Sustaining Compliance with the Public Health Advice

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Key Points:

1. High level indicators from nationally representative surveys and publicly available mobility data suggest high levels of compliance with important behaviours such as mask wearing and staying at home.
2. Re-emphasise the effectiveness of vaccines in reducing mortality and reducing pressure on the hospital system and emphasise progress towards vaccination goals. Address uncertainty about the impacts of new variants and other changes on potential vaccine efficacy.
3. Show how super-spreader events (e.g. funerals, weddings etc.), at-home socialising, and unnecessary attendance at work premises events can easily lead to large numbers of cases and bad outcomes for attendees and others. Use vivid examples from contact tracing case studies in Ireland.
4. Ensure that motivating and educational messages are supported by changes to the physical environment that make compliant behaviours easy.
5. Communicate the importance of exercise, getting outdoors, or similar low-risk activities that are linked to well-being.
6. Strengthen supportive measures in businesses, workplaces, and other controlled environments.
7. Focus on increasing compliance with key behaviours such as contact tracing, attending testing appointments, and most importantly self-isolation.
8. Strongly communicate the risk factors that increase the likelihood of spread (e.g. increased risk indoors vs. outdoors).
9. Consider the importance of ‘marginal’ compliance (e.g. wearing masks below the nose) and the opportunity for marginal improvements.
10. Conduct further research into potential explanations for the higher case numbers observed among the 19-24 age group.

Background/Aims

Following a request from the chair of the Communications and Behavioural Advisory Group, this short paper has been put together to provide advice from the behavioural sciences on how best to sustain compliance with the current Covid-19 public health advice. The aims of this note are to:

- Identify key messages/themes to be promoted in public health communications to maintain compliance with public health guidelines;
- Identify potential interventions which may help to maintain the already-high levels of compliance with the public health advice;
- Identify areas where further research is needed to fully understand the nuances of behaviour and the level of compliance.

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1 Witt thanks to all other members of the Communications and Behavioural Advisory Group for detailed comments and input – see Appendix for full list of members.
Context
Accurately measuring compliance with the detailed public health guidance is complicated due to the data required and the many exceptions that exist for each piece of guidance.

High level indicators from nationally representative surveys\(^2\) and publicly available mobility data\(^3\) suggest high levels of compliance with important behaviours such as:

- staying at home (88%);
- wearing a mask (94%);
- and general self-reported compliance with following the recommendations of the Department of Health and HSE to prevent spread of coronavirus (28% reported 6/7 agreement, 60% reported 7/7 agreement).

  Note: Research conducted by the ESRI (2020\(^4\)) has shown that directly self-reported compliance can overestimate compliance by up to 10% and so actual compliance may be slightly lower than suggested by tracking surveys.

To more accurately measure compliance with the details of public health guidance, more detailed data on everyday behaviour is required. A research project being undertaken by the ESRI in coordination with the Department of the Taoiseach aims to collect such data and may provide additional insight in the coming week(s).

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\(^3\) https://www.google.com/covid19/mobility/
\(^4\) https://jech.bmj.com/content/jech/early/2020/10/15/jech-2020-215256.full.pdf
Support people with motivational messaging AND by creating supportive environments

In discussions of Covid-19 compliance, a lot of emphasis is placed on who was involved and what they were doing, a framing that implies individual characteristics are the primary driver of compliance.

While Kwasnicka et al. (2016) acknowledge that individual characteristics such as internal motivation to maintain a behaviour and self-regulation play a role in behaviour maintenance, they emphasise the importance of resources (e.g. windows for ventilation), habit (e.g. environmental cues like hand sanitising stations) and environmental influences (e.g. the layout of a business workspace).

Michie et al. (2011) highlight the central importance of the physical environment in determining behaviour:

- The physical design of an environment changes people’s opportunity to engage in a specific behaviour in that environment. For example, people are more likely to sanitise their hands if hand sanitiser is provided in the environment.
- People’s level of motivation to maintain changed behaviours can be reinforced by the physical design of the environment through the use of posters or publicly visible commitment contracts.
- Similarly, people’s capability to enact a new behaviour, like social distancing, can be influenced by the provision of prompts placed on the ground that help people to judge the correct distance to stand apart.

Individual characteristics like motivation and self-regulation are important determinants of behaviour change maintenance but can be difficult for Governmental/public health intervention to influence.

Changes to the physical environment are also important determinants of behaviour change maintenance but may be easier for Government intervention to influence and ultimately have larger impacts in reducing the spread of Covid-19.

The next section of this note provides guiding principles for maintaining the large-scale behaviour change already witnessed among the population by identifying key themes for motivational and educational messaging, and interventions at key contact points to help support behaviour change maintenance.

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5 [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4975085/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4975085/)
6 [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3096582/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3096582/)
Provide Strong Motivational and Educational Messaging for the General Public

Broad based motivational and educational messaging is important for maintaining compliance with public health guidelines. A series of recommendations and examples of how they could be implemented, are provided below:

- **Recommendation**: Repeatedly state an explicit common goal and explain in simple terms how all of us doing what is asked of us provides the best hope of achieving it. Emphasise the common goals of reducing case numbers and increasing vaccination.
  - **Example**: Highlight the link between people’s behaviour since the start of January and the recent decrease in case numbers.

- **Recommendation**: Take opportunities to highlight majority compliance, impressive instances of compliance, and what’s being done to make compliance easier;
  - **Example**: Highlight the high level of compliance with mask wearing and staying at home using data from surveys and mobility data. Highlight exemplary efforts to be compliant using stories.

- **Recommendation**: Stress that the requested behaviours are the best things we can do to prevent harm to family, friends and other people around us.
  - **Example**: Highlight the link between people’s behaviour since the start of January and the recent decrease in case numbers.

- **Recommendation**: Provide detailed (anonymised as necessary) case studies from contact tracing data highlighting the risks associated with low level socialising (visiting someone elses house for a short period of time), unnecessarily working in workplaces where working from home is possible, and from super spreader events at funerals, birthday parties and other social/calendar events.
  - **Example**: Provide a detailed account from a specific social event from contact tracing data, such as a funeral or birthday party, that led to a high number of cases and bad outcomes for attendees.

- **Recommendation**: Provide infographics, communications, and other messaging to help people understand the riskiest activities and locations for contracting/spreading covid-19. In particular, focus on the elevated risk of indoor environments versus outdoor environments. Consider introducing a new nationwide poster campaign that focuses on the importance of reducing contacts and avoiding particularly risky environments.
  - **Example**: See “Coronavirus riskiest activities” here: https://informationisbeautiful.net/visualizations/covid-19-coronavirus-infographic-datapack/

- **Recommendation**: Consider altering the relative emphasis placed on the “stay-at-home” message compared to the “reduce our contacts” message.
  - **Example**: Increase the number of prompts to “reduce our contacts”.

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12 Surveys show that a sizable minority of the public (~25%) are checking the news about Coronavirus less than once a day meaning they may not be aware of ongoing developments to the same extent as others.
13 Please note, this recommendation is to consider the relative emphasis placed on these two messages and is not suggesting removing either message entirely.
14 Given that the current guidelines still allow people to meet members of another household for exercise within their 5k, it is still important to emphasise the importance of reducing contacts.
- **Recommendation**: Provide case studies from contact tracing that clearly show that activities/locations with multiple risk factors present (e.g. no mask wearing and indoors) are **much riskier** than simply adding these risks together suggests\(^\text{15}\).
  - **Example**: Compare two example events from contact tracing with a high number of consequent cases where both events were similar, but a small difference (e.g. no ventilation) made a large difference to case numbers.

- **Recommendation**: Re-emphasise the effectiveness of vaccines in reducing mortality and reducing pressure on the hospital system.
  - **Example**: Highlight examples from other countries where vaccination has already improved outcomes\(^\text{16}\).

- **Recommendation**: Highlight progress towards the goal of vaccination as a positive message.
  - **Example**: Share daily vaccination progress at press briefings and through all media channels available.

- **Recommendation**: Acknowledge how what we are asking of people makes them feel, as well as existing feelings of worry or frustration\(^\text{17}\).
  - **Example**: Acknowledge the difficulty of complying with guidelines while attending important events such as funerals and weddings, but stress how guidelines help to protect others.

- **Recommendation**: When accepting uncertainty, describe concrete things that people can do\(^\text{18}\).
  - **Example**: If uncertainty around vaccine efficacy with new variants exists, emphasise the importance of reducing contacts and following advice to limit the spread of variants.

- **Recommendation**: Use “we”, “us”, and “our” and stress how the fight against the virus is collective\(^\text{19}\).
  - **Example**: Emphasise that “we” should get vaccinated when it is “our” turn.

- **Recommendation**: Ensure that minority groups and those for whom English is not their first language are represented and considered in communications.

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\(^{16}\) Where uncertainty around results exists, be honest, admit uncertainty, but re-emphasise that vaccination remains one of the most effective methods of reducing Covid-related mortality. [https://journal-bpa.org/index.php/jbpa/article/view/147](https://journal-bpa.org/index.php/jbpa/article/view/147)


Strengthen Supportive Measures in Businesses, Workplaces, and Other Controlled Environments

47% of businesses inspected by the Health and Safety Authority after the first lockdown were in breach of Covid-19 rules\(^{20}\). Mobility data shows that most people are spending the majority of their time either at home or at work. Given that people cannot reasonably reduce the number of contacts in their household, and that people are more likely to experience more close contacts in the workplace, it is important to reduce the risk of transmission within workplaces to the greatest extent practically possible.

- **Recommendation:** Conduct further research using HSA data and contact tracing data to identify workplaces that have a strong potential to contribute to spread and that might have lower levels of compliance with Covid-19 measures.
  - Provide additional supports to non-compliant businesses to help them make their workplaces safer.
- **Recommendation:** Focus inspections and supports on places that have multiple risk factors present, have high contact numbers, and where intervention/support can be easily made/given.
- **Recommendation:** Communicate with industry representative bodies and re-emphasise the importance of implementing protective measures, including working from home where possible, to protect both staff and customers from covid-19.
- **Recommendation:** Engage with business representative bodies, and identify other methods, to ensure businesses provide full support to staff to comply with restricting their movements and isolating. Close contacts should also receive full support to comply with the relevant guidelines.
- **Recommendation:** Issue a direct letter/package to every business address in the country to make them aware of the need to introduce protective measures and make it easy for them to do so.
  - The communication should be short (1 page), written in plain language, and detail the measures that are most likely to reduce the spread of Covid-19 while providing businesses with the tools (e.g. links to instructional videos, lists of suppliers etc.) to implement the measures. The issuing of this communication should be communicated in the wider media prior to sending.

\(\text{https://www.independent.ie/irish-news/almost-half-of-employers-inspected-by-watchdog-were-in-breach-of-covid-rules-39993814.html}\)

\(^{21}\) Please note the author did not have access to the full details behind these inspections and so it was not possible to assess the timing or potential severity/riskiness of these non-compliance events.
Vaccination, testing, contact tracing, and self-isolation communications

Accurate data on the level of compliance with testing, tracing, and isolating behaviours were not available to the author at the time of drafting this note. However, previous research by the ESRI has shown that many people say that if they had secondary (flu-like) symptoms they would delay calling their GP and instead wait a day or two to see what happens. Similarly, data reported through the media suggest that there have been relatively lower levels of compliance with compliance checks relating to contact tracing and isolating, at least among those travelling into Ireland. GP’s have also reported anecdotal evidence in the media of people waiting for their test results before fully isolating. NPHET has also said that up to 1/3 of people are waiting four days or more to get tested.

Maximising compliance with testing, contact tracing, and isolation behaviours is essential to reducing the spread of Covid-19. Strong consideration should be given as to whether the current supports offered to people self-isolating are sufficient for maximising compliance with this key behaviour.

Maximising uptake of the vaccination is also key. Direct communications to be provided to individuals through letters, SMS, emails, and portals should be designed and pre-tested using methods from behavioural science to maximise their effectiveness.

- **Recommendation**: Send additional SMS reminders throughout the recommended isolation/restricted movement period to remind people to self-isolate/restrict their movements.
- **Recommendation**: Conduct further research into compliance with contact tracing, attendance at testing appointments, and self-isolation behaviours to provide an accurate estimate of current compliance levels.
- **Recommendation**: Focus on increasing compliance with getting tested quickly when symptoms appear or after close contact notification and effective self-isolation.
- **Recommendation**: Support a project for a behavioural science team to review the contact tracing and testing processes as well as their associated communications to identify potential improvements. Additional supports for people self-isolating may be required to meaningfully increase compliance.
- **Recommendation**: Apply behavioural science to the design and pre-testing of individual level communications surrounding vaccination including letters, SMS, emails, and portals.

Consider the importance of ‘marginal’ compliance and the opportunity for marginal improvements

It is likely that even among those who are attempting to fully follow the current public health advice there will be some people who will be unsuccessful in doing so. For example, self-reported mask

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wearing is extremely high (90+%), but effective mask wearing, or consistent mask washing may be lower.

Similarly, there are a number of behaviours where compliance is likely high, but there are remaining opportunities for marginal improvements. For example, where individuals are operating in a support bubble, where appropriate for the level of support required, it may be possible to reduce risk further by encouraging people to provide supports like grocery shopping without going indoors or minimising the number of people in the support bubble household that they interact with when providing support. Similarly, increasing the speed at which people get tested and people’s ability to effectively self-isolate could help to reduce spread.

- **Recommendation**: Continue communication on how to most effectively enact protective behaviours such as hand washing, physical distancing, and mask wearing.

- **Recommendation**: Identify areas where marginal improvements may be possible to further reduce the risk of spread.

Conduct further research into potential explanations of higher case numbers among the 19-24 age group

Case incidence data shows that there has been a disproportionate number of covid-19 cases among 19-24 year-olds since August 2020. There may be a number of factors contributing to the over-representation of this age group in case numbers since August 2020. For example, ~10% people in this age group live in larger households with unrelated people26. People in this age group may also be more likely to work in essential businesses requiring work in close proximity to others and/or the public. Some people in this age group may also be engaging in higher levels of socialisation. However, further research is needed to explore these questions to provide insights into the potential causes of the higher incidence observed in this age group.

- **Recommendation**: Conduct further research using contact tracing data on the relationship between age and the number of contacts, the source of infection, and other variables of interest.

- **Recommendation**: While awaiting insight from further research, share specific detailed stories (anonymised as needed) of events and individual encounters that resulted in large numbers of cases and bad outcomes. Care should be taken to avoid generalising to the whole demographic group from the story, and the focus instead should be on giving a vivid account of the real risks and potential harm to others that non-compliant behaviours can cause.
  - **Example 1**: Share a vivid example of an indoor gathering among people aged 19-24 that led to a high number of cases and bad outcomes for those subsequently infected.
  - **Example 2**: Share a vivid example of how attending work when waiting for test results or working on-premises when work could have been done from home, led to a high number of cases and bad outcomes for those subsequently infected.

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Appendix

Membership of the Covid-19 Communications and Behavioural Advisory Group

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