GLOBAL KOMUNIKA
ISSN 2085 – 6636
EISSN 2655 - 5328

Vol. 09 No. 02
Juli – 2026

Television Health Talk Shows as a Media for Health Literacy for Stroke Survivors: A Qualitative Study of Understanding, Motivation, and Adaptation to a Healthy Lifestyle

Yohanes Kurniawan[1], Maria Marques[2], Rendi[3], Teresa Maria de Carvalho[4]
[1] Faculty of Medicine and Health Sciences, Unika Atma Jaya, Indonesia
[2,3] Faculty of Communication and Language, Bina Sarana Informatika University, Indonesia
[4]Faculty of Education, Department of Malay Language, National University of Timor Lorosa'e
E-mail: rendie.lumenpictures@gmail.com

Abstract

This study examines television health talk shows as a medium for strengthening health literacy among stroke survivors, with particular attention to understanding, motivation, and adaptation to healthy lifestyles. Using a descriptive qualitative design, the study involved ten stroke survivors from the Indonesian Holistic Stroke Rehabilitation Community (KRESHNA), supported by family, caregiver, and community perspectives. Data were collected through in-depth interviews, limited observation, and documentation, then managed and coded with NVivo. The findings show that television health talk shows are perceived not merely as entertainment, but as accessible sources of practical health information. Expert speakers provide credibility, popular language simplifies medical concepts, visuals and demonstrations make recommendations concrete, while patient testimonials generate hope and emotional identification. Stroke survivors actively obtain, understand, evaluate, and interpret messages according to their bodily experiences, recovery needs, family support, and rehabilitation-community context. This process strengthens motivation and self-management, particularly in maintaining a healthy diet, engaging in light physical activity, adhering to medication and therapy, managing stress, and preventing recurrent stroke. The study concludes that television health talk shows can function as educational, motivational, and supportive communication media in post-stroke recovery. Their value lies in translating medical information into meaningful, practical, and socially reinforced lifestyle guidance effectively.

Keywords: Health communication; health talk shows; healthy lifestyle; stroke rehabilitation; stroke survivors.

INTRODUCTION

Stroke is a serious health problem that impacts not only physical health but also survivors' ability to navigate daily life after the acute phase and medical rehabilitation. Post-stroke recovery requires ongoing behavioral changes, particularly in diet, physical activity, medication adherence, stress management, and preventing recurrent stroke. Diet plays a crucial role in secondary stroke prevention, although implementing healthy diet recommendations for stroke survivors still faces various barriers (English et al., 2021). Meanwhile, adherence to lifestyle recommendations for secondary stroke prevention remains low, necessitating communication strategies that help survivors understand, accept, and consistently implement health messages (Lennon et al., 2021).

Post-stroke challenges cannot be understood solely as medical issues, as stroke survivors also face cognitive, psychological, social, and cultural challenges. After leaving a healthcare facility, survivors and their families often still require clear, practical, and relevant information relevant to their home life. Providing information to stroke survivors and their caregivers is crucial for increasing knowledge, yet these information needs are often not fully met (Crocker et al., 2021). Caregivers or families of stroke survivors also require informational and psychological support to facilitate a more effective recovery process (Sidek et al., 2022). This demonstrates the crucial role of health communication in bridging medical information with the daily lives of stroke survivors.

Health literacy is a crucial concept in understanding how stroke survivors receive, interpret, and use health information. Health literacy encompasses not only the ability to read medical information but also the ability to understand risks, assess health recommendations, make decisions, and apply that information in practical actions. Stroke education materials are often difficult for patients to understand, hindering the translation of knowledge into action (Ahn et al., 2024). People who have experienced a stroke have diverse information needs and specific preferences regarding how they receive health information (Helbach et al., 2024). This means that the success of health communication is determined not only by the availability of messages, but also by the extent to which those messages are understood, believed, and used by stroke survivors.

Recent developments in health communication studies have highlighted digital interventions, telehealth, social media, health apps, and web-based educational programs. Behavioral interventions delivered through interactive social media can encourage health behavior change among adults (Petkovic et al., 2021). Telehealth can support stroke survivors' self-care through remote monitoring, education, and support (Park et al., 2023). Furthermore, web-based education using the Health Belief Model can support secondary stroke prevention in patients with ischemic stroke (Liu et al., 2024). Community health worker-based intervention models are crucial in improving medication adherence and risk factor monitoring (Sylaja et al., 2024). These findings demonstrate the strong scientific interest in digital and community-based health communication.

Despite this, attention to television as a health literacy medium remains relatively limited, particularly in the context of stroke survivors in rehabilitation communities. Yet, television still possesses distinctive communication characteristics: audiovisual, easily accessible, using popular language, featuring expert sources, featuring illustrations or demonstrations, and often incorporating patient experiences. Health communication campaigns through the media can increase awareness, foster social learning, reinforce norms, and encourage interpersonal conversations (Kite et al., 2023). Television health talk shows have similar potential because they not only convey medical information but also frame health messages through conversations, expert explanations, and experiential narratives that are more relatable to the audience's lives. This potential is worth re-examining, particularly as stroke survivors need information that is less technical yet clear enough to apply to their recovery routines.

Studies of stroke survivors also show that the process of behavior change is significantly influenced by understanding, motivation, and communication support after patients return home. Communication upon patient discharge from a care facility is associated with achieving lifestyle and behavior changes post-stroke (Johnson et al., 2024). Information exchange and communication play a crucial role in home-based stroke recovery services (Chouliara et al., 2024; Doshi et al., 2023). Meanwhile, health information-seeking behavior is associated with behavioral decision-making in stroke patients (Zhao et al., 2025). These findings point to an important conclusion: lifestyle changes in stroke survivors depend not only on medical instructions but also on communication processes that make information meaningful, convincing, and actionable.

Given this context, this study examines television health talk shows as a health literacy medium for stroke survivors. The study's focus was not to statistically measure the impact of media exposure, but rather to understand stroke survivors' experiences in receiving, interpreting,

and using health messages from television talk shows. A qualitative approach is relevant because it can explore how survivors understand messages about diet, physical activity, medication adherence, therapy, and stress management.

The purpose of this study is to understand how television health talk shows serve as a health literacy medium for stroke survivors, specifically in shaping understanding, motivation, and adaptation to a healthy lifestyle. This study also aims to explain how stroke survivors interpret health messages conveyed through television talk shows, and how these messages are used in post-stroke recovery practices in rehabilitation community settings.

LITERATURE REVIEW

This study positions television health talk shows as a medium for stroke survivors' health literacy. In this context, television is understood not only as a channel for conveying information but also as a space for health communication that helps audiences obtain, understand, assess, and use health information in their daily lives. The shift in research approach from quantitative to qualitative means the study's focus is no longer on measuring the impact of media exposure but on understanding how health messages are received, interpreted, and used by stroke survivors in their recovery. Health literacy is a central concept because it describes an individual's ability to access information, understand its content, assess its relevance, and apply it as a basis for health decision-making. Health communication and health literacy have a mutually reinforcing relationship, as health information can only have an impact if it can be translated into meaningful understanding, decisions, and actions for the individual (Caeiros et al., 2024).

Health literacy in stroke survivors is not only related to the ability to read or understand medical terms, but also relates to bodily experiences, physical limitations, anxiety, social support, and post-stroke information needs. Stroke survivors often require simple, concrete explanations that are relevant to their recovery experience. Stroke survivors have specific needs and preferences when receiving health information, particularly as some face cognitive, communication, age, and sociocultural barriers (Wong et al., 2025). Therefore, health literacy needs to be understood as a subjective and contextual process, not simply the ability to understand medical texts or a health knowledge score.

The concept of health literacy can also be expanded to health information literacy. In the context of stroke survivors, health information literacy encompasses the ability to search for, select, evaluate, and use information relevant to their recovery. Health information literacy is related to stroke patient self-management and serves as a link between stroke knowledge and self-management behaviors (Zeng et al., 2025). These findings suggest that knowledge about stroke does not automatically lead to behavioral changes if survivors are unable to assess the relevance of the information to their physical condition, health risks, and recovery needs. Therefore, messages from television health talk shows can be understood as a source of information that helps survivors translate knowledge into practical actions, such as maintaining a healthy diet, adhering to medication, following therapy, managing stress, and preventing recurrent strokes.

Television health talk shows have a different communication style than written educational materials. These programs operate through conversation, expert explanations, narratives of experience, visualizations, demonstrations, and message repetition. These audiovisual characteristics have the potential to make it easier for stroke survivors to understand medical

information that is often difficult to grasp when presented solely in text or clinical terms. Health communication should not stop at increasing knowledge and attitudes but should also be directed at supporting action, especially when the desired behavior is new, difficult, or requires a change in habits (Albarracín et al., 2024). In the context of stroke survivors, messages about a low-salt diet, moderate exercise, therapy adherence, and stress management require delivery that is not only informative but also fosters a sense of competence and confidence in carrying them out.

In addition to health literacy, self-management is crucial for understanding stroke survivors' healthy lifestyle adaptations. Post-stroke self-management refers to a survivor's ability to recognize health problems, set recovery goals, make decisions, use resources, and maintain healthy behaviors. Post-stroke interventions, including self-management-based programs, are linked to the recovery of social participation in stroke survivors (Zhou et al., 2023). This is because stroke recovery is not only related to physical function but also to the survivor's ability to return to social activities and daily life. Within the framework of this research, television health talk shows can be seen as a source of knowledge that helps survivors identify problems, compare their experiences with those of other patients, and develop realistic recovery plans.

Motivation is a crucial dimension in health literacy and self-management. Stroke survivors not only need information about what is healthy but also confidence that lifestyle changes can be made gradually. Post-stroke self-management support needs to be personalized, gradual, and involve the survivor, family, and healthcare professionals (Mendes Pereira et al., 2024). The concept of small steps in recovery is crucial because post-stroke behavioral changes are often slow, challenging, and require psychological reinforcement. Television health talk shows can play a role in this process when health messages convey not only medical instructions but also examples, hopes, and recovery experiences relevant to the survivor's life.

Developments in health communication also show that stroke survivors are increasingly connected to various information channels, including digital media. Mobile health literacy, stroke knowledge, health beliefs, and self-efficacy influence stroke patients' self-care behaviors (Kim et al., 2024). These findings demonstrate that the ability to understand health information and self-efficacy play a crucial role in shaping healthy behaviors. Although this study focused on television, the findings are relevant because they confirm that health media, both television and digital, play a role in building survivors' understanding, confidence, and ability to manage their health.

Recent studies also show that stroke patients' use of information and communication technology is increasing, although barriers to information seeking persist. Some stroke patients use smart devices to obtain disease information but still struggle to find information relevant to their needs (Cho et al., 2025). This situation suggests that digital media does not necessarily replace television. Television can still serve as an initial medium for conveying health information in a popular, accessible, and less technical manner, while digital media can serve as a follow-up channel for seeking more specific information.

Digital health literacy also broadens understanding of stroke survivors' abilities to navigate health information. A digital health literacy instrument specifically designed for stroke survivors demonstrates the importance of accessing, understanding, evaluating, and using digital health information (Ye et al., 2025). Meanwhile, digital tools can help stroke patients identify health problems before follow-up visits (Pohl et al., 2024). These two findings demonstrate that the core issue of health communication lies not only in the type of media, but also in how media

helps survivors recognize their condition, understand information, prepare questions, and make more informed recovery decisions.

Based on this description, the theoretical framework of this research integrates health communication, health literacy, self-management, and healthy lifestyle adaptation after stroke. Television health talk shows are positioned as media that convey health information in a popular, communicative, and easy-to-understand format. Stroke survivors are positioned as active subjects who interpret messages based on their bodily experiences, recovery needs, family support, and the social context of the rehabilitation community. Adapting to a healthy lifestyle is understood as a gradual process encompassing understanding, motivation, decision-making, self-management, and daily practice.

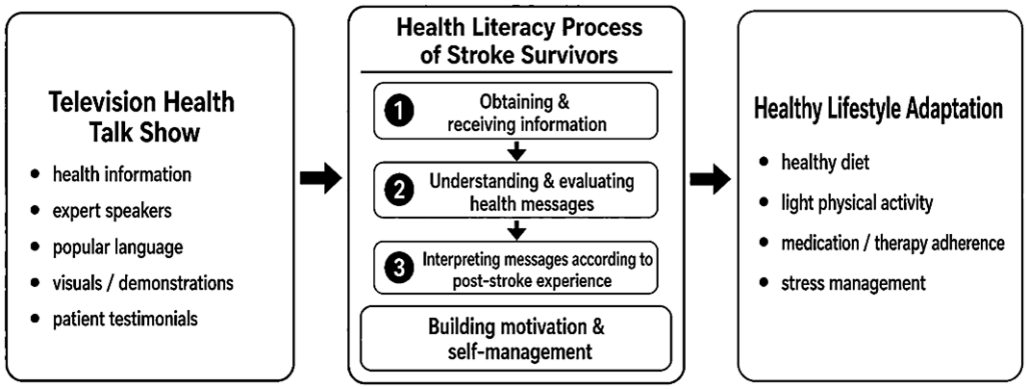

Figure 1. Research Framework
Source: Processed by researchers based on theoretical concepts (2026)

METHODOLOGY

This study used a qualitative approach with a descriptive qualitative design. This approach was chosen because the study aimed to understand stroke survivors' experiences in interpreting television health talk shows as a medium for health literacy. The focus of the study was not on statistically measuring the influence of media exposure, as in the initial manuscript, but rather on exploring how stroke survivors understand health messages, build motivation, and adapt a healthy lifestyle after watching television health talk shows. The study subjects were stroke survivors who were members of a stroke rehabilitation community and had watched television health talk shows. Informants were selected using a purposive sampling technique based on the following criteria: being a stroke survivor, being in the recovery process, having watched health talk shows, and being willing to share experiences related to understanding, motivation, and adopting a healthy lifestyle. Supporting informants, such as family, caregivers, or community managers, were invited to enrich the data.

Data were collected through in-depth interviews with 10 stroke survivors, limited observation, and documentation. In-depth interviews were used to explore stroke survivors' experiences in obtaining, understanding, evaluating, and using health messages from television talk shows. Limited observations were conducted to assess the context of the rehabilitation community, while documentation was used to supplement information related to community activities and relevant health materials. The research focused on three main aspects: understanding, motivation, and healthy lifestyle adaptation. Understanding relates to how survivors receive and interpret health messages. Motivation relates to encouragement, hope, and a sense of empowerment in recovery. Adapting to a healthy lifestyle encompasses a healthy diet,

light physical activity, adherence to medication or therapy, and stress management.

The research data was managed through transcription, cross-checking, data grouping, and coding. All interview transcripts, observation notes, and supporting documents were entered into NVivo software. NVivo was used to facilitate the systematic management of qualitative data, particularly in data storage, coding, categorization, and the exploration of relationships between themes.

Data analysis was conducted in several stages. First, researchers conducted open coding of sections of data that conveyed important meanings, such as message comprehension, language clarity, informant credibility, recovery motivation, family support, therapy adherence, and stress management. Second, codes with similar meanings were grouped into categories. Third, these categories were analyzed to identify key themes, such as talk shows as interpreters of medical information, patient testimonials as a source of motivation, and communities as spaces for strengthening health literacy. Fourth, the relationships among themes were analyzed to explain how television health talk shows help stroke survivors develop understanding, motivation, and the ability to adapt to a healthy lifestyle.

RESULTS AND DISCUSSION

This research was conducted on 10 members of the Indonesian Holistic Stroke Rehabilitation Community (KRESHNA). This community provides a platform for stroke survivors and their families to gain social support, share experiences, and learn about stroke recovery and a healthy lifestyle. Word cloud data visualization was used to identify trends in the dominant words emerging from the data.

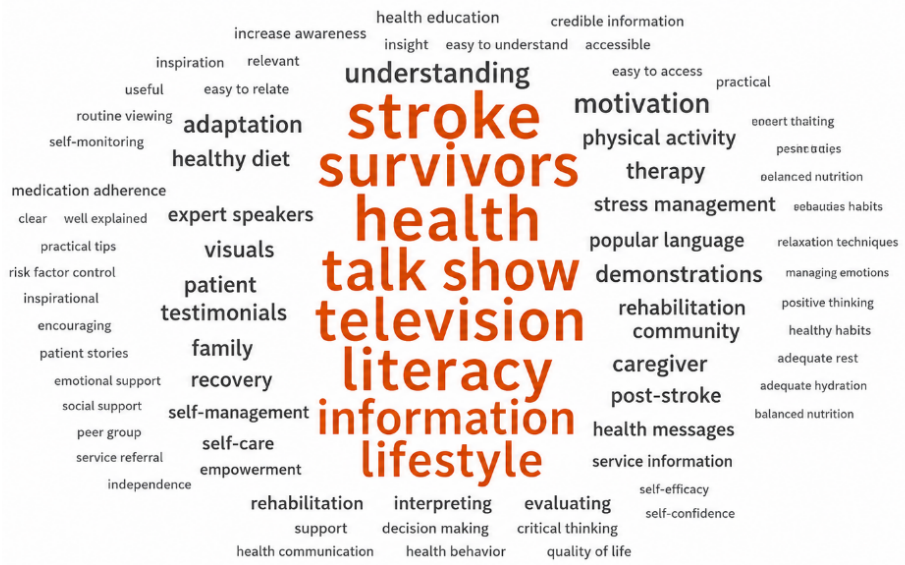

Figure 2. Word Cloud
Source: Results of processing Nvivo data version 15, 2026

Figure 2 shows that the most dominant words in the data are stroke, survivors, health, talk show, television, literacy, information, and lifestyle. The dominance of these words demonstrates that informants' experiences centered on the relationship between stroke survivors, health information, and television talk shows. Health talk shows were not merely entertainment but also sources of information that helped survivors understand their health conditions and recovery needs.

The terms "health," "information," and "literacy" indicate that health talk shows function as a

medium for health literacy. Informants not only passively received messages but also used the information to understand their post-stroke condition. The terms "understanding," "evaluating," and "interpreting" demonstrate the cognitive process involved in receiving health messages. Stroke survivors attempted to understand the information, assess its relevance to their physical condition, and interpret the messages based on their recovery experiences.

The occurrence of the terms "motivation," "self-management," "recovery," and "adaptation" demonstrates that health literacy is closely related to the drive to recover. Information from health talk shows helped survivors build motivation, self-regulate, and adjust their daily behavior. Thus, health information does not stop at knowledge but extends to practical behavioral changes.

Words such as "healthy diet," "physical activity," "therapy," "stress management," and "medication adherence" indicate concrete ways to adapt a healthy lifestyle. Stroke survivors interpret health messages as guidance on maintaining a healthy diet, engaging in light physical activity, adhering to medication or therapy, and managing stress. These findings suggest that television health talk shows serve an educational and motivational role in post-stroke recovery.

Meanwhile, the NVivo Data Management Mind Map on Health Talk Shows, Stroke Survivors, and Healthy Lifestyle Adaptation shows the interrelationships among the main nodes in the study. Three parent nodes form the main flow of findings: "Health Talk Shows," "Stroke Survivors," and "Healthy Lifestyle Adaptation." These three nodes illustrate the process in which television health talk shows serve as the source of messages, stroke survivors as the subjects who receive and interpret them, and healthy lifestyle adaptations as the result of the health literacy process.

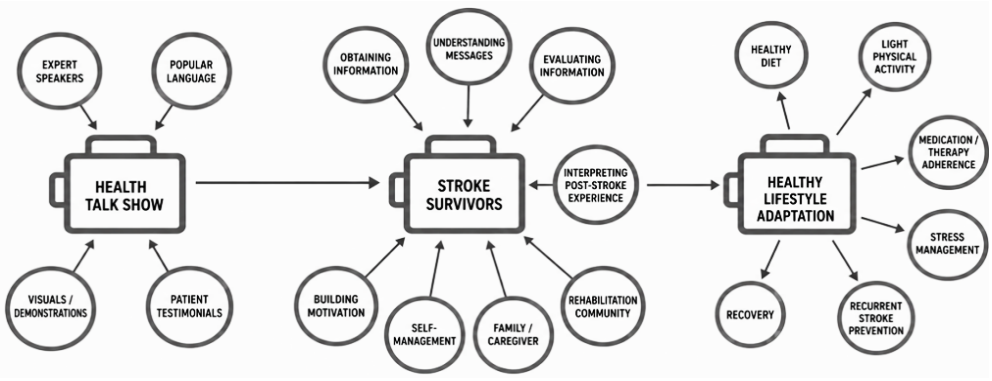

Figure 3. Mind Map Relation
Source: Results of processing Nvivo data version 15, 2026

The Health Talk Show node is connected to four child nodes: expert speakers, popular language, visuals/demonstrations, and patient testimonials. These four elements demonstrate the communication characteristics of health talk shows, which are considered helpful for stroke survivors in understanding medical information. Expert speakers provide legitimacy to health messages. Popular language helps simplify medical information. Visuals and demonstrations make messages more concrete. Patient testimonials provide examples of experiences that are close to the survivor's condition.

The Stroke Survivors node is central to the health literacy process. This node is connected to obtaining information, understanding messages, evaluating information, and interpreting post-stroke experiences. This connection demonstrates that stroke survivors not only receive

information but also understand, assess, and interpret health messages based on their post-stroke experiences. This process is crucial because each survivor has a different physical condition, limitations, and recovery experience.

The Stroke Survivors node is also connected to building motivation, self-management, family/caregiver management, and the rehabilitation community. This connection demonstrates that stroke survivors' health literacy does not exist in isolation. Motivation, self-management, family support, caregivers, and the rehabilitation community are factors that strengthen the adaptation process. Health messages from television talk shows become more meaningful when supported by a social environment that helps survivors apply the information in their daily lives.

The Healthy Lifestyle Adaptation node is connected to a healthy diet, light physical activity, medication/therapy adherence, stress management, recovery, and recurrent stroke prevention. This relationship indicates that the outcomes of the health literacy process are evident in healthy lifestyle adaptations. These adaptations are not only related to short-term recovery but also to preventing recurrent strokes.

DISCUSSION

Research results indicate that television health talk shows function as a health literacy medium for stroke survivors because they can translate medical information into simpler, more practical communication that is more relevant to everyday experiences. Stroke survivors need information that is not only medically correct but also easy to understand, trustworthy, and applicable to the recovery process. In this regard, the presence of expert speakers, such as doctors or healthcare professionals, is crucial because it lends legitimacy to the message. Expert explanations help survivors understand the risk of recurrent stroke, the importance of therapy, medication management, diet, physical activity, and stress management.

In addition to the credibility of the speakers, popular language, visualizations, demonstrations, and patient testimonials strengthen the effectiveness of talk shows as a health literacy medium. Simple language helps bridge the gap between medical terminology and lay understanding. Visuals or demonstrations make messages more concrete, for example, through examples of light exercise, healthy eating patterns, or recovery practices that can be done at home. Meanwhile, patient testimonials provide an emotional dimension because survivors gain not only knowledge but also hope and a sense of not being alone. Success stories from other patients can build motivation, self-confidence, and the belief that recovery is possible gradually.

The health literacy process for stroke survivors involves four main stages: obtaining information, understanding the message, evaluating the information, and interpreting the message based on post-stroke experiences. In the first stage, health talk shows serve as a source of information outside medical facilities, discussing healthy eating, physical activity, therapy, medication adherence, stress management, and stroke prevention. In the second stage, survivors strive to understand the messages through simple language, concrete examples, and repeated explanations. In the third stage, survivors assess whether the information aligns with their physical condition, physical abilities, therapy experiences, and personal doctor's recommendations. This demonstrates that survivors are not passive audiences, but rather active subjects who select and adapt information. In the fourth stage, health messages become meaningful when linked to bodily experiences, mobility limitations, fear of recurrence, and hopes for regaining independence.

Research findings also indicate that understanding health messages plays a role in building

motivation and self-management. Motivation emerges when survivors receive information that provides hope that lifestyle changes can be made gradually. Self-management is evident in awareness of managing diet, engaging in light physical activity, attending therapy, taking medication regularly, managing stress, and monitoring body condition. This process does not occur solely on an individual basis. Support from family, caregivers, and the rehabilitation community strengthens the application of health information in daily life. Family can help manage meals, remind patients of medication, accompany therapy, and provide emotional support, while the community offers a space to share experiences and strengthen motivation.

Adapting to a healthy lifestyle is an important outcome of this health literacy process. This adaptation is evident in attention to healthy eating patterns, reducing salt, sugar, fat, and risky foods; understanding safe light physical activity; adherence to medication and therapy; and stress management through relaxation, positive thinking, and social support. Survivors understand that recovery means not only improving physical condition but also the ability to maintain the body's ability to prevent recurrent stroke.

Based on NVivo data management results, television health talk shows play a role through three main channels. First, they provide health information through expert sources, popular language, visuals, demonstrations, and patient testimonials. Second, they help survivors process information through the stages of obtaining, understanding, assessing, and interpreting messages. Third, they encourage motivation, self-management, and the adoption of a healthy lifestyle. Thus, television health talk shows are not only a medium for information but also for education, motivation, and recovery support that involve the individual experiences and social environment of stroke survivors.

CONCLUSION

The study concluded that television health talk shows play a role in stroke survivors' health literacy. This role is evident through the delivery of easy-to-understand health information, the use of expert sources, popular language, visuals or demonstrations, and patient testimonials. These elements help survivors obtain, understand, assess, and interpret health messages. The health literacy process encourages survivors to build motivation and self-management. Support from family, caregivers, and the rehabilitation community strengthens this process. Healthy lifestyle adaptations include a healthy diet, light physical activity, adherence to medication or therapy, stress management, recovery, and prevention of recurrent strokes. Thus, television health talk shows can be positioned as part of a relevant health communication strategy for stroke survivors. This medium not only conveys information but also helps survivors understand the experience of illness, build hope for recovery, and adopt a healthy lifestyle in post-stroke life.

REFERENCES

Ahn, A. B., Kulhari, S., Karimi, A. H., Sundararajan, S., & Sajatovic, M. (2024). Readability of patient education materials in stroke: A systematic literature review. *Topics in Stroke Rehabilitation, 31*(4), 345–360. https://doi.org/10.1080/10749357.2023.2259177

Albarracín, D., Oyserman, D., & Schwarz, N. (2024). Health communication and behavioral change during the COVID-19 pandemic. *Perspectives on Psychological Science, 19*(4), 612–623. https://doi.org/10.1177/17456916231215272

Caeiros, P., Ferreira, P. P., Chen-Xu, J., Francisco, R., & Arriaga, M. T. D. (2024). From health communication to health literacy: A comprehensive analysis of relevance and strategies. *Portuguese Journal of Public Health, 42*(2), 159–164. https://doi.org/10.1159/000537870

Cho, M.-K., Han, A., Lee, H., Choi, J., Lee, H., & Kim, H. (2025). Current status of information and communication technologies utilization, education needs, mobile health literacy, and self-care education needs of a population of stroke patients. *Healthcare, 13*(10), Article 1183. https://doi.org/10.3390/healthcare13101183

Chouliara, N., Cameron, T., Byrne, A., & Fisher, R. (2024). Getting the message across: A realist study of the role of communication and information exchange processes in delivering stroke early supported discharge services in England. *PLOS ONE, 19*(3), Article e0298140. https://doi.org/10.1371/journal.pone.0298140

Crocker, T. F., Brown, L., Lam, N., Wray, F., Knapp, P., & Forster, A. (2021). Information provision for stroke survivors and their careers. *Cochrane Database of Systematic Reviews, 2021*(11), Article CD001919. https://doi.org/10.1002/14651858.CD001919.pub4

Doshi, K., Henderson, S. L., Seah, D. J. L., De Silva, D. A., Lee, J. J., Huynh, V. A., & Ozdemir, S. (2023). Stroke survivors' preferences for post-stroke self-management programs: A discrete choice experiment. *Journal of Stroke and Cerebrovascular Diseases, 32*(3), Article 106993. https://doi.org/10.1016/j.jstrokecerebrovasdis.2023.106993

English, C., MacDonald-Wicks, L., Patterson, A., Attia, J., & Hankey, G. J. (2021). The role of diet in secondary stroke prevention. *The Lancet Neurology, 20*(2), 150–160. https://doi.org/10.1016/S1474-4422(20)30433-6

Helbach, J., Hoffmann, F., Hecht, N., Heesen, C., Thomalla, G., Wilfling, D., & Rahn, A. C. (2024). Information needs of people who have suffered a stroke or TIA and their preferred approaches of receiving health information: A scoping review. *European Stroke Journal*. Advance online publication. https://doi.org/10.1177/23969873241272744

Johnson, K. H., Gardener, H., Gutierrez, C. M., Marulanda, E., Campo-Bustillo, I., Gordon-Perue, G., Brown, S. C., Ying, H., Zhou, L., Bishop, L., Veledar, E., Fakoori, F., Asdaghi, N., Koru-Sengul, T., Hlaing, W. M., Romano, J. G., & Rundek, T. (2024). Discharge communication and the achievement of lifestyle and behavioral changes post-stroke in the Transitions of Care Stroke Disparities Study. *American Journal of Lifestyle Medicine*. Advance online publication. https://doi.org/10.1177/15598276241294243

Kim, H., Han, A., Lee, H., Choi, J., Lee, H., & Cho, M.-K. (2024). Impact of mobile health literacy, stroke-related health knowledge, health beliefs, and self-efficacy on the self-care behavior of patients with stroke. *Healthcare, 12*(19), Article 1913. https://doi.org/10.3390/healthcare12191913

Kite, J., Chan, L., MacKay, K., Corbett, L., Reyes-Marcelino, G., Nguyen, B., Bellew, W., & Freeman, B. (2023). A model of social media effects in public health communication campaigns: Systematic review. *Journal of Medical Internet Research, 25*, Article e46345. https://doi.org/10.2196/46345

Lennon, O., Hall, P., & Blake, C. (2021). Predictors of adherence to lifestyle recommendations in stroke secondary prevention. *International Journal of Environmental Research and Public Health, 18*(9), Article 4666. https://doi.org/10.3390/ijerph18094666

Liu, Z., Sun, X., Guo, Z.-N., Sun, Y., Yang, Y., & Yan, X. (2024). Effects of a planned web-based educational intervention based on the Health Belief Model for patients with ischemic stroke in promoting secondary prevention during the COVID-19 lockdown in China: Quasi-experimental study. *JMIR mHealth and uHealth, 12*, Article e44463. https://doi.org/10.2196/44463

Mendes Pereira, C., Matos, M., Carvalho, D., Macedo, P., Calheiros, J. M., Alves, J., Paulino Ferreira, L., Dias, T. L., Neves Madeira, R., & Jones, F. (2024). Building bridges between people with stroke, families, and health professionals: Development of a blended care program for self-management. *Journal of Clinical Medicine, 13*(1), Article 300. https://doi.org/10.3390/jcm13010300

Park, H.-Y., Yeom, I.-S., & Kim, Y.-J. (2023). Telehealth interventions to support self-care of stroke survivors: An integrative review. *Heliyon, 9*(6), Article e16430. https://doi.org/10.1016/j.heliyon.2023.e16430

Petkovic, J., Duench, S., Trawin, J., Dewidar, O., Pardo Pardo, J., Simeon, R., DesMeules, M., Gagnon, D., Hatcher Roberts, J., Hossain, A., Pottie, K., Rader, T., Tugwell, P., Yoganathan, M., Presseau, J., & Welch, V. (2021). Behavioural interventions delivered through interactive social media for health behaviour change, health outcomes, and health equity in the adult population. *Cochrane Database of Systematic Reviews, 2021*(5), Article CD012932.

https://doi.org/10.1002/14651858.CD012932.pub2

Pohl, P., Klerfors, K., & Kjörk, E. K. (2024). Evaluation of a digital previsit tool for identifying stroke-related health problems before a follow-up visit (Part 1): Survey study. *JMIR Human Factors, 11*, Article e55852. https://doi.org/10.2196/55852

Sidek, N. N., Kamalakannan, S., Tengku Ismail, T. A., Musa, K. I., Ibrahim, K. A., Abdul Aziz, Z., & Papachristou Nadal, I. (2022). Experiences and needs of the caregivers of stroke survivors in Malaysia—A phenomenological exploration. *Frontiers in Neurology, 13*, Article 996620. https://doi.org/10.3389/fneur.2022.996620

Sylaja, P. N., Babu, V., Sivasambath, S., Zechariah, F., Gireeshan, S., Ganesan, G., Soman, B., Singh, G., Panniyammakal, J., & Gopal, B. (2024). Development and effect of a coordinated community health worker intervention model for the stroke survivors in Kerala, South India. *Cerebrovascular Diseases, 53*(6), 667–673. https://doi.org/10.1159/000536077

Wong, D., Sanders, L. M., Beauchamp, A., Formby, C., Smith, E. E., Hansen, C., McKinley, K., De Jongh, K., & Borschmann, K. (2025). "When the word is too big, it's just too hard": Stroke survivors' perspectives about health literacy and delivery of health information. *Healthcare, 13*(5), Article 541. https://doi.org/10.3390/healthcare13050541

Ye, Q., Wang, W., Zeng, X., Kuang, Y., Geng, B., Zhou, S., & Liu, N. (2025). Development and validation of the digital health literacy questionnaire for stroke survivors: Exploratory sequential mixed methods study. *Journal of Medical Internet Research, 27*, Article e64591. https://doi.org/10.2196/64591

Zeng, M., Liu, Y., He, Y., & Huang, W. (2025). Relationship between stroke knowledge, health information literacy, and health self-management among patients with stroke: Multicenter cross-sectional study. *JMIR Medical Informatics, 13*, Article e63956. https://doi.org/10.2196/63956

Zhao, Z.-R., Yang, M., Feng, J.-J., Lan, Y.-M., Zhong, J.-P., Li, W.-P., Wang, X.-L., & Dou, X.-M. (2025). Health information-seeking behavior in stroke patients and its relationship with behavioral decision-making: A latent profile analysis. *Frontiers in Neurology, 16*, Article 1683198. https://doi.org/10.3389/fneur.2025.1683198

Zhou, X., Du, M., Dai, X., Zhu, S., Zhou, L., & Li, X. (2023). Intervention patterns and preliminary effectiveness on social participation following stroke: A scoping review. *BMC Neurology, 23*, Article 275. https://doi.org/10.1186/s12883-023-03250-2