# Social Activity Measure June 14th 2021

## (Period Covered: June 14th – June 22nd)

The Social Activity Measure (SAM) is a behavioural study that records the public response to the risk of Covid-19 infection and Covid-19 guidelines over time. Designed by the Economic and Social Research Institute's Behavioural Research Unit (BRU), SAM is an anonymous, interactive, online study that surveys people about their recent activity. The study offers insight into where and how risks of Covid-19 transmission arise. SAM aims to inform policy regarding the opening of parts of the economy and society, while keeping Covid-19 under control. The research is funded by the Department of the Taoiseach.

### Method

SAM is a "prompted recall" study that uses methods from behavioural science to help people to recall their activities. It asks about times when people left their homes, via factual, neutral questions. Questions cover locations people visited and visitors to their home during the previous week. Follow-up questions gather greater detail about the previous two days: how many people participants met, for how long, ease of keeping a 2m distance, use of hand sanitiser and face masks, and so on. The study concludes with questions about the pandemic more generally.

This report presents data from the eleventh round, carried out in the week beginning June 14th. Data have been collected fortnightly since the week of January 25th, from nationally representative samples of 1,000 adults. Recruitment is from existing online survey panels to match the socio-demographic profile of the adult population. A discussion of the accuracy of this method can be found in previous ESRI-BRU publications.[1] The survey is completely anonymous.

### Main Findings

Where differences are highlighted, they are statistically significant unless otherwise stated. Further detail is provided in accompanying slides, which are referenced here for ease of use. Data were collected after changes to restrictions on June 7th, which now permit outdoor dining and drinking, limited social visits, visits to indoor sport and exercise locations, larger events and sports matches. There was some media coverage of travel and the EU Digital COVID Certificate, alongside growing reports of the Delta variant. Vaccine registration opened for the 35-39 year age group during the data collection period, on June 19th.

*1. Steady increases in mobility and social activity continue*

On average, adults in Ireland are visiting more locations outside of their household on a weekly and daily basis, but the rise remains slow and steady (Slide 3). The largest increases aligned with changes to restrictions: visits to hospitality venues (cafés, restaurants, pubs, hotels) and exercise and sports facilities (e.g. gyms) (Slides 4 and 5), with a significant rise also in gatherings attended over the past week. These increases have been somewhat offset by a fall in the number of people who visited an outdoor location (e.g. a park) the day before completing the survey.

There was a rise in the average number of people an individual met up with from outside their household (over a 48-hour period), up to 3.6 from 3.2 (Slide 6). However, the rise in the average

[1] See Timmons et al. (2020), Public understanding and perceptions of the COVID-19 Test-and-Trace system, ESRI Survey and Statistical Report Series 96 (www.esri.ie/system/files/publications/SUSTAT96.pdf), pp.3-4.

number of unvaccinated people an individual met up with remained stable at 1.7, implying that the overall rise is accounted for by individuals meeting with more vaccinated people.

*2. More people are having close contact interactions in any given day*

The proportion of the population who had a close contact the previous day increased to its highest level since SAM began at 30% (Slide 7). In June, most of this rise can be attributed to hospitality venues (e.g. cafés, restaurants, pubs), although visits to homes continue to account for most close contact interactions where masks are not routinely worn (Slide 7). The proportion of close contacts that can be accounted for by vaccinated people (with at least one dose) than by unvaccinated people (Slide 8) continues to rise (currently 18% vs. 12% among unvaccinated). There was no change in visits to homes from the previous wave of SAM (Slide 9).

*3. Considerable scope for higher levels of caution*

We created a measure of how often, when visiting each location outside of their home, people reported keeping 2m distance from others, wearing a mask, and cleaning their hands. This measure gives an indication of how regularly individuals undertook risk mitigation behaviours when leaving their home. The share of people who are very often/always cautious has dropped from 50% in early April to 41% now, with a rise in those who are never or rarely cautious from 14% to 19% over the same period (Slide 10). (Note that those who did not visit any location outside their home are classed as 'very often/ always cautious'.) Unvaccinated people are more likely to fall into the never/rarely cautious category (28% vs. 14% for people with one dose of the vaccine and 15% for people with two). In addition to scope for improving mask wearing in households, people report seldom wearing masks when visiting indoor exercise facilities (e.g. gyms) even though 1 in 3 report that their gym was not well ventilated (Slide 11), although this analysis is based on a small subgroup of people.

*4. Large majority taken or intend to take vaccine, but some rise in hesitancy among younger adults*

Of the whole sample, 66% had received at least one dose of the vaccine (Slide 12), close to the contemporaneous figures for Ireland reported to the European Centre for Disease Prevention and Control (ECDC). The majority of people not yet vaccinated intend to take the vaccine when offered. There was a rise in those saying they will refuse it, but the proportion remains less than 10% (Slide 12). A check against data from the Amárach Tracker Survey[2] (ATS) confirms a similar increase in the proportion intending to refuse the vaccine in June and that this proportion remains less than 10% of the total adult population (Slide 13). This increase in hesistancy was concentrated among the under 40s, although the large majority of all age groups have either taken the vaccine or intend to (Slide 14).

SAM asks those who are reluctant to take the vaccine for reasons why. The sample of hesitant people is too small for detailed analysis, but the most commonly cited reasons are concerns about long-term side effects and a perceived lack of benefits (e.g. belief that the individual wouldn't be badly affected by COVID). Those willing to take the vaccine and those more hesitant differ in which information sources they trust. Relative to the majority, vaccine hesitant people are much less trusting of GPs, pharmacists, medical professionals, the Government and TV news, but more trusting of social media, family and friends and other sources (Slide 15). Those who plan to refuse the vaccine also engage in riskier behaviour than those who plan to take it (Slide 16).

[2] https://www.gov.ie/en/collection/6b4401-view-the-amarach-public-opinion-survey/

The large majority of those not yet vaccinated are happy to take whichever vaccine is offered to them, but just over 1-in-6 say it will depend which type of vaccine they are offered (Slide 17). These individuals show a strong preference for the Pfizer vaccine, especially relative to the AstraZeneca vaccine. Vaccine rollout satisfaction has stabilised following increases in recent waves of SAM, although there are age differences (Slide 18). Younger respondents are increasingly satisfied with the rollout but there has been a dip in satisfaction among those over 60 (Slide 19). This decline in satisfaction may be linked to a majority of people aged 60-69 currently waiting for the second dose while a majority of those aged 50-59 are fully vaccinated (Slide 20).

*5. Stark differences in wellbeing among age groups remain*

Earlier waves of SAM reported differences in wellbeing and mental health between different age groups. In May and June, 45% of younger adults (aged 18-29) reported that their mental health was worse than before the pandemic, compared to 15% of those aged over 70 (Slide 21). The largest group (44%) of over 70s report that their mental health is better than before the pandemic. Low wellbeing (a score of 1-3 out of 7) peaked among younger adults as level 5 restrictions were extended in February and March, with 39% reporting low wellbeing (Slide 22). This has fallen to 26% (i.e. 1 in 4 18-29 year olds) in the most recent wave of SAM, compared to 8% of over 70s. Note that responses to such simple wellbeing scales correlate with mental health diagnoses.

*6. Few people plan to travel abroad in 2021, with a growing number expecting no change to restrictions in July*

Over 70% of people do not plan to travel abroad in 2021 (Slide 23). The next largest group (21%) plan to travel after August, although just 5.5% of people have travel after August booked. A minority (8.6%) plan to travel in July or August, although less than half of these have something booked. The percentage of people travelling outside their county or into Northern Ireland remained stable (Slide 23).

The share of people who expected no further changes to restrictions in July doubled compared to early June, from 10.8% to 20% (Slide 24). There was a corresponding decline in those who expected further easing (from 79.5% to 71.5%). These data were collected before much of the media coverage about the impact of the Delta variant on permitting indoor dining in early July.

*7. Slight changes to other psychological variables*

There have been further declines in worry about the virus and the perceived coherence of restrictions, which remain important predictors of risky behaviour. There was a small but non-significant rise in people placing greater importance on the burden of restrictions than preventing the spread of the virus, although a large majority still judge preventing the spread to be most important (Slide 25). Overall wellbeing remains stable but there was a decline in how tiresome people are finding restrictions (Slide 26). Self-reported compliance remains stable and there was an increase in perceived compliance of others (Slide 27).

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