Social Activity Measure June 21st
(Period Covered: June 14th– June 21st)

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. 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 records people's level of social activity and degree of caution, as well as how they perceive the ongoing pandemic. 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 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 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 survey then asks questions about people's vaccination status and intentions, as well as some broader questions about perceptions, plans and expectations. The final two rounds of SAM included new questions about the effects of public health measures, including vaccines, during the pandemic and some that employed experimental designs, with respondents randomised to see different versions of the same question.

This report presents results from a nationally representative sample of 1,000 adults surveyed between June 14th and June 21st 2022 – the thirty-sixth and final round of the study. Data have been collected fortnightly since the week of January 25th 2021. 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.

Findings

Where differences are highlighted, they are statistically significant ($p < .05$) unless otherwise stated. Further detail is provided in accompanying slides, which are referenced here for ease of use.

During data collection, there was increased media coverage of Omicron sub-variants BA.4 and BA.5 as hospitalisations began to rise.

1. Social activity remains at its highest recorded level, with mitigation measures at their lowest

Social activity was significantly higher in June than all other months recorded in SAM (Slides 3 to 10). Overall activity, the number of "socialisers" (an indication of the share of the population engaging in very high levels of activity) and the average number of locations visited were at their highest levels (Slides 3 and 4). The rise was observed across most locations, but driven by increases in visits to shops, outdoor places, other peoples' homes, hospitality venues and medical facilities (Slides 5 and 6). Inter-county travel and international travel were also at their highest levels (Slide 7). The average number of people met before completing the study was also at its highest level, although the

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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, pp.3-4. http://www.esri.ie/system/files/publications/SUSTAT96.pdf

comparison with May was non-significant (Slide 8). Around half of people had at least one close contact interaction the day before completing the study (Slide 9). On average, these people had seven close contacts (Slide 10). The rise in close contacts was observed across most locations (Slide 11), with the largest share occurring during household visits for social reasons (Slide 12). Six in ten adults reported rarely or never engaging in mitigative behaviours (wearing masks, keeping 2m distance, etc.; Slide 13). Self-reported compliance and perceived compliance of others were also at their lowest in June compared to all other periods of SAM (Slide 14).

Despite the recent rise in hospitalisations and increased coverage of Omicron subvariants BA.4 and BA.5, self-reported worry in general about COVID-19 remained stable in June and worry specifically about the healthcare system fell significantly (Slides 15 and 16). Wellbeing remained stable, as did the proportion judging the Government response to be appropriate (70%; Slide 17).

2. Majority believe policy response during the pandemic saved thousands of lives and protected the economy

Among some new questions introduced in the last two rounds of SAM were questions about the effect of the policy response over the past two years. Respondents were informed that there had been 7,200 COVID-related deaths in Ireland (prior to the study) and were asked to estimate the likely number of COVID-related deaths had there been no vaccine or public health measures (social distancing, mask wearing, etc). The median estimate for both scenarios was 15,000 deaths (i.e. twice as high; Slide 20). However, despite similar median estimates, the public estimated that deaths would have been significantly higher if no public health measures were introduced rather than if no vaccine had become available. When asked the likely effect of neither a vaccine becoming available nor public health measures being introduced, the median estimate was 30,000 deaths (i.e. more than four times as high).

When asked about the effect of the restrictions on the economy, around half of people said they thought that the economy would be in a worse place now had the public health measures not been introduced. A minority (34%) thought the economy would be in a better place now had the public health measures not been introduced. One possibility is that most people recognise how certain policies, such as pandemic payments for businesses and the unemployed, mitigated the negative effect of the pandemic on the economy. Another is that people may not perceive a trade-off between restrictions and the economy, believing instead that public health restrictions were beneficial for the economy or made no difference.

3. "Active" public health measures perceived as more effective than restrictions on contacts

Participants were asked to rank how effective they judged various public health measures to be when thinking about how they helped Ireland to deal with the pandemic. In general, people ranked public health measures that involved taking an action (e.g. wearing a mask, getting vaccinated, working from home) to be more effective than measures that advised against taking an action (e.g. to avoid household visits, reduce capacity at weddings and funerals, hospitality restrictions; Slides 22 and 23). These latter measures are particularly effective at limiting the spread of the virus since they

reduce the number of contacts individual have, and so the observed pattern of responses may result from psychological biases towards "acts of commission" versus "acts of omission".[2]

4. People underestimate vaccine efficacy but also fail to consider waning effects over time

The last two rounds of SAM employed an experiment to understand how the public perceive vaccine efficacy (Slide 24). Participants were presented with a hypothetical scenario in which 100 people died from COVID-19. They were asked to estimate how many people they thought would have survived if they had been vaccinated, and participants were presented with one of four scenarios at random i.e. that the 100 were vaccinated (i) two weeks, (ii) three months, (iii) six months or (iv) nine months before exposure. Hence any differences in their estimates can be attributed to differences in peoples' perception of vaccine efficacy depending on time since vaccination. Responses showed that participants underestimated the efficacy of vaccines against preventing death, with an average response of 68 surviving (median = 81; Slide 25 – vaccines are estimated to have 90%+ efficacy within the first five months). Despite documented vaccine waning effects, there was no difference between those who were asked to estimate three months versus six months after vaccination. Those who were told the 100 were vaccinated nine months before exposure judged that significantly *more* would survive. Although vaccine efficacy declines over time, people think that vaccines are most effective nine months post-vaccination. Hence, the results imply the public has not absorbed the timescale over which the protective effect of vaccines reduce, with potential implications for booster uptake.

5. Majority willing to follow further measures in Winter, if necessary, with motivation boosted by recalling past experiences

Another experimental question asked in the last two rounds of SAM tested the effect of recalling past effects of restrictions on willingness to follow public health measures in the future. Participants were randomised to read (i) neutral information about the seasonal nature of COVID-19, (ii) about the lifting of restrictions in December 2020 and subsequent wave of infections, or (iii) about the introduction of measures in December 2021 and subsequent positive public health situation (Slide 26). They were then asked their willingness to follow public health measures and willingness to take the vaccine (i) to prevent high levels of hospitalisations or (ii) in the event a new variant of concern emerged. Results show the majority report high willingness to follow any public health measures if necessary, but willingness to follow guidance to prevent high levels of hospitalisation was higher among those who read about the success of measures in December 2021 (Slide 27). There was no difference between reading neutral information and reading about Winter 2021 in the context of a new variant of concern, although reading about Winter 2020 diminished willingness to follow guidance. In sum, reminding people of how effective measures were in limiting the Omicron wave at the end of 2021 induce greater willingness to follow public health measures again, if required to limit hospitalisations.

The measures people think should be introduced in Winter 2022 closely follow those they believe have been effective during the first two years of the pandemic (Slides 28 and 29). Booster vaccines, masks and working from home were ranked higher than other measures (Slide 28). More people

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[2] There is a large scientific literature showing that actions hold greater psychological weight than inaction, even if they produce the same outcome (e.g. Ritov, I. & Baron, J. (1992). *J Risk Uncertainty*.)

provided no ranking (implying that they should not be introduced) for inter-county travel restrictions or school closures than for boosters, masks and working from home (Slide 29)

6. Large age differences in willingness to follow future public health measures and in anticipated coping

Willingness to follow future public health measures varies by age, with significantly more older people (89%) than those under 40 (62%; Slide 30) reporting high willingness to follow future public health measures. The figures are broadly similar for willingness to take an additional dose of the vaccine (Slide 30). There are similar age differences in reported and anticipated coping with restrictions. While most people reported having coped well with restrictions up to June 2022 and that they anticipate they would cope well again in Winter 2022 if necessary (Slide 31), more younger people anticipate not coping well (34%) than those aged 40 to 59 (24%) or over 60 (13%; Slide 32).

7. Majority support Government action on climate change similar to action taken to prevent spread of COVID-19

The type of insights obtained through SAM can also be employed to inform policy responses in other domains, such as climate change. Participants reported high willingness to make day-to-day changes to help tackle climate change and half (50%) said their experience of the pandemic made them more willing (Slide 33). The majority (almost 60%) reported they would support strong action by the Government to help tackle climate change, similar to the restrictions on day-to-day life introduced to prevent the spread of COVID-19 during the pandemic (Slide 34).

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