

# COVID-19. THE PUBLIC PERCEPTION

## A SURVEY ON THE ITALIAN POPULATION | ABSTRACT

Italy had been the first European Country that had to deal with the Covid-19 crisis, which started at the end of February with the first outbreak in a little town near Milan. From that moment on the infectious has spread all over the other regions and Nations.

There's no record, in the modern era, of an event that has struck such a blow to all the population as the Covid-19, which has quickly become a global issue, so much so as to lead WHO to declare a pandemic on the 11<sup>th</sup> of March.

Fondazione The Bridge, active in the health and welfare sector, considered it important to understand what the citizens' perception was regarding certain issues related to the pandemic, and for this reason a survey had been designed and spread for all the Italian people to intervene. In particular, attention was paid to the quality of health services, the methods of access to healthcare facilities and the perception of the methods of communication in times of a pandemic emergency.

The resulting data are especially important in relation to the monitoring of people in quarantine, the management of chronic patients in the pandemic phase and the future management of waiting lists.

You can find the detailed analysis of the survey below.

Method: survey developed on Google Forms

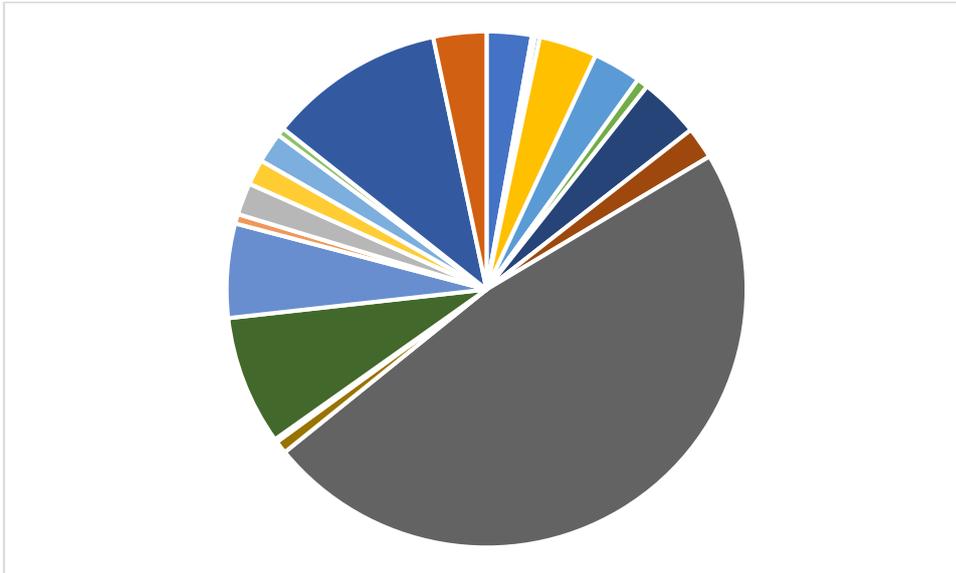
Diffusion: access to the survey by a link loaded on Fondazione The Bridge's social media and website

Diffusion period: from 1 April 2020 to 5 April 2020

Responses received: 2.600.

## RELEVANT DATA ANALYSIS | PERSONAL INFORMATION

The majority of the respondents are female (68%), age between 31 and 60 (67%), highly educated. **Answers to the survey have been collected from all over Italy**, with a prevalence of Lombardia (48%) and Valle d’Aosta (11%). Comparing the number of answers to the amount of adult citizens and the employment/education status, it appears that the local representativeness is basically homogeneous.



Abruzzo	2,8%	Basilicata	0,2%	Calabria	0,3%	Campania	3,6%
E.Romagna	3,0%	Friuli V.G.	0,7%	Lazio	3,8%	Liguria	2,0%
Lombardia	47,8%	Marche	0,8%	Molise	0,2%	Piemonte	8,1%
Puglia	5,9%	Sardegna	0,6%	Sicilia	2,0%	Trentino A.A.	1,6%
Toscana	1,9%	Umbria	0,5%	Valle d’A.	11,0%	Veneto	3,3%

IMAGE 1. IN WHICH REGION DO YOU LIVE?

Comparing the number of answers to the amount of adult citizens (ISTAT data, 2020), it also appears that the most represented Regione is Valle d’Aosta.

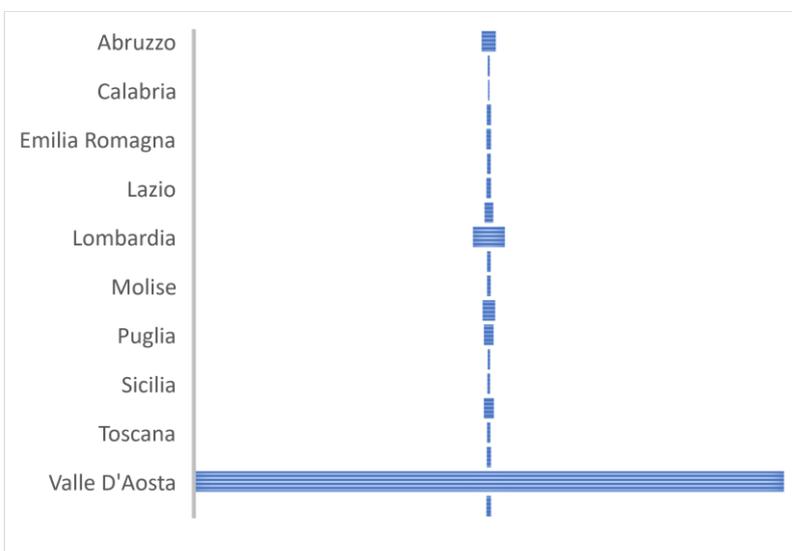


IMAGE 2. IN WHICH REGION DO YOU LIVE? | SIGNIFICANCE LEVEL

Respondents' status is mainly healthy but a relevant percentage (23%) declares to suffer from major disease or temporary/chronic impairments.

## FOCUS ON COVID-19

**13% of the respondents claims to have been in direct contact with subjects affected by Covid-19 or suspect cases.**

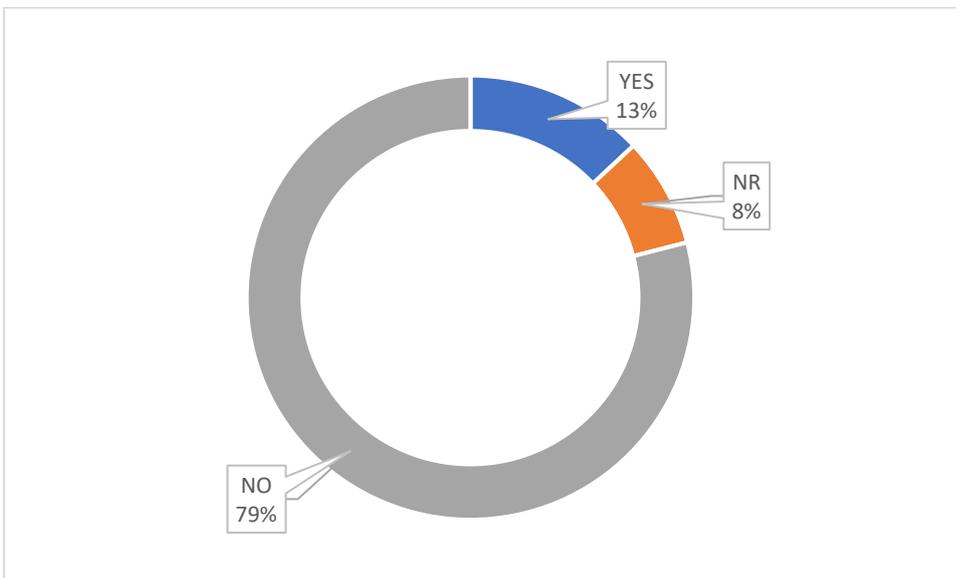


IMAGE 3. HAVE YOU COME INTO DIRECT OR INDIRECT CONTACT WITH SUBJECTS WITH COVID-19 OR SUSPECT CASES?

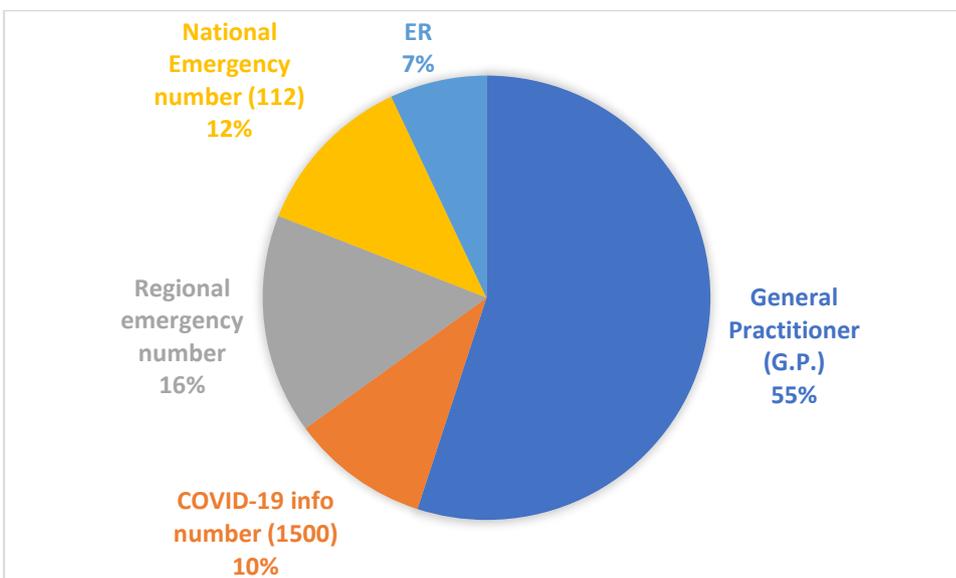
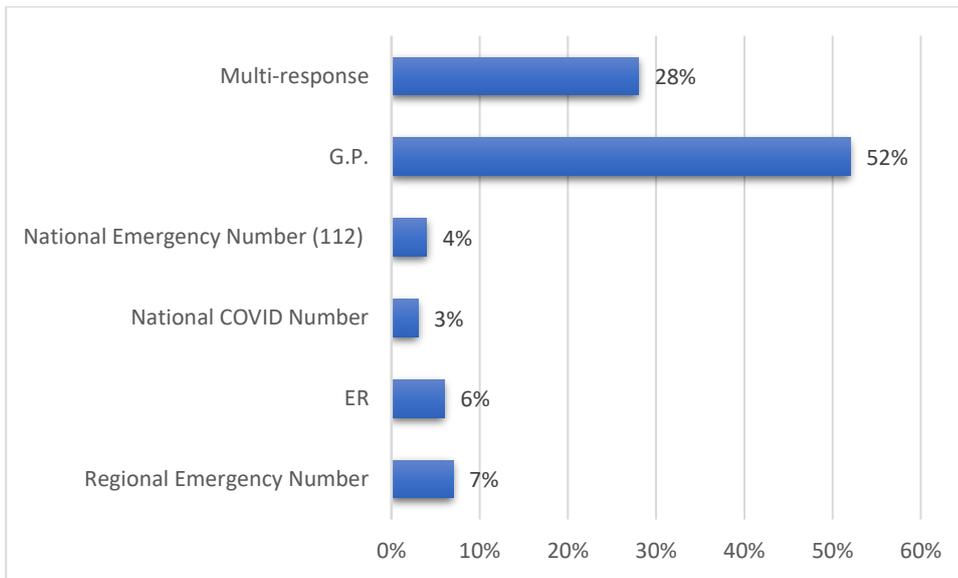


IMAGE 4. IF YOU OR A LOVED ONE SUSPECTED YOU WERE INFECTED WITH THE VIRUS, WHO DID YOU TURN TO?



**IMAGE 5. IF YOU OR A LOVED ONE SUSPECTED YOU WERE INFECTED WITH THE VIRUS, WHO DID YOU TURN TO?**

If a suspected case of infection had been detected among the members of a family, the majority of our respondents had opted to call the General Practitioner (G.P.) **rather than the provided national (1500) and regional contacts**; among those who had chosen to use the institutional contacts, only the 16% had been fully satisfied by the given instructions, compared to the bad reviews expressed by the 44%.

Who had chosen to contact the G.P. due to the presence of symptoms, had mostly (80%) received recommendations such as to wait for any development in health conditions before proceeding with other actions; for **20% of our respondents there was no kind of phone monitoring after the first contact**.

As shown by the **49% of the answers**, if a family member had been declared positive to Covid-19, **no indication whatsoever had been given on procedures to follow**.

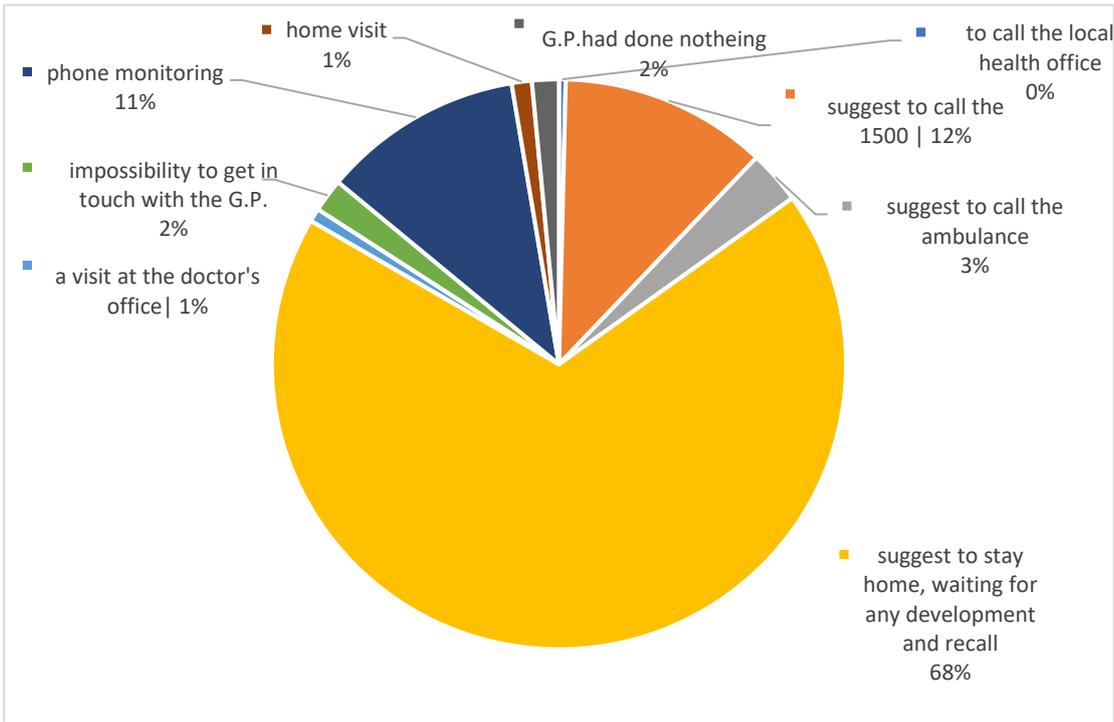


IMAGE 6. IF YOU HAVE CONTACTED THE GENERAL PRACTITIONER, WHAT ACTION HAS HE TAKEN?

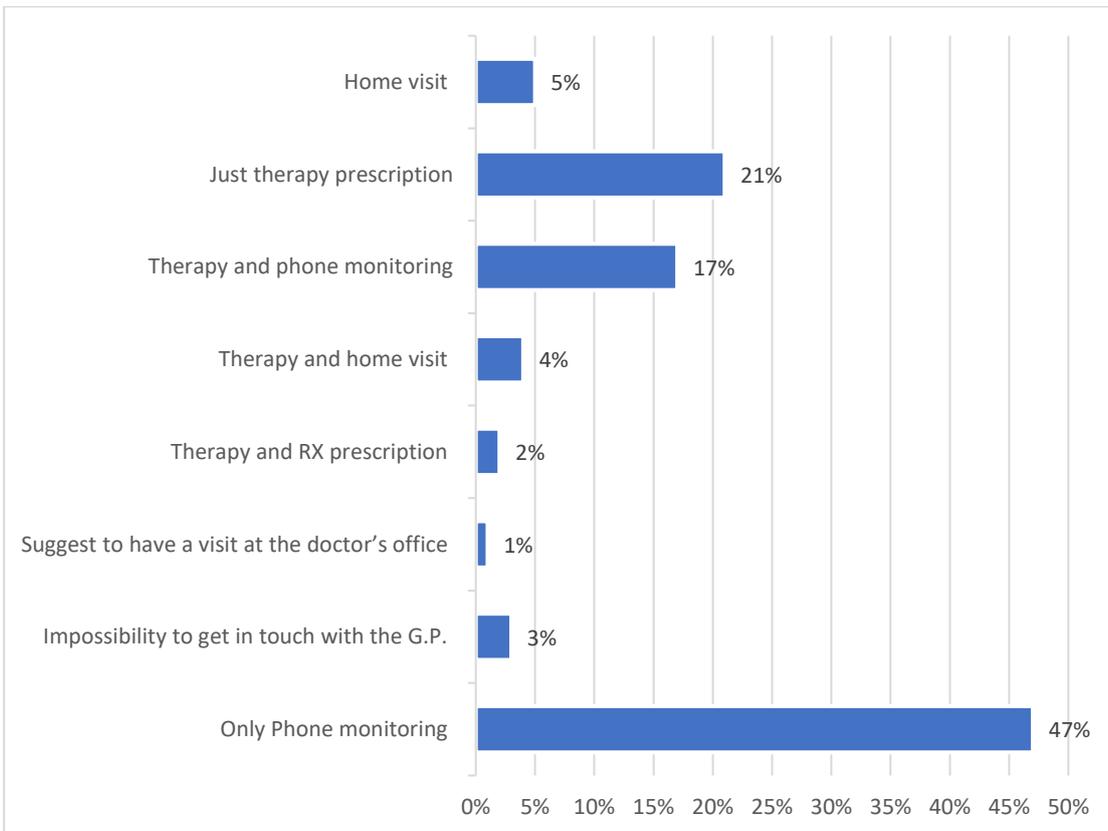
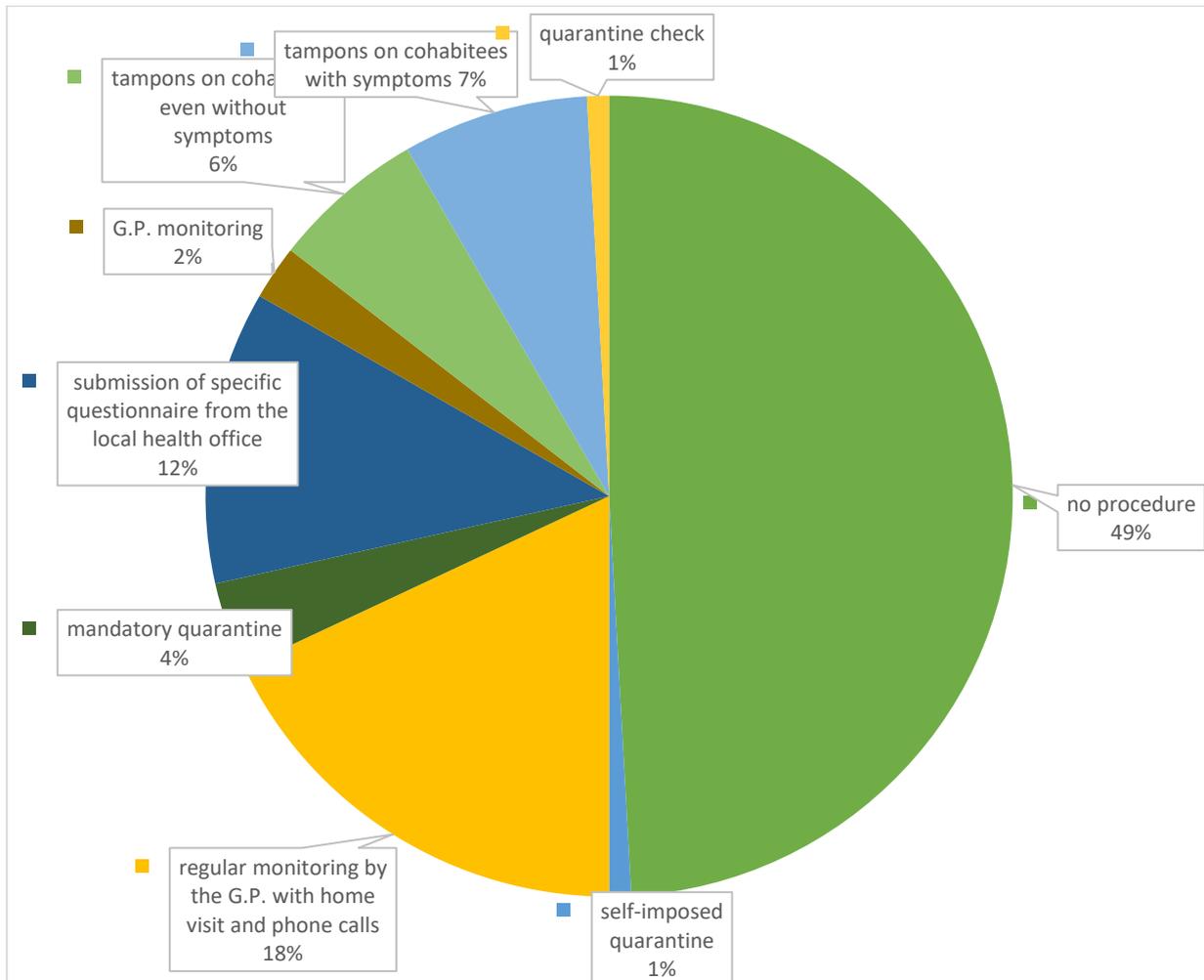


IMAGE 7. IF YOU HAVE CONTACTED THE GENERAL PRACTITIONER, WHAT ACTION HAS HE TAKEN?

The same percentage (49%) can be detected between those who had been in direct contact with a person affected by the disease; **only the 5% had follow a strict quarantine regimen** and, among these people, the 4% had been put in mandatory isolation **whilst the 1% had chosen a voluntary quarantine. Of those who had been put under mandatory quarantine, only 1% had been monitored to check compliance.** Tampons had been administered to 11% of the cases (6% regardless the presence of any symptoms, 7% only if any symptom had manifested.)

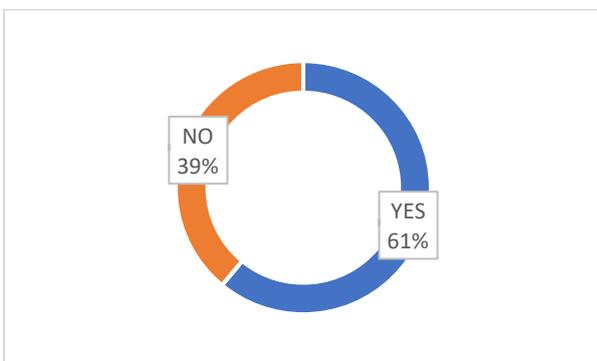


**IMAGE 8. WHAT PROCEDURES HAVE BEEN SET IN MOTION FOR COHABITEES OF COVID-19 PATIENTS OR SUBJECTS WHO HAVE COME INTO DIRECT OR INDIRECT CONTACT WITH COVID-19 PATIENTS?**

## HEALTHCARE SYSTEM CAPACITY DURING THE EMERGENCY

Among those who had booked a routine checkup or a specialist examination visit within healthcare facilities, 61% had chosen to cancel/postpone them. It’s important, though, to highlight the fact that **the healthcare facilities as well, had decided on their own to postpone visits and exams (in the 59% of cases)**. Regarding these data, it’s fundamental to ponder how to manage, in the next months, all the waiting lists, both for healthy subjects who had programmed specialist examinations or routine checkups, especially, for patients with chronic diseases.

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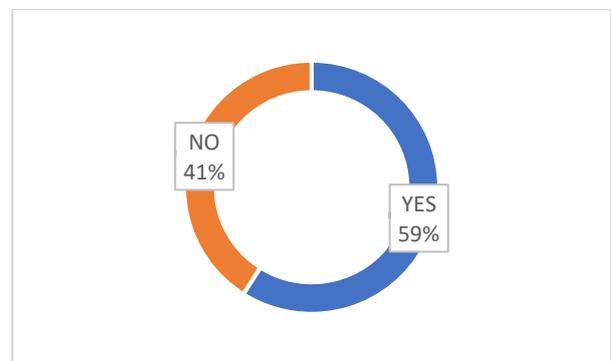


IMAGE 9. ROUTINE CHECKUPS WITHIN A MEDICAL FACILITY

95% of the respondents has declared that they would feel more secure if tampons were administered to every healthcare professionals working in all the facilities, from the ones exclusively dedicated to Covid-19 patients, to the “hybrid” premises (with open departments for other diseases, beyond the ones reserved to the contagion), to the so-called HUB facilities, which has been chosen as non-Covid units.

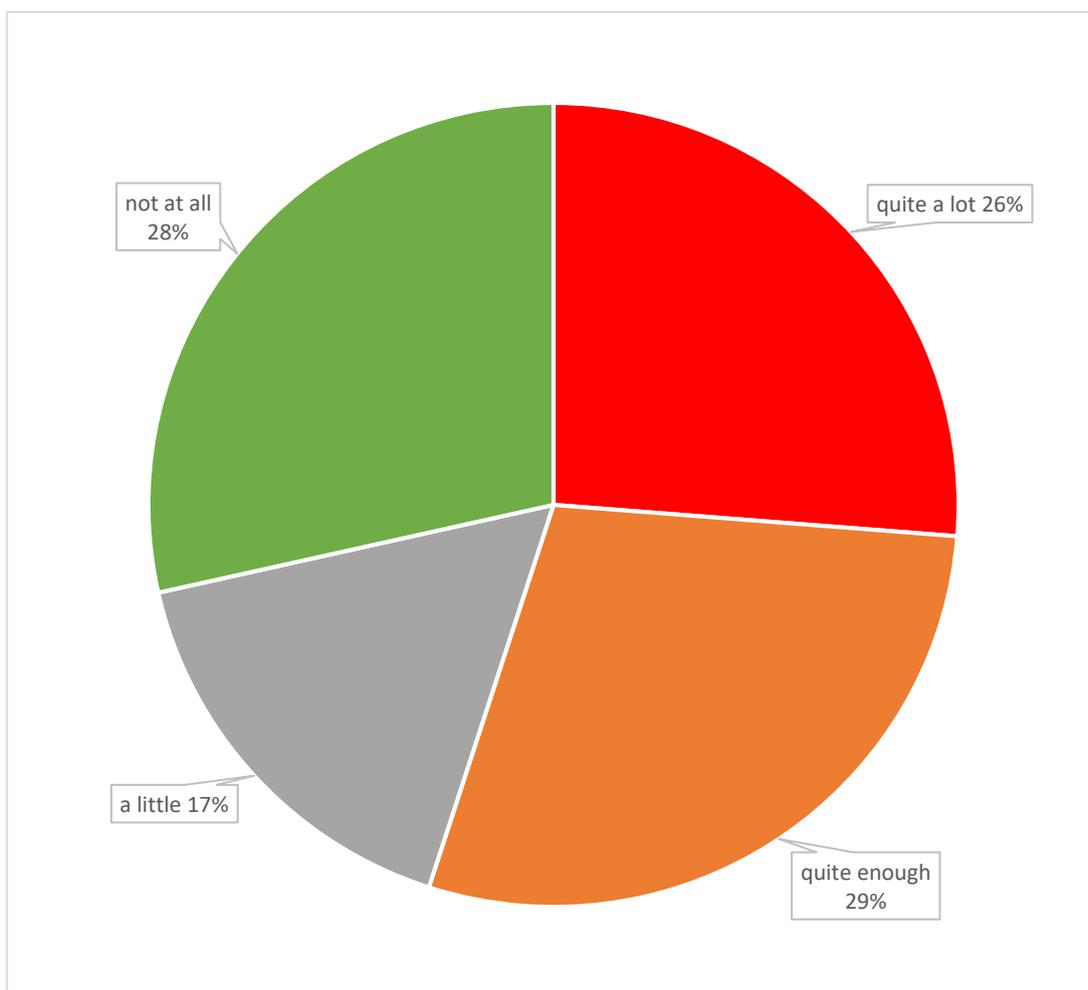
## HEALTHCARE SYSTEM’S PROVISION OF SERVICES FOR CHRONIC OR TEMPORARY DEBILITATING DISEASE DURING THE EMERGENCY

Among the chronic diseases our respondents had declared to suffer from, the most frequent ones pertain to the fields of rheumatology, oncology, hypertension, chronic respiratory problems,

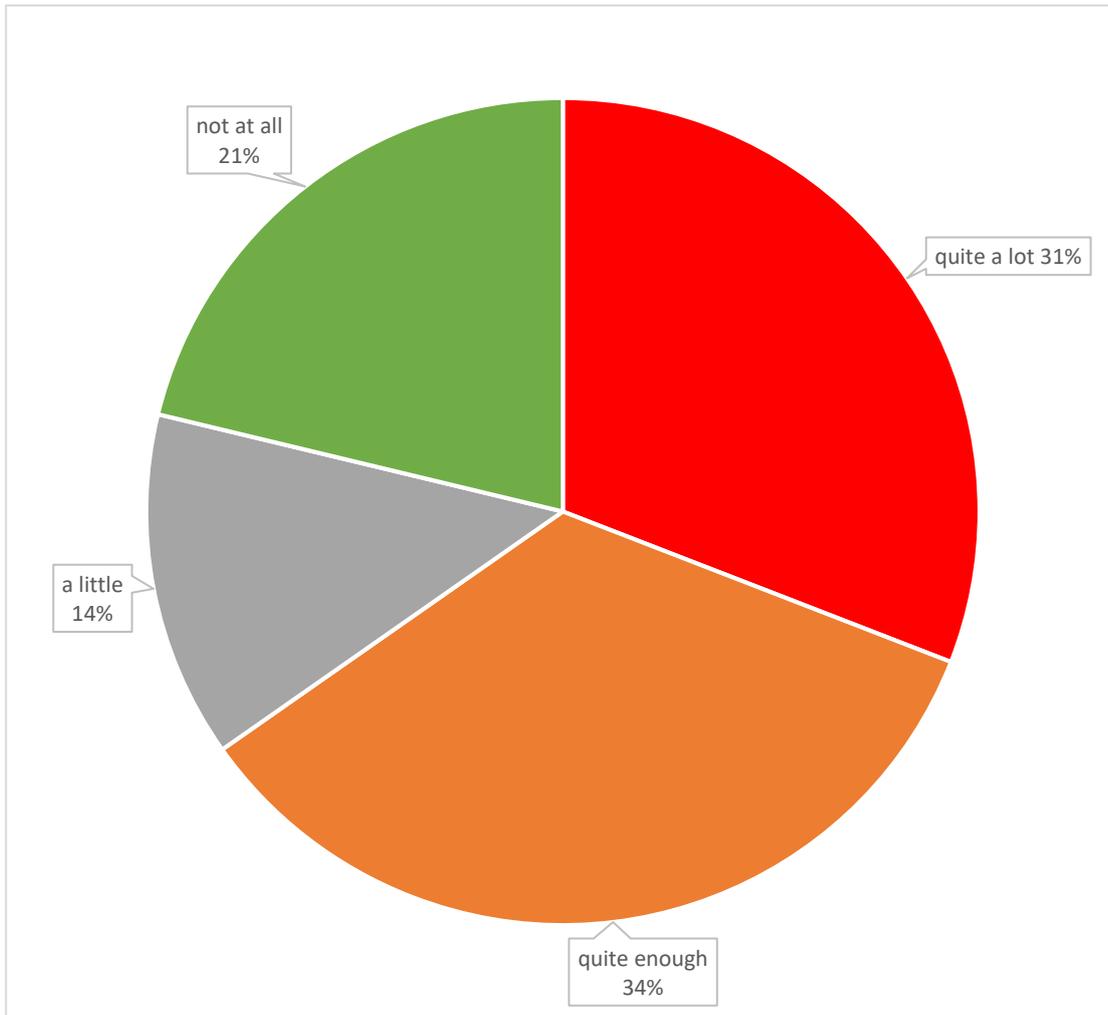
cardiology, infectious disease and diabetes. It should be noted that the **24% of the respondents presents situations of comorbidity.**

**55% of those who have chronic diseases, had claimed some difficulty in accessing routine checkups and exams (65% had experienced longer waiting times).**

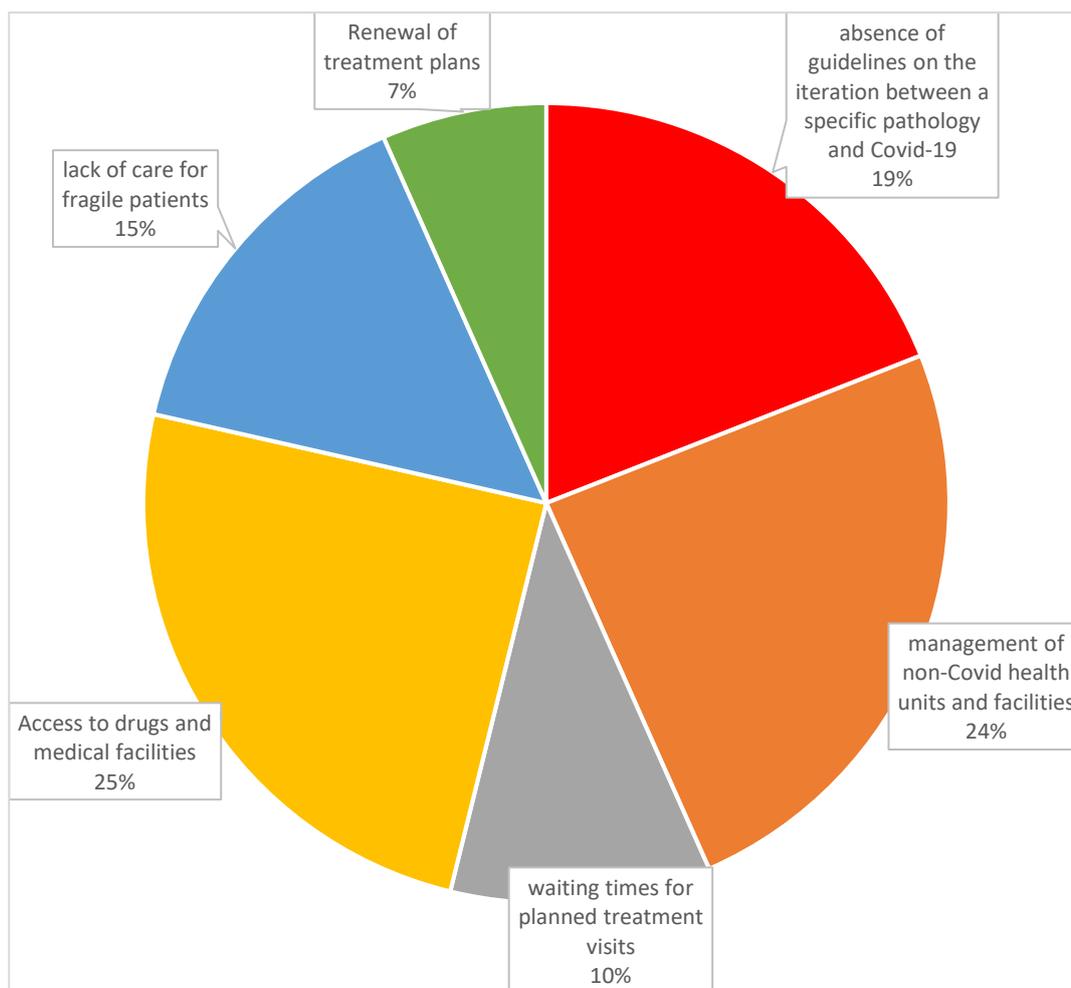
All things consider, chronic patients and those who's suffering from a temporary disease, maintained that they felt supported enough by the healthcare system, both regional and national (52%); chronic patients that had declared a mild dissatisfaction or a complete lack of trust, had also highlighted as main critical factors the access to drugs and medical devices, the management of non-Covid healthcare facilities and units, the absence of any guidance to the eventual iteration between Covid-19 and a specific disease, the lack of care for fragile patients, longer waiting times for scheduled visits and exams and the renewal of treatment plans.



**IMAGE 10. IF YOU HAVE A CHRONIC OR TEMPORARY DEBILITATING CONDITION, HAVE YOU EXPERIENCED ANY DIFFICULTIES ACCESSING SPECIALIZED MEDICAL VISIT DUE TO COVID-19?**



**IMAGE 11. IF YOU HAVE A CHRONIC OR TEMPORARY DEBILITATING CONDITION, DO YOU HAVE TO WAIT FOR ACCESSING HEALTH FACILITIES DUE TO COVID-19?**



**IMAGE 12. MAIN CRITICAL ISSUES IDENTIFIED FROM CHRONIC PATIENTS' POINT OF VIEW IN THE NATIONAL AND REGIONAL HEALTH SYSTEMS**

**It has been noticed, in the last period, that the storage of drugs administered to Covid-19 patients as *off-label* compassionate treatments, is producing a significant drop in supplies for all those patients with rheumatic conditions or HIV positive to whom these drugs are specifically designed.**

## COMMUNICATION AND INFORMATION

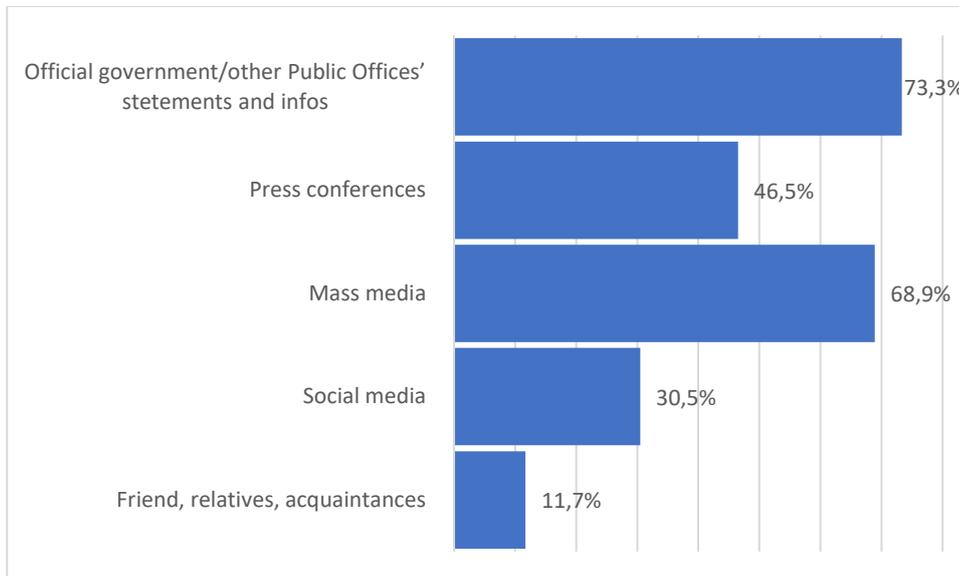


IMAGE 13. MAIN SOURCES OF INFORMATION

**Official statements (73,3%), mass media (68,9%) and press conferences (46,5%) represent the main sources of information due to two factors: on one hand, the planning of all regional and national official statements during fixed time slots, on the other, the hardening terms of the quarantine regimen that, prompting people to stay at home, have increased the viewing of the national TV channels.**

Social media is still the main source of information used by people between the ages of 18 and 30.

Even if the majority of our respondents considers reasonably acceptable the quality of communication, **45% regards the methods of conveying information poorly or totally incorrect, and 42% of the interviewees considers the news very vague or even contradictory.** It is clear how there's a lack of training, especially at the institutional level, in managing the so-called **communication of uncertainty**, one of the main focuses emphasized by OMS in its documents on *readiness and response* in case of a health crisis. Sharing with citizens the impossible task of providing definite data at these stage of the emergency, allows whoever is giving information to the public to maintain a reasonable margin of error always fixable in time; if uncertainty and statements, eventually proven to be wrong, are not recognized publicly, people would feel distress and mistrust.

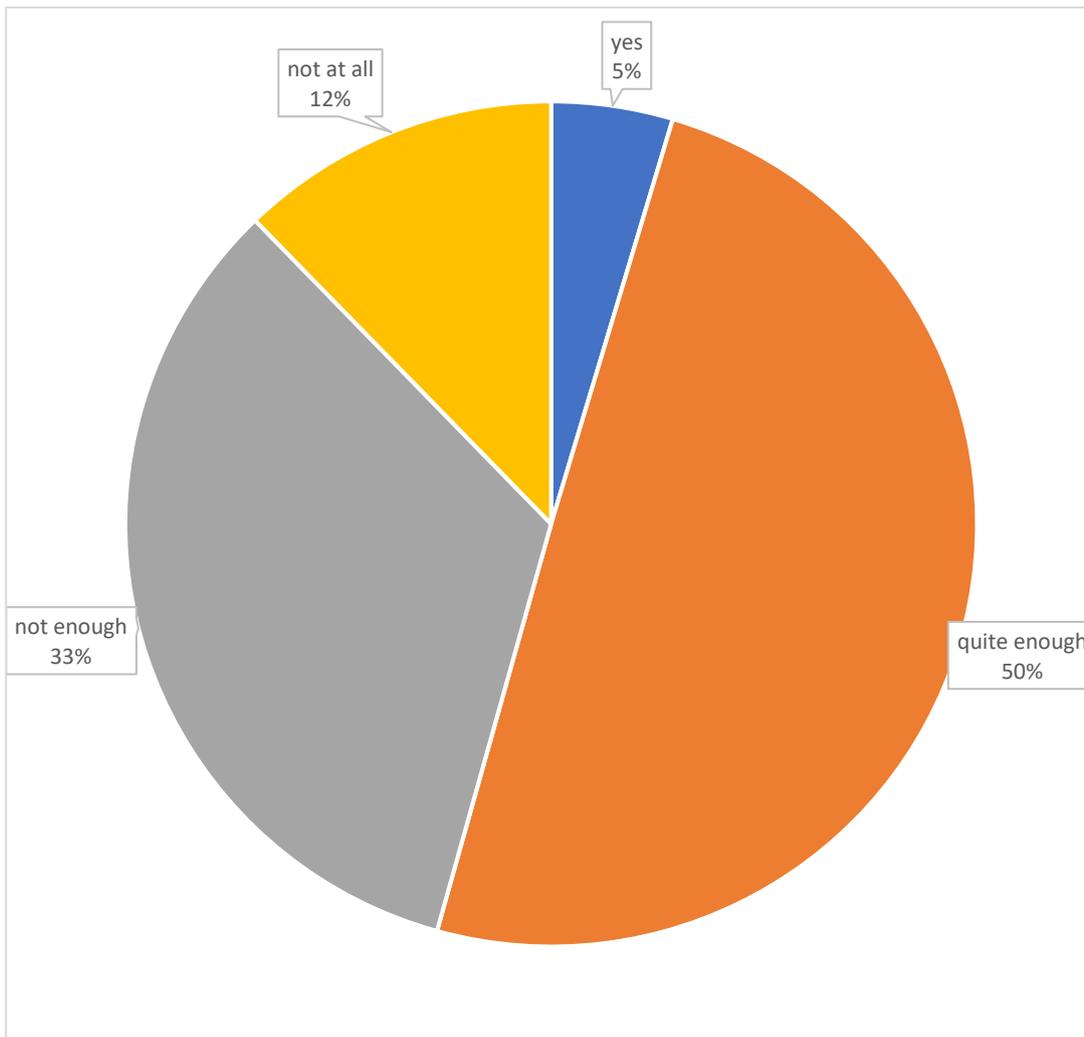


IMAGE 14. ARE INFORMATION CONVEYED CORRECTLY?