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Association Between Political Affiliation and Attitudes towards COVID-19 Vaccination and
Risk Mitigation Strategies Among Adults in Georgia, December 2020

By

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Master of Public Health

Epidemiology

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Abstract

Association Between Political Affiliation and Attitudes towards COVID-19 Vaccination and Risk Mitigation Strategies Among Adults in Georgia, December 2020

By Paige E. Harton

Background The COVID-19 pandemic has underscored the critical importance of public acceptance of public health and disease mitigation measures. Understanding the attitudes and perceptions toward disease mitigation strategies is critical to improving adherence to these same strategies.

Methods In an online survey, 1,226 adults over 18 years of age residing in Georgia were surveyed between November 10th and December 8th, 2020 regarding their attitudes and perceptions regarding mask wearing, receiving a SARS-CoV-2 vaccine, COVID-19 testing and contact tracing, and consequences of COVID-19. Utilizing Poisson regression with robust variance estimates, we evaluated the relationship between political affiliation and willingness to receive and COVID-19 vaccine and adherence and perceptions toward masks.

Results Seventy percent of participants were female; 42.0% of participants were Black or African American; 49.4% of participants lived outside of the 29 County Atlanta Metropolitan Statistical Area (MSA); 71.3% of Republicans lived outside of the Atlanta MSA. In analyses adjusting for race, ethnicity, gender, age, employment status, and urbanicity, Republicans were significantly less likely than Democrats to agree that they would receive a COVID-19 vaccination, that they always wear a mask while in indoor public spaces, that they view wearing masks as important, and that they appreciate seeing other people in masks. Regardless of political party, “my doctor” was the most commonly selected as the most trusted source of COVID-19 vaccination information.

Conclusion There appears to be a relationship between political affiliation and acceptance and adherence to COVID-19 mitigation strategies. This provides an opportunity for public health practitioners to partner with political leaders in future crises to collectively address disease mitigation.

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INTRODUCTION

Since emerging in December 2019, SARS-Coronavirus 2 (SARS-CoV-2) has spread globally, creating an unprecedented public health crisis.¹ As of April 26th, 2021, there have been over 147 million confirmed SARS-CoV-2 infections and over 3.1 million COVID-19 deaths worldwide; in the United States, there have been over 31 million cases and 568,969 deaths.^{2,3} Georgians have experienced considerable burden with 875,493 cases and 17,387 deaths across the state.⁴

In efforts to stem transmission of the SARS-CoV-2 virus and prevent COVID-19 cases, the mitigation strategies that have been promoted most broadly have included physical distancing, face coverings, and hand hygiene. In the U.S., enforcement of these strategies has not been uniform; in the absence of explicit federal requirements for their adoption, states and localities have made individual decisions regarding mandates of some or all of these measures. In Georgia, all residents and visitors have been strongly encouraged to wear face coverings throughout the pandemic, and while a state-wide mask mandate was never issued, some local municipalities have required face coverings in public for certain periods of time, including Atlanta and Savannah.⁵⁻⁷

In addition to the turmoil caused by the pandemic, 2020 was a particularly contentious election year in the U.S. Along with a divisive presidential campaign, Georgia experienced a historic Senate runoff election, the results of which overturned the political majority of the U.S. Senate.⁸ Political partisanship became a much greater part of individuals' identity, with pandemic responses becoming conflated with partisan politics. Political identity has been linked to differences in adoption of COVID-19 risk mitigation efforts like masking and physical distancing.⁹⁻¹¹ Gallup surveys prior to distribution of current SARS-CoV-2 vaccines have indicated differences between political party affiliation and willingness to receive a COVID-19

vaccine, with 81% of Democrats and 47% of Republicans agreeing they would take a free FDA approved COVID-19 vaccine if it were available to them.¹² Additional studies conducted prior to the release of any SARS-CoV-2 vaccine found that as the pandemic progressed, there was an overall decrease in intent to receive a COVID-19 vaccine, particularly among Republicans.¹³ With vaccine rollout underway across the United States and in Georgia, it may be just as informative to understand the interplay between political affiliation and vaccine willingness as it has been in understanding the relationship between politics and non-pharmaceutical interventions. Such knowledge can help inform vaccine promotion and messaging strategies.

While other studies have examined the role of political affiliation and COVID-19 mitigation strategies in the general United States population, a snapshot into the attitudes of individuals in a highly partisan and politically heterogeneous state, such as Georgia, have yet to be examined fully. Because of the critical role Georgia played in the political landscape of 2020, we sought to understand the relationship between self-identified political affiliation and attitudes toward and perceptions of key SARS-CoV-2 mitigation strategies including mask-wearing and vaccination. This paper evaluates the relationship between political affiliation and attitudes and perceptions toward mask wearing, a potential COVID-19 vaccine, and trusted sources for COVID-19 vaccination information.

METHODS

Study Design and Setting

Adults aged 18 years and older residing in Georgia were invited via email to participate in an anonymous online survey via Qualtrics, an online survey platform and survey panel aggregator.¹⁴ Participants were eligible if they were 18 years of age or older, a resident of the state of Georgia, able to read and understand English, and were capable of providing informed consent

to participate in the survey. Qualtrics initiated contact with their existing survey panel populations; eligible individuals were invited to complete the survey following screening, provision of a study description, and informed consent. Consent was obtained from all participants. The study was reviewed and approved by the Emory University Institutional Review Board.

Data were collected from November 10, 2020 to December 8, 2020, immediately following the United States 2020 Presidential election and prior to the Georgia 2021 Senate runoff election. During this time, political advertisements and messaging were at an all-time high with a heavy focus on the COVID-19 pandemic.

The survey instrument consisted of 62 questions covering sociodemographics (e.g., age, race, ethnicity, income, political affiliation); attitudes and perceptions regarding mask wearing; attitudes toward receiving a SARS-CoV-2 vaccine; attitudes and perceptions towards COVID-19 testing and contact tracing; and perceptions regarding consequences of COVID-19. Only surveys which were deemed complete (i.e. answered 61 of 62 questions) and of high quality (i.e. were not completed too quickly and selected the correct response to a check question in the survey) were included in the analytic sample.

Study Population

A target sample size of 1,200 participants was established *a priori*. Response quotas for specific demographic groups were also pre-specified to ensure the participant sample was representative of Georgia's racial and urbanicity composition. For race, quotas were set as: Asian – 3.67%, Black or African American – 43.80%, White – 50.16%, Other 2.37%; Blacks were oversampled by approximately 200 individuals to ensure ample responses from this demographic group particularly affected by COVID-19 in Georgia.¹⁵ For urbanicity, quotas were set to obtain

50% of responses from individuals residing inside the 29-county metro Atlanta area and 50% outside metro Atlanta.⁸

Data Analysis

All survey data were provided to the Emory study team by Qualtrics via secure data transfer for data cleaning, analysis, and reporting. Data were cleaned and analyzed utilizing SAS v9.4 (The SAS Institute, Cary, NC). Following data cleaning, descriptive statistics were calculated to summarize information about participants' attitudes and perceptions toward SARS-CoV-2 mitigation measures and participant characteristics.

Poisson regression was used to examine associations between political affiliation and attitudes and perceptions toward COVID-19 mitigation strategies controlling for race, ethnicity, gender, age, employment status, and urbanicity to address potential confounding.

RESULTS

General Demographic Information

Of the 2,741 individuals who began the survey, 1,226 (44.7%) completed surveys that were considered complete and thus included in the analytic sample. Seventy percent of participants were female, and 42.0% were Black or African American. Half (49.4%) lived outside of the 29 County Atlanta Metropolitan Statistical Area (MSA), with a majority of those identifying as Republican (71.3%) living outside of the Atlanta MSA and a majority of Democrats (64.2%) living

inside the Atlanta MSA. Additionally, 88.9% of Republicans identified as White, whereas 62.9% of Democrats identified as Black or African American.

Table 1.

Participant characteristics by self-reported political affiliation, A Survey on Attitudes towards Masks, Testing, and COVID-19 Vaccination in Georgia, 2020

	Political Affiliation			
	Full Sample (n = 1226)	Democrat (n = 564)	Republican (n = 341)	Independent (n = 243)
Gender				
Male	355 (29.0)	154 (27.3)	107 (31.4)	82 (33.7)
Female	858 (70.0)	401 (71.1)	233 (68.3)	161 (66.3)
Transgender/Non-Binary	6 (0.49)	5 (0.89)	0 (0.0)	0 (0.0)
Missing	7 (0.57)	4 (0.71)	1 (0.29)	0 (0.0)
Age				
18-24	195 (15.9)	104 (18.4)	19 (5.6)	46 (18.9)
25-34	281 (22.9)	125 (22.2)	65 (19.1)	70 (28.8)
35-44	193 (236)	121 (21.5)	62 (18.2)	37 (15.2)
45-54	200 (16.3)	89 (15.8)	66 (19.4)	38 (15.6)
55-64	163 (13.3)	65 (11.5)	63 (18.5)	30 (12.4)
65-74	123 (10.0)	51 (9.0)	53 (15.5)	17 (7.0)
75-84	21 (1.7)	7 (1.2)	12 (3.5)	2 (0.82)
85+	4 (0.33)	0 (0.0)	1 (0.29)	3 (1.2)
Missing	3 (0.24)	2 (0.35)	0 (0.0)	0 (0.0)
Race				
White	594 (48.5)	148 (26.2)	303 (88.9)	114 (46.9)
Black	515 (42.0)	355 (62.9)	21 (6.2)	101 (41.6)
American Indian or Alaska Native	5 (0.33)	2 (0.35)	0 (0.0)	1 (0.41)
Asian	39 (3.2)	20 (3.6)	11 (3.2)	7 (2.9)
Native Hawaiian or Pacific Islander	1 (0.08)	1 (0.18)	0 (0.0)	0 (0.0)
Multiple Race/Other	73 (6.0)	38 (6.7)	6 (1.8)	20 (8.2)
Missing	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Ethnicity				
Hispanic or Latino	72 (5.9)	39 (6.9)	6 (1.8)	16 (6.6)
Not Hispanic or Latino	1125 (91.8)	514 (91.1)	330 (96.8)	220 (90.5)
Missing	29 (2.4)	11 (2.0)	5 (1.5)	7 (2.9)
Employment Status				
Employed for Wages	584 (47.6)	294 (52.1)	159 (46.6)	101 (41.6)
Self-Employed	121 (9.9)	52 (9.2)	27 (7.9)	34 (14.0)
Out of Work and Looking for Work	135 (11.0)	66 (11.7)	20 (5.9)	36 (14.8)
Out of Work and Not Looking for Work	85 (6.9)	32 (5.7)	22 (6.5)	21 (8.6)
Military	10 (0.82)	5 (0.89)	3 (0.88)	2 (0.82)
Retired	184 (15.0)	74 (13.1)	74 (21.7)	33 (13.6)
Missing	107 (8.7)	41 (7.3)	36 (10.6)	16 (6.6)
Urbanicity †				
Inside Atlanta Metro	616 (50.2)	362 (64.2)	98 (28.7)	128 (52.7)
Outside Atlanta Metro	605 (49.4)	200 (35.5)	243 (71.3)	113 (46.5)
Missing	5 (0.41)	2 (0.35)	0 (0.0)	2 (0.82)
2020 Election Results				
County Voted for Trump	707 (30.3)	171 (30.3)	225 (66.0)	85 (35.0)
County Voted for Biden	513 (41.8)	390 (69.1)	116 (34.0)	156 (64.2)
Missing	6 (0.49)	3 (0.53)	0 (0.0)	2 (0.82)

†5 participants selected Prefer Not to Answer and were not included in these data

Participant Attitudes and Perceptions toward a SARS-CoV-2 Vaccine

Regarding willingness to receive a COVID-19 vaccine, 35.8% of Republicans and 42.7% of Democrats indicated they would receive an FDA-approved vaccine to prevent COVID-19 if available at no cost ($p= 0.0316$; Table 2). Nearly one-third of participants from both political parties indicated being unsure about getting an FDA-approved COVID-19 vaccine (29.0% of Republicans and 31.6% of Democrats; $p= 0.4571$; Table 2). Of note, those who identified as Independent consistently responded in between Democrats and Republicans (Table 2).

In analyses adjusting for race, ethnicity, gender, age, employment status, and urbanicity, Republicans were 65% likely Democrats to agree that they would receive a COVID-19 vaccine if one were available at no cost (aPR = 0.35; 95% confidence interval [CI]: 0.23-0.54; p -value <0.0001; Table 3).

Table 2.

Attitudes and perceptions of various COVID-19 risk mitigation strategies by political affiliation, Georgia, 2020.

	Full Sample (n = 1226)	Democrat (n = 564)	Republican (n = 341)	Independent (n = 243)	P Value
If an FDA-approved vaccine to prevent coronavirus (COVID-19) was available right now at no cost, would you get it?					0.0316
Yes	463 (37.8)	241 (42.7)	122 (35.8)	87 (35.8)	
Unsure	383 (31.2)	178 (31.6)	99 (29.0)	80 (32.9)	
No	373 (30.4)	144 (25.5)	118 (34.6)	76 (31.3)	
Missing	7 (0.57)	1 (0.18)	2 (0.59)	0 (0.0)	
Over the past week, how often did you wear a mask or other face covering when you went to a public indoor space like a grocery store?					<0.0001
Always	1028 (83.9)	528 (93.6)	237 (69.5)	202 (83.1)	
Sometimes	154 (12.6)	32 (5.7)	74 (21.7)	34 (14.0)	
Never	41 (3.3)	3 (0.53)	29 (8.5)	6 (2.5)	
Missing	3 (0.24)	1 (0.18)	1 (0.29)	1 (0.41)	
Wearing a face covering is important right now.					<0.0001
Agree	1003 (81.8)	535 (93.1)	216 (63.3)	207 (85.2)	
Neutral	116 (9.5)	18 (3.2)	66 (19.4)	16 (6.6)	
Disagree	101 (8.2)	19 (3.4)	58 (17.0)	18 (7.4)	
Missing	6 (0.49)	2 (0.35)	1 (0.29)	2 (0.82)	
Most people in my community wear masks in public.					0.0413
Agree	808 (65.9)	380 (67.4)	215 (63.1)	169 (69.6)	
Neutral	223 (18.2)	107 (19.0)	55 (16.1)	42 (17.3)	
Disagree	190 (15.5)	74 (13.1)	69 (20.2)	32 (13.2)	
Missing	5 (0.41)	3 (0.53)	2 (0.59)	0 (0.0)	
I appreciate seeing other people in masks.					<0.0001
Agree	973 (79.4)	518 (91.8)	210 (61.6)	192 (79.0)	
Neutral	172 (14.0)	25 (4.4)	90 (26.4)	38 (15.6)	
Disagree	75 (6.1)	18 (3.2)	39 (11.4)	12 (4.9)	
Missing	6 (0.49)	3 (0.53)	2 (0.59)	1 (0.41)	

Table 3.

Crude and Adjusted Poisson Prevalence Ratios with Large Variance Estimates (95% CI) of participants' willingness to receive a SARS-CoV-2 vaccine and participants' perceptions and attitudes toward mask wearing by self-identified political affiliation, Georgia, 2020

	Crude Prevalence Ratio (95% CI) ^{bg}	Adjusted Prevalence Ratio (95% CI) ^{abg}
Willingness to receive an FDA-approved SARS-CoV-2 vaccine (n = 902)	0.84 (0.71 – 0.99) ^f	0.35 (0.23 – 0.54) ^d
Frequency of mask wearing in public spaces (n = 903)	0.74 (0.69 - 0.80) ^d	0.61 (0.52 - 0.72) ^d
Belief that wearing a face covering is important (n = 902)	0.68 (0.63 - 0.74) ^d	0.49 (0.41 - 0.58) ^d
Belief that most people in participant's communities wear masks in public (n = 895)	0.94 (0.85 - 1.03)	1.03 (0.77 - 1.37)
Appreciation of seeing other people in masks (n = 900)	0.67 (0.62 - 0.73) ^d	0.52 (0.43 - 0.64) ^d

^aAdjusted for age, gender, race, ethnicity, employment status, urbanicity

^bParticipants who identified as Independent, Other, or Prefer not to answer were not included in this analysis

^cPolitical Affiliation is defined by the political party whose candidate won a majority of votes in the 2020 presidential election in Participants' county of residence

^dP<0.0001

^eP<0.001

^fP<0.05

^gDemocrats were reference group

Participant Attitudes and Perceptions toward Mask Wearing

Regarding masking, Republicans were less likely than Democrats to view mask wearing as important (63.3% vs. 93.1%; p<0.0001; Table 2) and indicate they always wear a mask when in indoor public spaces (69.5% vs. 93.6%; p<0.0001; Table 2). When asked if most people in their communities wear masks in public, more Republicans than Democrats answered negatively with 20.2% of Republicans disagreeing with the statement that most people in their communities wear masks compared to 13.2% of Democrats (p=0.0413).

In analyses adjusting for race, ethnicity, gender, age, employment status, and urbanicity, Republicans remained significantly less likely than Democrats to report always wearing a mask

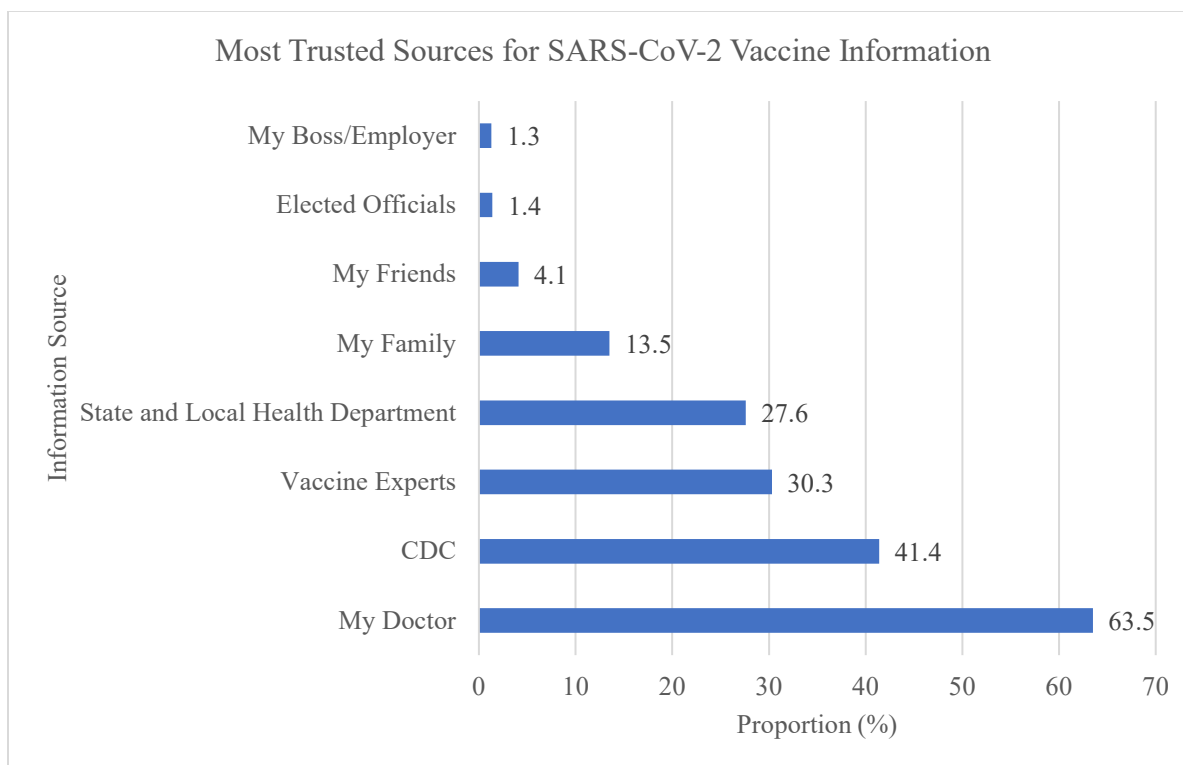
when in indoor public spaces (aPR=0.61; 95% CI: 0.52 – 0.72; Table 3) When asked if wearing a face covering is important now, Republicans were less than half as likely (aPR = 0.49; 95% CI: 0.41 – 0.58; $p < 0.0001$; Table 3) as Democrats to agree. Republicans were also half as likely as democrats to agree that they appreciate seeing other people in masks (aPR=0.52; 95% CI: 0.43 – 0.64; $p < 0.0001$; Table 3). While there was no statistically significant difference between Republicans and Democrats on their perceptions of how many individuals in their communities wear masks, differences emerged when evaluating by the political affiliation of their county of residence. Compared to those living in a county where the majority of voters cast ballots for the Democratic 2020 presidential candidate, those residing in a county where the majority voted for the Republican 2020 presidential candidate were 30% less likely (aPR = 0.70; 95% CI: 0.56 – 0.88, $p = 0.0022$; Supplement Table 4) to agree that most individuals in their communities wear masks.

Most and Least Trusted Sources for Information related to a SARS-CoV-2 Vaccine

When asked about their most and least trusted sources of COVID-19 vaccine related information, the entity or person most trusted to provide information on a COVID-19 vaccine was “my doctor,” selected by 63.5% of participants (Figure 1). While this top choice did not differ by political affiliation, more Republicans (70.1%) than Democrats (63.8%) selected “my doctor”; it was also selected more often by those residing outside metro Atlanta (66.1%) compared to those residing inside metro Atlanta (60.7%) (Supplement Table 8). Elected officials were identified most frequently as the least trusted source for information about a COVID-19 vaccine with 43.0% of respondents overall (and 44.3% of Republicans and 42.9% of Democrats) selecting this response (Supplement Table 7).

Figure 1.

Trusted sources of SARS-CoV-2 vaccine related information, Georgia, 2020



DISCUSSION

This study examines survey results assessing the relationship between political affiliation and adherence to COVID-19 mitigation strategies including masking, a COVID-19 vaccine, and trusted sources of COVID-19 related information. We found that those who self-identify as Republicans were generally less likely than Democrats to report wearing a mask in public places, believe that mask wearing is important, and appreciate seeing other individuals in masks. Additionally, Republicans were less likely to agree that they would receive a COVID-19 vaccine when it became available; however, approximately equal proportions of Republicans and Democrats reported being “unsure” about obtaining the vaccine. “My doctor” was the most trusted source of COVID-19 related information among all participants irrespective of political affiliation,

and this was especially true for both Republicans and those living outside of the 29 county Atlanta MSA.

Because research has shown that vaccine decision-making can be multifactorial, it is important to understand all factors that may make an individual more or less likely to comply with COVID-19 mitigation efforts and vaccination.¹⁶ Understanding that political affiliation impacts the likelihood that individuals wear masks in public can contribute to deciphering disease transmission patterns, especially in states like Georgia where specific areas of the state lean towards one political party or another. Recognizing that political affiliation may influence or predict an individual's perception of and adherence to disease mitigation strategies provides an opportunity for public health and political officials to collaborate on effective response messaging.

With nearly one-third of respondents indicating uncertainty about receiving a COVID-19 vaccine, but politicians being the least trusted source of information about COVID-19 vaccines, somewhat of a Catch-22 exists with respect to involving politicians directly in vaccine promotion campaigns. While not surprising given the timing of our data collection, the public's negative views of political leaders as trusted sources of COVID-19 vaccines is particularly concerning during times of limited vaccine supply and high demand – like early on in the COVID-19 vaccine roll-out - because state governors are largely responsible for operationalizing vaccine distribution plans. In an atmosphere of limited vaccine supply and substantial demand, elected officials' roles are particularly impactful with respect to communicating effectively with their constituents about the vaccine and instilling trust in the vaccine distribution enterprise.

Now that COVID-19 vaccines are widely available to all adults in the U.S., normalization of vaccination should take center stage, which presents another opportunity for political leaders to serve a slightly different, but still influential role. Taking our data at face value, one could imagine

that asking politicians to explicitly promote vaccines could backfire. On the other hand, it is well-known that adopting multiple strategies to normalize vaccination can go a long way to encouraging the “fence-sitters” to accept the vaccine for themselves.^{17,18} Additionally, celebrities have long served as spokespeople for important and successful public health and safety campaigns, such as Katie Couric’s colon cancer screening campaign.¹⁹ While politicians may not have traditionally been thought of as celebrities, in the age of social media, politicians can reach any number of audiences, and the public has a more detailed view into the lives of politicians. In a state like Georgia where partisan politics is particularly acute, perhaps the best way forward may be simply asking all political leaders – regardless of party affiliation – to accept and endorse the vaccine campaign “loudly and proudly.” Regardless of how any single individual may feel about a particular political leader’s role as a reputable source of COVID-19 vaccine information, they won’t be able to dispute the fact that their preferred political figures endorse the campaign. Same could be true of doctors and other medical care providers; if, as the most trusted source of information about COVID-19 vaccines, doctors can stand united in their endorsement of the COVID-19 vaccine, they may be able to leverage their trustworthiness to convince more individuals who would otherwise not vaccinate to get vaccinated. In the case of medical care providers, however, the stakes are higher when it comes to vaccine endorsement; reports of mistrust of the COVID-19 vaccines among medical providers can be particularly detrimental to public trust. One study found that only 41.2% of nurses would get a COVID-19 vaccine relative to 80.2% of scientists and physicians surveyed.²⁰ This may ring familiar to the H1N1 pandemic, where vaccine uptake among nurses was low, and some nurses even participated in protests against mandatory H1N1 vaccinations.^{21,22}

Knowing exactly how different individuals of different political affiliations reacted to or viewed public health measures toward the end of 2020 can help public health practitioners work more effectively in the future with politicians to leverage partisan politics in ways that positively promote public health mitigation strategies rather than detract from them. Additionally, improved coordination between public health and elected officials may allow enhanced flow of information and data in future crises. Through collaborative messaging, public health and elected officials have the opportunity to prevent doubt and mistrust in ever-changing data by establishing the expectation for data to change throughout the course of an outbreak or any other emergent situation. By adjusting messaging to effectively resonate with politically-affiliated groups, public health professionals may increase their ability to convince those who may be reticent or averse to certain measures. Our findings suggest that targeted messaging even by individual county may allow local public health officials to better communicate the importance of infectious disease mitigation measures on a smaller scale.

This study has some important limitations. First, this was a cross-sectional survey conducted at one point in time among a convenience sample of individuals with internet access. Additionally, while we forced the sample to mirror the demographic composition of Georgia with respect to race, it is not entirely representative as our sample skewed female and younger than the overall Georgia population. More research into males, older adults and Hispanic individuals is warranted.

CONCLUSION

Should there ever be another time where a public health crisis coincides with a politically contentious election, public health practitioners should reflect on how important political affiliation was to public adoption and adherence to risk mitigation strategies during the COVID-

19 pandemic. Continuing to recognize the weight that political affiliation places on public health and safety decisions will be crucial for determining effective messaging to combat future health crises. In combination with the knowledge that primary care physicians may be a most trusted source of vaccination information, public health leaders should collaborate with these key groups from the outset of any future crises to prevent or reduce mistrust in public health responses and ensure accurate information reaches the general population as quickly as possible.

SUPPLEMENT

Table 4.

Crude and Adjusted Poisson Prevalence Ratios with Large Variance Estimates (95% CI) of participants' perceptions and attitudes toward mask wearing by county level political affiliation (Ref: Reference), Georgia, 2020

	Crude Prevalence Ratio (95% CI) ^{bg}	Adjusted Prevalence Ratio (95% CI) ^{abg}
Frequency of mask wearing in public spaces (n = 1217)	0.85 (0.81 - 0.90) ^d	0.76 (0.66 - 0.88) ^c
Belief that wearing a face covering is important (n = 1214)	0.84 (0.80 - 0.89) ^d	0.68 (0.58 - 0.79) ^d
Belief that most people in participant's communities wear masks in public (n = 1209)	0.80 (0.73 - 0.87) ^d	0.70 (0.56 - 0.88) ^f
Appreciation of seeing other people in masks (n = 1214)	0.83 (0.78 - 0.88) ^d	0.71 (0.60 - 0.84) ^d

^aAdjusted for age, gender, race, ethnicity, employment status, urbanicity

^bParticipants who identified as Independent, Other, or Prefer not to answer were not included in this analysis

^cPolitical Affiliation is defined by the political party whose candidate won a majority of votes in the 2020 presidential election in Participants' county of residence

^dP<0.0001

^eP<0.001

^fP<0.05

^gDemocrats were reference group

Table 5.

Attitudes and perceptions of various COVID-19 risk mitigation strategies by political affiliation and race, Georgia, 2020.

	Race											
	Non-Hispanic White (n = 567)			Non-Hispanic Black (n = 483)			Hispanic (n = 72)			Non-Hispanic Other (n = 75)		
	Democrat (n = 137)	Republican (n = 295)	Independent (n = 109)	Democrat (n = 337)	Republican (n = 20)	Independent (n = 92)	Democrat (n = 39)	Republican (n = 6)	Independent (n = 16)	Democrat (n = 40)	Republican (n = 15)	Independent (n = 19)
If an FDA-approved vaccine to prevent coronavirus (COVID-19) was available right now at no cost, would you get it?												
Yes	95 (69.3)	103 (34.9)	43 (39.5)	101 (30.0)	10 (50.0)	28 (30.4)	18 (46.2)	3 (50.0)	5 (31.3)	21 (52.5)	6 (40.0)	8 (42.1)
Unsure	28 (20.4)	83 (28.1)	35 (32.1)	127 (37.7)	7 (35.0)	31 (33.7)	12 (30.8)	1 (16.7)	4 (25.0)	9 (22.5)	5 (33.3)	7 (36.8)
No	14 (10.2)	109 (37.0)	31 (28.4)	109 (32.3)	1 (5.0)	33 (35.9)	8 (20.5)	2 (33.3)	7 (43.8)	10 (25.0)	4 (26.7)	4 (21.1)
Missing	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	2 (10.0)	0 (0.0)	1 (2.6)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Over the past week, how often did you wear a mask or other face covering when you went to a public indoor space like a grocery store?												
Always	130 (94.9)	200 (67.8)	91 (83.5)	318 (94.4)	15 (75.0)	78 (84.8)	34 (87.2)	4 (66.7)	13 (81.2)	36 (90.0)	13 (86.7)	15 (79.0)
Sometimes	7 (5.1)	66 (22.4)	15 (13.8)	17 (5.0)	4 (20.0)	12 (13.0)	4 (10.3)	2 (33.3)	3 (18.8)	4 (10.0)	2 (13.3)	2 (10.5)
Never	0 (0.0)	28 (9.5)	3 (2.8)	2 (0.59)	1 (5.0)	1 (1.1)	1 (2.6)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	2 (10.5)
Missing	0 (0.0)	1 (0.34)	0 (0.0)	0 (0.0)	0 (0.0)	1 (1.1)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Wearing a face covering is important right now.												
Agree	129 (94.2)	180 (61.0)	92 (84.4)	320 (95.0)	16 (80.0)	83 (90.2)	33 (84.6)	1 (16.7)	13 (81.2)	35 (87.5)	14 (93.3)	15 (79.0)
Neutral	5 (3.7)	62 (21.0)	9 (8.3)	9 (2.7)	1 (5.0)	2 (2.2)	2 (5.1)	2 (33.3)	1 (6.3)	2 (5.0)	1 (6.7)	2 (10.5)
Disagree	2 (1.5)	53 (18.0)	8 (7.3)	8 (2.4)	3 (15.0)	6 (6.5)	4 (10.3)	2 (33.3)	2 (12.5)	2 (5.0)	0 (0.0)	2 (10.5)
Missing	1 (0.73)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (1.1)	0 (0.0)	1 (16.7)	0 (0.0)	1 (2.5)	0 (0.0)	0 (0.0)
Most people in my community wear masks in public.												
Agree	87 (63.5)	186 (63.1)	73 (67.0)	234 (69.4)	14 (70.0)	65 (70.7)	25 (64.1)	2 (33.3)	12 (75.0)	28 (70.0)	9 (60.0)	13 (68.4)
Neutral	29 (21.2)	45 (15.3)	17 (15.6)	66 (19.6)	3 (15.0)	18 (19.6)	3 (7.7)	2 (33.3)	2 (12.5)	5 (12.5)	5 (33.3)	4 (21.1)
Disagree	20 (14.6)	62 (21.0)	19 (17.4)	33 (9.8)	2 (10.0)	9 (9.8)	11 (28.2)	1 (16.7)	2 (12.5)	7 (17.5)	1 (6.7)	2 (10.5)
Missing	1 (0.73)	2 (0.68)	0 (0.0)	4 (1.2)	1 (5.0)	0 (0.0)	0 (0.0)	1 (16.7)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
I appreciate seeing other people in masks.												
Agree	131 (96.3)	177 (60.0)	86 (78.9)	312 (92.6)	15 (75.0)	74 (80.4)	33 (84.6)	2 (33.3)	14 (87.5)	34 (85.0)	73.3 (11)	14 (73.7)
Neutral	5 (3.7)	83 (28.1)	16 (14.7)	15 (4.5)	2 (10.0)	14 (15.2)	1 (2.6)	1 (16.7)	2 (12.5)	4 (10.0)	4 (26.7)	4 (21.1)
Disagree	0 (0.0)	34 (11.5)	7 (6.4)	8 (2.4)	3 (15.0)	4 (4.4)	5 (12.8)	2 (33.3)	0 (0.0)	0 (0.0)	0 (0.0)	1 (5.3)
Missing	1 (0.73)	1 (0.34)	0 (0.0)	2 (0.59)	0 (0.0)	0 (0.0)	0 (0.0)	1 (16.7)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)

Table 6.
Trusted sources of COVID-19 vaccine information by political affiliation and race, A Survey on Attitudes towards Masks, Testing, and COVID-19 Vaccination in Georgia, 2020

	Race											
	Non-Hispanic White (n = 567)			Non-Hispanic Black (n = 483)			Hispanic (n = 72)			Non-Hispanic Other (n = 75)		
	Democrat (n = 137)	Republican (n = 295)	Independent (n = 109)	Democrat (n = 337)	Republican (n = 20)	Independent (n = 92)	Democrat (n = 39)	Republican (n = 6)	Independent (n = 16)	Democrat (n = 40)	Republican (n = 15)	Independent (n = 19)
Who do you trust most to provide you with the best advice about a coronavirus (COVID-19) vaccine? ‡												
My Doctor	99 (72.3)	212 (71.9)	72 (66.1)	208 (61.7)	13 (65.0)	54 (58.7)	21 (53.9)	3 (50.0)	7 (43.8)	25 (62.5)	9 (60.0)	8 (42.1)
My Boss/Employer	4 (2.9)	5 (1.7)	0 (0.0)	2 (0.59)	0 (0.0)	1 (1.1)	0 (0.0)	0 (0.0)	1 (6.2)	0 (0.0)	0 (0.0)	0 (0.0)
My Family	19 (13.9)	26 (8.8)	11 (10.1)	56 (16.6)	6 (30.0)	13 (14.1)	8 (20.5)	2 (33.3)	5 (31.3)	2 (5.0)	2 (13.3)	2 (10.5)
My Friends	12 (8.8)	12 (4.1)	4 (3.7)	6 (1.8)	0 (0.0)	6 (6.5)	3 (7.7)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	2 (10.5)
CDC	77 (56.2)	75 (25.4)	49 (45.0)	166 (49.3)	8 (40.0)	34 (37.0)	18 (46.2)	0 (0.0)	4 (25.0)	22 (55.0)	6 (40.0)	9 (47.4)
State and Local												
Health Department	41 (29.9)	60 (20.3)	28 (25.7)	104 (30.9)	7 (35.0)	25 (27.2)	14 (35.9)	1 (16.7)	5 (31.3)	16 (40.0)	6 (40.0)	6 (31.6)
Vaccine Experts	61 (44.5)	62 (21.0)	34 (31.2)	116 (34.4)	9 (45.0)	30 (32.6)	14 (35.9)	1 (16.7)	3 (18.8)	14 (35.0)	5 (33.3)	6 (31.6)
Elected Officials	1 (0.73)	1 (0.34)	0 (0.0)	6 (1.8)	0 (0.0)	2 (2.2)	1 (2.6)	0 (0.0)	1 (6.3)	2 (5.0)	0 (0.0)	2 (5.3)
Who do you trust least to provide accurate information about a coronavirus (COVID-19) vaccine? ‡												
My Doctor	20 (14.6)	142 (42)	13 (11.9)	29 (8.6)	2 (10.0)	5 (5.4)	6 (15.4)	0 (0.0)	5 (31.3)	6 (15.0)	3 (20.0)	1 (5.3)
My Boss/Employer	9 (6.6)	15 (5.1)	5 (4.6)	29 (8.6)	0 (0.0)	5 (5.4)	3 (7.7)	1 (16.7)	0 (0.0)	0 (0.0)	1 (6.7)	0 (0.0)
My Family	5 (3.7)	6 (2.0)	3 (2.8)	15 (4.5)	2 (10.0)	5 (5.4)	3 (7.7)	0 (0.0)	1 (6.3)	2 (5.0)	0 (0.0)	3 (15.8)
My Friends	6 (4.4)	24 (8.1)	7 (6.4)	48 (14.2)	1 (5.0)	13 (14.1)	5 (12.5)	0 (0.0)	0 (0.0)	4 (10.0)	1 (6.7)	0 (0.0)
CDC	14 (10.2)	27 (9.2)	8 (7.5)	29 (8.6)	0 (0.0)	9 (9.8)	6 (15.4)	0 (0.0)	3 (18.8)	3 (7.5)	2 (13.3)	2 (10.5)
State and Local												
Health Department	2 (1.5)	8 (2.7)	5 (4.6)	7 (2.1)	1 (5.0)	7 (7.6)	3 (7.7)	0 (0.0)	0 (0.0)	2 (5.0)	1 (6.7)	0 (0.0)
Vaccine Experts	9 (6.6)	14 (4.8)	3 (2.8)	15 (4.5)	2 (10.0)	6 (6.5)	2 (5.1)	1 (16.7)	0 (0.0)	2 (5.0)	2 (13.3)	1 (5.3)
Elected Officials	64 (46.7)	136 (46.1)	55 (50.5)	146 (43.3)	9 (45.0)	33 (35.9)	8 (20.5)	3 (50.0)	5 (31.3)	18 (45.0)	3 (20.0)	9 (47.4)
Missing	8 (5.8)	23 (7.8)	10 (9.2)	19 (5.6)	3 (15.0)	9 (9.8)	3 (7.7)	1 (16.7)	2 (12.5)	3 (7.5)	2 (13.3)	3 (15.8)

‡Participants were allowed to select multiple options, so values may not sum to 100

Table 7.
Most and least trusted sources of COVID-19 vaccine information by political affiliation, A Survey on Attitudes towards Masks, Testing, and COVID-19 Vaccination in Georgia, 2020

	Full Sample (n = 1226)	Democrat (n = 564)	Republican (n = 341)	Independent (n = 243)	P Value
Who do you trust most to provide you with the best advice about a coronavirus (COVID-19) vaccine? ‡					
My Doctor	778 (63.5)	360 (63.8)	239 (70.1)	147 (60.5)	<0.0001
My Boss/Employer	16 (1.3)	6 (1.1)	5 (1.5)	4 (1.7)	0.818
My Family	165 (13.5)	87 (15.4)	37 (10.9)	33 (13.6)	0.222
My Friends	50 (4.1)	23 (4.1)	12 (3.5)	14 (5.8)	0.3504
CDC	508 (41.4)	287 (50.9)	90 (26.4)	99 (40.7)	<0.0001
State and Local					
Health Department	338 (27.6)	177 (31.4)	75 (22.0)	66 (27.2)	0.0219
Vaccine Experts	372 (30.3)	205 (36.4)	78 (22.9)	73 (30.0)	<0.0001
Elected Officials	17 (1.4)	10 (1.8)	1 (0.29)	4 (1.7)	0.1124
Who do you trust least to provide accurate information about a coronavirus (COVID-19) vaccine? ‡					
My Doctor	142 (11.6)	61 (10.8)	48 (14.1)	24 (9.9)	
My Boss/Employer	74 (6.0)	42 (7.5)	17 (5.0)	10 (4.1)	
My Family	50 (4.1)	25 (4.4)	8 (2.4)	15 (6.2)	
My Friends	114 (9.3)	64 (11.4)	27 (7.9)	21 (8.6)	
CDC	108 (8.8)	52 (9.2)	29 (8.5)	23 (9.5)	
State and Local					
Health Department	42 (3.4)	15 (2.7)	11 (3.2)	13 (5.4)	
Vaccine Experts	60 (4.9)	28 (5.0)	19 (5.6)	10 (4.1)	
Elected Officials	527 (43.0)	242 (42.9)	151 (44.3)	103 (42.4)	
Missing	109 (8.9)	35 (6.2)	31 (9.1)	24 (9.9)	

‡Participants were allowed to select multiple options, so values may not sum to 100

Table 8.

Most trusted sources of COVID-19 vaccine information by urbanicity, A Survey on Attitudes towards Masks, Testing, and COVID-19 Vaccination in Georgia, 2020

	Urbanicity †			P-value
	Full Sample (n = 1226)	Inside Atlanta Metro (n = 616)	Outside Atlanta Metro (n = 605)	
Who do you trust most to provide you with the best advice about a coronavirus (COVID-19) vaccine? ‡				
My Doctor	778 (63.5)	374 (60.7)	400 (66.1)	0.0952
My Boss/Employer	16 (1.3)	9 (1.5)	7 (1.2)	0.8150
My Family	165 (13.5)	108 (17.5)	56 (9.3)	<0.0001
My Friends	50 (4.1)	38 (6.2)	12 (2.0)	0.0012
CDC	508 (41.4)	279 (45.3)	227 (37.5)	0.0156
State or Local Health Department	338 (27.6)	196 (31.8)	142 (23.5)	0.0019
Vaccine Experts	372 (30.3)	191 (31.0)	180 (29.8)	0.8796
Elected Officials	17 (1.4)	15 (2.4)	2 (0.33)	0.0052

†5 participants selected Prefer Not to Answer and were not included in these data

‡Participants were allowed to select multiple options, so values may not sum to 100

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