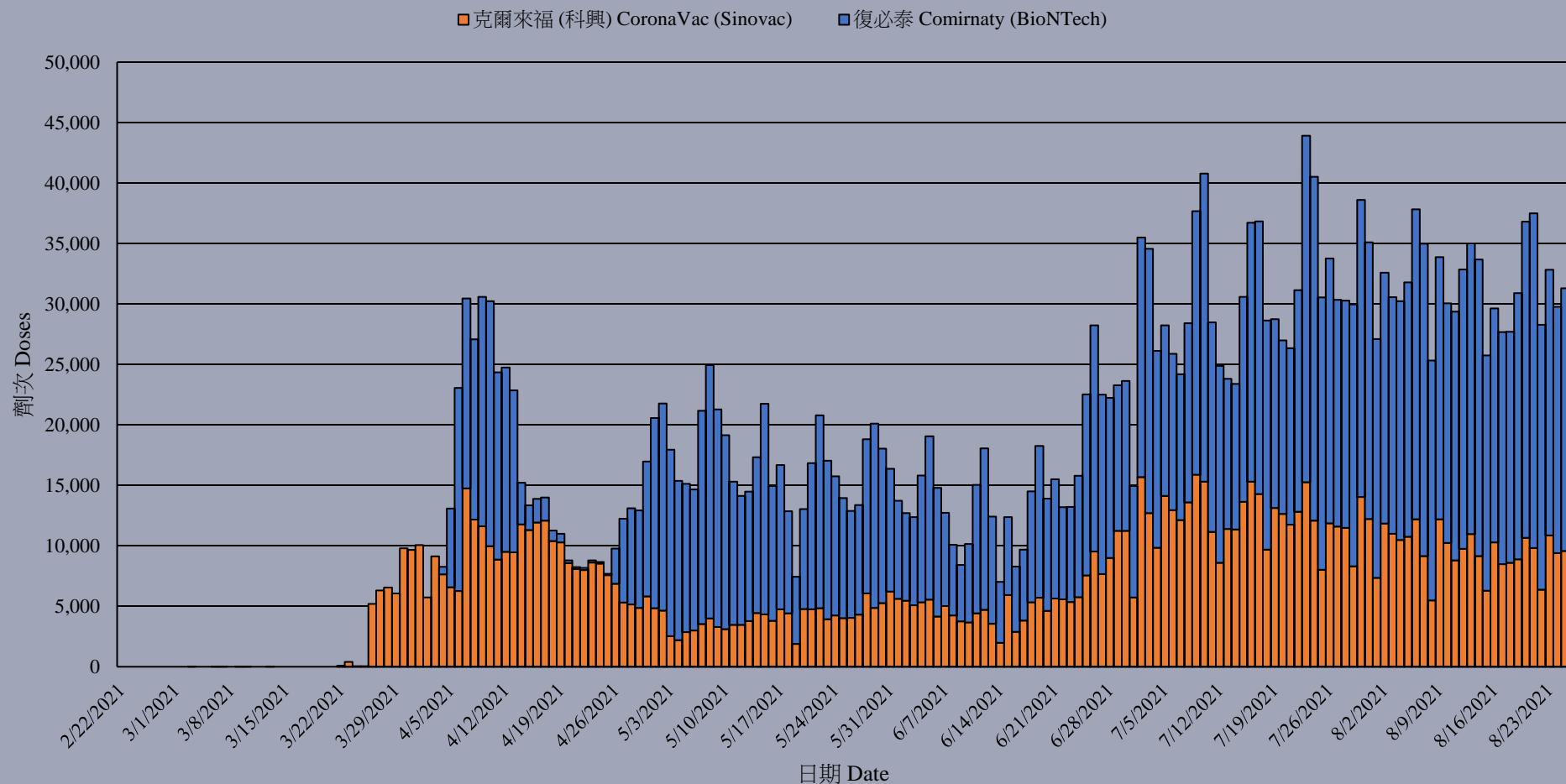
香港文職、管理及行政僱員工會主席李豐年指出：「香港疫情漸漸退減，市民亦開始討論應該在甚麼條件下恢復正常生活。隨著政府進一步放寬防疫措施和在8月向市民發放第一期2000元消費券，市道即時暢旺起來，周末時不少商場及餐廳都大排長龍。看到香港經濟復甦固然振奮，但市民不應掉以輕心，否則一有缺口疫情隨時會捲土重來。限聚令的措施即使將來要作出調整，亦應是循序漸進及有條件下進行，例如可與疫苗的接種率掛鈎。政府可同時提供更多誘因鼓勵港人盡快接種疫苗，令市民明白這是向中央爭取通關和讓市民回復正常生活的最有效方法！」

**Kenneth Lee, Chairperson from Hong Kong Clerical, Administrative and Executive Employees Union observed, “The epidemic has gradually receded and the public has begun to discuss the conditions under which they could resume normal life. With the government's further relaxation of epidemic preventive measures and the issuing of the first phase of \$2,000 electronic consumption vouchers to citizens in August, the market immediately boomed, and long queues appeared in many shopping malls and restaurants during weekends. While it is encouraging to see the recovery of Hong Kong's economy, I think the public should not be complacent, otherwise the epidemic can come back anytime. Even if gathering restrictions would be relaxed, it should be done gradually and linked to the vaccination rate. The government should provide more incentives for people to get vaccinated, and makes them understand that this is the most effective way to ask the central government for re-opening the border and to let people go back to their normal life!”**

# 參考資料：香港疫苗接種劑次

## Ref material: Hong Kong Vaccine Doses

### 香港第二針疫苗接種劑次 (每日數目) Hong Kong 2<sup>nd</sup> Vaccine Doses (Daily Count)

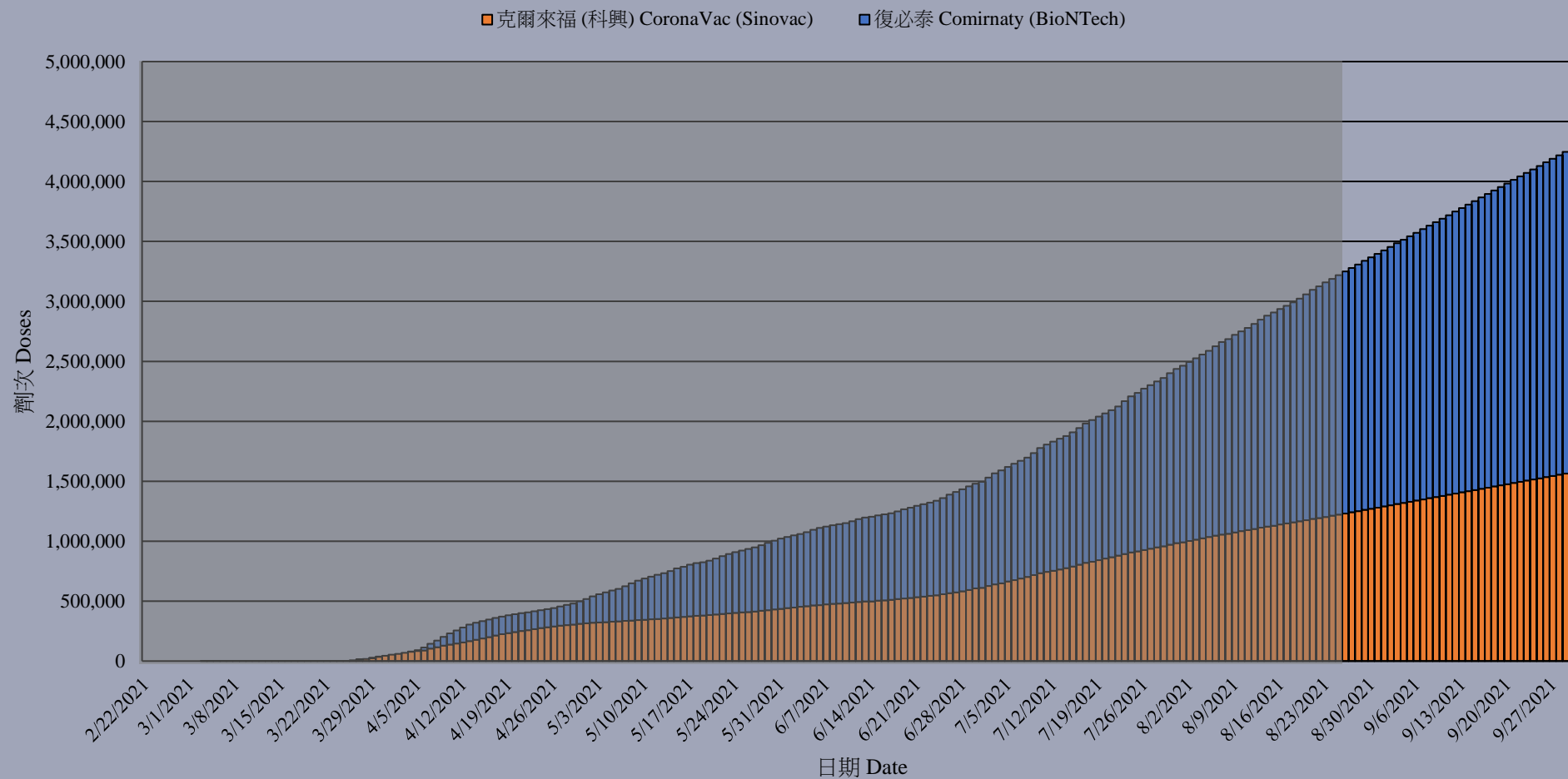


# 參考資料：香港疫苗接種劑次

## Ref material: Hong Kong Vaccine Doses

14

推算香港第二針疫苗接種劑次 (累計數目) Hong Kong 2<sup>nd</sup> Vaccine Doses Forecast (Cumulative)



# COVID-19 Loneliness & mental health

- Surveyed 1,013 English speaking US adults in the middle of March 2020 (18-35 years old; 567 females; 446 males)
- 93.6% reported they were sheltering-in-place
- 61.5% endorsed feeling “socially isolated much of the time.”
- Loneliness score increased from a mean score of 38.4 ( $\pm 13.5$ ) prior work, to a mean score of 43.8 ( $\pm 13.5$ ) during the “sheltering-in-place” period.
- 43.0% of respondent are considered to have high level of loneliness according to previous standard (Morahan-Martin and Schumacher, 2003)
- 54.7% of lonely participants meeting clinically significant criteria for moderate to severe depression (15.3% in non-lonely)
- 34.9% of lonely respondents endorsing some level of suicidal ideation (4.5% in non-lonely)

# Predictors of loneliness before and during the COVID-19 pandemic

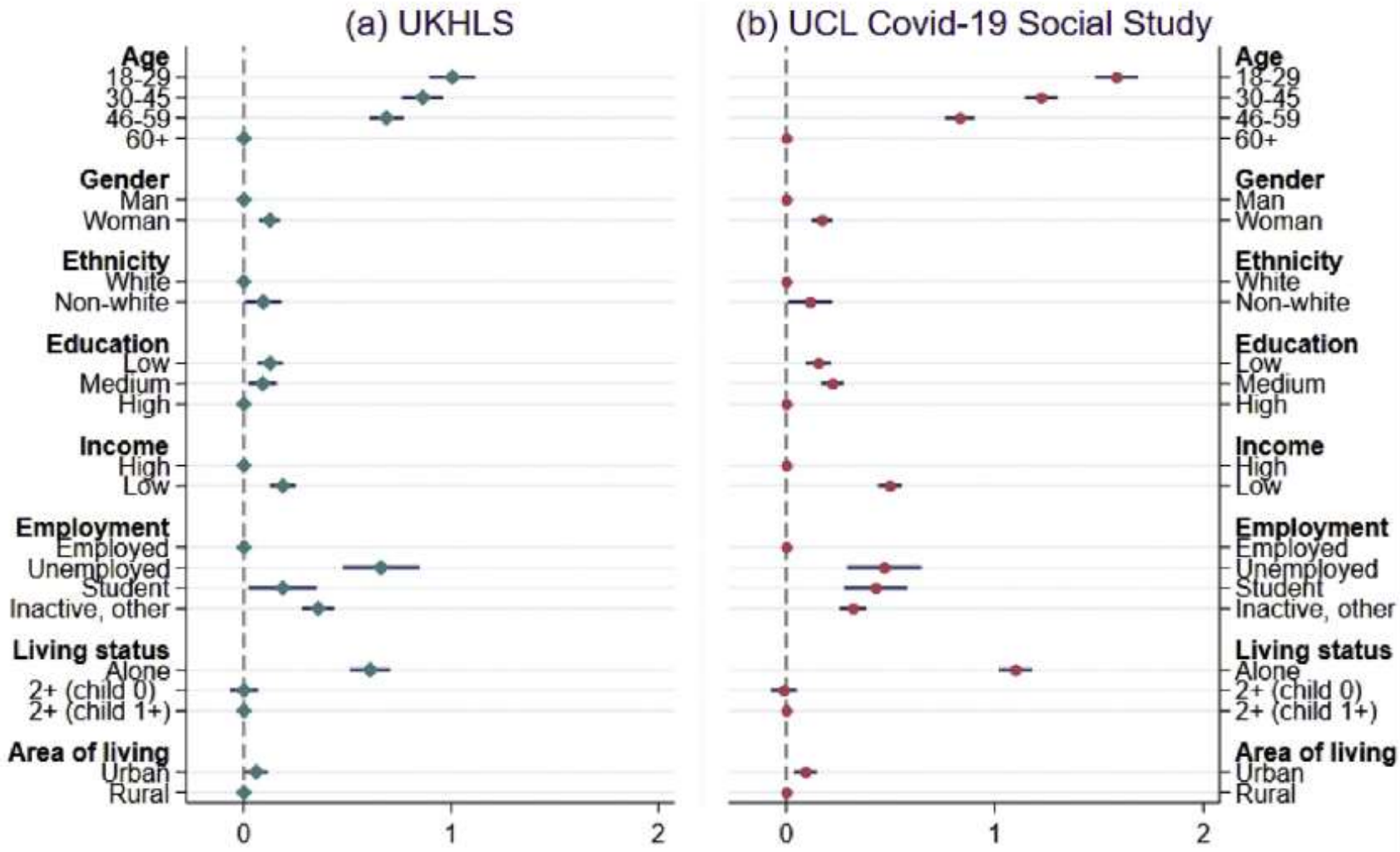


Fig. 1. Coefficients and 95% confidence intervals from the regression model on loneliness.

- Risk factors to loneliness:
- Adults aged 18-30
  - Living alone
  - Low household income
  - Student



# Loneliness during COVID & sleep struggles in older adults

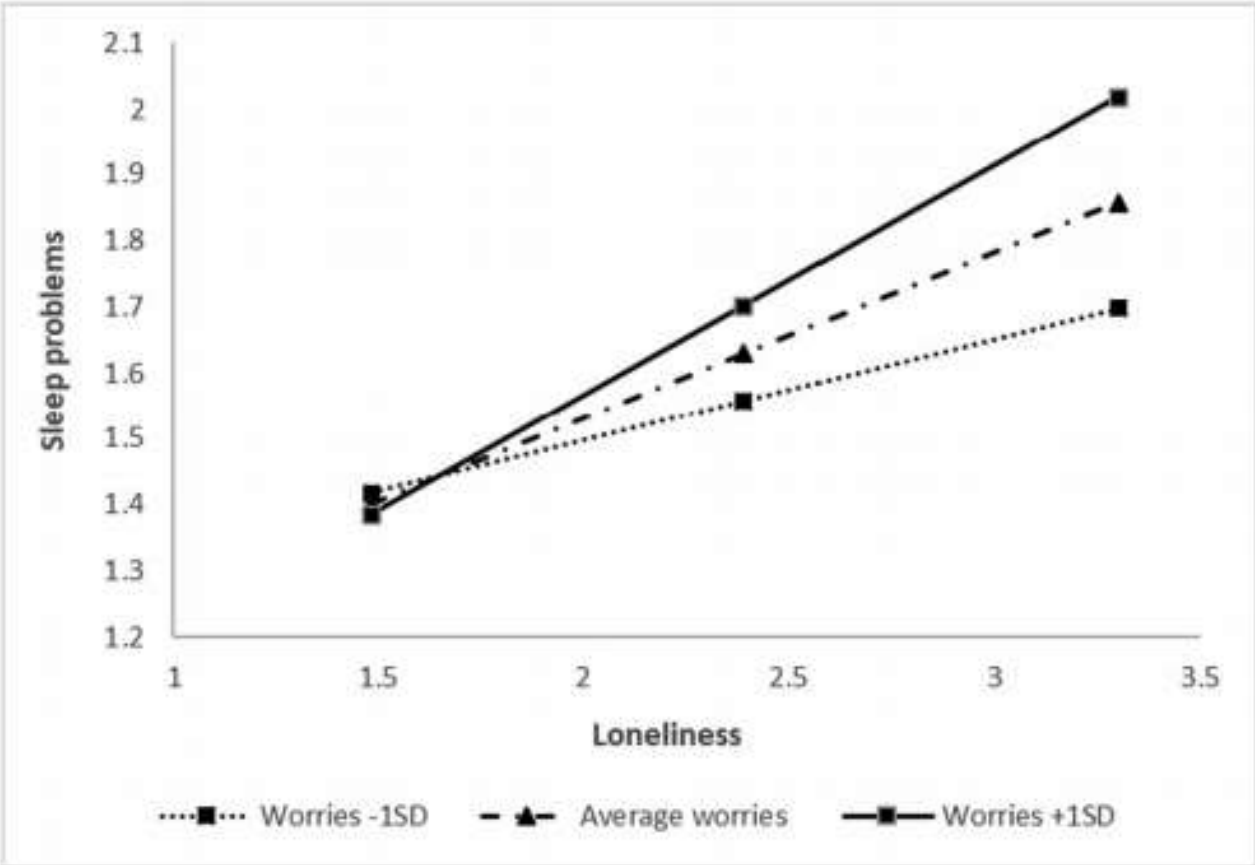


Fig. 1. The interaction between COVID-19 related loneliness and COVID-19 related worries on sleep problems.

Loneliness-sleep problems association appears to be strongest among **older people with more COVID-19 related worries** and among older people with low mental and emotional resilience.

Loneliness was assessed with the 3-item version of the UCLA Loneliness Scale



# Loneliness during COVID & sleep struggles in older adults (Cont')

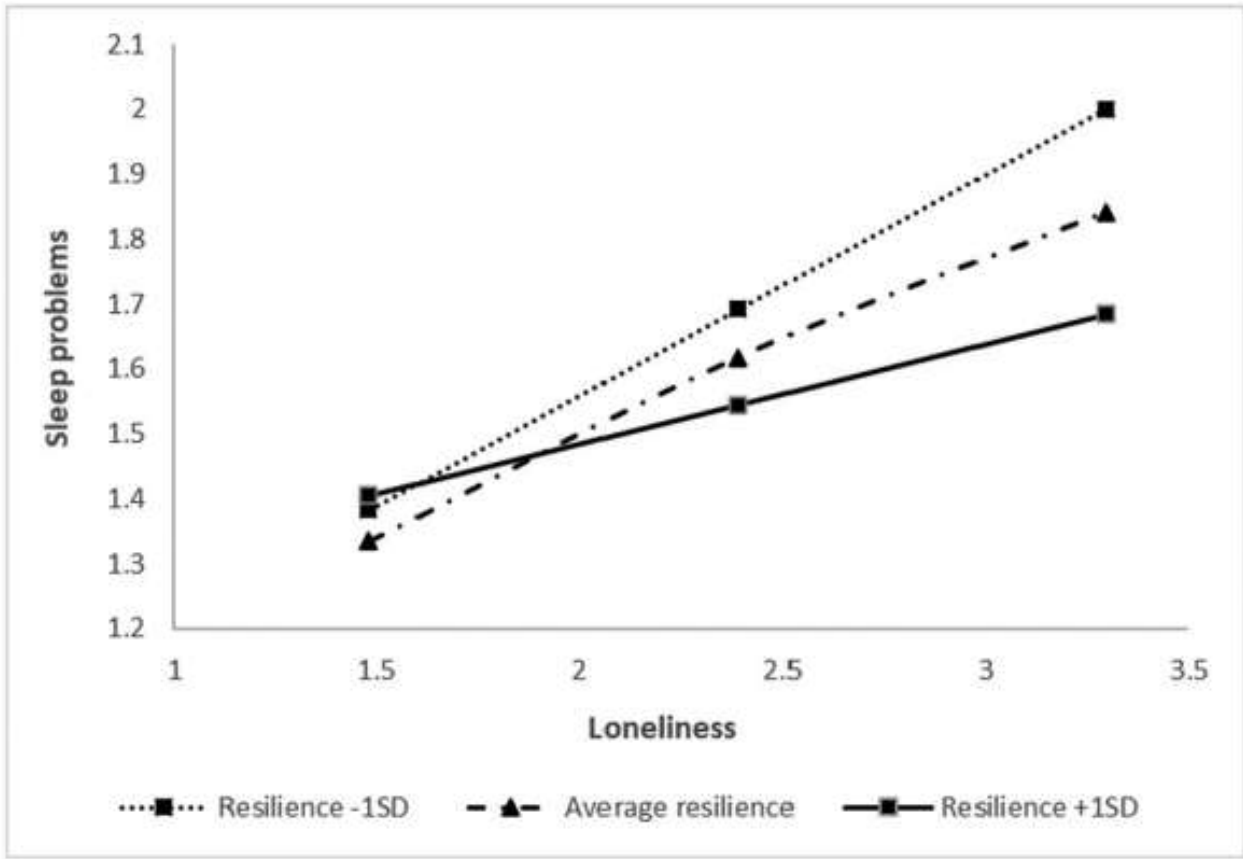


Fig. 2. The interaction between COVID-19 related loneliness and resilience on sleep problems.

Loneliness-sleep problems association appears to be strongest among older people with more COVID-19 related worries and among **older people with low mental and emotional resilience.**

The 10-item Connor–Davidson Resilience Scale (CD-RISC) were administered to measure the mental and emotional resilience