

Summer 2022

Affective Risk Perceptions Toward Travel in a COVID Era: Policy and State Political Influences

Chloe Riley

Follow this and additional works at: <https://scholarcommons.sc.edu/etd>



Part of the [Hospitality Administration and Management Commons](#)

Recommended Citation

Riley, C.(2022). *Affective Risk Perceptions Toward Travel in a COVID Era: Policy and State Political Influences*. (Master's thesis). Retrieved from <https://scholarcommons.sc.edu/etd/6940>

This Open Access Thesis is brought to you by Scholar Commons. It has been accepted for inclusion in Theses and Dissertations by an authorized administrator of Scholar Commons. For more information, please contact digres@mailbox.sc.edu.

AFFECTIVE RISK PERCEPTIONS TOWARD TRAVEL IN A COVID
ERA: POLICY AND STATE POLITICAL INFLUENCES

by

Chloe Riley

Bachelor of Science
North Carolina State University, 2021

Submitted in Partial Fulfillment of the Requirements

For the Degree of Master of International Hospitality and Tourism Management in

International Hospitality and Tourism Management

Hospitality, Retail, and Sport Management

University of South Carolina

2022

Accepted by:

Lori Pennington-Gray, Director of Thesis

Ashley Schroeder, Reader

Stephen Shapiro, Reader

Nick Watanabe, Reader

Tracey L. Weldon, Vice Provost and Dean of the Graduate School

© Copyright by Chloe Riley, 2022
All Rights Reserved.

ABSTRACT

This paper aims to analyze the influence of state political affiliation and policy on affective risk perceptions, in the context of COVID-19. The study of risk perceptions in the travel literature is important because it can help industry leaders predict tourist decision-making and ensure feelings of safety for travelers. The relevance of risk perceptions has become even more apparent since the start of the COVID-19 pandemic. This study analyzes three policies put into place to mitigate the spread of COVID-19: mask mandate, cancellation of public events, and school closures. Affective risk perceptions were measured by the Tourism Crisis Management Initiative's COVID-19 Perceptions of Risk Travel Survey. These findings will help inform future crisis management decisions by providing insight into the effect of policy and state political affiliation on affective risk perceptions. It will highlight the importance of customizing crisis communication and marketing in the tourism industry to decrease affective risk perceptions in target populations. By doing so, tourists will feel safe and be encouraged to continue travel.

TABLE OF CONTENTS

Abstract	iii
List of Tables	vi
Chapter 1 Introduction	1
1.1 Theoretical Lens	4
Chapter 2 Literature Review	9
2.1 Theories Related to Risk Perceptions and Travel	9
2.2 Travel Risk Perceptions	12
2.3 Affective Risk Perceptions and Travel	15
2.4 Health Risks	18
2.5 Policy, Politics, and Risk Perceptions.....	20
2.6 Policy and Trust	23
2.7 Public Health and Politics During COVID-19.....	29
2.8 COVID-19 and Tourism	30
2.9 Policy in Relation to Travel	35
2.10 State Political Affiliation	38
2.11 Risk and COVID-19 Cases	39
Chapter 3 Methodology	41
3.1 Secondary Data Collection	41
3.2 Operationalization and Creation of Variables.....	43
3.3 Treating and Preparing the Data	47

3.4 Description of Data	49
3.5 Data Analysis	54
Chapter 4 Results	55
4.1 Mask Mandate ANCOVA.....	55
4.2 Cancellation of Public Events ANCOVA.....	58
4.3 School Closure ANCOVA.....	60
Chapter 5 Discussion and Conclusions	63
5.1 Discussion and Conclusions	63
5.2 Practical Implications.....	69
5.3 Theoretical Implications	70
5.4 Limitations	70
5.5 Future Research	72
References.....	73
Appendix A: Survey Instrument	89

LIST OF TABLES

Table 3.1 Operationalization of Affective Risk Perceptions	46
Table 3.2 Survey Waves	47
Table 3.3 Frequency of Independent Variable State Political Affiliation	50
Table 3.4 Frequency of Independent Variable Mask Mandate.....	51
Table 3.5 Frequency of Independent Variable Cancellation of Public Events	52
Table 3.6 Frequency of Independent Variable School Closure	52
Table 3.7 Descriptive Statistics for Number of COVID-19 Cases	53
Table 3.8 Descriptive Statistics for Affective Risk Perceptions	54
Table 4.1 Descriptive Statistics Mask Mandate ANCOVA.....	56
Table 4.2 Mask Mandate ANCOVA Results.....	58
Table 4.3 Descriptive Statistics for Cancellation of Public Events ANCOVA	59
Table 4.4 Cancellation of Public Events ANCOVA Results	60
Table 4.5 Descriptive Statistics for School Closure ANCOVA	61
Table 4.6 School Closure ANCOVA Results	62

CHAPTER 1

INTRODUCTION

In January 2020, the CDC identified the first case of COVID-19 in the United States; just 11 days later, the CDC declared the virus a public health emergency (Center for Disease Control and Prevention [CDC], 2022a). COVID-19 is a highly transmissible viral disease that targets the respiratory system (World Health Organization [WHO], 2022). The virus can cause mild to severe symptoms and death (WHO, 2022). Cases continued to rise in the United States, and in March of 2020, the World Health Organization declared COVID-19 a pandemic, becoming a nationwide emergency (CDC, 2022a). Immediately states began to shut down schools, bars, and restaurants (CDC, 2022a). As a result, the tourism industry came to a near standstill. The CDC issued a “no sail” order for cruise ships, and many countries stopped receiving international travelers. The United States tourism industry suffered a huge economic loss due to the pandemic and will continue to feel the effects for years. It is estimated that approximately \$910 billion to \$1.2 trillion U.S. dollars were lost due solely to the lack of spending by international travelers (United Nations World Tourism Organization [UNWTO], 2020).

During the pandemic, public health policies were implemented at the state level (CDC, 2022b; Seyfi et al., 2020). These policies were intended to mitigate the spread of COVID-19 (CDC, 2022b). State-level policies were highly politicized in the news media (Kerr et al., 2021). Political messaging is known to appeal to an individual’s affective

perceptions, specifically anxiety during a crisis (Gross, 2008; Kemp et al., 2021; Renström & Bäck, 2021). Disbelief and distrust in policy and political officials can impact affective perceptions (Knack & Zac, 2003; Lee & Stroker, 2000). Since the state-implemented policies were wide-ranging and implemented all over the country, they significantly impacted the lives of citizens and many industries (CDC, 2022b; Seyfi et al., 2020).

A tourism crisis is “an event or set of circumstances which can severely compromise or damage the marketability of a tourism business or destination” (Pacific Asia Travel Association [PATA], 2012, p. 1). There are many different categories of crisis. One type of crisis is a health crisis which includes epidemics and pandemics (PATA, 2012). Health crises can be highly disruptive in the tourism industry. Although there have been many studies about the effects of health crises on the tourism industry, the scale at which COVID-19 existed expands far beyond previous health crises. Jones and Salathe (2009) point out that the current pandemic literature is lacking because data collection is gathered at the height or long after the crisis. According to Faulkner’s (2001) community response disaster framework, there are six stages to a community’s response: pre-event, prodromal, emergency, intermediate, long-term recovery, and resolution. In this study, data collection was done throughout 2020, capturing the early stages of the pandemic (Faulkner, 2001). However, due to the complex long-term nature of the COVID-19 pandemic, this data set does not capture the resolution since routine had not yet been restored, and many of the policies remained in place (CDC, 2022b; Faulkner, 2001). Through the study of the pandemic, researchers and industry leaders can gain

insight into and improve crisis management strategies for future crises affecting the tourism industry.

Risk perceptions have been studied throughout tourism literature because of their insight into tourists' behaviors and decision-making (Floyd & Pennington-Gray, 2004; Reisinger & Mavondo, 2005; Sönmez & Graefe, 1998a). However, many of these studies are not guided by theory (Schroeder, 2015). Schroeder (2015) proposed a way to measure travel risk perceptions using the Protection Motivation Theory (PMT) and the “*risk as feelings*” hypothesis (Loewenstein et al., 2001; Rogers, 1975; 1983). Risk perceptions included cognitive and affective perceptions (Schroeder, 2015). Cognitive risk perceptions were measured based on the fear appraisal process of the PMT, which includes perceived vulnerability and perceived severity (Rogers, 1975; 1983; Schroeder et al., 2016). The affective evaluations are motivated by emotions and are measured on a scale of three feelings: anxiety, fear, and worry (Loewenstein et al., 2001; Schroeder et al., 2016). Each element can influence behaviors uniquely and provide an overall picture of risk perceptions. For this study, we will look solely at affective risk perceptions because affective risk perceptions can sometimes bypass cognitive risk perceptions in the decision-making process (Loewenstein et al., 2001).

This study will look at mask mandates, cancellation of public events, and school closures. These are some of the most common policies implemented during the COVID-19 pandemic (CDC, 2022b). These were implemented in various capacities at the state level over time. Therefore, the data accounts for a broad range of strictness across the states. While these policies do not seem to directly effect tourism, they do carry implications for the tourism industry (Liang et al., 2021; Pachucki et al., 2022; Uğar &

Abiyik, 2020). Studying risk perceptions is more important than ever in the wake of COVID-19. The negative impacts of the pandemic might not have been as profound if there had been a clear understanding of affective risk perceptions and policy. Now that the pandemic's effects have been experienced worldwide, we can learn from the intense emotional response associated with the pandemic. This research is also essential because it creates an awareness of the relationship between health crises and affective risk perceptions. Up until this point, most health crises were local and short-lived (Cahyanto et al., 2016; Gössling et al., 2020; Lee & Chen, 2011; Novelli et al., 2018; Peterson et al., 2016). Now that we have experienced an enduring global crisis that has continuously evolved, we will continue to have science drive our knowledge on the impact and response to the pandemic (Gössling et al., 2020). This body of literature will continue to be more relevant in future studies as crises continue to occur frequently and have devastating impacts on the travel industry (Faulkner, 2001).

Public health scholars argue that policy implementation, or lack thereof, is politically driven (Greer et al., 2020). There is a great need to explore the political implications of policy response to COVID-19 (Greer et al., 2020). Thus, this study will begin to explore how the politicization of the pandemic influenced affective risk perceptions and policy implementation.

1.1 THEORETICAL LENSE: SOCIAL ECOLOGY

Social-ecological studies demonstrate how humans and the environment interact. The social-ecological concept can apply to many contexts. The social-ecological

perspective helps drive this study because it explains the impact of outside forces, in this case politics and policy on an individual's likelihood to travel.

The study of social ecology was first used to describe human development (Bronfenbrenner, 1977). Bronfenbrenner (1977) explained a complex system in which humans and the environment are constantly interacting and adapting. The study must analyze the individual human changes as well as multiple levels of human groups, changes in the environment, and the interaction between humans and the environment (Bronfenbrenner, 1977).

It was later developed to guide public health initiatives (Stokols, 1992). Social-ecological research operates under four key assumptions (Stokols, 1992). The first is that health or well-being is influenced by the physical and social environment (Stokols, 1992). The second assumption is that health and health promotion need to account for the complexities of the human environment, such as the physical components, social components, objective qualities, and subjective qualities (Stokols, 1992). The third assumption is that the environment can be studied at various participant levels, from individuals to large groups (Stokols, 1992). Lastly, social-ecological research considers the interaction between the participants and the environment (Stokols, 1992). The theory is complex because the environment can influence collective and personal health in many ways through the interactions between the environment and people (Stokols, 1992). The way in which people interact with the environment and how the environment interacts with people can vary vastly (Stokols, 1992). The goal is to weigh the positive and negative outcomes of the environment and human interaction to form an overall positive and healthy environment (Stokols, 1992). By utilizing the social-ecological perspective,

public health scholars analyze the specific social and environmental settings to provide the most effective public health messaging and efforts (Stokols, 1992).

Public health scholars continued to study the social-ecological perspective and outline its relevance to health. Stokols (1996) outlined the five ways in which social and environmental landscapes interact in the health field: social and physical environments are a medium for disease transmission, the environment can serve as a stressor (political and personal conflict), the environment can be dangerous (pollution, chemical spills, violence), the environment enable health behavior (mask requirement, smoke detectors, seat belts), and the environment can provide health resources (public health, insurance) (Stokols, 1996). The social-ecological perspective encompasses behavioral and environmental strategies, active and passive interventions, and individual as well as community level strategies (Stokols, 1996).

The social-ecological perspective is relevant to this study because of the social and environmental implications of the pandemic (Stokols, 1996). The environment accelerated disease transmission, especially in tight spaces such as cruise ships and airplanes (Azimi et al., 2021). During COVID-19, the environment was stressful because of the pandemic and the polarization of the pandemic and health-related policies (Cheung & Tse, 2008). Environmental conditions also created both safe and dangerous areas; inside the home was considered safe, while being out in public was considered dangerous (Yan et al., 2021). Public health behavior was not only enabled but also required in most spaces with social distancing and mask mandate policies in place (CDC, 2022b). During the pandemic, health resources were provided, such as free testing and vaccines (Health Resources and Services Administration [HRSA], 2022). This thesis will apply the socio-

ecological perspective to politics and public health influences on human affective risk perceptions.

In summary, this study aims to initiate the state political affiliation and policy conversation in the tourism crisis management literature by exploring the role state political affiliation plays in enacting policy during a crisis and how state political affiliation and policies influence affective risk perceptions. This will provide insight into the traveler's emotional state during a crisis, as well as if there are differences in how Republican and Democratic-majority states policies impacted affective risk perceptions during a crisis and how effective the procedures were in mitigating affective risk perceptions in relation to travel. All the while controlling for number of COVID-19 cases due to the impact of increased infection rates on anxiety (Kumar & Nayar, 2021, Pfefferbaum & North, 2020). These relationships will provide insight into politics and policy's role in tourism crisis management. Therefore, influencing future decision-making during a crisis.

Using data collected by the Tourism Crisis Management Initiative (Tourism Crisis Management Initiative, [TCMI] n.d.), the CDC (2022b), and the Cook Political Report (Wasserman et al., 2022), this study will examine the following research questions:

1. Do travelers' affective risk perceptions differ based on state political affiliation?
2. Do travelers' affective risk perceptions differ based on policy (mask mandate, cancellation of public events, school closure)?

3. Does the effect of state political affiliation on travelers' affective risk perceptions depend on policy?

CHAPTER 2

LITERATURE REVIEW

A crisis can have long-lasting negative impacts that can damage the economy as well as the structural foundation of a destination (Sausmarez, 2007). A crisis can also damage a tourist's perception of the safety of a destination, which impacts destination choice and intention to travel (Sausmarez, 2007). Therefore, the tourism industry must understand the affective perceptions of a tourist so that they can provide a sense of safety to tourists so they will continue to travel. This study will expand on the current crisis management literature and provide a more holistic understanding of affective risk perceptions in the United States. This study will show the importance of understanding affective risk perceptions as it relates to policy and state political affiliation, allowing for a better understanding of tourist desires in times of crisis and how they are influenced by policy.

The current crisis management literature has limited information on a health crisis of this magnitude and how these crises effect the tourism industry. In addition, the relationship between affective risk perceptions and policy and politics are understudied in the tourism literature. This section of the thesis has 12 areas of review.

2.1 THEORIES RELATED TO RISK PERCEPTION AND TRAVEL

Throughout the tourism risk perception literature, there has been an increased use of theories adopted from other disciplines such as health behavior, psychology, and economics. By utilizing theories from different disciplines, researchers can lend more

credibility to the travel risk perception literature and extend our knowledge of these theories (Schroeder, 2015). This portion of the literature review will outline the theories used in the travel literature that is relevant to this study. The following theories and frameworks will be explained in this section: Protection Motivation Theory, Social Amplification of Risk Framework, Risk-as-Feelings Hypothesis, Psychometric Paradigm, and the TRIRISK Model.

The Protection Motivation Theory (PMT) was developed in the health literature to describe the relationship between fear appeals and attitude change (Rogers, 1975). Fear appeals refer to an outside stimulus that starts the cognitive process leading to attitude change (Rogers, 1975). Through the years, the model has developed into the general attitudinal change model (Maddux & Rogers, 1983). This model describes two processes influencing attitude change: threat appraisal and coping appraisal (Rogers, 1983). The threat appraisal process is made up of an individual's perceived severity and perceived susceptibility/vulnerability (Rogers, 1983). The coping appraisal process is made up of self-efficacy and response efficacy (Rogers 1983). These two processes describe how cognition leads to attitude change. The protection motivation theory gave researchers an idea of how to explore the thought processes behind decision-making so that they could predict future decisions.

The psychometric paradigm was created to explain risk perceptions among the layperson (Slovic, 1987). Slovic (1987) postulated that risk perceptions are much more complex than researchers had previously described. The psychometric paradigm states that risk perceptions are a culmination of many different quantitative and qualitative factors (Slovic, 1987). To illustrate this, Slovic (1987) asked participants to rank 30 types

of hazards on a scale of least to most risky. Risks were then mapped based on familiarity with the risk type and dread associated with it (Slovic, 1987). This showed that unfamiliar, dread lead to the highest risk perceptions (Slovic, 1987). The paradigm illustrates the subjective nature of risk perceptions.

The Social Amplification of Risk Framework (SARF) has been used throughout the literature to explain how risk perceptions can be intensified (Kasperson et al., 1988). The framework explains that risk can be amplified by the initial transport of risk information and by society's response to risk information (Kasperson et al., 1988). Characteristics of the information source and response of others can amplify risk and spread the impacts of risk far beyond the reach of the direct victims (Kasperson et al., 1988). SARF is relevant to this study because the theory helps illustrate how external factors can influence risk perceptions.

Loewenstein et al.'s (2001) risk-as-feelings hypothesis (RAFH) introduced affective evaluation in the decision-making process. In contrast, previous studies have analyzed just the cognitive evaluation (Rogers, 1983). RAFH proposed that cognitive and affective evaluations influence decision-making (Loewenstein et al., 2001). Loewenstein et al. (2001) suggested that cognitive evaluations are comprised of perceived severity and perceived susceptibility/vulnerability, which coincides with the Protection Motivation Theory (Rogers, 1983). However, affective evaluations refer to emotions such as fear, anxiety, and worry (Loewenstein et al., 2001). RAFH also suggested a relationship between the affective and cognitive evaluations where affective evaluation can exert a more substantial influence on decision-making than cognitive evaluations (Loewenstein et al., 2001). The specific nature of that relationship has not been determined. However,

researchers acknowledge that affective perceptions are an important part of overall risk perceptions (Loewenstein et al., 2001; Schroeder, 2015). RAFH highlights the importance of both cognitive and affective perceptions.

Risk perceptions have continued to be a topic of interest throughout literature in many disciplines. While the RAFH considered cognitive and affective perceptions, the tripartite model of risk perceptions (TRIRISK) has begun to include a third type of perception; experiential. Experiential perceptions refer to a knee-jerk reaction to a risk (Ferrer et al., 2016). The experiential perceptions lead to quick decision-making that requires little thought (Ferrer et al., 2016). These perceptions are built on past experiences and are very individualized, making them hard to capture (Ferrer et al., 2016). Further exploration of risk perceptions should explore experiential risk perceptions and create a more comprehensive way to measure risk perceptions (Riley et al., in press).

There are many theories and frameworks that are used in risk perception studies. Studying risk perceptions gives researchers insight into the decision-making process. Applying these theories to the travel literature to understand travel-specific risk perceptions is important. With a more nuanced measure of risk perceptions, industry leaders can predict tourists' response to a crisis and therefore act in a way that will reduce the negative impacts of that crisis.

2.2 TRAVEL RISK PERCEPTIONS

Throughout the travel literature, scholars have attempted to explore risk perceptions because of their importance in the tourist decision-making process (Reisinger & Movando, 2005; Roehl & Fesenmaier, 1992; Schroeder, 2015; Sönmez & Graefe,

1998a, 1998b). Many of these studies lack a clear conceptualization of risk perceptions from existing theories (Schroeder, 2015). The following section will provide a brief overview of the travel risk perception literature.

Risk perception is not new to the travel literature; however, many risk perception studies in the travel literature have failed to apply theory properly. A theory provides support, reasoning for, and credibility to an argument (Riley et al., in press; Schroeder, 2015). A study without a theoretical basis if accepted by readers or scholars can cause a ripple effect, as it gets cited throughout the literature.

An example of a study that has caused a long-lasting ripple effect is the work of Sönmez and Graefe (1998a, 1998b) (Riley et al., in press; Schroeder, 2015). Sönmez and Graefe's studies (1998a, 1998b) represent some of the early explorations of risk perceptions in the travel literature. While these studies have been cited consistently throughout the travel literature, they lack the application of theory (Schroeder, 2015). The risk perceptions definition and measures used in Sönmez and Graefe (1998a, 1998b) were not grounded in theory; there is little theoretical evidence to support the use of these measures (Riley et al. in press; Schroeder, 2015).

As risk perceptions continued to be explored in the travel literature, lack of a theoretical foundation continued to be an issue (Riley et al., in press; Schroeder, 2015). Lepp and Gibson (2003) adopted the risk perceptions of Sönmez and Graefe (2003), further perpetuating the lack of theory in the travel literature (Riley et al., in press). Lepp and Gibson (2003) did not clearly define risk perceptions, nor was there any explanation of why they measured them the way they did. Instead, they relied on former studies that were not based on theory (Riley et al., in press; Schroeder, 2015).

Two years later, Reisinger and Mavondo (2005) began to explore the demographic factors influencing risk perceptions. Reisinger and Mavondo (2005) introduced the concept of affect in the risk perception literature. They included the concept of ‘uncertainty’ in their definition of risk perceptions (Reisinger & Mavondo, 2005). However, when conceptualizing risk perceptions, uncertainty became a type of risk, rather than operationalizing the concept of affective perceptions (Reisinger & Mavondo, 2005; Riley et al., in press).

As with Reisinger and Mavondo (2005), another study emerged that explored affect (Larsen et al., 2009). Although Larsen et al. (2009) included the concept of tourist worry in their study, it was still distinct from risk perceptions (Riley et al., in press; Schroeder, 2015). According to RAFH, worry and other emotions are a part of risk perceptions, not merely a stimulus. (Loewenstein et al., 2001; Riley et al., in press; Schroeder, 2015).

Through a study of generalized anxiety disorder, Buhr and Dugas (2009) examined fear of anxiety and worry. Fear of anxiety and intolerance of uncertainty in combination increased worry (Buhr & Dugas, 2009). This can cause a cycle of emotional distress in individuals who are intolerant of uncertainty and fearful of anxiety (Buhr & Dugas, 2009). Buhr and Dugas (2009) identified that intolerance of uncertainty plays an integral role in worry and therefore, affective risk perceptions. Thus, Buhr and Dugas (2009) show that uncertainty is part of the concept of risk perceptions (Riley et al., in press; Schroeder, 2015).

Risk perception studies in the tourism industry began to analyze the impact of risk perceptions on decision-making (Matyas et al., 2011). They also gathered individual

information, such as experience with hurricanes to see if they impacted risk perceptions and evacuation decisions (Matyas et al., 2011). Coastal tourists and tourists with children were among some of the groups examined (Matyas et al., 2011). Tourists with higher risk perceptions were more likely to evacuate from a hurricane (Matyas et al., 2011). This study revealed a connection between evacuation decisions and risk perceptions, as well as individual factors and risk perceptions (Matyas et al., 2011).

More recent travel risk perception studies have identified the lack of a clear conceptualization of risk perceptions in the travel literature (Chein et al., 2016; Yang & Nair, 2014). However, they too, have not used theory to support their reasonings (Chein et al., 2016; Riley et al., in press; Yang & Nair, 2014). As risk perceptions continue to be explored in the travel literature, it is important to provide sound reasoning backed by theory (Schroeder, 2015).

2.3 AFFECTIVE RISK PERCEPTIONS IN TRAVEL LITERATURE

Many studies have included affective risk perceptions; however, they are often considered a separate construct from risk perceptions (Chein et al., 2016; Larsen et al., 2009; Reisinger & Mavondo, 2005). By considering affect separate from cognitive risk perceptions, most studies are inconsistent with the RAFH (Loewenstein et al., 2001; Schroeder, 2015). While this thesis measures only affective risk perceptions, we only claim to measure affective perceptions.

To remedy these issues in the travel risk perception literature, Schroeder (2015) proposed a model explaining the various risk-related concepts in a theoretical manner. Risk perceptions were operationalized based on three concepts from PMT and RAFH: affective risk perceptions, perceived vulnerability, and perceived severity (Floyd et al.,

2001; Loewenstein et al., 2001; Schroeder, 2015). Schroeder (2015) expanded the PMT threat appraisal process to include affective risk perceptions, which created an overall picture of risk perceptions.

McIntosh et al. (1998) recognized anxieties involved in travel. Anxiety is an element of affective risk perceptions related to relocation from a safe home environment, the uncertainty, and uncontrollability of specific situations (such as flight and terrorist attacks), and anxiety or dread associated with making wrong decisions (McIntosh et al., 1998). Anxiety can also be heightened in certain situations, such as when experiencing turbulence on a plane (McIntosh et al., 1998). McIntosh et al. (1998) showed that anxiety is not static but can be heightened at specific times, events, and situations. Therefore, anxiety presents itself not only while traveling but also while making decisions about travel (McIntosh et al., 1998). Anxiety can be either anticipated ahead of time or as a reaction to a direct stimulus (Loewenstein et al., 2001; McIntosh et al., 1998).

When Loewenstein et al. (2001) introduced the RAFH, they emphasize the power of affective concepts on behavior. In cases where cognitive and affective perceptions are at odds, the affective perceptions oftentimes exert a stronger influence (Loewenstein et al., 2001). Affect can cause knee-jerk reactions that may not be in line with rational thinking and decision-making (Loewenstein et al., 2001). Debilitating fear and anxiety are often best understood when observing phobias (Loewenstein et al., 2001). Although it may be unlikely for a plane to crash, someone with a fear of flying will avoid flying due to the intense fear and anxiety they associate with plane crashes (Loewenstein et al., 2001). However, the RAFH acknowledges that there are times when cognitive evaluations elicit behavior and decision-making (Loewenstein et al., 2001).

Buhr and Dugas (2009) explored the relationships between uncertainty, worry, and anxiety. Due to the close relationship between these affective states and their dynamic nature, Buhr and Dugas (2009) argue that affective perceptions cannot contain merely one concept, but that multiple feelings should be captured. Supporting the decision to include three affective states in the concept of affective risk perceptions (Riley et al., in press; Schroeder, 2015; TCMI, n.d.). Anxiety is a complex and dynamic concept that evolves with external pressures (McIntosh et al., 1998). Therefore, affective risk perceptions should be measured constantly to account for different situations (TCMI, n.d.).

There have been several scales developed in recent years because of the COVID-19 pandemic. These scales include but are not limited to the Coronavirus Anxiety Scale, Fear of COVID-19 scale, and the Pandemic Anxiety Travel Scale. The Coronavirus Anxiety Scale (CAS) is a five-item scale that consists of the physical manifestations or symptoms of anxiety (Lee, 2020). The five symptoms included in the scale are dizziness, sleep disturbances, loss of appetite, immobility, and abdominal distress (Lee, 2020). Each item was integrated into a statement about the coronavirus, and participants were asked to indicate how often in the past two weeks they felt these symptoms (Lee, 2020). The CAS is mainly used in medical settings as it deals with physical manifestations of anxiety.

The Fear of COVID-19 Scale consists of 7 items obtained through a literature review (Ahorsu et al., 2020). These items consist of both physical manifestations of fear (heart palpitations, sweaty palms, etc.) and general fearful thoughts such as being afraid of death due to illness (Ahorsu et al., 2020). The scale was not developed from theory and has seen limited testing.

The Pandemic Anxiety Travel Scale is a five-item scale that consists of statements regarding worry and anxious thinking (Zenker et al., 2021). The scale was created to reflect clinical measures of anxiety (Zenker et al., 2021). However, the scale is not grounded in theory, and it is unclear where the measures were obtained from.

This thesis looks at affective risk perceptions, and more specifically, by incorporating the Tourism Crisis Management Initiative's (TCMI) survey (Tourism Crisis Management Initiative [TCMI], n.d.). Affective risk perceptions are analyzed because of their ability to influence decision-making. Loewenstein et al. (2001) explain that both cognitive and affective perceptions are important, however, affective perceptions can be so strong that cognitive perceptions are completely bypassed. TCMI developed a three-part semantic differential survey item to measure affective risk perceptions from Schroeder (2015) and Schroeder et al. (2016). The question incorporates three semantic differential items from Loewenstein et al. (2001). The items are relaxed-anxious, fearless-fearful, and assured-worried (Loewenstein et al., 2001; Schroeder, 2015; Schroeder et al., 2016; TCMI, n.d.). By utilizing this scale, the study provides an overall picture of affective perceptions involved in risky decision-making.

2.4 HEALTH RISKS

There are many different types of risks that can impact the tourism industry. PATA (2012) identified 14 risk types: economic, health-related, psychological/emotional, environmental, financial, human, natural hazards, occupational health and safety, product deficiencies, property damage, professional liability, public liability, security, and technological. While these risks cover a broad range of topics, it does not represent all risks that could occur while traveling (PATA, 2012). Risks can also be either human or

nature induced (TCMI, n.d.b). Each type of risk can impact destinations and tourists in unique ways. However, for the purpose of this study, we will investigate health-related risks, and the COVID-19 pandemic specifically.

Although this study focuses on perceptions related to COVID-19 and its impact on United States domestic travel, it is important to note that risk perceptions can vary by type and location (Schroeder et al., 2013). Zenker et al. (2021) mentioned that international travel is often associated with higher risk. When traveling, individuals are vulnerable to disease and other health risks as they expose themselves to several people and locations that they do not usually frequent. Due to the heightened risk involved in travel, tourists' risk perceptions are an extremely important part of the travel decision-making process (Cahyanto et al., 2016). Travel health concerns are often related to the contraction of an infection or disease such as SARS and Zika virus (Cahyanto et al., 2016; Widmar et al., 2017). Since the COVID-19 pandemic there has been an increased focus on health risks in the travel literature.

Although the pandemic elevated interest in health risks, prior to the pandemic, scholars had begun to explore the impact of health risks on travel. Reisinger and Mavondo (2005) found that health risks decreased travelers' perception of safety. Health risks can deter travelers from visiting a particular destination (Reisinger & Mavondo, 2005). While Reisinger and Mavondo (2005) investigated health risks with a broader view, Cahyanto et al. (2016) looked at the specific impact of Ebola on travel avoidance. They found that perceived risk was a strong predictor of travel avoidance (Cahyanto et al., 2016). Higher perceived risk could also lead to increased use of preventative measures (Cahyanto et al., 2016). These studies illustrate how health risks can influence

travel decision-making, showing the importance of exploring the role of health risk perceptions in the travel literature (Cahyanto et al., 2016; Reisinger & Mavondo, 2005).

Health scholars have also examined how crises affect anxiety and mental health (Kokaliari, 2016). They found that during times of crisis, populations experience higher levels of anxiety and depression (Kokaliari, 2016). A policy can sometimes have adverse consequences and can cause a crisis to worsen, in turn increasing anxiety and depression (Kokaliari, 2016). Thus, we should see a relationship between policy and anxiety, which is an affective risk perception.

Chein et al. (2016) also explored travelers' health risk perceptions. In this study, the affective dimension of worry was explored (Chein et al., 2016). Inconsistent with the RAFH, Chein et al. (2016) included the affective element as separate from overall risk perceptions (Loewenstein et al., 2001; Riley et al., in press). However, they found that worry had a significant influence on personal protective behavior (Chein et al., 2016). Other studies have highlighted how health risk perceptions can vary depending on a variety of factors such as location, family life, income, and education (Anderson et al., 2020; Widmar et al., 2017). Thus, it will be interesting to see if policy and state political affiliation can impact perceptions.

2.5 POLICY, POLITICS, AND RISK PERCEPTIONS

The role of policy and politics related to crisis management in the travel industry has been understudied. There is even less information on how policy and politics impact affective risk perceptions. However, there has been a few tangential studies that will be outlined in this section. This study aims to fill that gap and highlight the importance of policy and state political affiliation in tourism crisis management.

Political scholars have begun to explore the relationship between affect and politics (Gross, 2008; Verhoeven & Duyvendak, 2015). Gross (2008) studied political messaging and framing. They found that political messaging appeals to cognitive and affective evaluations (Gross, 2008). Messaging that appealed to emotions influenced the political decision-making process (Gross, 2008). Verhoeven and Duyvendak (2015) also studied political framing and found that political messaging often appeals to feelings of anxiety. Politicians appealed specifically to anxiety in messaging related to controversial policies (Verhoeven & Duyvendak, 2015). While not directly related to travel, these studies are relevant because they demonstrate the importance of emotions in the decision-making process in the context of politics and policy.

While there is limited literature about policy implementation related to crisis management and its relationship to affective risk perceptions, scholars have examined policy implementation within the tourism industry in general (Krutwayscho & Bramwell, 2010). Many of these studies have focused on the impact of policy on tourism development (Krutwayscho & Bramwell, 2010). There are both tourism-specific policies and external policies that impact the tourism industry (Krutwayscho & Bramwell, 2010).

This thesis focuses on the public health policies implemented during COVID-19 and how they affected the tourism industry. Policy implementation is typically contingent upon the locale (Bramwell & Meyer, 2007; Krutwayscho & Bramwell, 2010). This was evident during the pandemic, as public health policies were decided at the state level (CDC, 2022a). Therefore, this study will examine the differences in affective risk perceptions between policy type and implementation.

To reduce the spread of COVID-19, many countries began implementing policies restricting or limiting travel (Seyfi et al., 2020). Some countries completely halted international travel, while others implemented a mandatory quarantine for travelers (Seyfi et al., 2020). These barriers made travel less convenient and more costly. Seyfi et al. (2020) argue that many travel-based policies were used to disguise political agendas. The pandemic provides an opportunity for governments to implement strict border policies with little questioning (Seyfi et al., 2020). Policies adopted by various governments are linked to trust in the government. If the policy is not believed to have a positive impact on the desired outcome, then often the policy is not supported and thus, governments are not trusted.

The health and psychology disciplines have begun to explore anxiety during a crisis and how it relates to specific policy and political intentions (Cheung & Tse, 2008; Kemp et al., 2021; Renström & Bäck, 2021). However, the tourism literature has not yet explored these topics and how they affect travel. Cheung and Tse (2008) analyzed the influence of trust on anxiety in the context of the Hong Kong 2003 SARS outbreak. They found that when there was a lack of trust in medical and government institutions, anxiety was exacerbated (Cheung & Tse, 2008). While Cheung and Tse's (2008) findings are not directly related to the present study, they call for further investigation of the relationship between government and affective perceptions.

Since the COVID-19 pandemic, scholars have revisited the relationship between trust and anxiety during a crisis (Kemp et al., 2021; Renström & Bäck, 2021). Kemp et al. (2021) found that lack of control did not increase fear and anxiety. Their reasoning for this was that government and CDC policy indirectly led to feelings of control that

mitigated the feeling of anxiety (Kemp et al., 2021). However, they provided no empirical evidence to support that reasoning. While Kemp et al. (2021) analyzed the effect of policy on anxiety, Renström and Bäck (2021) considered the opposite direction. Renström and Bäck (2021) found the presence of intense emotions (specifically fear, anxiety, and anger) increased support for COVID-19-related policy. Therefore, both studies highlight the need for further research into the relationship between affective risk perceptions and policy (Kemp et al., 2021; Renström & Bäck, 2021).

2.6 POLICY AND TRUST

Trust is a topic that has mostly been explored in sociological and political literature. However, this has started to spill over in the tourism industry as scholars begin recognizing the impact trust has on behavioral intention, which could include some form of travel or tourism.

Early sociologists described trust as a function of social ties (Granovetter, 1973). Granovetter (1973) speculated in the Strength of Weak Ties (SWT) that trust exists through a social link. Thus, trust in leadership existed only if one had a link to someone who could converse with the leader and vouch for them (Granovetter, 1973). This link would only exist through someone who with you are weakly connected; as Granovetter (1973) explains, people connected through strong social ties tend to operate in the same social groups and therefore have the same contacts. In this case, weak ties are important because they expand trust outside of an immediate social network (Granovetter, 1973). However, weak ties are still ties; a weak tie could exist between two people with a shared

background who are otherwise strangers (Granovetter, 1973). Therefore, trust is still limited to the social circles that share a common ground.

Granovetter (1983) revisits SWT and emphasizes that weak ties are beneficial relationships only when they are a bridge to other social groups. Granovetter (1983) emphasizes the importance of weak ties. The SWT provides an early analysis of trust and information dissemination among groups of people (Granovetter, 1973; 1983). The implication of the SWT is that trust is influenced by social relationships and commonalities (Granovetter, 1973; 1983). Therefore, it is important to note that when someone has limited weak ties, they surround themselves with people to whom they are strongly similar and limit their flow of information within their social group (Granovetter, 1973; 1983). Thus, trust extends just to those individuals to whom they are strongly connected.

Granovetter (1985) later proposes the idea of embeddedness. Embeddedness builds off the SWT by introducing the idea that human behavior is formed by an individual's social network (Granovetter, 1985). Granovetter (1985) suggests that social networks influence economic and political decision-making. The argument is specifically related to a buyer/seller relationship (Granovetter, 1985). Trust for a particular seller is built within the context of a social network through relationships and word of mouth (Granovetter, 1985). If that seller commits some sort of wrongdoing, they lose the trust of the whole social network and therefore lose their market (Granovetter, 1985). In that way, a seller is encouraged to do well by the customer to keep their trust and loyalty (Granovetter, 1985). Now substitute that seller for a leader or government official; the leader wants to gain the trust of their constituents so that they can gain the support and

loyalty of a whole network of people (Granovetter, 1985). To keep that trust, the leader must stay in the good graces of their constituents by being relatable, listening, and enacting policy in line with constituents' beliefs (Granovetter, 1985). Trust is built through information about an individual, such as word of mouth from others and experience with the individual (Granovetter, 1985). A greater level of trust also provides more opportunities for manipulation of an individual (Granovetter (1985). Granovetter (1985) demonstrated that trust in political leaders can be socially constructed. Trust is essential for leaders to gain support for their continued election and their agendas.

However, Granovetter (1985) did not define trust (Shapiro, 1987). Therefore Shapiro (1987) attempts to clarify Granovetter's (1985) trust assumptions by providing empirical evidence. Trust is "a social relationship in which principle invest resources, responsibility, or authority in another to act on their behalf for some future return" (Shapiro, p.626, 1987). These trust relationships present uncertainty because the trustee can now manipulate the person who is trusting (Shapiro, 1987). In this sense trust, becomes a form of risk-taking in which social networks inform decision-making (Shapiro, 1987). However, when there is no opportunity for direct contact through social networks, and impersonal trust must be formed (Shapiro, 1987). In these cases, the trustee must convince individuals to place their trust in them; this can be done by minimizing the risk involved in placing trust in the trustee (Shapiro, 1987). Risk can be minimized through policy and regulation enactment (Shapiro, 1987). A policy or regulation can minimize an individual's perception of risk and increase trust in a particular agency (Shapiro, 1987).

Trust has been described as an element of social capital; however, for this thesis, we will examine just the literature on trust, not social capital (Putnam et al., 1993). Putnam et al. (1993) found that trust encourages cooperation within a community and that through cooperation, trust is built. In line with Granovetter (1985), Putnam et al. (1993) found that trust existed because past experiences inform the future actions of an individual. Higher civic engagement in a community fosters communication and trust (Putnam et al., 1993). Putnam et al. (1993) illustrate the need for trust in a political system because trust creates cooperation and support for policy and political agendas. This allows for an orderly and functional society (Putnam et al., 1993). In the absence of trust, cooperation does not exist; thus, a lack of cooperation could indicate a lack of trust in a leader or policy.

Political scholars began to adopt the sociological view of trust to explain relationships between government and citizens. Levi and Stoker (2000) emphasize the importance of both trust and distrust in the political context. While trust facilitates cooperation, distrust mobilizes citizens against a particular leader or policy (Levi & Stoker, 2000). Neither distrust nor trust inspires more people to vote; however, distrust is more likely to spur activism (Lee & Stoker, 2000). Consequently, the individuals who distrust the current government/policy may be more likely to speak out than those who trust the current government/policy (Lee & Stoker, 2000). Then there is generally more dialogue against a leader or policy than for that leader or policy. Lee and Stoker (2000) also concur with the past findings that more trustworthy leaders receive more cooperation from citizens. Trust exists in the face of a risky situation, and through trust, worry is

quelled (Lee & Stoker, 2000). Lee and Stoker (2000) provide a link between affective risk perceptions and trust in government.

Since previous studies connected policy and political leaders and trust, political scholars began to investigate the relationship between policy and trust. Knack and Zak (2003) studied how specific policies influence trust. They found that policies increasing communication and education directly raised levels of trust (Knack & Zak, 2003). They also found that trust-raising policy improved living standards and reduced corruption, increasing trust (Knack & Zak, 2003). They demonstrated the cyclical nature of trust (Knack & Zak, 2003).

While COVID-19 politicization was extremely prevalent in the news and other media sources, it is not the only time that science has been politicized. Campbell and Kay (2014) began investigating why science becomes politicized by looking at climate change. They theorize that disbelief or distrust in science from individuals in certain groups can be due to solution aversion (Campbell & Kay, 2014). The distrust in scientific findings may stem from a general disdain or fear of potential policies aimed at fixing a problem (Campbell & Kay, 2014). Solution aversion could lead to a change in thinking or perception (Campbell & Kay, 2014). For example, voters may claim they do not believe in COVID-19 because admitting they do believe, subconsciously feels as if they are admitting support for a mitigation strategy such as mask mandate, cancellation of public events, and school closure.

The trust and policy research continued to develop as the years went on and social media became more prevalent. Government leaders began obtaining social media

accounts to communicate with constituents (Park et al., 2016). Through a study of government Twitter accounts, Park et al. (2016) found that a leader's use of social media can facilitate trust. Using Twitter to facilitate trust was especially effective if the government leader personalized the account and answered citizens' direct requests (Park et al., 2016). This is consistent with former trust studies that suggested a direct connection with an individual can increase trust (Granovetter, 1973; Park et al., 2016).

Scholars have explored trust and compliance with COVID-19 policy to determine what factors influence trust (Bargain & Aminjonov, 2020). They found that trust was a determinant of compliance with public health policies during a crisis (Bargain & Aminjonov, 2020). For a public health policy to be effective, it needs to be adopted widely across the region. However, this will not happen if there are low levels of trust (Bargain & Aminjonov, 2020).

The COVID-19 pandemic inspired many scholars to examine the pandemic and other variables influencing it. An early COVID-19 study investigated factors influencing risk perceptions while comparing multiple countries' risk perceptions (Dryhurst et al., 2020). They found that individual factors such as political ideology and trust influenced risk perceptions. While this study included an affective element of risk perceptions and cognitive risk perceptions, their measurements were not rooted in theory.

The COVID-19 pandemic seemed to create an even more polarized United States than before (Kerr et al., 2021). Over the years, the news and other media have become increasingly politicized and polarized, and COVID-19 was no exception (Kerr et al., 2021). Kerr et al. (2021) created a survey to understand the impact of politicized media

and political affiliation on perceived risk, trust, and intention to engage in protective behaviors. They found that more conservative participants tend to have more trust in government and less trust in scientific entities such as the WHO and CDC than their liberal counterparts (Kerr et al., 2021). They also found that conservative participants were less likely to participate in protective behaviors and had lower risk perceptions than liberal respondents (Kerr et al., 2021). Respondents tend to display more trust in the elected officials from their party and were more likely to align with their views (Kerr et al., 2021). Kerr et al. (2021) provide empirical evidence that political affiliation influences perceptions and behaviors during the COVID-19 pandemic.

Study of political affiliation is important to analyze because a person's political affiliation can influence beliefs and perceptions (Campbell & Kay, 2014). The literature also suggests that the COVID-19 pandemic was highly politicized by politicians, media sources, and citizens (Kerr et al., 2021). Therefore, it would be beneficial to explore the relationship between state political affiliation and affective risk perceptions, specifically related to travel, since the travel industry is so important to the economy.

2.7 PUBLIC HEALTH AND POLITICS DURING COVID-19

Public health scholars have also begun to study policy and political affiliation in the context of COVID-19. Health marketers investigated how political affiliation impacted trust and policy adherence during COVID-19 (Haytko et al., 2021). They found that political affiliation mediated the relationship between trust and adherence to health-related policy (Haytko et al., 2021). Their findings suggest that different types of

messaging should be used for different groups of people to create the most effective marketing (Haykto et al., 2021).

Another public health scholar examined the relationship between multiple social and political factors and COVID-19 perceptions (Franz & Dhanani, 2021). They found that political ideology influenced fear of COVID-19, which affected the intention to engage in preventative measures (Franz & Dhanani, 2021). They provided evidence that state political affiliation can influence affective elements in general in the context of COVID-19 (Franz & Dhanani, 2021). Therefore, further exploration into travel affective perceptions could be beneficial.

The connection between political affiliation and policy was also explored by Neelon et al. (2021). However, they looked at the policy implementation and political affiliation of the governor, and the impact that policy had on COVID-19 cases and deaths (Neelon et al., 2021). They found that policy implementation was significantly influenced by political ideology (Neelon et al., 2021). They found that Republican governors took longer to implement stay-at-home orders and mask mandates than Democratic governors (Neelon et al., 2021). Republican governors also tended to lift the restrictions sooner than Democratic governors (Neelon et al., 2021). This study showed that policy was politically driven (Neelon et al., 2021).

2.8 COVID-19 AND TOURISM

The pandemic has also sparked several travel risk-related studies. One study from the pandemic aimed to measure travel risk perceptions during COVID-19 and the effect on travel behavior. They found travel risk perceptions increased significantly as the

number of COVID-19 cases increased (Neuburger & Egger, 2020). Travel risk perceptions also increased as travel restrictions and bans were implemented (Neuburger & Egger, 2020). While the study did provide insight into traveler behavior during COVID-19, the risk perceptions measures were adopted from Sönmez and Graefe's (1998b) study; therefore, they are not theoretically based (Neuburger & Egger, 2020).

Different locations were impacted in different ways by the pandemic. Scholars need to explore the impact of the pandemic on various locations because of the unique cultural and social differences. Wuhan, China, was considered the epicenter of COVID-19 because pandemic and epidemic specialists deemed Wuhan the first outbreak site (Zhan et al., 2020). Zhan et al. (2020) created a scale to measure the risk perceptions of travelers visiting a crisis epicenter. The scale was not theoretically based and adopted measures from former travel risk perception studies that were also not theoretically based (Fuchs & Reichel, 2011; Zhan et al., 2020). They found that experience with COVID-19 lockdowns did not significantly influence risk perceptions (Zhan et al., 2020). This study presents an interesting point of view because former studies suggest that past experiences influence risk perception (Cahyanto et al., 2016).

The pandemic elicited many reactions and policy changes from government officials worldwide. When tourists would visit nearby locations without first quarantining, it was referred to as travel bubbles (Luo & Lam, 2020). Luo & Lam (2020) analyzed fear, intention to travel, travel anxiety, and risk attitude towards travel bubbles. Luo & Lam (2020) measure travel anxiety with the measures of Reisinger and Mavondo (2005) as an emotional response to stress, potential risks, or actual risks. This measure of travel anxiety was within a tour operator context. Thus, the items reflected travel which

included a tour in the itinerary. The fear measures were adopted from the Fear of COVID-19 Scale (Ahorsu et al., 2020). They found that fear of COVID-19 increased travel anxiety, but COVID-19 had no significant effect on the intention to travel (Luo & Lam, 2020). However, as anxiety and risk attitudes increased, intention to travel decreased (Luo & Lam, 2020). In this study, fear and anxiety are considered factors that affect perceptions but are not considered risk perceptions themselves (Luo & Lam, 2020).

The response to COVID-19 varied depending on the country and state (CDC, 2022b). In Japan, many of the lockdown restrictions and public health measures were requested by the government but were not binding (Parady et al., 2020). Therefore, the policies relied on citizen compliance (Parady et al., 2020). Parady et al. (2020) found that travel behaviors in Japan did change, and they launched this study to determine what factors influenced that change since it was not made mandatory by government entities. They found that to encourage compliance with nonbinding policy; health campaigns should highlight the severity of COVID-19, coping mechanisms, and appeal to the group, not individuals (Parady et al., 2021). The study emphasized the need to find a balance of fear appeals in messaging because if fear appeals are too strongly emphasized, it can cause hostility towards those not in compliance with policies (Parady et al., 2021). In the case of a nonbinding policy, financial support should be given to encourage businesses and individuals to self-restrict without incurring too much cost (Parady et al., 2021). This study highlights the differences in COVID-19 response and helps demonstrate the delicate nature of public health policy. It is necessary to continue researching the most effective strategies for reducing risk so the industry can bounce back from a crisis.

Aebli et al. (2021) investigated travel motivation during the COVID-19 pandemic. During the pandemic, there was an increased focus on health and safety in the context of travel, but tourists who consider health and safety highly important tend to adopt individual safety measures to mitigate the risk (Aenli et al., 2021). They also found that when a destination is generally considered safe, tourists consider social risk to be higher than health and safety risk (Aebli et al., 2021). This indicates that physical health and safety are not the only factors contributing to risk perceptions during the COVID-19 pandemic. Although tourists were apprehensive because of the health and safety risks, they were still motivated to travel because of mental health and social needs (Aebli et al., 2021). This study indicates that people are motivated to travel by multiple factors. Thus one factor will not determine whether a tourist will travel or not.

The impact of public health measures on travel intentions has begun to be explored in the travel literature. Gursoy et al. (2021) investigated the impact of vaccination intention on intention to travel. During the beginning of the vaccine rollouts, pro-vaccine individuals were more likely to postpone their short-term travel plans (Gursoy et al., 2021). On the other hand, individuals who were less likely to get the vaccine were more likely to return to normal routines and travel plans (Gursoy et al., 2021). As more and more people received the vaccine, pro-vaccine individuals' intention to travel increased (Gursoy et al., 2021). Therefore, wide availability of the vaccine increased travel intentions in those who were pro-vaccine. In contrast, availability of the vaccine did not affect the travel intentions of those less likely to receive the vaccine (Gursoy et al., 2021). The findings show that health measures can influence travel.

A systematic review of journal articles that analyze the effects of travel-related policy during COVID-19 was conducted to identify areas for future research (Bou-Karroum et al., 2021). Many studies have analyzed border closure and mandatory quarantine. However, community measures such as mask mandate and social distancing can be more effective at reducing the number of COVID-19 cases (Bou-Karroum et al., 2021). There were a limited number of studies concerning the public's attitude and perception of travel-related policy; therefore, this thesis aims to fill that gap (Bou-Karroum et al., 2021).

A mixed methods study was created to explore risk perceptions among travelers (Teeroovengadum et al., 2021). They speculate that the COVID-19 pandemic will have a lasting impact on the travel industry and that the number of travelers will remain low in the years following the pandemic (Teeroovengadum et al., 2021). They also found that when a destination was perceived as risky, then tourists were less likely to visit that destination (Teeroovengadum et al., 2021). The study suggested that information sources regarding a disease must be trustworthy and emphasize safety measures that are being utilized by the destination (Teeroovengadum et al., 2021). Marketing strategies should be designed in such a way as to gain the trust of the tourist because destinations perceived as more trustworthy are those that will recover more quickly from the pandemic (Teeroovengadum et al., 2021). However, it is important to note that travel risk perceptions were not based on theory (Teeroovengadum et al., 2021).

The pandemic has significantly influenced the way people travel (González-Reverté et al., 2022). While during the pandemic, there was less traveling, travel remains

a priority (González-Reverté et al., 2022). The study speculates that the change in travel habits is just a temporary response to the pandemic risk.

2.9 POLICY IN RELATION TO TRAVEL

There were many policies implemented throughout the world and in the United States to help mitigate the spread of COVID-19 (CDC, 2022). For this study, we will look at the mask mandate, cancellation of public events, and school closures. The following section will explain the relevance of these policies to travel.

Mask mandates have been implemented to reduce the transmission of viral respiratory diseases throughout the early 2000s (Liang et al., 2020). Liang et al. (2020) reviewed the literature regarding former cases where mask mandates were implemented. They found that masks were effective in reducing the transmission of disease in various locations and populations (Liang et al., 2020). If a personal protective behavior is effective and people believe it is effective, it can help reduce risk perceptions (Rogers, 1983). Historical evidence of mask-wearing effectiveness can help individuals believe that mask-wearing is effective and reduce risk perceptions.

On the contrary, mask mandates were associated with increased community mobility (Wadud et al., 2021). Increased mobility is associated with increased COVID-19 cases (Wadud et al., 2021). A mask mandate policy could be indicative of more people out in the community and more people resuming travel which could lead to increased affective risk perceptions (Wadud et al., 2021).

Another study of mask-wearing during COVID-19 found that mask mandates provided a sense of protection (Yan et al., 2021). This sense of protection was associated with lower risk perceptions in leaving home (Yan et al., 2021). Once out of the home, risk perceptions may increase because of individuals not wearing a mask or wearing the mask incorrectly (Yan et al., 2021). There is also evidence to suggest that time in public is generally riskier than time spent at home (Yan et al., 2021). Thus, it will be interesting to see whether mask mandates are associated with more or less travel anxiety.

The cancellation of public events policy was chosen because of its potential impact on travelers' affective risk perceptions during COVID-19. Cancellation of events or changes in plans are disruptive to the tourism industry as well as the traveler (Pachucki et al., 2022). This could create feelings of uncertainty, fear, or worry in a traveler as they try and recoup the financial loss from canceling a trip surrounding an event (Pachucki et al., 2022). Travelers could also be afraid to take a trip because they could get to their destination only for the event to be canceled (Pachucki et al., 2022). On the flip side, they could choose not to travel because they are afraid of cancellation, only for the event to not be canceled and they miss out on the event but it could also be harder to get a refund (Pachucki et al., 2022). The uncertainty caused by a public event cancellation could affect travelers' affective risk perceptions.

An investigation into the 2020 cancellation of burning man revealed the disruptive nature of a public event cancellation policy (Brooks & Soulard, 2022). A public event can be a form of escape for individuals; this can be an escape from everyday anxiety and societal pressures (Brooks & Soulard, 2022). When an event is canceled, it could create new feelings of anxiety and uncertainty because it disrupts the original

anxiety release (Brooks & Soulard, 2022). This is especially important in the travel context because an event like Burning Man brings in people from all over and is the culmination of months of travel plans and spending.

During an H1N1 outbreak, health officials advised that school closures should be put in place to mitigate the spread of the influenza (Miller et al., 2010). Miller et al. (2010) studied a school that was closed for a week during the outbreak to investigate student and parents' movements. Students remained active during the school closure; however, their contact with other students reduced (Miller et al., 2010). Students were told to stay home, especially if they became symptomatic, but many did not adhere (Miller et al., 2010). While there was no direct evidence that the school closures increased the transmission of the disease, there is evidence to suggest that there was no change in movement around the community (Miller et al., 2010). Since the schools were closed, kids would be in the community instead of in schools, which could create anxiety or worry about travel or leaving the home in general. People may be afraid to travel or leave their home for fear of encountering large or small groups of school children who would otherwise be at school if not for the closures.

There are also indirect effects of school closures. For instance, if a parent must stay home with the child because of the school closures, the family unit may lose income (Uğar & Abiyik, 2020). This could create negative affective risk perceptions toward travel if the family wants to take a trip but cannot afford to do so (Uğar & Abiyik, 2020). Affective risk perceptions could also present themselves if a family chooses to travel but cannot afford safer or cleaner accommodations (Uğar & Abiyik, 2020). Affective risk

perceptions are not only due to fear of disease transmission but can also be attributed to economic pressures.

2.10 STATE POLITICAL AFFILIATION

The state political affiliation variable for this study is based on the majority popular vote in the state where respondents of the study reside. Since the study focuses on affective risk perception, the state political affiliation variable was intended to provide a glimpse into the social environment. The social environment can influence perspectives.

King & Pearce (2010) contention due to state politics can spill into other areas of the environment, such as the marketplace. Political competition can shape market behavior and stakeholders in the market (King & Pearce, 2010). Those with passionate political views can bring about change (King & Pearce, 2010). However, if the views are less passionate, they are likely to bring about change (King & Pearce, 2010). Passionate individuals can influence those around them (King & Pearce, 2010). Being surrounded by passionate individuals can exert an influence on the group (King & Pearce, 2010). They can convince others around them to be part of a change or others can be fearful to speak out against passionate individuals (King & Pearce, 2010). This could indicate that the political majority in a state may be a good indicator of the perceptions in that state. While this may not always be the case, the political context, and social issues in a particular area can influence those surrounding them (King & Pearce, 2010).

Watanabe et al. (2019) studied the disruption of sports markets in the context of athlete activism. In this study, to account for the socio-political environment the measure of the percentage of GOP voters in the area was included as the political variable

(Watanabe et al., 2019). The political makeup of the market can influence demand (Watanabe et al., 2019). The percentage of popular voters can provide insight into the socio-political environment (Watanabe et al., 2019).

Watanabe & Cunningham (2020) analyzed the impact of race relations on NFL attendance. In this study, they focused on the impact of implicit and explicit bias on NFL attendance during the Black Lives Matter protests (Watanabe & Cunningham, 2020). Since the voting patterns in a market can influence behavior, such as attendance at a game, they included a political variable (Watanabe & Cunningham, 2020). The political variable was created by entering the percentage of Republican voters in the Metropolitan Statistical Area (Watanabe & Cunningham, 2020). The percentage of individuals who voted for the Republican candidate in the last election was used to paint a picture of the socio-political environment (Watanabe & Cunningham, 2020). They suggest that the current environment, which includes political affiliation, can have social and economic impacts on the market (Watanabe & Cunningham, 2020). While they analyze the sports market, their findings could suggest interactions in other markets such as tourism (Watanabe & Cunningham, 2020).

2.11 RISK AND COVID-19 CASES

Through a study of previous illnesses and infectious diseases, scholars found, individuals experiencing infection during a pandemic tend to display emotional distress (Pfefferbaum & North, 2020). Therefore, as the COVID-19 numbers rise so too does the number of individuals experiencing emotional distress (Pfefferbaum & North, 2020). Other factors such as policy, financial struggles, and being at risk can contribute to emotional distress (Pfefferbaum & North, 2020).

The pandemic not only had an impact on general health and wellness but also impact mental health (Kumar & Nayar, 2021). As the number of COVID-19 cases rose, more social distancing and isolation measures were put into place (Kumar & Nayar, 2021). Isolation and quarantine measures increased anxiety and depression (Kumar & Nayar, 2021).

These studies indicate that as the number of COVID-19 cases increased, the mental health problems of the general population increased (Kumar & Nayar, 2021, Pfefferbaum & North, 2020). This coupled with the news reports and media discourse at the time indicate an increase in affective risk perceptions with increased cases (Brunier & Drysdale, 2022; Gaffney, 2021). For this reason, researchers chose to include the number of COVID-19 cases as a covariate to control for the affective risk perceptions that were due solely to case numbers.

This section of the thesis has the relevant literature and studies. The social-ecological perspective is the driving force of the study. The social-ecological perspective says that humans change with the environment, and the environment changes with humans (Bronfenbrenner, 1977). Thus in the case of this thesis, the changing environment refers to the policies and politicization of the pandemic, while the human change refers to affective risk perceptions. The literature also suggests that policy and politics are influenced by trust, which can influence affective risk perceptions. The policies presented in this thesis may impact affective travel risk perceptions because of their impact on general affect and community mobility.

CHAPTER 3

METHODS

This section of the thesis outlines the methods used in the study. It is broken into five sections: (1) secondary data collection, (2) operationalization and creation of the variables, (3) treating and preparing the data, (4) description of the data, and (5) data analysis. This section outlines all the processes leading up to the statistical analysis.

3.1 SECONDARY DATA COLLECTION

This study used secondary data obtained from the Tourism Crisis Management Initiative's study on COVID-19 and travel, which was collected from January 23, 2020 to December 6, 2020. The investigation of the impact of COVID-19 on the travel industry began in early 2020. There was a total of 36 waves in the study. Each wave had over 500 completed surveys. Appendix A shows an example of a survey wave. Although the survey changed over time, the items used in this thesis remain consistent. Table 3.2 has the final sample sizes in each wave, after cleaning the data.

For the ongoing TCMI COVID-19 Perceptions of Risk Travel Survey, respondents were 18 or older, resided in the United States, and had either traveled recently or had thought about traveling in the next six months. To control the population, respondents were asked two screening questions. The questions were, "Do you currently reside in the United States?" and "Did you travel recently, or were you considering travel

in the next six months?” Those who answered no to either question were disqualified from taking part in the study. This thesis will use 32 of the waves from the survey. The data sets were then combined into one file in SPSS. The final sample size was 15,371.

Secondary data is a viable method of inquiry (Johnston, 2013). Utilizing secondary data in a research project can add context and literature to the data set (Johnston, 2013). Utilizing existing data can provide new knowledge to the literature in an expedited way (Johnston, 2013). The other variables that were used were: state political affiliation, state policies and number of cases.

Cook Political Report (Wasserman et al., 2022) was used to create the state political affiliation variable. It provides information on the popular vote for each state during the 2020 election. State political affiliation was included at the state level because policy implementation was decided at the state level. Former studies have shown that the environment surrounding individuals can influence them socially (King & Pearce, 2010; Watanabe et al., 2019; Watanabe & Cunningham, 2020). Therefore, it would make sense that the popular vote could influence affective risk perceptions.

This thesis also used data collected by the CDC (CDC, 2022b). The data from the CDC database was used to create the state policy variables and the number of COVID-19 cases variable. The CDC state policy data tracker features an interactive map of the

United States and includes daily data for each state (CDC, 2022). From this map, researchers identified three key state policy measures to include in this study: mask mandate, cancellation of public events, and school closures. Each of the CDC policies were recoded into dichotomous variables because researchers wanted to determine the impact on affective risk perceptions when the policy was either in place or not in place. The purpose was not to explore nuances in policy implementation levels.

The number of COVID-19 cases variable was also obtained from the CDC data set. ((Kumar & Nayar, 2021, Pfefferbaum & North, 2020).) The CDC reported an aggregated case number for each state daily. For this report, we used the number of cases from the date before the survey launch since case numbers were reported at the end of each day, and respondents would only have access to the case numbers from the previous day. The previous day was also used for the policy variables because it would represent the policy that was currently being experienced when respondents answered the survey.

3.2 OPERATIONALIZATION AND CREATION OF THE VARIABLES

The thesis focuses on the impact of policy and state political affiliation on affective risk perceptions and the interaction between policy and state political affiliation while controlling for the number of COVID-19 cases. There were four independent variables, one covariate, and one dependent variable. The independent variables were divided into two categories: (1) state political affiliation and (2) policy. The policy construct consists of 3 variables: (1) mask mandates, (2) cancellation of public events, and (3) school closures. State political affiliation was one variable. The covariate was the

number of COVID-19 cases. The one dependent variable is (1) affective risk perception average.

Independent Variable- State Political Affiliation based on Popular Vote

The state political affiliation based on popular vote data was obtained from the Cook Political Report (Wasserman et al., 2022). The state state political affiliation variable refers to that of the state, not individual respondents in the study. Since the study did not include state political affiliation for respondents, this measure was computed based on the works of Watanabe et. al (2019). As per Watanabe et al. (2019), state state political affiliation based on popular vote was deemed appropriate instead of the governor because the voting environment can influence trust and therefore affect (Campbell & Kay, 2014). Previous studies have used this measure of state political affiliation based on popular vote to describe the political make-up of a region when referring to social perceptions (Watanabe et al., 2019; Watanabe et al., 2020).

If the percentage of Republican voters was greater than fifty, then researchers coded that state in SPSS as (1) Republican. If the percentage of Democratic voters was greater than fifty, then the state was coded as (2) Democratic. Yearly data was included because it provided an overall picture of the state's sentiment during that time. The popular vote was chosen as opposed to the political affiliation of the governor because the requirements and election process are not consistent across all the states. The popular vote would represent the people's vote from each state (Wasserman et al., 2022).

Independent Variable - Mask Mandate Policy

The first policy, mask mandate, was selected on the CDC map and sorted to include only the day before each survey wave launch. We included the COVID-19 case number and state policy from the day prior to the launch since that would be the most recent information respondents received. For each date and state, the level of policy implemented at the time was coded as follows: if the state had “no policy” or “recommended mask mandate,” then it was entered into SPSS as (1) not required; if the state policy was “required in some specified shared/public spaces outside the home with other people present, or some situations when social distancing was not possible,” “required in all shared spaces outside the home with other people present or all situations when social distancing is not possible,” or “required outside the home at all times regardless of location or presence of people” then it was coded in SPSS as (2) required.

Independent Variable - Public Event Cancellation Policy

The next state policy included was the cancellation of public events. Researchers repeated the process of sorting the survey data by state and date. Then we sorted the CDC data to display only the information for the cancellation of public events for the day before each survey launch. The data was then coded into SPSS as follows: “no measures” and “recommend canceling” became (1) not required and required canceling was (2) required.

Independent Variable - School Closure Policy

The last policy that was included was school closures. Again, researchers sorted both survey and CDC data by state and date. The school closure variable was coded in SPSS as follows: “no measures” and “recommend closing or all schools open with

alterations” became (1) not required and “require closing (only some levels and categories)” and “require closing all levels” were coded as (2) required.

Covariate- Number of COVID-19 Cases

The last variable included in this study from the CDC data set was the number of COVID-19 cases. The number of COVID-19 cases was entered as a sum of all the cases up to the date and was coded specific to each state’s case numbers. Therefore, the data was sorted by state and date, and each aggregated total for the date and state was entered into the survey data corresponding to that state and date. The CDC data was one day behind the survey data since the data for the day of the launch would not be reported until the next day.

Dependent Variable-Affective Risk Perception Average

Affective risk perceptions were measured by three variables: anxiety, fear, and worry. Table 3.1 presents the operationalization of the affective risk perception variable. To measure these variables, respondents were asked, “Please indicate how you feel when you think about travel in the U.S. right now (includes travel using personal/rented vehicle).” Then respondents were asked to rank each variable (anxiety, fear, worry) on a five-point scale. For affective risk perceptions, the scale was from (1) anxious to (5) relaxed. For fear, the scale was from (1) fearful to (5) fearless. For worry, the scale was from (1) worried to (5) assured. These measurements were created to reflect the affective evaluations component of the RAFH (Loewenstein, 2001; Schroeder, 2015). The scores for each item were added together and divided by 3 to obtain the affective risk

perceptions score. Due to the nature of the scale, the higher the affective risk perception average represent lower overall levels of affective risk perceptions.

Table 3.1 Operationalization of Affective Risk Perception Average

Variable	Question on Survey	Items
Anxious	Please indicate how you feel when you think about travel in the U.S. right now (including travel using a personal/rented vehicle): Anxious-Relaxed	(1) Anxious- (5) Relaxed
Fear	Please indicate how you feel when you think about travel in the U.S. right now (including travel using a personal/rented vehicle): Fearful-Fearless	(1) Fearful- (5) Fearless
Worry	Please indicate how you feel when you think about travel in the U.S. right now (including travel using a personal/rented vehicle): Worried-Assured	(1) Worried- (5) Assured

The reliability of the scale was assessed using Cronbach's alpha (α) coefficient to determine the internal consistency. The affective risk perceptions scale (score, construct) has good internal consistency with a Cronbach alpha coefficient of .919 (Pallant, 2007).

3.3 TREATING AND PREPARING DATA

Each of the 36 surveys was reviewed to ensure the affective risk perception survey item was included. It was found the four waves of the study did not include the item, and so they were excluded from the data set. The remaining 32 surveys were then combined into one data set in SPSS. The 32 survey waves represented February 6-December 6. Table 3.2 outlines the number of responses in each wave of the survey. After the data were combined, it was reviewed for missing cases. Those respondents who did not pass the screening questions were excluded. Then the affective perceptions

questions were sorted in ascending order, and any cases in which the affective items were not answered were deleted. Data were also sorted by state, and any case in which the state was not indicated was deleted. The data was then sorted by start and end date—any cases which reflected a range longer than three days were deleted. The total number of cases viable for analysis is 15,131.

Table 3.2 Survey Waves

Date of Survey Launch	Number of Responses
February 8-9, 2020	468
March 3-4, 2020	501
March 20-21, 2020	461
March 27-28, 2020	448
April 6-7, 2020	456
April 12-13, 2020	448
April 19-20, 2020	500
April 27, 2020	461
May 3, 2020	544
May 11, 2020	522
May 18, 2020	406
May 25, 2020	545
May 30, 2020	412
June 8, 2020	403
June 15, 2020	424
June 22, 2020	417
June 29, 2020	380
July 6, 2020	450
July 13, 2020	484

July 20, 2020	510
July 27, 2020	462
August 3, 2020	520
August 10, 2020	477
August 16, 2020	495
August 24, 2020	565
August 31, 2020	489
September 13, 2020	423
September 21, 2020	525
September 29, 2020	563
October 24, 2020	397
November 15, 2020	496
December 6, 2020	479
Total	15,131

During the combination process, the state variable was a string variable. Therefore, it was transformed into numeric variables. This was done by assigning a number to each answer choice, ordering the variable in ascending order, and creating a new variable. The new variable was renamed to resemble that of the old, while the old variable's name was changed to include the word string to allow for differentiation of the variables. Then the new variable was coded with the assigned numbers corresponding to the values in the string variable.

The variables from secondary data sources were created in Excel to speed up the data entry process by utilizing the filter feature. The method of entering the data for these variables is outlined in the previous section. Each value had to correspond with the state and the survey's launch date. Frequency statistics were run to find outliers. Any outliers

in the data (Ex: a 65 on a 1-5 scale question) were discovered and either deleted to reflect a missing value or recoded. Lastly, the data were weighted for gender and income to reflect that of the population. However, this information was not used in the analysis it was merely descriptive.

3.4 DESCRIPTION OF THE DATA

A descriptive analysis was performed on all the variables. This provided researchers with an initial idea of the data. There are four independent variables, one covariate, and one dependent variable that will be analyzed.

Independent Variable-State Political Affiliation based on Popular Vote

The State Political Affiliation variable accounts for the popular vote in each state. Table 3.3 will provide the frequencies for the state political affiliation variable. After the 2020 election, the sample was made up of 60.6% of respondents from Democratic-majority states. The other 39.4% of the sample was made up of respondents residing in Republican-majority states. Researchers intend to get an idea of the popular vote during that time, so these frequencies do not represent the electoral college.

Table 3.3 Frequency of Independent Variable State Political Affiliation

Variable	Frequency	Valid %
Democrat-majority states	9,314	60.6%
Republican-majority states	5,816	39.4%

Independent Variable-Policies

The analyzed policies were mask mandates, cancellation of public events, and school closures. The frequencies for each policy have been provided in the tables below. For each state and time, the policy was either (1) not required or (2) required. Some policies vary in implementation, such as recommended or required in some spaces. However, for this study, these nuances were not examined individually; instead, we looked at whether the policy was officially required or not.

The first policy that was analyzed was mask mandates. Table 3.4 provides the frequency and percentage values. If the state required masks in any capacity, it was coded as required in the data set. The times and locations that the mask mandate was required make up 67.5% of the sample. While for 32.5% of the sample, the mask mandate was not required. Since the pandemic came to the United States early in the year (March) and since the more data was collected earlier in the year it makes sense that there is a higher percentage of cases with policy implementation.

Table 3.4 Frequency of Independent Variable Mask Mandate

Mask Mandate	Frequency	Valid %
Required	10,209	67.5%
Not required	4,919	32.5%

The next policy researchers examined was the cancellation of public events. The cancellation of public events policy breakdown is displayed in Table 3.5. The times and

locations that required public events to be canceled make up 69.7% of the sample, while the other 30.3% were collected when public events were not required to be canceled. The breakdown of the percentage of cancellation of public events is similar to the mask mandate requirement

Table 3.5 Frequency of Independent Variable Cancellation of Public Events

Cancellation of Public Events	Frequency	Valid %
Required	10,549	69.7%
Not required	4,579	30.3%

Lastly, researchers examined the breakdown of school closure requirements shown in Table 3.6. This policy has the largest percentage of required implementation at 92.3%, with only 7.7% of the sample living in states that did not require schools to close at the time of the data collection. This indicates that the school closure policy was more widely implemented across states and time than the previous two policies.

Table 3.6 Frequency of Independent Variable School Closure

School Closure	Frequency	Valid %
Required	13,965	92.3%
Not required	1,163	7.7%

Covariate- Number of COVID-19 Cases

This study controls for the effect the total number of COVID-19 cases in that state at the time of data collection has on affective risk perceptions. The number of cases ranges by state and by date. The largest number of cases at any given time was 2,547,745. In some cases, there were 0 confirmed COVID-19 cases because at the time of data collection in some states there were no confirmed cases. The average number of COVID-19 cases in the data set was 193,503. The descriptive statistics for the number of COVID-19 cases are displayed in Table 3.7.

Table 3.7 Descriptive Statistics for Number of COVID-19 Cases

	Minimum	Maximum	Mean	Standard Deviation
Number of COVID-19 Cases	0	2,547,745	193,503	306,950

Dependent Variable

The dependent variable in this thesis was affective risk perceptions. To measure affective risk perceptions, respondents were asked to indicate how they feel when thinking about travel in the United States right now. They were then asked to respond to three semantic differential items on a scale from 1-5. The items were: anxious-relaxed, fearful-fearless, and worried-assured. Table 3.8 represents the raw affective answers before calculating the average. The mean score for the anxiety piece of affective risk perceptions was 2.95 while the standard deviation was 1.37. The mean score for the fear

piece of affective risk perceptions was 2.93 while the standard deviation was 1.30. The mean score for the worry element was also 2.93, but the standard deviation was 1.39.

Table 3.8 Descriptive Statistics for Affective Risk Perceptions

Affective Risk Perceptions	Mean	SD
Please indicate how you feel when you think about travel in the U.S. right now (including travel using a personal/rented vehicle): Anxious-Relaxed	2.95	1.37
Please indicate how you feel when you think about travel in the U.S. right now (including travel using a personal/rented vehicle): Fearful-Fearless	2.93	1.30
Please indicate how you feel when you think about travel in the U.S. right now (including travel using a personal/rented vehicle): Worried-Assured	2.93	1.39

3.5 DATA ANALYSIS

The data were analyzed using three analyses of covariance. For each ANCOVA there were two independent variables (state political affiliation and policy) and the dependent variable, affective risk perceptions. This covariate (number of COVID-19 cases) is included to control for the effect that the case numbers would have on affective risk perceptions. Each ANCOVA featured a different social distancing policy. To run an ANCOVA, the data must be considered normal. A homogeneity of variance test was run to assess whether an ANCOVA could be used. Homogeneity of variance was violated. However, since each group had a similar sample sizes, it was determined that an ANCOVA would be appropriate (Pallant, 2007).

CHAPTER 4

RESULTS

The following chapter will provide an interpretation of the data analysis results. This chapter will include three sections, one for each ANCOVA: (1) mask mandate ANCOVA, (2) public event cancellation ANCOVA, and (3) school closure ANCOVA.

4.1 MASK MANDATE ANCOVA

A two-way between groups ANCOVA was conducted to assess the impact of state political affiliation and mask mandate policy on affective risk perceptions. Due to the wording and direction of the semantic differential scales, a higher affective risk perception average indicates lower overall affect. The following section outlines the results for the first ANCOVA. The results from the first ANCOVA are displayed in Table 4.1 and Table 4.2.

There was a statistically significant main effect between state political affiliation and affective risk perceptions. $F(1, 15371) = 51.75, p < .001, \eta^2 = .003$. This represents a small effect size (Cohen, 1988). These results suggest state political affiliation does significantly influence affective risk perceptions. Specifically, Republican-majority states have a higher mean score for the affective risk perception average ($M = 2.98$), which indicates less affect than Democratic-majority states ($M = 2.92$).

The results of the ANCOVA indicate there was a statistically significant main effect between the mask mandate policy and affective risk perceptions. $F(1, 15371) =$

221.27, $p < .001$, $\eta^2 = 0.14$. The effect size is small (Cohen, 1988). Specifically, when the mask mandate is required the mean scores of the affective risk perception average are higher ($M = 3.08$) than when the mask mandate policy is not required ($M = 2.65$). Due to the nature of the scale, this means when the mask mandate is required there is less overall affect.

There was a statistically significant interaction effect between the mask mandate policy and state political affiliation. $F(1, 15371) = 16.64$, $p < .001$, $\eta^2 = .001$. The effect size is small (Cohen, 1988). The covariate, number of COVID-19 cases, was statistically significant. $F(1, 15371) = 129.47$, $p < .001$. The interaction effect shows that when masks are not required, the affective risk perception means in both Republican-majority states ($M = 2.77$) and Democratic-majority states ($M = 2.54$) is lower, indicating higher levels of travel affect. When masks are required affective risk perception averages were higher ($M = 3.08$), indicating less affect.

Table 4.1 Descriptive Statistics of Mask Mandate ANCOVA

Mask Mandate	State Political Affiliation	Mean	Std. Deviation	N
Not required	Republican-majority states	2.77	1.30	2500
	Democrat-majority states	2.54	1.24	2492
	Total	2.65	1.28	4992
Required	Republican-majority states	3.12	1.20	3554
	Democrat-majority states	3.06	1.22	6830
	Total	3.08	1.22	10384
Total	Republican-majority states	2.98	1.26	6054
	Democrat-majority states	2.92	1.25	9322
	Total	2.94	1.25	15376

Table 4.2 ANCOVA Results Mask Mandate

	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	897.35 ^a	4	224.34	148.64	<.001	.037
Intercept	83342.54	1	83342.54	55219.20	<.001	.782
Number of COVID- 19 Cases	195.41	1	195.41	129.47	<.001	.008
State Political Affiliation	78.12	1	78.12	51.75	<.001	.003
Mask Mandate	335.02	1	335.02	221.97	<.001	.014
State Political Affiliation * Mask Mandate	25.12	1	25.12	16.64	<.001	.001
Error	23199.51	15371	1.51			
Total	157325.78	15376				
Corrected Total	24096.85	15375				
a. R Squared = .037 (Adjusted R Squared = .037)						

4.2 PUBLIC EVENT CANCELLATION ANCOVA

A two-way between-groups ANCOVA was performed to examine the impacts of state political affiliation and public event cancellation policy on affective risk perceptions. The results of the second ANCOVA are outlined below. The results of the public event cancellation ANCOVA can be found in Table 4.3 and Table 4.4.

There was also a statistically significant main effect between state political affiliation and affective risk perceptions. $F(1, 15371) = 6.62, p < .001, \eta^2 = .001$. The effect size is small (Cohen, 1988). The Republican-majority state mean scores ($M = 2.98$) were higher than that of the Democratic-majority state mean scores ($M = 2.92$). Although these results suggest that state political affiliation does significantly influence affective risk perceptions.

The results of the ANCOVA indicate there was a statistically significant main effect between the public event cancellation policy and affective risk perceptions. $F(1, 15371) = 501.32, p < .001, \eta^2 = .032$. The effect size is small (Cohen, 1988). When public event cancellation requirements are in place ($M = 2.81$) respondents reported higher affective risk perception averages than when public events were not required to be canceled ($M = 3.24$).

There was no significant interaction effect between public event cancellation policy and state political affiliation. The number of COVID-19 cases did have a statistically significant relationship to affective risk perceptions. $F(1, 15371) = 459.04, p < .001$.

Table 4.3 Descriptive Statistics for Cancellation of Public Events ANCOVA

	Cancellation of Public Events	Mean	Std. Deviation	N
Republican-majority states	Not required	3.27	1.21	2093
	Required	2.83	1.25	3961
	Total	2.98	1.26	6054
Democratic-majority states	Not required	3.22	1.15	2574
	Required	2.81	1.26	6748
	Total	2.92	1.25	9322
Total	Not required	3.24	1.18	4667
	Required	2.81	1.26	10709
	Total	2.94	1.25	15376

Table 4.4 ANCOVA Results Cancellation of Public Events

	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	1274.29 ^a	4	318.57	214.56	<.001	.053
Intercept	84930.26	1	84930.26	57200.55	<.001	.788
Number of COVID-19 Cases	681.57	1	681.57	459.04	<.001	.029
State Political affiliation	9.83	1	9.83	6.62	.010	.000
Cancellation of Public Events	744.36	1	744.36	501.32	<.001	.032
State Political Affiliation * Cancellation of Public Events	.003	1	.003	.002	.967	.000
Error	22822.56	15371	1.49			
Total	157325.78	15376				
Corrected Total	24096.85	15375				
a. R Squared = .053 (Adjusted R Squared = .053)						

4.3 SCHOOL CLOSURE ANCOVA

A two-way between-groups ANCOVA was run to determine the impact of state political affiliation and school closure policy on affective risk perceptions. The results for the school closure ANCOVA are outlined below and can be seen in Table 4.5 and Table 4.6.

The ANCOVA revealed there was also a statistically significant main effect between state political affiliation and affective risk perceptions. These results suggest that state political affiliation does significantly influence affective risk perceptions. $F(1, 15371) = 3.99$, $p = .046$.

The results of the ANCOVA indicate there was a statistically significant main effect between school closure and affective risk perceptions. $F(1, 15371) = 241.35, p < .001$. The effect size is small (Cohen, 1988). Specifically, when the schools are required to close the mean scores of affective risk perception averages are lower ($M = 2.90$) than when the school closure policy is not required ($M = 3.42$). Due to the nature of the scale, this means that overall affective risk perception levels are higher when schools are required to close than when there is no requirement.

There was also a significant interaction effect. $F(1, 15371) = 20.70, p < .001$, with a small effect size (partial eta squared = .001) (Cohen, 1988). The number of COVID-19 cases variable was statistically significant. $F(1, 15371) = 401.15, p < .001$. The interaction effect showed there is a larger difference in the affective risk perceptions for the Democratic-majority states ($M = 2.88$) when schools are closed versus when schools are not closed ($M = 3.49$) when compared to the Republican-majority states with school close requirements ($M = 2.94$) versus when schools were required to close ($M = 3.35$).

4.5 Descriptive Statistics of School Closure ANCOVA

State Political Affiliation	School Closure	Mean	Std. Deviation	N
Republican-majority states	Not required	3.35	1.12	584
	Required	2.94	1.26	5470
	Total	2.98	1.26	6054
Democrat-majority states	Not required	3.49	1.08	587
	Required	2.88	1.25	8735
	Total	2.92	1.25	9322
Total	Not required	3.42	1.10	1171

	Required	2.90	1.26	14205
	Total	2.94	1.25	15376

Table 4.6 School Closure ANCOVA Results

	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	911.16 ^a	4	227.79	151.01	<.001	.038
Intercept	38477.82	1	38477.82	25508.93	<.000	.624
Number of COVID-19 Cases	605.10	1	605.10	401.15	<.000	.025
State Political Affiliation	6.02	1	6.02	3.99	.046	.000
School Closure	364.05	1	364.04	241.34	<.000	.015
State Political Affiliation * School Closure	31.23	1	31.23	20.70	<.000	.001
Error	23185.69	15371	1.51			
Total	157325.78	15376				
Corrected Total	24096.85	15375				
a. R Squared = .038 (Adjusted R Squared = .038)						

CHAPTER 5

CONCLUSION AND DISCUSSION

This investigation explored the impact of policy and state political affiliation on affective risk perceptions. The results of the data analysis were presented in the previous chapter. This section will discuss the implications of these findings. The following chapter contains three sections: (1) discussion and conclusions, (2) practical implications, and (3) theoretical implications, (4) limitations, and (5) future research.

5.1 DISCUSSION AND CONCLUSIONS

This study was conducted to explore the relationships between policy, state political affiliation, and affective risk perceptions within the context of COVID-19. The findings of this study have shed a light on the importance of policy and politics in the travel industry. All the following relationships were found while controlling for the impact of the number of COVID-19 cases, which was found to have a statistically significant relationship with affective risk perceptions.

The first finding comes from the mask mandate ANCOVA. This analysis revealed several significant relationships. The first finding revealed a statistically significant relationship between state political affiliation and affective risk perceptions. Specifically, those in Democratic-majority states indicated higher levels of affect than those in Republican-majority states. Meaning, on average Democratic-majority states have more affect than the Republican-majority states.

These findings are consistent with public news and messaging during the pandemic (Enten, 2020; Rahman, 2020). While news articles claimed that Democratic-majority states were more concerned about COVID-19 than Republican-majority states, this evidence was questionable. However, this study revealed higher levels of affective risk perceptions among Democratic-majority states than Republican-majority states. This could be due to the SARF. The mask mandate policy became a political issue in the news (Kerr et al., 2021). Political messaging can appeal to anxiety (Verhoeven & Duyvendak, 2015). Therefore, politicization of the policies during COVID-19 could have caused social amplification of that risk.

The other part of SARF is that society can amplify risk. Societal pressures from fellow Republicans/Democrats could sway an individual into feeling more or less anxious about domestic travel (Kasperson et al., 1988). There could also be an added layer of affective risk perceptions due to travel shame. The role of shame in travel has mainly been studied in relation to flight and sustainability (Gössling et al., 2020; Mkono & Hughes, 2020). Tourists resist flying or other methods of travel with high carbon emissions (Gössling et al., 2020; Mkono & Hughes, 2020). While some travelers do this to reduce emissions, others feel guilted into sustainable practices to avoid damage to their reputation (Gössling et al., 2020; Mkono & Hughes, 2020). Travel shame came into play during the pandemic when people were afraid of looking insensitive (Eliot & Lever, 2021). There was increased social pressure to not travel to avoid looking like a ‘bad person’ (Eliot & Lever, 2021). Since the pandemic divided people along party lines, Democratic-majority states could have inflated affective risk perceptions due not just to the health risk but also to the risk to an individual’s reputation.

SARF is prevalent because people tend to seek out information that confirms what they were already thinking (Kappes et al., 2020). This happens in news sources and social groups (Kappes et al., 2020; Knobloch et al., 2017). Politicized news has played a role in confirmation bias because individuals seek out news sources that align with their political affiliation. If the news sources that align with Democratic views are spreading the message of a risky world that requires protective measures, then it can amplify the risk in Democratic viewers. Furthermore, if an individual aligns themselves in a world where their friends/associates are of the same beliefs as them, then travel shame and social amplification can occur.

However, Wadud et al. (2021) found that mask mandates were associated with increased community mobility and could increase affective risk perceptions. Yan et al. (2021) found that mask mandates could provide a sense of protection. This study supports that mask mandates were associated with a sense of protection; therefore, affective risk perceptions were lower when the mask mandates were in place.

The other finding from the mask mandate ANCOVA was that there was a statistically significant relationship between the mask mandate policy and affective risk perceptions. Specifically, when masks were required, affective risk perception levels were lower than when masks were not required. This finding indicates that the use of protective measures such as mask mandates can mitigate feelings of travel anxiety by increasing individuals' feelings of control (Cahyanto et al., 2016). This finding is important to the travel industry because it shows that the implementation of measures such as mask mandates can lessen feelings of anxiety toward travel. By implementing

policies, tourists may feel safer and, in turn, display less travel avoidance (Reisinger & Mavondo, 2005).

In times and states when events were canceled, the overall affective risk perception levels were higher than when events were not canceled. This shows that stricter policies may not always lead to lower affective risk perceptions. The cancellation of public events could be perceived as more of a disruption to daily life than that of the mask mandate and serve as an amplifier for the risk (Kasperson et al., 1988). With no public events, people do not have the outlet to release stress and anxiety. Staying at home and being isolated may be the reason for higher affective risk perceptions. Since public events are canceled, they no longer served as a pull factor for travelers. Without the outlet of travel, the health benefits of tourism, such as stress relief, were not achieved (Chen, 2018; Chen & Petrick, 2013). Therefore, stress can become compounded and impact levels of affective risk perceptions.

The last ANCOVA analyzed the school closure policy and affective risk perceptions. There was a statistically significant relationship between the school closure policy and affective risk perceptions. The affective risk perception levels were lower when schools were not required to be canceled. Again, this could be due to the major disruption of daily life as an amplifier of risks. Parents experienced more stress during the pandemic than before the pandemic; school closures could have played a role in this (Adams et al., 2021). Since affective risk perception averages were less when schools were open, this could indicate that normality of life and social interaction is crucial to keeping low affective risk perception levels. This relationship could also be due to outside factors. Schools were closed early in the pandemic and remained closed for much

longer than these other policies were in place. It is possible that affective risk perceptions were lower at the beginning of the pandemic because little was still known about it, and this just happened to be when schools were still open. Since schools were closed for a majority of the study timeframe (92.3%), it is unfair to draw any definite conclusions about this policy.

In both the school closure and public event cancellation policy, affective risk perceptions were higher when the policy was required. This could be due in part to the fact that these policies were related to the progression of the pandemic and the severity associated with it. The school closure policy could also be indicative of more community mobility. When kids are out of school, they find leisure activities within the community that could increase exposure to community members that otherwise they would not have received (Miller et al., 2010). Neuburger and Egger (2020) also found that when policy increased during the pandemic so did perception of risk.

The last relationship in the mask mandate ANCOVA revealed a statistically significant interaction effect between mask mandate and state political affiliation on affective risk perceptions. When masks were not required, Republican-majority states and Democratic-majority states indicated lower levels of affective risk perceptions than when masks were required. However, the difference in affective risk perceptions due to the mask mandate policy was much greater for Democratic-majority states than for Republican-majority states.

There was a significant interaction effect between state political affiliation and the school closure policy on affective risk perceptions. The mean difference between when

schools were required to close and when they were not, was larger for the Democratic-majority states than it was for the Republican-majority states. This indicates that closing schools exacerbated affective risk perceptions more for Democratic-majority states than Republican-majority states.

This indicates that mask mandate policy was more effective in reducing affect in Democratic-majority states than in Republican-majority states. This could be due in part because places with majority Republican supporters were less inclined to wear a mask in public (Kahane, 2021). Since individuals are less likely to engage in personal protective measures if they do not believe in the effectiveness of the measures, this could be indicative of a lack of belief in the effectiveness of mask-wearing in Republican-majority states (Floyd et al., 2000; Maddux & Rogers, 1983). While PMT does refer to cognitive risk perceptions, we know that there is a relationship between cognitive and affective risk perceptions (Loewenstein et al., 2001).

The literature shows that higher affective risk perceptions can lead to increased use of personal protective measures (Chein et al., 2016; Schroeder, 2015). Which in turn can increase feelings of controllability and limit anxiety (Cahyanto et al., 2016). This could explain why the difference in Democratic-majority states affective risk perceptions when the mandate was in effect was greater than that of Republican-majority states. Therefore, it is important to note that reducing affective risk perceptions is not a one size fits all approach. Different strategies for reducing affective risk perceptions may work better for some than for others. Industry leaders should keep their location in mind when considering policy implementation and cater to different audiences.

There is also a former supported link between trust in government and attitude towards policy (Lee & Stoker, 2000). Political ideology and trust have been found to be linked to risk perceptions (Dryhurst et al., 2020). Therefore, trust in a particular political party should be linked to trust in a particular policy. When trust is present then worry is quelled (Lee & Stoker, 2000). Therefore, in areas with more support and trust in a particular policy, there should be lower affective risk perceptions.

Travel is essential to the human experience and helps relieve stress. In times where travel is disrupted, so too is the mental health of the population. The pandemic made this clearer than ever before. Regardless of political affiliation people have the need to travel. The issue lies in making the potential traveler feel safe. Each group of people has specific needs when it comes to feeling safe enough to travel. It is important for industry leaders to understand the population they are attracting, and how to ensure they feel safe enough to travel.

5.2 THEORETICAL IMPLICATION

This exploration into policy, state political affiliation, and affective risk perceptions can provide a new direction for tourism studies. While no one theory was applied to this study, it was explored using the social-ecological perspective. This study provides support for use of the social-ecological perspective because while the environment changed over time, it shaped the affective risk perceptions of travelers. There should be further exploration into the social-ecological perspective and tourism.

In addition, the study offers findings that would support the use of SARF in this context. While SARF did not drive the research questions or findings, it can provide an explanation for the findings.

5.3 PRACTICAL IMPLICATIONS

The practical implications of this study deal with crisis communication and marketing. The study looked specifically at state-level policy and state political affiliation. Through this investigation, we found that affective risk perceptions varied across the states depending on the political affiliation of the State and the type of policy implemented. This is consistent with findings from Cahyanto and Pennington-Gray (2014), that crisis communication and marketing efforts need to be catered toward specific audiences because risk perceptions differ. Policy was significant in changing affective risk perceptions in both Republican- majority states and Democratic-majority states; however, the difference was greater for those in Democratic-majority states. This shows that destination marketing organizations and businesses should focus on sharing the message of safety policies being implemented more so in the Democratic-majority states than in the Republican-majority states. When communicating and marketing during and after a crisis, organizations should consider the target audience to reduce affective perceptions and recover quickly most effectively.

5.4 LIMITATIONS

This study was an exploration of the impact of policy and state political affiliation on affective risk perceptions. Therefore, there are many limitations that exist within the study. The first limitation is with the data collection. Since we utilized existing data, the

creation and collection of said data were not specific to this study. That explains why three different sources of data were used for this study. The data was not constructed with the specific goal of policy and state political exploration. Later versions of the TCMI survey included an item about individual political affiliation, but since it was not consistently included within the earlier waves of the survey, we chose to use another source for that variable. Meaning that the state political affiliation variable was not necessarily consistent with the respondents who answered the affective risk perception items. It was consistent with the political makeup of the respondent's state, however, it is an overgeneralization to assume that would also be consistent with the survey sample. It is also limiting because it does not include those states that would be considered purple (Rao, 2017). Due to time and budget constraints, the data was also not collected at consistent time intervals. While there is only a week or two between some waves, other waves were collected a whole month apart.

Another limitation is that the data was collected at the state level. Krutwysko and Bramwell (2010) indicated that policy enforcement is more nuanced than at the state level. Policy implementation, as well as political affiliation, vary within the state level. It may be more beneficial to look at the local or county level to account for nuances within the state.

Another limitation is that while we did control for case numbers, which provided somewhat of control for time. Time still has a major influence on the data set. This is especially prevalent in the school closure findings as school closures occurred very early in the pandemic and remained for most of the first year. Affective travel perceptions

could fluctuate throughout the year based on other factors such as time or familiarity with the pandemic.

Lastly, this study analyzes only affective risk perceptions. Sometimes affective perceptions can be the sole driver of decision making, however, to gain a full picture of risk perceptions we must consider at least both cognitive and affective perceptions (Loewenstein et al., 2001). Recent studies even suggest a third level of risk perceptions: experiential perceptions (Ferrer et al., 2016). This study provides an incomplete picture of travel risk perceptions.

The effect size of all the relationships was small (Cohen, 1988). Therefore, the differences in the statistical analyses may be negligible. This represents another limitation in the study.

5.5 FUTURE RESEARCH

As outlined in the previous section, there are many limitations of the present study. These limitations provide opportunities for future research. This study could be expanded to include cognitive and experiential risk perceptions as well as other policies implemented during the pandemic. Lastly it would be interesting to see a survey curated specifically for the topic.

While there are many limitations to this study, it can provide a jumping-off point for future exploration. Policy and politics are important players in the travel industry. To continue the tourism conversation without addressing the role of politics and policy on the industry is to remain stagnant. We cannot move forward without acknowledging and exploring these relationships.

REFERENCES

- Adams, E.L., Smith, D., Caccavale, L.J., & Bean, M.K. (2021). Parents are stressed! Patterns of parent stress across COVID-19. *Frontiers in psychiatry*, 12.
- Aebli, A., Volgger, M., & Taplin, R. (2021). A two dimensional approach to travel motivation in the context of the COVID-19 pandemic. *Current Issues in Tourism*, 25(1), 60-75.
- Ahorsu, D. K., Lin, C. Y., Imani, V., Saffari, M., Griffiths, M. D., & Pakpour, A. H. (2020). The fear of COVID-19 scale: development and initial validation. *International journal of mental health and addiction*, 1-9.
- Anderson, K. R., Naaman, K., Omodior, E., Karikari, G., Pennington-Gray, L., & Omodior, O. (2020). Predicting Chikungunya disease personal protective behaviors: Results of a cross-sectional survey of US-Caribbean travelers. *Health Promotion Perspectives*, 10(1), 43.
- Azimi, P., Keshavarz, Z., Laurent, J.G.C., Stephends, B., & Allen, J.G. (2021). Mechanistic transmission modeling of COVID-19 on the *Diamond Princess* cruise ship demonstrates the importance of aerosol transmission. *Proceedings of the National Academy of Science*, 118(8).
- Bargain, O. & Aminjonov, U. (2020). Trust and compliance to public health policies in times of COVID-19. *Journal of Public Economics*, 192.
- Bou-Karroum, L., Khabsa, J., Jabbour, M., Hilal, N., Haidar, Z., Khalil, P.A., Khalek, R.A., Assaf, J., Honein-AbouHaidar, G., Samra, C.A., Hneiny, L., Al-Awlaqi, S.,

- Hanefield, J., El-Jardali, F., Akl, E.A., & Bcheraoui, C.E. (2021)., Public health effects of travel-related policies on the COVID-19 pandemic: A mixed-methods systematic review. *Journal of Infection*, 83(4), 413-423.
- Bramwell, B. & Meyer, D. (2007). Power and tourism policy relations in transition. *Annals of Tourism Research*, 34(3), 766-788.
- Bronfenbrenner, U. (1977) Toward an experimental ecology of human development. *American Psychologist*, 32(7), 513-531.
- Brooks, C. & Souldard, J. (2022). Contested authentication: The impact of event cancellation on transformative experiences, existential authenticity at burning man. *Annals of Tourism Research*, 95.
- Brunier, A. & Drysdale, C. (2022). COVID-19 pandemic triggers 25% increase in prevalence of anxiety and depression worldwide. *World Health Organization*, <https://www.who.int/news/item/02-03-2022-covid-19-pandemic-triggers-25-increase-in-prevalence-of-anxiety-and-depression-worldwide>
- Buhr, K. & Dugas, M.J. (2009). The role of fear of anxiety and intolerance of uncertainty in worry: An experimental manipulation. *Behaviour Research and Therapy*, 47(3), 215-223.
- Cahyanto, I. & Liu-Lastres. (2019). Risk perception, media exposure, and visitor's behavior responses to Florida Red Tide. *Journal of Travel and Tourism Marketing*, 37(4), 447-459.
- Cahyanto, I. & Pennington-Gray, L. (2014). Communicating hurricane evacuation to tourists: Gender, past experience with hurricanes, and place of residence. *Journal of Travel Research*, 54(3), 329-343.

- Cahyanto, I., Wiblishauser, M., Pennington-Gray, L., & Schroeder, A. (2016). The dynamics of travel avoidance: The case of ebola in the United States. *Tourism Management Perspectives*, 20, 195-203.
- Campbell, T.H. & Kay, A.C. (2014). Solution aversion: On the relation between ideology and motivated disbelief. *Journal of Personality and Social Psychology*, 107 (5), 809-824.
- Chapman, G.B. & Coups, E.J. (2006). Emotions and preventative health behavior: Worry, regret, and influenza vaccine. *Journal of Health Psychology*, 25(1), 82-90.
- Chein, P.M., Sharifpour, M., Ritchie, B.W., & Watson, B. (2016). Travelers' health risk perceptions and protective behavior: A psychological approach. *Journal of Travel Research*, 56(6), 744-759.
- Chen, C.C. (2018). Examining stress relief benefits of tourism experiences: A study of American workers. *Tourism Analysis*, 23(3), 421-426.
- Chen, C.C., & Petrick, J.F. (2013). Health and wellness benefits of travel experiences: A literature review. *Journal of Travel Research*, 52(6), 709-719.
- Cheung, C. & Tse, J.W. (2008). Institutional trust as a determinant of anxiety during the SARS crisis in Hong Kong. *Social Work in Public Health*, 23(5), 41-54.
- Center for Disease Control and Prevention (2022a). *CDC Museum COVID-19 Timeline*. Retrieved from <https://www.cdc.gov/museum/timeline/covid19.html#>
- Centers for Disease Control and Prevention. (2022b). *COVID Data Tracker*. [Data Set], <https://covid.cdc.gov/covid-data-tracker>
- Cohen, J (1988). *Statistical Power Analysis for the Social Sciences (2nd. Edition)*. Hillsdale, New Jersey, Lawrence Erlbaum Associates.

- Dryhurst, S., Schneider, C.R., Lerr, J., Freeman, A.L.J., Recchia, G., van der Bles, A.M., Spiegelhalter, D., & van der Linden, S. (2020). Risk perceptions of COVID-19 around the world. *Journal of Risk Research*, 23(7-8), 994-1006.
- Elliot, S. & Lever, M.W. (2021). You want to go where? Shifts in social media behaviour during the COVID-19 pandemic. *Annals of Leisure Research*.
- Enten, H. (2020, July 15). Democrats and Republicans see coronavirus differently. *Cable News Network*. <https://www.cnn.com/2020/07/15/politics/coronavirus-partisan-gap-analysis/index.html>
- Fall, L.T. & Massey, J.E. (2006). The significance of crisis communication in the aftermath of 9/11: A national investigation of how tourism managers have re-tooled their promotional campaigns. *Journal of Travel and Tourism Marketing*, 19(2-3), 77-90.
- Faulkner, B. (2001). Towards a framework for tourism disaster management. *Tourism Management*, 22(2), 135-147.
- Ferrer, R. A., Klein, W. M., Persoskie, A., Avishai-Yitshak, A., & Sheeran, P. (2016). The tripartite model of risk perception (TRIRISK): distinguishing deliberative, affective, and experiential components of perceived risk. *Annals of Behavioral Medicine*, 50(5), 653-663.
- Floyd, M. & Pennington-Gray, L. (2004). Profiling Risk Perceptions of Tourists. *Annals of Tourism Research*, 31, 4, 1051-1054.

- Floyd, D.L., Prentice-Dunn, S., & Rogers, R.W. (2000). A Meta-Analysis of Research on Protection Motivation Theory. *Journal of Applied Social Psychology*, 30(2), 407-429.
- Franz, B. & Dhanani, L.Y. (2021). Beyond political affiliation: An examination of the relationships between social factors and perceptions of responses to COVID-19. *Journal of Behavioral Medicine*, 44, 641-652.
- Gaffney, T. (2021). Rates of depression and anxiety climbed across the globe in 2020, analysis finds. *Stat*, <https://www.statnews.com/2021/10/08/mental-health-covid19-pandemic-global/>
- González-Reverté, F., Gomis-López, J.M. & Díaz-Luque, P. (2022). Reset or temporary break? Attitudinal change, risk perception and future travel intention in tourists experiencing the COVID-19 pandemic. *Journal of Tourism Futures*, 8(1).
- Gössling, S., Humpe, A., & Bausch, T. (2020). Does ‘flight shame’ affect social norms? Changing perspectives on the desirability of air travel in Germany. *Journal of Cleaner Production*, 266.
- Gössling, S., Scott, D., Hall, C.M. (2020). Pandemics, tourism, and global change: A rapid assessment of COVID-19. *Journal of Sustainable Tourism*, 29(1), 1-20.
- Granovetter, M.S. (1973). The strength of weak ties. *American Journal of Sociology*, 78(6), 1360-1380.
- Granovetter, M.S. (1983). The strength of weak ties: A network theory revisited. *Sociological Theory*, 1, 201-233.

- Granovetter, M.S. (1985). Economic action and social structure: The problem of embeddedness. *American Journal of Sociology*, (91)3, 481-510.
- Greer, S.L., King, E.J., Massard de Fonseca, E., & Peralta-Santos, A. (2020). The comparative politics of COVID-19: The need to understand government responses. *Global Public Health*, 15(9), 1413-1416.
- Gross, K. (2008). Framing persuasive appeals: Episodic and thematic framing, emotional response, and policy opinion. *Political Psychology*, 29(2), 169-192.
- Gursoy, D., Can, A.S., Williams, N. & Ekinçi, Y. (2021). Evolving impacts of COVID-19 vaccination intentions on travel intentions. *The Service Industries Journal*, 41(11-12), 719-733.
- Hart, P. S., Chinn, S., & Soroka, S. (2020). Politicization and Polarization in COVID-19 News Coverage. *Science Communication*, 42(5), 679–697.
- Haytko, D.L., Mai, E., & Taillon, B.J. (2021). COVID-19 information: Does political affiliation impact consumer perceptions of trust in the source and intent to comply? *Health Marketing Quarterly*, 38 (2-3), 98-115.
- Health Resources & Services Administration. (2022). COVID-19 Claims Reimbursement to Health Care Providers and Facilities for Testing, Treatment, and Vaccine Administration for the Uninsured. *Coronavirus Information*, <https://www.hrsa.gov/coviduninsuredclaim>
- Jones, J.H. & Salathe, M. (2009). Early assessment of anxiety and behavioral response to Novel Swine- Origin Influenza A(H1N1). *PLoS ONE*, 4(12), 1-8.

Johnson, M. P. (2017). Secondary data analysis: A method of which the time has come.

Qualitative and quantitative methods in libraries, 3(3), 619-626.

Kappes, A., Harvey, A.H., Lohrenz, T., Montague, P.R., & Sharot, T. (2020).

Confirmation bias in the utilization of the others' opinion strength. *Nature*

Neuroscience, 23, 130-137.

Kasperson, R. E., Renn, O., Slovic, P., Brown, H. S., Emel, J., Goble, R., et al. (1988).

The social amplification of risk: A conceptual framework. *Risk Analysis*, 8(2),

177-187.

Kemp, E., Bui, M., & Porter, M. Preparing for a crisis: examining the influence of fear

and anxiety on consumption and compliance. *Journal of Consumer Marketing*,

38(3), 282-292.

Kerr, J., Panagopoulos, C., & van der Linden, S. (2021). Political polarization on

COVID-19 pandemic response in the United States. *Personality and Individual*

Differences, 179.

King, B. G., & Pearce, N. A. (2010). The contentiousness of markets: Politics, social

movements, and institutional change in markets. *Annual review of sociology*, 36,

249-267.

Knack, S. & Zak, P.J. (2003). Building trust: Public policy, interpersonal trust, and

economic development. *Supreme Court Economic Review*, 10.

- Knobloch-Westerwidk, S., Mothes, C., & Polavin, N. (2017). Confirmation bias, ingroup bias, and negativity bias in selective exposure to political information. *Communication Research*, 47(1), 104-124.
- Kokaliari, E. (2016). Quality of life, anxiety, depression, and stress among adults in Greece following the global financial crisis. *International Social Work*, 61(3), 410-424.
- Kumar, A. & Nayar, R. (2021). COVID-19 and its mental health consequences. *Journal of Mental Health*, 30(1), 1-2.
- Krutwayscho, O. & Bramwell, B. (2010). Tourism policy implementation and society. *Annals of Tourism Research*, 37(3), 670-691.
- Larsen, S., Brun W., & Øgaard, T. (2009). What tourists worry about- Construction of a scale measuring tourist worries. *Tourism Management*, 30(2), 260-265.
- Lee, S. A. (2020). Coronavirus Anxiety Scale: A brief mental health screener for COVID-19 related anxiety. *Death studies*, 44(7), 393-401
- Lee, C. & Chen, C. (2011). The reaction of elderly Asian tourists to avian influenza and SARS. *Tourism Management*, 32(6), 1421-1422.
- Lepp, A. & Gibson, H. (2003). Tourist roles, perceived risk, and international tourism. *Annals of Tourism Research*, 30(3), 606-624.
- Levi, M. & Stoker, L. (2000). Political trust and trustworthiness. *Annual Review of Political Science*, 3, 475-507.

- Liang, M., Gao, L., Cheng, C., Zhou, Q., Uy, J.P., Heiner, K., & Sun, C. (2020). Efficacy of face mask in preventing respiratory virus transmission: A systematic review and meta-analysis. *Travel Medicine and Infectious Disease*, 36.
- Loewenstein, G.F., Weber, E.U., Hsee, C.K., & Welch, N. (2001). Risk as feelings. *Psychological Bulletin*, 127(2), 267-286.
- Luo, J.M. & Lam, C.F. (2020). Travel anxiety, risk attitude, and travel intentions toward “travel bubble” destinations in Hong Kong: Effects of the fear of COVID-19. *International Journal of Environmental Research Public Health*, 17(21), 1-11.
- Maddux, J.E. & Rogers, R.W. (1983). Protection motivation and self-efficacy: A revised theory of fear appeals and attitude change. *Journal of Experimental Social Psychology*, 19(5), 469-479.
- Marcus, G.E. (2000). Emotions in politics. *Annual Review of Political Science*, 3(1), 221-250.
- Matyas, C., Srinivasan, S., Cahyanto, I., Thapa, B., Pennington-Gray, L., & Villegas, J. (2011). Risk perception and evacuation decisions of Florida tourists under hurricane threats: A stated preference analysis. *Natural Disasters*, 59, 871-890.
- McIntosh, I. B., Swanson, V., Power, K. G., Raeside, F., & Dempster, C. (1998). Anxiety and health problems related to air travel. *Journal of Travel Medicine*, 5(4), 198-204.

- Miller, J.C., Danon, L., O'Hagan, J.J., Goldestein, E., Lajous, M., & Lipsitch, M. (2010). Student behavior during a school closure caused by pandemic influenza A/H1N1. *PLoS One* 5(5).
- Mkono, M., & Hughes, K. (2020). Eco-guilt and eco-shame in tourism consumption contexts: Understanding the triggers and responses. *Journal of Sustainable Tourism*, 28(8), 1223-1244.
- Neelon, B., Mutiso, F., Mueller, N.T., Pearce, J.L., & Benjamin-Neelon, S.E. (2021). Associations between governor political affiliation and COVID-19 cases, deaths, and testing in the U.S. *American Journal of Preventative Medicine*, 61(1), 115-119.
- Neuburger, L., & Egger, R. (2021). Travel risk perception and travel behaviour during the COVID-19 pandemic 2020: A case study of the DACH region. *Current Issues in Tourism*, 24(7), 1003-1016.
- Novelli, M., Burgess, L.G., Jones, A., Ritchie, B.W. (2018). 'No Ebola... still Doomed'- The Ebola induced tourism crisis. *Annals of Tourism Research*, 70, 76-87.
- Pachuci, C., Grohs, R., & Scholl-Grissemann, U. (2022). Is nothing like before? COVID-19-evoked changes to tourism destination social media communication. *Journal of Destination Marketing & Management*, 23.
- Pacific Asia Travel Association [PATA] (2012). *Bounce Back: Tourism Risk, Crisis, and Recovery Management Guide*. Bangkok, Thailand: PATA
- Pallant, J. (2007). *SPSS survival manual* (3rd ed.). New York, NY: McGraw-Hill.

- Parady, G., Taniguchi, A., & Takami, K. (2020). Travel behavior changes during the COVID-19 pandemic in Japan: Analyzing the effects of risk perception and social influence on going-out self-restriction. *Transportation Research Interdisciplinary Perspectives*, 7.
- Park, M.J., Kang, D., Rho, J.J., & Lee, D.H. (2016). Policy role of social media in developing public trust: Twitter communication with government leaders. *Public Management Review*, 18(9), 1265-1288.
- Peterson, E., Wilson, M.E., Touch, S., McCloskey, B., Mwaba, P., Bates, M., Dar, O., Mattes, F., Kidd, M., Ippolito, G., Azhar, E.I., & Zumla, A. (2016). Rapid spread of Zika Virus in the Americas- Implications for public health preparedness for mass gatherings at the 2016 Brazil Olympic Games. *International Journal of Infectious Disease*, 44, 11-15.
- Pennington-Gray, L., Thapa, B., Kaplanidou, K., Cahyanto, I., & McLaughlin, E. (2011). Crisis Planning and Preparedness in the United States Tourism Industry. *Cornell Hospitality Quarterly*, 52(3), 312-320.
- Pfefferbaum, B., & North, C.S. (2020). Mental health and the COVID-19 pandemic. *New England Journal of Medicine*, 383(6), 510-512.
- Prideaux, B., Coghlan, A., & Falco-Mammone, F. (2008). Post crisis recovery. *Journal of Travel and Tourism Marketing*, 23(2-4), 163-174.

Putnam, R. D., Leonardi, R., & Nonetti, R. Y. (1993). Social Capital and Institutional Success. In *Making Democracy Work: Civic Traditions in Modern Italy* (pp. 163–186).

Princeton University Press.

Rahman, K. (2020, March 17). Democrats are much more worried about the coronavirus outbreak than Republicans, survey finds. *Newsweek*.

<https://www.newsweek.com/democrats-are-much-more-worried-about-coronavirus-outbreak-republicans-survey-finds-1492718>

Rao, A. R. (2017). Red, blue and purple states of mind: Segmenting the political marketplace. *Journal of Consumer Psychology*, 27(4), 521-531.

Reisinger, Y. & Mavondo, F. (2005). Travel Anxiety and Intention to Travel Internationally: Implications of Travel Risk Perception. *Journal of Travel Research*, 43, 212-225.

Renström, E.A. & Bäck, H. (2021). Emotions during the COVID-19 pandemic: Fear, anxiety, and anger as mediators between threats and policy support and political actions. *Journal of Applied Social Psychology*, 51(8), 861-877.

Riley, C., Pennington-Gray, L., & Schroeder, A. (in press). Moving the risk perception risk literature forward in order to recognize three distinct types of risk perceptions: The tripartite model of travel risk perceptions. *The Handbook on Crisis and Disaster Management in Tourism*.

- Ritchie, B.W., Dorrell, H., Miller, D., & Miller, G.A. (2004). Crisis communication and recovery for the tourism industry. *Journal of Travel and Tourism Marketing*, 15(2-3), 199-216.
- Rohel, W.S. & Fesenmaier, D.R. (1992). Risk perceptions and pleasure travel: An exploratory analysis. *Journal of Travel Research*, 30(4), 17-26.
- Rogers, R.W. (1975). A protection motivation theory of fear appeals and attitude change. *The Journal of Psychology*, 91(1), 93-114.
- Rogers, R. W. (1983). Cognitive and physiological processes in fear appeals and attitude change: A revised theory of protection motivation. In J. Cacioppo & R. Petty (Eds.), *Social psychophysiology*. New York, NY: Guilford Press.
- Rogers, R.W. & Mewborn, C.R. (1976). Fear appeals and attitude change: Effects of a threat's noxiousness, probability of occurrence, and the efficacy of coping response. *Journal of Personality and Social Psychology*, 34(1), 54-61.
- Sausmarez, N. (2007). Crisis Management, Tourism, and Sustainability: The Role of Indicators. *Journal of Sustainable Tourism*, 15, 6, 700-709.
- Schroeder, A. L. (2015). *Revisiting travel risk after three decades of study: The role of perceived risk, perceived efficacy, and risk reduction behaviors* (Doctoral dissertation, University of Florida).
- Schroeder, A., Pennington-Gray, L., Korstanje, M., & Skoll, G. (2016). Managing and Marketing Tourism Experiences: Extending the Travel Risk Perception Literature

- to address affective risk perceptions. *The Handbook of Managing and Marketing Tourism Experiences*.
- Shapiro, S.P. (1987). The social control of impersonal trust. *American Journal of Sociology*, 93(3), 623-658.
- Slovic, Paul. (1987). Perception of risk. *Science*, 236(4799), 280-285.
- Seyfi, S., Hall, C. M., & Shabani, B. (2020). COVID-19 and international travel restrictions: the geopolitics of health and tourism. *Tourism Geographies*, 1-17.
- Stokols, D. (1992). Establishing and maintaining healthy environments. Toward a social ecology of health promotion. *American Psychologist*, 47(1), 6-22.
- Stokols, D. (1996). Translating social ecological theory into guidelines for community health promotion. *American Journal of Health Promotion*, 10(4), 282-298.
- Sönmez, S. & Graefe, A.R. (1998a). Determining future travel behavior from past travel experiences and perceptions of risk and safety. *Journal of Travel Research*, 37(2), 171-177.
- Sönmez, S. & Graefe, A.R. (1998b). Influence of terrorism risk on foreign tourism decisions. *Annals of Tourism Research*, 25(1), 112-144.
- Teeroovengadum, V., Seetanah, B., Bindah, E., Pooloo, A., & Veerasawmy, I. (2021) Minimizing perceived travel risk in the aftermath of COVID-19 pandemic to boost travel and tourism. *Tourism Review*, 76(4).

- Tourism Crisis Management Initiative. (n.d.). *COVID-19 Perceptions of Risk Travel Survey*. Retrieved March 30, 2022, from <https://www.tourismcrisismanagementinitiative.com/covid19-travel-anxiety-index>
- Uğar, N.G. & Abiyik, A. (2020). Impacts of COVID-19 on global tourism industry: A cross-regional comparison. *Tourism Management Perspectives*, 36.
- United Nations World Tourism Organization [UNWTO]. (2020). *Tourism and COVID-19- Unprecedented Economic Impacts*. United Nations World Tourism Organization, <https://www.unwto.org/tourism-and-covid-19-unprecedented-economic-impacts>
- Verhoeven, I. & Duyvendak, J.W. (2016). Enter emotions. Appealing to anxiety and anger in a process of municipal amalgamation. *Critical Policy Studies*, 10(4), 468-485.
- Wadud, Z., Rahman, S.M., & Enam, A. (2021). Face mask mandates and risk compensation: An analysis of mobility data during the COVID-19 pandemic in Bangladesh. *BMJ Global Health*.
- Wasserman, D., Andrews, S., Saenger, L., Cohen, L., Flinn, A. & Tatarsky, G. (2022). *2020 Popular Vote Tracker*. [Data Set], <https://www.cookpolitical.com/2020-national-popular-vote-tracker>
- Watanabe, N. M., & Cunningham, G. B. (2020). The impact of race relations on NFL attendance: An econometric analysis. *Plos one*, 15(1), e0226938.

- Watanabe, N. M., Yan, G., & Soebbing, B. P. (2019). Market disruption as a regime for athlete activism: An economic analysis of college football player protests. *Sport Management Review*, 22(5), 600-612.
- Widmar, N. J. O., Dominick, S. R., Ruple, A., & Tyner, W. E. (2017). The influence of health concern on travel plans with focus on the Zika virus in 2016. *Preventive medicine reports*, 6, 162-170.
- World Health Organization (2022). *Coronavirus Disease (COVID-19) Overview*. Retrieved from https://www.who.int/health-topics/coronavirus#tab=tab_1
- Yan, Y., Bayman, J., Richter, A., & Fenichel, E.P. (2021). Risk compensation and face mask mandates during the COVID-19 pandemic. *Scientific Reports*, 11.
- Yang, C.L. & Nair, V. (2014). Risk perception study in tourism: Are we really measuring perceived risk? *Procedia-Social and Behavioral Sciences*, 144(20), 322-327.
- Zenker, S., Braun, E., & Gyimóthy, S. (2021). Too afraid to travel? Development of a Pandemic (COVID-19) Anxiety Travel Scale (PATs). *Tourism Management*, 8.

APPENDIX A

SURVEY INSTRUMENT EXAMPLE

Informed Consent
<p>Informed Consent</p> <p>Purpose of the research study The purpose of this study is to better understand the American traveling public's attitudes and perceptions associated with Coronavirus.</p> <p>Qualifications In order to participate in this study, you must be a U.S. resident who has traveled recently or was considering traveling within the next 6 months. The questionnaire will begin with two screening questions to confirm that 1) you are a U.S. Resident and 2) you are currently or considered traveling within the next 6 months. If you do not pass the screening questions, the survey will be terminated.</p> <p>What you will be asked to do in the study You will be asked a series of questions that are related to your past travel history, perceptions of travel as a result of the coronavirus outbreak, and trust in different information sources. Attention check questions will also be asked.</p> <p>Time required Approximately 5 minutes.</p> <p>Risks and benefits There is a minimal risk that security of any online data may be breached, but the survey host (Qualtrics) uses strong encryption and other data security methods to protect your information. Despite this possibility, the risks to your physical, emotional, social, professional, or financial well-being are considered to be minimal. There are also no foreseen benefits to you for taking this survey.</p> <p>Compensation If you participate in the study, the researcher will give you \$0.25 through your MTurk account. No MTurk participant who has completed the task will be rejected and/or denied compensation. If there are any terminations prior to completion of the task, there will be no compensation. The questionnaire will begin with a screening question to confirm that 1) you are a U.S. resident 2) you are currently or were recently considering travel within the next 6 months, to allow access to the remainder of the task and compensation. If you don't pass the screening question, the survey will be terminated, and you will not be compensated. In that case, you will need to close the browser window and return the HIT to avoid receiving a rejection</p> <p>Confidentiality Your identity will be kept confidential to the extent provided by law. You will not be required to include your name in the survey. All study data will be collected through an online survey-collection program called Qualtrics. Qualtrics is a secure site with SAS 70 certification for rigorous privacy standards. Any data that you provide through this program will be encrypted for security purposes using Secure Socket Layers (SSL). Only the study investigators will have access to the data on Qualtrics. To protect your privacy, all participants' IP addresses will be masked by Qualtrics and will be unavailable to, and unidentifiable by, investigators or others. Qualtrics' privacy policy can be obtained at http://www.qualtrics.com/privacy-statement. Keep in mind that any work performed on MTurk can be linked to the user's public profile page. You may wish to restrict what information you choose to share in your public profile. If you contact the Requester with comments or questions, your email address will automatically be inserted into the message so the Requester can reply to you. MTurk Worker IDs will be collected by the researchers for purposes of approving the HIT after completion, but will not be associated with your survey responses. MTurk Worker IDs will not be shared with anyone else. In addition, your responses will not be accessible to Amazon as the survey is administered at a website</p>

https://human.csl.muttrics.com/GetSection/Blocks/About/GetSurveyPrintPreview?ContentSourceId=SV_hfwtm717P6mcGWh&ContentId=thorvDedIR

1/5

Voluntary participation

Your participation in this study is completely voluntary. There is no penalty for not participating.

Right to withdraw from the study

You have the right to withdraw from the study at any time without consequence.

Who to contact if you have questions about the study

If you have any questions, you are encouraged to ask them. Questions can be addressed to: Danielle Barbe, Ph.D. at (352) 294-1680 or Lori Pennington-Gray, Ph.D. at (352) 294-1657. They can be reached by mail at Department of Tourism, Hospitality and Event Management, University of Florida, P.O. Box 118208, Gainesville, FL 32611-8208.

Who to contact about your rights as a research participant

IRB02 Office
University of Florida
(352) 392-0433

Agreement

I have read the procedures described above. Clicking on the "Agree" button below signifies that I voluntarily agree to participate in this survey.

- ☐ Yes, I voluntarily agree to participate in the online survey

Screening Questions

Do you currently reside in the United States (U.S.)?

Yes

☐

No

☐

Did you travel recently or were you considering traveling within the next 6 months?

Yes

☐

No

☐

We are sorry but your response to this question indicates that you do not qualify to participate in this study. Thank you for understanding.

Past Travel Experience

Approximately how many trips have you taken in your lifetime?

0

☐

1

☐

2

☐

3

☐

4

☐

5

☐

6

☐

7

☐

8

☐

9

☐

10 or more

☐

When was your last trip?

Never

0 to 6 months ago

7 to 12 months ago

1 to 2 years ago

Over 2 years ago

Do you have a valid passport?

Yes
☐

No
☐

Have you taken a trip outside of the U.S. within the past 5 years?

Yes
☐

No
☐

Perceived Travel Risk

Please indicate how you feel when you think about travel in the U.S. **right now** (includes travel using personal/rented vehicle)

Anxious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Relaxed
Fearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Fearless
Worried	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Assured

Please indicate how you feel when you think about travel in the U.S. **in the next 6 months** (includes travel using personal/rented vehicle)

Anxious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Relaxed
Fearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Fearless
Worried	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Assured

Please indicate how you feel when you think about travel in the U.S. **in the next year** (includes travel using personal/rented vehicle)

Anxious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Relaxed
Fearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Fearless
Worried	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Assured

Please indicate how you feel when you think about traveling internationally **right now**

Anxious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Relaxed
Fearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Fearless
Worried	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Assured

Please indicate how you feel when you think about traveling internationally **in the next 6 months**

Anxious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Relaxed
Fearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Fearless
Worried	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Assured

Please indicate how you feel when you think about traveling internationally **in the next year**

Anxious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Relaxed
Fearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Fearless
Worried	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Assured

Credibility

With the current outbreak of coronavirus, how likely is it that you will avoid travel if told to do so by....
(1=extremely unlikely, 5=extremely likely)

	Extremely unlikely	Somewhat unlikely	Neither likely nor unlikely	Somewhat likely	Extremely likely
U.S. President	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
U.S. Department of State	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consulate General in the country you plan on visiting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Governor of the state	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local government	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dr. Fauci, Director of the National Institute of Allergy and Infectious Diseases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Extremely unlikely	Somewhat unlikely	Neither likely nor unlikely	Somewhat likely	Extremely likely
Health professionals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friends/Family on social media	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Others on social media	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prestige Press (e.g. New York Times)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Extremely unlikely	Somewhat unlikely	Neither likely nor unlikely	Somewhat likely	Extremely likely
TV News Networks (e.g. CNN, Fox, MSNBC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coworkers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State Travel Office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local Travel Office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Travel Agent / Tour Operator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Demographic Factors

The following set of questions is about your demographics. Your responses to these questions will be kept in the strictest confidence and used for statistical purposes only.

Which best describes your gender?

Male

☐

Female

☐

Other

☐

What is your age?

- ☐ 18-24 ☐ 35-49 ☐ 65 or older
☐ 25-34 ☐ 50-64

Which statement best describes your total annual household income in 2020 (from all sources and before taxes)?

- ☐ Under \$15,000 ☐ \$35,000 to \$49,999 ☐ \$100,000 to \$124,999
☐ \$15,000 to \$24,999 ☐ \$50,000 to \$74,999 ☐ \$125,000 and over
☐ \$25,000 to \$34,999 ☐ \$75,000 to \$99,999

In what state do you currently reside?

How many children (younger than the age of 18) are currently living in your household?

- ☐ 0 ☐ 2 ☐ 4
☐ 1 ☐ 3 ☐ 5 or more