

COVID-19 health literacy relates to people's ability to access, understand and use rapidly emerging information to protect themselves and others from infection. To support this process WHCA has made the systematic collection of relevant information our main work over past nine months. On a daily basis we search for, select, package and distribute COVID-19 related information family, friends and colleagues.

We started by tracking COVID-19 science and advice vetted and approved by our former employers at [WHO](#) and [ECDC](#) and other independent 'reputable' sources. In this way we got a sense of the state of play of **what** kinds of behavioral, policy and medical interventional actions were being recommended to reduce risks.

What this didn't tell us, however, was **how** people were practically applying the emerging science in their daily lives. What was working and not working. To gather this information we knew we needed to expand our search to include more anecdotal and narrative inputs from traditional and social media sources.

To help us search for and package such stories we turned to some of our long-time colleagues with news aggregation, networking and design skills. Our virtual working team quickly expanded and soon included Steve Virgin from [Media-focus](#), [Mike Jempson](#) from the [MediaWise Trust](#) and Tuuli Sauren of [Inspirit Creatives](#).

Collectively, we sought guidance on the types of stories potential users wanted us to aggregate /collect. Our friends and colleagues told us that we should focus on collecting positive 'how-to' stories which could provide practical/actionable guidance on ways others were keeping themselves safer, healthier and kinder. People didn't want us to present them with a continuous stream of 'shaming and blaming' articles which exposed all the questionable and frankly bad governance, decision making and communications being displayed by so many governments. They noted that plenty of others were already providing [those important inputs](#).

They also emphasized the importance of finding stories that addressed the fact that while we were all in the same storm we were not all in the same boat; that different groups and communities have inequitable risks and response capacities.

Building on these inputs, we created the [Connecting Communities Covid-19 newsletter](#) and agreed a logical format for it that grouped stories around eight key topics of interest related to:

1. **Isolation tips** – how people are coping and protecting their health and mental health through lockdown realities;
2. **Hygiene helpers**– how people are keeping themselves and others safe from Corona infection in different settings;
3. **Community actions** – what communities are doing to help each other,
4. **Working remotely** – how people are making new work realities productive,
5. **Virtual classrooms** – how people are learning and training from home ,
6. **Public policies**- how different country policies are working (or not working) to make

healthier choices easier

7. **Maintaining essential services** – what is being done to keep food, mail delivery, water, gas, telephone, internet, sanitation etc. functioning well and safely in different communities; and,
8. **Health Care** - what innovations and interventions seem promising.



We have now been producing this newsletter for seven months and have published over 150 editions. Every week-day morning at 6-ish AM, Sabrina and I receive an aggregated collection of news stories from Steve and his gang in the eight topic areas. We then review these, delete those that are inconsistent with WHO and ECDC guidance, too negative or repetitious of other stories. We then send it back to Steve for distribution. The newsletter is free and all can [subscribe](#) here.