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Using Social Media for Public Health Communication to Young People: A Qualitative Study to Inform Emergency Preparedness

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The COVID-19 pandemic highlighted the role of social media for official health communication, especially for young people who rarely engage with other public health agency channels. This study explored the social media health communication experiences of health communicators and young people, during and outside the COVID-19 emergency. Semi-structured interviews were conducted with professional health communicators responsible for social media communication of Australian government health departments and young people aged 18–24 years ($n = 21$). Interviews were analyzed thematically using Framework Analysis. The results revealed health communicators faced challenges in their work, including organizational barriers and misinformation. Whilst the COVID-19 pandemic amplified these challenges, it also brought opportunities like innovation, streamlined approval systems and increased followership. Health communicators targeted young people by using channels popular with the age group and using trendy and engaging formats. Young people found these communications straightforward but not consistently engaging or humorous and recommended involving young people in future messaging to increase appeal. These findings highlight the need for further improvements in social media health communication to youth. Health communicators require increased support and mechanisms allowing innovation in future pandemics.

KEYWORDS

Social media, health communication, young people, COVID-19, public health agency

The COVID-19 pandemic highlighted the importance of social media for health communication during emergencies. It became a key source of COVID-19 information for the public due its accessibility and live updates on the unfolding emergency (Terry et al., 2023). Public health agencies, including government health departments, increased their use of social media platforms during this time, allowing them to reach audiences that infrequently engage with their traditional health communication channels (Hwang et al., 2022; Hyland-Wood et al., 2021). This included young people, frequent users of social media health information, who relied heavily on this channel at this time (Chesser et al., 2020; Lim et al., 2022; Sandhu et al., 2023).

However, research conducted internationally found public health agencies rarely tailored COVID-19 messages for young people or used social media platforms and formats popular with the age group (Evans et al., 2023; Hilliard et al., 2021; Taba et al., 2023). Young people across several countries also reported comprehension difficulties and negative perceptions of government COVID-19 communication compared to older age groups (Diviani et al., 2024; Sandhu et al., 2023). Beyond this, there is limited understanding of young people's experiences with social media COVID-19 communication.

Considerations of Health Communication with Young People

Health behaviors learnt during adolescence often continue into adulthood, making good communication essential to this age group (Manganello, 2008; Sawyer et al., 2012). Young people also face health literacy challenges that need to be supported by

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health communication, since they have limited health system experience and developing social, communicative, and cognitive skills (Sansom-Daly et al., 2016). When it comes to digital health communication specifically, young people often struggle to find credible online health information and overestimate their digital appraisal skills, which can leave them vulnerable to the misinformation prevalent online (Freeman et al., 2023; Taba et al., 2022; Wang & Togher, 2024). Even university students with well-developed digital health literacy reported difficulties identifying reliable COVID-19 information online during the pandemic (Chesser et al., 2020; Dadaczynski et al., 2021). Thus, there is a need for public health agencies to create effective social media health communication that resonates with young people and counteracts the presence of unreliable health information online (Gabarron et al., 2021; Ishizumi et al., 2024).

Experience of Public Health Agencies

There is limited research on the experiences of the public health agencies and government health departments responsible for this communication during the pandemic. One Swiss study reported government communicators faced numerous challenges in COVID-19 communication, including staffing shortages, strict approvals, and low public trust (Rubinelli et al., 2023). However there is a need for research focusing specifically on social media health communication and professional health communicators' experiences during the COVID-19 pandemic.

Understanding both the perspectives of health communicators and consumers is crucial for preparation and improvement of future communication efforts in emergencies, especially as online communication and related challenges become even more widespread. This paper aimed to investigate the experiences of public health communicators and young people with social media health communication during and beyond the COVID-19 pandemic.

Methods

Design

This study used a qualitative design with semi-structured interviews. The study was underpinned by a participatory approach, involving youth consumer consultation. Ethics approval was obtained from University of Sydney Human Research Ethics Committee (2022/887). This study also informed a co-design process of a social media communication framework with young people and professional health communicators reported in another article (Taba et al., 2025).

COVID-19 Context

Communicating COVID-19 messages to young people in Australia was accompanied by some unique considerations. In Australia, this communication was primarily the responsibility of state government health departments (Karidakis et al., 2022), with states utilizing their social media channels as well as other traditional channels for COVID-19 communications. Young people were a key interest group for the Australian government during the COVID-19 emergency response, as they represented high proportions of COVID-19 cases throughout the pandemic (Collin et al., 2020; Wark, 2021). In Australia's staged vaccination roll out, they were among the last population groups to be eligible for vaccines, and received mixed messages around eligibility and rare vaccine risks (Cunningham, 2021; Hyland-Wood et al., 2021). Furthermore, young people were found to be more vaccine hesitant (Khan et al., 2021; Robertson et al., 2021) and to endorse misbeliefs about COVID-19 more readily than other age cohorts (Allington et al., 2021; Pickles et al., 2022), which can negatively impact other preventative behaviors (Romer & Jamieson, 2020).

This study was conducted between March 2023 and July 2024, during the transition out of the emergency phase of the pandemic, as the Australian Government declared the end of emergency in October 2023. At this time, many organizations including the Australian government, were reflecting on the COVID-19 response, as Australians returned to pre-pandemic working and living conditions after several years of restrictions (Commonwealth of Australia, 2024).

Participants

Participants were (1) professional stakeholders who were staff with experience working in a social media team in Australian state government health departments, and (2) young people aged 18–24, living in Australia.

Recruitment

Professional stakeholders were identified via a professional social media platform (LinkedIn) and approached via direct messaging. This was supplemented with snowballing recruitment. We aimed to recruit professional stakeholders in different roles and regions to capture a diverse range of experiences. Young people were recruited through social media (Instagram) advertisements targeting the eligible population (by age and location). Purposive sampling (maximum variation sampling) was used to recruit diverse participants with a range of ages, genders and social media usage.

Youth Consultation

This study involved young people in its design and conduct. We engaged two youth consumers (two women, aged 18 and 19) who were interested in health and social media to provide advice on recruitment, data collection and data analysis stages. This resulted in amending the recruitment flyer and interview guide to increase youth appeal. A youth consumer was also involved in the data analysis and writing the manuscript (CB2).

Data Collection

Two semi-structured interview guides (professional stakeholder and youth, Supplementary file 1) were developed by the research team who had expertise in health communication, health policy, youth and qualitative methods. The guides also

included example COVID-19 posts from public health agencies as prompts. The interview guides were piloted with youth and stakeholder advisors and revised in response to feedback. Interviews were conducted online, lasting 30–60 minutes. MT (PhD student, woman, trained in qualitative methods) interviewed all participants, who were informed that the study was part of her PhD. Interviews were audio recorded and transcribed verbatim, supplemented with field notes.

Data Analysis

Framework Analysis using a phenomenological approach was used to understand participants' lived experiences and subjective perspectives (Parkinson et al., 2016; Ritchie & Lewis, 2003). The interviewer (MT) regularly met with the study team to discuss salient topics emerging from interviews throughout data collection. For data familiarization, MT, JA, CB and youth consumer (CB2) read different transcripts independently and made notes. These ideas were discussed to develop preliminary codes. The framework was refined over several iterations. The final framework was applied to the entire dataset by MT using NVivo 12 software.

Results

A total of 10 professional stakeholders were interviewed with a mean age of 33.9 years. Eight identified as women and two as men. They represented a range of communication roles in Australian health departments, from social media officer to communication director. Experience in these roles ranged from 3 to 15 years. Collectively, they had experience at five of the eight state/territory health departments in Australia, with one participant having experience across two regions.

A total of 11 young people were interviewed with a mean age of 20.1 years. Six identified as women, four as men and one as non-binary. All participants used Instagram, seven used TikTok and six used Facebook.

The results are reported in two parts: (1) stakeholder perspectives, and (2) young people perspectives. See Supplementary file 2 for additional quotes.

Part 1: Stakeholder Perspectives

Theme 1a) Content Moderation and Health Misinformation Pose Challenges Under Time Pressure

The professional stakeholders explained they used a variety of social media channels for health communication to the public on behalf of their respective health departments. The states used different platforms, with Instagram and Facebook discussed as popular platforms. Their main stated aim was to communicate health messages and build trust with the public via their online presence. Thus, messaging was to be simple and engaging whilst still professional and scientific.

> The point of socials is meeting people where they are, rather than expecting them to come to you, and being creative with that. – S2 (Communications manager)

Stakeholders reported being responsible for the entire social media presence of health departments, including creating, sharing, evaluating posts, and moderating public responses (content moderation). Due to the fast-paced nature of social media, they constantly researched and experimented with different formats to learn what works best with audiences and platform algorithms.

> It's developing the content, it's developing it quickly, making it engaging and then continuing to engage. – S1 (Communications director)

Stakeholders reported several challenges to creating official social media health messaging. The main barrier was the rigidity and risk-averse nature of government organizational structures. They reported content needing to undergo lengthy approval processes requiring senior management and health advisor sign-offs, which often hindered timely and engaging social media content.

> Social moves too fast. If you're wanting a gazillion approvals, it's not going to be relevant at the time you finally get it done. – S1 (Communications director)

Some stakeholders reported social media as often being considered frivolous or as an afterthought for health departments, while others noted a shift in sentiment since COVID-19 as senior management increasingly encouraged innovative and trendy content.

> It was quite tricky to do a lot of the social marketing stuff before, like memes and trends. But now it's more acceptable and more likely to get approved. - S10 (Social media officer)

Content moderation and managing health misinformation also posed significant challenges. Participants reported an increase in health misinformation and anti-government sentiment since the COVID-19 pandemic, with opponents targeting any subsequent post shared by the health departments. Stakeholder responses included public misinformation debunking in comments and deleting or hiding harmful content. Some stakeholders reflected on the personal mental toll of content moderation, as they frequently witnessed large volumes of hateful comments, especially during the emergency phase of the COVID-19 pandemic.

> If there's misinformation being spread, we always respond. But it will never be a clapback [quick, sassy response]. It'll never be something that is going to cause more contention. It can be quite taxing, and it can be quite emotionally draining. - S7 (Social media manager)

Theme 1b) Meeting Young People Where They are

Stakeholders reported creating social media messaging specifically for young people, but only occasionally. Most messaging was for the general public. To target young people, they focused on using channels popular with the age group, such as TikTok, Instagram (especially the Stories feature) and Snapchat, rather than explicitly mentioning age in the posts.

They reported predominantly sharing messages on these channels via paid advertisements. One health department also maintained an official TikTok account beyond the paid advertisements, sharing unique, youth-focused content. Stakeholders reported they received special permission to use this channel

during the COVID-19 pandemic, as targeting young people was a government priority, and the platform was already popular with the age group.

> We got a lot of great feedback, young people, particularly on TikTok commenting, saying how funny or great it [messaging] was and sharing it. - S2 (Communications manager)

Stakeholders from other health departments reported interest in maintaining an official presence on TikTok and other youth channels but faced risk and approval challenges (Table 1). Instead, to target young people, they created TikTok-like content on their approved channels like Instagram Reels or used other youth engagement strategies like using trendy formats, memes and influencer collaborations to reach young people. They also targeted young people by sharing messages about health topics that appealed to the age group like sexual health, vaping and recreational drugs.

> We brought on some of our youth ambassadors to actually deliver some of the content, so young people talking to young people rather than it being necessarily some old government person that they don't care about. - S2 (Communications manager)

Stakeholders explained they were primarily informed by youth needs and social media preferences via "social listening" – gathering ideas and feedback from young people's posts and comments on the platforms. Stakeholders at one health department also explained they had access to in-house youth advisory groups which helped in content development. Many reported that since the staff in the social media team are generally younger, they are inherently more aware of content that would appeal to young people.

> We had a big team with lots of young people, obviously not teenagers but they often had some good taps into youth culture. But we also had our youth Community of Practice [advisory group] who we'd take things to and ask questions. - S2 (Communications manager)

Overall, the stakeholders expressed a desire to create more effective youth-specific content. Stakeholders reported that young people can be a challenging group to engage in health communication, especially if the health communication is not shared on their preferred channels.

> Health is not a very sexy topic, particularly for young people. You don't really think about health that much unless you've had some sort of direct experience with it. So, trying to get people engaged is already tricky. - S2 (Communications manager)

Theme 1c) Silver Linings: Amplified Challenges Accompanied by New Opportunities in the Pandemic

When asked about emergency management communications, stakeholders explained their communications would shift from proactive to reactive messaging. Non-emergency messages would be limited or completely ceased. Whilst stakeholders discussed a range of emergency conditions including environmental disasters and disease outbreaks, COVID-19 was considered the largest emergency they had experienced.

> I would say it's about 80% proactive and 20% reactive usually but we really shift gears when there's a big natural disaster or health crisis. We don't "down tools" entirely on our proactive work, but we reduce it significantly. - S9 (Social media manager)

They explained that social media became one of their key information platforms during the COVID-19 pandemic, with many of the health departments prioritizing this format of

Table 1. Stakeholder quotes about challenges and opportunities of youth-focused social media health communication.

Challenges	**Access**: I guess the fact that we're not on TikTok is a major challenge, so we're not even in a space where the majority of young people are. – S8 (Social media officer)
	Guidelines: We didn't have any guidelines for how to use TikTok and we didn't have the resources to expand our social media accounts. So even though we can reach a lot of young people, we just didn't have the guidance to do so. – S10 (Social media officer)
	Approvals: The kind of content that works on TikTok is very user-generated, isn't super polished so it's difficult to get over the line. – S7 (Social media manager)
	Content: There were times that we'd just grab pieces out of the livestream and we would make them to TikToks. But it didn't really work that way. We had to be respectful of the algorithm and do what our audience wanted from the certain platforms. – S3 (Social media content creator)
Opportunities	**Access**: I just emailed [management] "Can we start a TikTok account? It's important to communicate with young people and that's where they are.." They knew no one's talking to youth, so that was all the noise we needed." – S1 (Communications director)
	Access: We have made a business case and are hopefully progressing with the launch of a TikTok channel. That's where the younger audience is at, so we should be on that channel to speak to them. – S9 (Social media manager)
	Format: During the pandemic, I created a daily TikTok which summed up the government press conferences in 20 seconds for young people, trying to make it more of a viral video. – S3 (Social media content creator)
	Content: With some of the recent STI campaigns we've been doing TikTok-esque kind of reels and shareable content targeted to that Gen Z, younger millennial audience. And it works really well. So there's an appetite there from them specifically. – S7 (Social media manager)

communications due to an increase in account followership and public reliance.

> Our online followership had increased dramatically because we're in the middle of a pandemic so the executives decided that "hey, maybe we should make a new Social team because we've got all these people wanting messaging from us and following us. Let's keep this going." - S5 (Social media officer)

The stakeholders reported facing several challenges in communicating to the public at this time, including tight deadlines and rapidly changing health advice with little notice. They also reported difficulties with managing the increased followership and engagement, with large volumes of COVID-19 misinformation and anti-government sentiment proliferating on their channels.

> We were getting thousands of comments a day. So, we had to put all our resourcing into responding to comments, any questions on our actual posts. - S4 (Social media manager)

Despite these challenges, stakeholders also highlighted some opportunities that emerged at this time. The rigid organizational structures like approval systems were streamlined to prioritize urgent communications and the culture of support strengthened within the government as everyone worked collaboratively to respond to the pandemic. For example, social media teams from different government departments shared pre-approved content amongst themselves so they could respond to public queries across any of the government channels. Partnerships with social media platforms also increased with stakeholders reporting they worked with platforms directly to amplify the official messages and address misinformation on their accounts.

> We were actually very fortunate in having a supportive internal culture during the pandemic. I think the silver lining in emergency communication is that there's not a huge amount of time for people to overthink things. – S2 (Communications manager)

Stakeholders also reported the pandemic brought a culture of innovation to the social media field, especially due to reliance on online space given physical distancing requirements. Stakeholders reported they had more room to experiment with previously underutilized affordances, the features and functionalities, of social media. They increased influencer collaborations, some joined the growing platform of TikTok and experimented with different platform functions to appeal to young people. One example was using the Q&A function of Instagram Stories to answer COVID-19 questions submitted by the public:

> We weren't really using Instagram much before the pandemic. That's far more a youth platform than Facebook and Twitter. So we thought, let's chuck some fun stuff, Q&As and links on our Stories. Let's get our graphics really beautiful and worthy of an Instagram grid, and let's change things up across the platforms rather than the same thing across everything and see if we can tap into these other audiences. - S5 (Social media officer)

Stakeholders explained the COVID-19 pandemic ultimately highlighted the importance of agility, innovations and streamlined processes during emergencies. Some stakeholders explained these lessons were being implemented in business-as-usual settings and for preparedness efforts for future emergencies. The pandemic also brought high visibility to the health departments amongst the public, as well as a strong online followership, which stakeholders explained they aimed to leverage for their communications going forward.

> We really want to maintain that audience should there be another pandemic or should there be another big disaster where there's a critical health message that we need to get out. – S9 (Social media manager)

Part 2: Young People Perspectives

Theme 2a) Using Social Media for Health Communication

As identified in the professional stakeholder interviews, young people frequently reported using Instagram, TikTok and YouTube social media platforms. They also reported using social media for health information frequently, valuing its convenience and accessibility. They noted that their age group rarely engaged with other sources of health communication so believed social media was a useful way for public health agencies, including Australian health departments, to reach them.

> It's so easy, you can use it anywhere. Sometimes health information just pops up, you can see it without having to search for it, because that's just the way social media works anyway. – Y2 (woman, aged 20)

Many raised the positive influence of social media on their health behaviors such as feeling motivated to get vaccination upon seeing messaging. They also explained it provided an opportunity to learn about unfamiliar health topics. Additionally, they considered it a useful way for public health agencies to reach priority populations like culturally and linguistic diverse communities or LGBTQI+ young people, providing easy to understand and accessible information that may not be found elsewhere.

> The other day a few of my friends reposted some information on sexual health safety as queer women and that was interesting because that doesn't really get talked about. – Y7 (non-binary, aged 21)

Young people identified misinformation as the main challenge of social media health information. Specifically, they explained they had concerns about health information shared by "unreliable sources" and people without relevant qualifications. Misinformation was explained to be "sticky" and influence beliefs even if identified as misinformation:

> Misinformation can be very covert. Everyone has an exposure to it nowadays. And it definitely influences beliefs. I think personally, it has somewhat influenced my own beliefs.– Y5 (man, aged 18)

They reported they saw content from public health agencies via sponsored posts, since many did not follow these official accounts. The participants who did follow these official accounts reporting following them during the COVID-19

pandemic to stay up to date on the unfolding emergency. Young people explained the content shared matched their expectations as it was "educational" and "straightforward." Whilst they were generally satisfied with the communication, they highlighted the communications often lacked appeal for their age group.

> They've done a pretty good job in conveying the message as simply as they can and free of jargon. And they follow that up with very simple graphics. – Y1 (man, aged 22)

> This is what I'd expect from a government body trying to appeal to young people. They've kind of got it, but not really. It's a good effort but it wouldn't engage young people. I'd probably get two seconds in and swipe, just from the tone, it just seems like your geography teacher trying too hard. – Y7 (non-binary, aged 21)

> There's still work to be done. While the tried-and-true methods are working for the general public, specifically for the younger audiences, they need to be a bit innovative.– Y11 (woman, aged 18)

Young people reported that public health agencies could improve youth appeal by using common social media strategies (i.e. influencers, memes and trends) to capture their attention across platforms popular with their age group like TikTok and Instagram (Table 2). Some noted these strategies may be divisive and possibly embarrassing (also described as "cringeworthy") so recommended the involvement of young people to avoid this outcome. However, some participants reported that even "cringeworthy" content would still catch their attention and ultimately encourage them to engage with the underlying health message.

> I think humor and trends are effective but to not make it cringe-y, I feel like the suggestion is to actually bring in a Zoomer, preferably probably 17- or 18-year-olds, because that's who we are the most in tune with. – Y10 (woman, aged 19)

Theme 2b) Using Social Media for Health Communication in Emergencies

Young people also reflected on their experience receiving emergency communications via social media, specifically during the COVID-19 pandemic. They reported seeing official communications very frequently during the early stages of the pandemic (i.e. 4–5 posts a day on social media) but noticed a decline as the emergency was declared over. They reported information and guidelines were constantly changing and conflicting (i.e. airborne transmission of virus, number of vaccinations required). This left them overwhelmed and confused, with some feeling this messaging reflected reactionary and panicked responses from the Australian health departments.

> At the beginning, it was a little bit confusing. I understand that they were also receiving information every other day. But as someone who was just a regular person, you're like, "Okay, so what do I believe? You said one thing about it not being airborne and the next day it is." It's concerning and scary as someone who had no idea what was going on. – Y6 (woman, aged 22)

They reported that the messaging became more consistent over time and noticed health departments diversified the formats of their posts (e.g. Q&As with health professionals). They also frequently saw health departments utilize comments during the pandemic to curb misinformation. They reported they felt the urgency of the messaging lessen over time as the focus turned to newer emerging health issues.

> At the start of COVID as well, some people would ask any questions directly and then they provided just generic information like "For more information find this." But I do want to add with the Instagram stories, I remember seeing that they held regular Q&As with actual health authorities. I think that's definitely quite a good example of their engagement with the general public. – Y2 (woman, aged 20)

Table 2. Young people quotes about challenges and opportunities of youth-focused social media health communication.

Challenges	**Platform norms**: That person [referring to stimulus] does not have a very good understanding of the app and you can tell straight away. That's not what people post on TikTok. – Y4 (woman, aged 18)
	Fast paced environment: TikTok is a faster paced environment. I feel like they are trying too hard to be creative here [referring to stimulus content], but that's exactly the reason it's putting me off. – Y9. (man, aged 19
	Fast paced environment: I think some trends age quickly so they may feel a bit old, definitely if they jumped on trends that weren't happening anymore. – Y7 (non-binary, aged 21)
	Credibility concerns: I think it might be a bit dangerous for [public health agencies] to adapt to that "young people TikTok style" video with a niche meme. Their credibility might be a bit undermined. - Y8 (woman, aged 21)
Opportunities	**Want access**: I would want more health information on TikTok. Just to be updated. Because it's like the most used app on my phone. – Y8 (woman, aged 21)
	Simple format: On Instagram I really like the carousels because you can break down information really easily and have it really bite sized.- Y4 (woman, aged 18)
	Collaborations: If they get someone our age to help make a post, then it will attract us more. – Y8 (woman, aged 21)
	Collaborations: They should collaborate with those big content creators on TikTok. They know what works well for TikTok, what's popular and gets likes. – Y8 (woman, aged 21)

Discussion

This study outlined the perspectives of professional stakeholders and young people on social media health communication. The stakeholders identified key challenges to their work including organizational barriers and misinformation. Whilst these amplified during the COVID-19 pandemic, the emergency context also created communication opportunities like streamlined processes, innovation and increased followership. Stakeholders targeted young people with messaging via youth-specific channels, and when they did not have access to platforms like TikTok, used other engaging formats popular with young people, like trendy and humorous content. Young people found this official messaging to be simple and straightforward but not consistently engaging, especially the humorous content. They recommended youth involvement for future messaging.

A summary of challenges and opportunities for youth-focused social media health communication within health departments is highlighted in Figure 1 based on the consolidated framework for advancing implementation science (CFIR) (Damschroder et al., 2009).

Where they could, stakeholders utilized channels popular with young people, acknowledging the importance of meeting young people on platforms like TikTok (Basch et al., 2020). However, the interviews highlighted tension between stakeholders, who are experts in social media and audience segmentation, and government policies that restricted platform use. The dynamic environment of social media, which rewards risk-taking and experimentation, is a challenge for risk-averse government processes, highlighting a communication gap between where young people are, and where the health departments can be (Albury, 2019). However, health communicators will need to compete for the attention of their audience in the diverse social media environment, and cannot assume the audience will engage with unappealing messages and platforms (Ratzan et al., 2020).

Our findings support international research which found the COVID-19 pandemic posed similar challenges for stakeholders in various organizations outside Australia, including managing rapidly changing information, misinformation, and public mistrust (Berg et al., 2021; Rubinelli et al., 2023; Steffens et al., 2019). However positive outcomes, such as increase in followers, were also reported in health departments internationally (Khokhar et al., 2021).

Young peoples' experience with confusing COVID-19 messaging matched stakeholder's perspectives in this study, with similar experiences reported amongst young people in the UK (Sandhu et al., 2023) and general public in Canada (Benham et al., 2021). While previous literature found US health agencies failed to address community concerns in public comment sections within social media platforms, this appeared to be a well-executed aspect in Australia (Calabrese et al., 2024).

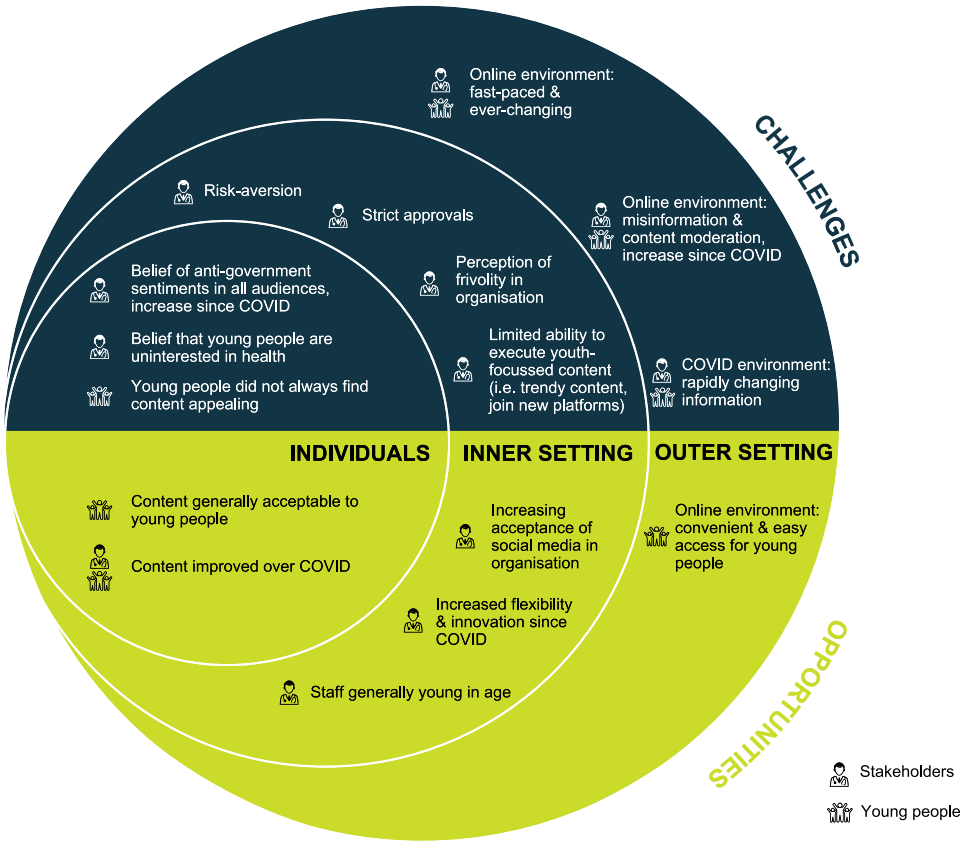


Figure 1. Challenges and opportunities for youth-focused social media health communication in health departments.

Implications

The findings have implications for health communicators and public health agencies on an international level, providing novel evidence-based findings to guide their future communication approaches. Firstly, there is a need for investment in social media as a health communication channel (Weber & Backer, 2024). This is especially pertinent for reaching young people, as it may be the only channel they use. This includes adequate human resourcing and budgets to execute high quality and effective communications to maintain the increased followership from the pandemic (Khokhar et al., 2021). Secondly, public health agencies could consider adopting more flexible social media polices, especially during emergencies (Li et al., 2022; Rubinelli et al., 2023). Specifically, policies need to balance mitigating reputational risks of the public health agency with embracing creative content essential to effectively engage young people in a competitive online landscape. Post-pandemic communications should also focus on rebuilding trust in public health agencies that has eroded over the course of the pandemic globally, through clear and transparent communication in partnership with communities (Commonwealth of Australia, 2024; Latkin et al., 2020; Sabat et al., 2020).

Finally, public health agencies need to involve young people in the communication process via co-design and co-production methods (Hwang et al., 2022; Peter et al., 2024; Piltch-Loeb et al., 2024). Participants wanted more relevant, engaging content shared on their preferred platforms, and greater involvement in communications targeting them. Structures for timely youth consultation should be established now as business as usual, rather than waiting for the next emergency. Future research should explore effective youth engagement strategies across diverse global contexts, especially including priority youth often underrepresented in mainstream health communication (Taba et al., 2023) like young people living with chronic health and disability, Indigenous and culturally and linguistically diverse and LGBTQ+ youth.

Strengths and Limitations

A strength of this study is its coverage of both communicator and youth experiences, revealing the gaps in their engagement. The interview guides were developed with stakeholder and consumer input to ensure acceptability and relevance of questions. Furthermore, youth consumers were involved throughout the study to facilitate a youth-centered approach. A limitation was that some stakeholder participants may have withheld critical views due to their role as government employees. This was addressed through a diverse sample, as some participants were no longer employed by the departments they discussed. Some COVID-19 findings may have limited applicability outside Australia due to its unique context (i.e. low prevalence of COVID-19 infections and deaths in OECD countries (Australian Institute of Health Welfare, 2024), division of responsibilities between State and Federal government and strict pandemic control measures which sparked polarized public reactions (Commonwealth of Australia, 2024)) and may have only been relevant at the time of the study. Recall bias may have affected COVID-19-related perspectives since the study took place post-emergency, however this timing may also have enabled greater reflection. As limited demographic information was captured to reduce participant burden, this study was unable to provide sub-analysis focused on priority groups, e.g. young people from culturally and linguistically diverse backgrounds.

Conclusion

This paper offers unique insights into the experiences of health communicators and young Australians toward social media health communication. Public health agencies can leverage COVID-19 lessons and followership to improve future emergency communications.

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CRediT: **Melody Taba:** Conceptualization, Data curation, Formal analysis, Funding acquisition, Investigation, Methodology, Project administration, Visualization, Writing – original draft, Writing – review & editing; **Julie Ayre:** Conceptualization, Funding acquisition, Investigation, Methodology, Supervision, Writing – review & editing; **Kirsten McCaffery:** Conceptualization, Funding acquisition, Investigation, Methodology, Supervision, Writing – review & editing; **Caitlin Blanch:** Formal analysis, Investigation, Writing – review & editing; **Julie Leask:** Conceptualization, Funding acquisition, Investigation, Methodology, Supervision, Writing – review & editing; **Andrew Wilson:** Conceptualization, Funding acquisition, Investigation, Methodology, Supervision, Writing – review & editing; **Carissa Bonner:** Conceptualization, Funding acquisition, Investigation, Methodology, Supervision, Writing – review & editing.

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Data Availability Statement

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to containing information that could compromise the privacy of research participants.

Supplementary Material

Supplemental data for this article can be accessed online at https://doi.org/10.1080/10810730.2026.2613851.

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