

National Public Health Emergency Team - Coronavirus

Covid -19 Subgroup – Behavioural Change

Meeting 17

Note of Meeting

Meeting Date: Friday 24th of July 2020

Time: 10:30

Location: Video Conference

In attendance:

Department of Health:

Kate O’Flaherty (Chair), Health and Wellbeing

Robert Murphy, Research Services and Policy

Greg Straton, Health and Wellbeing (Secretariat)

ESRI: Pete Lunn

NUIG: Molly Byrne

SEAI: Karl Purcell

UCD: Liam Delaney

UL: Orla Muldoon

Apologies:

Safefood: Aileen McGloin

DoH: Robert Mooney

1. Welcome

The Chairperson welcomed the members to the Subgroup meeting and noted the apologies of Aileen McGloin and Robert Mooney.

2. Conflict of Interest Declarations

None declared

3. Meeting Note – Meeting 24th of June 2020 and 10th of July 2020

The meeting note of the 24th of June was accepted; it was agreed to recirculate the meeting note of the 10th of July for further review.

4. Update from NPHET – Kate O’Flaherty

The Chair updated the Subgroup on the work of NPHET over the previous two weeks. The increase in reported wearing of face coverings through in tracker survey was noted by the Subgroup.

5. Ad-Hoc Updates

It was noted that the ESRI BRU are now at the dissemination stage of the various studies that have been conducted. These studies are attracting interest internationally. It was also noted that the App launch has been successful to date.

6. Overview paper on work of the Subgroup & future arrangements

The Chair updated that the Overview paper had been presented to NPHET at its meeting on 23rd July, and that the NPHET Chair has expressed its thanks on behalf of NPHET to the Subgroup for its work and contribution.

The members indicated their willingness to continue to contribute to NPHET’s work and the national response to Covid through the proposed advisory group as set out in the overview paper.

Members agreed to send on any published papers or relevant media coverage of the work of the Subgroup to the secretariat for inclusion in the Appendix to the overview paper.

In terms of further areas where behavioural insights may contribute, the group identified a potential role in improving the engagement and uptake of testing and contact tracing through modifying the communications to the public. The group cited previous projects where behavioural insights had improved response to hospital appointment attendance letters and suggested that this may be useful to explore in terms of non-responses to invitations for testing or contact tracing, depending on what analysis may be available on why people may not be engaging. This suggestion will be followed up by the Department research and relevant policy units to explore further.

7. A.O.B

- Members of the Subgroup suggested that the lessons learned from the experience of the Subgroup would be useful to also document as an academic case study.
- The Chair thanked all of the members of the Subgroup for their input and strong collaboration over the past few months, and said the Department will follow up regarding the revised advisory group.