

Harnessing the potential of uploading health educational materials on medical institutions' social media for controlling emerging and re-emerging disease outbreaks

Dear Editor,

Public health-related crises have caused enormous negative impacts on health, economies, and even national security worldwide. Proper management contains many uncertainties and responding to process needs of collecting data from various sources and multidisciplinary fields. Therefore, all stakeholders must engage in effective multisectoral collaboration to conduct an efficient public health event. However, the stakeholders' perception of risk, as well as their needs, are not always the same. Barriers to multi-sectoral collaboration exist and often prove challenging to bring stakeholders together to integrate them into the processes of health risk assessment and management. Effective risk communication aims to improve sharing of this information and efficacy of multi-sectoral collaboration in managing a health crisis. Therefore, this can be an ideal tool for experts and the public to improve the management of public health events. Emergency risk communication, such as those involving infectious disease outbreaks, plays a vital role in public health practice.^[1] Effective communication is often more important than procedures and diagnoses themselves in ensuring good quality care for patients from a preventive perspective.^[1]

Modern digital literacy has increased tremendously in India due to the ongoing digital revolution supported by the National Digital Health Blueprint.^[2,3] Whenever any accident or outbreak occurs, the public tries to become well versed with the basic information about the outbreak before taking any preventive action/medical consultation. They search the internet and social media for the most current information. The problem most readers face in determining the authenticity of sources.^[4] As a result, readers are bombarded with information of varying degrees of authenticity which can be devastating in a situation like that of the current coronavirus outbreak. The observed case of suicide due to "corona panic" based on wrong information is not acceptable in the era of the fourth industrial revolution.

To address critical gaps in corona risk communication in India, the PGIMER website is experimenting with uploading authentic medical materials for patient empowerment through risk identification, communication, and minimization for infectious disease/genetic, disease/congenital malformations, metabolic diseases (PCOD), and much more.^[5]

To the best of our knowledge, this unique approach is the first of its kind in India – giving a global exposure to the efforts of the faculty of PGIMER Chandigarh as people from anywhere in the world can access the uploaded material by a single click of a button.

It is our humble contribution for patient empowerment through uploads on the PGIMER website (under the public forum drop-down menu inpatient empowerment section). The upload also has a disclaimer – "Readers may go through the uploaded material for their health-related issues." It will help in many of their related queries. Concerned doctors/departments may be contacted for further guidance or clarification. We hope this novel approach of sharing medical information through the PGIMER website may help patient empowerment to a larger extent.^[5] Since then, this concept has been replicated in several medical colleges in India.

Of note, there are some limitations of this recently developed concept:

1. Digital literacy is increased in India, but most of the public use the internet with their phones rather than computers. This may be due to multiple reasons-
 - a. A computer is more costly than a touchscreen mobile
 - b. A mobile view is more user friendly than a computer
 - c. A mobile phone does not have portability issues
 - d. PGIMER website is tailor-made for computer/desktop view, and not for mobile view at this time.
2. Penetration to such webpages is suboptimal for the vast majority because of lack of awareness and differences in digital literacy
3. Lack of interest among the common public - this may be due to irregularity in sending messages and conveying

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irrelevant messages to them. For example, the same website is being used for patient empowerment along with advertising about conferences, Continuing Medical Education (CMEs), and workshops that might not be useful for the laypersons. Although, this webpage has been created with good intentions, it may seem like a bureaucratic formality rather than a holistic digital empowerment for nonmedical people

4. Another worrisome issue is accountability, i.e., who will be held responsible for not managing the webpage for health promotion activity, as the institutions depend on public health officers, senior specialists, infectious disease department, etc., for gathering information regarding the infectious disease, the lack of coordination and communication among them increases.

To solve this problem, we have to think one step ahead. Several medical institutes have social media pages that are currently used for advertising conferences, CMEs and workshops unrelated to the average person. One solution to the problem of risk communication can be by sending health education messages/videos through these social media pages on Facebook, Instagram, and Twitter, etc.

Special focus can be given during times of emergency where the frequency of health educational message broadcasting can be increased. Beyond this, we can think about using a signal/sign (as green lock sign appears on the banking website to notify that the website is authentic) where the public can be assured that, they are browsing authentic educational material. Last but not least, there should be a social media manager for each medical institutions' content who will be accountable for all types of activities (information collection, editing, sharing, and dealing public queries/feedback).

There should be an authenticity regarding the information that passes on to the public. In addition, apex institutes such as the National Institute of Virology, Postgraduate Institute of Medical Education and Research, Chandigarh, Indian Council of Medical Research should spread the message through social media webpage in relation to any particular disease outbreak. Information regarding Do's and Don'ts

should also be promoted in regional language for better understanding by the people. Moreover, the health-related information should not be restricted for the users that follow a particular website, but it should be mandatory for all, the idea is to spread the message as far as possible. Finally, for achieving greater public health goals in an appropriate context, assurance is perceived as a key element of policymaking and practice ("All is well"). More people will be assured about combating any public health emergency (like the coronavirus outbreak)- leading to spreading more positivity, and decreased hysteria.

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**Sudip Bhattacharya, Neha Sharma,
Kyle Hoedebecke¹, Md Mahbub Hossain²,
Özden Gökdemir³, Amarjeet Singh⁴**

Department of Community Medicine, Himalayan Institute of Medical Sciences, Dehradun, Uttarakhand, India, ¹Department of Community Medicine and School of Public Health, PGIMER, Chandigarh, ²Oscar Health, Dallas, USA ³Department of Health Promotion and Community Health Sciences, School of Public Health, Texas A & M University, Austin, Texas, USA, ⁴PhD Izmir University of Economics, Izmir, Turkey

Address for correspondence:

Dr. Sudip Bhattacharya,
Department of Community Medicine, Himalayan Institute of
Medical Sciences, Jolly Grant, Dehradun, Uttarakhand, India.
E-mail: drsudip81@gmail.com

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