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## WP 7 – COMMUNICATION T7.8: Liaison with the Comenius Programme

ASSET Project • Grant Agreement N°612236

# ASSET

Action plan on SiS related issues in Epidemics and Total Pandemics

7<sup>th</sup> RTD framework programme  
Theme: [SiS.2013.1.2-1 Sis.2013.1.2-1]

Responsible partner: **European Institute of Women's Health**

Contributing partners: **Istituto Superiore di Sanità**

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ASSET Action plan on Science in Society related issues in Epidemics and Total pandemics



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## Table of Contents

<b>1. Introduction – Liaison with the Comenius Programme</b> .....	<b>4</b>
<b>2. Background</b> .....	<b>5</b>
2.1 Methodology .....	6
2.2 Questionnaire .....	7
<b>3. Results</b> .....	<b>8</b>
3.1 Demographics .....	8
3.2 Open Discussion .....	9
3.3 Questionnaire Section 1 – Pandemics and Epidemics .....	10
3.4 Questionnaire Section 2: Communication and Information .....	15
<b>4. Discussion</b> .....	<b>24</b>
<b>5. Conclusion</b> .....	<b>26</b>
<b>6. Bibliography</b> .....	<b>27</b>
<b>7. Appendix A</b> .....	<b>28</b>



## 1. Introduction – Liaison with the Comenius Programme

In WP7 (Communications) in the ASSET Description of Work, the EIWH were task leader for T7.8, with ISS as contributors. The task was as follows:

*Information about ASSET will be disseminated to youth people in primary and secondary schools through the Comenius Programme. Comenius is part of the EU's Lifelong Learning Programme, it aims to help young people and educational staff better understand the range of European cultures, languages and values. We will contact Multilateral Project consortia awarded with 2011, 2012 and 2013 grants under the priority "Support to making science education more attractive" and we will invite them to design together targeted dissemination initiatives in schools. T7.8 leader will be in charge to liaise with Comenius, to plan and coordinate efforts with other ASSET partners, and to report results to the whole consortium.*

Initially, we encountered difficulties in identifying schools connected to the Comenius programme. The DOW outlines this task as collaborating with schools which were awarded a Comenius grant as a multilateral consortium under the heading "Support to make science more attractive" in 2011, 2012 and 2013. We identified a number of these projects, however the grant recipients have all been universities, rather than schools, who have used the grant to apply their project to schools in their countries. We contacted the only English-speaking country that was awarded a grant, Scotland, where the University of the West of Scotland were the grant recipients. They unfortunately did not conduct any of their work in schools in Scotland, but rather in schools across Europe.

We identified a project in Greece that would be suitable, and our ASSET partner Prolepsis kindly agreed to help us and tried to track down the project to see what schools were involved. Unfortunately, since the DOW specifies that the projects must have been awarded the grant between 2011-2013, the project group was no longer in operation and Prolepsis, despite spending a great deal of time and effort helping us, eventually reached a dead end.



Due to the significant problems we had identifying Comenius schools, it was decided together with the ASSET partners that we would instead contact schools that were awarded the Erasmus Plus grant. Erasmus Plus is the new programme that replaced the Comenius programme – it commenced in January 2014, and combines all the EU’s current schemes for education, training, youth and sport.

We have identified six schools in Ireland that were awarded the Erasmus Plus grant. We contacted all schools via telephone at the start of the school year, and got a positive response, with all schools expressing interest and enthusiasm for the project, and were happy to work with us.

However, there was a delay in the collaboration as the main secondary school teacher’s union in Ireland called a number of strike days during the first term of the school year 2016/2017. The teachers are striking for a reform to their contracts, which during austerity saw newly qualified teachers getting a different contract with less protection and significantly lower starting wages, as well as against a proposed change to the curriculum in the Junior Certificate.

When the teacher’s strike was eventually over, we were able to reengage with the schools and held sessions with students in Tallaght Community School, the results of which are described in this report.

## 2. Background

Tallaght Community School is a co-educational secondary school in the suburb of Tallaght, south Dublin. The students we worked with were in Transition Year (TY), which is a year in



which students (generally aged 15-16) are assessed, and not examined. The purpose of the TY is to assist in the transition from the school environment by encouraging creativity and responsibility. Students typically receive education in the usual subjects but also participate in work experience, internships, non-academic studies, volunteering, and so on. The idea is that students will encounter subjects and training outside the school environment, get a more practical grounding in various subjects, and try different things before they decide what subjects to study for the two-year Leaving Certificate cycle, which is the final secondary school examination in the Irish school system.

## 2.1 Methodology

Understanding and promoting health literacy among adolescents is important for a myriad of reasons, such as helping the adolescents develop lifelong health behaviours and habits, and enabling them to successfully avoid poor health outcomes with the help of their health literacy (Ghaddar et al 2012). Adolescents often present unique challenges and opportunities in healthcare, as they begin their transition from parent-managed healthcare to personal responsibility for their health behaviours (Srof and Velsor-Griedrich 2006), and indeed the development of their opinions and thoughts around issues.

Schools in particular offer a distinctive opportunity to reach out to children and teenagers, and the participation of adolescents is particularly useful when it comes to translating information into practical actions: for example, the perception that teenagers are more likely to seek information from the internet and social media (Bhat-Schelberta et al 2012, Michaud 2003). Also, a greater understanding of the determinants of health-seeking behaviour, as opposed to focusing solely on health-compromising behaviour like smoking, can help develop interventions that target both health-enhancing and compromising behaviour (Wiefferink et al 2006).

With this information in mind, we sought to develop a dissemination session that would capture the adolescents' attention and interest, but also help us understand what their



baseline knowledge was and how they engage with such health-related issues. In discussion with the school principal and the TY coordinator, we together developed a presentation and a questionnaire for the students to fill out. Together with the TY coordinator, we made sure that both the presentation and the questionnaire used terminology that the students would be familiar with, and had been exposed to previously.

The presentation was centred around the issue of pandemics and epidemics – what is it, what causes them, what is the biological mechanisms behind infectious diseases. We then followed up with examples of this, beginning with the Spanish flu, smallpox, polio and cholera to give them an idea of the many different types of pandemics that have existed within history.

We chose Spanish flu as it showed the devastation influenza can cause, and the smallpox and polio as examples of how infectious diseases can be fought using vaccination. Cholera was then discussed using the story of the Broad Street Pump outbreak in Soho in London, where the efforts of Dr John Snow not only ended the outbreak but also was the founding event of the study of epidemiology. By engaging the students in Dr Snow's almost detective-like work in finding the source of the outbreak, it allowed them to participate in the presentation while also explaining in a very practical way what epidemiology is.

We then moved on to more recent epidemics: Zika, SARS, Ebola, and H1N1. Following this, we considered how an illness such as flu spreads in the community, and discussed ways that it might be prevented. We then asked the students what, in their opinion, would be the best way to communicate all this information, specifically pandemic preparedness and prevention of infectious diseases, to teenagers such as them. After this open discussion, they were asked to fill out a questionnaire.

## 2.2 Questionnaire

The questionnaire opened with asking the students how familiar they are with epidemics/pandemics in general, and a number of specific diseases. Also, there were



questions on information they thought was important to know, and how they could protect themselves from infectious diseases.

The second part of the questionnaire was concerned mainly with how the students get information on health-related issues, how they communicate, what communication channels they trust and why, and what the best communication channels are and which ones they would prefer authorities to use.

The results of the questionnaire were analysed using SPSS. Descriptive statistical tests were run on the nominal, scale and ordinal questions, and the Friedman test was used to establish the results of the ranking questions. The Friedman test was chosen as the dependent variable was an ordinal variable (the ranking system) and the samples did not need to be normally distributed.

## 3. Results

### 3.1 Demographics

#### 3.1.1 Gender

Of a total of 36 students, 44% (n=16) were female, 53% (n=19) were male, and 1% (n=1) identified as other.

The space to write in gender was left blank on purpose, so students could fill in their preferred gender rather than using the traditional binary gender classification of ticking the



male or female box. This was not mentioned in the sessions, however one student chose to write simply “other” rather than male or female.

Table 1 - Gender

Gender			
	Frequency	Number	Valid percent
Valid	Female	16	44.4
	Male	19	52.8
	Other	1	2.8
	Total	36	100.0

### 3.1.2 Age

Of a total of 36 students, a majority were 16 years (n=27); 8 students were 15 years old, and 1 student was 17 years old.

Table 2 - Age

Age			
	Frequency	Number	Valid Percent
Valid	15.00	8	22.2
	16.00	27	75.0
	17.00	1	2.8
	Total	36	100.0

## 3.2 Open Discussion

The open discussion was led by the EIWH researchers and the T/Y coordinator. We asked the students questions along the lines of “how relevant do you feel health-related news is to you?”, “in what way to you communicate?”, “how do you keep up with what’s happening in the world?”, “what would you suggest as means of reaching your age group to someone who was trying to get an important message out?”, and so on.



An overwhelming number of students used primarily social media to communicate, not only with their friends but also to engage with news and current events. However, the students' version of current events was different from what 'current events' would generally imply – for them, current events were more concerned with music, sports, and celebrities. When asked, not one student said they read the newspaper (online or in print format) – at the most, they would hear the news in the car while being driven to school/other activities, or would overhear it if their parents had the TV on at home. Interestingly, the data from the questionnaire below will show that students do engage with news to a certain extent -- while this was not mirrored in the open discussion, it may be explained by the fact that not all students spoke.

In terms of pandemics, they said that they would pay attention depending on the gravity of the situation – if it was relevant to them, they might be more likely to listen. Nevertheless, the delivery of a message important to them would still have to be tailored to catch their attention.

In the discussion, a number of students said they would not access governmental web pages, but rather that if they saw something in their news feed that caught their eye, they would click on it. Also, they said that ads on google were effective, and especially YouTube, as you have to sit through a certain time of an ad before YouTube allows you to move on to the next video. They said that if an important message regarding a pandemic was to be targeted to them, a doctor delivering it would just be “another person talking” – what was important was that they recognised the person talking. As an example, they said that if a footballer, or a musician like Ed Sheeran was to deliver a message on behalf of a government organisation/health promotion, they would be more likely to listen, otherwise they would just skip through it.

### 3.3 Questionnaire Section 1 – Pandemics and Epidemics



Q1. Are you familiar with the issue of epidemics/pandemics?

- Yes, very
- Yes, a little
- Not a lot
- Not at all

As can be seen from the table below, none of the students considered that they were very familiar with the issue of epidemics/pandemics prior to our visit. 39% (n=14) said they were a little bit familiar with epidemics/pandemics, however the majority, 61%, were either not a lot or not at all familiar with the issue (39% (n=14) and 22% (n=8) respectively).

Table 3 - Are you familiar with the issue of pandemics and epidemics?

Are you familiar with the issue of epidemics pandemics?			
	Frequency	Number	Valid Percent
Valid	Yes a little	14	38.9
	Not a lot	14	38.9
	Not at all	8	22.2
	Total	36	100.0

Q2. How much do you know about the following epidemics?

a. Zika

- A lot       A little       Not a lot       Nothing

b. Swine flu

- A lot       A little       Not a lot       Nothing

c. Ebola

- A lot       A little       Not a lot       Nothing

d. Influenza

- A lot       A little       Not a lot       Nothing



This question was designed to get an idea of what the students level of awareness was regarding different epidemics and infectious disease. Perhaps not surprisingly, considering its recent outbreak in West Africa, Ebola was the epidemic the students were most familiar with. Nobody said they knew nothing about it, while 36% (n=13) said they knew a lot, 61% (n=22) knew a little, and only one student said they did not know a lot.

Swine flu was also familiar to the students – the majority, 79% (n=28) knew a little about it, and 11% (n=4) knew a lot. Only one student said they knew nothing, and 8% (n=3) said they did not know a lot.

The students were also aware of Zika, however the “not a lot” and “nothing” options won out, with 17 students saying they knew nothing about Zika, and 5 did not know a lot. 13 students said they knew a little, and only one said they knew a lot about the Zika virus. Considering the recent and ongoing outbreak in South and Central America and the high visibility of Zika during the Olympic Games in 2016, it is a bit surprising that the students were not more aware of it.

In terms of influenza, students obviously knew about it as a disease, but, perhaps worryingly were very unfamiliar with it as an epidemic. 36% (n=13) knew nothing about influenza as an epidemic, and 19% (n=7) did not know a lot. 25% (n=9) knew a little, and 19% (n=7) knew a lot.

*Table 4 - How much do you know about the following epidemics?*

How much do you know about...					
	A lot	A little	Not a lot	Nothing	Total N
Zika (percent)	2.8% (n=1)	36.1% (n=13)	13.9% (n=5)	47.2% (n=17)	36
Swine Flu (percent)	11.1% (n=4)	77.8% (n=28)	8.3% (n=3)	2.8% (n=1)	36
Ebola	36.1	61.1%	2.8%	n=0	36



	(n=13)	(22)	(n=1)		
Influenza	19.4%	25%	19.4%	36.1%	36
	(n=7)	(n=9)	(n=7)	(n=13)	

*Q3. What is the most important information about a pandemic that you need from the public health authorities? Rank from 1 to 5, with 1 being the most important*

- What to do/not to do*
- Routes of transmission*
- At-risk population*
- Number of cases and deaths*
- Where it is possible to take medicine*

Here, the students felt that the most important information they could receive during a pandemic was what to do/what not to do, followed by the routes of transmission. Where it is possible to take medicine was the third most important issue, followed closely by what population was at risk. The least important information according to the students were the number of cases and deaths from the pandemic. Results can be viewed below, with the variable with the lowest mean rank being considered the most important.

*Table 5 - Results of ranking - What is the most important information about a pandemic that you need from the public health authorities?*

<b>Ranks</b>	
	Mean Rank
What to do/not to do	1.21
Routes of transmission	2.89
At-risk population	3.57
Number of cases and deaths	4.24
Where it is possible to take medicine	3.10

*Table 6 - Descriptive statistics - What is the most important information about a pandemic that you need from the public health authorities?*

Descriptive Statistics						
						Percentiles
	N	Mean	Std. Deviation	Minimum	Maximum	50th (Median)
What to do/not to do	36	1.1667	.37796	1.00	2.00	1.0000
Routes of transmission	36	2.8333	1.18322	1.00	5.00	3.0000
At-risk population	36	3.5278	1.10805	1.00	5.00	4.0000
Number of cases and deaths	36	4.1944	1.11661	1.00	5.00	5.0000
Where it is possible to take medicine	36	3.0556	1.09400	1.00	5.00	3.0000

*Q4. What can you do to prevent spread of for example influenza during a pandemic?*

For this open-ended question, the students offered up what they could do to stop the spread of an infection, and how they would go about it. Most students put a few suggestions down, with handwashing being the most common way they believed they could stop the spread of an infectious disease. The student's suggestions are ranked by the most number of times each suggestion appeared in the table below.

*Table 7 - What can you do to prevent spread of for example influenza during a pandemic?*

Rank	What can you do to prevent spread of for example influenza during a pandemic	Number of students
1	Wash hands/wash hands before eating/after using toilet/after coughing or blowing nose	17
2	Be hygienic	13
3	Stay at home	10
4	Stay away from other targets e.g. teenagers	4
5	Cover mouth and nose after sneezing and throw tissue away after	3
6	Take medicine	3
7	Awareness	2
8	Stay hydrated	2
9	Stay healthy	2
10	Don't share personal items	2
11	Change toothbrush often	1
12	Make sure drinking water isn't contaminated	1



### 3.4 Questionnaire Section 2: Communication and Information

*Q5. How do you get information about health-related issues/epidemics and pandemics? (for example: online, in school, TV, a family member, etc.)*

For this question, the most popular answer was the Internet, closely followed by social media – students had either written social media, or elaborated into the specific social media, for example Facebook or Snapchat. The main source of information for the students about health-related issues/epidemics and pandemics is undoubtedly through ‘new’ modes of communication; more ‘traditional’ forms of media (with the exception of TV) came low down on the list, for example only three students wrote down radio, and only one mentioned newspapers. Eight students wrote that they get their information from the news, without stating what type of news and where it came from. As would be expected from teenage children, family and school was also a main source of information.

It is worth noting that when the students spoke about radio in our discussion session, they spoke mainly about commercial music radio which breaks every hour for a two-minute news bulletins, rather than talk radio/state radio.

*Table 8 - How do you get information about health-related issues/epidemics and pandemics?*

Rank	How do you get information about health-related issues/epidemics and pandemics?	Number of students
1	Internet (including Google):	23
2	Social media (including Facebook, Snapchat, YouTube, Instagram)	21
3	TV	11
4	School/teachers	11
5	Family	11
6	News [non-specified source]	8
7	Radio	3
8	Friends	3



9	Official information	2
10	Newspapers	1
11	Doctors/hospitals	1
12	Word of mouth	1

*Q6. Who do you trust the most for information about epidemics/pandemics and vaccines?*

*Rank from 1 to end, with 1 being the most important.*

- Government sources*
- Healthcare professionals*
- Word of mouth*
- Religious leaders*
- Celebrities*
- Friends/family*
- Teacher*
- Print media*
- Television/radio*
- Social media*

This question presented an array of options for the students to choose who they chose the most for information about epidemics/pandemics and vaccination. The

results can be seen in the table below, with one being who the students would trust the most, and 10 the least.

*Table 9 - Who do you trust the most for information about epidemics/pandemics and vaccines?*

<b>Rank</b>	<b>Who do you trust the most for information about epidemics/pandemics and vaccines?</b>
1	Healthcare professionals
2	Government sources
3	Television/radio
4	Friends/family
5	Social media



6	Print media
7	Teacher
8	Word of mouth
9	Celebrities
10	Religious leaders

Table 10 – Results of ranking - Who do you trust the most for information about epidemics/pandemics and vaccines?

Ranks	
	Mean Rank
Government sources	3.51
Healthcare professionals	1.30
Word of mouth	7.56
Religious leaders	8.63
Celebrities	8.09
Friends/family	4.81
Teacher	5.99
Print media	5.90
Television/radio	4.31
Social media	4.90

Table 11 - Descriptive statistics - Who do you trust the most for information about epidemics/pandemics and vaccines?

Descriptive Statistics						
	N	Mean	Std. Deviation	Minimum	Maximum	Percentiles 50th (Median)
Government sources						2.0000
Healthcare professionals						1.0000
Word of mouth	35	17.7429	29.67604	2.00	99.00	8.0000
Religious leaders	35	16.2571	25.74461	4.00	99.00	9.0000
Celebrities	35	15.7143	25.96216	2.00	99.00	9.0000
Friends/family	35	7.3429	16.10616	1.00	99.00	5.0000
Teacher	35	8.4857	15.85851	2.00	99.00	6.0000
Print media	35	10.9429	22.11327	2.00	99.00	6.0000
Television/radio	35	4.2000	1.79542	2.00	10.00	3.0000
Social media	35	7.4286	16.04091	2.00	99.00	5.0000



*Q7. When you are ill, who do you consult first? Rank from 1 to end, with 1 being the most important.*

- Internet*
- Relatives*
- My general practitioner*
- School services*
- Other (please describe):*

Here, the students consulted relatives first when they were ill, followed by their GP and then the internet. The school was their last port of call if they were ill.

*Table 12 - Results of ranking - When you are ill, who do you consult first?*

Ranks	
	Mean Rank
Internet	3.06
Relatives	1.47
GP	2.19
School services	3.28

*Table 13 - Descriptive statistics - When you are ill, who do you consult first?*

Descriptive Statistics						
						Percentiles
	N	Mean	Std. Deviation	Minimum	Maximum	50th (Median)
Internet	36	5.7222	16.03320	1.00	99.00	4.0000
Relatives	36	1.4722	.60880	1.00	3.00	1.0000
GP	36	4.8611	16.15842	1.00	99.00	2.0000
School services	36	8.5833	22.25229	1.00	99.00	3.0000

*Q8. What communication channels do you use the most?*

Here, the extent to which the students use the internet and social media to communicate is clear. The first four categories, totalling 48, are all internet-based – the first three are all



social media communication tools. Only one student mentioned a newspaper, and even then, it was the newspaper's website that was accessed.

*Table 14 - What communication channels do you use the most?*

Rank	What communication channels do you use the most?	Number of students
1	Facebook	16
2	Social media	13
3	Snapchat	10
4	Internet	9
5	Radio	6
6	Instagram	5
7	News	5
8	Word of mouth	4
9	Specific news channels [RTE 1, TV3, 98FM, Spin 103]	3
10	TV	3
11	Mobile phone	2
12	Google	1
13	Messenger	1
14	YouTube [specific YouTube blogger]	1
15	School	1
16	Local newspaper website	1

*Q9. What communication channels do you trust?*

In terms of trust, the Internet and social media were not as popular, indicating that the students knew not to trust everything they see online. However, they still figured quite high, and many students again did not specify what they quantified as “news” – was it the main broadsheet papers online, or was it news stories that would pop up on their Facebook feed?

*Table 15 - What communication channels do you trust?*

Rank	What communication channels do you trust?	Number of students
1	News	7
2	Radio	6



3	Internet	5
4	Doctor/government	3
4	Facebook	3
4	Google	3
4	TV	3
5	Word of mouth	2
5	Mobile phone	2
5	RTE One	2
6	Non-tabloid newspapers	1
6	Sky News	1
6	Snapchat	1
6	Instagram	1
6	Healthcare speakers	1
6	Social media	1
6	Newspapers online	1
6	Government site	1
6	Health professional site	1
6	YouTube [specific YouTube blogger]	1
6	Local newspaper website	1
6	School	1
6	I don't trust any media	1

*Q10. Thinking about the communication channel you trust the most, why do you trust it and how do you know you can trust it?*

Here, the answers were as varied as the number of students -- the full list of responses can be viewed in Appendix A. we have chosen a few responses illustrating the views the students held regarding the trustworthiness of communication channels:

“I can trust the internet because it contains different opinions of different specialists so it is possible to make up your own mind what is most trustable to you”  
Female, age 16.

“Snapchat – when you take a picture it appears for 10 seconds and it is gone forever”  
Male, age 15.

“Because it [Google] is a private company”  
Male, age 16.



“The news, because they get it off primary sources and I would believe it better”  
Male, age 16.

“It’s not about trusting the communication channel, it is about who is putting the information on it. E.g. would trust certain publishers on Facebook over others”

“Can’t trust anything online, anyone can post their own opinion or anything at all”  
Male, age 16.

“Legitimate information from professionals”  
Male, age 16.

“Radio station because it is the latest news being broadcast to almost an entire population”  
Female, age 16.

“Health care speakers will not lie”  
Male, age 16.

*Q11. What social media platforms do you use the most?*

Here, Facebook was the clear winner, closely followed by Snapchat and Instagram. Perhaps surprisingly, only two students used Twitter.

*Table 16 - What social media platforms do you use the most?*

Rank	What social media platforms do you use the most?	Number of students
1	Facebook	28
2	Snapchat	26
3	Instagram	21
4	YouTube	5
5	Twitter	2



*Q12. During a pandemic or epidemic outbreak, what kind of communication channels would you prefer public authorities to use? Rank from 1 to end, with 1 being the most important.*

- Radio
- Social media
- State media
- Television
- Official state web pages
- None of the above

In terms of their preferred communication channels, the students rated them as follows:

1. Social media
2. Radio
3. State media
4. Television
5. Official state web pages

*Table 17 - Result of ranking - During a pandemic or epidemic outbreak, what kind of communication channels would you prefer public authorities to use?*

Ranks	
	Mean Rank
Radio	2.81
Social media	2.61
State media	3.28
Television	2.83
Official state web pages	3.47
None of the above	6.00

*Q14. What is the best way to provide information in times of pandemics/epidemics? Rank from 1 to end, with 1 being the most important.*

- Clear one-way communication from public health authorities
- Dialogue through general practitioner



- Dialogue through other platforms such as social media*
- Other (please describe):*

The students considered the following to be the best way to provide information in times of pandemics/epidemics:

1. Clear one-way communication from public health authorities
2. Dialogue through general practitioner
3. Dialogue through other platforms such as social media

This does not tally with the students preferred communication channels in question 12, which was social media – however, in the discussion students stated that they’d pay attention to public health authorities if they knew “something was going on” – the challenge here in terms of pandemic preparedness and communication would be to ensure that they knew when “something was going on”.

Table 18 - Result of ranking - What is the best way to provide information in times of pandemics/epidemics?

Ranks	
	Mean Rank
Clear one-way communication from authorities	1.53
Dialogue through GP	2.06
Dialogue through other platforms e.g. social media	2.42

Table 19 - Descriptive statistics - What is the best way to provide information in times of pandemics/epidemics?

Descriptive Statistics						
	N	Mean	Std. Deviation	Minimum	Maximum	Percentiles 50th (Median)
Clear one-way communication from authorities	36	1.5278	.60880	1.00	3.00	1.0000
Dialogue through GP	36	2.0556	.75383	1.00	3.00	2.0000



Dialogue through other platforms e.g. social media	36	2.4167	.84092	1.00	3.00	3.0000
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## 4. Discussion

In terms of their knowledge of infectious diseases, pandemics and epidemics, the students presented a mixed picture. They were overall fairly familiar with epidemics/pandemics, especially more recent ones (especially Ebola). However, the fact that influenza was the disease they knew least about may indicate that for these students, a pandemic/epidemic is something on a large scale with catastrophic outcomes, or something that happened in the past – a ‘simple’ illness like the flu was not something they know of as a pandemic or epidemic.

The students were aware of everyday aspects of pandemic preparedness. They had many suggestions about how to keep healthy during a pandemic, chiefly to wash your hands, maintain good hygiene and stay informed. Also, when asked what was the most important thing to know during a pandemic/epidemic, the student’s first choice was what to do,



followed by routes of transmission. This shows that they were interested in the practical ways in which their behaviour could prevent infection, rather than for example the number of cases and deaths, which was chosen as the least important thing to know.

An overwhelming number of students stated that their chief mode of communication was social media and the internet. It was the communication channel they used the most, the one they would prefer public health authorities to use during a pandemic/epidemic, and the one they would use to get information regarding pandemics and epidemics. In terms of the type of social media used, Facebook was the most popular one, followed closely by Snapchat. Interestingly, only 2 students said they use Twitter the most.

Despite their reliance on social media and the Internet for essentially every aspect of their communications and (sometimes accidental) news consumption, the students nevertheless seemed to recognise that these channels are not always trustworthy. They stated that “the news” was the communication channel they trusted the most, followed by radio and the Internet coming in on third place. This particular question threw up a wide array of answers, showing that trust in a communication channel is more complex than it might seem at first for this age group.

Following their patterns of communication, the students said they would prefer the government to use social media as their main communication channel during a pandemic. Yet, they chose “clear one-way communication from public health authorities” as the best way to provide information during a pandemic/epidemic, and dialogue through platforms such as social media as the third and final option. This may be indicative of the fact that despite the students relying on social media for all forms of communication, they still want clear, non-equivocal information when a serious public health situation occurs. The ‘one-way’ nature of the communication from public health authorities is preferable to a dialogue, even if this dialogue were to be held on social media.



## 5. Conclusion

The students of Tallaght Community School engaged fully with this dissemination activity, and had plenty of opinions, questions and ideas. The method of first introducing the issue through an interactive presentation engaging the students with the topic, followed by an open discussion and then a questionnaire worked very well. It was an excellent opportunity to learn more about their knowledge of the topic, and to engage with this age group at a stage in their education where they are beginning to learn more in-depth about topics which they may go on to study at a higher level.

The insight they provided into their channels of communication and how they interact with information was absorbing and perceptive, and laid bare some of the challenges any public health body will face in engaging with this age group. This is a generation that has come of age with the internet and social media as a normal and central part of their lives, and this drastic change in how information is consumed, processed and trusted is imperative in order to understand how to communicate with them. Reaching this age group in a pandemic/epidemic will most likely prove challenging without the right preparation and understanding of how they consume information – however, while only presenting a snapshot, the activities of T7.8 has heled us to at least get an insight into these challenges, and how they can be overcome.



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## 7. Appendix A

*Q10. Thinking about the communication channel you trust the most, why do you trust it and how do you know you can trust it?*

“The news because they are good at providing info”

“Because if someone jokes about a serious illness that’s horrible/disgusting” [word of mouth]

“Healthcare speakers will not lie”

“There could be good sources on it”

“Can’t trust anything online, anyone can post their own opinion or anything at all”

“They are usually backed up by someone who knows what they are talking about and is qualified”

“Because it isn’t a tabloid”

“I trust it because it is live and even though it’s scripted anything can happen” [radio]

“It has professional’s advice who specialise in the area you are looking for”

“Because it [Google] is a private company”



“Snapchat – when you take a picture it appears for 10 seconds and it is gone forever”

“I can trust the internet because it contains different opinions of different specialists so it is possible to make up your own mind what is most trustable to you”

“Radio stations because it is the latest news being broadcast to almost an entire population”

“Because professionals go on TV”

“Because they wouldn’t lie about it if it is serious”

“I trust no communication channels, they lie a lot on Facebook and snapchat expect FM104 radio, if they say something it would be serious. On FM104 they have two people JimJlm and Nobby, I’d listen to them”

“The news because they get it off a primary source and I would believe it better”

“To talk about it you seem to know information about it, so just take it that it’s right, as they can talk about it so they’re right”

“I only trust the radio if it was a specialist about the specific topic”

“It’s a newspaper online, I just think it is reliable” [local paper]

“Legitimate information from professionals”

“They tell facts”

“Doctors because they can provide the most information about the illness and give you medication to help get rid of/prevent getting it”



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‘Because government/official site don’t lie’

“I trust it [RTE] because it is based around Ireland” [x2]

“They look into their information and would not give false information”

“Because [YouTube, a specific channel] tutorials are excellent”

“News only tells you what they want you to know”

“It’s not about trusting the communication channel, it is about who is putting the information on it. E.g. would trust certain publishers on Facebook over others”

“I don’t trust communication channels”