

COVID-19 Mitigations in the U.S.

December 5, 2020





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Week ending December 5, 2020

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This report provides highlights of a weekly survey of practices regarding the mitigation of the spread of COVID-19 in the U.S. during the week ending December 5, 2020 along with a summary for the month of November. The survey asks about the degree to which the respondents perceive that people in their community are following 21 common mitigation practices. The responses are separated by state and compared to state level statistics regarding the level of COVID-19 infections from the Johns Hopkins COVID database for the same time period.

Executive Summary

A slight decrease occurred in community mitigation practices across the country this week from 62.9% last week to 62.3% this week according to observations from 408 individuals in 47 states. At the same time, new COVID-19 infections set a record for the fourth week in a row, surpassing 1.3 million cases in a week for the first time ever. Since a recent low of 158 infections per 100,000 people in mid-September, infections have risen to 753 infections per 100,000 people and continue to climb.

Additional findings from the week ending December 5:

- ❖ The top mitigations practices showed mixed progress with three increasing and two declining.
- ❖ Of the eighteen states where we have significant data from this week, no two states have had the same approach to controlling COVID.
- ❖ Staying at home was the mitigation practice that had the highest one week increase in compliance. This doubtless reflects increased safety concerns among more vulnerable or more cautious parts of the population.
- ❖ Mitigation practices among different income strata are higher for some mitigations and lower for other reflecting different living conditions and different workplace experiences.

The full set of mitigations surveyed are included in the appendix to this report.

The announcement of two or more vaccines that are almost ready for initial distribution may be causing a disruption to the heretofore reflexive relationship between the use of mitigations and the spread of COVID. As the virus spreads, mitigations are put in place and then withdrawn once the virus is more under control. The large increase in spread of the pandemic yet that we have been experiencing since the beginning of the fall may also be upsetting the efficacy of smaller mitigation steps.

Mitigation Practices - National

Average percentage compliance with 21 COVID-19 mitigation strategies that are surveyed was 62.3% this week, down slightly from 62.9% last week. For the week, five of the twenty-one mitigations practices had average compliance above 70%, two had average compliance below 40% and fourteen had average compliance between 40% and 70%. This is a small change from last week with one practice moving out of the middle range into low.

Nationally the weighted average of compliance with these mitigations has gone from an average of 65.7% in September to 64.6 in October to 63.6 for November. When mitigations are broken out into practices within states and regions of states, there is a far greater variance in mitigations as respondents observe the results of individual states implementing changes in COVID mitigations and Individuals react to their personal perceptions of the level of COVID danger locally.

Survey Details

Collects information from volunteers on perceptions of community compliance with 21 COVID Mitigation strategies.

Participants answer between 0% and 100% that they see the strategy in use in their area.

CHANGING MITIGATIONS

Throughout the past eight weeks, the five mitigations that our observers say have the highest average compliance have remained the same. Results from the last four weeks are presented below:

Top Five Mitigations	11/14/2020	11/21/2020	11/28/2020	12/05/2020
Special protection in hospitals areas that treat COVID patients	93%	81%	80%	81%
Restaurants to have reduced seating	86%	77%	79%	76%
Visitors to senior living facilities to be restricted	85%	75%	75%	76%
Hairdresser and barber to be open with restrictions	85%	71%	74%	72%
Quarantine people with positive tests	81%	71%	71%	72%

In the last week three of these five practices showed an increase the percent compliance. The top mitigants have had an average compliance of 75% for the last three weeks compared to 86% for the preceding two. With the recent surge in COVID cases across the country, it is concerning that the most used mitigations have fallen drastically. Other mitigations have increased modestly, which is why the overall average has remained steady over time. Mitigation practices with the largest increase are compared below. These are much smaller increases than what was observed last week:

Mitigations with Largest Increase	11/28/20	12/05/20	Increase
Staying at Home	43%	46%	3%
Local level of COVID Infections known	55%	57%	2%
Special protection in hospitals areas that treat COVID patients	80%	81%	1%

Over the entire month of November, large increases were observed for Schools (k-12) closed or holding only remote classes (+16%), Antibody testing to detect prior infection (+15%), and Colleges closed or holding only remote classes (+12%). Over the same period double digit decreases in mitigation compliance were reported for Special protections in hospital areas that treat COVID patients (-14%), Hairdresser and barber to be open with restrictions (-12%), and Visitors to senior living facilities restricted (-10%).

With the large increase in number of infections we are currently experiencing, it is also possible that mitigations are much less effective with higher infection levels and winter indoor living. This may indicate that nationwide we need to adapt our behaviors on a large scale to a more stringent application of the mitigations that were effective for much of the summer and into the fall.

Mitigation Practices – State Level

Weighting Basis

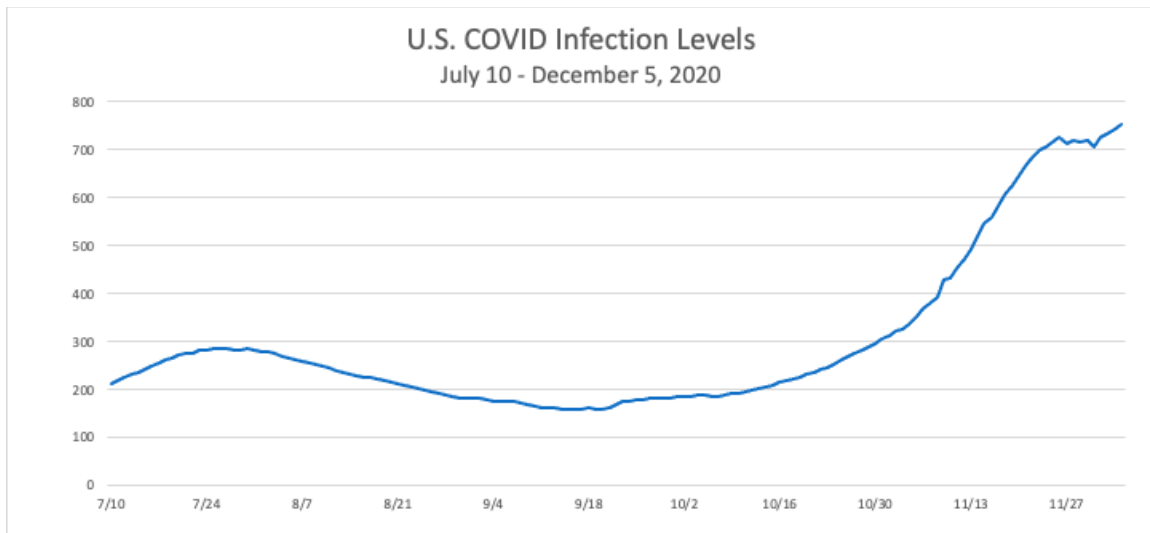
Weighting is based on average compliance in states where COVID was under control during September.

This week, the survey had a credible number of responses from 18 states. The states with the highest compliance were Massachusetts (72.4%), Minnesota (71.9%) and Washington (71.5%). The states with the lowest compliance were Alabama (38.8%), Wisconsin (49.2%), and Florida (50.5%).

When comparing average changes this week compared to the last month, there are interesting differences in the trend compared to the recent events. For four mitigations the weekly change is the opposite of the trend over the last five weeks by more than 5% (yellow outline in chart at right).

The large movements in compliance over the last month demonstrated in these four mitigations show that even though the national picture has been static, individual states are constantly changing their practices to adapt to what individuals, corporate leaders, and political authorities are observing on the ground.

COVID-19 Spread of Infections – National

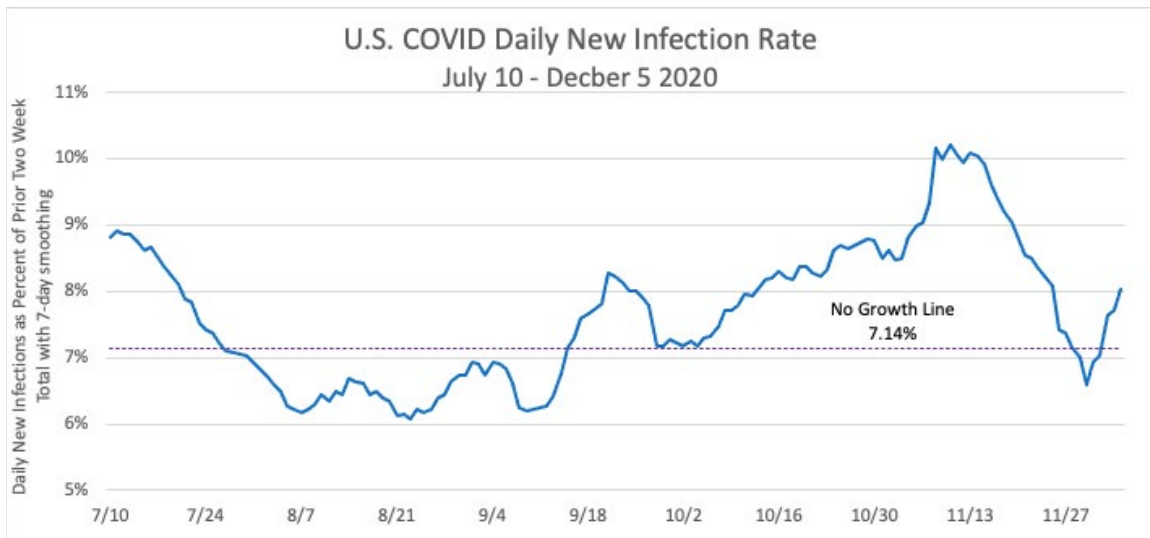


There were over 4.3 million new cases of COVID-19 reported in November. This is a 47% increase in the total infections reported since the beginning of the pandemic. The infection level finished November with a few days of stable values, but growth of infections has resumed in December.

Infection Level

is the number of active infections per 100,000 people.

This week, the rate of infections recovered almost half of the drop from the prior two weeks, reflecting some of the impact of the Thanksgiving travel and gatherings. The chart below shows a rise in the rate starting at the beginning of October, likely reflecting the impact of activities moving indoors with the colder weather and the re-opening (and subsequent reclosing) of schools. In mid-November, the rate of new infections started to fall ending the month below 7.14%, the “No Growth Line.” If the rate had stayed below the no growth line for an extended period of time, we would see the number of infections decrease. However, you can see the rate rebounding sharply in early December, reaching 8%, with no indication of slowing.

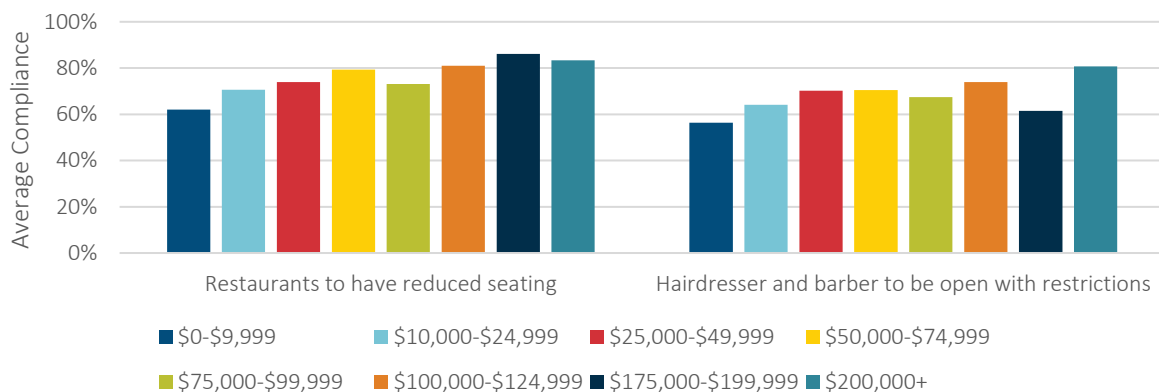


Differences in Mitigations in different communities

The questionnaire that collects the mitigation observations asks what observers see “in their community.” For 584 of the observations in November, information on participant income level is also collected. The responses regarding compliance with mitigation can then be stratified by income level. People with different income levels tend to live in different communities and hold different types of jobs.

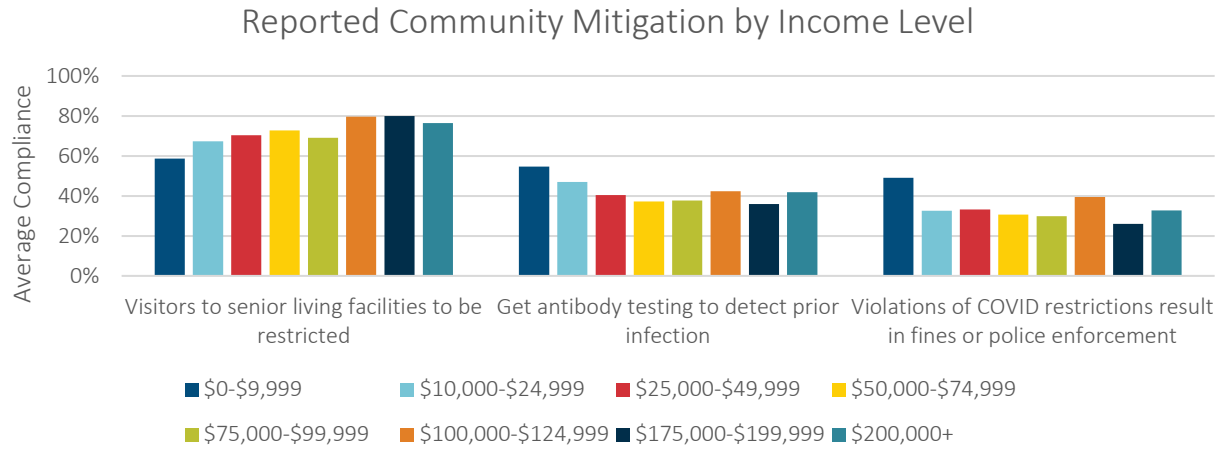
The five mitigations below have some of the largest differences across income levels and tell several very interesting stories.

Reported Community Mitigation by Income Level



Lower income people see far fewer restrictions at restaurants than higher income people, perhaps because some of the survey participants work in low-paying service industry jobs and know their businesses are open unrestricted.

There is a similar pattern with hairdressers and barbers, where higher income people report a significantly higher compliance than lower income participants.



With restrictions to visitors to senior living facilities the findings are similar. This may indicate that people of higher income are able to afford senior living facilities with greater ability to protect residents through restrictions to prevent the spread of COVID

Antibody testing is reported as higher by lower income participants than higher income participants. This may indicate that there are certain industries that are requiring testing for on-site workers and those industries tend to employ more lower income workers.

The least shocking of these five mitigations with differences for higher and lower income participants is to see the phenomenon that is repeated across all police activity – lower income people report higher police enforcement of COVID violations.

Acknowledgments

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Note on Mitigation Compliance Observations

The COVID mitigation information is collected via a SurveyMonkey survey. In that survey, observers are asked to say what they are seeing in their community regarding the percentage compliance with 21 specific mitigation activities. The observers are volunteers who were either recruited personally by the project team or who responded to a variety of solicitations for observers via Twitter, Facebook, LinkedIn, and SurveyMonkey. This data is subject to self selection and other biases. No adjustments have been made to the data that we have collected in order to respond to possible biases. Responses are aggregated and the average of multiple views are treated as true information about the mitigation activity in a state. The variance of the responses in a state has been examined and targets are set for a higher number of responses in states where there is a higher variance of responses.

Appendix List of Mitigations under Study

- Wearing a mask in public
- Maintaining social distance
- Staying at home
- Restaurants to have reduced seating
- Businesses to be closed – work from home only
- Hairdresser and barber to be open with restrictions
- Visitors to senior living facilities to be restricted
- Commonly touched surfaces to be sanitized
- Special protection in hospitals areas that treat COVID patients
- Get tested for active virus
- Get antibody testing to detect prior infection
- Quarantine people who have been in close contact with people with positive tests
- Quarantine people with positive tests
- Quarantine travelers from higher infection places
- Limit large gatherings of people
- Local level of COVID infections
- Statewide targets for reducing COVID spread
- Local approach to limiting COVID spread
- Colleges are closed or holding only remote classes
- Schools (K-12) are closed or holding only remote classes
- Violations of COVID restrictions result in fines or police enforcement

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