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THE COVID STATES PROJECT:

A 50-STATE COVID-19 SURVEY

REPORT #51: TRAJECTORY OF HEALTH-RELATED BEHAVIORS IN CALIFORNIA

USA, May 2021

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Report of May 13, 2021, v.1

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From: The COVID-19 Consortium for Understanding the Public's Policy Preferences Across States

A joint project of:

Northeastern University, Harvard University, Rutgers University, and Northwestern University

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This report is based on work supported by the National Science Foundation under grants SES-2029292 and SES-2029297. Any opinions, findings, and conclusions or recommendations expressed here are those of the authors and do not necessarily reflect the views of the National Science Foundation.

This research was partly supported by a grant from the *Knight Foundation*.

We also received generous support from the Russell Sage Foundation.

Our data collection was supported in part by Amazon.











COVER MEMO

Summary Memo — May 13, 2020

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From April 2020 through May 2021, we conducted multiple waves of a large, 50-state survey, some results of which are presented here. You can find previous reports online at covidstates.org.

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Note on methods:

Over 17 survey waves, we polled 239,012 individuals across all 50 states plus the District of Columbia. The data were collected between April 2020 and May 2021 by PureSpectrum via an online, nonprobability sample, with state-level representative quotas for race/ethnicity, age, and gender. In addition to balancing on these dimensions, we reweighted our data using demographic characteristics to match the U.S. population with respect to race/ethnicity, age, gender, education, and living in urban, suburban, or rural areas.

For this report, we split our 9th survey wave, collected from October 23 to November 4 2020, into its October and November responses, and included them in our October and November waves, respectively. The periods covered by each of the final 9 survey waves used in this report are as follows: Late April Wave: 4/17/20-4/26/20, Early May Wave: 5/2/20-5/15/20, Late May Wave: 5/16/20-5/31/20, Late June Wave: 6/12/20-6/28/20, Late July Wave: 7/10/20-7/26/20, August Wave: 8/7/20-8/26/20, September Wave: 9/4/20-9/27/20, October Wave: 10/2/20-10/31/20, November Wave: 11/1/20-11/23/20, December/January Wave 12/16/20- 1/11/21, February Wave: 2/5/21 - 3/1/21, and March Wave: 4/1/21 - 5/3/21.

Interactive Web Application:

The data for this report are available in an interactive web application allowing users to explore behaviors and policy attitudes during the COVID-19 pandemic (at covidstates.org).

The app provides access to data about public behavior and adherence to health recommendations regarding issues such as hand washing and social distancing. It also includes information about respondent agreement with federal, state, and local policies aimed at curtailing the spread of COVID-19.

Finally, the app reports over-time respondent approval of the way the U.S. president and state governors have handled the COVID-19 pandemic. Users can explore data about specific states, as well as download graphics in PDF or PNG format. All of the data used to generate those graphics can be found on the app home page and is available for download in a comma separated values format.

Trajectory of health-related behaviors in California

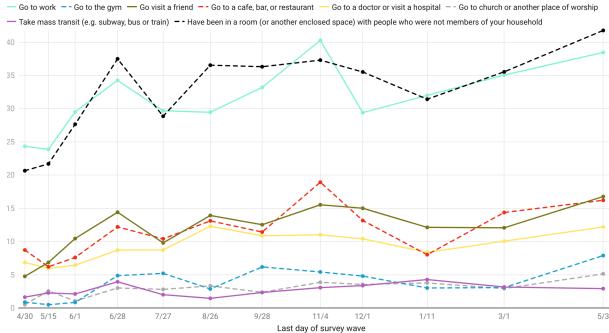
Since the onset of the COVID-19 pandemic in March 2020, California has had more than 3.7 million confirmed cases of COVID-19 and over 62,000 total deaths. According to Statista, California has been the state with the most COVID-19 cases and deaths in the U.S. and has maintained that status for the majority of the pandemic. Recently, however, the case and death rates for the state have decreased drastically. For the week of May 3, California's COVID-19 case load is approximately 5 per 100,000 residents, ranking it at the bottom of the list for case rates compared to other states in the country, down 98% from its peak; and deaths from COVID are down to 0.15 per 100,000 residents, down 95%. The state's 7 day rolling average of new cases in 2020 remained well below 10,000 from March to early July, but sharply increased and exceeded 10,000 by August. Then, it decreased to the 4,000 range in the fall. From late November to mid-January, there was another rise, with the average reaching its highest recorded level at approximately 44,000 on December 22. After reaching its peak in December, it fell dramatically, to below 1,900 by early May. Consequently, the probability of contracting COVID as a resident in California is far slimmer today than it was just three months ago.

Statewide COVID-19 mitigation orders currently in place are the Blueprint for a Safer Economy and the Stay Home Order. Primarily, the Blueprint for a Safer Economy concerns the gradual reopening of certain businesses and activities in California. Counties are assigned tiers based on their case rates and test positivity rates. The four tiers are Widespread, Substantial, Moderate, and Minimal, and this information is updated weekly. These county metrics determine which counties can reopen their non-essential businesses such as restaurants and gyms. As counties move toward the Minimal tier, most indoor businesses can reopen with modifications such as mask wearing and social distancing. Counties that qualify under the Minimal tier as of May 4 include Mendocino and Los Angeles counties. At the moment, California plans to fully reopen the economy on June 15, provided that there are enough vaccines to supply the state's population for everyone 16 or older and hospitalization rates remain low and stable, especially among fully-vaccinated Californains.

The arrival of COVID-19 vaccines along with the implementation of current statewide orders have drastically decreased the cases and deaths in California relative to where the state was in the beginning of the pandemic, and as recently as early 2021. The <u>distribution plan in California</u> started by vaccinating high-priority groups, including adults age 65 and older, healthcare workers, and nursing home staff. However, now, all residents who are 16 or older are eligible to get vaccinated.

In the last 24 hours, did you or any members of your household do any of the following activities outside of your home?

Percentage of respondents for California across 12 survey waves. The data is reweighted using demographic characteristics to match the California population with respect to race/ethnicity, age, gender, education and living in urban, suburban or rural areas.



New Jersey Sample: N1 = 522 (04/16/20 - 04/30/20), N2 = 667 (05/02/20 - 05/15/20), N3 = 607 (05/16/20 - 06/01/20), N4 = 845 (06/12/20 - 06/28/20), N5 = 490 (°07/10/20 - 07/27/20), N6 = 580 (08/07/20 - 08/26/20), N7 = 757 (09/04/20 - 09/28/20), N8 = 836 (10/02/20 - 11/04/20), N9 = 685 (11/04/20 - 12/01/20), N10 = 570 (12/16/20 - 1/11/21), N11 = 507 (02/05/21 - 03/01/21), N12 = 711 (04/01/21 - 05/03/21)

Source: The COVID-19 Consortium for Understanding the Public's Policy Preferences Across States (A joint project of: Northeastern University, Harvard University, Rutgers University, and Northwestern University) www.covidstates.org

- Created with Datawrapper

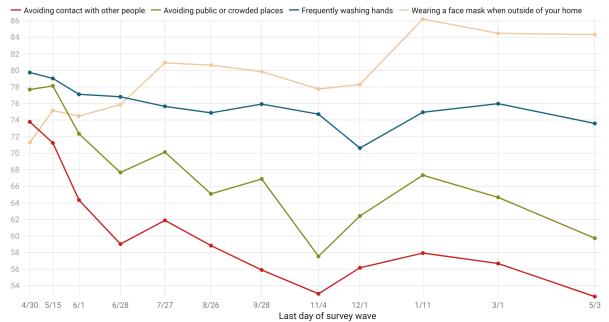
Figure 1: Behaviors Outside the Home

Besides those who reported having gone to work or been in a room with people not of their household, from late spring to early winter, the level of engagement in activities remained relatively steady among residents of California. However, since March, there has been a notable increase in almost all activities. This jump may be explained by the availability of vaccines to anyone 16 and older since March 15, which significantly reduced the probability of someone contracting COVID-19. For example, the percentage of respondents going to the gym increased from 3% in March to 8% by May. While that remains a relatively low percentage, it does represent a nearly threefold increase.

Similar patterns have emerged in other activities. Between March and May 2021, respondents reported a nearly 10-point increase in self-reports of going to a cafe, bar, or restaurant. The most drastic jump is an approximate doubling (from 20% to 41%) of the percentage of people who have reported being in a room with someone outside of their household. There was also a 13-point increase (from 25% to 38%) in people who responded that they have gone to work.

In the last week, how closely did you personally follow the health recommendations listed below?

Percentage of respondents for California answering "very closely" across 12 survey waves. The data is reweighted using demographic characteristics to match the California population with respect to race/ethnicity, age, gender, education and living in urban, suburban or rural areas.



New Jersey Sample: N1 = 522 (04/16/20 - 04/30/20), N2 = 667 (05/02/20 - 05/15/20), N3 = 607 (05/16/20 - 06/01/20), N4 = 845 (06/12/20 - 06/28/20), N5 = 490 (05/16/20 - 07/27/20), N6 = 580 (08/07/20 - 08/26/20), N7 = 751 (09/04/20 - 09/28/20), N8 = 836 (10/02/20 - 11/04/20), N9 = 685 (11/04/20 - 12/01/20), N10 = 570 (12/16/20 - 1/11/21), N11 = 507 (02/05/21 - 03/01/21), N12 = 711 (04/01/21 - 05/03/21)

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Figure 2: Recommendation Adherence

From late spring through late fall, we saw a general decrease in adherence to health recommendations. This was followed by an increase in adherence due to a spike in cases in late fall/winter. However, starting January and especially since March 2021, there has been an overall decrease in the public adherence to health recommendations, possibly due to the wide availability of COVID-19 vaccines.

The percentage of respondents who reported that they wore a face mask outside of their homes increased from around 71% in April 2020 to a high of 86% in January, subsequently retreating to roughly 84% in May.

Adherence to other guidelines saw more drastic declines. For instance, the percentage of people saying that they frequently wash their hands decreased from 80% to 73% between April 2020 and May 2021. Avoiding public or crowded places also fell from 77% to 60%, and avoiding contact with other people saw the biggest decline (74% to 52%). This may be because some people have returned to engaging in pre-pandemic social activities as case counts have receded.

Conclusion

While, on average, adherence to health and safety guidelines has slightly decreased since the spring, spikes in caseloads near the end of 2020 may have contributed to higher rates of social distancing, safer behaviors outside of the home, and stricter following of public health recommendations in California. Our survey data suggest that since the start of the new year, as more Californians have been getting vaccinated, they have begun to relax some of their adherence to social distancing and other public health recommendations.