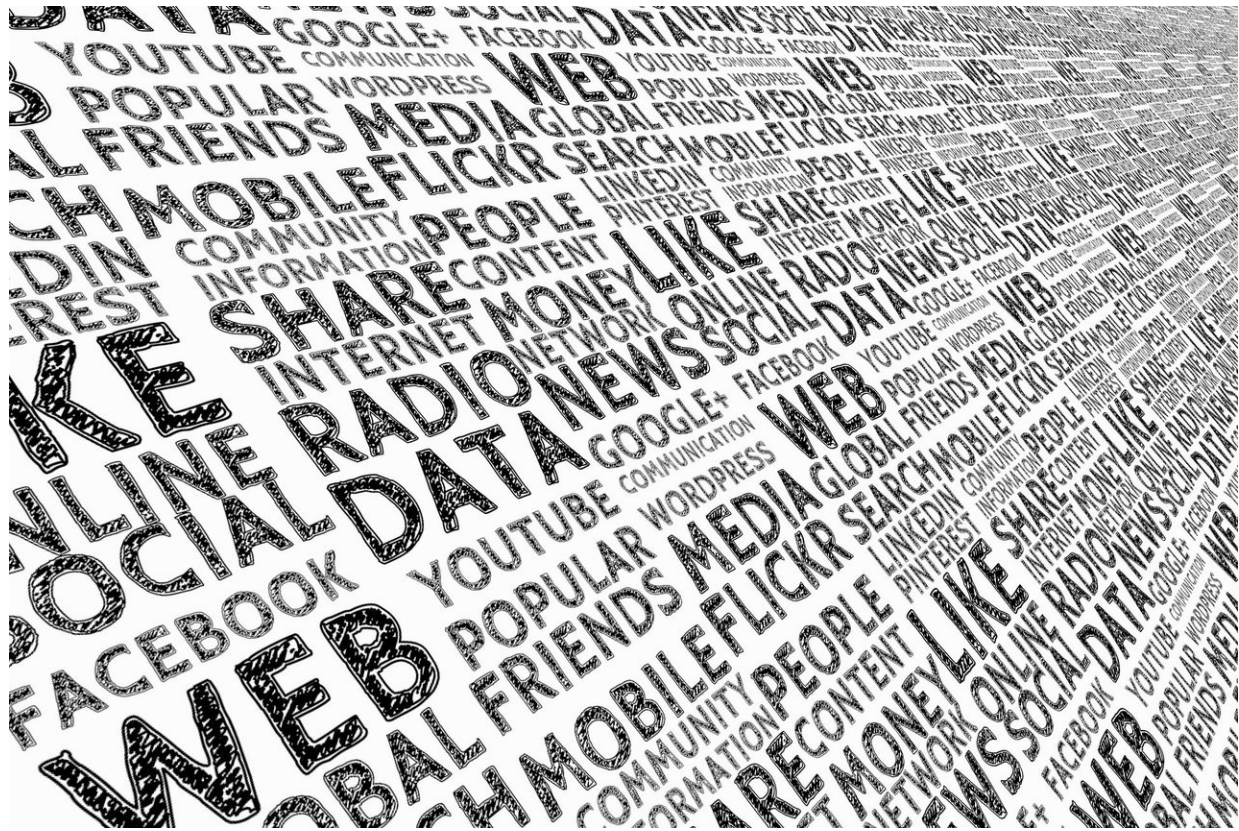


With the coronavirus outbreak, it matters how you get your news

March 9 2020, by Elaina Hancock



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A team of communication and journalism researchers recently published a study about sources of information and vaccination intention in the *Atlantic Journal of Communication*. The team included Carolyn A. Lin, a

professor of communication, and Xiaowen Xu, a doctoral candidate in communication, both of UConn; and Linda Dam, a journalism professor at the University of Nevada Las Vegas. Lin discussed the evolving role of communication and how it can influence our health care decisions with UConn Today.

Q: What role is social media playing in disseminating information about health and disease?

Social Media has become very important when it comes to risk communication. For this reason, it is crucial to look at where you are getting your information. From a health communication perspective, the World Health Organization acknowledged that media has a vital role in disseminating public risk information and it needs to observe some rules when it does so. For instance, with [the influenza virus] H1N1, there was a lot of exaggeration about the threat of this pandemic. Exaggeration can backfire, and with news like that, it could turn away people who dismiss the threat as media hype or avoid dealing with the threat due to fear. That is called maladaptive coping. Another concern is that when you report on an issue every day, people start to tune out. The media must be careful and ensure they are reporting on different perspectives about this health risk accurately, instead of jumping on or hyping any [new development](#) without properly verifying the information sources and facts.

Q: How do people react to information about health risks such as influenza or a pandemic?

After you get your information, it is important to look at what happens next—are you sharing this information or not? We found that there were three main behaviors: Someone receives information from the media and they share that information online or offline; some people receive the

same information and they do not share it; the third route is for people to receive it from someone who directly talks to them about it (e.g., friends or family) and they may or may not share that information with others. Each one of these communication routes has different implications.

Why not get vaccinated? When it comes to the flu and the flu shot, or a pandemic (e.g., H1N1) we can prevent it. This is especially true, when the seasonal flu vaccine contains an H1N1 strain to prevent this pandemic from occurring again. There are different theories to explain how people react to the news, too. One called "optimistic bias" is important to note. For example, with the flu, someone may say "Most people do not die from the flu, so is it really that important?" Another theory, "presumed media influence," describes people's presumption about how others might have behaved in reaction to the news; they then behave in the same way in response to the news based on that presumption.

The reality, especially with respiratory diseases, is that they often have very similar symptoms whether it is a simple cold or influenza. This phenomenon helps explain what we have found in research, which suggests that knowledge can be a negative predictor of vaccination intention. This is not new; we all know we should eat some things and not others, and that we need exercise. Yet many of us don't necessarily practice what is beneficial to our health. The same behavior is seen with other public [health risks](#), including vaccination behavior.

The flu shot is free at student health services, since the H1N1 pandemic of 2009. Yet every semester I have around two-thirds of my students who do not get the vaccination, which is consistent from my research. The university environment is a hotbed for transmission. Students live in dorms, eat in dining halls, and attend lectures in groups. Getting vaccinated is important.

Q: How is the news media, and communication in general, changing with technology?

Based on my own research, most people depend on online outlets and [social media](#) to get information. Streaming now accounts for about 20-25% of "television" viewing, while serial programs or movies used to only be delivered on broadcast or cable TV channels. These days, many young people do not have a TV set or subscribe to a cable or satellite TV service to watch serial programs or movies; they instead stream such content online. One thing that is often missing—when accessing such streamline services—is news channels. So, where can these streaming-only audience get their news and information?

Social media is continuously gaining the audience share, based on research. If an outbreak such as COVID-19 [coronavirus] is getting attention on social media that can be a benefit, but it can also be a downside, because people can easily spread false information. The worst thing that could happen is when people do not seek or receive the information from reliable news sources. For example, news for many mobile phone users may only be received through a ticker on the phone, or people may receive news recommended by an invisible, artificial intelligence algorithm. The presence of artificial intelligence is another concern related to disseminating and receiving the news in today's digital information environment. In this day and age, we have a news credibility issue, due to the social, political and information divides that have made some people become suspicious of the news media. We also have conspiracy theorists out there casting a lot of doubt on science. I am reminiscent of a bygone age where there were a few trustworthy [media](#) outlets from which people had confidence in getting important [news](#) and information.

Q: With the coronavirus (COVID-19), what major

public health challenges are you noticing?

A: Respiratory infections are a big concern because they can easily spread. With the coronavirus, one of the reasons there is a lot of fear is because it is a new strain for this virus family. With new viruses, there are a lot of unknowns, and this could make it very difficult for researchers to quickly identify the transmission origin and manage containment. The challenge with managing the COVID-19 risk is not just numbers; we need to dig deeper into the systems issues as well. How effectively can our public health agencies and local communities contain the spread of the virus? How adequate is our health system to deal with this, since our health care system is highly diverse and localized? For example, how will this outbreak impact hourly-wage workers who may be sick but must go to work to earn a living? It is a well-known fact that uninsured low-wage earners tend to show up at an emergency room because they often wait until they are too sick to forego medical treatment. We are gaining a better understanding of the impacts of these health care delivery issues on health crisis management. But we are still on a continuous learning curve.

More information: Carolyn A. Lin et al. Information source dependence, presumed media influence, risk knowledge, and vaccination intention, *Atlantic Journal of Communication* (2020). [DOI: 10.1080/15456870.2020.1720022](https://doi.org/10.1080/15456870.2020.1720022)

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