Evaluating COVID-19 Public Health Messaging in Italy: Self-Reported Compliance and Growing Mental Health Concerns

Soubhik Barari*, Stefano Caria, Antonio Davola, Paolo Falco, Thiemo Fetzer, Stefano Fiorin, Lukas Hensel, Andriy Ivchenko, Jon Jachimowicz, Gary King, Gordon Kraft-Todd, Alice Ledda, Mary MacLennan, Lucian Mutoi, Claudio Pagani, Elena Reutskaja, Christopher Roth, and Federico Raimondi Slepoi

> *Ph.D. Student Department of Government, Harvard University

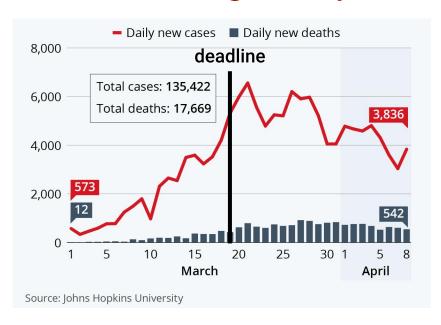
Stanford Polarization and Social Change Lab April 13, 2020







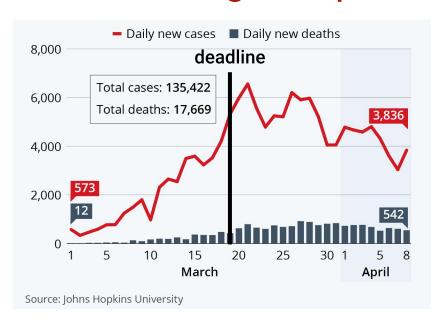




Italian Health Ministry launching public health communication campaign

→ Rome behavioral science office assembled the COVID-19 International Behavioral Science Working Group



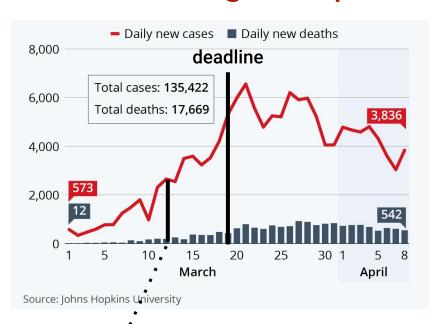


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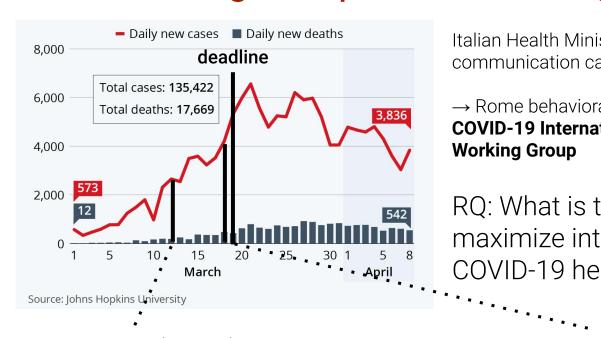
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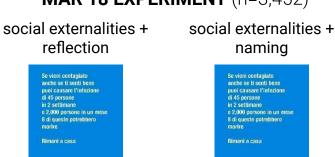
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MAR 12 PILOT (n=2,500)

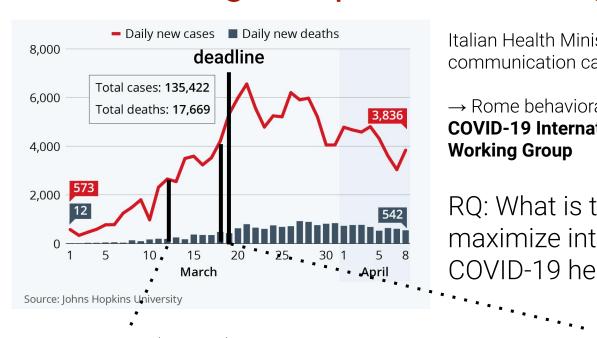


Rimani a casa

MAR 18 EXPERIMENT (n=3,452)







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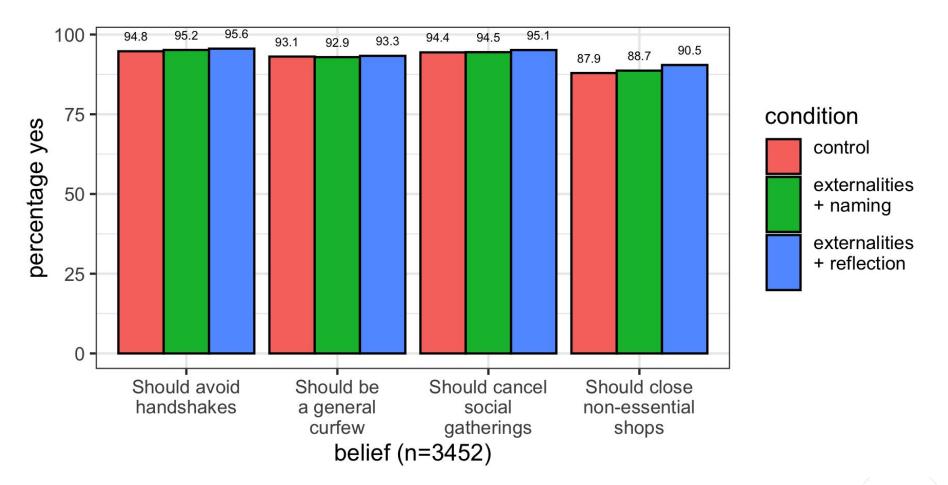


Massive ceiling effects of nudges...



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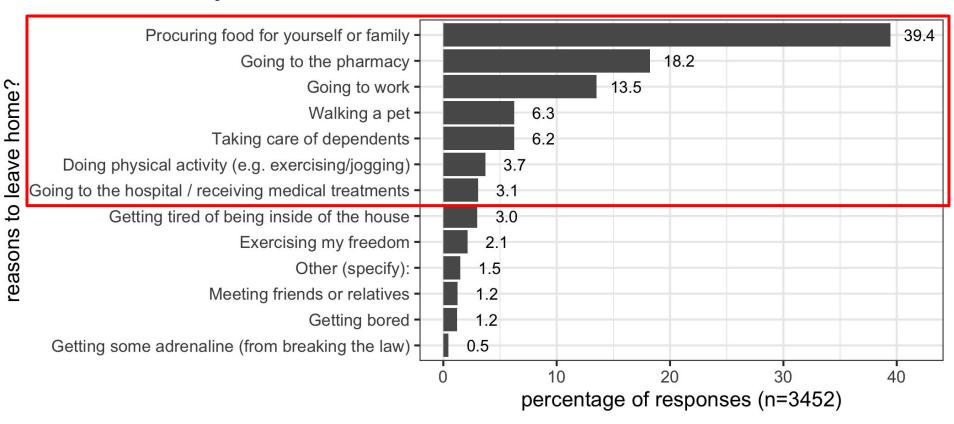
Because everyone already believed in health measures' efficacy:





Massive ceiling effects of nudges...

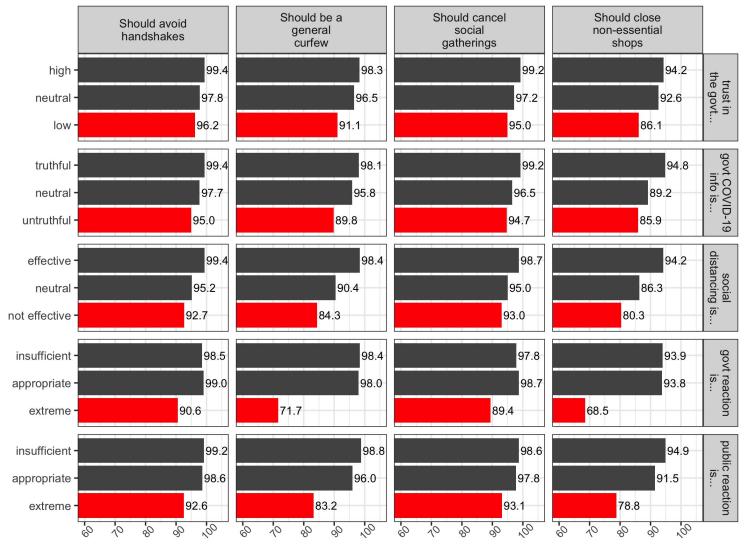
Because everyone still needed to "defect" for essential reasons:





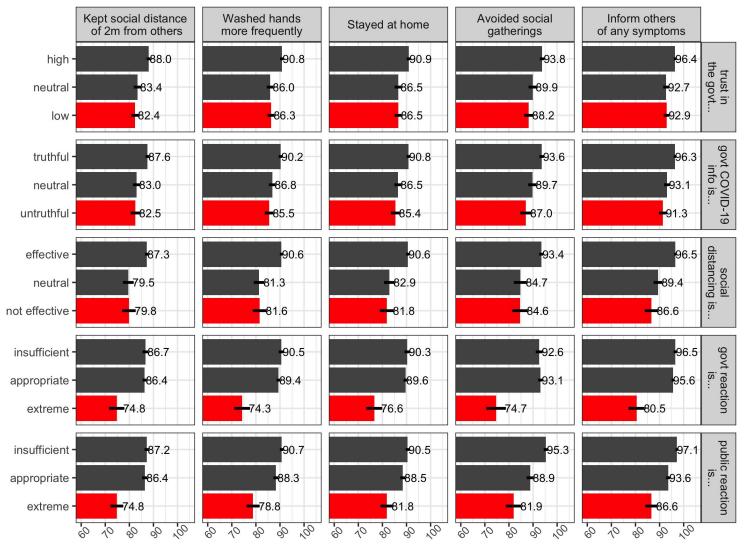


Even the skeptics (red) largely believed in pro-health measures:





Even the skeptics (red) were largely complying with practices:





Vulnerable (old / infirm) more often **unable to comply** because they have dependents and need to go to pharmacy.



Vulnerable (old / infirm) more anxious than young people.

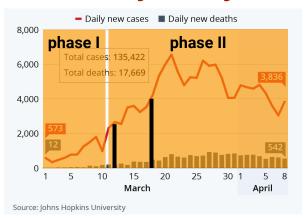


Some **age-specific** struggles w/staying at home (home-schooling, lost income), but **mental health stressors** (lack of freedom, fresh air, boredom, loneliness) strongest and common to all.



Takeaway:

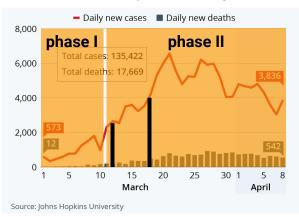




Minimal Effects of "why you should stay home" messaging beyond phase I

Need to transition to "how you can (healthily) stay home" messaging (personalized if possible)



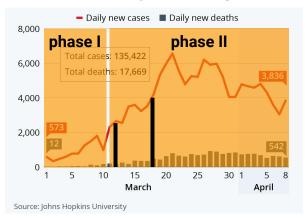




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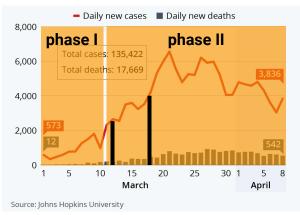


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Read more:

GaryKing.org/covid-italy

Stay tuned on Twitter:

@Covid19_Behave

Collaborate/stay in touch:

sbarari@g.harvard.edu

