

# U.S. VIEWS ON PANDEMIC POLICIES: LESSONS FOR EMERGING OUTBREAKS

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de Beaumont



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# KEY FINDINGS AND LESSONS FOR EMERGING OUTBREAKS

Not even a year after the official end of the COVID-19 global pandemic, the U.S. is facing a bird flu outbreak (H5N1) that has already infected multiple people and threatens to spread further. Whether the virus ultimately spreads substantially or not, this moment is a critical reminder of the ongoing threat of pandemics even beyond COVID-19 as well as the importance of communicating effectively with the public as relevant policies are established.

With an aim of using public opinion about COVID-19 policies to inform response to current and future outbreaks, Harvard T.H. Chan School of Public Health and the de Beaumont Foundation conducted a new national poll, *U.S. Views on Pandemic Policies: Lessons for Emerging Outbreaks*. Critical findings include:

- **Many Americans See Pandemic Policies Positively in Retrospect.** A majority of Americans see four key pandemic policies positively, in retrospect, with varying shares saying each was generally a good idea: mask requirements in stores and businesses (70%), healthcare worker vaccination requirements (65%), indoor dining closures (63%), and K-12 public school closures (56%). More than three-quarters of Americans (79%) see at least one of these COVID-19 era policies as generally a good idea, including 42% saying all four policies were a good idea and 37% saying only some were a good idea. Only 20% of Americans say all four policies were a bad idea in hindsight.
- **Support is Partisan but not Exclusively So.** Views on pandemic policies vary by subgroup characteristics, though majorities of each subgroup – including Republicans and people living in rural areas – say at least one of four key pandemic policies was a good idea in hindsight. Democrats (71%) are more likely than Independents (44%) and Republicans (18%) to say all four policies were a good idea, as are Black (62%) and Hispanic/Latino (55%) adults compared with white adults (32%) and those living in urban areas (55%) compared with those in suburban (39%) or rural (29%) areas.
- **Reasons for Disliking Pandemic Policies are both Practical and Principled.** Among those who say these pandemic policies were “generally a bad idea” in hindsight, top reasons included beliefs that policies went on too long (84 – 87% across policies), concerns about political motivations behind policy decisions (60 – 81%), concerns about effects on the economy (68 – 91%), and perceived lack of personal choice for the people involved (75 – 94%). Among those who say school closures were generally a bad idea, nearly all say major reasons include their perceptions that policies had negative effects on children’s learning (97%) and mental health (91%).
- **Beliefs about the Threat Shape Policy Support.** Americans have differing beliefs about how severe a threat COVID-19 posed early on. There are very few total COVID-deniers, with only 3% saying COVID-19 was not a health threat to *anyone* early in the pandemic, yet many say that COVID-19 was not a serious health threat to *everyone* early on. This includes 14% who say COVID-19 was a serious health threat to *just* the very old or frail and 45% who say it was also a threat to more people, including those with underlying medical conditions. About one third (37%) say it was a serious health threat to everyone early on. Americans who say the threat was more widespread early on are more likely to say key pandemic policies were generally a good idea.

**Implications:** Findings suggest both a window of substantial public support for pandemic policies as well as cautionary tales about the challenges of designing and communicating those policies. Public health leaders will benefit from developing right-size policies that focus on the populations most at risk during a clear timeframe. Discussing both the epidemiological logic of specific policies, as well as acknowledging broader economic and societal impacts – even if public health organizations do not ultimately make the decision about what policies to implement – will be helpful. Disentangling public health recommendations from national and local politics will remain a central challenge, but efforts to understand public perspectives and make connections with those who are receptive in all parties will be an important step in ensuring that all Americans benefit from the protections of public health in emerging outbreaks.

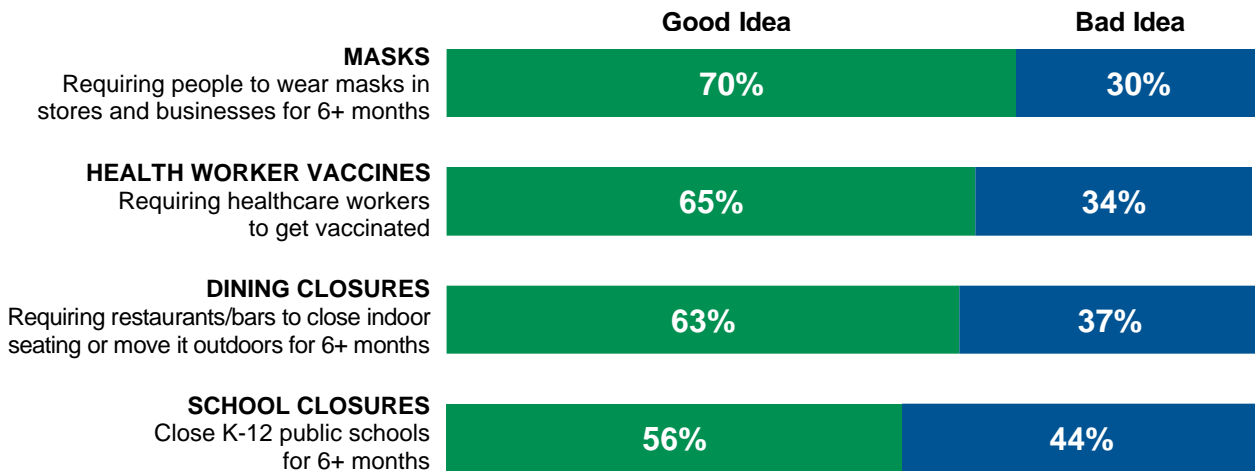
*This poll was conducted March 21 – April 2, 2024, among a probability-based, nationally representative sample of 1,017 U.S. adults ages 18 or older via online and telephone. Interviews were conducted in English and Spanish. The margin of error at the 95% confidence interval is +/-4.1 percentage points. See the Methodology section for additional information. Percentages may not add up to 100% due to rounding or don't know, refused, or missing responses.*

# IN HINDSIGHT, MANY SEE GOOD SIDE OF COVID-19 ERA POLICIES

When asked to think retrospectively about whether each of four COVID-19 pandemic-era policies was generally a good idea or a bad idea – given what they know now – a majority of Americans see four key pandemic policies positively, with varying shares saying each was “generally a good idea”: mask requirements for stores and businesses (70%), healthcare worker vaccination requirements (65%), indoor dining closures (63%), and K-12 public school closures (56%) (Figure 1).

**Figure 1. Majority of Americans think each of four key COVID-19 era policies was “generally a good idea” in hindsight**

*Q. During the COVID-19 pandemic, some public health agencies recommended... Knowing what you know now, do you think this was generally a good idea or generally a bad idea?*



This means that more than three-quarters of Americans (79%) now say at least one of these COVID-19 era policies was generally a good idea in hindsight. This includes 42% who say all four policies were generally a good idea, and 37% who had mixed views. Only one in five Americans (20%) say all of these policies were generally a bad idea:



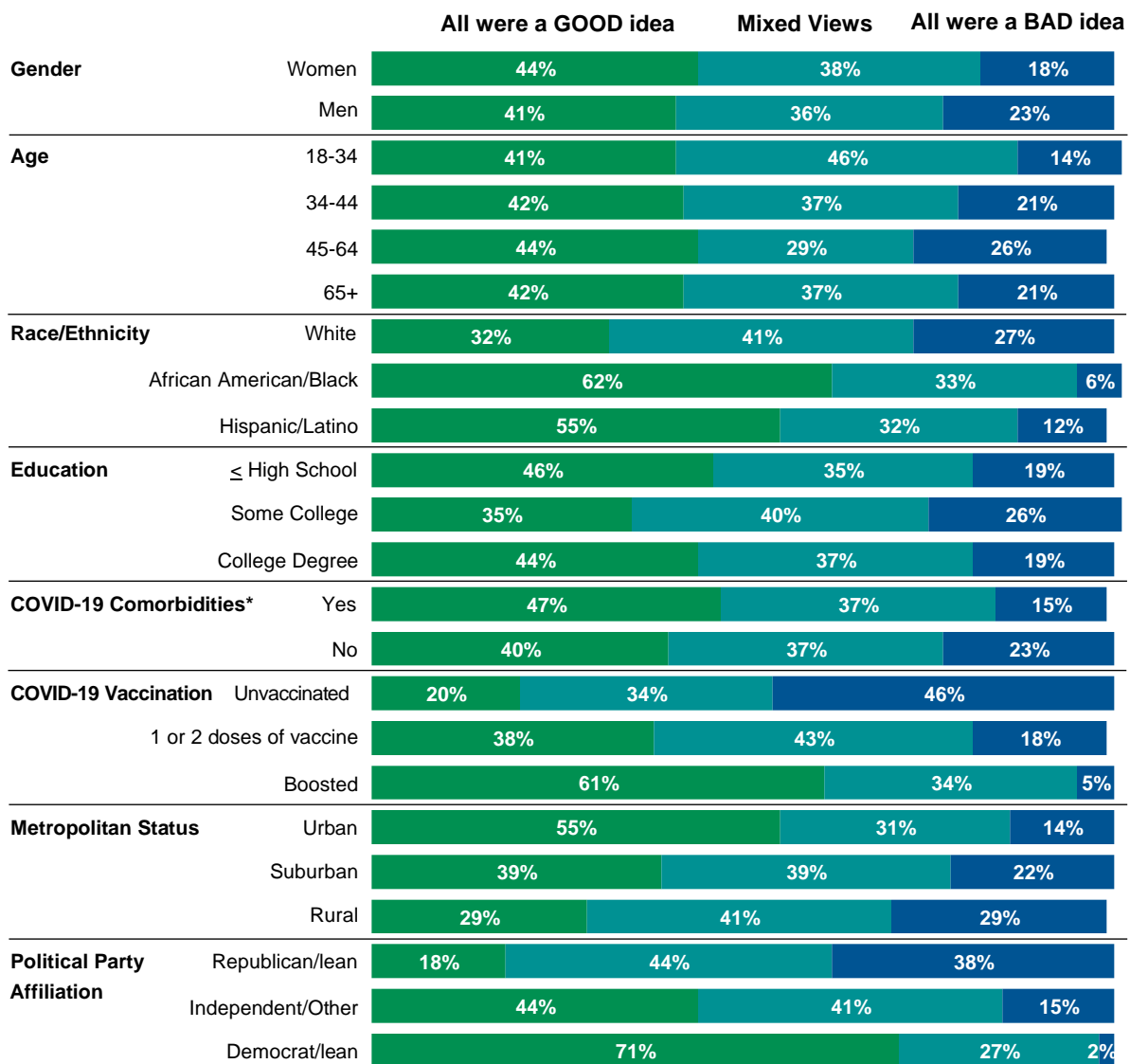
Source: Harvard T.H. Chan School of Public Health/de Beaumont Foundation poll, *U.S. Views on Pandemic Policies: Lessons for Emerging Outbreaks*, March 21 – Apr 2, 2024, n=1,017 U.S. adults ages 18 and older. Percentages may not add up to 100% due to rounding.

Americans’ views on pandemic policies vary by several characteristics (Figure 2). Black (62%) and Hispanic/Latino (55%) adults are more likely than white adults (32%) to say all of these pandemic policies were a good idea, as are people living in urban areas (55%) compared with those living in suburban (39%) and rural (29%) areas. In addition, adults who are fully

vaccinated and boosted against COVID-19 (61%) are more likely than those who are vaccinated but not boosted (38%) or those who are not vaccinated against COVID-19 (20%) to say all of these pandemic policies were a good idea.

Positive views also align with political party affiliation, as 71% of Democrats and those who lean Democrat say all four policies were a good idea, compared with 44% of Independents and those who don't lean toward either party, and 18% of Republicans and those who lean Republican. Despite these differences, it is notable that majorities of each of subgroup examined say at least one of the four key pandemic policies was a good idea in hindsight. For demographic breakdowns in public views of each individual policy, please see Appendix Tables A1 – A4.

**Figure 2. Majorities in each subgroup examined say at least one of the four key pandemic policies was a good idea in hindsight**

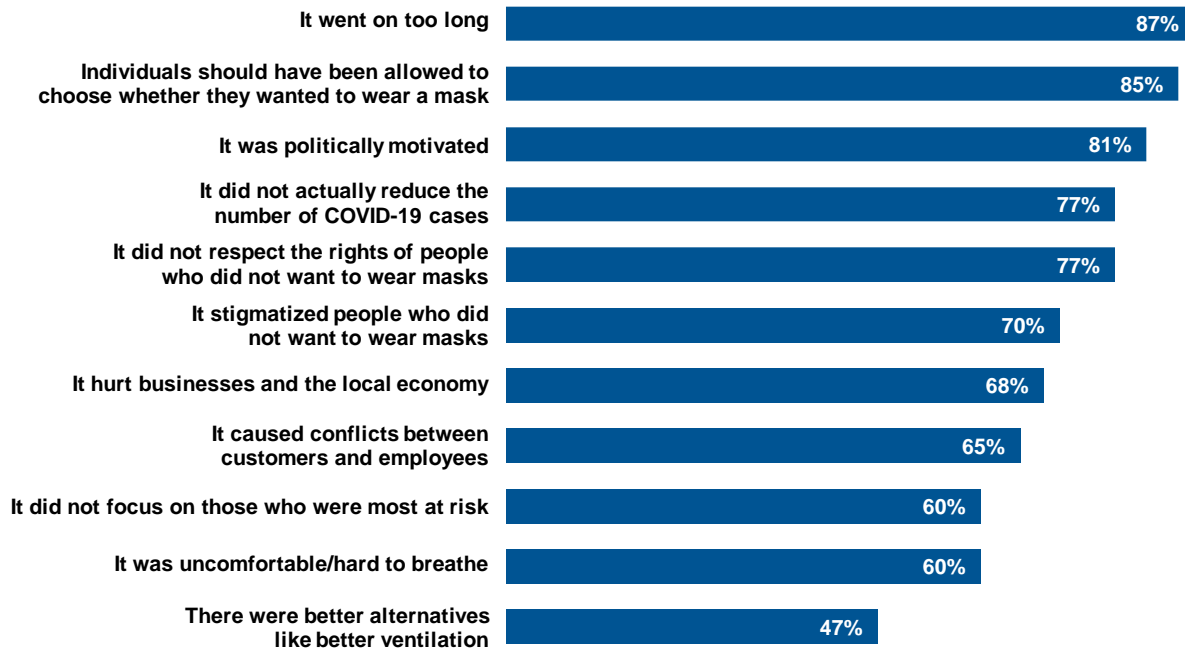


Source: Harvard T.H. Chan School of Public Health/de Beaumont Foundation poll, *U.S. Views on Pandemic Policies: Lessons for Emerging Outbreaks*, March 21 – Apr 2, 2024, n=1,017 U.S. adults ages 18 and older. May not add to 100% due to rounding. \*Includes serious heart, lung, kidney, or brain conditions, mental health conditions, substance use disorders, cancer, diabetes, obesity or overweight, sickle-cell disease, tuberculosis, or decreased immunity.

## WHAT DRIVES NEGATIVE VIEWS ABOUT COVID-ERA MASK REQUIREMENTS

**Figure 3. Duration, suspicion about motives, lack of choice are top reasons for negative views of mask requirements**

*Among the 30% of adults who say mask requirements during COVID-19 were a bad idea, percent then saying each item is a **major reason** why:*



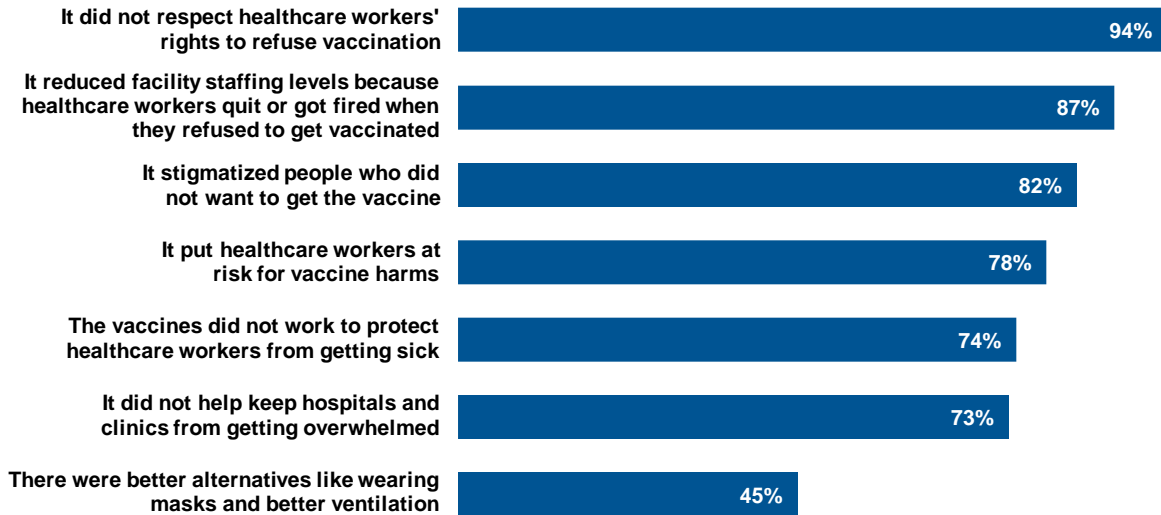
Source: Harvard T.H. Chan School of Public Health/de Beaumont Foundation poll, *U.S. Views on Pandemic Policies: Lessons for Emerging Outbreaks*, March 21 – Apr 2, 2024, n=1,017 U.S. adults ages 18 and older, including n=280 who thought mask requirements were a bad idea.

Those who say requiring people to wear masks in stores and businesses during COVID-19 was generally a bad idea were asked a follow-up question to identify the major reasons why, from a list of potential reasons. The top reasons cited (in Figure 3) are concerns that it went on too long (87%), beliefs that individuals should have been allowed to choose whether they wanted to wear a mask (85%), perceptions that it was politically motivated (81%), beliefs that it did not actually reduce the number of COVID-19 cases (77%), and concerns that it did not respect the rights of people who did not want to wear masks (77%).

# WHAT DRIVES NEGATIVE VIEWS ABOUT COVID-ERA HEALTHCARE WORKER VACCINATION REQUIREMENTS

**Figure 4. Lack of respect for individual rights and choice are top reasons for negative views of vaccine requirements for healthcare workers**

*Among the 34% adults who say healthcare worker vaccination requirements during COVID-19 were a bad idea, percent then saying each item is a **major reason** why:*



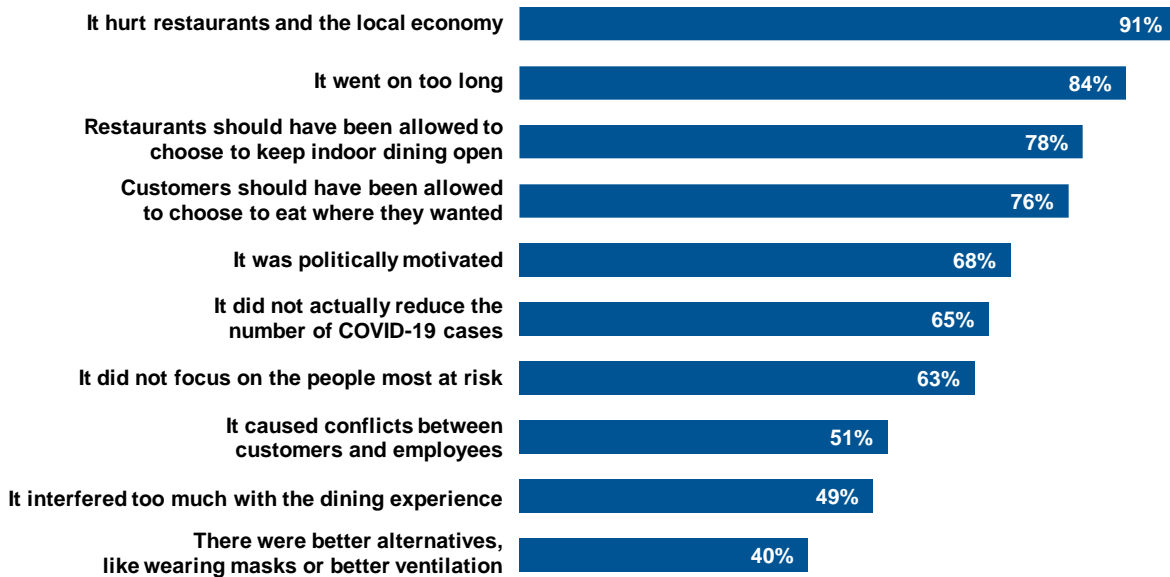
Source: Harvard T.H. Chan School of Public Health/de Beaumont Foundation poll, *U.S. Views on Pandemic Policies: Lessons for Emerging Outbreaks*, March 21 – Apr 2, 2024, n=1,017 U.S. adults ages 18 and older, including n=331 who thought healthcare worker vaccination requirements were a bad idea.

Those who say requiring healthcare workers to get vaccinated against COVID-19 during the pandemic was generally a bad idea were asked a follow-up question to identify the major reasons why, from a list of potential reasons. The top reasons cited (in Figure 4) are concerns that it did not respect healthcare workers' rights to refuse vaccination (94%), beliefs that it reduced facility staffing levels because healthcare workers quit or got fired when they refused to get vaccinated (87%), concerns it stigmatized people who did not want to get the vaccine (82%), concerns it put healthcare workers at risk for vaccine harms (78%), perceptions that the vaccines did not work to protect healthcare workers from getting sick (74%), and beliefs that it did not help keep hospitals and clinics from getting overwhelmed (73%).

# WHAT DRIVES NEGATIVE VIEWS ABOUT COVID-ERA INDOOR DINING CLOSURES

**Figure 5. Economic impact, duration, and lack of choice are the top reasons for negative views of closing indoor dining**

*Among the 37% of adults who say requiring restaurants and bars to close indoor seating or move seating outdoors during COVID-19 was a bad idea, percent then saying each item is a **major reason** why:*



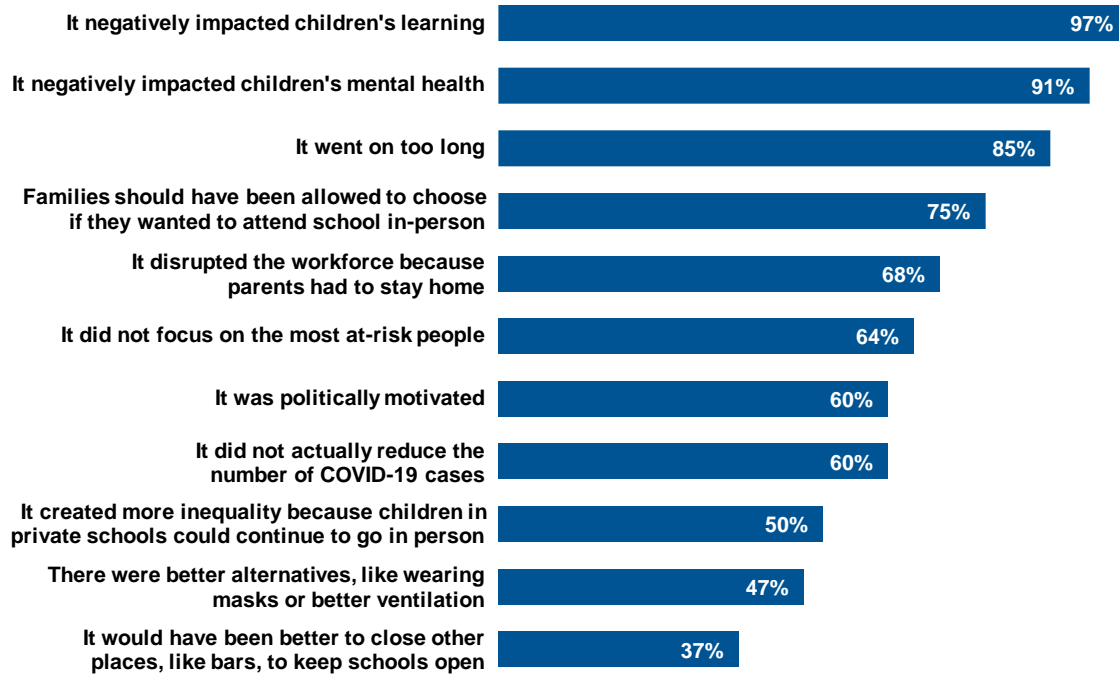
Source: Harvard T.H. Chan School of Public Health/de Beaumont Foundation poll, *U.S. Views on Pandemic Policies: Lessons for Emerging Outbreaks*, March 21 – Apr 2, 2024, n=1,017 U.S. adults ages 18 and older, including n=342 who thought indoor restaurant/bar closures were a bad idea.

Those who say requiring restaurants and bars to close indoor seating or move seating outdoors during COVID-19 was generally a bad idea were asked a follow-up question to identify the major reasons why, from a list of potential reasons. The top reasons cited (in Figure 5) are perceptions that it hurt restaurants and the local economy (91%), concerns that it went on too long (84%), beliefs that restaurants should have been allowed to choose to keep indoor dining open (78%), and beliefs that customers should have been allowed to choose to eat where they wanted (76%).

# WHAT DRIVES NEGATIVE VIEWS ABOUT COVID-ERA SCHOOL CLOSURES

**Figure 6. Impacts on children are top reasons for negative views of COVID-19 school closures**

*Among the 44% of adults who say school closures during COVID-19 were a bad idea, percent then saying each item is a **major reason** why:*



Source: Harvard T.H. Chan School of Public Health/de Beaumont Foundation poll, *U.S. Views on Pandemic Policies: Lessons for Emerging Outbreaks*, March 21 – Apr 2, 2024, n=1,017 U.S. adults ages 18 and older, including n=413 who thought school closures were a bad idea.

Those who say closing K-12 public schools during COVID-19 was generally a bad idea were asked a follow-up question to identify the major reasons why, from a list of potential reasons. The top reasons cited (in Figure 6) are perceptions that it negatively impacted children’s learning (97%), perceptions that negatively impacted children’s mental health (91%), concerns that it went on too long (85%), and beliefs that families should have been allowed to choose whether they wanted their children to attend school in-person (75%).



# HOW SERIOUS A HEALTH THREAT DO PEOPLE SAY COVID-19 WAS INITIALLY? AND WHAT DOES THAT MEAN FOR POLICY SUPPORT?

Americans have differing beliefs about how severe a threat COVID-19 posed early on in the pandemic (Table 1). There are very few total COVID-deniers, with only 3% saying COVID-19 was not a health threat to *anyone* early in the pandemic, yet many say that COVID-19 was not a serious health threat to *everyone* early on. This includes 14% who say it was a serious health threat to *only* people who are very old or frail and 45% who say it was a serious health threat to more people, including people who are very old or frail as well as those with underlying medical conditions. About one third (37%) say it was a serious health threat to *everyone* early on.

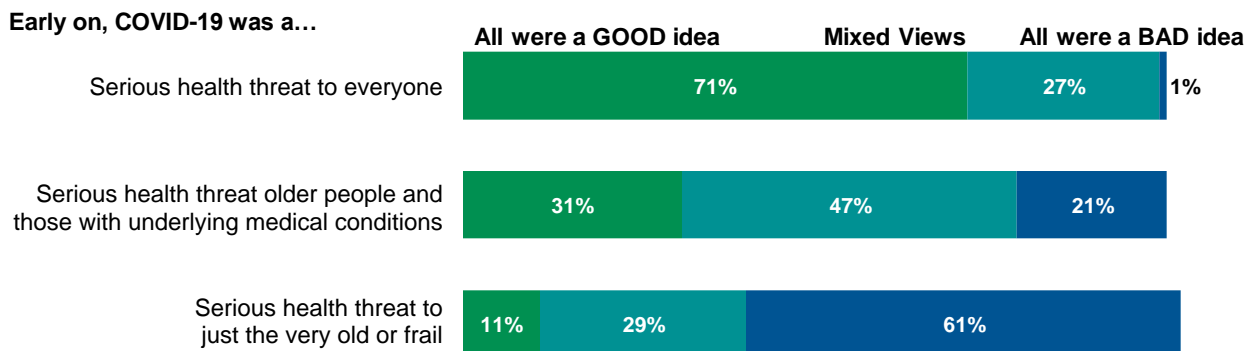
Americans who say the threat of COVID-19 was more widespread early on are more likely to say key pandemic policies were generally a good idea (Figure 7). Among adults who say COVID-19 was a serious health threat to everyone early on, about seven in ten (71%) say all four key pandemic policies were a good idea in hindsight. Among those who say it posed a serious health threat to older people and those with underlying medical conditions, only about one third (31%) say all policies were a good idea in hindsight, though most say at least one policy was a good idea. Among those who say COVID-19 posed a serious health threat to *only* the very old or frail, a majority (61%) say none of the four pandemic policies were a good idea in hindsight.

**Table 1. Americans have differing beliefs about how severe a threat COVID-19 posed early on**

Q3. Knowing what you know now, which of the following best describes how serious a threat COVID-19 was to the health of people in the United States early on in the pandemic?

COVID-19 was a serious health threat to everyone	37
COVID-19 was a serious health threat to a lot of people, including people who were very old or frail AND those who had underlying medical conditions	45
COVID-19 was only a serious health threat to the small share of people who were very old or frail	14
COVID-19 was not a serious health threat to anyone	3

**Figure 7. Beliefs about the severity of the COVID-19 threat shape policy support**



Source: Harvard T.H. Chan School of Public Health/de Beaumont Foundation poll, *U.S. Views on Pandemic Policies: Lessons for Emerging Outbreaks*, March 21 – Apr 2, 2024, n=1,017 U.S. adults ages 18 and older, including n=977 adults analyzed by responses to Q3. Excludes policy views of the 3% of respondents who said COVID-19 was not a serious threat to anyone.

## METHODOLOGY

Results are based on survey research conducted by Harvard T.H. Chan School of Public Health, in partnership with the de Beaumont Foundation. Representatives from each organization worked closely to develop the survey questionnaire, while analyses were conducted by researchers from Harvard and the fielding team at SSRS of Glen Mills, Pennsylvania.

The project team at Harvard was led by Gillian K. SteelFisher, PhD, Principal Research Scientist and Global Polling Director of the Harvard Opinion Research Program, and included Hannah Caporello, Senior Research Projects Manager, and Mary Findling, PhD, Assistant Director.

The project team at the de Beaumont Foundation was led by Brian C. Castrucci, DrPH, President and CEO of the de Beaumont Foundation, and included Katy Evans, PhD, Senior Program Officer, Emma Dewhurst, MPP, Program and Research Associate, Mark R. Miller, Vice President of Communications, and Nalini Padmanabhan, MPH, Communications Director.

Interviews were conducted with a representative sample of 1,017 adults, ages 18 and older, in English and Spanish online and by telephone. Respondents were reached online and by phone through the SSRS Opinion Panel, a nationally representative, probability-based panel. Panelists were randomly recruited via an Address Based Sampling (ABS) frame and from random-digit dial (RDD) samples on SSRS surveys. Most panelists completed the survey online with a small subset who do not access the internet completing by phone. The interview period was March 21 to April 2, 2024.

When interpreting findings, one should recognize that all surveys are subject to sampling error. Results may differ from what would be obtained if the whole U.S. adult population had been interviewed. The margin of error for the full sample is  $\pm 4.1$  percentage points. Subgroup differences were emphasized only if they differed by at least 10 percentage points, for statistical significance and practical implications. Race/ethnicity was categorized as non-Hispanic white, non-Hispanic Black/African American, and Hispanic/Latino. For political party affiliation, Democrat/Republican include those who lean toward either party, and Independent includes unaffiliated adults who do not lean toward either party.

Possible sources of non-sampling error include non-response bias, as well as question wording and ordering effects. Non-response in web and telephone surveys produces some known biases in survey-derived estimates because participation tends to vary for different subgroups of the population. To compensate for these known biases and for variations in the probability of selection within and across households, sample data are weighted in a multi-step process by probability of selection and recruitment, response rates by survey type, and demographic variables (race/ ethnicity, gender, age, education, region, the frequency of internet use, civic engagement, and population density) to reflect the true U.S. population. Other techniques, including random sampling, multiple contact attempts, replicate subsamples, and systematic respondent selection within households, are used to ensure that the sample is representative.

## APPENDIX TABLES A1 – A4

**Appendix Table A1. Americans’ Views on Mask Requirements in Hindsight,  
by Sociodemographic and Health Characteristics (Percent)**

*Q9. During the COVID-19 pandemic, some public health agencies recommended that people be required to wear masks in stores and businesses. This requirement lasted for more than 6 months in some places. Knowing what you know now, do you think this was generally a good idea or generally a bad idea?*

Characteristic		Good idea	Bad idea
Gender	Women	74	25
	Men	65	35
Age	18-34	74	26
	35-44	71	29
	45-64	63	35
	65+	72	27
Race/Ethnicity	Non-Hispanic White	61	38
	African American/Black	83	14
	Hispanic/Latino	81	19
Education	≤ High School	73	27
	Some College	63	35
	College Degree	72	28
COVID-19 comorbidities*	Yes	77	23
	No	67	33
COVID-19 vaccination status	Unvaccinated	43	57
	1 or 2 doses of vaccine	70	29
	Boosted	88	11
Metropolitan status	Urban	79	21
	Suburban	66	33
	Rural	66	34
Political party affiliation	Republican/lean Republican	48	51
	Independent/Other	72	28
	Democrat/lean Democrat	95	4

Source: Harvard T.H. Chan School of Public Health/de Beaumont Foundation poll, *U.S. Views on Pandemic Policies: Lessons for Emerging Outbreaks*, March 21 – Apr 2, 2024, n=1,017 U.S. adults ages 18 and older. Percentages may not add up to 100% due to rounding. \*COVID-19 morbidities include serious heart, lung, kidney, or brain conditions, mental health conditions, substance use disorders, cancer, diabetes, obesity or overweight, sickle-cell disease, tuberculosis, or decreased immunity.

**Appendix Table A2. Americans' Views on Healthcare Worker Vaccination Requirements in Hindsight, by Sociodemographic and Health Characteristics (Percent)**

*Q15. During the COVID-19 pandemic, some public health agencies recommended requiring healthcare workers, including doctors, nurses, and medical assistants at hospitals and clinics, to get vaccinated. Knowing what you know now, do you think this was generally a good idea or generally a bad idea?*

<b>Characteristic</b>		<b>Good idea</b>	<b>Bad idea</b>
Gender	Women	67	33
	Men	64	36
Age	18-34	68	31
	35-44	65	35
	45-64	59	41
	65+	71	29
Race/Ethnicity	Non-Hispanic White	58	41
	African American/Black	77	23
	Hispanic/Latino	75	25
Education	≤ High School	64	35
	Some College	59	41
	College Degree	72	28
COVID-19 comorbidities*	Yes	70	30
	No	63	37
COVID-19 vaccination status	Unvaccinated	30	70
	1 or 2 doses of vaccine	65	35
Metropolitan status	Boosted	90	10
	Urban	73	27
	Suburban	64	36
Political party affiliation	Rural	57	43
	Republican/lean Republican	42	58
	Independent/Other	69	30
	Democrat/lean Democrat	92	8

Source: Harvard T.H. Chan School of Public Health/de Beaumont Foundation poll, *U.S. Views on Pandemic Policies: Lessons for Emerging Outbreaks*, March 21 – Apr 2, 2024, n=1,017 U.S. adults ages 18 and older. Percentages may not add up to 100% due to rounding. \*COVID-19 morbidities include serious heart, lung, kidney, or brain conditions, mental health conditions, substance use disorders, cancer, diabetes, obesity or overweight, sickle-cell disease, tuberculosis, or decreased immunity.

**Appendix Table A3. Americans' Views on Indoor Restaurant/Bar Closures in Hindsight, by Sociodemographic and Health Characteristics (Percent)**

*Q12. During the COVID-19 pandemic, some public health agencies recommended that restaurants and bars be required to close indoor seating or move seating outdoors. This requirement lasted for more than 6 months in some places. Knowing what you know now, do you think this was generally a good idea or generally a bad idea?*

<b>Characteristic</b>		<b>Good idea</b>	<b>Bad idea</b>
Gender	Women	68	32
	Men	57	43
Age	18-34	66	34
	35-44	65	35
	45-64	58	42
	65+	62	38
Race/Ethnicity	Non-Hispanic White	53	47
	African American/Black	82	18
	Hispanic/Latino	74	25
Education	≤ High School	66	34
	Some College	60	40
	College Degree	61	39
COVID-19 comorbidities*	Yes	66	34
	No	61	39
COVID-19 vaccination status	Unvaccinated	41	58
	1 or 2 doses of vaccine	59	41
Metropolitan status	Boosted	79	21
	Urban	73	27
	Suburban	60	39
Political party affiliation	Rural	49	51
	Republican/lean Republican	40	60
	Independent/Other	67	33
	Democrat/lean Democrat	87	12

Source: Harvard T.H. Chan School of Public Health/de Beaumont Foundation poll, *U.S. Views on Pandemic Policies: Lessons for Emerging Outbreaks*, March 21 – Apr 2, 2024, n=1,017 U.S. adults ages 18 and older. Percentages may not add up to 100% due to rounding. \*COVID-19 morbidities include serious heart, lung, kidney, or brain conditions, mental health conditions, substance use disorders, cancer, diabetes, obesity or overweight, sickle-cell disease, tuberculosis, or decreased immunity.

**Appendix Table A4. Americans' Views on School Closures in Hindsight, by Sociodemographic and Health Characteristics (Percent)**

*Q6. During the COVID-19 pandemic, some public health agencies recommended that public schools for children in kindergarten through 12<sup>th</sup> grade close. Schools were closed for more than 6 months in some places, though children had classes online where possible. Knowing what you know now, do you think this was generally a good idea or generally a bad idea?*

Characteristic		Good idea	Bad idea
Gender	Women	58	42
	Men	55	45
Age	18-34	63	37
	35-44	54	46
	45-64	56	44
	65+	50	50
Race/Ethnicity	Non-Hispanic White	44	55
	African American/Black	80	20
	Hispanic/Latino	73	27
Education	≤ High School	64	36
	Some College	46	54
	College Degree	55	44
COVID-19 comorbidities*	Yes	63	37
	No	53	47
COVID-19 vaccination status	Unvaccinated	40	60
	1 or 2 doses of vaccine	54	45
	Boosted	68	31
Metropolitan status	Urban	63	37
	Suburban	56	44
	Rural	44	56
Political party affiliation	Republican/lean Republican	32	67
	Independent/Other	64	36
	Democrat/lean Democrat	81	19

Source: Harvard T.H. Chan School of Public Health/de Beaumont Foundation poll, *U.S. Views on Pandemic Policies: Lessons for Emerging Outbreaks*, March 21 – Apr 2, 2024, n=1,017 U.S. adults ages 18 and older. Percentages may not add up to 100% due to rounding. \*COVID-19 morbidities include serious heart, lung, kidney, or brain conditions, mental health conditions, substance use disorders, cancer, diabetes, obesity or overweight, sickle-cell disease, tuberculosis, or decreased immunity.

**U.S. VIEWS ON PAST PANDEMIC POLICIES:  
LESSONS FOR EMERGING OUTBREAKS**

**Topline Results**

This survey was fielded for the Harvard Opinion Research Program at Harvard T.H. Chan School of Public Health and the de Beaumont Foundation online and via telephone (cell phone and landline) by SSRS, an independent research company. Interviews were conducted in English and Spanish, March 21, 2024 – April 2, 2024, among a nationally representative, probability-based sample of 1,017 adults ages 18 or older in the United States. The margin of error for the total sample is +/-4.1 percentage points at the 95% confidence level.

NOTE: Percentages may not add up to 100% due to rounding, DK=Don't know, Ref=Refused, NA=Not Applicable, \*percentage less than 0.5.

This survey is about public health issues, and we would like to learn about your opinions. To start...

Q1. In general, do you feel mostly positive or mostly negative about each of the following health agencies?

	Mostly positive	Mostly negative	I feel I don't know enough to say	DK/Ref/ Web blank
a. The Centers for Disease Control and Prevention, or CDC	59	24	17	-
b. Your state public health department	55	18	26	*
c. Your local public health department, meaning your city, county, or regional health department	60	14	26	*

Q2. In general, do you think the measures taken over the course of the COVID-19 pandemic by each of the following to slow the spread of COVID-19 were appropriate, did they go too far, or did they not go far enough?

	Appropriate	Went too far	Did not go far enough	DK/Ref/ Web blank
a. The Centers for Disease Control and Prevention, or CDC	52	34	14	*
b. Your state public health department	58	26	15	1
c. Your local public health department, meaning your city, county, or regional health department	61	24	14	1

Q3. Knowing what you know now, which of the following best describes how serious a threat COVID-19 was to the health of people in the United States early on in the pandemic? Early on...

	%
COVID-19 was not a serious health threat to anyone	3
COVID-19 was only a serious health threat to the small share of people who were very old or frail	14
COVID-19 was a serious health threat to a lot of people, including people who were very old or frail AND those who had underlying medical conditions	45
COVID-19 was a serious health threat to everyone	37
Don't know/Refused/Web blank	*



Now we would like to ask your opinions about some specific policies recommended by public health agencies during COVID-19.

**(Respondents were asked about Policies 1 – 4 in a randomized order)**

**(Policy 1 – School Closures)**

Q6. (IF NOT FIRST POLICY: These are questions about a different policy.) During the COVID-19 pandemic, some public health agencies recommended that public schools for children in kindergarten through 12<sup>th</sup> grade close. Schools were closed for more than 6 months in some places, though children had classes online where possible. Knowing what you know now, do you think this was generally a good idea or generally a bad idea?

	%
Generally a good idea	56
Generally a bad idea	44
Don't know/Refused/Web blank	*

**(Asked of n=413 adults who said the policy recommending that public schools for children in kindergarten through 12<sup>th</sup> grade close during COVID-19 was generally a bad idea in Q6)**

Q7. There are many reasons people think closing schools was generally a bad idea. Are each of the following a major reason, a minor reason or not a reason why you personally think closing public schools was generally a bad idea? I personally think...

	Major reason	Minor reason	Not a reason	DK/Ref/Web blank
It negatively impacted children's learning	97	2	1	-
It negatively impacted children's mental health	91	8	1	-
It went on too long	85	10	5	*
It disrupted the workforce because parents had to stay home	68	24	7	*
Families should have been allowed to choose whether they wanted their children to attend school in-person	75	14	11	*
It did not actually reduce the number of COVID-19 cases	60	28	11	1
It did not focus on the people who were most at risk	64	23	13	-
It created more inequality because children in private schools could continue to go in person	50	26	24	1
It was politically motivated	60	15	24	*
There were better alternatives, like wearing masks or better ventilation	47	27	25	*
It would have been better to close other places, like bars, and keep schools open	37	24	39	-

Q8. [Held for future release]

**(Policy 2 – Masks)**

Q9. (IF NOT FIRST POLICY: These are questions about a different policy.) During the COVID-19 pandemic, some public health agencies recommended that people be required to wear masks in stores and businesses. This requirement lasted for more than 6 months in some places. Knowing what you know now, do you think this was generally a good idea or generally a bad idea?

	%
Generally a good idea	70
Generally a bad idea	30
Don't know/Refused/Web blank	1

**(Asked of n=280 adults who said the policy requiring people to wear masks in stores and businesses during COVID-19 was generally a bad idea in Q9)**

Q10. There are many reasons people think requiring people to wear masks in stores and businesses was generally a bad idea. Are each of the following a major reason, a minor reason or not a reason why you personally think requiring people to wear masks in stores and businesses was generally a bad idea? I personally think...

	Major reason	Minor reason	Not a reason	DK/Ref/ Web blank
It did not actually reduce the number of COVID-19 cases	77	20	3	*
It went on too long	87	7	5	-
Individuals should have been allowed to choose whether they wanted to wear a mask	85	10	5	*
It was politically motivated	81	12	7	*
It did not respect the rights of people who did not want to wear masks	77	14	8	-
It hurt businesses and the local economy	68	22	9	-
It did not focus on the people who were most at risk	60	29	11	-
It was uncomfortable or hard for people to breathe	60	27	13	-
It stigmatized people who did not want to wear masks	70	15	15	*
It caused conflicts between customers and employees	65	20	16	-
There were better alternatives like better ventilation	47	31	21	-

Q11. [Held for future release]

**(Policy 3 – Indoor Restaurant/Bar Closures)**

Q12. (IF NOT FIRST POLICY: These are questions about a different policy.) During the COVID-19 pandemic, some public health agencies recommended that restaurants and bars be required to close indoor seating or move seating outdoors. This requirement lasted for more than 6 months in some places. Knowing what you know now, do you think this was generally a good idea or generally a bad idea?

	%
Generally a good idea	63
Generally a bad idea	37
Don't know/Refused/Web blank	*

**(Asked of n=342 adults who said the policy requiring restaurants and bars to close indoor seating or move seating outdoors during COVID-19 was generally a bad idea in Q12)**

Q13. There are many reasons people think requiring restaurants and bars to close indoor seating or move seating outdoors was generally a bad idea. Are each of the following a major reason, a minor reason or not a reason why you personally think requiring restaurants and bars to close indoor seating or move seating outdoors was generally a bad idea? I personally think...

	Major reason	Minor reason	Not a reason	DK/Ref/ Web blank
It hurt restaurants and the local economy	91	6	3	*
It went on too long	84	11	5	-
Restaurants should have been allowed to choose to keep indoor dining open	78	16	6	*
Customers should have been allowed to choose to eat where they wanted	76	14	9	1
It did not actually reduce the number of COVID-19 cases	65	26	8	*
It did not focus on the people who were most at risk	63	24	13	-
It was politically motivated	68	16	16	*
It interfered too much with the dining experience	49	32	18	*
It caused conflicts between customers and employees	51	27	22	-
There were better alternatives, like wearing masks or better ventilation	40	30	29	1

Q14. [Held for future release]

**(Policy 4 – Healthcare Worker Vaccination Requirements)**

Q15. (IF NOT FIRST POLICY: These are questions about a different policy.) During the COVID-19 pandemic, some public health agencies recommended requiring healthcare workers, including doctors, nurses, and medical assistants at hospitals and clinics, to get vaccinated. Knowing what you know now, do you think this was generally a good idea or generally a bad idea?

	%
Generally a good idea	65
Generally a bad idea	34
Don't know/Refused/Web blank	*

**(Asked of n=331 adults who said the policy requiring healthcare workers to get vaccinated during COVID-19 was generally a bad idea in Q15)**

Q16. There are many reasons people think requiring healthcare workers to get vaccinated was generally a bad idea. Are each of the following a major reason, a minor reason or not a reason why you personally think requiring healthcare workers to get vaccinated was generally a bad idea? I personally think...

	Major reason	Minor reason	Not a reason	DK/Ref/ Web blank
It did not respect healthcare workers' rights to refuse vaccines	94	5	1	-
It reduced facility staffing levels because healthcare workers quit or got fired when they refused to get vaccinated	87	11	2	-
It stigmatized people who did not want to get the vaccine	82	11	7	-
It put healthcare workers at risk for vaccine harms	78	14	8	-
The vaccines did not work to protect healthcare workers from getting sick	74	18	8	-
It did not help keep hospitals and clinics from getting overwhelmed	73	17	9	1
There were better alternatives like wearing masks and better ventilation	45	31	24	-

Q17 – Q22. [Held for future release]