

# COVID-19 PROTECTIVE BEHAVIORS:

## NOW AND IN THE FUTURE

In partnership with ASTHO and NPHIC, the Harvard Opinion Research Program is conducting a series of surveys to understand the public's evolving views of COVID-19 and other infectious diseases and to provide robust evidence that can help build the foundation for overarching strategy and messaging across many activities. This memo showcases select results utilizing data from the first nationally representative survey in this year's series, conducted February 15 to March 6, 2023, among 1,936 U.S. adults. Key implications for state, territorial, and local health departments were developed from the results and can be used to shape communications and outreach.

### Key Findings

### Implications for Communications

Overall Effort to Protect Against COVID 19

- A majority of U.S. adults feel they did “a lot” or “a moderate amount” to protect against COVID-19 this past fall and winter.
- This group's top motivation is fear of spreading COVID-19 to loved ones; many are also worried about effects on their personal health (severe illness or long COVID).
- Nearly half of those who did only “a little” or “nothing” said concern about COVID-19 has gone too far.

- Response is divided across any array of behaviors.
- To motivate more action among the willing, emphasize the ability to protect loved ones where possible, even while mentioning protection against illness.
- Frame recommendations in a way that skirts overarching objections to precautions – and avoid driving that further with mandates and requirements.

Mask Wearing

- Half say they wore a mask at least sometimes since this past fall.
- When it's not required, mask wearing is more likely linked to the individual than to a particular setting.
- Major barriers to mask-wearing relate to comfort and communicating, with mixed views of effectiveness.
- Still, many say they are likely to wear a mask in the future if there's a direct risk from COVID-19 or other infectious illnesses.

- Masks are an increasingly familiar and culturally acceptable behavior.
- Encouraging use of masks for COVID-19 and beyond could be beneficial, but provide concrete guidance as to when they are needed.
- Acknowledge the communication and comfort challenges to express empathy in messaging

Vaccination

- Over half say current COVID-19 vaccines are effective and safe.
- A third would be “very likely” to get an updated COVID-19 vaccine every year; a similar share is “not at all likely” to do so.
- Limited views of safety are the main driver of hesitation around an annual vaccine, though there is not strong opposition from those who say they are “somewhat likely” to get it.

- Ensure sufficient attention to the “moveable middle” in future vaccination efforts; those with strong opposition require a unique approach.
- Emphasize additional safety research as it becomes available, and note the number of people who get the vaccine (and do not get serious side effects).
- Continue to integrate COVID vaccines into overall wellness and vaccination efforts.

At Home Testing

- Nearly three-quarters of adults have ever taken an at-home COVID-19 test; more than half have taken one since the fall.
- Majorities found them easy to use, affordable, and comfortable enough, though most say they're only “somewhat” accurate.
- Likelihood of taking tests in the future centers primarily around being exposed to COVID-19 or having COVID-19 symptoms.
- Most did not have to pay for tests, and over half say having to pay would make them less likely to take one.

- At-home tests are widely used, and the public is receptive to continued use in the future.
- If at-home testing is appropriate at the population level, identify clear circumstances when people should test.
- Make people aware of ways to get free at-home tests.

Limiting Activities

- Most people did not limit activities to prevent getting COVID-19 this past fall and winter, though a sizable minority did.
- Concerns about limiting activities among the public cover a broad array of domains from the personal (mental, physical, and logistics) to community economic impacts.
- Still, many say they are likely to limit activities in future if there are concerns about direct risks – e.g., if there are high local rates of COVID-19 or other upper respiratory illnesses

- There may be a higher bar for motivating people to limit activities versus other protective behaviors.
- If greater behavioral response is needed:
  - Target recommendations for specific populations.
  - Focus on direct risks of getting or spreading illness.

## Methodology

Results are based on survey research conducted by Harvard T.H. Chan School of Public Health, in partnership with the Association of State and Territorial Health Officers (ASTHO), the National Public Health Information Coalition (NPHIC), and funded by the Centers for Disease Control and Prevention (CDC). Representatives from all four organizations worked closely to develop the survey questionnaires, while analyses were conducted by researchers from Harvard and the fielding team at SSRS of Glen Mills, Pennsylvania.

The project team at Harvard was led by Gillian K. SteelFisher, Ph.D., Senior Research Scientist and Deputy Director of the Harvard Opinion Research Program, and included Hannah Caporello, Senior Research Projects Manager, Mary Gorski Findling, Ph.D., Assistant Director, and Rebekah Stein, Research Assistant.

Interviews for Survey 1 were conducted with a representative sample of 1,936 adults, ages 18 and older, in English and Spanish online (n=1,786) and by telephone (n=150). Online respondents were reached through the SSRS Opinion Panel and the Ipsos Knowledge Panel, each of which are nationally representative, probability-based web panels. Telephone respondents were screened for being non-internet users and they were selected from the SSRS Omnibus, a bilingual survey of cell phone and landline users selected through RDD. Telephone interviews were conducted to ensure that people who do not access the internet were included.

When interpreting findings, one should recognize that all surveys are subject to sampling error. Results may differ from what would be obtained if the whole U.S. adult population had been interviewed. The margin of error for the full sample in Survey 1 is  $\pm 2.6$  percentage points.

Possible sources of non-sampling error include non-response bias, as well as question wording and ordering effects. Non-response in web and telephone surveys produces some known biases in survey-derived estimates because participation tends to vary for different subgroups of the population. To compensate for these known biases and for variations in probability of selection within and across households, sample data are weighted in a multi-step process by probability of selection and recruitment, response rates by survey type, and demographic variables (race/ethnicity, gender, age, education, region, internet access, civic engagement, and urban status) to reflect the true U.S. population. Other techniques, including random sampling, multiple contact attempts, replicate subsamples, and systematic respondent selection within households, are used to ensure that the sample is representative.



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