

# **Implementation and evaluation of SANGYAN podcast, a digital health intervention to enhance knowledge related to COVID 19 and other health conditions: A protocol**

Ashish Joshi, Surapaneni Krishna Mohan, Apurva Kumar Pandya, Ashoo Grover, Sofia Rani Saggi, Saravanavel Kalpana Revathi, Shruti Sharma

Submitted to: JMIR Research Protocols  
on: July 18, 2022

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# Implementation and evaluation of SANGYAN podcast, a digital health intervention to enhance knowledge related to COVID 19 and other health conditions: A protocol

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## Abstract

**Background:** A podcast is an obscure method of disseminating information through audio to the mass. Nowadays, the podcast is an emerging new portable technology and is a valuable resource that provides unlimited access for promoting health in participants.

**Objective:** The study aims to determine the usefulness and effectiveness of the SANGYAN podcast as a digital health intervention to address misinformation related to COVID-19 and other health conditions among individuals of Chennai, Tamil Nadu.

**Methods:** An intervention study will be conducted with 500 participants from PMCHRI and RHTC in Chennai, Tamil Nadu. Individuals 18 years and older residing in the selected urban and rural settings will be recruited. Usability and effectiveness of the SANGYAN podcast will be assessed by System Usability Scale (SUS) and Client Satisfaction Questionnaire-8 (CSQ-8).

**Results:** Descriptive analysis of the gathered data will be performed using SAS v9.1. Results will be reported at 95% CI and P<0.05. The proposed research study will help to explore the usability and acceptability of the podcast.

**Conclusions:** The finding from this research project will aid in the development and implementation of data-driven, evidence-based, and human-centred behaviour change using podcasts to address public health challenges among populations living in diverse settings. This would also help in enhancing the acceptability of podcast as a source of health-related information.

(JMIR Preprints 18/07/2022:41175)

DOI: <https://doi.org/10.2196/preprints.41175>

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## Original Manuscript

## Implementation and evaluation of SANGYAN podcast, a digital health intervention to enhance knowledge related to COVID 19 and other health conditions: A protocol

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### **Abstract:**

#### **Background**

A podcast is an unconventional method of disseminating information through audio to the mass. Nowadays, the podcast is an emerging new portable technology and is a valuable resource that provides unlimited access for promoting health in participants. Podcast in relevance to healthcare has been used as a source of medical education but there is a dearth of studies for use of podcast as a source of Health Information. This study will provide new perspectives by implementing the SANGYAN podcast that contains information about COVID-19 and other health conditions.

#### **Objective**

The study aims to determine the usefulness and effectiveness of the SANGYAN podcast as a digital health intervention to address misinformation related to COVID-19 and other health conditions among individuals in Chennai, Tamil Nadu.

#### **Methods**

An intervention study will be conducted with 500 participants from PMCHRI and RHTC in Chennai, Tamil Nadu. Individuals, 18 years and older residing in the selected urban and rural settings visiting the OPD of PMCHRI and RHTC will be recruited. The consented participant's socio-demographic details will be noted and their health literacy will be assessed using REALM-R. Once, the participants will have listened to the podcast the usability and acceptance, of participants' satisfaction will be assessed.

#### **Results**

Descriptive analysis will be gathered to for continuous variables and frequency analysis of the categorical variables. Bivariate analysis was conducted to understand the correlation of socio-demographic features in response to their perception, usefulness, acceptance, and user satisfaction with the study. All analysis will be performed using SPSS v.24., and the results will be reported at 95% CIs and  $p < 0.05$

## Conclusions

The finding from this research project will aid in the development and implementation of data-driven, evidence-based, and human-centered behavior change using podcasts to address public health challenges among populations living in diverse settings. This would also help in enhancing the acceptability of podcasts as a source of health-related information.

**Keywords:** Podcast; Human-centred behaviour; Pandemic; Coronavirus; Intervention; Digital health

## Introduction:

The term "podcast" coined in 2004, is derived from the terms iPod and broadcast. and was chosen as word of the year by the New Oxford American Dictionary in 2005[1,2]. It is an unconventional means of distributing information to the general public via audio. Podcasting is a relatively new portable technology. It has established itself as a reliable channel for knowledge and information exchange platforms. Podcasts are classified under Web 2.0 tools among other tools such as wikis and blogs, which is the latest generation of web-based collaboration [3]. Technology-enabled approaches to managing lifestyle have begun to emerge with the increased development and usage of electronic media. Public health practitioners are now using mobile health technology to deliver health related interventions [4]. However, there are hurdles to offering web-based interventions since they often need research participants to have a mobile phone, a certain level of education, and the capability of properly comprehending textual material [5]. The development of audio or video material for an audience that wants to listen to what they want, when they want, where they want, and how they want is the heart of podcasting[6].

India has reported a significant shift in podcast users over the years. A report depicts that with over 57.6 million users India holds the third-largest podcast user profile after China and the US[7]. Podcasting is becoming increasingly popular due to its ability to communicate health-related data and information for educational reasons[3]. Podcasting represents a largely untapped conduit for promoting health information at a mass level with internet access and those who are not comfortable seeking face-to-face knowledge, treatment, and guidance. Though, the pandemic played a significant role in increasing the consumption of podcasts by 29.3% in India [8]. Despite podcast use being widespread, in entertainment, lifestyle and health and society and culture according to a spotify report. With respect to and healthcare[9–11],podcasts in India have seen an increasing use in medical education and training, and not in other aspects of healthcare ([12]) is a dearth in research showing usage of podcasts to address misinformation especially in Indian context. A medium like a podcast provides screen-free alternatives even during the COVID-19 pandemic's restrictive environment. Podcasts are becoming increasingly popular among the younger population as a source of entertainment, self-improvement, and awareness.

## Why "podcast" to deliver public health intervention?

According to user control theory, allowing flexibility boosts learning as compared to traditional instruction rather than print. Podcasting may be more effective than the Web because such a platform can decrease cognitive load[13]. The podcast can encourage users' positive knowledge, attitude, practice by allowing users to listen to the podcast anywhere, anytime. A podcast promotes knowledge dissemination by allowing podcast channel owners to communicate knowledge even when movement is restricted (e.g., during a pandemic). The most prominent reason for the podcast boom is the connection between host and listener. Podcast technology

is a valuable resource that provides unlimited access for promoting health in participants. It also plays a significant role in public health and global health, where challenging and critical situations demand simple, effective and concise information delivery. Numerous studies have examined the acceptability or feasibility of this modality for learning; however, limited studies have focused on podcast use for knowledge sharing [14]. Also, some of the journals such as The New England Journal of Medicine [13] and Lancet [15] currently use podcasts to support medical and non-medical information dissemination through the podcast.

### Need for the study

The COVID-19 pandemic has shown that misinformation spread via social media and other digital platforms is a more significant threat to global public health than the virus itself [16]. Studies show that females are more likely to accept misinformation than males. Increasing education level also decreases the possibility of acceptance of misinformation. So people with higher level of education in older age are less likely to accept [17,18].

This research will provide new perspectives through implementing the SANGYAN podcast containing information about the current pandemic and other health conditions. The research project's findings will directly benefit individuals and the researcher in developing tailored intervention models aimed at addressing misinformation.

### Study Objectives

The study aims to determine the usefulness and effectiveness of the SANGYAN podcast as a digital health intervention to address misinformation related to COVID-19 and other health conditions among individuals of Chennai, Tamil Nadu.

## Methods

### Study Design and Population

An p study will be conducted at OPD of Panimalar Medical College Hospital and Research Institute (PMCHRI) and Rural Health Training Center (RHTC), Chennai, Tamil Nadu. The participants will be recruited through convenience sampling in a paper-based form, by the researchers/ trained data collection team from the Rural Health Training Center (RHTC) and Panimalar Medical College Hospital & Research Institute (PMCHRI). A total sample of 500 individuals (n=250 from PMCHRI and RHTC each) will be enrolled for the study. The data will be collected at a one-time point by administering the study questionnaire to the eligible study participants. The consented participant's socio-demographic details will be noted and their health literacy will be assessed using REALM-R. Once, the participants will have listened to the podcast the usability and acceptance, participants' satisfaction will be assessed.

The eligible study participants will comprise individuals 18 years and older, individuals residing in the selected urban and rural settings visiting the OPD of PMCHRI and the RHTC, and individuals consenting to participate in the study. Individuals having any mental or physical challenges that might affect their ability to participate in the study will be excluded from the study.

### Variable Assessment

**Socio-Demographic Profile:** This data will be gathered from study participants' age, gender, income level, education level, employment status, occupation, region of residence, marital status, parenthood, and religion.

**Health Literacy:** Rapid Estimate of Adult Literacy in Medicine (REALM) scale is one of the most widely used tools to measure health literacy. Statistically, the REALM scale appears to provide a highly reliable data [19]. The study will use this scale; a screening instrument used to assess an adult patient's ability to read common medical words. It is designed to assist medical professionals in identifying patients at risk for poor

literacy skills[20].

**Use of Podcast or other mediums for Health Information:** This measure will help us gather data on prior use of podcasts or other sources by participants to gather health data.

**Usability:** A Likert scale survey System Usability Scale will assess user acceptance. SUS contains a 10-item questionnaire with five response options from strong agreement to strong disagreement on a scale of 0 to 4 for each question. The total score will be calculated by adding to the converted responses for each user and multiplying that total by 2.5. This will restore the range of possible values from 0-100 instead of 0-40[21].

**Client Satisfaction Questionnaire-8:** The Client Satisfaction Questionnaire is an eight item measure of client satisfaction with services. The items for the CSQ-8 were selected on the basis of ratings on information seeking by participants of a number of items that could be related to client satisfaction and by subsequent factor analysis. The CSQ-8 is unidimensional, yielding a homogenous estimate of general satisfaction with services.[22]

### **SANGYAN podcast**

SANGYAN podcast is audio content that will be delivered over a network via a free subscription.

Process for SANGYAN podcast: The steps undertaken are a) File production, b) Podcast publication, c) Podcast delivery d) Podcast playback. File production involves planning, writing, recording content and editing, and file compression. Recording requires hardware like a recording microphone, and editing requires software like audacity, premier adobe pro. The feed would be a simple XML file that lists the location of the podcast COVID 19 episodes. The meta-tagging will have file information like the producer details, date of publication, title, and description of the series of each episode. The RSS feed then will be posted to the webserver of SMAART Rapid Tracker <https://www.smaartrapidtracker.org/omicron-info/>[23]. The podcast is hosted by the organization(FHTS) with a team of researchers that curate evidence-based content. Listeners will be able to subscribe, access, and download the podcast file.

### **Informed Consent**

The institutional review board-approved informed consent form will be administered by the research team to the eligible individuals for the study. The research team will explain the study, the time commitment necessary, and the advantages of the study results to participants. Those willing to participate and give their consent will be enrolled in the study. Written informed consent will be obtained in both English and local Indian dialects.

### **Data Collection, Data Entry, and Quality Assurance**

Data will be collected using a structured questionnaire. The questionnaire will be presented to the participants in the local Indian dialects to help in increasing the usefulness and generalizability of the study. The data gathered will be stored securely, ensuring data privacy and confidentiality. Data collection and data entry will be performed by a team of data collectors and data management personnel. To ensure efficiency and high-quality data collection and processing, the following data management protocol is in place: a clearly defined study manual, a well-trained team of data collectors, weekly meetings with the research team, weekly data checks, maintenance of study participants contacts and data instrument logs. All analyses will be performed using SPSS v.24, and reporting the results will be done at 95% CI and  $P < 0.05$ .

### **Expected Outcomes**

The study outcome includes the acceptability to digital health podcast to obtain tailored and evidence-based health information related to COVID-19 and other health conditions.

### **Data Analysis Plan**

The gathered data will be presented in tables comprising the recorded characteristics of all variables. These tables will serve the purpose of data quality control to find inconsistencies in the data patterns and outliers or any missing data. Descriptive analysis will be conducted to report the means and SDs of the continuous variables (such as SUS scores) and frequency analysis of the categorical variables (for CSQ-8 and for variables on data collected on usage of podcasts and other mediums for health information). Bivariate analysis was conducted to understand the correlation of socio-demographic features in response to their perception, usefulness, acceptance, and user satisfaction with the study. All analysis will be performed using SPSS v.24., and the results will be reported at 95% CIs and  $p < 0.05$ .

### Project Timeline and Milestones

A detailed study timeline is presented in Table 1.

**Table 1. Project Timeline and Milestones**

| Task                                                                   | Months |   |   |   |   |   |   |   |   |    |    |    |    |    |    |
|------------------------------------------------------------------------|--------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|
|                                                                        | 1      | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| Review of the literature, initial designing, and planning of the study | ✓      |   |   |   |   |   |   |   |   |    |    |    |    |    |    |
| Development of study proposal and ethical approval                     | ✓      |   |   |   |   |   |   |   |   |    |    |    |    |    |    |
| Approval of the study proposal                                         | ✓      |   |   |   |   |   |   |   |   |    |    |    |    |    |    |
| Development of survey items and the questionnaire                      | ✓      |   |   |   |   |   |   |   |   |    |    |    |    |    |    |
| Review and revision of the questionnaire by the research team          |        | ✓ |   |   |   |   |   |   |   |    |    |    |    |    |    |
| Recruitment and training of the data collector team                    |        | ✓ |   |   |   |   |   |   |   |    |    |    |    |    |    |
| Recruitment of the target sample                                       |        | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓  | ✓  | ✓  | ✓  |    |    |
| Data analysis                                                          |        |   |   |   |   |   |   |   |   |    |    |    |    | ✓  |    |
| Results write up and preparation of the manuscript                     |        |   |   |   |   |   |   |   |   |    |    |    |    | ✓  |    |
| Dissemination                                                          |        |   |   |   |   |   |   |   |   |    |    |    |    | ✓  | ✓  |

### Ethics and Dissemination

The study bearing protocol number PMCHRI-IHEC-056 gained approval from the Panimalar Medical College Hospital and Research Institute Institutional Human Ethics Committee (Central Drugs Standard Control Organization Registration No. ECR/1399/Inst/TN/2020) in February 2022 with approval No. PMCH&RI/IHEC/2021/078 dated February 18, 2022.

The study's findings will be disseminated through peer-reviewed publications and national and international conference presentations. Results will also be disseminated to the local community health leaders and other state officials and policymakers for data-driven, evidence-based informed decision making.

### Results

The proposed research study will help to explore the usability and acceptability of health related podcast. Further, it will help to evaluate the SANGYAN podcast usability and satisfaction towards information delivery through podcast. The result findings of the study will help to design and develop a podcast platform that can

deliver health educational information to facilitate podcast acceptance in varied settings.

## Discussion

Podcasting is rapidly being employed as a tool for information distribution by a wide range of organisations and associations, including medical and dentistry schools, research institutes, and scientific journals. There is a need for strategies to boost podcast acceptability and provide community-specific information on misconceptions about public health concerns. The study would help assess the acceptability of podcasts as a source to obtain tailored and evidence-based health information.

The study findings will provide us with the association of acceptance and usability of podcasts among various socio-demographic factors such as education level, gender, and occupation the data for which is missing in Indian context. The findings will also provide insight into the awareness of the people about podcasts and other digital sources of health information prior to the study.

The limitation of the study is that it is a one-point implementation of the SANGYAN, adherence is not assessed in the current study.

Misinformation/ infodemics in India remains critical considering the booming use of social media in the wake of the pandemic. India along with 132 member states of the UN has endorsed fighting infodemics especially during COVID ([24]) . This study is of relevance in context to the endorsement as the study findings will contribute to the development and implementation of data-driven, evidence-based, and human-centered, behavior change using podcasts to address public health challenges among populations living in diverse settings.

## Acknowledgments

The authors are the only contributors to this manuscript and are acknowledged.

## Data Availability

The data supporting this study's findings are available on request from the corresponding author.

## Abbreviations

PMCHRI: Panimalar Medical College Hospital and Research Institute

RHTC: Rural Health Training Centre

**Acknowledgments:** All authors have contributed to the study's design, development of the questionnaire, preparation of the manuscript, and have approved the manuscript for publication.

**Conflicts of Interest:** None declared.

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## Supplementary Files

Untitled.

URL: <http://asset.jmir.pub/assets/ed371758c46ac6400e9e765e3371166a.docx>