

# Health Literacy, Pain Medicine and COVID-19: Room for Improvement

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### **Disclosure**

- Consulting Fee (e.g., Advisory Board): Enalare therapeutics
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# **Learning Objectives**

- Differentiate between disinformation and misinformation
- Explain how to appropriately interpret medical information from misinformation
- Recognize actions being taken by national and international organizations to fight the Info-demic
- Identify tools to improve our interactions with patients



### Let's Talk

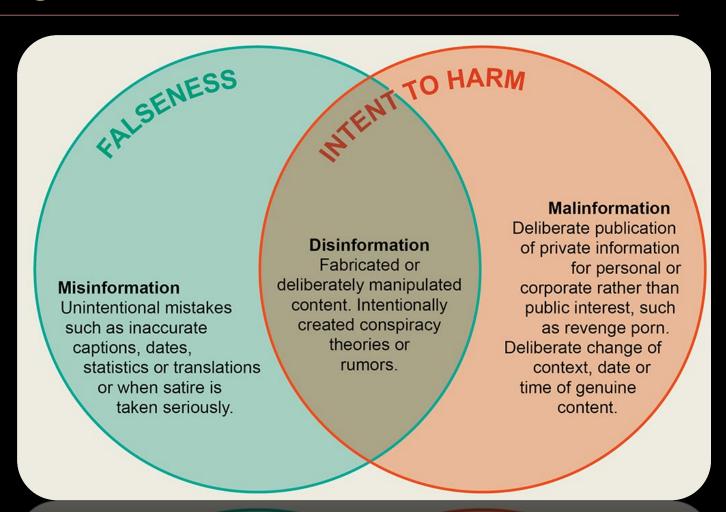
- MISINFORMATION: How far has it gone and where are limits
- ACTION TAKEN TODAY: Organizations, Governments, Healthcare providers
- **FUTURE**: Where do we go from here?



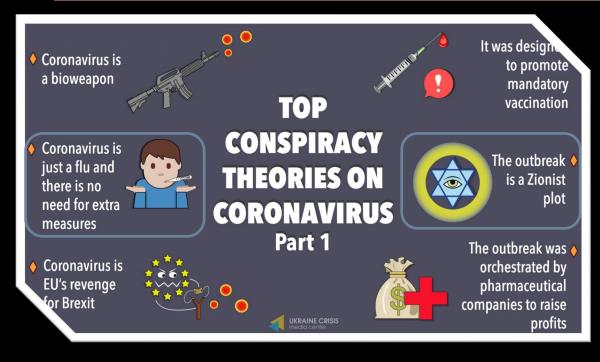


# **Definition ff An Emerging Info-demic**

- MISINFORMATION: Holding breath to self test if Covid positive
- **DISINFORMATION:** Fabricated or deliberately manipulated audio/visual content. Intentionally created conspiracy theories or rumors. E.g. Nurse died after receiving vaccine
- MALINFORMATION: e.g.
   FauciGate emails



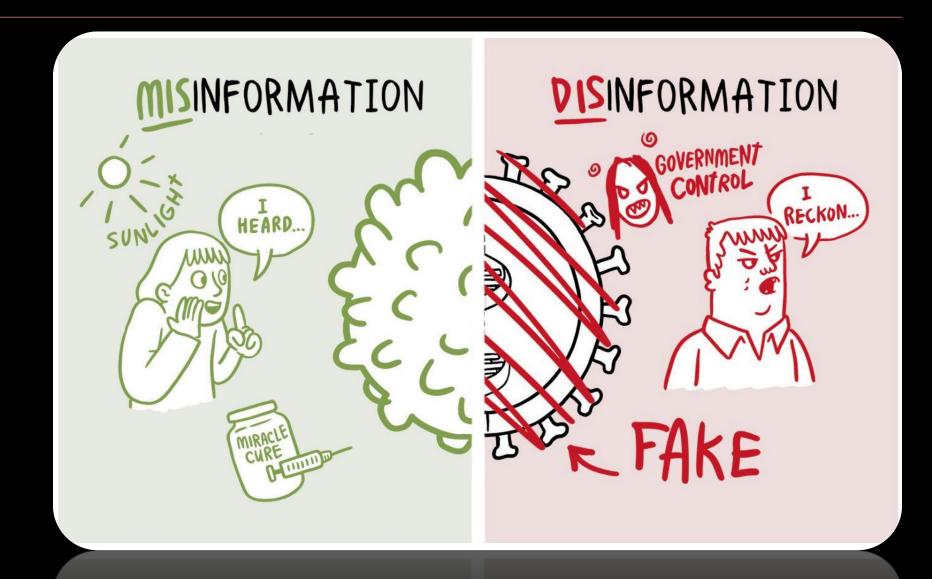
# **Every Day Misinformation Heard From Patients**<sup>1</sup>





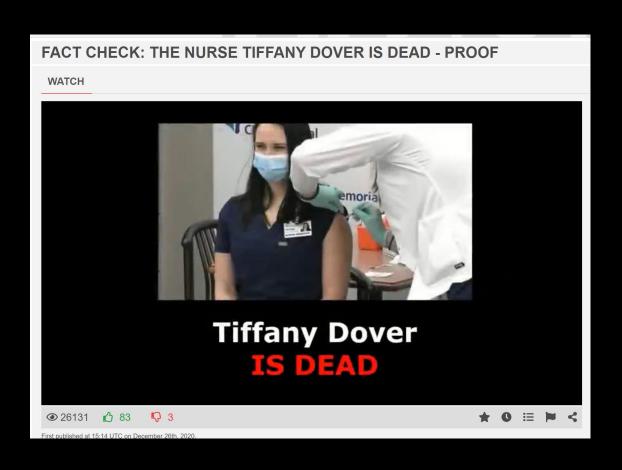


## **Intent Matters**





### **Elaborate Intentional Effort Of Disinformation**



- Facebook groups: 5000 members harassing Mrs. Dovers entire family.
- Entire family needed to leave posts
  - ""All of y'all stop acting like your entitled to know anything," she added. "It's none of your dang business. I'm honestly disgusted with people right now. We can't even go on a family vacation for Christmas without being harassed. I'm sick of it. TIFFANY IS ALIVE AND FINE."
- Required a "proof of life" video to stop the PD and hospital from hundreds of phone calls<sup>2</sup>



## **Plandemic**

- Mainly Dr. Judy Mikovits.
  - Research Director for drug discovery
- 26 short but influential minutes
- Highlights:
  - Covid is a global agenda to make profit
  - Injected with Covid from flu vaccine
  - "Wearing the mask literally activates your own virus"<sup>3</sup>
- 8M view's immediately....then removed
  - Censorship only fueled the flames of the grand conspiracy.





# **Plandemic**



# Real Words Have Real Repercussions

"I see the disinfectant that knocks it out in a minute, one minute... And is there a way we can do something like that by injection inside, or almost a cleaning? Because you see it gets inside the lungs and it does a tremendous number on the lungs, so it would be interesting to check that."



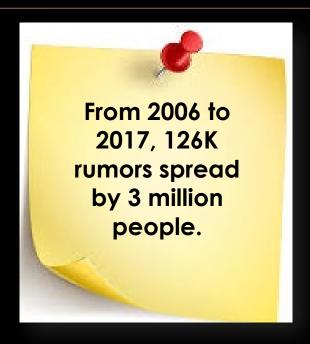
Following President Trump's comments, the American Association of Poison Control Centers (AAPCC), reported an increase in accidental poisonings up to 121% compared to April of 2019



# **All Types Of Wildfires**

Lies spread faster than the truth





- The novelty and emotional aspects of fake news may be responsible for the differences observed.
  - It's ability to be "edgy" and "triggering" gets the almost unavoidable click.
  - People want to be the main character in their own story.



### **Disinformation Dozen**

- Center for Countering Digital Hate and Anti-Vax Watch looked at anti-vaccine content that had been shared or posted on Facebook and Twitter.
- More than 800,000 times between Feb. 1 and March 16, 2021. They found that 65% of the content came from 12 accounts 4
  - "Instagram itself was recommending posts containing vaccine and Covid misinformation."
  - Social media platforms failed to act on 95% of all COVID & Vaccine-related misinformation reported
- "Fact Checkers" are akin to a bandaid trying to control a hemorrhage.





## Is It Possible To Keep Up?

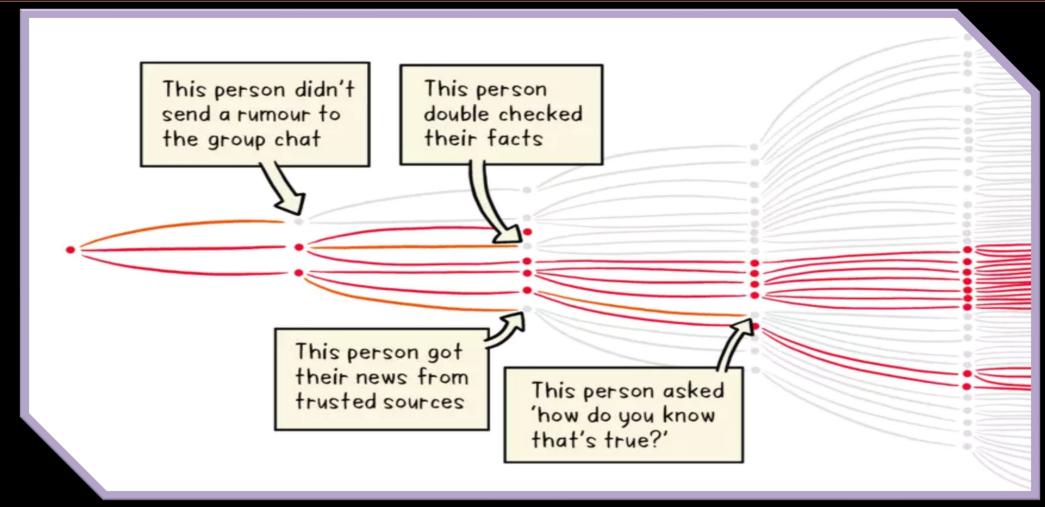
### SOME YOUTUBE EXAMPLES OF RESTRICTED CONTENT<sup>5</sup>

- Claims that hydroxychloroquine saves people from COVID
- Content that claims that holding your breath can be used as a diagnostic test for COVID-19
- Promotion of MMS (Miracle Mineral Solution) for the treatment of COVID-19
- Claims that wearing a mask causes oxygen levels to drop to dangerous levels

- Claims that wearing a mask causes oxygen levels to drop to dangerous levels
- Claims that achieving herd immunity through natural infection is safer than vaccinating the population
- Claims that the COVID-19 vaccine will kill people for population reduction



### **Flatten The Infodemic Curve**





### Let's Talk

• Misinformation: there are no limits

Action Taken Today: organizations, governments, individuals

Where do we go from here?



### Where Do We Go From Here?

- 1) WHO: Tools against Misinformation
- 2) Health Literacy:
  - To better protect our patients, they need to have the tools to take care of themselves
    - Validated easy to easy, easy to understand Online resources
  - -Teach Back
- 3) News and Social Media provide Fact checking
- 4) Holding media platforms responsible for monitoring, regulating, and educating the masses
  - -Too much \$\$ to be made from controversy. Even and especially in a public health crisis.



### **Social Media And The Who Outreach**



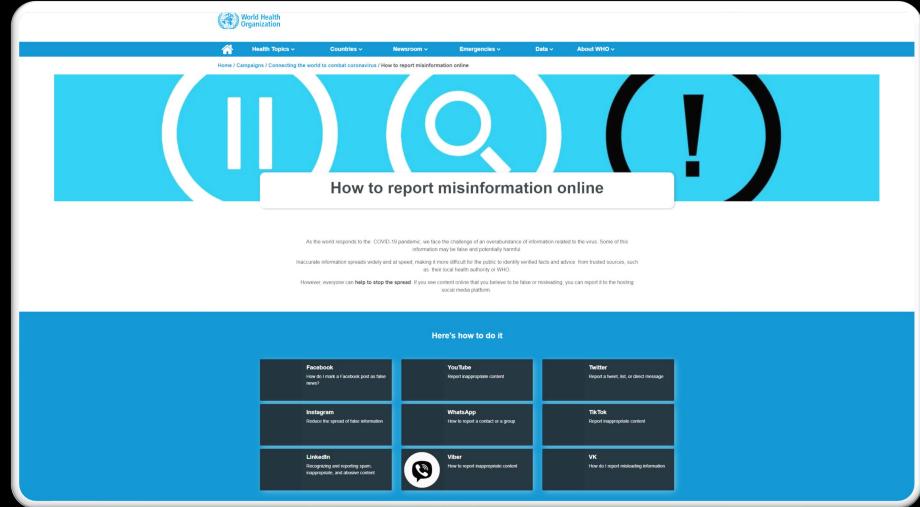




- Straight forward
- Clear language
- Graphics
- Multicultural



## Engage Society To "Flatten The Infodemic Curve" 6









# Lets Play A Game: A Peek Behind the Curtain

# GO VIRAL!

A 5-MINUTE GAME THAT HELPS PROTECT YOU AGAINST COVID-19 MISINFORMATION

START



1,146



Well, you don't have a lot of credibility yet. Luckily, credibility is easy to fake.

It's easy. Using a fake expert to back you up is a grea way to boost your credibility. Pick your buddy!



Great! Now that you can cite Dr. Hyde T. Payne as your source (doesn't matter that he doesn't exist), let's try posting something in the Not Co-fraid group again.



Dr. Hyde T. Payne, a renowned health authority at the University of Life who has worked on the government's Covid taskforce, says that there have been no deaths actually caused by covid!

# Cross Platform Collaboration For A Unified Message

# MISINFORMATION HANDBOOK: EPIDEMICS



- Learn the basics of the disease. What are the symptoms? How does it spread? What diseases is it similar to? This information will arm you against misinformation.
- Be wary of claims about the epidemic's source. Early on, it's nearly impossible to tell where an epidemic started, especially if it's a new disease. Beware of conspiracies.
- Verify images and videos related to the epidemic. The situation is ripe for out-ofcontext or misleading visuals. Use reverse image search to find context.
- Double-check case numbers, death tolls and fatality rates. These numbers change constantly during an epidemic, and some estimates are better than others.
- Beware of attempts to downplay or amplify the threat of the disease. Epidemics often get politicized. Some will try to spin the situation in their favor or create a scapegoat.
- Don't share prevention or treatment methods without consulting official sources.

  Look to the CDC and the WHO for what you should do.
- Look for what's still unknown. If the disease is new, scientists will be working to learn more about how it spreads and who's at risk. Avoid falling for alternative explanations.

POLITIFACT.COM

- Collaborate with Facebook
  - to educate the general population.
  - Provide instant fact checking with every post.
- Provide open access to up to date medical information.
- Internet BOTs that track trends via group messaging platforms such as Whatsapp, line, tiktok, etc.

- IMPACT: Illinois Medical Professionals Action Collaborative Team
  - Physician Led
  - Provide simple infographics
  - Clarify information from Healthcare providers directly.
  - Provide education for safe:
    - Protesting,
    - Voting
    - Indoor gatherings.





Sources: hopkinsmedicine.org, cdc.gov

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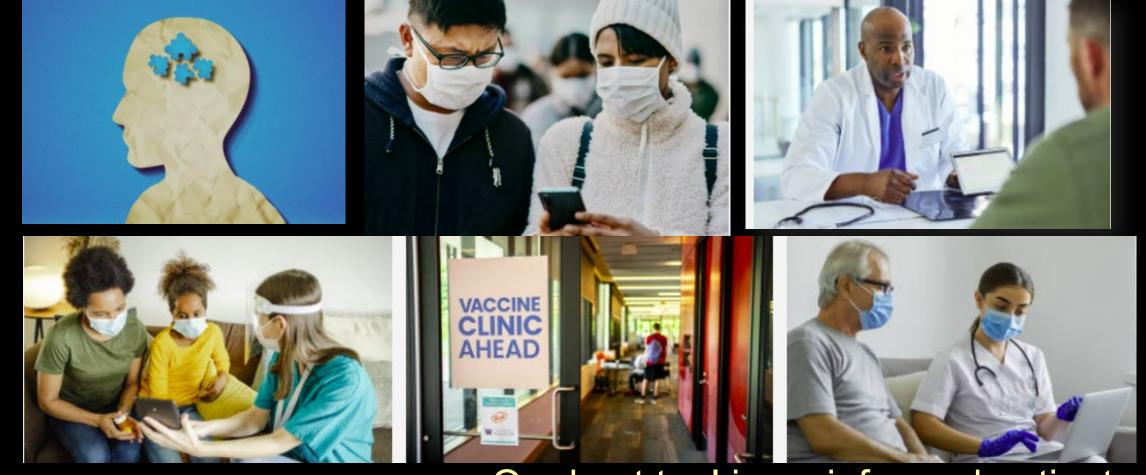
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#6FtApartAndMasked



## Well...What About the Individual?



Our best tool is an informed patient.

## Health Literacy: Official Definitions<sup>8</sup>

- Institute of Medicine: Individuals' ability to obtain, process, and understand basic health information and services
  - To better manage one's health and to make appropriate health decisions.

■ Most importantly, it is whatever the patient needs to competently navigate their health care

environment.

- Well informed patient = Ally in this misinformation fight.
- Health literacy leads
  - All encompassing understanding of medical needs
  - Ability to take personal responsibility





# Ownership of Our Health Requires an Understanding of the Holistic Picture





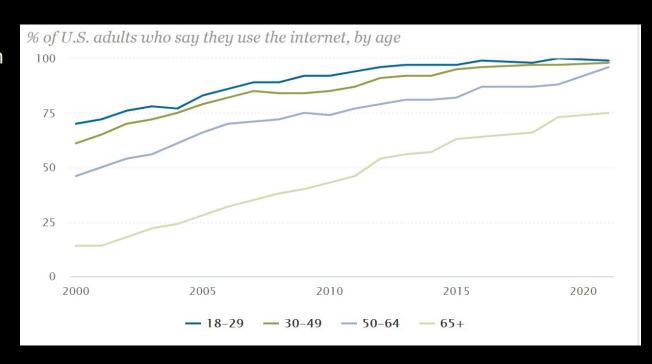
# Importance Of Health Literacy<sup>9</sup>

- Health Literacy has been highlighted as a public health goal in Healthy People 2020 by the UN.
- Misinformation targets same population as lower HL:
  - —Older, Male, Minorities, Poorer, Lower education.
- Best metric for personal health is overall Health Literacy.
  - -Even when compared to age, income, education or race.



# Use of Information Technologies to Help Manage Health<sup>10</sup>

- In 2019, ~90% Americans were Internet users
  - And out of those → 57% of them searched for health information online
  - For information (diagnosing illness, checking symptoms)
  - Personal research after a physician interaction.
- Meanwhile, older generations are usually catching up.
  - Ages >65 years, 57%, even though they would
  - benefit the most due to more health challenges
  - IF able to access/understand.
    - EMR access, online resources for knowledge, digital tech to contact Health care providers, etc





# Individuals With Inadequate HI<sup>11</sup>

- US Dept. of Educations' Nat'l Assessment of Adult Literacy (NAAL) found that inadequate HL is especially prevalent among the elderly: ~60% of adults ≥ 65 score in the two lowest ranges of HL, basic and below basic. Of these:
  - 30% have below basic HL
  - -80% have difficulty using health-related documents
- Obstacles include:
  - Inability to follow prescriptions instructions
  - Completing medical forms
  - Communicating with providers
  - Understanding risks and rewards of a medical procedure
- The older the patient → medical problems → self manage health



complex care→ nearly impossible to



# Inadequate Health Literacy & Health Outcomes<sup>6</sup>

### APPROPRIATE "HEALTH BEHAVIOR"

- includes decision-making
   -self-management of chronic conditions
- compliance with prescription medications -participation in health screenings

#### POOR OUTCOME A/W

- poorer overall health and physical fitness -reduced physical functioning
- Increased disability and pain
   Reduced Quality of life

### PERSONAL RESPONSIBILITY

- Improved pt satisfaction with overall care
   Lower unnecessary ED visits &admissions
- Improve compliance with recommendations
   -Less overall personal medical costs



### Teach-back: Information Reconciliation

S-A-L-S-A





### **Teach-back: What It Is**

■ WHAT IT IS NOT: A test of the patient

"Do you understand?"

"Do you have any questions?"

■ What it is: How well you explained a concept

"We covered a lot of information today and I want to be sure I explained everything clearly, what are some signs when you should call the doctor?"



### **Teach Back: Does It Work**

- Less med errors after hospital discharge
- Improved inhaler compliance for COPD.
- Kept patients out of being readmitted by ~40%
- Helped doc's know who needed that extra TLC.
- Overall: A more knowledgeable, skilled, and proactive patient is a more satisfied patient.



### Let's Talk

misinformation: there are no limits

action take today: organizations, governments, individuals

• where do we go from here?



### Where Do We Go From Here?

- 1) WHO: Tools against Misinformation
- 2) Health Literacy: Improved Teach Back
- 3) Unified message from all frontline providers
- 4) Battle misinformation with every patient interaction
- 5) Share personal stories to humanize the impact























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Please note that references must be listed as FULL citations, such as:

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