

Reimagining Health Literacy in the Digital Age: Prof. Peter J. Schulz's Vision and its Implication of Health Promotion Communication to East Asia
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Abstract

This essay discusses how Professor Peter J. Schulz has changed his view about health literacy and its role in health promotion communication in East Asia. The analysis, which is based on his lecture "From Health Literacy to Health Misinformation: A Journey Through Health Communication Research," highlights the idea of health literacy as a socially situated dialogical process offered by Schulz, which does not stop at the boundaries of personal skill acquisition. His cooperation with Kent Nakamoto predetermines empowerment and shared decision-making as the main pillars of effective health communication. Schulz's work on critical health literacy and misinformation is a treasure trove of knowledge in a digital world where digital connectivity is often assumed to balance disparate degrees of critical engagement. The paper outlines the way his framework addresses the dual problems of misinformation and passive involvement in health, especially among the youth, through the promotion of empowerment and narrative communication approaches. Finally, Schulz suggests a model of transformation repositioning patients as active co-agents in the decisionmaking of health, and establishing communication as

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relational, ethical, and participatory. Such reorientation is depicted as a necessity of modern practice in the field of public health.

Keywords: health literacy, health communication, East Asian health promotion, empowerment,

Peter J. Schulz, a distinguished Swiss scholar in health communication, recently delivered a lecture titled "From Health Literacy to Health Misinformation: A Journey Through Health Communication Research" as part of an academic exchange. In addition to providing a retrospective of his extensive academic contributions, the discussion, which was centered around his scholarly path, also provided a critical synthesis of the evolution of health communication over the past two decades, particularly in the context of his seminal work on health literacy, empowerment, and, more recently, misinformation.

We were most inspired by Schulz's meticulous articulation of health literacy as a socially contextual and dialogical process, rather than a fixed individual trait. Since 2005, his collaborative work with a distinguished marketing scholar, Kent Nakamoto, has been instrumental in this regard. The authors of the paper "Emerging themes in health literacy" contend that health literacy is not limited to the fundamental capacity to read and comprehend health texts; it also encompasses the capacity to engage in meaningful interactions, ask pertinent questions, and make autonomous decisions (Schulz & Nakamoto, 2005). This broader perspective is in close alignment with the current developments in the field, particularly in the areas of patient-centered care models and participatory health practices.

Schulz's contemplation of health empowerment, which he regards as a complementary concept to literacy, was another profound insight. In the study of "Patient empowerment and the control of chronic disease," he presents his theoretical expansion of empowerment, which underscores the relational dynamics between healthcare providers and patients (Schulz & Nakamoto, 2013). He argues that empowerment is only meaningful when patients are legitimately invited to share responsibility in health decisions, which he refers to as the "interactive model" of health communication. This stance is consistent with subsequent empirical research, including that conducted by Elwyn and other

scholars in 2012, which emphasizes the benefits of collaborative decision-making in the management of chronic illnesses.

His lecture was particularly pertinent in light of the increasing concern regarding health misinformation in the post-pandemic era. Schulz's most recent research investigates the ways in which the landscape of health communication has been transformed by the emergence of participatory media and the erosion of trust. In this lecture, he asserts that the solution to misinformation is not merely fact correction, but rather the improvement of critical health literacy—the public's capacity to assess and evaluate health information in the face of ambiguity and pluralism. These parallels of arguments made by other scholars, such as Nutbeam (2008) and Chinn (2011), underscore the significance of acquiring evaluative skills rather than passively receiving information.

This lecture elicited a profound personal reflection on the urgent importance of health communication research in the context of modern East Asian societies. Among younger generations in China, the issues of e-health literacy, digital access, and the dissemination of misinformation have assumed urgent dimensions. An exemplary instance is the cross-national investigation conducted by Jiao and other researchers in 2023, which investigated the manner in which Generation Z in China interacts with health information. The research revealed that, despite the near universality of digital access among this demographic, a substantial disparity persists in digital health literacy—the capacity to critically evaluate and act on online health information. Schulz's long-standing argument that health literacy is not merely about access to information but about the development of the interpretive and communicative competencies required for genuine empowerment is further substantiated by this.

Schulz's conceptual framework thus offers valuable infrastructure for comprehending both Western and East Asian contexts. His emphasis on empowerment is particularly relevant in societies where health authority is

frequently centralized and patients may be indoctrinated into relatively passive roles. In these circumstances, the objective of promoting health empowerment is transformed into a transformative objective, as opposed to merely disseminating information. It is consistent with a more generalized change in public health that aims to redefine individuals as active participants in their own health. Additionally, in a time of widespread health misinformation, particularly on social media platforms like WeChat or TikTok, Schulz's appeal to enhance critical health literacy provides a practical and timely guide for both the education and policy sectors.

The lecture also addresses an additional fundamental development in the health communication field, which is illustrated by the critical distinction between being uninformed and misinformed. The health communication campaigns have been operating on a simplistic knowledge-deficit paradigm for an inordinate amount of time, presuming that a lack of information was the primary impediment to healthy behavior (Schulz & Nakamoto, 2025). This research persuasively argues that we are presently grappling with two distinct pathologies of knowledge, each of which requires a treatment that is fundamentally distinct. The uninformed individual is a vacant canvas that can be educated through well-distributed, plain, and accessible information campaigns. However, the individual who is misinformed is a virtual slate that must be meticulously erased before it can be written upon. This change requires that we move beyond the conventional process of messaging creation and instead concentrate on the creation of sophisticated diagnostic tools that can detect the specific knowledge failure in a specific population prior to the development of a single message.

Consequently, this paradigm shift requires health communicators to adopt a novel approach. The delicate surgical procedure of replacing a defective mental model with a robust one is not merely a matter of announcing the facts more forcefully; it is the process of rectifying misinformation. The core of a new

philosophy for our practice is the recommended strategy of integrating an explanatory narrative with empirical counter-evidence, which is not merely a tactic. It acknowledges that beliefs are held for a reason, often linked to identity and worldview, and that in order to challenge a belief, we must present a narrative that is not only more accurate but also more meaningful. This transforms our role from that of mere informers to that of empathetic educators and architects of understanding, responsible for protecting public health not only against a virus but also against the information environment that can make a pandemic of misinformation so perilous.

Ultimately, Schulz's lecture was more than a recounting of academic milestones; it was a compelling narrative of how a scholar can engage with society's evolving communicative challenges. His work continues to inspire scholars from a variety of disciplines to consider the relational, ethical, and systemic aspects of the definition and support of health in the digital era. For researchers and practitioners in Taiwan, Switzerland, and beyond, Schulz's emphasis on empowerment, dialogical understanding, and critical reflection offers not just a research agenda but a vision of public health grounded in respect, participation, and trust.

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摘要

本文以 Peter J. Schulz 教授對健康素養的演進觀點為核心，探討其對東亞健康促進傳播的啟示。舒爾茨將健康素養重新概念為一種植根於社會互動的動態對話過程，超越傳統的個人認知框架。本文分析其與 Kent Nakamoto 合作研究中強調的賦權與共同決策理念，並關注數位時代中批判性健康素養與錯誤資訊之間的張力。在東亞脈絡下，Schulz 的理論框架提供了解決虛假資訊與被動健康參與雙重挑戰的可能途徑，尤其針對年輕族群。透過賦權導向與敘事型溝通策略，其研究提出一種變革性模型，將患者重塑為健康決策的主動參與者，並確立健康溝通作為關係性、倫理性與參與性過程的本質，對當代公共衛生實踐具有深遠意義。

關鍵詞：東亞健康促進、健康素養、健康傳播、賦權

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** Angela Chang (張文瑜) 博士，現任中國澳門特別行政區澳門大學傳播學系副教授。近十年來，她與 Schulz 教授持續保持密切研究合作，共同探索文化與認知因素對健康素養及傳播效能的影響。她擅長設計與評估公共衛生傳播活動，尤其專注於在宏觀國家語境中為微觀文化受眾量身定製精準的健康傳播訊息。