

COVID Messaging Study

THE LABORATORY FOR THE AMERICAN CONVERSATION

<https://osucascades.edu/lac>

Introduction & Findings Summary

Over the course of three weeks, the Laboratory for the American Conversation at OSU-Cascades (henceforth “the Lab”) investigated COVID beliefs, behaviors, and risk tolerance among demographic groups and in various business settings. The purpose of this work was to understand the people and places where risk of spread is most acute; and, following, to develop a research-based messaging strategy to reach at-risk community groups and situations in which spreading events are more likely to occur.

Key Findings

1. Based on our survey work, a significant portion of the US population (approximately 40%) believes that COVID is no more harmful than the common flu; and 25% believe that it is likely to be a hoax. These individuals tended to:

- (a) be less concerned about the health effects of COVID for themselves and their families;
- (b) engage less in various forms of social distancing, including mask wearing (BIPOC individuals are an exception to this); and
- (c) have relatively little trust in the information provided by scientists, medical experts, and public health institutions (including the WHO, CDC, and FDA).

While intervention is clearly necessary for these groups, communication tools that focus primarily on the validity of scientific, expert opinions may be likely to backfire and further entrench individuals in their existing feelings of distrust.

2. Self-reported attitudes and COVID-related behaviors are *strongly* correlated with cultural values, including political orientation (as assessed through validated survey instruments), *far more* than age, ethnicity, socioeconomic status, and other demographic characteristics. Individuals who are more politically conservative and who generally value individual liberty more than

government intervention were *much less likely* to:

- (a) trust scientific expertise about COVID;
- (b) practice a wide array of social distancing measures; and
- (c) understand correctly a number of key facts about the virus (e.g. that it is airborne).

3. Pro-mask slogans that emphasized patriotism, taking care of one’s elders, and defending one’s self (e.g. “don’t tread on me”) were rated more positively by individuals who otherwise reported suspicion about the origins of COVID, distrust in science, and doubt about the efficacy of social distancing measures.

4. The value- and identity-based based divisions over social distancing and other COVID-related attitudes reported under key findings (1) and (2) exist as strongly among younger individuals (18-30). Interview data also indicate that this younger cohort claims a shared value of independence and is not likely to respond well to communication efforts that attempt to induce shame or guilt in order to change COVID-related behavior.

5. In Bend, short-trip, convenience store locations were observed to have a significantly higher percentage of customers who did not wear masks (16.8%), compared to larger grocery and retail outlets (6.4%). Across all stores, (individuals perceived as) men were observed to wear masks *less often* than (individuals perceived as) women. This gender difference is consistent with national and global data.

Summary

Messaging strategies that do not take these findings into consideration are likely to fail to reach the communities where spread is most likely to occur.

Research Plan

Concept

Previous research conducted by the Lab has demonstrated that public health messaging does not reach all communities and cultural groups equitably. Even when public health messaging tries to be value-neutral, subtle cues, images, texts, colors, and language choices trigger reactions that identify messages as “in-group” or “out-group” and therefore signify to an individual that the message should either be trusted or distrusted. The inevitable cultural bias present in all public health messaging raises questions about how best to serve a diverse public in an equitable way. It is possible to identify communities and groups most at risk of experiencing negative health consequences due to lack of social distancing and to create messaging specifically targeted to them. One way to do this is to intentionally frame public health messaging in the value systems of these groups.

This research project sought to: (1) identify cultural groups that are more likely to resist social distancing measures; and (2) strategize messaging that has a greater likelihood of reaching them.

Methods

This research was conducted by Psychologist Dr. Christopher Wolsko and Anthropologist Dr. Elizabeth Marino, Co-Directors and Founders of the Lab, and Associate Professors at OSU-Cascades. This project also included the work of four high-achieving undergraduate students at OSU-Cascades: Cazandra Aporbo, Morgan Smith, Kevin Bryan, and Abbey Morton.

Research methods were varied and included the following:

- (1) a national survey ($n=520$) that assessed cultural values, demographics, and COVID-related attitudes and behaviors;
- (2) a set of in-depth interviews ($n = 29$) with Central Oregon residents that

inquired about social distancing practices and perceptions of COVID;

(3) two sets of controlled “walk-through counts” of 44 different grocery and convenience stores in Bend that identified the percentage of patrons who were not wearing a mask, or who were wearing it improperly; and

(4) a set of focus groups ($n=3$) with Central Oregon residents aged 18-30 that examined COVID experiences and reactions to We Win messaging strategies.

Survey and interview questions are described at the end of this document in the [Appendix](#). Analysis of data collected with these methods was utilized to formulate the following six COVID messaging themes. Time and resources did not allow for us to fully develop a campaign around these themes. Rather, our recommendations are intended to encourage the City to speak directly to these key values and attitudes that are present among important at-risk cultural and demographic groups.



Six Research-Based Message Themes

Message One: Wearing a mask is patriotic.



Survey participants were asked to rate the strength of a number of different arguments for wearing a mask to protect oneself and others from virus transmission. The argument that

“Wearing a mask shows your patriotism in the United States” was rated strongly across by a diverse set of individuals, including those who:

- (a) expressed more concern about the health effects of COVID to them and their family;
- (b) expressed more concern about the economic consequences of COVID because of a shutdown than about the health effects of COVID infections;
- (c) reported more confidence that COVID is a hoax;
- (d) reported a more conservative political orientation; and
- (e) had more misconceptions about COVID-related facts (e.g. that it cannot be airborne).

The wide-ranging support for this patriotic argument by individuals who are otherwise likely to engage in less social distancing and mask wearing – as is the case for those specified in b, c, d, and e – makes this message theme a prime candidate for a broad public health campaign. In summary, this message did not alienate a large portion of the overall population interviewed; but was particularly motivating to people who otherwise resisted social distancing measures or other sources of information about COVID.

Message Two: Wearing a mask means others won't tread on you and your family.



“Wearing a mask means other won't tread on you and your family” was another messaging theme that was rated strongly by some key groups. This pro-mask argument was supported to a greater extent by those who:

- (a) expressed more concern about the economic consequences of

COVID because of a shutdown than about the health effects of COVID infections;

- (b) reported more confidence that COVID is a hoax;
- (c) reported a more conservative political orientation;
- (d) had more misconceptions about COVID-related facts (e.g. that it cannot be airborne); and
- (e) strongly favored a society that supports individual liberty over government interventions and communal responsibility.

The slogan “don’t tread on me” has recently enjoyed a resurgence in the conservative-leaning pop cultural imagination. Pairing a pro-mask stance with this nominally libertarian message may have the effect of allowing the affirmation of an important conservative identity in conjunction with protection from being “tread on” by the virus.

Message Three: COVID probably won’t hurt me personally, but I care about protecting people who are at risk.



Survey, focus group, and interview data indicated that younger adults, especially those under 30:

- (a) were less concerned about negative COVID health effects for themselves;
- (b) tended to engage in less social distancing and mask wearing;
- (c) viewed the argument that “mask wearing is about respecting your elders” as fairly strong; and
- (d) shared strong values of independence.

Taken together, these findings suggest that messages geared toward younger audiences should

acknowledge this relative lack of concern about personal health consequences and instead appeal to one’s *individual* decision to wear a mask in order to protect others.

There was some indication in focus group and interview data that if messages do focus on the health consequences to younger adult demographics (18-30) that the focus should be on long-haul and unknown long-term impacts. These were the primary health concerns among this demographic.

Message Four: “I mask up because it’s the right thing to do.”



Survey data indicate that political conservatives, those who distrust science and medical experts, and those who more strongly value individual liberty and personal responsibility tended to rate the following arguments for mask wearing as weak:

- (a) “The World Health Organization (WHO) indicates that masks help protect people from infection and saves lives”;
- (b) “American physicians indicate that masks help protect people from infection and saves lives”;
- (c) “The Centers for Disease Control (CDC) indicates that masks help protect people from infection and saves lives.”

This particular variety of distrust in conjunction with a somewhat conservative emphasis on personal responsibility recommends an effective narrative of: “I don’t need anyone to tell me how to take care of myself and my family. I mask up because it’s the right thing to do; and a personal responsibility.” Such a

statement (and related image) broadens the COVID appeal to working class individuals (who may otherwise feel alienated by messages from members of institutions perceived as “elitist”), promotes individualistic values (“I can take care of myself”), and provides an ingroup wink (e.g. “*I/we* know what’s right”).

Message Five: BIPOC people taking care of BIPOC communities; and acknowledging the injustices of the past and present.



In our survey, relative to white participants, Black and Latino participants:

- (a) were more likely to wear a mask and social distance;
- (b) expressed greater confidence that COVID is a hoax;
- (c) reported more misconceptions about the nature of COVID; and
- (d) had more concerns about the economic consequences of COVID lockdowns (controlling for income).

While Black and Latino respondents were *more likely* to self-report wearing a mask and social distancing, relative to white respondents; they were also more likely to report COVID was a hoax and be more concerned about the economic consequences of lockdowns. Among other factors, systemic racism and past human rights abuses of minority individuals in the name of science has precipitated distrust of white American power structures. Additionally, rates of illness and death are substantially higher in minority communities. Thus, as other recent national research attests (<https://www.washingtonpost.com/health/2020/11/23/covid-vaccine-hesitancy/>), efforts should be made to reach out across ethnic and racial

divides to improve trust. Special effort should be made to acknowledge past discrimination to facilitate trust in present-day communications about COVID best practices for health. Messages may be particularly salient coming from in-group community members and leaders.

Message Six: How to socialize safely



Adam Krynicki, Executive Director of the Innovation Co-Lab at OSU-Cascades, said in response to the focus group discussions with 18-30 year olds, that younger adults may need less instruction on “abstinence” and more on “safe sex” when it comes to COVID behaviors. That is, given the lifestyle, values, and lower perceived risk of this demographic, it may be most realistic to simply mitigate otherwise risky behaviors (e.g. how to safely get together with a social bubble of friends) in the service of others who may be at greater risk.

Across all age demographics, by far the greatest self-reported “risky behavior” in interview data was gathering with people outside of your household, without masks. Twenty-six out of 29 interviewees in Central Oregon said that they had eaten with someone outside of their household within the last month. Most people interviewed identified people outside of their household with whom they socialized with some frequency. Often interviewees would say something like, interviewee 26:

“We felt that they would be fine and that they’re all cautious. My son and his girlfriend work together too, so we also feel that it wouldn’t be... I don’t know how to say it; but it’s not like having a stranger to the house or family

that hasn’t been around anyone else in the household.”

Frequently, interviewees expressed seeing people they “knew were being cautious” or “safe” – but did not elaborate on whether social bubbles were closed or open networks.

This finding pairs with interview data on mental health impacts and experiences precipitated by COVID. In 29 interviews, 20 participants self-reported feeling some kind of mental health impact from COVID, ranging from severe depression, to greater mood swings, to lack of motivation. In focus groups, 18-30 year-olds were likely to explain socializing as an outcome of the duration of COVID and the toll it was taking on mental health.

Public health messaging that gives people tools to gather safely may be effective. Though we acknowledge that “abstinence” is always the safer decision – having clear instructions regarding social bubbles or pods may facilitate better decision-making among all groups and demographics.

Additional Research Findings

Central Oregon Interviews

One additional point of interest in our interview data is that all of our interviewees reported wearing a mask in public indoor spaces all or most of the time. This was also true with interviewees who were against shut-downs, resistant to government intervention, and believed more strongly in personal responsibility than government mandate. Additionally, the interviewees who were rhetorically more committed to mask wearing and social distancing, also self-reported taking risks related to socializing with friends and family outside of their household. This suggests both compliance and some risk taking across all demographics.

Another interesting findings is that 13 of 29 people interviewed said they had plans to see someone outside of their household over the holidays (Thanksgiving, Hanukkah, Christmas).

Most of these interviewees also reported limiting gatherings, getting tested before travel, or other forms of taking safety precautions. This finding again corroborates that before the holidays, giving people information on safe socializing may be useful.

Finally, we want to reiterate the economic and mental health impacts of COVID on our community. Acknowledging, but not exaggerating, these impacts on individuals and families should be part of any public messaging campaign from all government institutions.

Walk-Through Counts

Our walk-through counts in Bend were limited due to the risk of exposure to our students. As students began their research, COVID numbers were increasing and we determined it was too dangerous for them to engage patrons in indoor restaurants or bars.

However, two findings were important in these counts. The first is that (individuals perceived as) men were more likely than (individuals perceived as) women to not be wearing a mask, or to be wearing it incorrectly. We note that these were observations of gender difference and not self-identified gender designators.

Second, convenience stores had higher rates of non-compliance (16.8%) compared to box stores (6.4%). This suggests messaging in these locations could be strategic.

Focus Groups (18-30 y/o)

Focus group data is still being analyzed and will be released in conjunction with the Innovation Co-Lab at OSU-Cascades.

Preliminary results indicate that younger people held values of individual decision-making and were more concerned about others’ health than their own. When discussing their own health, young adults were more concerned about long-haul or long-term risks than the risk of death. Young people reacted negatively to messaging that portrayed young people as “stupid” or “unconcerned with others.”

Focus group participants also resisted the simplistic explanation that higher rates of spread were only linked to increased socializing or “partying.” They noted that younger adults were more likely to work in retail or the service industry, and more likely to be in group living situations due to economic constraints. While we agree it is important to target this age group, it may be contextual factors as much as individual decision-making that results in higher rates of COVID among younger adults.

National Survey

In this section, we highlight central findings from the survey research. This is not intended to be an exhaustive list of analyses, but rather a summary of key results to help the City understand variability in COVID-related attitudes and behaviors as a function of cultural and demographic variables – some of which have already been reported above in support of our recommended messaging themes. Additional analyses, including the details for specific statistical tests, are available upon request.

Relationships among COVID-related attitudes and behaviors

The following attitudes and behaviors tended to co-occur with one another. That is, if you do one of these you are more likely to do each of the others:

- Practice social distancing less
- Are less likely to get a COVID vaccine if an FDA-approved one becomes available
- Express less concern about the health effects of COVID for oneself and the general public
- Express greater concern about the economic effects of locking down for COVID
- Believe less in the efficacy of masks
- Believe more that COVID is a conspiracy
- Believe more in common misconceptions about COVID
- Trust science and medical experts less for accurate information about COVID

Or, stated oppositely, the following behaviors and attitudes are all positively correlated with one another:

- Practice social distancing more
- Are more likely to get a COVID vaccine if an FDA-approved one becomes available
- Express more concern about the health effects of COVID for oneself and the general public
- Express less concern about the economic effects of locking down for COVID
- Believe more in the efficacy of masks
- Believe less that COVID is a conspiracy
- Believe less in common misconceptions about COVID
- Trust science and medical experts more for accurate information about COVID

Predicting COVID-related attitudes and behaviors with cultural values

Political conservatives, as well as those who advocated more strongly for individual liberties over government and communal responsibility, indicated that they:

- Practiced social distancing less
- Would be less likely to get a COVID vaccine if an FDA-approved one becomes available
- Were less concerned about the health effects of COVID for oneself and for the general public
- Were more concerned about the economic effects of locking down for COVID
- Believed less in the efficacy of masks
- Believed more that COVID is a conspiracy
- Believed more in common misconceptions about COVID
- Trusted science and medical experts less for accurate information about COVID

Predicting COVID-related attitudes and behaviors with demographic variables

Age – younger respondents reported:

- Being less likely to get a COVID vaccine if an FDA-approved one becomes available

- Practicing social distancing less
- Believing less in mask efficacy
- Expressing less concern about the health effects of COVID for oneself

Income – wealthier individuals reported:

- Being less concerned about the health effects of COVID
- Practicing social distancing less

Ethnicity / Race – relative to whites, Black and Latino individuals reported:

- Believing more that COVID is a conspiracy or hoax
- Believing more in common misconceptions about COVID
- Expressing more concerns about the economic impact of COVID
- Believing more strongly in the efficacy of masks to prevent the spread of COVID
- Practicing social distancing more

Relationships among trust in various sources of information about COVID

- Trust in various news sources tended to be positively correlated with one another – that is, individuals who reported trusting one news outlet for COVID information also tended to trust other news outlets.
- Trust in COVID information supplied by scientists and medical experts was associated with trust in all popular news organizations except for Fox News and Breitbart News.

Predicting trust in COVID information sources with cultural values

Political conservatives and those who more strongly advocate for individual liberties over government and communal responsibility reported...

more trust in information received from:

- Friends and family
- Social media
- Fox News
- Breitbart News

and less trust in information received from:

- Scientists
- Medical experts
- the CDC
- the FDA

Predicting COVID-related attitudes and behaviors with trust in COVID information sources

Trust in scientific sources of COVID information was associated with:

- Higher levels of social distancing
- Greater COVID health concerns
- Lower COVID economic concerns
- Greater perceived mask efficacy for limiting the spread of COVID
- Weaker support for COVID conspiracy theories

Trust in Breitbart News and Fox News was associated with reduced COVID health concerns.

Trust in information received from friends and family and social media about COVID did not predict COVID health concerns.

Predicting attitudes about pro-mask arguments with cultural values

Political conservatives, as well as those who advocated more strongly for individual liberties over government and communal responsibility, felt that...

the following arguments were stronger:

- Wearing a mask shows your patriotism in the U.S.
- Wearing a mask means other people won't tread on you and your family.
- Wearing a mask is about respecting the authority and maintaining law and order.

and that the following arguments were weaker:

- The World Health Organization (WHO) indicates that masks help protect people from infection and saves lives.

- American physicians indicate that masks help protect people from infection and saves lives.
- The Centers for Disease Control (CDC) indicates that masks help protect people from infection and saves lives.

Predicting attitudes about pro-mask arguments with COVID-related attitudes and behaviors

The following messages were rated as strong across most or all of the COVID-related attitudes and behaviors variables, suggesting that these messages captured the attention of individuals with diverse perspectives – from those who believe in COVID conspiracies to those who are more concerned about health effects to those who are more concerned about economic effects.

- “Wearing a mask shows your patriotism in the U.S.”
- “Wearing a mask means respecting your elders.”
- “Wearing a mask keeps small independent businesses open.”

Support for the message, “Wearing a mask means other people won't tread on you and your family,” was associated with those who reported:

- Greater confidence in COVID conspiracies
- Greater belief in common COVID misconceptions
- Greater concern about the economic effects of COVID rather than the health effects

Appendix

Survey Assessments

This section summarizes the key variables we assessed on the COVID-19 national survey. The entire survey, including all response scale values is available upon request.

Cultural Values

Individualism-Communitarianism

This scale assesses the degree to which people value individual freedom and choice vs. government intervention and communal responsibility. Survey participants were asked to indicate their level of agreement or disagreement with statements such as the following:

- The government interferes far too much in our everyday lives. (individualist)
- It's not the government's business to try to protect people from themselves. (individualist)
- The government should stop telling people how to live their lives. (individualist)
- The government should do more to advance society's goals, even if that means limiting the freedom and choices of individuals. (communitarian)
- It's society's responsibility to make sure everyone's basic needs are met. (communitarian)

Hierarchy-Egalitarianism

This scale assesses the degree to which people prefer traditional forms of hierarchy in the United States (e.g. with men and European American cultural values as dominant) or believe that inequality must be addressed across groups. Survey participants were asked to indicate their level of agreement or disagreement with statements such as the following:

- We have gone too far in pushing equal rights in this country. (hierarchy)
- Nowadays it seems like there is just as much discrimination against whites as there is against blacks. (hierarchy)

- It seems like the criminals and welfare cheats get all the breaks, while the average citizen picks up the tab. (hierarchy)
- We need to dramatically reduce inequalities between the rich and the poor, whites and people of color, and men and women. (egalitarian)
- We live in a sexist society that is fundamentally set up to discriminate against women. (egalitarian)
- Discrimination against minorities is still a very serious problem in our society. (egalitarian)

Political orientation

This scale assesses individuals' political orientation. Participants were asked to indicate how much they support each of the following groups and policies:

- Capital punishment
- Making abortion illegal
- Less strict gun control
- Socialized health care
- Same sex marriage
- More lenient penalties for illegal immigrants
- Democrats
- Republicans

COVID-19 Attitudes and Behaviors

COVID Conspiracy

This scale assesses individuals' agreement with beliefs that COVID is a conspiracy or hoax perpetrated on the public. Example items:

- Coronavirus was created to be a bio-weapon.
- The coronavirus is probably a hoax.
- A cure for the coronavirus has already been discovered but is being suppressed by people who want the pandemic to continue.

COVID Misconceptions

This scale assesses individuals' agreement with common misconceptions about COVID. Example items:

- The virus is relatively large, so any type of mask can filter it out.

- The coronavirus is not airborne.
- The seasonal flu is just as dangerous as the coronavirus.
- You can only spread the coronavirus if you feel sick.

COVID Health Concern

This scale assesses the degree to which individuals are concerned about the health consequences of COVID for themselves, their family, and the public. Example items:

- The coronavirus poses a major threat to the public.
- I think the situation with the coronavirus is overblown.
- I am afraid that a loved one of mine will get seriously ill or die from the coronavirus.
- I am afraid that I will get seriously ill or die from the coronavirus.

COVID Economic Concern

This scale assesses the degree to which individuals are more concerned about the economic consequences of a COVID-related shutdown. Example items:

- The country should *not* be shut down because of the coronavirus - the economic costs are too high.
- The economic costs of the coronavirus restrictions (e.g., closing schools and businesses) are greater than the benefits to public health.

COVID Mask Efficacy

This scale assesses beliefs about the efficacy of masks for preventing the spread of COVID. Example items:

- Wearing a mask effectively protects the wearer from coronavirus infection.
- Wearing a mask effectively protects other people from being infected by the person wearing it.

COVID Social Distancing

This set of items assesses how often over the past month individuals have engaged in a variety of behaviors to limit the spread of COVID. Example behaviors:

- Worn a mask in indoor public spaces
- Maintained a physical distance of six feet from people outside my household.
- Avoided crowded bars or restaurants.
- Avoided indoor gatherings with people outside my household.

In this same category of items, survey respondents were also asked about how likely they would be to get an FDA-approved vaccine to prevent COVID in the event that one becomes available to them.

Evaluation of Pro-Mask Arguments

In order to pilot test the likely efficacy of different sources and values embedded in public health messaging, we asked individuals to rate how weak or strong they felt a number of different arguments were for wearing a mask to prevent the spread of COVID. Example arguments:

- Wearing a mask shows your patriotism in the U.S.
- Wearing a mask protects you and your family.
- Wearing a mask means other people won't tread on you and your family.
- Wearing a mask means respecting your elders.
- Wearing a mask keeps small independent businesses open.
- The World Health Organization (WHO) indicates that masks help protect people from infection and saves lives.
- American physicians indicate that masks help protect people from infection and saves lives.
- The Centers for Disease Control (CDC) indicates that masks help protect people from infection and saves lives.
- Wearing a mask is about respecting authority and maintaining law and order.

Trust in Different Sources of COVID-Related Information

Individuals rated the degree to which they trust vs. distrust a number of different sources of information about the coronavirus. Example sources:

- Friends and family
- Social networking sites
- Scientists
- Medical experts / physicians
- CDC
- FDA
- CNN
- Fox News
- New York Times
- NPR
- Breitbart News

Demographic Information

Finally, we collected a variety of demographic information about respondents, including:

- Educational attainment
- Household income
- Gender
- Age
- Ethnicity / race
- Presidential vote

In-Depth Interview Questions

In-depth interviews followed the script below in a semi-structured fashion:

This project is being conducted in order to understand more about people's experiences during the COVID-19 pandemic in the City of Bend. We are interested in how people's attitudes and values influence their experiences and opinions about various aspects of the pandemic.

1. What have been some of the consequences of the COVID-19 pandemic for:
 - a. Your work and financial life?
 - b. Your family life?
 - c. Your social life?
 - d. Your physical or mental health?
 - e. Other aspects of your life?
2. At the present time, are you concerned about the health effects of the coronavirus... (why or why not?)
 - a. For yourself..
 - b. Family...
 - c. Others you know about who are at risk

3. Given the current state of the coronavirus, over the past 30 days, to what extent would you say that you:
 - a. Wear a mask in public indoor spaces.
 - b. Wear a mask in public outdoor spaces when social distancing is not possible.
 - c. Wear a mask indoors at all times when with people outside your household.
 - d. Maintain a physical distance of six feet from people outside your household.
 - e. Wash your hands as often as possible.
 - f. Stay home if you are feeling even a little bit sick.
 - g. Avoid places where there is limited social distancing and mask wearing, such as bars or more crowded indoor restaurants.
4. In the last week have you sat and had a meal with someone who was not part of your household? In the last month?
5. Do you anticipate having a meal with someone who is not part of your immediate household for Thanksgiving? For Christmas? Can you tell me how you came to that decision?
6. Have you gone to a gym, or an indoor exercise facility in the last week? Month? If so, was everyone wearing a mask? Were you wearing a mask?
7. We would like to know more about how you get information about the coronavirus...
 - a. What sources of information to you turn to get information about the virus?
 - b. What sources do you really trust when it comes to getting information about the coronavirus? Why?
 - c. What sources do you really NOT trust when it comes to getting information about the coronavirus? Why?
 - d. What kinds of information have you found MOST HELPFUL in allowing you to navigate your response to the coronavirus?

- e. What kinds of information have you found LEAST HELPFUL in allowing you to navigate your response to the coronavirus?
 - f. What kinds of information would be MORE HELPFUL to allow you to more successfully respond to the coronavirus?
8. To what extent do you trust the following specific sources of information about coronavirus?
 - a. Federal government officials / which individuals / why or why not?
 - b. State government officials / which individuals / why or why not?
 - c. Local government officials / which individuals / why or why not?
 - d. Scientists / why or why not?
 9. How would you suggest that we could have responded to the coronavirus differently...
 - a. In your workplace
 - b. In your community
 - c. In Oregon
 - d. At a national level
 10. What are your attitudes about a vaccine for the coronavirus? If an FDA-approved vaccine was available by early next year, would you try to get it as soon as possible? Why or why not?
 11. Our research indicates that there are a lot of different attitudes about the coronavirus – in terms of how big of a risk it really is to what we should do as individuals and as a society in response. Why do you think that many people have a very different assessment of risk and response compared to you? (NOTE: this will be tailored to the participants' opinions expressed earlier in the interview).
 12. Do you have any other thoughts about your experience of coronavirus, in terms of helping us understand the different ways it has affected people and improving our response to future pandemics?

Focus Group Questions

Focus group interviews followed the script below in a semi-structured fashion:

Thanks so much for your time. We are trying to understand your perspectives on how these times are affecting your age group; how your life has been affected by COVID; and how you are feeling about the sacrifices you're being asked to make for the general public.

1. So, can you first tell me a little bit about how your life has been affected by COVID?
 - a. Work
 - b. Social life
 - c. Family
 - d. Mental health
2. How do you think this pandemic is affecting your generation or age group, people in their twenties, in ways that are different than other generations?
3. Are there ways in which your values are different than people who are in their 30s, 40s or 50s? In what way?— and how might that affect your experiences with COVID?
4. What do you think people who are older than you don't understand about your experiences with the pandemic?
5. What has been the biggest sacrifice that you've had to make because of COVID?
6. What have you *not* been willing to sacrifice?
7. Where do you get your information about COVID? What kinds of stories about people fighting COVID have inspired you?
8. Have you seen COVID messaging that you think is directed at people your age? How does that go?
9. How often do you wear masks & social distance with your friends?

& what makes the difference in your decision to do so, or not?

10. How likely would you be to call someone out who wasn't wearing a mask? Why or why not? What would you say?
11. There's new data coming out that says there's a high rate of COVID spread among people in their twenties. Why do you think that is the case?
12. As a final question for this portion of the interview; can you reflect for a minute and talk to me about the feeling you think a person your age might have when they decide not to follow social distancing regulations or to wear a mask, or to choose not to socialize?
 - a. Are they angry, do they not believe in COVID; do they not believe COVID will affect them; are they making decisions for their mental health? What's happening?

Next, we'll talk about online posts.

13. Let's say you see a post about COVID online. When do you share it with others, and why?
14. If you don't share posts about COVID online, why not?
15. We are now going to show you some marketing assets created by local advertising and marketing firms. Let's watch and discuss. <https://youtu.be/nSpINJ8cNys>
 - a. How would you describe this ad?
 - b. Would you share it? Why or why not?
 - c. If you could recreate this, what would make it better?
16. PowerPoint of assets.
 - o What do you think of this?
 - o Would you share it?
 - Review of Assets
 - o <https://youtu.be/oepRh6aptXQ>
 - o <https://youtu.be/HWS1UI-Suj8>
 - o https://youtu.be/9_CYFlt0Wh0
 - o https://youtu.be/tL_aKOW1xh4
 - o https://youtu.be/YaLkcMF_bCU