

Partisan and Other Gaps in Support for COVID-19 Mitigation Strategies Require Substantial Attention

Sarah E. Gollust, PhD

ABOUT THE AUTHOR

The author is with the Division of Health Policy and Management, University of Minnesota School of Public Health, Minneapolis.

 See also Barry et al., p. 937.

In their article in this issue, Barry et al. (p. 937) offer a useful portrait of American public opinion about COVID-19 mitigation efforts. Using data from a nationally representative panel study, with surveys in April, July, and November 2020, they describe levels and predictors of support for social distancing, indoor mask wearing, and contact tracing, three important behavioral tactics to control viral transmission. Each of these behaviors remains important in 2021, even with the onset of mass vaccination.

THE GLASS HALF FULL AND HALF EMPTY

As with many investigations of American public opinion about significant policy issues, the authors' data provide multiple stories. One story—the “glass half full” story—tells us of robust public support for adhering to evidence-based tactics to reduce coronavirus transmission. For all three public health measures and across all time periods, support exceeded 70%.

Although there was a decline between April and July in the public's perception that social distancing is important (from 89% to 79%), the level of support remained substantial (78%) even in November, when “pandemic fatigue” had set in. Support for mask wearing held steady between July (80%) and November (79%), as did that for contact tracing (declining only slightly from 74% to 73%). Although public health authorities would prefer these numbers to be closer to 100%, it is rare to see such high levels of agreement among the US public, and this support signifies that in spite of the uncoordinated and insufficient response at the federal level, the public as a whole was committed to public health strategies throughout 2020.

Digging deeper, however, as Barry and colleagues' nuanced analysis allows us to do, provides the second—“glass half empty”—story. The authors observed large and persistent gaps in support by partisanship, age, and trust in science. For instance, Democrats'

support for social distancing was roughly 30 percentage points higher than that of Republicans across all time points. Although there is much accumulated evidence on partisan differences in a host of COVID-19 outcomes throughout 2020 (e.g., perceptions of the seriousness of the problem and support for public health actions, mask wearing, and social distancing),^{1,2} Barry and colleagues' analysis is novel because they examined partisan differences with more nuance, by overlaying two other attributes that are distinct from partisanship: a fixed (vs fluid) worldview and trust in science. They found that gaps between people who trust science and those who do not are larger even than partisan gaps, for example a 45-percentage-point gap in November in support of mask wearing.

STEPS ON A PATH FORWARD

Although it is tempting to look backward to trace the many reasons why these ideological and political differences in response to COVID-19 emerged (as others have done^{1,3}), looking forward must be the focus of our efforts as public health researchers and practitioners. Addressing the partisan-related gaps in COVID-19 opinion should be a priority for 2021, particularly as evidence continues to emerge about sustained partisan differences in attitudes. In mid-January 2021, survey researchers at the Kaiser Family Foundation found a 32-percentage-point difference between Democrats (64%) and Republicans (32%) with respect to who had already received or would get the vaccine as soon as possible.⁴ As Barry et al. argue, “developing persuasive communication efforts” to target these key groups should

be a critical priority. But what should this look like, specifically? What investments or interventions should the field of public health pursue?

First, resources devoted to national, state, and local communication campaigns should be increased. The Ad Council and the federal government coordinated a public service announcement campaign throughout 2020 (including one called #AloneTogether tailored to young adults, an important group identified by Barry et al.), and such efforts must be amplified.⁵ Messages should be based on communication science principles and involve strategic engagement with specific groups.⁶

As experts have emphasized,⁶ engagement with communities of color is a high priority; addressing the concerns of young people, Republicans, and those with low levels of trust in science is also critical. What are their values and concerns regarding COVID-19? How can these issues be addressed honestly and transparently? And which messengers do they trust most to deliver such messages? Surveys consistently identify personal health care providers as the most trusted sources of COVID-19 information,⁴ signaling that communication efforts not only must take place through strategic health communication campaigns but must also involve individual social and clinical networks.

Second, within local networks, physicians and other health care workers who are trusted among the public must be a key part of messaging, supporting the need for toolkits and messaging guides for local health care providers and clinics. When the public observes peers, community leaders, and health care providers (across the political spectrum) engaging in mitigation behaviors—and when trusted health care providers take the time to share their recommendations

thoughtfully and honestly—these steps will contribute to a public understanding that vaccination (or masking, social distancing, etc.) is the nonpartisan norm.

Third, as we have learned from decades of public health work, effective health behavior promotion is more than just health communication. Health communication in the absence of other system change can perpetuate inequalities,⁷ whereas tailored information combined with supportive environments can promote behavioral and norm shifts. If we want to see more mask wearing, the federal government should invest in more mask production and ensure that high-quality masks are available to everyone by delivering them directly to people and by making them freely available at the places people go (e.g., grocery stores, clinics, take-out restaurants). Similarly, investing in vaccine implementation in locations that are easy to access by target populations (including Republicans) with few barriers is critical.

Fourth, we need to develop and fund social science efforts to identify ways to “depolarize” public health or, more accurately, to confront the asymmetric support for evidence-based public health actions between Democrat and Republicans. Polarization has been an especially prominent feature of health policy for the last 10 years, since the passage of the Affordable Care Act.³ The persistent partisan patterning of support for all aspects of COVID-19 as well as a concerning sign that this politicized interpretation of public health is “sticky,” that is, potentially attached to public health issues for years to come.⁸

If the partisan differences observed in COVID-19 opinions spill over into other public health efforts in the future, this is a grave threat. Public health as a field must mobilize to identify

interdisciplinary evidence-supported ways to overcome politicization, including through work with professional communicators and journalists. Researchers in political science, for instance, have examined message strategies to reduce the likelihood of the public processing information through a partisan lens⁹; similarly, messaging work by the de Beaumont Foundation provides critical lessons upon which to build.¹⁰

Finally, public health scientists must focus on evidence-supported ways to build and sustain public trust. Credibility comes from not only perceived expertise over a topic but also perceptions of shared interests and values.¹¹ Increasing both expertise and shared interests will require that scientists be centered in federal, state, and local policy responses (not framed as opponents); that they honestly and transparently explain what they know while acknowledging inherent uncertainties; and, above all, that they redouble their empathy toward a public in crisis. **AJPH**

CORRESPONDENCE

Correspondence should be sent to Sarah E. Gollust, PhD, Division of Health Policy and Management, University of Minnesota School of Public Health, 420 Delaware St SE, MMC 729, Minneapolis, MN 55455 (e-mail: sgollust@umn.edu). Reprints can be ordered at <http://www.ajph.org> by clicking the “Reprints” link.

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CONFLICTS OF INTEREST

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