International Journal of Smart Education and Urban Society
Volume 12 • Issue 4

A Qualitative Exploratory Study in Health Information and Health Communication Leadership in the Age of the COVID-19 Pandemic

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ABSTRACT

Low health literacy is a public health scourge. Health information and health literacy around COVID-19 is a miscalculated public health conundrum. Zarocostas referred to the COVID-19 not as a pandemic, but an info-demic because of the need for patients to be more health literate when they are being bombarded by inaccurate or misleading information from social media, public officials, and family. During a global pandemic, the need to understand and explore the nuances of health literacy has never been more pressing. This qualitative exploratory study uses the expertise of subject matter experts on health literacy to classify the barriers to health information literacy, the best practices for improving health information literacy, and the additional measures taken by medical providers during the COVID-19 outbreak ensure that patients have the most accurate and useful health information.

KEYWORDS

COVID-19, Health Communications, Health Information, Health Literacy, Health Risk Management, Info-Demic, Pandemic

INTRODUCTION

Paakkari and Okan (2020) outlined that health literacy concerning COVID 19, also known as the Coronavirus, is an underestimated public health challenge. Zarocostas (2020) referred to the COVID 19 not as a pandemic, but an infodemic because of the need for patients to be more health literate at a time when they are being bombarded by inaccurate or misleading information from social media. COVID 19 has created two significant public health paradoxes (Paakkari & Okan, 2020). One has to do with the importance of health literacy as a critical aspect of risk management in contagious diseases (Paakkari & Okan, 2020). The second has to do with the need for accurate information for everyone regarding pandemic planning and risk (Paakkari & Okan, 2020). High levels of health literacy and compliance depend on reliable and readily available information on the nature of threats, disease transmission, risk safety protocols, and protective measures (Paakkari and Okan, 2020; Zarocostas, 2020). With COVID 19, a significant number of people lack accurate information on the symptoms, proper risk management strategies, and believe in fictitious conspiracy theories concerning the existence, emergence, and risks of the disease (Frieden, 2020). According to Spring (2020), since the outbreak of COVIS 19, social media and the Internet have burst with a significant amount of false news and information about the disease, which has hampered health literacy. Incorrect Social

DOI: 10.4018/IJSEUS.2021100103

media stories, citizens, and politicians have distributed conflicting messages about the symptoms of COVID-19, how it is transmitted, and the effectiveness of gloves and face masks (Spring, 2020; Frieden, 2020).

Health Literacy

Health literacy is an individual's capacity to obtain, interpret, and understand the necessary health information and services to improve their health (Andrews, 2014). The supposition is that for patients to accomplish health literacy duties they must be acquainted with health-related terms, comprehend discharge instructions, understand medication instructions, and have some actionable knowledge of how a health care system works so they can navigate it to access the care they need (Grace, 2016; Smith, 2020; Andrews, 2014; Jean, 2017).

Health literacy is dependent on an individual's ability to process health information presented to them or discuss with them when they need to make health care decisions (Andrews, 2014). Health literacy also requires an individual to understand the health information presented in various formats, such as forms, questionnaires, videos, and brochures (Alberti, 2014). Patients who do not understand health information given to them or become confused about how to apply the knowledge to their lifestyle are less likely to comply with instructions or follow-up on health care recommendations by a health care provider (Drake, 2015)

A strong hope to change the conversation on leadership practices concerning health literacy can revolutionize healthcare services and open the door to repair the damage-causing inadequate patient care and healthcare disparities (Smith, 2020; Carlton, 2016). Evolving communication systems with equitable and efficient provisions improve patient care. Promotion of health and disease prevention is a foundation for all healthcare providers (Sarfo, 2018). Still, if patients do not understand what health care providers are telling them, then it cannot be expected that they change behaviors to promote health and prevent diseases (Sarfo, 2018).

Impact of Low Health Literacy

Patients with low literacy skills have a 50% increased risk of hospitalization than patients who had adequate literacy skills (Sarfo, 2018). Low health literacy contributes to more deficient self-management skills. Patients with low health literacy have more mediocre knowledge of health diseases (Sarfo, 2018). They are not able to adequately manage health conditions (Sarfo, 2018). 50% of patients do not take medications as directed (Sarfo, 2018). As a result, a medication error occurs in the home that may lead to a primary care provider visit or even hospitalization (Sarfo, 2018). Research suggests patients with low health literacy have more medication errors; are less able to comply with treatments; lack the skills needed to negotiate the health care system successfully (Sarfo, 2018). These patients are at a higher risk for hospitalization than people with adequate literacy skills (Sarfo, 2018).

Patients will conceal their lack of understanding to avoid the shame and the negative stigma associated with low literacy and low health literacy (Sarfo, 2018).

Health literacy affects all individuals but is more frequently identified in older adults with limited command of the English language, individuals of lower socioeconomic status, and lower educational level (Grace, 2016; Smith, 2020; Andrews, 2014; Jean, 2017). Low health literacy significantly correlates with poorer health outcomes and more inferior use of health resources (Grace, 2016; Smith, 2020; Andrews, 2014; Jean, 2017). The yearly price of low health literacy to the U.S. economy was $106 billion to $238 billion (Vernon, Trujillo, & Rosenbaum, 2007). Patients with low health literacy have a lesser probability of getting flu shots, comprehending medical labels and guidelines, and a greater likelihood of taking medicines improperly when contrasted with adults with superior health literacy. (Bennett, 2008; Sarfo, 2018). Patients with inadequate health literacy reported inferior health conditions and were less probable to use preventative care (Andrews, 2014). Patients with low levels of health literacy are more likely to be hospitalized and have poorer disease management outcomes (Sarfo, 2018). Low health literacy often leads to worse health outcomes, and the causal