

Researchers discuss the unseen community effects of COVID-19 stay-at-home orders

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As unprecedented as the outbreak of COVID-19 felt, it was far from the first time a deadly disease has swept the globe. Historians have identified epidemics and pandemics dating as far back as 430 B.C. Records tell us

how these diseases spread and how many people died, but not people's personal experiences of the crises.

COVID-19 presented a rare opportunity to document in [real-time](#) how people processed the tumult of a pandemic, and how necessary [public health measures](#) affected their lives. Starting in the earliest days of the 2020 outbreak, a team of researchers at the University of Washington conducted real-time surveys of King County residents, asking what measures people had taken to protect themselves, how their daily lives had been affected and what worried them most.

The results, [published](#) in the journal *PLOS One*, provide a glimpse into the subtle effects that public health measures like [social distancing](#) and stay-at-home orders had on the community.

UW News spoke with Kathleen Moloney, research scientist at the UW Collaborative on Extreme Event Resilience, and Nicole Errett, a UW assistant professor of environmental and occupational health sciences and director of the new Center for Disaster Resilient Communities, to discuss the study, how people experienced those early months and what public health practitioners can learn for future pandemics.

It's been four years since COVID-19 changed all our lives, and more than two years since we started to emerge into this new normal. Why is it important to share this research now, to understand people's experiences of the pandemic and collective efforts to limit COVID's spread?

Kathleen Moloney: Unfortunately, COVID-19 is unlikely to be the last pandemic we face. To fully understand this pandemic's impacts and

better prepare for the next, we need research studies like ours—where data was collected in real time, from March to May of 2020—that document the lived experiences of communities during the pandemic. For example, by documenting how people in King County experienced the social distancing measures in real-time, our study provides valuable insights into which negative impacts were most acute during the early stages of the pandemic.

Our results, combined with evidence from other research studies, can provide direction for researchers and policymakers to explore effective interventions for future pandemics.

Nicole Errett: It is really important to start collecting data in the immediate aftermath of a disaster to understand effects on health and well-being, but researchers face a variety of administrative, logistical and ethical challenges when designing rapid-response research studies. By sharing our approach in this paper, we can provide ideas and guidance for other investigators while designing studies for future disasters, whether those are caused by an infectious disease or natural hazard.

The COVID-19 pandemic has been unprecedented in a lot of ways, and was for most Americans the most significant disruption to our daily lives ever. How unusual are events like this in human history? What do we know about how past pandemics and epidemics have affected the people who lived through them?

KM: During the height of the COVID-19 pandemic, we often heard comparisons to the 1918 influenza pandemic, as closures of schools, businesses and other community gathering spaces were implemented in response to both. However, it isn't really possible to compare the

experiences of those who lived through COVID-19 with those who lived through the 1918 Flu and other pandemics throughout history, because there weren't any research studies conducted at the time to document those experiences. That's why rapid-response disaster research, like our study, is so important.

In the paper you evaluate the unintended impacts of efforts to slow the pandemic, like people losing their jobs and students falling behind in school. How do you think about that delicate balance between public health and individual well-being?

KM: I don't think of protecting public health and individual well-being as opposing priorities that need to be balanced. Public health, as a field, is dedicated to protecting and improving the health and well-being of the individuals that make up communities.

Disruptions to employment and schooling can negatively impact long-term health outcomes, and ideally, these potential consequences should be considered when thinking through the type and duration of social distancing measures. Unfortunately, all the empirical research needed to inform those decisions was limited prior to this pandemic.

You asked participants about steps they took to protect themselves at the height of the pandemic. Some steps had pretty low rates of participation—for example, only 63% of people said they stopped going to the gym, and 82% of people avoided large gatherings. What does that say about the effectiveness of our collective response to the pandemic?

KM: I want to give the caveat that our survey only captured participants' self-reported behavior at a single point in time. For example, someone who responded to the survey on March 19th, 2020, that they had not stopped going to the gym might have stopped the next week, when the statewide Stay Home, Stay Safe order was issued. Our survey was also a convenience sample, and therefore shouldn't be considered representative of the compliance of King County residents as a whole with various social distancing recommendations.

With that said, those numbers were still slightly surprising. The narrative we often hear of public acceptance of COVID-19 social distancing measures is that compliance was initially high, and then decreased over time due to factors such as message fatigue—there's research documenting this phenomenon. We need additional research to confirm this, but our results might indicate that there was also an initial lag in compliance with the social distancing recommendations implemented in response to COVID-19.

Overall, these measures still appear to have been effective, despite imperfect or slightly delayed compliance among certain residents.

NE: At the time of our survey, our understanding of disease transmission was still evolving. It's possible that people took measures they thought were protective (like hand washing) while attending these gatherings, based on their understanding of transmission at the time. It would have been interesting to re-survey folks at various time points throughout the pandemic to see how their behavior evolved as the pandemic, and our understanding of the disease, progressed.

You evaluated participants' well-being as described in their written stories about their experience. What trends appeared there, and were they what you

expected to find?

KM: Two findings surprised me in particular. First, less than half of our participants described impacts to their social life—I expected the percentage to be much higher. It would be interesting to know how that result might change if we surveyed the same participants at a later point in the pandemic, when social distancing measures had been in place for longer.

I was also surprised to see the poorest average well-being reported by those over the age 65, and the highest average well-being reported by 18-to-34 year olds. This is in contrast to several other national-scale studies in the US and Europe, which found worse mental health impacts in [young adults](#).

Given that older adults are more likely to reside alone in the U.S. than in most other countries and report high rates of social isolation and loneliness even during non-pandemic times, interventions to mitigate the mental health impacts of future pandemics on older adults probably deserve special attention.

In their written responses, participants most frequently described a negative financial or employment-related impact, even more than social impacts. How might that change how we prepare to help people through future crises?

KM: Knowing which [negative impacts](#) are most prevalent at various points in the pandemic, and how these impacts differ between groups, can help us develop more specific, more effective interventions to prevent these unintended consequences in the future. We saw that

employment and financial impacts were the top concern for every age group except those 65 and older—this group expressed higher concern about physical health and social impacts. So while an early intervention to mitigate the financial impacts of a future crisis on younger adults could be effective, we would likely want to prioritize different resources for older adults.

What's also interesting is that many of the concerns our participants reported, both in written narratives and the close-ended survey questions, were about impacts to others, rather than themselves.

Concern and empathy for fellow community members' well-being is something that we should want to cultivate for many reasons, but specifically in a pandemic context, there's evidence that decreased concern for others' well-being is correlated with decreased compliance with non-pharmaceutical interventions. Something we should also think about while preparing for future crises is how we can foster the concern for others and the sense of community that were clearly present during the early stages of the pandemic to make sure they endure.

NE: The pandemic influenced the development—or at least accelerated the uptake—of systems that allowed many folks to work safely from the comfort of their own home without financial or employment impacts. However, folks with jobs in "essential" services and sectors often had to physically report to work, and often interface with the public.

My colleague, Marissa Baker, found that folks that couldn't work from home are lower paid. Accordingly, I'd suspect that employment and financial concerns would be disproportionately borne among lower wage workers, who would have to choose between their health and safety and their income. In advance of the next [pandemic](#), we need to figure out ways to keep these folks safe and at work.

More information: Kathleen Moloney et al, Assessing community-level impacts of and responses to stay at home orders: The King County COVID-19 community study, *PLOS ONE* (2024). [DOI: 10.1371/journal.pone.0296851](https://doi.org/10.1371/journal.pone.0296851)

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