
PROMOTING HEALTH SUSTAINABILITY AND EQUALITY GLOBALLY DURING PANDEMICS WITH STRATEGIC HEALTH COMMUNICATION

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ABSTRACT

The COVID-19 pandemic has focused attention on the importance of public health communication around the globe. The pandemic has not only been a major health challenge but has also been a challenge to communicating relevant health information and support for guiding effective responses to the rapidly spreading and adapting virus. The pandemic has been complicated by problems with disseminating relevant information, helping people recognize key risks and response guidelines, along with difficult misinformation issues. This review article examines what we have learned from the pandemic about effective communication strategies to promote health sustainability and equality within countries and across nations.

Keywords: *Strategic Health Communication, Misinformation, Sensemaking, Equivocality, Infodemic*

INTRODUCTION: STRATEGIC HEALTH COMMUNICATION DURING PANDEMICS

This review examines the demands for strategic health communication during pandemics from a population health perspective. This is a macroscopic approach to understanding the value of health communication inquiry at multiple levels (locally, nationally, and internationally) across the globe. Most scholars typically study health communication from a microscopic perspective that focuses on the health communication activities, health behaviors, and perceptions of unique groups and of individuals within specific settings. However, for addressing complex and far-reaching pandemics (such as the COVID-19 pandemic), I believe it is important to examine health communication broadly to determine how to frame communication policies, programs, technologies, and messages in ways that help address the many tremendously challenging problems posed by pandemics that are experienced across societies (Kim, Kreps, & Ahmed, 2021a; 2021b; Kreps, 2023a; 2021). To do this, this review embraces a societal focus on health communication to enable examination of important health communication issues, recommendations, and applications for responding effectively to pandemics that are relevant to nations in every part of the world.

As we embark on this broad examination about how to address the COVID-19 pandemic with strategic health communication, we must recognize that countries in different regions of the world have communicated about the pandemic in very distinct ways. Some countries have developed culturally sensitive, responsive strategic health communication practices that have provided key public audiences with relevant and actionable health information and support, while other countries have not used communication very effectively to address the pandemic, often resulting in misinformation, confusion, and problems responding effectively to the pandemic (Kim & Kreps, 2020; Kreps 2023b). Some nations (including New Zealand, Taiwan, Vietnam, Iceland, Singapore, and even China where the new coronavirus was first detected) employed several very effective health communication strategies to inform the public and mobilize coordinated responses to help minimize infections and deaths from the COVID-19 pandemic. Sadly, many other countries (including the U.S., India, Brazil, Italy, Mexico, and the United Kingdom) often employed several very dysfunctional health communication practices that led to unnecessarily high levels of infection and death.

I encourage careful examination of the kinds of official communication practices that were used within different countries to share information about the pandemic with the public, as well as on cross-national communication efforts to promote health sustainability and equality globally. Which communication strategies that were used were most effective in helping to curtail infection and death from the pandemic? Which strategies may have led to negative health outcomes? It is important for public health communicators and policymakers to learn about what has worked and what has not, to help them engage in the best pandemic health communication practices, while avoiding problematic health communication activities that can cause tremendous harm (Chen, Li, & Kreps, 2022; Kim & Kreps, 2021; Kreps, 2023a). Consider how health communication practices could have been used effectively in your own country, as well as how these strategic forms of health communication might have been used to support international health promotion efforts during the pandemic.

THE COMPLEXITY OF PANDEMIC COMMUNICATION

Pandemics are tremendously challenging and complicated health problems and crises (Chen, Ariati, Li, & Kreps, 2022). From my perspective, it is helpful to think about pandemics as strategic communication situations, where effective communication practices can help reduce public confusion, promote understanding, and encourage adaptation to help overcome the problems of misinformation (often described as an “infodemic”) that occur too often during pandemics (WHO, 2020). This analysis of health information access and application is grounded in Weick’s theoretical perspective on sensemaking that is described in his powerful model of organizing (Weick, 1979; Weick, Sutcliffe, & Obstfeld, 2005). Weick’s model of organizing describes communication as a socio-cultural adaptative mechanism for responding effectively to complex and uncertain situations (he refers to these difficult situations as highly equivocal), that are difficult to respond to easily. Pandemics are (by definition) highly equivocal situations because they bring many new issues and problems that are not fully understood and may not have been encountered before. Early on in pandemics it is common to not know exactly what is causing the pandemic. We often do not know what to do about pandemics. We often do not know how to prevent the spread of pandemic health problems. We often do not know how to treat the health problems caused by the pandemic. Pandemics are huge buzzing challenging problems that are difficult to respond to effectively! Pandemics

lead to situations of extremely high equivocality because they are complex, uncertain, and difficult to predict. Weick argues persuasively that during highly equivocal (complex and demanding) situations communication activities are critically important because engaging in strategic communication can provide access to the best available information for guiding response to these situations. Relevant, timely, and actionable health information can enable informed decisions about the best ways to respond to complex health problems that are likely to occur during pandemics (Chen, Ariati, Li, & Kreps, 2022; Kim & Kreps, 2020; Kreps, 2021; 2009).

Unfortunately, when we encounter major problems like pandemics, there is a tendency by many governments to not communicate in an open, transparent, and helpful way (Kim & Kreps, 2020). Often, government officials are thinking about what they can say to shape public opinion to maintain control, minimize public concern about the problem, maintain their reputations, and preserve their power, as opposed to thinking about what they need to do to keep people informed and help them react effectively to the pandemic. Due to this problem, government officials often use public communication to minimize, rather than respond effectively to resolving pandemics. Public communication is often used to discourage people from thinking about the pandemic. This is like the situation where ostriches bury their heads in the sand when there is a sign of danger, thinking that since they can no longer see the threat, they will no longer be in danger. Obviously, this is not a good way to address threats! The more that we hide from threats, the more that we are likely to obscure and miscommunicate about them, making the threats even more dangerous. That is why more than 3.7 million people around the world have already died from the current COVID-19 pandemic and the death toll is continuing to grow (WHO, 2021).

COMMUNICATING TO REDUCE CONFUSION DURING PANDEMICS

It does not appear that public officials have learned very much from their past mistakes in communicating about health crises (Kreps, 2013; Kreps, Alibek, Bailey, Neuhauser, Rowan, & Sparks, 2005). There have been recurring communication problems and repeated announcements made about unwarranted public health decisions concerning pandemics. Instead of providing the public with accurate health information and implementing needed health promotion guidelines to reduce health risks, government officials have too often catered to public demands for relief from pandemic-related restrictions. For example, recently in the US there has been a rush by public officials to re-open public life and to lift COVID-19 prevention guidelines, as though the pandemic was over. These actions have occurred despite the facts that less than half of the US population has been fully vaccinated (with both primary and up-to-date booster doses). Contagion from new variants of the COVID-19 virus has been spreading across the nation, many health care delivery systems have been seeing increased cases of COVID-19 infection, and deaths from the pandemic have continued to mount. National and state government officials announced that wearing protective masks and engaging in social distancing was no longer mandatory. They decided to fully re-open all businesses, schools, and recreational venues despite current health data that may not support these decisions. It appears that these government officials, like ostriches, are hiding relevant information about the pandemic from the public once again, minimizing health risks from the pandemic. They appear to be obscuring the facts about the pandemic for political gain, rather than communicating honestly. This type of irresponsible health communication

is likely to extend risks from the pandemic across the country, increasing rates of infections, hospitalizations, deaths, and suffering.

We need to examine how to reduce confusion and misinformation about the pandemic, identify ways that we can share relevant health information to help people learn what they need to do to maintain their health, and motivate the public to follow needed public health guidelines. How can we empower people to manage their own risks and promote coordinated health promotion responses? To do this, we need to communicate in ways that will help develop integrated health practices and policies, as well as to establish strong communication guidelines for responding to pandemics in the future. We need to recognize this is not the only time we are going to see a pandemic. In fact, this is not the first time that the world has seen the coronavirus. Within the last 20 years, we have experienced two other major international coronavirus health threats. In 2003 the world experienced the severe acute respiratory syndrome (SARS-CoV-1) and in 2013 the Middle East respiratory syndrome (MERS) threatened public health. These earlier pandemics were both precursors to the current COVID-19 pandemic. Luckily, the two earlier pandemics were not as dangerous as the current pandemic and did not lead to as many deaths. However, because these earlier pandemics were not as deadly as the COVID-19 coronavirus, we may not have been as concerned about the current pandemic as we should have been. We must learn from past experiences with pandemics, recognize that different viral threats operate in unique ways, and learn how to address each specific health threat appropriately.

Responding to health threats is closely related to public sensemaking and equivocality (Kreps, 2009). One of the most critical factors in dealing with a pandemic is to raise public awareness, not just recognizing that there is a problem out there, but helping the public recognize that this is a salient health problem for them (Kreps, 2021). This is based upon the health belief model that explains that responses to health threats depend on individual and collective beliefs about severity of and susceptibility to health threats, as well as perceptions about potential benefits, barriers, and personal abilities to respond effectively to health threats (Becker, 1974). These are several of the major issues that public health officials need to communicate about during pandemics. Public audience members need to know if a health issue is dangerous, if the health threat is relevant to them, and if they can respond to these threats effectively without incurring undue harm. For a long time, many leaders in many countries, including the US, were saying the wrong things to the public about the pandemic! They were saying that this was not a big deal, it was going to just go away, it is just like a common cold, it is just like the flu, we have it under control, this is only a problem for people living somewhere far away from here, it's not something we need to be concerned about (Kim & Kreps, 2020). Clearly, that was not the case, and eventually we began to learn how dangerous this pandemic really is. However, it was difficult to rectify the early misinformation that was provided to the public about the pandemic. It was hard to change people's minds because the initial overly optimistic minimized threat messages were comforting for the public to accept. Public officials repeated those false messages because provided to them were comforting for the public (Kim & Kreps, 2020). It was the kind of message that people wanted to hear. People do not want to hear about gloom and doom; they want to hear happy messages "Don't worry, be happy." Unfortunately, the unrealistically optimistic "Don't worry, be happy" messages about the pandemic detracted from efforts to convince members of the public to respond effectively to this serious health threat.

It is critically important to provide the public with relevant and timely information about what the pandemic is all about, what they need to know about the pandemic right now, what the best available information is about the basic mechanisms and influences of this virus, and what can be done about it. We need to communicate in ways that engender cooperation from many different sectors of society, from health care consumers, from the business community, from the healthcare community, from the police community, from healthcare providers, and from many other groups so we can all work together and do our part to address the complicated and pervasive social issues related to pandemic prevention, treatment, and outcomes.

STRATEGIC PANDEMIC HEALTH COMMUNICATION PREVENTION, MOBILIZATION, AND RESPONSE

We need to embrace strategic health communication as the primary engagement approach to addressing pandemics. “Strategic health communication,” means the use of evidence-based and user-centered communication practices, programs, technologies, and policies that are designed to be meaningful and influential with key audiences (Kreps, 2021; 2012; 2006; 2005, 1994; Kreps & Neuhauser, 2015). We must engage in evidence-based smart and adaptive communication activities that are appropriate for intended audiences to prevent the spread of disease, to mobilize needed resources to address pandemic demands, and to establish effective response programs to control the pandemic (Kreps, Alibek, Bailey, Neuhauser, Rowan, & Sparks, 2005).

Pandemic prevention should be our first concern. It is always better to prevent the spread of serious health issues than to respond to these problems once they occur (Kreps 2012; 2013). Weick (1979) contends that we learn from past organizing experiences when addressing new, but related, challenges. The current COVID-19 pandemic is not the first time that we have encountered serious risks from a coronavirus. There is much we could have learned from these past health risks to guide current responses to the pandemic, especially information we have acquired about how to control infection and minimize death and suffering. We could have done many things to stop the coronavirus from spreading based upon what we already knew about coronavirus health threats. If we had reflected on our past public health experiences with the coronavirus, we would have recognized that we had learned a lot about the ways the coronavirus spreads, about the different causes of the virus, about how these viruses change over time, about the high risks of international spread of the virus, and even more lessons that should have guided public health communication to prevent major public health problems from the pandemic.

Past experiences with pandemics should have taught us a lot about how to prepare for the likelihood of the current pandemic. For example, our experiences with SARS and MERS should have taught us that the current coronavirus was a respiratory problem that could spread rapidly, and that we needed proper policies and equipment to help people prevent airborne infection, such as the use of masks and social distancing. We needed to help people get the best forms of treatment for infection. We should have had respirators available. We should have been providing support and encouragement with a variety of different fast response mobilized units to deal with this problem. We needed to train people to respond effectively and coordinate activities to respond to the pandemic. Sadly, most of those needs were not fulfilled in a timely manner in the US, nor in many European, and Latin American

countries. That is why we have had such a terrible adverse response to the pandemic with widespread infections, deaths, and tremendous suffering. The suffering from the pandemic is not going away any time soon because we are learning that there are many long-term adverse effects both physiologically and psychologically to this virus that can continue to occur even after vaccines have taken hold. Sadly, the vaccination process is happening very slowly and erratically around the globe (Li et al, 2023).

Once contagion from the pandemic began to spread, many countries were terribly unprepared to provide needed care to the growing numbers of infected people. There were significant problems with the availability of needed resources for patient care, limited access to medications and equipment, and insufficient health care infrastructure (facilities and personnel) to address the growing number of seriously ill people who became infected. Past pandemic experience should have been used to guide fast mobilization of needed resources, equipment, health care personnel and facilities to address the health care demands of the pandemic. We must apply what we have learned from our problematic experiences addressing the current pandemic to develop forward thinking policies and programs for rapid response to address future pandemic health threats, so we are not left unprepared to meet emergent demands again!

Collecting and applying information from past pandemic experiences is an essential part of strategic pandemic health communication. Based upon what we know about similar infectious diseases, we can prepare to address current health risks. This is a strategic health communication practice that should be embraced to help prepare for the next major infectious health threats to arise in the future. By building on what we learned from past experiences, we could communicate this relevant information to help people respond to the pandemic, help them to determine what their risks might be, suggest what they could do to reduce their risks of infection, how to respond if they (or others) become infected, and how to care for those who become infected. Sadly, many communication responses to the current pandemic did not fully utilize lessons from the past to guide current responses to COVID-19.

We cannot just talk spontaneously, off the top of our heads about pandemics. We cannot just say the first thing we hear about. We cannot just tell people what they want to hear or what makes them feel good. We have got to provide the best, most relevant information, in ways that make sense to the people we are communicating with and that helps them engage in behaviors to minimize their health risks. There are many important factors that need to be considered when engaging in strategic health communication during pandemics. First, we need to provide accurate, timely, and usable information to prevent the spread of the pandemic. (Sadly, we really missed the boat on that factor in many countries, including in the US). The information we provide to the public about the pandemic needs to be both accurate and easy for different audiences to understand, demanding strategic communication that accommodates the unique backgrounds, beliefs, and expectations of different audiences (Kreps,2006; 2012).

ADDRESSING PROBLEMS WITH MISINFORMATION

Misinformation has become one of the biggest impediments to coordinating collective adoption of proposed pandemic prevention and response strategies (Chen et al, 2022). There is a dire need to minimize misinformation and provide people with accurate pandemic

information. Poor communication from untrustworthy sources has been a major cause of misinformation during the COVID-19 pandemic (Chen et al., 2023). However, strategic health communication can serve as a solution to misinformation. Clear, responsive, and persuasive messages can help minimize misunderstanding about the pandemic and respond to misinformation. It is important to identify when misinformation is spread and to respond by providing meaningful information to reduce confusion and maladaptive responses to the pandemic. We must identify effective communication practices for retaining the best information and utilizing the best message strategies to guide future efforts.

Misinformation can be offset with regular, timely, accurate, and caring communication. Public health communicators need to provide accurate and timely information in a caring, sensitive way that encourages people get involved, so they can make their best decisions for coping with the pandemic. We need to identify the latest scientific information concerning the pandemic that is available and then share it with the public with appropriately designed messages delivered to them over familiar communication channels by trusted sources (Chen et al, 2023; Kreps, 2005; 2006). We have found that it is very difficult to communicate effectively about the pandemic. Available information about the pandemic is often incomplete and scientific knowledge about the health threats is still evolving (Chen, Li, & Kreps, 2022).

We may not have access to the best information that people need. We must recognize that our understanding of the key mechanisms and best responses to the pandemic is a moving process. New information is being generated based upon evolving research programs and from experiences with the pandemic. Therefore, public communication must adapt messages to convey new information and updates as we learn more about the pandemic. Luckily, public health communicators do not just have one shot at informing the public. (“Here’s the information and goodbye.”) They need to keep updating the public with the latest and best available information (Chen, Li, & Kreps, 2022). Communicators need to prepare the public to accept new and improved information and recommendations. Care must be taken to explain that information communicated is based upon the best available knowledge, but when new information becomes available, updates will be promptly provided.

It is important for health experts to actively monitor the evolving array of public messages to identify when misinformation occurs. This type of information-tracking activity is a form of infodemiology (Chen et al, 2022; Kreps, 2021; Mavragani, 2020). Infodemiology activities are similar to epidemiology, which tracks disease incidence, response, and outcome. However, instead of tracking disease incidence infodemiology tracks communication activities concerning health issues. We need to know who is providing misinformation, what is being said that is incorrect, how the false information is disseminated, who the audiences are who are exposed to these malignant messages, and who believes the misinformation? Without tracking misinformation, it is going to be very difficult to rectify the problems it causes. Tracking misinformation provides us with direction. It is another example about how communication research should guide health communication efforts. We need to develop and utilize powerful automatic messaging tracking programs that will identify and evaluate instances of misinformation in a timely manner. The results of these programs can guide development of responsive communication efforts to reach and influence those who are contaminated with misinformation with correct information.

ADAPTING COMMUNICATION PRACTICES TO INFORM THE PUBLIC

Public health communicators need to use the best communication strategies that are appropriate to different audiences recognizing that there is not only one right way to communicate effectively with everyone. This suggests the need to develop multiple communication strategies that are designed for different relatively homogenous segments of the population. Messages for different groups must be based upon the specific audience members' beliefs, attitudes, education levels, and health literacy levels to communicate with them effectively (Chen, Li, & Kreps, 2021; 2022; Kreps, 2016).

Most importantly, public health communicators need to realize that during a pandemic people are under tremendous stress. They are scared. They are worried. They are hurting. They are seeing death and suffering. Communicators need to demonstrate respect and compassion for them. This is not easy to do. When responding to an emergency, public health communicators may want to bark out orders quickly. However, they need to realize that people may not be ready to accept those kinds of rapid and impersonal messages. It is important to show compassion to those confronting pandemics. We must communicate with them with empathy so those we are communicating with are inclined to listen to public health messages and recommendations because they realize these efforts are designed to help them.

A critically important factor in pandemic communication is to employ credible sources, such as health experts, to provide relevant information to key audiences. Too often during the COVID-19 pandemic the primary sources of public health information have not had needed expertise. Early in the pandemic in the US the primary sources of health information were often top political figures, such as the current President at that time, who knew little about health care, had no background in responding to pandemics, was badly misinformed, and was primarily interested in maintaining authority and control. He did not actively seek scientific information from leading experts. When experts provided advice that he did not like, he undercut their advice and blocked their recommendations. This had a disastrous effect on the dissemination of information. During early televised pandemic briefings the President was the dominant voice. He minimized the voices of people from federal health agencies. This was a huge problem. We must recognize that a serious health crisis is not a political event. This is not business as usual. This is a time when we need the voices of those with the greatest expert knowledge for informing the public.

It is important to provide multiple, easy-to-access channels and forums for disseminating the best scientific information, the latest information to the public (Kreps, 2022). We need to use all available channels of communication, including television, radio, print, online digital social media and in person communication channels, using both top-down (expert driven) and bottom-up (peer-based) approaches that engage people from within their own communities and their own personal social networks (Kim, Kreps, & Ahmed, 2021a; 2021b). This is an all-hands-on-deck communication activity. Each channel of communication has different capacities and can provide complementary messages to help reinforce public health recommendations in unique ways. Some channels, such as the use of television, can provide dramatic video messages that employ vivid imagery to attract attention and demonstrate recommendations. Other complementary channels, such as the use of print media, can provide great depth of information that can be stored and reviewed by audience members over time. In addition, social media channels can provide opportunities for members of the public to ask questions and to engage in dialogue with trusted others about complex health issues and recommendations (Kim, Kreps, & Ahmed, 2021a; 2021b).

We need to develop feedback systems that enable people to discuss complex pandemic health issues and to get answers for their questions, Weick (1979) argues that when we are dealing with highly equivocal and challenging situations we need to engage in meaningful interactions. Every communication interaction that we engage in can provide us with new information to reduce uncertainty, helping to increase understanding. We need to establish easy to access forums and channels of communication where people can ask questions and seek information. Pandemic communication cannot just be a one-way channel where we merely provide information. The issues are too complex for that. We need to engage people in conversations, answer their questions, and provide examples and illustrations to enhance understanding. For example, we could provide the public with online forums, telephone hotlines, or hold community meetings. We could provide interactive educational sessions available throughout society where people can get the information they need and learn how to use that information to cope with the pandemic.

We also need to provide regular updates to educate people about new information and to reinforce adoption of health promotion recommendations. In the US and many other countries there has been a bad problem with people not following important public health recommendations. Many people have not responded well to being told that they could not engage in business as normal. They needed to work from home. They could not go out to the bars. They could not go to restaurants. They could not interact with their extended families, friends, and colleagues in the ways that they normally do. There are a lot of young people who felt that they had a right to socialize, date, and party.

In fact, there was a huge problem in the US during the spring break last year, where thousands of college students decided that it was their right to violate public health recommendations by going to crowded beach parties, get drunk in public, and engage in all kinds of revelry that was fun for them, but posed tremendous risks for spreading the virus. There were too many of these dangerous incidents. Even some political leaders in the US, including the President at that time, who encouraged non-compliant behavior, telling people to reject public health recommendations by saying they were a violation of human rights. It became a tremendous challenge for public health communicators to convince many rebellious members of the public to follow established prevention recommendations. There was a tremendous need to provide the public with regular strong and powerful information, encouragement, and reinforcement from a variety of sources, to make sure that crucial public health guidelines were adhered to. As guidelines changed, it became important to update public health recommendations. This has become an ongoing pandemic communication process (Chen, Li & Kreps, 2021; 2022).

There are a broad variety of communication demands that need to be addressed during pandemics, not only at one point in time, but in many different ways over time. We need to develop a strong public health communication infrastructure for rapid advances in knowledge about health and risk communication to guide making the most relevant health information widely available. We need to test a variety of new communication strategies, models, and tools for disseminating health information related to the pandemic (Kreps, 2022). We need to disseminate the best information to the audiences who need the information the most to help them cope with the pandemic. Based upon what we learn from our experiences responding to the pandemic, we need to implement the best communication practices, policies, and technologies, and campaigns for addressing future public health challenges. This is a process of discovery, development, and delivery. If we can communicate health

information strategically, we can make a huge difference in minimizing death and suffering from pandemics. We must begin thinking about these important health communication issues now. We are already seeing new variants to the current virus that are likely to complicate recovery from this pandemic. This illustrates the need to continue communicating strategically about emergent pandemic issues to guide informed public response.

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