Implementing behavioural insights work to inform the COVID-19 response – and health security work in general: the Finnish experience

21.4.2021

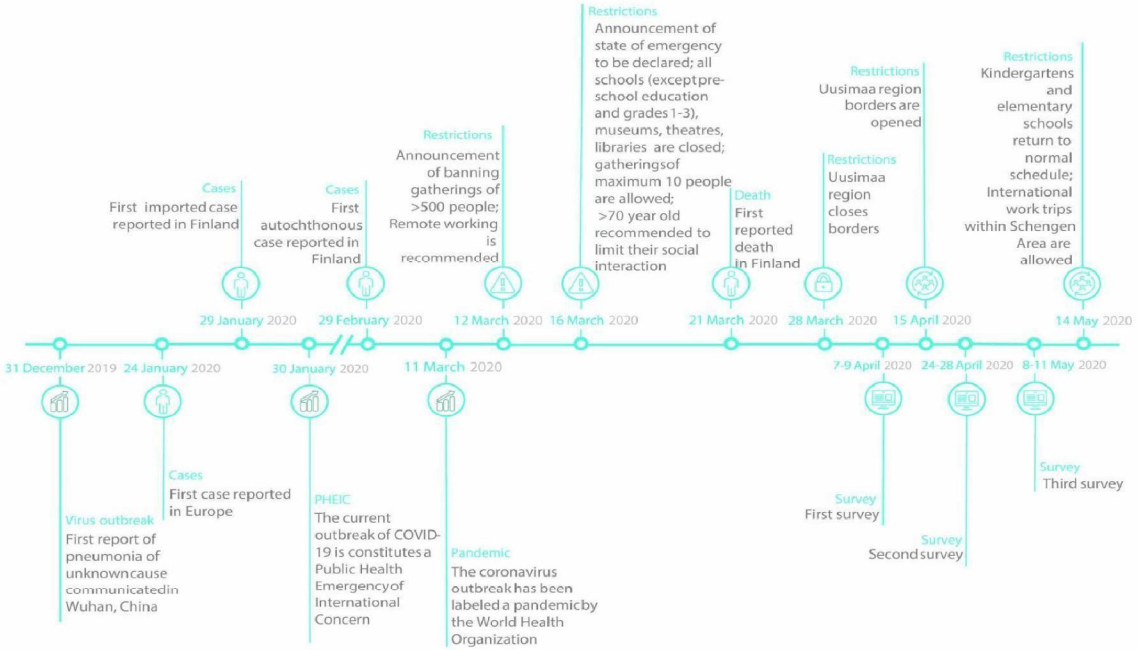
5.1.2e

Finnish Institute for Health and Welfare

Behavioural insights work at THL – Background

- Vaccine hesitancy/acceptance (other health security issues):
  - Since 2016 more effort put on BI and related activities
  - Projects (+5 consortiums): National and international (policy and research)
  - Individual studies on different topics (+15 individual studies on vaccine hesitancy, confidence, coverage)
  - Other health security topics too
  - Partnerships (national and international)
  - People: behavioural scientists, public health experts and researchers, communication experts, cultural anthropologists, EPIET fellows etc.
- In order to support:
  - Communications
  - National immunisation programme
  - Health security work in general

Timeline


31 December 2019
Virus outbreak
First report of pneumonia of unknown cause communicated in Wuhan, China
24 January 2020
Cases
First case reported in Europe
29 January 2020
Cases
First imported case reported in Finland
30 January 2020
PHEIC
The current outbreak of COVID-19 is constitutes a Public Health Emergency of International Concern
29 February 2020
Cases
First autochthonous case reported in Finland
11 March 2020
Pandemic
The coronavirus outbreak has been labeled a pandemic by the World Health Organization
12 March 2020
Restrictions
Announcement of banning gatherings of >500 people; Remote working is recommended
16 March 2020
Restrictions
Announcement of state of emergency to be declared; all schools (except pre-school education and grades 1-3), museums, theatres, libraries are closed; gatherings of maximum 10 people are allowed; >70 year old recommended to limit their social interaction
21 March 2020
Death
First reported death in Finland
28 March 2020
Restrictions
Uusimaa region closes borders
7-9 April 2020
Survey
First survey
15 April 2020
Restrictions
Uusimaa region borders are opened
24-28 April 2020
Survey
Second survey
8-11 May 2020
Survey
Third survey
14 May 2020
Restrictions
Kindergartens and elementary schools return to normal schedule; International work trips within Schengen Area are allowed

Survey tool: behavioural insights on COVID-19

- **Monitoring people's perceptions, attitudes, fears, behaviour, compliance to recommendations**

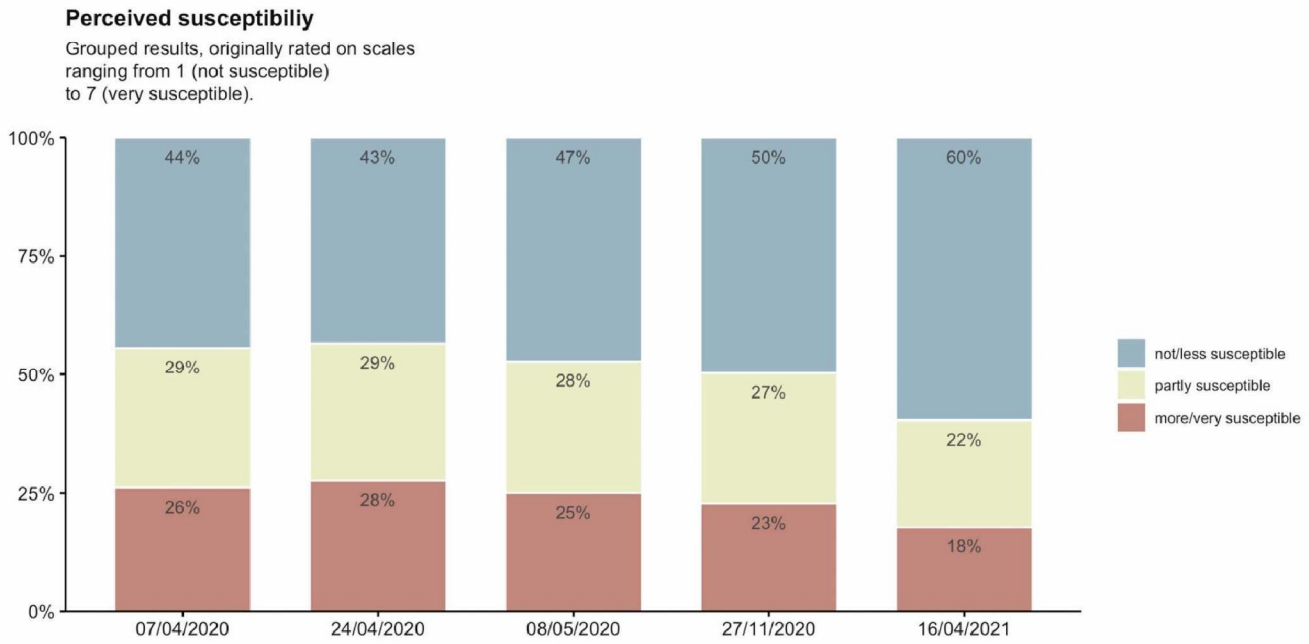
- National serial cross-sectional study
  - Survey with more than 100 questions or statements
  - Around 1,000 respondents/round representing the Finnish population
  - Data gathered in five waves: 7–9 April 2020, 24–28 April.2020, 8–11 May 2020, 27 November–1 December 2020, 16 April–19 April 2021
- Results shared with a broad range of collaborators within and outside the government involved in controlling the pandemic and its societal effects
- Based on a tool developed by WHO Europe in collaboration with the University of Erfurt: https://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/publications-and-technical-guidance/risk-communication-and-community-engagement/who-tool-for-behavioural-insights-on-covid-19
- THL research team: 5.1.2e

What does it give us?

Knowledge about:

- How people behave
- How people comply with recommendations and restrictions
- People's risk perceptions
- How much different actors are trusted
- What people worry about and fear
- How and what information sources are used
- Level of knowledge
- Vaccine acceptance
- Trust in authorities

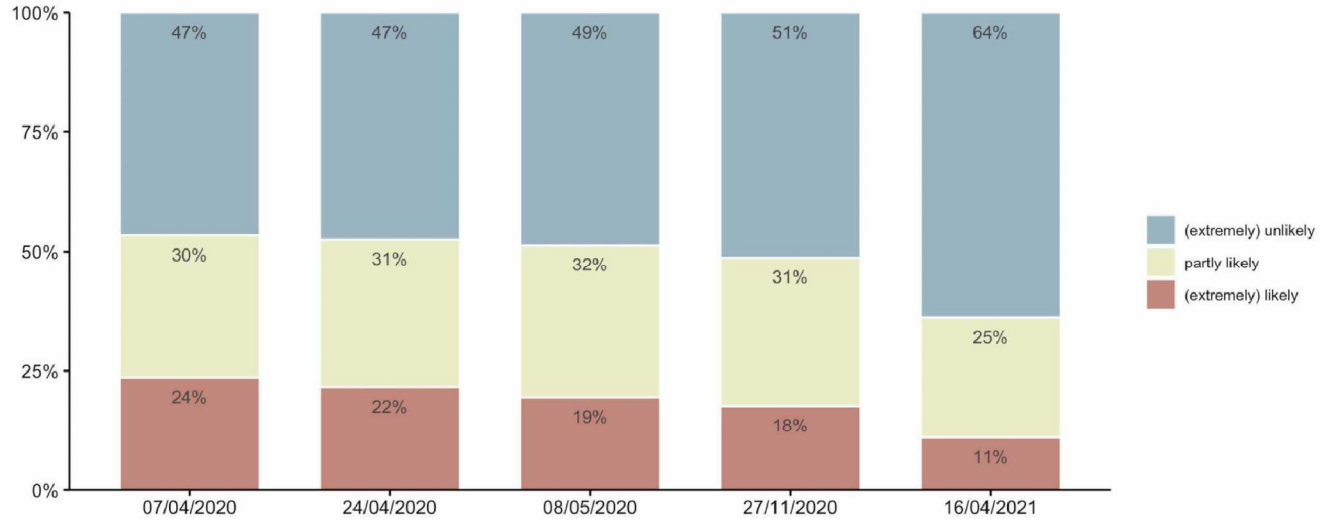
Risk perceptions: Perceived susceptibility



Risk perceptions: Likelihood of infection

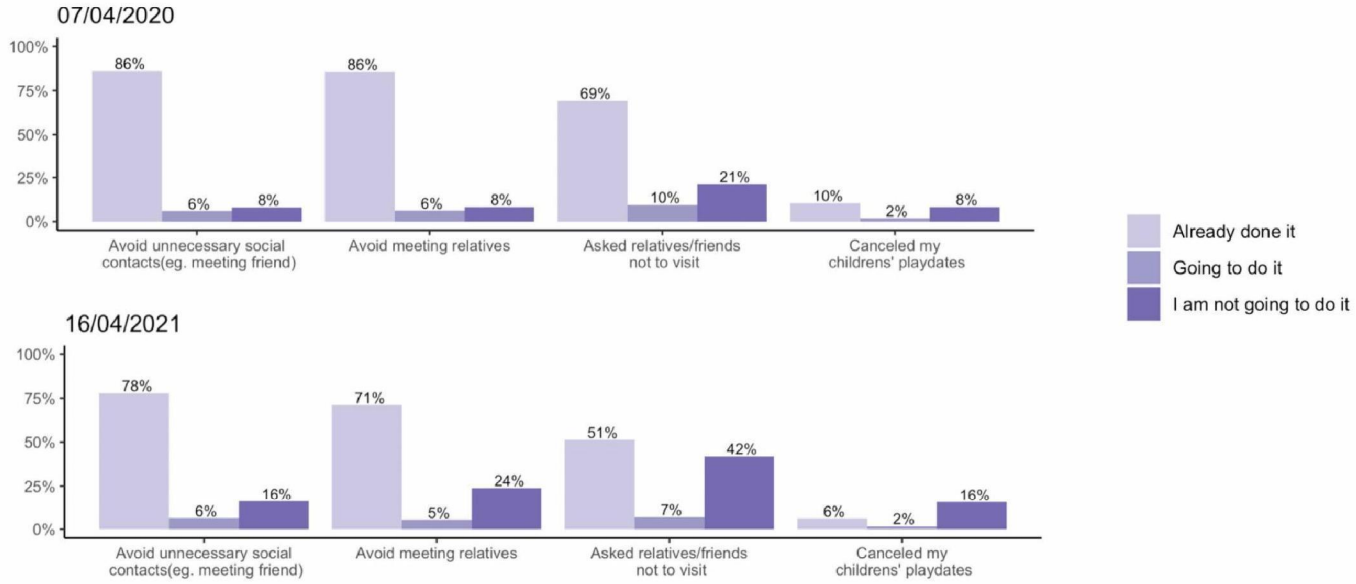
Preceived likelihood of infection

Grouped results, originally rated on scales ranging from 1 (extremely unlikely) to 7 (extremly likely).

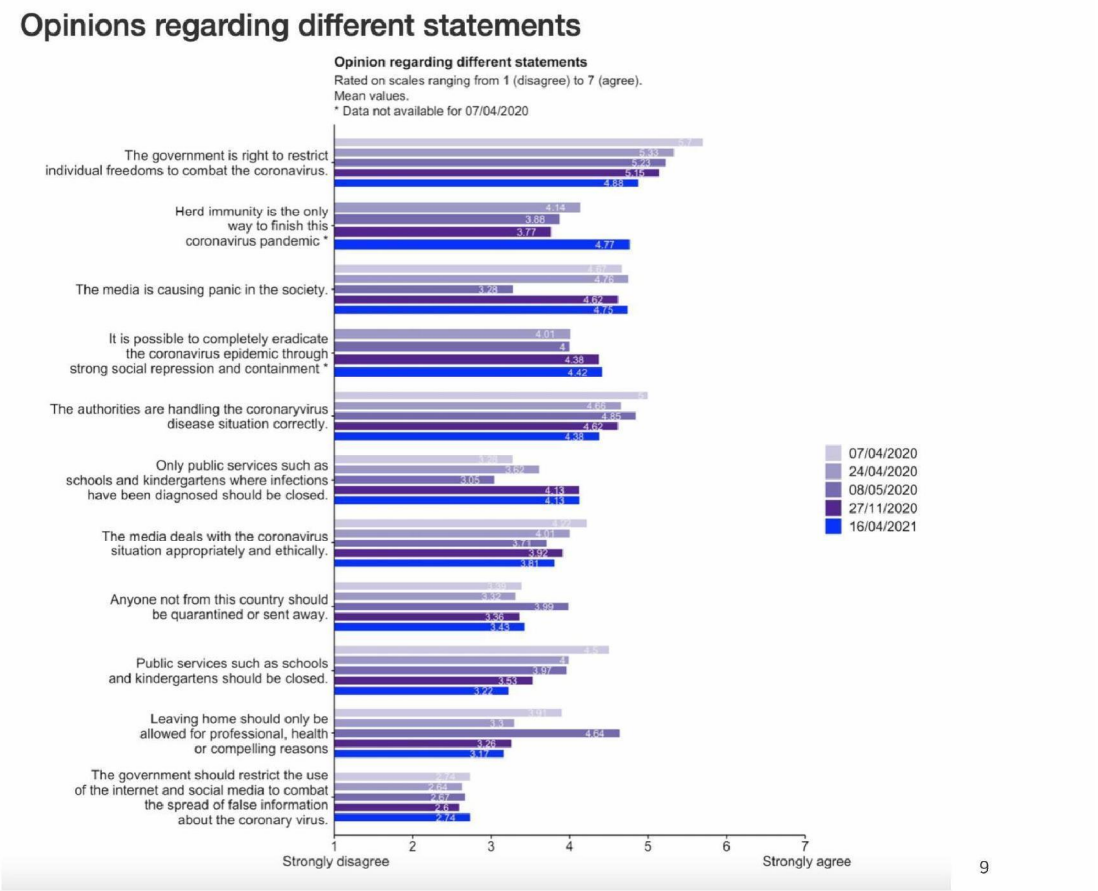


Behaviours: Avoiding social contact

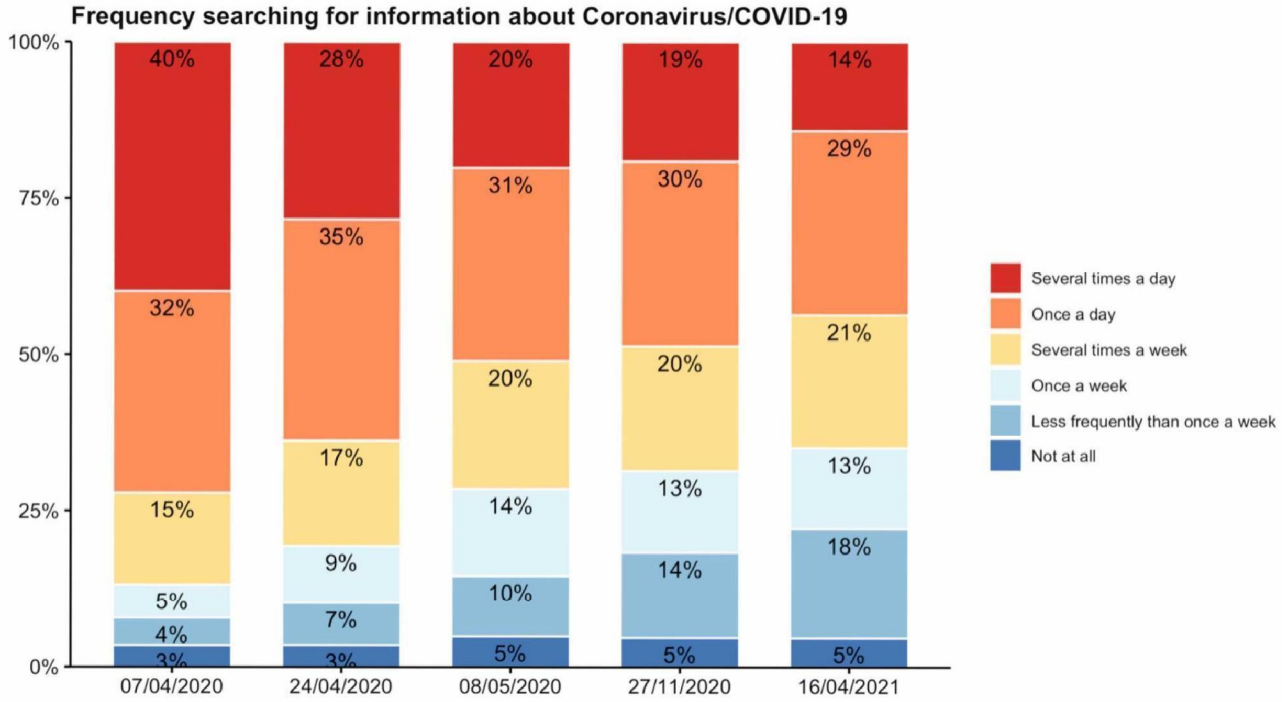
Avoiding social contact



Opinions regarding different statements related to the coronavirus situations

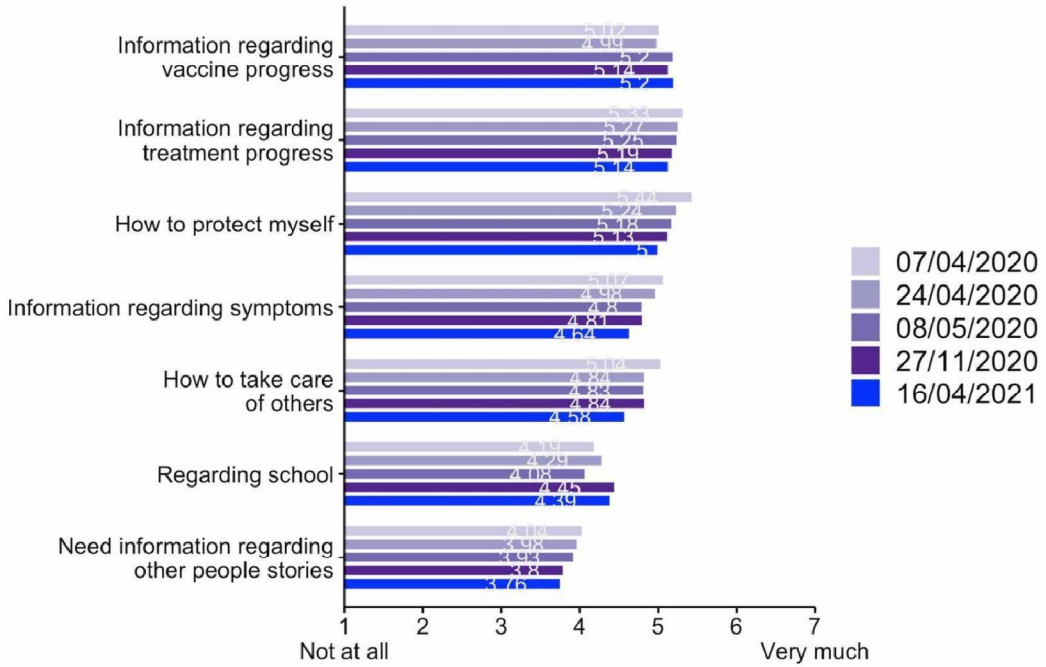


How often do you inform yourself in regards to the coronavirus?

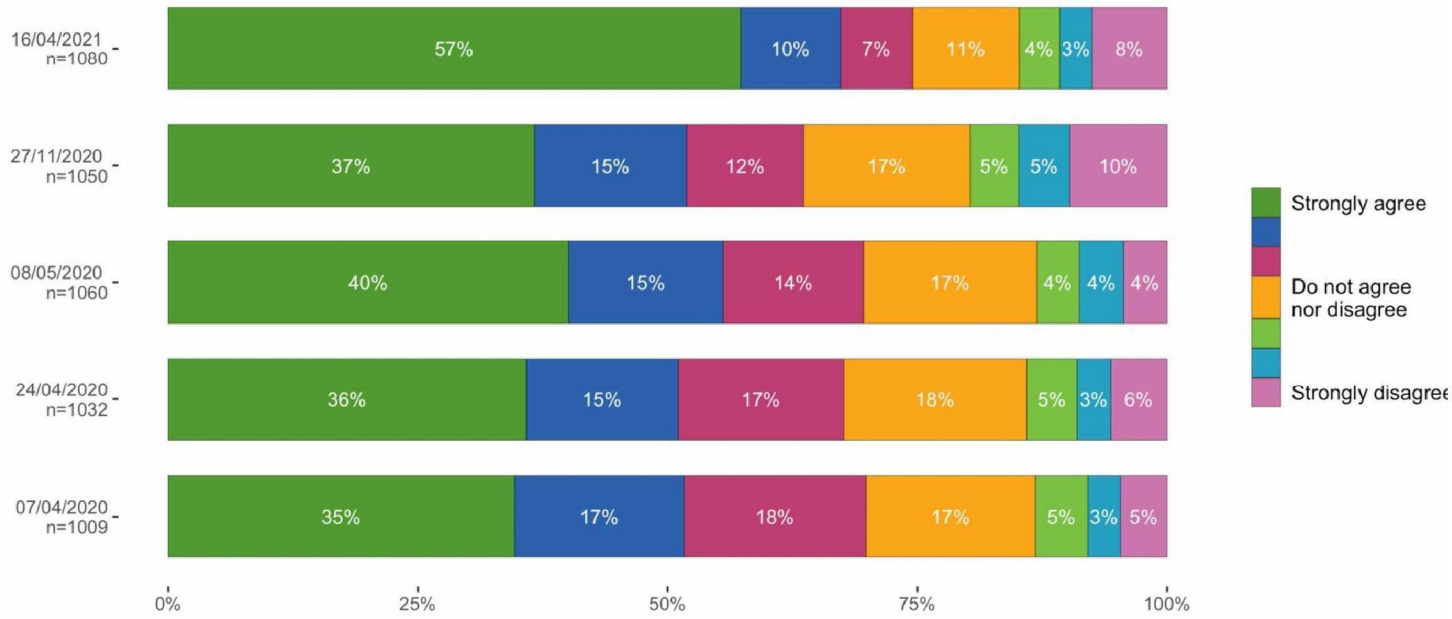


Type of information needed

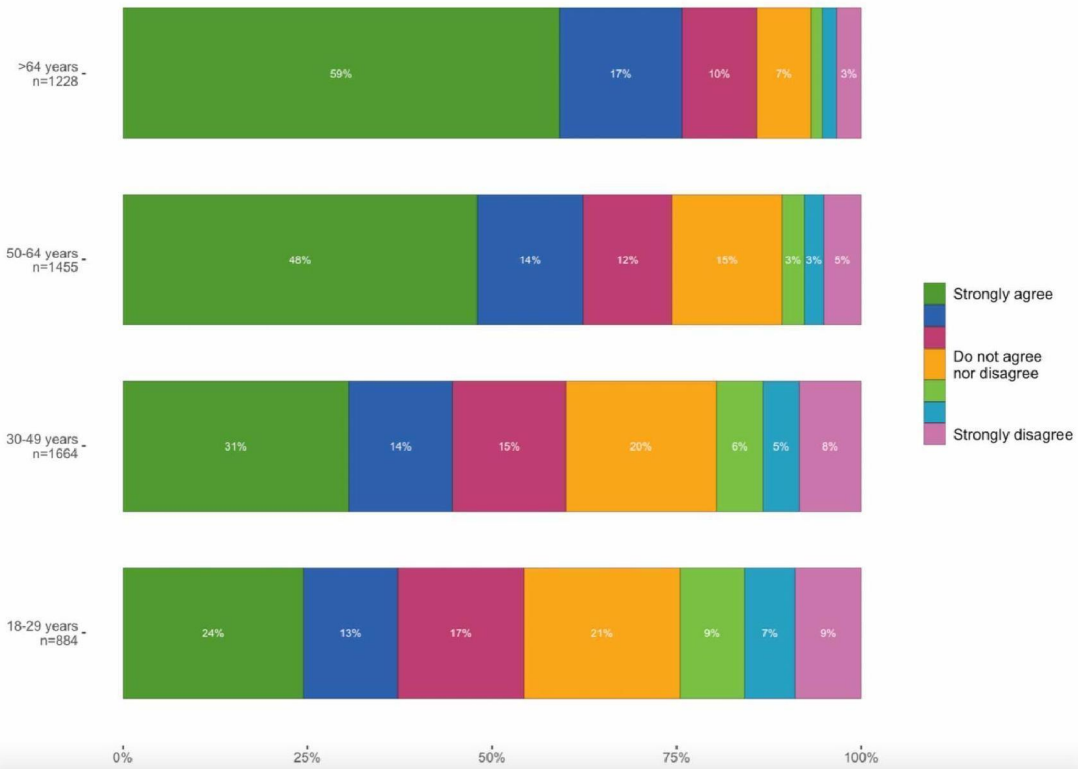
Rated on scales ranging from 1 (no at all) to 7 (very much).
Mean values.



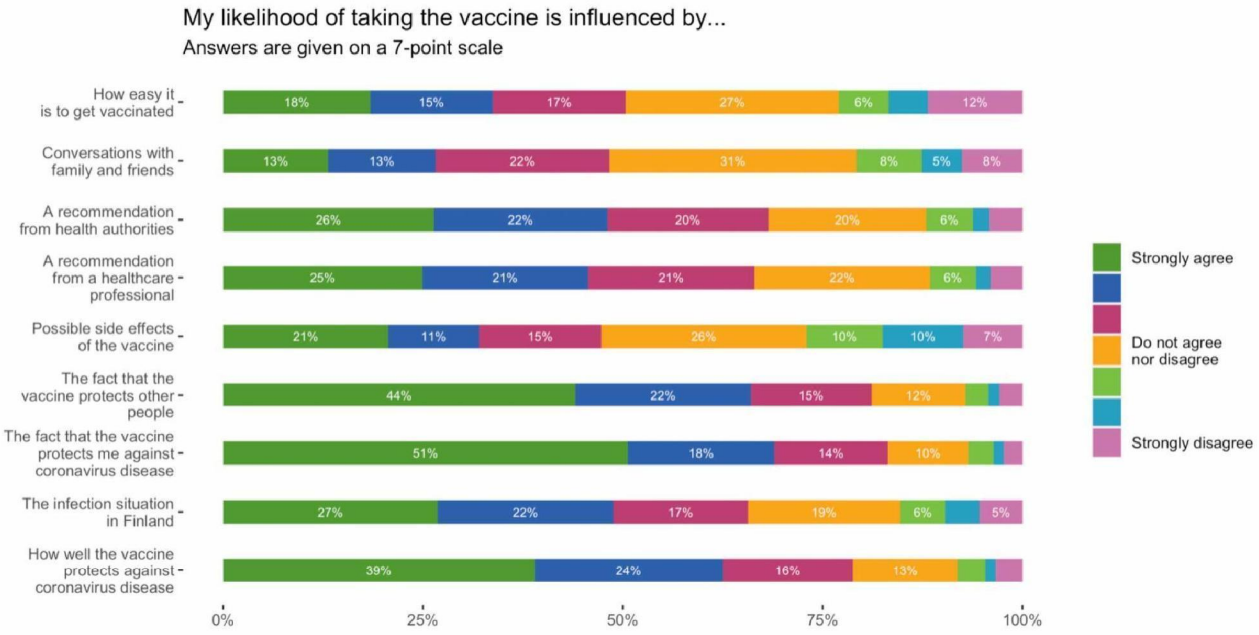
If a vaccine becomes available and it is recommended for me, I would get it.



If a vaccine becomes available and it is recommended for me, I would get it. All waves (n= 4151)



Vaccines


My likelihood of taking the vaccine is influenced by...
Answers are given on a 7-point scale
How easy it is to get vaccinated
18%
15%
17%
27%
6%
12%
Conversations with family and friends
13%
13%
22%
31%
8%
5%
8%
A recommendation from health authorities
26%
22%
20%
20%
6%
A recommendation from a healthcare professional
25%
21%
21%
22%
6%
Possible side effects of the vaccine
21%
11%
15%
26%
10%
10%
7%
The fact that the vaccine protects other people
44%
22%
15%
12%
The fact that the vaccine protects me against coronavirus disease
51%
18%
14%
10%
The infection situation in Finland
27%
22%
17%
19%
6%
5%
How well the vaccine protects against coronavirus disease
39%
24%
16%
13%
0%
25%
50%
75%
100%
Strongly agree
Do not agree nor disagree
Strongly disagree

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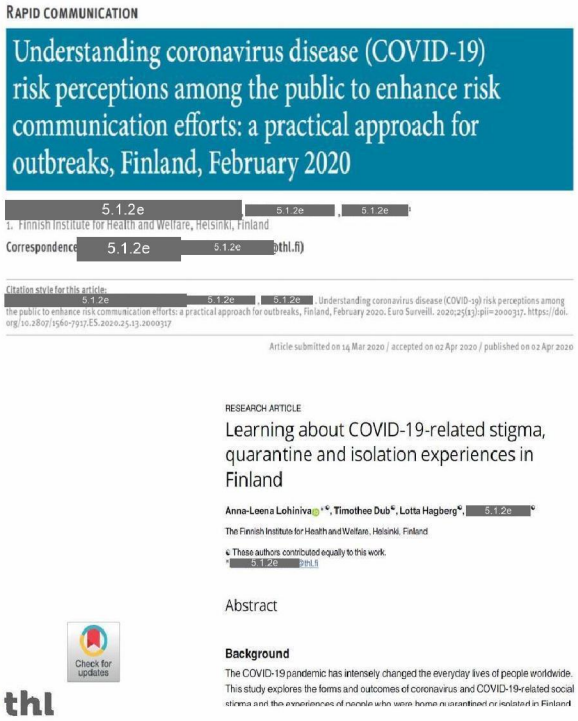
Other operational studies to support the pandemic response



RAPID COMMUNICATION

Understanding coronavirus disease (COVID-19) risk perceptions among the public to enhance risk communication efforts: a practical approach for outbreaks, Finland, February 2020

5.1.2e

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RESEARCH ARTICLE

Learning about COVID-19-related stigma, quarantine and isolation experiences in Finland

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Abstract

Background

The COVID-19 pandemic has intensely changed the everyday lives of people worldwide. This study explores the forms and outcomes of coronavirus and COVID-19-related social stigma and the experiences of people who were home quarantined or isolated in Finland

- **Corona virus and pandemia risk perception monitoring of the public based on social media data**
- Qualitative rapid analysis
- Knowledge co-creation to develop operational recommendations for risk communication
- Internal tool of THL

- **Qualitative study on Covid-19-related stigma**
- Based on in-depth interviews
- Operational recommendations to minimize coronavirus and COVID19 related stigma and discrimination and to reduce challenges faced by those in home quarantine and isolation

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Operational studies to support the pandemic response

Barriers and facilitators to compliance with infection prevention and control measures in COVID-19 patient care in Finland

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- The aim is to develop evidence-based behavior change functions and strategies to support healthcare workers compliance with IPC measures during future epidemics and pandemics.
- A mixed methods study comprised of a quantitative online survey and qualitative one-to-one interviews

A qualitative Investigation to understand vaccine hesitancy among healthcare workers in long term care facilities in Finland

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- Based on the Theoretical Domains Framework (TDF) and the behavior change wheel BCW
- The aim is to assist in the content development of the vaccination campaigns

Lessons learned

- Provided the possibility to monitor perceptions, attitudes, worries, behaviour – and changes in these
- Provided support for developing and targeting measures, policies, strategies and communication activities
- Results have been considered relevant by many; numerous consultations have been asked for and given to government bodies, authorities + affiliated partners
- In order to be able to react rapidly and to do meaningful and good quality work in a rapidly evolving situation, BI activities need resources, and preferably build upon existing structures and activities
- More competence and ability to digest behavioural insights is needed

The "big question(s)":

- How much is the development of an epidemic dependant of and related to human behaviour?

Vs.

- How much do we have and use research-based knowledge about behaviour in outbreak control/prepardness/response work?