



Knology

PBS NewsHour COVID-19 Coverage:

News and COVID-19 Preventive Behaviors

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John Voiklis, Jena Barchas-Lichtenstein, & Elizabeth Attaway



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Prepared for **Patti Parson**
Managing Producer
PBS NewsHour
3939 Campbell Ave.
Arlington VA, 22206



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Knology produces practical social science for a better world.

tel: (347) 766-3399
40 Exchange Pl. Suite 1403
New York, NY 10005

tel: (442) 222-8814
3630 Ocean Ranch Blvd.
Oceanside, CA 92056

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Executive Summary

In September 2020, Knology surveyed a representative sample of 1,003 Americans to understand news habits and individual attitudes towards COVID-19 prevention behaviors. The panel provider we used stratifies representative samples by age, sex¹, and ethnicity only. (Our panel was somewhat more educated, somewhat more likely to live in the suburbs, and somewhat more Democratic-leaning than the U.S. as a whole.)

Most respondents reported accessing news as or more often than the same time last year, although some said their news habits had leveled off since April 2020. While most respondents said they try to avoid the news at least occasionally, they still generally received news about the pandemic frequently. More than half of them relied on journalism organizations as their primary source of COVID-19 news, with medical sources like the CDC and health departments the next most common type of response.

Survey participants reported at least moderate compliance with all recommended behaviors. They were somewhat less likely to say they regularly clean surfaces within their homes; the majority reported that they regularly wear masks, wash their hands thoroughly, and avoid close contact with people outside their households. They also identified that wearing a mask, maintaining distance, and staying home frequently benefits both themselves and others, while recognizing that washing hands may have more benefit to the individual than to society. They also generally believed that it is wrong to attend large gatherings, inside or out, and to go indoors without wearing a mask.

The one cause for concern in these findings is the relatively high number of respondents who remain susceptible to conspiracy theories about the virus's origin. The majority of respondents recognized that it is naturally occurring, but almost one-third of participants said it was developed either intentionally or unintentionally in a lab, and more than one-tenth said they were uncertain.

¹ We use the panel provider's terms. They say 'Sex' is stratified into male and female. Full details of how they stratify are available at <https://bit.ly/34FIBVO>.



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Methods

Knology designed a survey to assess individual attitudes towards behaviors related to COVID-19 that relate to participants' news consumption and local regulations.

Instrument

In addition to a brief consent and information module, the survey instrument contained five content modules.

Module 1: Media Consumption This module assesses how individual behaviors have changed since the pandemic. Questions have been adapted from a survey used in a prior study about the U.S. opioid epidemic (Barchas-Lichtenstein et al., 2018), in which participants were asked a number of questions about news consumption about the relevant topic. We have adapted these items to apply to the COVID-19 epidemic. We have also added an additional comparative question, a control question not about news, and a news avoidance question (Newman et al., 2019).

Module 2: Precautionary Measures Questions in this module seek to understand how participants are modifying their behaviors based on federal health guidelines. The behaviors we ask about are based on the CDC guidelines for preventing the spread of COVID-19. These guidelines are present on the CDC's COVID-19 Frequently Asked Questions page and are often mentioned by news outlets. It is reasonable to expect that most people who follow COVID-19 coverage are aware of these recommendations. The second set of items, to assess people's reasons for following the CDC guidelines, is based on Janoff-Bulman and Carnes' (2018) "Model of Moral Motives". This model breaks down motivation into Approach/Avoidance (whether the person thinks their action will lead to a positive outcome, or avoid a negative outcome) and Intrapersonal/Interpersonal/Collective (whether the person thinks their action affects themselves, those around them, or society overall).

Module 3: Area Regulations Regulations for COVID-19 prevention vary significantly between states. In addition to which businesses are allowed to open, states differ in their legal requirements for where masks must be worn and how many people are allowed to gather. At the same time, any behavior that affects the wellbeing of others is subject to moral norms. Compliance with legal pro/prescriptions often depend the strength of the normative pro/prescriptions (cf., Kim, Voiklis, & Malle, 2019). Therefore, we assess and compare both the respondents' understanding of the legal requirements of the area and the respondent's (moral) attitude toward those requirements. The items presented are based on common state requirements for mask-wearing and mass gatherings, as reported by the MultiState COVID-19 State and Local Policy Dashboard.

Module 4: Misinformation Conspiracy theories can create public confusion by introducing misinformation with which correct information must contend (Lewandowsky & Cook, 2020).

As observed in the context of climate change denial, the news media can “inoculate” the public against misinformation by exposing their faulty argumentation techniques (Cook, Lewandowsky, & Ecker, 2017). As the COVID-19 pandemic has accelerated a few conspiracy theories have emerged about its origins. These origin conspiracies were queried by the Pew Research Center (2020). In order to track the misinformation with which the NewsHour and other reputable news providers must contend, the AB testing of stories will include Pew’s question about the origins of the coronavirus.

Module 5: Demographics Demographic data will be collected to compare results and discern differences in responses during analyses.

Participants

This survey was distributed on the Prolific platform to a representative sample of the US population in September 2020, using Prolific’s built-in option to do so. Prolific stratifies representative samples along three variables (age, sex, and ethnicity) and benchmarks to the census. Participants were paid \$3.75 for completing the survey. The total number of respondents was 1003. Responses were checked for random/nonsensical answers to open-ended questions, but no clearly unusable responses were present.

Demographics

Table 1. Gender identification of respondents.

	<i>n</i>
Man	488
Woman	508
Non-binary	3
Prefer to self-identify	1
Choose not to respond	2

Notes. Question *N* = 1002.

Table 2. Highest level of education completed by respondents.

	<i>n</i>
High school or less	272
Associate's degree	173
Bachelor's degree	346
Master's degree	163
Doctorate, law, or medical degree	38
Choose not to respond	10

Notes. Question *N* = 1002.

Table 3. Geographical location of respondents.

	<i>n</i>
Urban	284
Suburban	521
Rural	197
Choose not to respond	1

Notes. Question *N* = 1003.

Table 4. Race/ethnicity identification of respondents.

	<i>n</i>
Black or African American	133
White or Caucasian	750
Middle Eastern	5
Hispanic or Latinx	59
Asian	76
Native American	17
Pacific Islander	2
Prefer to self-describe	10
Choose not to respond	8

Notes. Question *N* = 1003. Multiple options could be selected for this question.

Table 5. Age range of respondents.

	<i>n</i>
18-24	118
25-34	197
35-44	180
45-54	149
55-64	220
65-74	125
75+	14

Notes. Question *N* = 1003.

Table 6. People in the respondent's home at higher risk for COVID-19 (due to pre-existing conditions, age, or both)

	<i>n</i>
Respondent at higher risk	392
Respondent not at higher risk, but living with someone who is	97
Neither respondent nor anyone they live with at higher risk	514

Notes. Question *N* = 1003.
 This table combines information from two questions. After being asked their age, respondents were presented with a list of categories identified by the CDC as having higher risk for COVID-19, and asked whether any of these described them. They were then asked whether they lived with anyone who was over 65 and/or fell into one of the categories.

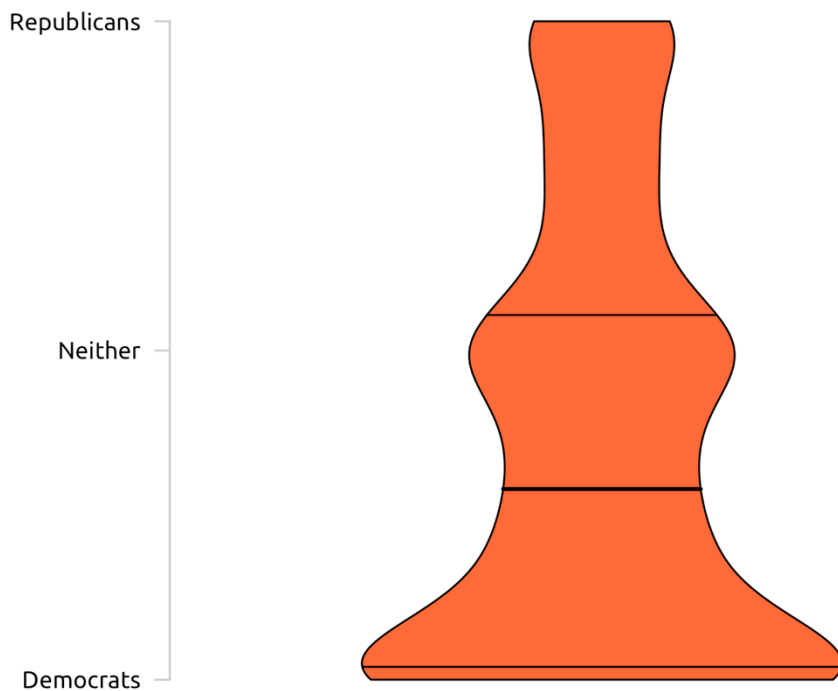


Figure 1. Political affinity of respondents.

Notes: Respondents moved a slider to indicate which of the major political parties they felt closer to.



Results

Media Consumption

Table 7. Changes in media consumption.

	More frequently	About the same amount	Less frequently	Total
Compared to this time last year, are you reading news....	567	380	55	1002
Compared to this time last year, are you reading books (incl. e-books and audiobooks)...	289	554	157	1000
Compared to April 1st of this year, are you reading news....	339	492	179	1001
Compared to April 1st of this year, are you reading books (incl. e-books and audiobooks)....	214	649	140	1003

Table 8. *Do you find yourself actively trying to avoid news these days?*

	<i>n</i>
Often	101
Sometimes	304
Occasionally	333
Never	263
Don't know	2

Notes. Question *N* = 1003.

Table 9. *How often do you get news about the COVID-19 pandemic?*

	<i>n</i>
Throughout the day	171
Several times a day	349
Once a day	223
Several times per week	180
Once a week	58
Less than once a week	22

Notes. Question *N* = 1003.

Table 10. Type of respondents' dominant news source for information on the COVID-19 pandemic.

	<i>n</i>
Reportorial (news organizations)	551
Curated (aggregators, search engines, blogs)	82
Social (word of mouth, Facebook, Twitter, etc.)	132
Medical (doctors, CDC, WHO, health departments, COVID trackers)	200
Governmental (mayors, governors, etc.)	17
Other/NA	21

Notes. Question *N* = 1003. Typology adapted from (Media Insight Project, 2015) and a previous review (Barchas-Lichtenstein et.al., 2018). Respondents were asked to name up to three sources they would look to first for more information about the COVID-19 pandemic. If two or more sources had the same type, this was the "dominant" type; if all sources had different types, the type of the first source listed was considered "dominant". 168 respondents listed 3 sources of different types, and 199 listed three sources of the same type.

COVID-19 Precautionary Measures



Figure 2. Mean responses to questions about actions respondents may have taken in response to the COVID-19 pandemic.

Notes. *N* = 991-999. Respondents moved a slider to indicate how their activities in the last seven days compared to the statements at either end. The question of how often respondents' jobs required them to leave home was included to contextualize responses to the questions on actions.

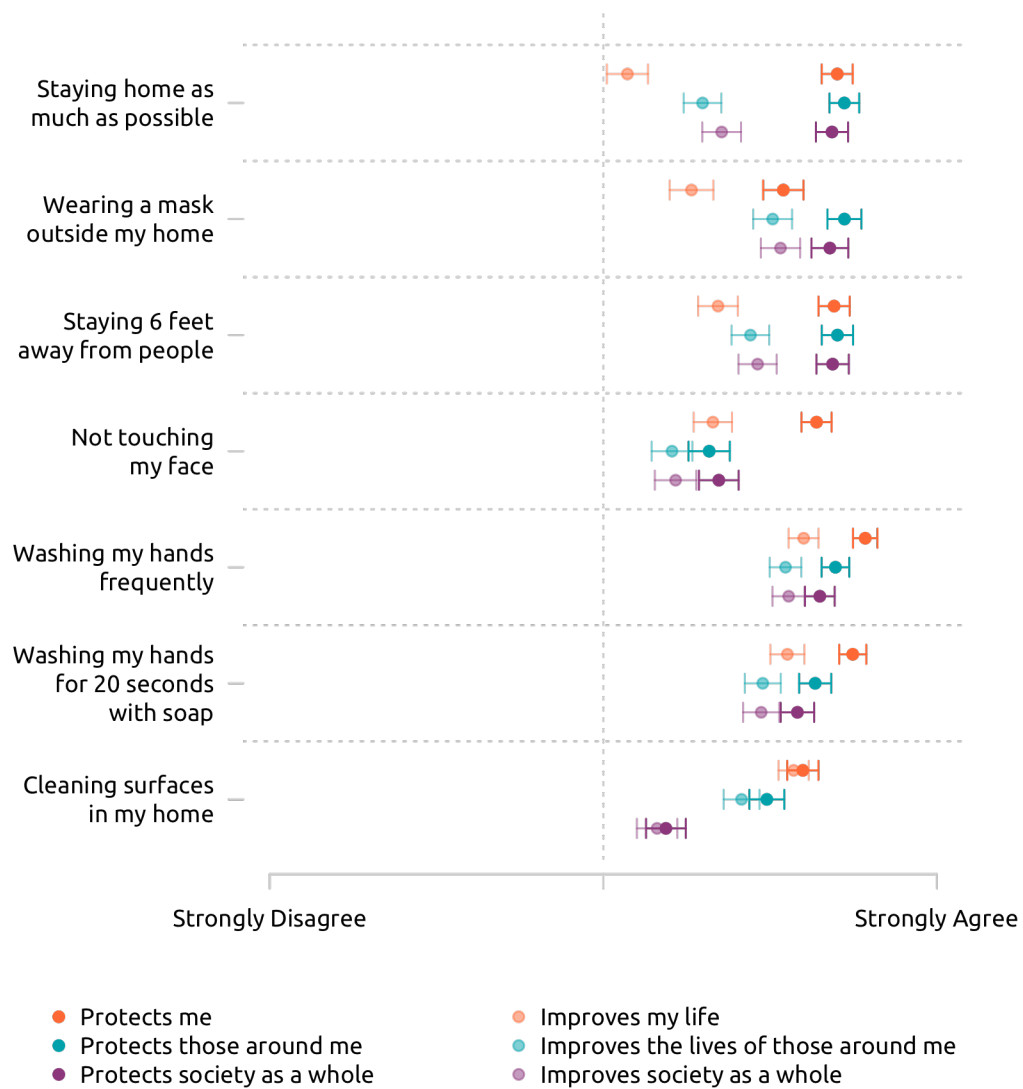


Figure 3. Respondents' perceptions of how precautionary actions protected and improved the lives of people at three social scales.

Notes. *N* = 400 - 454 per item. Each respondent was asked about three actions, selected at random. Points indicate mean response values, whiskers indicate confidence intervals.

Area Regulations

Table 11. *In my area, it is a requirement to...*

	Yes	No	Not Sure	Total
Wear a mask inside stores/businesses	919	65	18	1002
Wear a mask on the street/in parks	276	549	177	1002
Wear a mask when social distancing is not possible	773	118	110	1001
Avoid indoor gatherings of more than a specified number of people	833	67	103	1003
Avoid outdoor gatherings of more than a specified number of people	640	134	229	1003

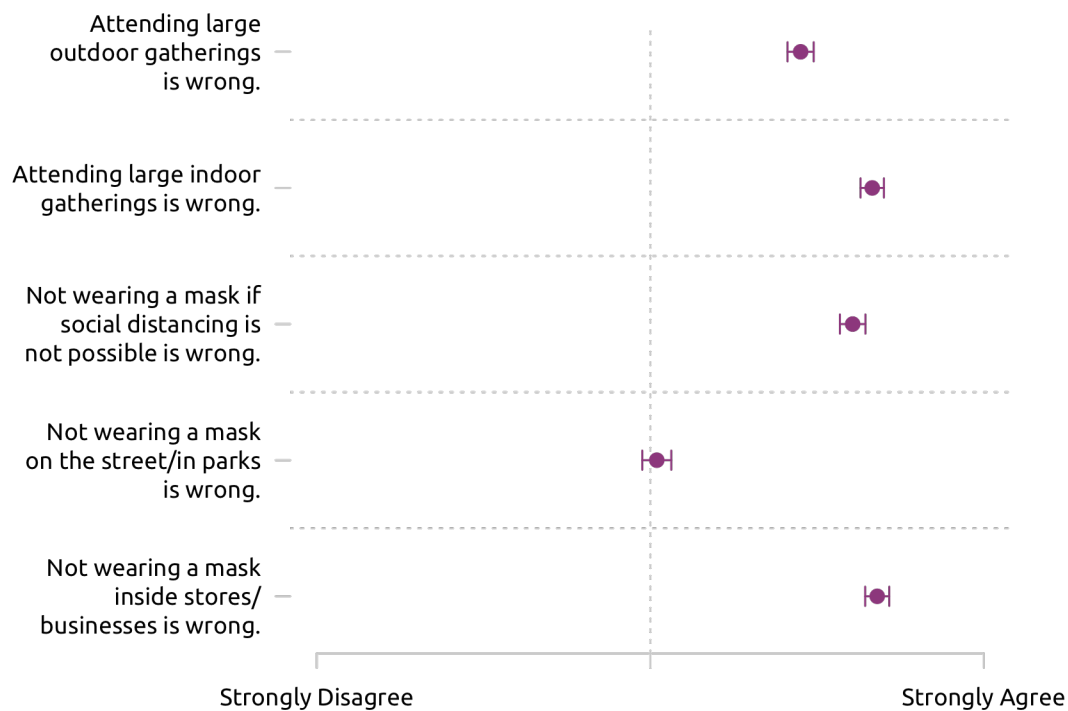


Figure 4. Respondents' moral attitudes toward common area requirements.

Notes. $N = 997-1002$.

The question was worded "Given the current status of the COVID-19 outbreak in my area, I believe...".

Points indicate mean response value, whiskers indicate confidence intervals.

Misinformation

Table 12. Respondents' beliefs about the current strain of the coronavirus.

	<i>n</i>
Was developed intentionally in a lab	206
Was made accidentally in a lab	89
Came about naturally	570
Doesn't really exist	8
Not sure	130

Notes. Question *N* = 1002.

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Knology

Behaviors

Biosphere

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Knology.org
info@knology.org

tel: (442) 222-8814
3630 Ocean Ranch Blvd.
Oceanside, CA 92056

tel: (347) 766-3399
40 Exchange Pl. Suite 1403
New York, NY 10005