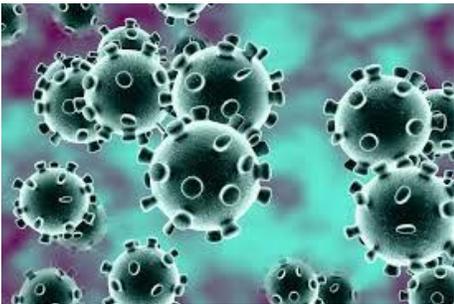




COVID-19: Increasing Adherence to Rules and Guidance

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LGA Conference, Feb 23rd 2021



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COVID-19 Scientific Advisor roles



indie_SAGE



1. UK Government's behavioural science advisory group to SAGE
2. Independent SAGE
 - set up by previous CSA to complement scientific work of SAGE
3. Served as COVID-19 consultant advisor to WHO Behavioural Insights team

The role of behaviour

Managing Covid-19 depends on ...
... a good understanding of behaviour
and behaviour change
... and interventions that reflect that
understanding

Citizens' behaviour and pandemics: key areas

1. Personal protective behaviours

- Distancing, hand and surface hygiene, face coverings, outdoors/ventilation

2. Test, Trace, Isolate Systems

- Having a test, giving contacts, isolating

3. Restrictions/Circuit breaker/Lockdowns (*a blunt instrument*)

- Adherence to rules

4. Vaccination

- Uptake



1. Personal Protective Behaviours

- If we can change the following at population level, we would suppress the pandemic:
 1. Disinfecting hands and surfaces
 2. Not touching the T-zone (eyes, nose, mouth)
 3. Using facemasks and tissues appropriately
 4. Social distancing
 5. Ventilating indoor spaces and maximising social interactions outdoors
- We could solve a **big** problem by changing behaviour at scale
- A diagram of behavioural transmission and behavioural blocks

West, Michie, Rubin, Amlot (2020) Applying principles of behaviour change to help limit the spread of COVID-19, *Nature Human Behaviour*. <https://www.nature.com/articles/s41562-020-0887-9>

Interventions: different for different personal protective behaviours



1. Washing hands with soap

- Requires access to soap + establishing new rules
- 'If-then' plans to link behaviour with settings e.g. entering buildings, before eating/preparing food



2. Not touching the T-zone (eyes, nose, mouth)

- Requires breaking an automatic habit or responding to urge
- Develop an incompatible behaviour e.g. keep hands below shoulder level or additional behaviour
- If touch, washing hands before and after



3. Use of facemasks and tissues

- Requires accessible facemasks and tissues
- Requires new routines to ensure they are to hand e.g. checking bag/pocket every morning



4. Social distancing

- More complex, depends on other people, neighbourhood and work situations, travel options etc

Motivation or opportunity? Example of getting it wrong 1

- In April 2020, media reports of groups out in the sun: Health Secretary threatened to prevent people going outdoors if crowds continued & some parks were closed
- *Error of understanding*: Did not try to understand nature of the behaviour before suggesting solution
 - Polling data showed despite profile in media, that 99% of population wanted to adhere
- Problem was not one of **motivation**, but of **opportunity**
 - The problem was lack of open spaces
- *Error of intervention*: Threatening to close open spaces was the wrong solution for the wrong problem



2. Test, Trace & Isolate: Motivation or opportunity?

- Test, Trace and Isolate
 - UK estimate of % symptomatic people required to isolate to effectively reduce transmission: **80%**
 - Reported isolation of symptomatic people (in weekly survey of 2000 people): **30%**
 - Reasons: **Caring responsibilities outside of the home, needing provisions, work/income**

Smith, Potts, Amlôt, Fear, Michie, Rubin (2020) Adherence to the test, trace and isolate system: results from a time series of 21 nationally representative surveys in the UK (the COVID-19 Rapid Survey of Adherence to Interventions and Responses [CORSAIR] study). MedRxiv preprint doi: <https://doi.org/10.1101/2020.09.15.20191957>



Motivation or opportunity?: demographic differences

RESULTS

- 87% willing to self-isolate - across all income levels
- Those with the lowest household income
 - 3x less likely to be able to self-isolate
 - 6x less likely to be able to work from home

Nationally representative sample of 2000 UK adults

Perceptions and behavioural responses of the general public during the COVID-19 pandemic: A cross-sectional survey of UK Adults

Atchison CJ, Bowman L ^{id}, Vrinten C, Redd R, Pristera P, Eaton JW, Ward H ^{id}

[Author information](#) ▶

Preprint from medRxiv, 03 Apr 2020

DOI: 10.1101/2020.04.01.20050039 PPR: PPR138702

Test, Trace & Isolate: SAGE's advice

- **Capability**

Information: Improve communication to explaining how and when to self-isolate, and why it helps; provide a help-line or SMS service

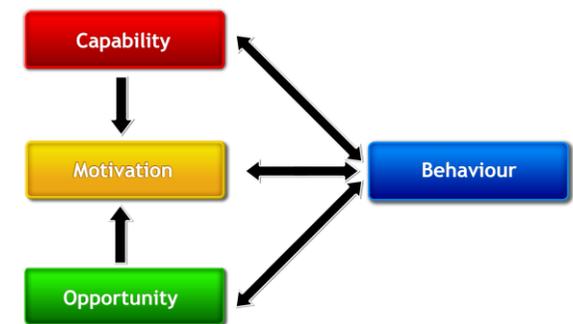
- **Opportunity**

Financial support: to prevent financial hardship

Practical support: e.g. access to food, care for elderly relatives

- **Motivation**

Emotional & social support: digital delivery if needed



Blueprint published by Independent SAGE <https://www.independentsage.org/blueprint-for-rebuilding-find-test-trace-isolate-and-support/>

Test, Trace & Isolate: the UK Government response

- If on low income, **£500 for 14 days** (< minimum wage)
- If don't adhere up to **£10,000 fine**
- Unintended consequences?
 - Concern that **fewer people get tested, give contacts and download app**
- **Again,**
 - Analysis of problem is wrong (it is opportunity more than motivation)
 - Solution (even if the problem were motivation) wrong
 - Police: 4 E's – Engage, Explain, Encourage. Enforce only as last resort



3. Restrictions/Circuit breaker/Lockdowns

• Adherence depends on:

- **Capability**

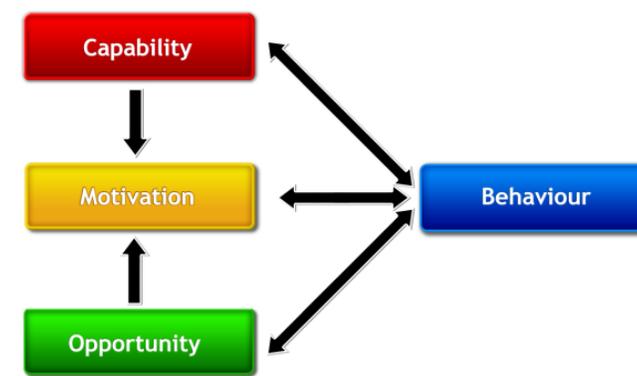
- Knowledge of what to do – (frequent changes, inconsistencies)

- **Opportunity**

- Ensure sufficient practical and financial support so people aren't driven out of the home to get money
- Consider unintended consequences e.g. 10pm pub/restaurant curfew
- Maximise low-risk opportunities e.g. outdoor education & fitness classes

- **Motivation**

- Trust in Government and feeling of collective solidarity – don't blame or punish; provide equitable support; role models
- Understanding rationale for restrictions – clear, concise, consistent explanations, accessible to all



4. Vaccinations



World Health
Organization

BEHAVIOURAL CONSIDERATIONS FOR ACCEPTANCE AND UPTAKE OF COVID-19 VACCINES

WHO TECHNICAL ADVISORY GROUP ON BEHAVIOURAL
INSIGHTS AND SCIENCES FOR HEALTH

THE
ROYAL
SOCIETY



21 OCTOBER 2020

COVID-19 vaccine deployment: Behaviour, ethics, misinformation and policy strategies

This rapid review of science of the behavioural aspects of vaccine uptake and misinformation is from the Royal Society and the British Academy to assist in the understanding of COVID-19.

Behavioural problems associated with vaccination

1. **Low uptake** esp in some groups e.g. black and ethnic minority groups
 - Factors influencing COVID-19 vaccine uptake among minority ethnic groups
 - <https://www.gov.uk/government/publications/factors-influencing-covid-19-vaccine-uptake-among-minority-ethnic-groups-17-december-2020>
2. **Reduced adherence** to rules and guidance about personal protective behaviours
 - SAGE/SPI-B report
 - [SPI-B: Possible impact of the COVID-19 vaccination programme on adherence to rules and guidance about personal protective behaviours aimed at preventing spread of the virus - 17 December 2020](#)

Advice from UK's 'SAGE' behavioural scientists: Adherence

Positive approach, avoid blame and focus on enabling people, rather than relying on enforcement:

1. Provide **positive feedback** about:
 1. the great efforts people are making to control the virus and
 2. the success these efforts are having in reducing infection rates
2. Emphasise that **everyone has an important part to play** in keeping infection levels low and avoid singling out particular activities, settings or people
3. Promote and support **positive alternatives** whenever activities that people value must be restricted
4. Help people **change their environments and form new social customs** to prompt and sustain new safer habits
5. Focus on helping people identify and **manage risky situations** rather than assessing 'compliance' with 'rules' and relying on enforcement approaches
6. Target more **intensive information and practical support** where needed for specific behaviours, settings and populations

Inequalities

- The pandemic has increased inequalities, as have many of UK Government's policies
- Always consider whether interventions will increase or reduce
 - **Social** inequality?
 - **Economic** inequality?
 - **Health** inequality?



The BESSI Collaboration

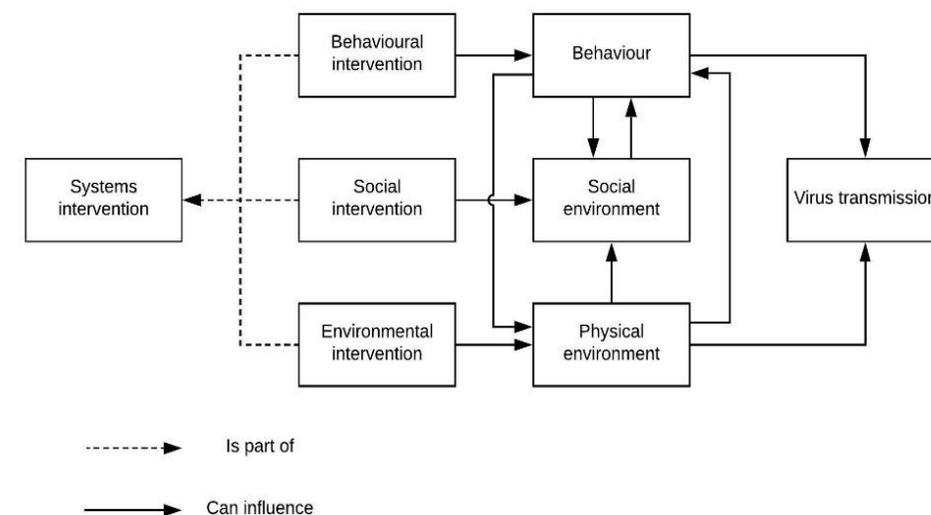
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Editorials

Behavioural, environmental, social, and systems interventions against covid-19

BMJ 2020 ; 370 doi: <https://doi.org/10.1136/bmj.m2982> (Published 28 July 2020)

Cite this as: *BMJ* 2020;370:m2982



Behavioural, Environmental, Social and Systems Interventions (for pandemic preparedness)



Selection of articles re. COVID-19 and behaviour

- West, Michie, Rubin, Amlot (2020) Applying principles of behaviour change to help limit the spread of COVID-19, *Nature Human Behaviour*. <https://www.nature.com/articles/s41562-020-0887-9>
- Michie S and West R (2020) Behavioural, environmental, social, and systems interventions against covid-19. *BMJ Editorials* 2020; 370 doi: <https://doi.org/10.1136/bmj.m2982>. <https://www.bmj.com/content/370/bmj.m2982.full>
- Smith, Potts, Amlôt, Fear, Michie, Rubin (2020) Adherence to the test, trace and isolate system: results from a time series of 21 nationally representative surveys in the UK (the COVID-19 Rapid Survey of Adherence to Interventions and Responses [CORSAIR] study). MedRxiv preprint doi: <https://doi.org/10.1101/2020.09.15.20191957>
- Michie S, West R and Harvey N. (2020) The concept of “fatigue” in tackling covid-19. *BMJ Opinion*, October. <https://blogs.bmj.com/bmj/2020/10/26/the-concept-of-fatigue-in-tackling-covid-19/>
- West R, Michie S, Amlot R, Rubin R (2020) Don’t touch the T-Zone—how to block a key pathway to infection with SARS-CoV-2. *BMJ Opinion*, April 3rd. <https://blogs.bmj.com/bmj/2020/04/03/dont-touch-the-t-zone-how-to-block-a-key-pathway-to-infection-with-sars-cov-2/>
- Yardley L, Amlot R, Rice C, Robin C, Michie S (2020) How can we involve communities in managing the covid-19 pandemic? *BMJ Opinion*, March 17th. <https://blogs.bmj.com/bmj/2020/03/17/how-can-we-involve-communities-in-managing-the-covid-19-pandemic/>
- Michie S, West R, Amlot R, Rubin J. (2020) Slowing down the covid-19 outbreak: changing behaviour by understanding it. *BMJ Opinion*, March 11th. <https://blogs.bmj.com/bmj/2020/03/11/slowing-down-the-covid-19-outbreak-changing-behaviour-by-understanding-it/>
- Smith LE, Yardley L, Michie S, Rubin J. (2020) Should we wave goodbye to the handshake? *BMJ Opinion*, March 10th. <https://blogs.bmj.com/bmj/2020/03/10/should-we-wave-goodbye-to-the-handshake/>
- Michie S, West R & Amlot R (2020). Behavioural strategies for reducing covid-19 transmission in the general population. *BMJ Opinion*, March 3rd. <https://blogs.bmj.com/bmj/2020/03/03/behavioural-strategies-for-reducing-covid-19-transmission-in-the-general-population/>
- Michie S, Rubin GJ & Amlot R (2020). Behavioural science must be at the heart of the public health response to covid-19. *BMJ Opinion*, February 28th. <https://blogs.bmj.com/bmj/2020/02/28/behavioural-science-must-be-at-the-heart-of-the-public-health-response-to-covid-19/>