

1 **Title: Utilizing Health Education and Promotion to Minimize the Impact of COVID-19**

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12
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31
32 **Discussion Points:**

- 33 1. Students have a huge role to play in health education and promotion.
- 34 2. Behavioral modification can determine the progress and control of COVID-19.
- 35 3. The importance of disseminating content that will capture the interest of the public.

36
37 **Publisher's Disclosure:** *This is a PDF file of an unedited manuscript that has been accepted for publication.*
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1 THE EXPERIENCE.

2 March 10, 2020 marked Jamaica's first confirmed case of severe acute respiratory syndrome coronavirus 2
3 (COVID-19). With this news, public panic was imminent. By March 13, 2020, proactive measures were
4 implemented to include deploying police and soldiers to restrict movement within the communities, closing
5 schools at all levels and air travel ban.¹ Before the virus reached our shores, and the situation became worse
6 overseas, I was filled with dread; expecting total utter chaos, leaving my country ravaged and crippled. As a
7 medical student at The University of the West Indies (UWI) doing clinical rotations, I was well aware of the
8 limitations of our resources.

9
10 The Jamaican government actively kept the public informed; but misconceptions and false information were
11 proliferating at an alarmingly rapid rate. This could lead to life threatening consequences,² and eventually cripple
12 the health system. Although medical students cannot be on frontline, we could still make a positive impact;^{3,4}
13 after all, "prevention is better than cure" and being a part of the Standing Committee on Medical Education of
14 the Jamaica Medical Students' Association, had taught me the importance of social accountability.
15 Consequently, through my initiative, COVID-19 Health Education and Promotion program was implemented on
16 March 14 with the aim to educate the general public on COVID-19 as well as possible mitigative measures that
17 are more targeted towards the current situation but could be applied in the future via social media such as
18 Facebook, Instagram and so on.

19
20 In ventures like this one, support, especially in large numbers, is a key factor to ensure success and
21 sustainability. Ninety-five members from across the healthcare spectrum joined the team of medical students.
22 They included UWI dentistry, nursing, physical therapy, pharmacy and radiology students, as well as medical
23 students from the Caribbean School of Medical Sciences, Jamaica. Our team also included nurses; medical
24 doctors (from interns to consultants) and members of academia. With the blessing of our dean and enrolling the
25 program with the International Federation of Medical Students' Associations (IFMSA), the credibility of our
26 activity was fully established.⁵

27
28 As our members were from across the Caribbean, this project extended beyond Jamaica. Four working groups
29 were established: Graphics, Information Analysis, Misconceptions and Myth Debunkers, and Question and
30 Answer. Graphics is a vital component in the success of the program; we managed to find students who were
31 able to make interesting infographics, ranging from posters to comic strips (**Figure 1**). The Information Analysis
32 team was responsible in evaluating the different sources to determine the information that needed to be
33 promoted more. The ultimate goal of our project was to not only create our own graphics but to also bring
34 credible information from Caribbean and Global non-governmental organizations to the public's eye that may
35 be buried in the myriad of misinformation. Our Misconceptions and Myth Debunkers team worked at keeping up
36 with the latest research to find the studies that could counteract these misconceptions, and by using the
37 expertise of our healthcare professionals (**Figure 2**). Finally, the Question and Answer team were tasked with
38 dealing with questions on COVID-19 that were either going unnoticed or were not fully addressed.

39
40 Now that we had the information, we needed it to be available in a simple and understandable format to the
41 public. Our information was first vetted by working group members to ensure that information was not only

1 accurate but comprehensible. We then sought the opinions of non-medical personnel to confirm that the
2 information was effectively being communicated. Due to the effectiveness of social media in ensuring maximal
3 dissemination of the content,⁶ our members posted it via their various personal social media platform. We
4 targeted community, family and church groups. Our organization's social media platform was also utilized, and
5 our content was reposted by the JAMSA and the IFMSA community.

6
7 Although, I had the support of my team, it was undeniable that I felt overwhelmed at leading a project of such
8 caliber. Will I be up to the task? Will I have the soft skills to manage the people under my leadership? Will we
9 be able to make content that will replace the public's misconceptions? Although these doubts taunted me, I was
10 still filled with pride that so many students and healthcare professionals were interested and willing to participate.

11
12 We were able to see the positive impact of our program, as more persons sought advice from us. However, we
13 faced challenges; we started this project when our classes were postponed, and our university sought to change
14 to an online platform to safely accommodate and educate the students. Once classes restarted, it became
15 increasingly hard to juggle our academic studies and create content. Also, the interest from our members started
16 dwindling and this significantly impacted the production of our content. Currently, we are looking for strategies
17 to reignite student engagement such as by having one on one interactions with students to indicate their opinions
18 and interest matters.

19
20 Health literacy is imperative to driving behavioral modification.⁷ By engaging students and healthcare
21 professionals in health education and promotion, we can reap long term benefits for not only Jamaica but also
22 the Caribbean.

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FIGURES AND TABLES.

Figure 1. Some quarantine measures that should be heeded that was posted on our social median platforms

What to do if you're in Quarantine

1. STAY ALONE IN A WELL VENTILATED ROOM (where air can enter and flow freely)

2. ALWAYS COVER YOUR COUGH OR SNEEZE WITH A TISSUE AND THROW IT AWAY IN A COVERED BIN

3. WASH HANDS:

- FOR ATLEAST 20 SECONDS
- USING SOAP AND WATER
- BEFORE AND AFTER USING THE BATHROOM
- AFTER COUGHING AND SNEEZING

AVOID TOUCHING EYES AND MOUTH ESPECIALLY AFTER SNEEZING OR COUGHING

4. AVOID HAVING ANY CONTACT WITH HOUSEHOLD MEMBERS. DON'T MEET WITH FRIENDS/FAMILY

5. RESTRICT MEMBERS OF THE HOUSEHOLD FROM USING THE SAME BATHROOM

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Accepted

1 **Figure 2.** An example of a common myth that was debunked that was posted on our social media platform.

CORONA
MYTH BUSTER
MYTH#2

EATING GARLIC PREVENTS YOU FROM GETTING THE VIRUS CAUSING COVID-19

FACT

THERE IS **NO EVIDENCE** THAT GARLIC PROTECTS ONE FROM GETTING THE VIRUS CAUSING COVID-19

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