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Experience

Utilizing Health Education and Promotion to Minimize the Impact of COVID-19

Nidhi Thomas.[1]

The Experience

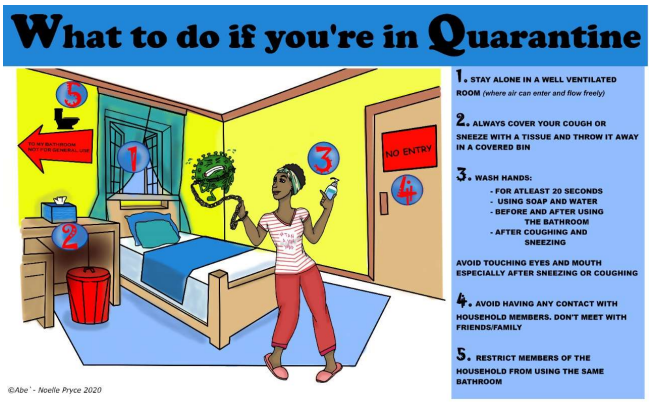
March 10, 2020 marked Jamaica's first confirmed case of coronavirus disease 2019 (COVID-19). With this news, public panic was imminent. By March 13, 2020, proactive measures were implemented to include deploying police and soldiers to restrict movement within the communities, closing schools at all levels and air travel ban.[1] Before the virus reached our shores, and the situation became worse overseas, I was filled with dread; expecting total utter chaos, leaving my country ravaged and crippled. As a medical student at The University of the West Indies (UWI) doing clinical rotations, I was well aware of the limitations of our resources.

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

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

As our members were from across the Caribbean, this project extended beyond Jamaica. Four working groups were established: Graphics, Information Analysis, Misconceptions and Myth Debunkers, and Question and Answer. Graphics is a vital component in the success of the program; we managed to find students who were able to make interesting infographics, ranging from posters to comic strips (***Figure 1***).

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



The Information Analysis team was responsible in evaluating the different sources to determine the information that needed to be promoted more. The ultimate goal of our project was to not only create our own graphics but to also bring credible information from Caribbean and Global non-governmental organizations to the public's eye that may be buried in the myriad of misinformation. Our Misconceptions and Myth Debunkers team worked at keeping up with the latest research to find the studies that could counteract these misconceptions, and by using the expertise of our healthcare professionals (***Figure 2***). Finally, the Question and Answer team were tasked with dealing with questions on COVID-19 that were either going unnoticed or were not fully addressed.

Now that we had the information, we needed it to be available in a simple and understandable format to the public. Our information was first vetted by working group members to ensure that information was not only accurate but comprehensible. We then sought the opinions of non-medical personnel to confirm that the information was effectively being communicated. Due to the effectiveness of social media in ensuring maximal dissemination of the content,[6] our members posted it via their various personal social media platforms. We targeted community, family and church groups. Our organization's social media platform was also utilized, and our content was reposted by the Jamaica Medical Students' Association and the International Federation of Medical Students' Associations community.

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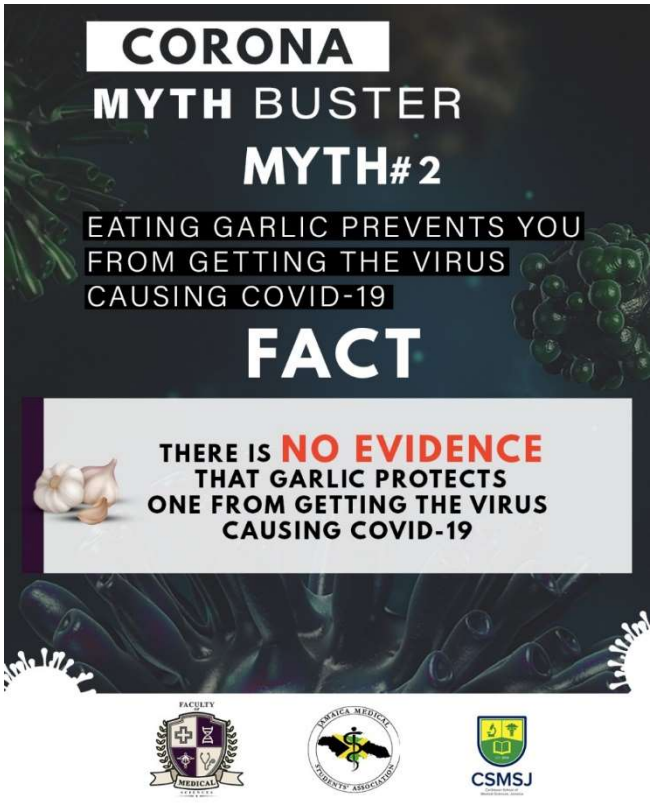
Figure 2. An example of a common myth that was debunked that was posted on our social media platform.



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

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

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

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