JANUARY PODCAST SERIES: EPISODE 3

TRACKING THE PANDEMIC THROUGH OUR THOUGHTS

[FULL TRANSCRIPT]

[PODCAST SPEAKERS]:

Host: Phillip Stokes (he/him/his)
Expert Guest 1: Dr. Lauri Baker (she/her/hers)
Expert Guest 2: Dr. Shelli Rampold (she/her/hers)

Other Speakers (Intro only): Dr. Ricky Telg, Center Director; PIE Center faculty and staff members' children

[INTRODUCTION]

[Start]

(Introductory music playing)

Dr. Ricky Telg: This is "Science by the Slice" – A podcast from the University of Florida's Institute of Food and Agricultural Sciences' Center for Public Issues Education [UF/IFAS PIE Center]. In this podcast, experts discuss the science of the issues affecting our daily lives, reveal the motivations behind the decisions people make and, ultimately, provide insight to solutions for our lives.

Phillip Stokes- Host: Hi everyone, and welcome to "Science by the Slice." I'm Philip Stokes, the Education Coordinator at the PIE Center and host of this podcast. This is the third and final episode of our series on COVID-19. We spent the first two episodes discussing how this pandemic came about, what's led to the spread of the virus, and how the virus might spread in a vaccinated population. And now, we're going to discuss what people think about the pandemic.

So, for this perspective, I'm going to talk with to social scientists: Dr Lauri Baker and Dr. Shelli Rampold. Dr Baker is an Associate Professor at the University of Florida and researcher with the PIE Center. Dr. Rampold is a Research Coordinator with the PIE Center. In our discussion, they share findings from studies they have conducted throughout the pandemic. In these studies, they've learned just how prepared Americans thought they were at the beginning of the pandemic and how that changed over time, and whether people really trusted the information they were hearing about the pandemic.

[Brief discussion occurs with Phillip Stokes' daughter and Dr. Lauri Baker's sons about what they think about the coronavirus]

[MAIN CONTENT]

Starts: 00:06:10

Phillip Stokes: We will now start our conversation with Dr. Baker and Dr. Rampold starting with Dr. Baker introducing their research.

Dr. Baker: We developed a survey to send to a public audience, American public audience, in mid-March. At that same time, we launched a survey with agriculture and natural resource leaders across the United States, sampled through an international leadership program, so that we could make some comparisons there and ask about general health concerns, economic concerns, how prepared they were and thought others were, as well as communication concerns – which is kind of the core of what we do. After that first launch, we were able to get some money from our Research Dean's office to continue asking those questions again over time. So we had another public survey that we did in May, and we had another one that we did in August.

Each time we kind of learned more information, saw what impacts were happening, and were able to add some additional questions. So, we do have some questions that we gathered all of these times, and then we have some questions that have changed depending on what had been happening with the pandemic at that time. We also have a fourth data collection planned. As we are recording this [podcast], we're literally finalizing those questions and getting ready to launch one [next survey] that will focus more on the vaccine issue.

Phillip: One thing I do want to kind of jump into is – all of the information that's out there, you know – right now it's called the COVID info-demic right? We've probably all heard that term. This is the first pandemic we've had in the modern era with the Internet, with just the ease of access to information, so my first question is this: Where are people getting their information?

Dr. Baker: Sure. And that has been interesting along the way, because, certainly when we first started talking about this issue, we were literally around the conference table talking about how much inaccurate information without there. And that was the basis for us starting to ask some of these questions, and that has just really continued over time as you say, Philip. But, for the most part, people *[emphasizes]* really have responded in our surveys that where they're getting information are the sources that we would typically think about people getting information and want people to get information from. Those include their healthcare providers, the CDC, the World Health Organization. So, credible sources and, in general, as we've asked people they've said, you know they want to do what scientists want them to do, and they want to do what their health care provider wants them to do. The places where we've really seen people's concern for communication are what other people are sharing and where other people are getting their information. So, they certainly have had some concerns about if they're getting accurate information, but the bigger concerns across time have been for what other people are doing and what other people are sharing.

Phillip: So it's kind of funny to me that it's like everyone thinks *[emphasizes]* they know how to get the accurate information right? They can decipher what's truth and what's accurate, but others can't right? They can't put that on someone else to do that. Is that right?

Dr. Baker: *[laughs]* That really does seem to be what people are saying is that, yes, yes, yes I know what's going on. Not to say that they don't have concerns. There certainly have been concerns about whether they're getting accurate information, but they're much more concerned about other people, and what other people are saying, and what other people are sharing. So, yeah in general, we seem to think that our own personal choices of where we're receiving information are accurate.

Dr. Rampold: And to interject, that kind of aligns with all of our non-COVID related research that we've done. We consistently see concerns about other people knowing the key information that they need to know to make a decision about A, B or C, or whatever it is that we're talking about, and we consistently see people say that they would be more likely to use these trusted, official sites or sources of information, or that they trust these official websites or sources and whatnot. And then, when we do a little bit more deeper of analytics and where people are *[emphasizes]* actually getting information, they say I don't I don't trust social media but that's where they're seeing information. So, it kind of creates a little bit of a conundrum for us communications. Like, okay, they say if they had their choice they would get it from trusted source A, B and C. They trust source A, B and C. But when they're actually seeing information, its information shared by Uncle Joe, through Aunt Sally, from somewhere else. And that's where they're actually receiving it. So, where they say they would go and what they trust versus what they're actually using looks very different. So it's *[sighs]* kind of a challenge for us and the communications field of what do we do with that information? We know these things, but we know what their actual behaviors are. So, what do we do with that now? And that's not any different from what we're seeing in COVID. You know, there's a thousand ways you can analyze this data. So we're kind of stuck a little bit with how do we best market this or communicate about this?

Dr. Baker: Yeah, and that's a valid point for all of the constructs that we measured in this as well as other surveys we've done in that people are often reporting their best self. And so, sure, they know where to get quality information and they would like to see quality information, but day to day, do we always go to the CDC first? Or are we waking up and checking Instagram and Facebook first and then maybe *[laughs]* we're confirming it with the CDC or with another source? But these are self-reported behaviors, and we're not literally following these people around. So, we're relying on what they're telling us they're doing.

Dr. Rampold: I think a big part of that goes back to active versus passive information seeking and receiving. So, the folks who are actively seeking out information, yeah they are going to go to the CDC, the WHO, or whoever. But the people who aren't actively seeking and are just passively receiving it are going to see this on different news channels, like FOX News, CNN, MSNBC, or their local TV news providers because it's just on in the background. It's on in the background when you go to the doctor's office. It's on in the background when you get in the car. It's on in the background when you're at your house. And so, you hear something that piques your interest, and you look. So I think it's really important to distinguish between active information searching when you're like, I have this specific question about the symptoms of COVID-19 versus I'm not actively looking for something, but I have this on the background and wait what did they just say? And then they're getting information that way when they're not even actively seeking, it is just on your TV or news broadcasting programs constantly. So those are two different types of information seeking there and I think it's important to consider in trying to figure out where people are getting that information.

Phillip: Yeah, that's a really interesting thing. We don't know which information, or what combination of information, is really directing people's behaviors and just kind of what they're doing in their daily life. Because yeah, like you said Dr. Rampold, if someone's looking up the symptoms of COVID-19, of course they're going to Google it or put it in their Internet browser. And then *[imitating hypothetical person]* oh, the CDC is the first thing, that's trusted, so I'm going to click on that. But there's so much other information that's coming in through social media, or like you said, through talk shows. I mean this is stuff y'all have already said. And I think we're going to get to that in some of our other topics that we're getting to to really kind of help understand maybe what information people are using.

Phillip: So, let's talk a little bit about the concerns for the illness itself. Of course, COVID-19 has disrupted life for so many different reasons, and the most basic one *[emphasizes]* is the illness itself. And people have different thoughts on how severe the illnesses is or how serious we should be taking it. So, what are the concerns people have about their health, about the health of their friends or family, and just the illness itself?

Dr. Baker: I think one of the most interesting things we saw on the health concerns side of things is, when we asked people early on in in mid-March about this, they were most concerned about their loved ones. In all of the general health concerns and preparedness kind of concerns, they were more concerned about their loved ones than they were about themselves.

Dr. Rampold: Or well, at least relatively. Because they were concerned about themselves.

Dr. Baker: Sure.

Dr. Rampold: But comparing themselves concern with others concern, it was like *[imitates survey respondents]* yeah I'm concerned about me, but man I'm *[emphasizes]* really concerned about grandma, grandpa, mom, and dad.

Dr. Baker: Yeah, that's true. They were concerned about themselves, but not near as much as others. And when we moved into May and asked these questions, people were starting to get a little more concerned about themselves in comparison to their loved ones. And so, you could see that the toll the pandemic was taking was certainly increasing. Then, when we moved into August, we started to see that level of concern for themselves, and others, and loved ones getting much closer to the same numbers in that that they were about equally concerned about themselves now as they were about others.

And I think, you know, as the pandemic continued, people were starting to see actual people that they knew who had it, who died from it, or who had had severe impacts from it, whether those actually died or not. And so, people were just starting to see *[imitates hypothetical person]* oh, this isn't a thing that I'm just concerned about happening to others or I'm concerned about the world. I'm concerned about me, and I'm concerned about what this means for our future.

Dr. Rampold: Well, personally, I can relate to that you know? I mean, *N* of one over here. But at the beginning, I was like, oh my gosh, I'm so concerned about my maw maw, you know? She's on an oxygen tank, she needs oxygen, she's got severe respiratory complications. And mom's immunocompromised. What if my grandma and my mother died from this? So, I'm super concerned right? Not really concerned about me or my husband. But as it went on, I'm like, shoot I could get this thing! What if my husband dies? What do I do then!?

So, even though I'm the researcher going into this, I was still like, I'm fine. It's whatever. I'll survive. And then I was watching more and more people my age get this and struggle through it. And so then I fit right in with the research we found of first super concerned about all of my at risk loved ones to suddenly being like, *[exclaims emphatically]* I don't want this! *[Rampold and Baker both laugh]* I started being very concerned personally for my own health. Again, it's just my perspective on it, but I was starting to fit right in with those trends in the data.

Phillip: Right. I'm reminded of, you know, back toward the beginning of the pandemic. The question was: do you know anyone that has COVID-19? And, generally, the answer was no or was like my friend's brother's relative. It was like two or three degrees of separation. And now, as you both have said, we all have either had it ourselves or know someone very close to us like a close friend or a close relative who has had it. And it sounds like that has really changed people's health concern -it's when it becomes impactful to ourselves, you know? That's what I'm kind of gleaning from this is that that's kind of where you get the shift in concern.

Dr. Baker: Sure. And we've seen that with other agricultural issues too right? When you're talking about, you know, *[poses hypothetical question and answers]* am I opposed to feedlots within a certain area? Nope, not

opposed to that at all. Well, what if that were to come in your backyard? Oh! Maybe I am concerned about that issue. So, it happens with health issues and happens with other ag issues. The closer it is to us, the more we are aware of it and the more we internalize it as a real problem.

Phillip: I want to look at the economic impacts, because I would say that's probably number two behind health impacts and personal life impacts, is economic impacts and people who lost jobs, or businesses, or you name it. Did you find any information on that how that's impacted people economically?

Dr. Rampold: So, yes and no. Here's what we did do, and here's what we didn't do. We did track their employment status to see; as a result of COVID-19, what is your current employment status compared to what it was before? But when it came to actual income loss or stuff like that, we didn't actually track this progression of pre/post COVID. But we did do in addition to looking at employment status, working from home and that kind of stuff, is we assessed their concerns that were related to the economy. So, that would include things like: I am concerned about my business' bottom line if applicable, I'm concerned about my state's economy, my community's economy, the United States' economy, the global economy. Or I'm concerned about increase in food prices, increased prices in toilet paper *[laughs]* since that's a hot commodity you know. We looked at that kind of stuff about their concerns. So, while we didn't track tangible behaviors or events, we did look at what they feel and what they think about economic-related items, if that makes sense.

Dr. Baker: And we did see those get worse over time. I think that was really one of our entry points when we first started talking about this. We wanted to see the impact people were feeling related to the economy. And people were concerned from the very beginning for both the U.S. economy, their state's economy, their local economy. And those concerns have continued to grow, not really at a huge rate compared to looking at health concerns. But I think it's because people were concerned from the very beginning about what this was going to do to the economy. So, they've continued to be concerned.

The concern over rising food prices has also continued to increase. We did not see as much concern on the agriculture and natural resource leaders side for increased food prices. And I think a general audience might look at that and think oh, well, that's because they might make more money if food prices increase. Well, *[laughs]* that's not really how the agricultural economy works. Probably the people that are producing the food are *[emphasizes]* not going to get extra money just because the cost of food rises. That money is really going for increased transportation costs. We saw a lot of disruption in transportation services, and a supply chain that wasn't prepared for this type of disruption. So, that's where the increase dollars are going – not necessarily to our agricultural producers out there. But many of our ag producers also know that the cost of food in this country compared to disposable income is really low when you look at other countries. So, I think there's a knowledge gap there related to what might happen as opposed to that being an impact that people are able to go into the grocery store and really see this is happening. Like, maybe I'm not able to get the products I want, and the ones that I do want I'm having to pay more for. So again, that one we did see trend up more with the public audience than we did with our ag natural resource audiences.

Dr. Rampold: Not to assume that I know – because we did not directly measure this in this study. But we have, over time on different projects, looked at public knowledge of where their food comes from, how it's priced, etc., etc. – So I think some of that speaks to just a difference in content knowledge and experience with the different audiences. So, I think it is completely warranted for the public to be concerned about rising food prices, because they see a shortage and equate that with a rise in food prices. Whereas some of your people who are in the industry, in the trenches, on the ground, and doing this every day have a little bit better understanding of what a pandemic like this actually looks like at the end for the consumer and are a little bit less concerned about like those food prices. Not just because of what Dr Baker had said about the impact on them, but also their knowledge of what this actually means for prices for commodities. And so, I think that

makes a lot of sense, considering the different backgrounds and experiences of the two groups, of why you might see less concern of those in the trenches versus more concerns of those who are receivers of it and say, I can't get milk, so the price is going to go up then. And that makes sense, supply and demand, why wouldn't you think that? So, I think that makes a lot of sense when you look at it that way. But, across the board, I do want to say that the economic concerns were *[emphasizes]* the highest. Of all the things to be concerned about, the public, ag and natural resource leaders, and everyone was really concerned about the economic outcomes of COVID-19.

Phillip: So, we've been talking about some of the concerns people have, whether it's with the illness or whether it's with the economy. What are some of the other concerns? Or how have things maybe changed over time?

Dr. Rampold: Some of the other trends we've seen in the way we broke this out and the research that we did – they involve preparedness concerns, like level of preparedness for myself, my community, and my state, and then communication concerns of how are we receiving information? Is it accurate? You know, etc., etc. These two areas of concern are really interesting to me because they weren't super high levels of concern at the beginning, but we have seen, really, really big increases in the amount of concern for those things. So when it comes to preparedness concerns – like being prepared in our state's ability to deal with COVID-19, about the United States' ability to deal with COVID-19, *[emphasizes]* the globe or world's ability to deal with COVID-19 – we've seen really big spikes, especially in like that April/May area. Between March and May is when that spike just went through the roof. And that was same thing with communication concerns about I'm afraid that I'm not getting accurate information, I'm afraid that my loved ones aren't getting accurate information, or I'm afraid that people are sharing inaccurate information. We saw a huge spike in that between March/April area to August. That one was really big between like May and August, whereas the preparedness was really vague and more in the front end between March and May. So we've seen a lot of really big spikes in those areas of concern.

Dr. Baker: And I think if you reflect on what was happening at those times, when we first started asking mid-March these questions, we saw pockets of COVID-19. You know, New York was hit really hard, us in Florida were hit hard, California was hit hard. But the middle of the country hadn't really seen a lot of impact yet. So, by the time we were reaching May and certainly August, everyone was seeing this somewhere in their communities. So, the same as we talked about for some of these variables, over time is when it got closer to people and we started seeing spikes in how prepared they thought they were. They may have said, oh yeah sure, we're prepared, we're prepared, because there were beds available at their local emergency room. But, as things got worse all across the country, there were no longer beds available and they felt like maybe we aren't as prepared. And again the same with communication and information sharing. It tended to get worse as it got more personal and as people were seeing that this isn't just going to be a problem that happens on the coast – we're going to see all across the United States.

The other thing that we've seen happen from that early timeframe to the later timeframes, is that health recommendations and preparedness recommendations were changing. So, the first time we started asking these questions, we didn't even know what social distancing was other than something we've personally practice when we wanted to stay home. We also, at that point in time, had no idea that we should be wearing masks. That wasn't a recommendation that was coming out. And so, we've had to update our questions *[laughs]* along with the pandemic. But, from a personal perspective, we've also seen that recommendations were changing along the way. And we understand why – we work with healthcare professionals who can explain to us why that's happening – but there are a lot of Americans out there who maybe aren't as familiar with science and aren't as familiar with a scientific process. So, it's confusing when your doctor tells you at one point in time: no you don't need to wear a mask. To then: yes, you absolutely should be wearing a mask when

you go out in public. And the same when getting close to people and maintaining the six foot barrier that we're now all very familiar with – those types of things changed along the way. So, it was a challenging time for communicating what was current information. And we'll see that continue with the vaccine. There's already things coming out of will we still have to wear masks? Will we still need to be doing these other practices all the time? And science will evolve on that, and our communication will have to evolve at the same time that the science does.

Phillip: So these preparedness concerns and communication concerns, they've changed over time as the pandemic became more severe. And Dr. Baker, you talked about how that could be maybe linked to some, at least perceived, uncertainty and our leaders and our health care providers to go from not recommending masks to go to wearing masks? How does that play into science communication, and how people view science? You know, *[laughs]* are we asking too much from the public to take a look at all this information when it's not necessarily consistent coming from the scientific community?

Dr. Baker: *[draws out word and laughs]* Riiight. That's a very valid point. And I think this is the first time, possibly since 1918, that we have seen something like this unfold so quickly. The majority of us are unaware of what's happening related to viruses, or related to public health, because we haven't had to be concerned. But here we are, in a time of a pandemic in an information age, and people are concerned. So, they're seeking information. And all of what's out there online is not true *[laughs]*, and some of its not even reputable. But people are seeking information, and they're choosing who to follow while not understanding that the science behind it is evolving in real time. So what happens is we try something, and we see if it works. And that's a part of the scientific process. So there are recommendations laid out with the best knowledge we have, and the best concepts that we have. And then we try it, and we watch it and we observe. And if it doesn't work, then we found a way that doesn't work, and we move on to the next thing that happens. And most of the time, those things are happening in a lab; those things are happening behind closed doors. *[Emphasizes]* But, in a time where we're seeing such a public health crisis in a pandemic, those things are happening in full view of the public. That's scary for some people, because they say, oh, well they tried this and it didn't work, so they have no idea what's going on. Well, that's not true. That's really just how the scientific process works. We may have a thousand different ideas that fail before we get one idea that works, and trial and error is a part of the scientific process. So, the more that we can communicate that scientific process and the reason why we're trying things and sometimes they don't work – and that's actually a good thing, because that means we're coming closer to the solution – the better it will be for science communication. But it *[emphasizes]* is concerning, and people get scared when they see how many ways aren't working.

Hopefully the vaccine is a step in that right direction that people are starting to see that all of the failed experiments, and all of the things that we tried and didn't work, we *[emphasizes]* are coming to more ideas of how the virus spreads, how it works, and how we can control it in the future. But I think we're regularly seeing that COVID is another thing that we're going to have to deal with every year. And it may grow, and it may change, and the vaccine they have to grow and change with it, and the science will evolve. And that's just watching science in real time.

Dr. Rampold: I agree with everything that Dr. Baker. And, Philip, you asked if we think it's too much to ask the public to be able to navigate through this, or is it something we should expect the public to be able to navigate through. And my answer is yes and no. Because, yes, I do think we need to push and ask that public – meaning me, being a member of that public as well – ask the public to seek, really and truly seek, out information. But also, at the same time, I don't think it's weird that people are responding based on their emotions. I don't think it's weird that people are responding based on fear. Not everyone has training and access in researching and understanding scientific information. You know, the CDC put out this *[emphasizes]* beautiful data document that was available to the public. And I went *[emphasizes]* nuts over it, because they had created

codes on things like co-morbidities, and it was really, really cool. But I don't expect someone who is an expert in this other area to be able to just jump on their computer and suddenly be an expert in this area. So, I think there needs to be accountability, but I think there also needs to be *[emphasizes]* a lot of grace when it comes to understanding some of the trial and error processes we see in science. And, you know, that really kind of falls to us as science communicators – as agricultural communicators. That's *[emphasizes]* our job to help bridge that gap to say, this is our area, here's what we know, and here is the information in a digestible format. Because we can't expect everyone to do that.

So, I think it's kind of a yes and no. I think everyone needs to take a little bit of personal responsibility and really seeking out the answers, but I think everyone needs to allow for a lot of grace when it comes to people's understanding of that. Because people are scared, and they're trying to employ heuristics to make decisions quickly for themselves, their family, their children, and their loved ones. So, we gotta have a little bit of grace when it comes to some of that, because it's, *[emphasizes]* it's confusing!

Phillip: So, the concern is obviously there from the public. And one of the things we talked about is our hospitals, or our leadership, and are they prepared. But a lot of what we're doing with this pandemic comes down to individuals right? Individual behaviors comes down to our actions. So there are many guidelines that have been in place for many months now. What have you found on willingness to comply to these guidelines? And what are the motivations that kind of get people to wear a mask, or social distance, or whatever that might be?

Dr. Baker: As I said previously, we didn't ask these in all the time frames because we didn't even know about these things when we're talking about in March. So I think, you know, earlier you were asking us about what we can expect the public to do and what we can expect them not to do. And this is one area where we *[emphasizes]* really need the public to step up. These are personal behaviors. Luckily, what we were really finding in this data, both in the second timeframe in May and the third timeframe in August, is that people were able and willing to participate in social distancing. And the same was true for wearing a mask, because again at both of those time frames, we knew that people were supposed to be wearing masks. So, overwhelmingly, we were seeing that people were willing and able to do those activities. But we also want to talk about the fact that this is how they are representing themselves in self-reported data, and they likely are reporting what they're willing and able to do the majority of the time, but there may be times where everyone makes mistakes, or doesn't participate in these activities, or thinks oh well, this one activity is probably fine for me to do. And then they find out that really they were participating in events that ended up spreading the virus more. So, these are some of the most important things we found prior to the vaccine to really combat the spread of COVID-19.

So, digging in deeper, Dr. Rampold has done a lot of work in understanding what has motivated people to either make these changes or not make these changes. So, I will let her talk about that.

Dr. Rampold: So, we asked a lot of questions based on that kind of [behavioral] theoretical framework, and what we found was like Dr. Baker just said – the somewhat large majority of our respondents were able and willing to social distance, and able and willing to wear a mask. But what we specifically found was that these were the people who had more positive beliefs about the benefits of social distancing – who really felt that this was good, healthy, important, wise, and recommended. And also the people who felt that other people wanted them to do it – like, my government officials want me to do it, my doctor wants me to do it, my mother *[laughs]* wants me to do this – and then wanted to comply with what other felt. Then the people who had more control over it – like yeah, if put a mask on my kid enough times, and I put it back on them enough times, they'll actually wear the mask in the grocery store. Or maybe if I have money to buy a mask, if I have access to mask. So, someone with like an entry, or mid-level, or higher level job has a mask and wears a mask,

while someone who is homeless on the streets, who may not have a mask, maybe a little bit less likely to do that kind of stuff when it comes to social distancing just because they don't have that control over it. So we found that those who had more positive beliefs about it, who believe that others wanted them to do it, and had more control over their personal lives in that situation were more likely to comply with social distancing. And that kind of fits in with theory. It's not this absurd finding. It's just another example that fits into the theoretical framework. And that can help really market this type of messaging or response. If we're finding that a big problem is people aren't complying with social distancing measures because they physically can't, because it's out of their control, well then that tells us that the need for communication, or intervention, or action is in helping people put this in their control. So, then we know how to direct our communication efforts or our state funds. You know, like giving almost people masks, giving people who are below the poverty line masks, giving them color options of masks that their kids might actually want to wear to school.

Dr. Baker: The other piece that goes along the lines of what our data found and what theory says on these topics is that we can really start to see a shift in cultural norms. And when it just becomes normal that everyone wears a mask and that everyone stays six feet apart, then it's much easier to get momentum and continue those behaviors. And I think I've seen this in my own children. They are attending public school, and they're social distancing, and they're wearing masks, and they're so accustomed to it that I often have to remind them once they get into our home that they can take their masks off. In their world, they've adapted very quickly, and this is the norm for them. But we certainly are seeing on the news that that's not the norm everywhere, and that there are certainly pockets of people who may not be as willing to do these behaviors or is able to participate in these behaviors. So, those are the areas that we want to see where we can adjust our communication and make those messages as accessible.

One thing that Dr. Rampold didn't mention related to social distancing pieces, is we did ask people if they were concerned about mask wearing being a violation of their civil liberties. And just over 70% of the people said that they did not feel like it was a violation of their civil liberties. So, that is a rather large majority of people. But that also does mean that almost 30% of people said that they felt like it was a violation of their civil liberties to ask them to wear a mask. So again, as we're trying to identify how we can make public health the cultural norm, we also have to focus not just on the majority of the people, but on the minority who say those are challenges for them. And then look at how we can come up with adaptations that are still helpful for overall public health.

Dr. Rampold: Yes! Because the ones who said that it was a violation, felt very strongly about it. So what we did was we asked, do you feel like this is a violation of your civil liberties? And then they kind of had to pick a side, yes or no. Those who said yes, when asked how much to violate their civil liberties, they very strongly felt that it did, So, even though they're not the majority, they have very strong feelings, opinions, beliefs about that stance. So, they cannot – just because they're not the majority – does not mean they should be discounted, or discredited, or overload. Because they have *[emphasizes]* very strong opinions about that.

Phillip: I guess one of my things that I've been thinking for a while is, you know, humans are social, right? We have evolved to live with people. We have thrived *[emphasizes]* only because we have been able to interact with other people. And now we're saying okay, what we need you to do is kind of go against the grain and go against everything that is natural to you, right? Have there been some of those challenges there in what you've seen in the survey?

Dr. Baker: Well, one of the things we study in social science a lot is change. And one thing that we know across the board, 100% of the time, is that change is hard. And we're asking people to make changes very quickly. So, even if people are willing and able to participate in these activities, as you pointed out it really goes against human nature, some of these things do. My middle son, who is six years old, started kindergarten in the

middle of this pandemic. He gets in trouble on a regular basis for touching people too much *[laughs].* And it's not being mean. It's that he is very affectionate, and he wants to hug people, and he wants to be near people. And again, that's human right? So, we're asking people to do something that isn't human, and I think I see that in my six year old. But I see that in myself, and I see that in others around me. It's sure, I'm able to do it, and I'm willing to do it, and I understand the greater good. But it's also hard, and I think we've seen over and over that people are only able to adapt to a certain level. Hopefully the vaccine can be part of this answer that we're able to control it faster, because people do need to be around other people. And we've seen a lot of studies report the impact on mental health right now, and the impact on other aspects of society, because we crave being around people. We need to be around people, and those things are hard, and those things are challenging, and we all need to be able to see a light at the end of the tunnel to make this work. Hopefully, if we're all able to stay on this current course, we will be able to do those things against soon.

Dr. Rampold: You know, just like Dr. Baker said – it's challenging, and it's something that we've never seen before. So, I think we're all just kind of doing the best that we can. But I think that having information is a huge sense of freedom. You know, you're kind of free to decide what you what you want to do when you have the information that you need. So, our job here at the PIE Center is strictly trying to figure out what people know/ don't know, feel/don't feel, or what they're concerned about, so we can help communicators best direct their messages to kind of alleviate those fears and help them make informed decisions that fit their lifestyle; to give them some freedom and autonomy, that is driven by science and evidence, to make the best decisions for their family.

Phillip Just to kind of wrap things up – and I know you're still going through some of the data and will be learning more things as you have more surveys in the future – but, so far, what are some of the things we've learned that can help the public health sector going forward now, and then to just kind of be prepared in the future as well?

Dr. Baker: The more we have data, the more we're able to understand how people make decisions and how we can help them make better decisions on a long term basis. So, I think all of this data will be helpful. Again, as we learned, that for the most part people are willing and able to do this. But from the things we know related to change, people are going to be more open to these opportunities in the future because they've already seen it. So, we won't have to define social distancing for people next time. We won't have to explain how a mask works and whether a four and five year old like my four year old can keep one on all day. Well, they can and they have. So, easing back into some of those things could be easier being empowered by having the data now, and knowing where people are and what they're willing to accept in the future.

[Upbeat wrap-up music plays during concluding remarks by host]

Phillip: I'd like to thank Dr. Lauri Baker and Dr. Shelli Rampold for their discussion in this episode. This concludes our COVID-19 series. I hope you've enjoyed listening. But, more importantly, I hope the conversations with all of guests were informative and revealing, and maybe even changed the way you think about the pandemic. I'd like to thank my coworkers at the PIE Center who have been integral in launching this new podcast: Ricky Telg, Michaela Zandzer, Sydney Honeycutt, Ashley McLeod-Morin, Alena Poulin, and Valentina Castano. Make sure you subscribe to this podcast, and follow the PIE Center on social media to learn more about our work and see when we are launching new episodes of our podcast.

Until next time, I'm Phillip Stokes, and thanks for listening to Science by the Slice.

[End Podcast]