

## Is COVID-19 Risk Communication Getting More Complicated?

Is it just me, or do you sense the challenges of COVID-19 risk communication are getting complicated? Just when it appears the public has gotten most messages to prevent the spread of the virus, such as hand washing, the “goal posts” in terms of recommended consumer behaviors keep changing.

As the nation moves into the COVID-19 recovery phase, we are faced with new communication challenges and even contradictory recommendations put into place just 12 weeks ago. For example, it was widely reported that touching any surface -- such as a shopping cart or credit card machine when making a purchase -- could result in virus transmission. Now, CDC reports a [low likelihood of contracting COVID-19 from touching surfaces](#). Likewise, early on, consumers were advised not to wear face coverings unless they tested positive for the virus, then [many states required](#) consumers to wear masks in public settings; now [various jurisdictions](#) say wearing face coverings in public places is optional. Is it any wonder consumers mistrust the latest health advice given we lack [a national unified strategy](#) for handling this public health crisis?

As health educators and communicators, we understand that the science of coronavirus is evolving, and researchers are discovering new evidence daily, which can influence precautionary messaging. But how do we explain the altered and sometimes contradictory health advice to the public coping *now* with deeply personal, professional, and economic impacts of the virus? How will our advice today affect future communication challenges such as [vaccine acceptance](#)? According to a May 2020 poll by the [Associated Press-NORC Center for Public Affairs Research](#), only 50% of respondents said they plan to get vaccinated when a vaccine against COVID-19 becomes available, while 31 percent are not sure and 20% said they will not get vaccinated. African Americans and Hispanics are less likely than whites to get vaccinated, and among those who say they would not get vaccinated, 42% cited concerns about getting infected with the virus from the vaccine. These findings beg the question by [Allegrante and colleagues](#), “Are our (communication) strategies sufficiently agile (with changing policies and changing behavioral opportunities) to flexibly engage individuals through real-time digital and other channels of communication, and to counter sources of misinformation? And, are strategies appropriately tailored and targeted to those most at risk of contracting and spreading the virus?”

Our challenge looms even larger when considering the sad state of [Americans’ health literacy](#). More than a third of all adults have basic health literacy, or below basic health literacy skills. Adults 65 years and older -- those at higher-risk for contracting COVID-19 -- have lower average health literacy than adults in younger age groups. Scientific terms used in various governmental briefings such as “herd immunity,” “apex of the outbreak” and “mitigation steps” are not widely understood and are open to misinterpretation even when “Googled”. Unwittingly, many consumers are turning to sources of misinformation on the internet, lured by likes, comments, shares, and views. Eating garlic and even drinking bleach have been touted as COVID-19 preventive measures to which some consumers have fallen victim.

As [Ratzan and other health communication experts](#) noted, “Indeed, there are data voids and the public health community does not have all of the evidence needed to reliably predict the trajectory of this infection. Unfortunately, this uncertainty creates a ripe environment for both fear and misinformation.”

Although we cannot predict or control how the coronavirus science will unfold 6, 12 or 18 months from now, we can help the public sort out fact from fiction. [Good tips are available](#) to help consumers assess

the validity of the latest studies touted in the media as well as sorting out today's "[factual versus fake news](#)."

As Vernon Law, a major league baseball pitcher, once said, "Experience is a hard teacher because she gives the test first, the lesson afterward." Our challenge of COVID-19 risk communication continues to evolve with the science and moving goal posts. Like our fellow bench scientists, health educators and communicators are gaining new insights from this pandemic as we go. Let us not, however, miss this "teachable moment" to build Americans' health literacy and seize the opportunity to build our national capacity for a more informed and engaged citizenry.

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