

# *“Why Don’t They Just Do What We Tell Them?” Risk Communication in the Time of COVID-19*

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In general, people are resistant to risk. However, despite that resistance, we also do not believe that we are at risk of bad things happening to us. Based on the information available to us, often the reasoning process induces us to think that a hazard in question is not a real threat. For example, if we text and drive we think that somehow we are “better” at it than others and it will not result in an accident. This is called optimism bias.<sup>1</sup> It is basically the idea of “it won’t happen to me”. The problem is that when people underestimate risks because they believe themselves to be safe and invulnerable, it also means they often do not behave in ways that will protect them. When you feel safe, you do not feel obligated to do anything. Enter COVID-19.

During a crisis, we mostly estimate risk based on a list of things.<sup>2</sup> Two of the most important are control and choice. A risk that we choose to take seems less hazardous than one imposed upon us. Similarly, if we have the choice to do something, if we have control over the situation, our optimism bias is present and we don’t think anything bad will happen.

In the case of COVID-19, if we have control and choice over where we go and what we do, we are probably less likely to feel the risk is real. At the beginning of the epidemic, we were not given a lot of control or choice... places were closed, we were told to stay home, there were curfews. These actions take away that control and thus our risk was heightened. As things eased, however, and more control and choice were provided, the perceived risk goes down making us less likely to do what we should to protect ourselves.

Next is whether it is a new risk and if we have high awareness of it. New, “exotic” risks tend to be more alarming than those we have experience with.<sup>2</sup> In March, COVID-19 was new and scary and our risk was heightened. Similarly, the media and other informal sources of information were incessant. Another factor is whether we believe there is a possibility of personal impact. Any risk can seem greater to us if we or others close to us are the victims. A recent international study found this to be a significant predictor of COVID-19 risk perception.<sup>3</sup> This is why “statistical probability” is often irrelevant in the public’s view. And why in certain geographic areas that were hardest hit, the sense of risk was higher. A cross-sectional survey of people in the United States at the beginning of the epidemic, for example, showed that people in the Northeast, where the largest number of cases were occurring, reported significantly more engagement in using protective behaviors like social distancing and washing hands.<sup>4</sup>

Trust in those responsible for protecting us and in the process are also very important.<sup>2</sup> And this may be different for different people or groups. COVID-19 has been highly politicized and the messages have been very mixed. This may cause some to have heightened risk and some lower risk which is why you see such differences in behavior across the country. For example, a study by Calvillo et al. showed that political conservatism was associated with perceiving less personal vulnerability to the virus and believing the severity of the virus was low. These respondents also believe that the media had exaggerated the impact of COVID-19, impacting their overall knowledge of COVID-19 and how it is spread.<sup>5</sup>

**So what does this mean for how we respond to COVID-19?** I'm sure we all remember at the beginning - much of the country was on lockdown, we saw images of healthcare workers exhausted from their long hours of work, the citizens of our cities in masks, mass graves being dug. We also had many messages about how to protect ourselves. It was and still is everywhere. The media coverage is every day, 24/7. The problem with all this coverage is people have short attention spans in a crisis and have a hard time processing information.<sup>6</sup> So being bombarded with information from so many places for so long actually has the opposite effect. We start to tune things out and things are no longer "exotic" and new.

In addition to the factors that affect risk perception, I think there are two other unique reasons people are not doing what we want them to do. First is the mixed messaging and poor communication that has happened. We had communication coming from multiple sources and much was contradictory. Just think about all the mixed messages we have gotten, from the extent and spread of the disease to whether masks should be worn. Recent discussion of when a viable vaccine will be available is just the latest mixed message. The head of the CDC, Robert Redfield, said at a US Senate hearing that a vaccine would not be available until spring or summer 2021; President Trump then the same day said it would be available "as early as October or November".<sup>7</sup> These mixed messages create an atmosphere of uncertainty and makes it hard for people to believe anything or to pay attention, especially if we were in a part of the country that had not been affected yet. People just did not see the point.

The second is just time. It's very hard to sustain a sense of heightened risk for a long period of time. We want to get back to normal, to a state of **OPTIMISM BIAS**. As we moved into the summer and now fall, we started to see a lot more pushback about complying with directives. Again, people can only have a heightened sense of risk for so long. The longer it goes the harder it is to stay in that heightened sense.

Overall, risk perception is a tricky thing. The public will generally comply with directives if they feel they are personally affected, feel they have little control or choice, trust the information they are getting, and it does not go on too long. If they are in a state of crisis, they want to protect themselves.<sup>3</sup> But if any of those things are affected, as they unfortunately have been through 2020, and the longer something goes on, the harder it is to be prepared and stay prepared.

Public health events can be scary. People can be seriously affected by negative risk perception to the point at which they are either so scared they don't comply or not scared enough that they don't comply. Risk communication is important to counteract this, but this can be really difficult in a 24/7 news cycle, when there are multiple messages and multiple messengers, changing messages, and contradictory messages. That's why COVID has been so challenging and why it has been difficult to get people to do what you want them to do.

## Disclosures and Conflicts of Interest

Dr. Bass has no relationships to disclose.

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