

National Public Health Emergency Team - Coronavirus

Covid -19 Subgroup – Behavioural Change

Meeting 15

Note of Meeting

Meeting Date: Wednesday 24th of June 2020

Time: 10:30

Location: Video Conference

In attendance:

Department of Health:

Kate O’Flaherty (Chair), Health and Wellbeing

Robert Mooney, Communications

Greg Straton, Health and Wellbeing (Secretariat)

Robert Murphy, Research Services and Policy

ESRI: Pete Lunn

NUIG: Molly Byrne

Safefood: Aileen McGloin

SEAI: Karl Purcell

UCD: Liam Delaney

Guest Presentation: Shane Timmons (ESRI)

Apologies:

UL: Orla Muldoon

1. Welcome

The Chairperson welcomed the members to the Subgroup meeting and noted the apologies of Orla Muldoon. It was additionally noted that Shane Timmons of the ESRI BRU would join the meeting to present findings for item 6 (a).

2. Conflict of Interest Declarations

None declared

3. Meeting Note – Meeting 12th of June 2020

It was agreed to recirculate the meeting note of the 12th of June for further review.

4. Update from NPHE – Kate O’Flaherty

The Chair updated the Subgroup on the work of NPHE over the last week. NPHE have agreed its advice to Government in relation to aligning phases 3 to 5 which Government had announced on the 19th June, and work was now focussed on the advice to Government about easing restrictions in a realigned phase 3, beginning 29th June. NPHE had acknowledged and welcomed the forthcoming behavioural study on self-isolation, given the importance of the public following the advice around symptoms, self-isolating and getting tested in future control of the disease..

5. Insights from the Week -Rob Mooney

The weekly report was circulated prior to the meeting, however new data from the results of the weekly tracker on the 22nd of June were added. There was a discussion about how the results may be overestimating the degree of wearing of face coverings, and there should be caution in interpreting the data as an accurate reflection of ‘wearing as advised at all times’. It was agreed to amend the question to get a better sense of this behaviour. It was also suggested that it would be important to get a better sense of why people may not be opting to wear face coverings. The BRU may test this via a list experiment in the next study.

It was also noted that it can be difficult to shift a complex collective behaviour in an ‘equilibrium’ state through individual persuasion, that often a ‘significant event’ would be needed to make a significant or urgent shift, as with other collective behaviours. The group also discussed possible approaches to help communicate the messages on face coverings, e.g. video or other social demonstration of behaviour, emphasised the importance of acknowledging that it can be difficult or awkward for people to adopt this new behaviour, and that it is even more important as a measure now that people are moving about more in society. There is also the possibility of increasing choice architecture and cues, such as handing people mask and sanitizer kits when accessing public transport.

The group also noted the increase in people expressing concern that we may be easing restrictions too fast, and that the levels of worry, including about a possible second wave, are increasing again.

The group also re-iterated the ongoing importance of maintaining solidarity, and respect and empathy for different cohorts and perspectives as they emerge more within the population.

6. Updates on Ongoing Work

(a) BRU Update

The meeting was joined by Shane Timmons of the ESRI BRU who presented the findings of research into Covid Risk Perception. The research was conducted in four stages, stage 1 included open text responses, stage 2 risk ratings, stage 3 the ranking of risk and stage 4 presented various vignettes to respondents. A sample of 800 people from the public was achieved, additionally a sample of 51 health and scientific experts were recruited to the study against which to compare public responses, the presentation was based on the analysis of 22 out of 51 expert responses and are therefore to be considered preliminary.

The main preliminary findings arising from the study include:

Overall, there is a broad similarity in ratings, which suggests a level of ‘wisdom of crowds’, and that the public have assimilated a great deal of the public health advice to date.

- Public spontaneously think about *location* i.e. indoors/outdoors (or ventilation) less often than experts when judging risk
- Public weight *location* and *length of time* less than experts
- Public may struggle to integrate multiple factors, underweighting combinations of high-risk factors
- Public underweight reduction in risk from everyone wearing a mask in high-risk situations (although they did recognise the benefit was greater when ‘everyone’ was wearing one as against just themselves)
- Other worries can diminish perceived risk of infection
- Strong level of trust in Public Health advice
- The experiment to study if social desirability inflates self-reported compliance found that compliance monitoring may over-estimate some measures by 10%-points; however, compliance is still relatively high

Further insights provided by the Subgroup to the results included:

- It was highlighted that the public tend to be more compliant with measures when both Public Health and Government advice are both the same.
- People may be justifying risk rather than perceiving risk lower when they have other worries, however there is evidence to suggest that motivations alter perception
- There is a need to address how public can understand better the additive nature of risk and thereby improve decision making in risk laden situations, this is the easier for the experts to assess but more novel to general public. Further education and communication will help improve the public’s comprehension, and noted that accurate risk perception was teachable, and using approaches such as ‘traffic lights’ for public communications was suggested.
- Need to communicate the high risk of indoor gatherings over outdoor.

It was agreed that a meeting would be arranged early next week with Department Communications to go through the fuller findings and analysis in more detail.

The finalised design for the next study to be completed by the BRU on self-isolation decision making will be circulated for review by the Subgroup to get signed off and field work commenced as quickly as possible.

(b) Other Updates

○ Mental Wellbeing

The Subgroup were updated on the work by DCYA on youth mental wellbeing, that an online consultation was underway, the results of which will be made available to the group.

○ NPHET stocktake

The review and stocktake of NPHET work is ongoing, and consideration underway on the future requirements when we move to new phase of the disease after 20th July.

7. Behavioural Issues for Future Phases of Roadmap

The Subgroup discussed various issues for consideration in future phases, these included the importance of optimising comprehension and adherence to public health advice, especially around self-isolation and acting quickly on symptoms, as well as compliance with the contact tracing system. It was noted that the App would be an important element in communicating about this once it's launched and available. The importance of people being able to access up-to-date information on what is happening in their geographic area was also noted as important in future phases.

9. A.O.B

- The Subgroup were updated on the OECD Behavioural Insights group.
- The chair briefed the Subgroup on the sharing of information and collaboration efforts with the Behavioural Insight group in Northern Ireland.

10. Date and Time of Next Meeting

Next meeting: 10:30 Friday the 10th of July 2020