COVID-19 Health and Adherence Research In Scotland (CHARIS)

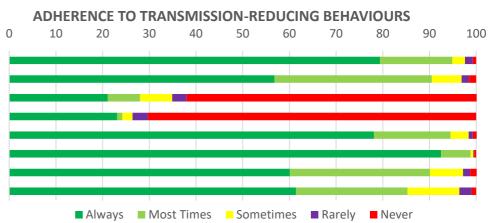


www.abdn.ac.uk/CHARIS | @CHARIS CVD19

What is CHARIS? CHARIS is a research study, that is using behavioural science to understand how people in Scotland respond to the Coronavirus pandemic. CHARIS started on 3rd of June and will conduct telephone interviews with a nationally representative sample of 500 adults each week for 6 weeks and then fortnightly until the end of October.

ADHERENCE OUTCOMES

Only went out for permitted reasons Stayed 2m distant Wore a face covering when shopping Wore a face covering on public transport Washed hands on return home Washed hands with soap and water Washed hands for at least 20 sec Washed hands before eating and drinking



Highlights

- Adherence to 2m distancing and hand washing was greater than adherence to wearing a face covering.
- Who and why people adhere to transmission reducing behaviours is different for each behaviour (keeping 2m distance, wearing a face covering, and hand washing).
- Having an intention to and the confidence that you can adhere to the transmission reducing behaviours is associated with greater adherence.

Understanding Adherence to Transmission Reducing Behaviours



Physical distancing: 9 out of 10 people kept 2m physical distance when outside



Face covering: 3 out of 10 people wore a face covering when shopping or on public transport



Hand washing: 8 out of 10 washed their hands thoroughly and frequently

Who Adheres?



Face covering



Hand hygiene

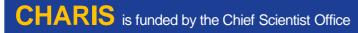


Who is MORE likely to? 65+ year olds

Who is MORE likely to? Women 45+ year olds

Who is LESS likely to? People who work fulltime Who is LESS likely to? People who work fulltime People living a household with children

Who is LESS likely to? People who work fulltime





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3rd-17th June Route Map: Phase 1 UNIVERSITY OF ABERDEEN

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Using behavioural science to understand adherence

CHARIS is using three theories to understand how different beliefs and emotions affect adherence.

- Beliefs and emotions about COVID-19
- Beliefs about risk of infection and beliefs about how to reduce that risk
- Beliefs about the three types of transmission-reducing behaviours (physical distancing, hand washing and wearing face coverings)

EXAMPLES OF BELIEFS AND EMOTIONS ASSOCIATED WITH GREATER ADHERENCE



Symptoms of COVID are easy to recognise

COVID would have major consequences for my life

COVID can be cured by treatment provided by Drs & nurses

COVID is caused by:

- other people not keeping 2m distance
- by a virus

I spend time **worrying** about getting COVID

I am anxious about getting COVID

Being ill with COVID would be **serious** for me

If I follow government instructions it **will stop me getting** COVID

I **intend** to keep 2m distance

I am **confident** I can keep 2m distance

I **believe** most people in my area are following government instructions



COVID would have major consequences for my life

COVID is **caused** by my not wearing a face covering

I spend time **worrying** about getting COVID

I am anxious about getting COVID

Being ill with COVID would be **serious** for me

Compared to other people I am at **higher risk** of getting COVID

If I follow government instructions it **will stop me getting** COVID

I **intend** to wear a face covering

I am **confident** I can wear a face covering



COVID is **caused** by:

- other people not keeping 2m distance
- my not wearing a face covering

Being ill with COVID would be **serious** for me

If I follow government instructions it **will stop me getting** COVID

I **intend** to wash my hands thoroughly and frequently I am **confident** I can wash my hands thoroughly and frequently

