

Misinformation and Health Literacy 2-Part Learning Collaborative Series

Session One: April 14, 2023 at 1:00 PM EST

Session Two: April 28, 2023 at 1:00 PM EST



**NATIONAL
NURSE-LED CARE
CONSORTIUM**
a PHMC affiliate



**Letha Joseph,
DNP, AGPCNP-BC,
FFNMRCIS, FAANP**

Director of the Geriatric and Extended Care Nurse Practitioner Residency program at the Durham VA Health Care System



**Alphonsa Rahman,
DNP, APRN, CNS,
CCRN**

Clinical Nurse Specialist in the Medical Intensive Care Unit at the Johns Hopkins Hospital



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The National Nurse-Led Care Consortium (NNCC) is a non-profit membership organization that supports nurse-led care and nurses at the front lines of care.

NNCC, in partnership with the CDC, works to support efforts to build COVID-19 vaccine confidence among nurses and the communities they serve.

Learn more at NurseLedCare.org

ABOUT THE SERIES

- Free 2-part learning collaborative series for nurses on community program planning, implementation and evaluation.
- 1.5 CEU will be offered for each session attended live. An evaluation will be sent out to attendees following each session, complete the brief questionnaire to receive CEU credit. Learn more [here](#).

This project was funded in part by a cooperative agreement with the Centers for Disease Control and Prevention (grant number NU50CK000580). The Centers for Disease Control and Prevention is an agency within the Department of Health and Human Services (HHS). The contents of this resource center do not necessarily represent the policy of CDC or HHS, and should not be considered an endorsement by the Federal Government.

EXPECTATIONS FOR THE SERIES

- Please mute yourself during the presentation, unless speaking to the group.
- **Participate in breakout discussions!**
- This session will be recorded and posted to the NNCC website
- Snacks and lunch are okay!
- Complete post-session survey following session 2.

Disclosure Statement

The vaccine hesitancy information discussed at these Learning Collaborative meetings may be used for educational and research purposes. All information used will remain anonymous.

Welcome



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Misinformation and Health Literacy Learning Collaborative Series

Patient Education Strategies to Combat Medical Misinformation

Letha M. Joseph, DNP, AGPCNP-BC, FFNMRCISI, FAANP

Durham VA HealthCare System, Durham, NC

Alphonsa Rahman, DNP, APRN, CNS, CCRN

Johns Hopkins Hospital, Baltimore, MD

Learning Objectives

By the end of the presentation, participants will be able to:

Describe

Nurse's role in creating a 'healthy information environment'

Create

Conversation scripts to address misinformation while sustaining a trusting relationship

Recognize

Potentially harmful approaches in addressing medical misinformation

Apply

Transtheoretical Model of Change to facilitate behavioral modification

Building a 'Healthy Information Environment'

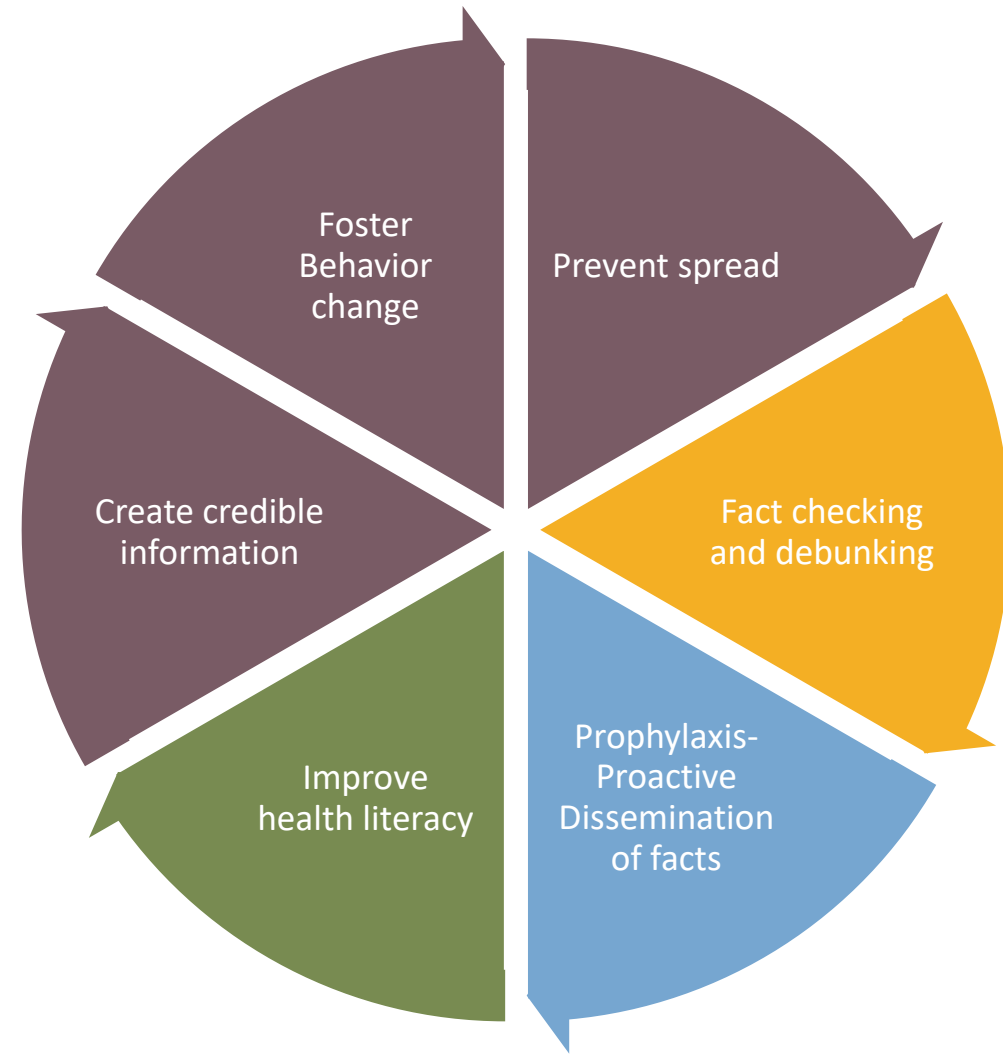
“I am urging all Americans to help slow the spread of health misinformation during the COVID-19 pandemic and beyond. Health misinformation is a serious threat to public health. It can cause confusion, sow mistrust, harm people’s health, and undermine public health efforts. Limiting the spread of health misinformation is a moral and civic imperative that will require a whole-of-society effort.”



Vivek H. Murthy, M.D., M.B.A.
Vice Admiral, U.S. Public Health Service
Surgeon General of the United States



Creating Healthy Information Environment



Prevent Spread of Misinformation

Healthcare ethics

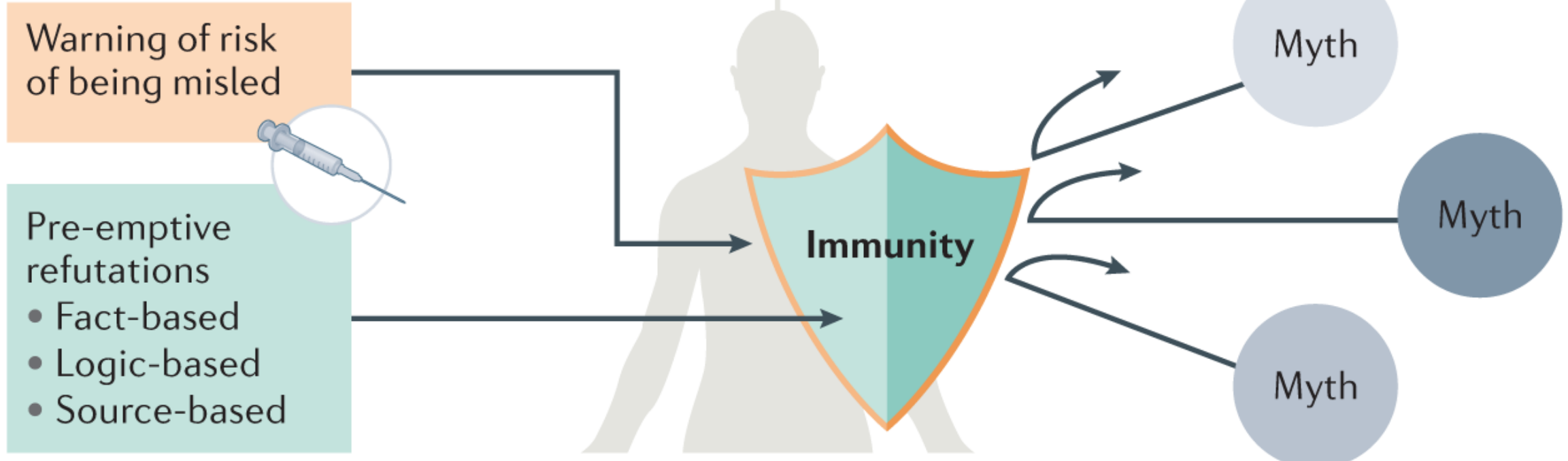
Nurses and healthcare professionals
are trusted people

Inoculation theory applied to misinformation

Exposure to a weakened form of misinformation...

- Neutralized misinformation
- Immunity across topics
- Post-inoculation talk

...builds immunity against later misinformation



Ecker, U.K.H., Lewandowsky, S., Cook, J. et al. The psychological drivers of misinformation belief and its resistance to correction. *Nat Rev Psychol* 1, 13–29 (2022). <https://doi.org/10.1038/s44159-021-00006-y>

Misinformation Debunking Message

Lead with
facts

Simple & sticky

Warn about
myth

Just once

Expose
manipulation
technique

How and why it is
misleading

End with facts

Reinforce with
credible
explanation

**Improve
Health
Literacy-
Universal
Precautions**

Simple communication

Make healthcare services
easier to navigate

Support patients' efforts
to improve their health.

Resources to Improve Health Literacy



- Health literacy trainings by CDC
<https://www.cdc.gov/healthliteracy/gettraining.html>
- Teaching Patients with Low Literacy Skills by Doak, Doak, & Root, 1996 [Teaching Patients with Low Literacy Skills | Health Literacy Studies | Harvard T.H. Chan School of Public Health](#)
- The *AHRQ Health Literacy Universal Precautions Toolkit*, 2nd edition <https://www.ahrq.gov/health-literacy/improve/precautions/toolkit.html>
- Clear Health Communication Tools and Resources [Clear Health Communication Tools and Resources - Health Sciences Library - University of North Carolina at Chapel Hill \(unc.edu\)](#)

Accurate Information Availability

Presence in the media and social media

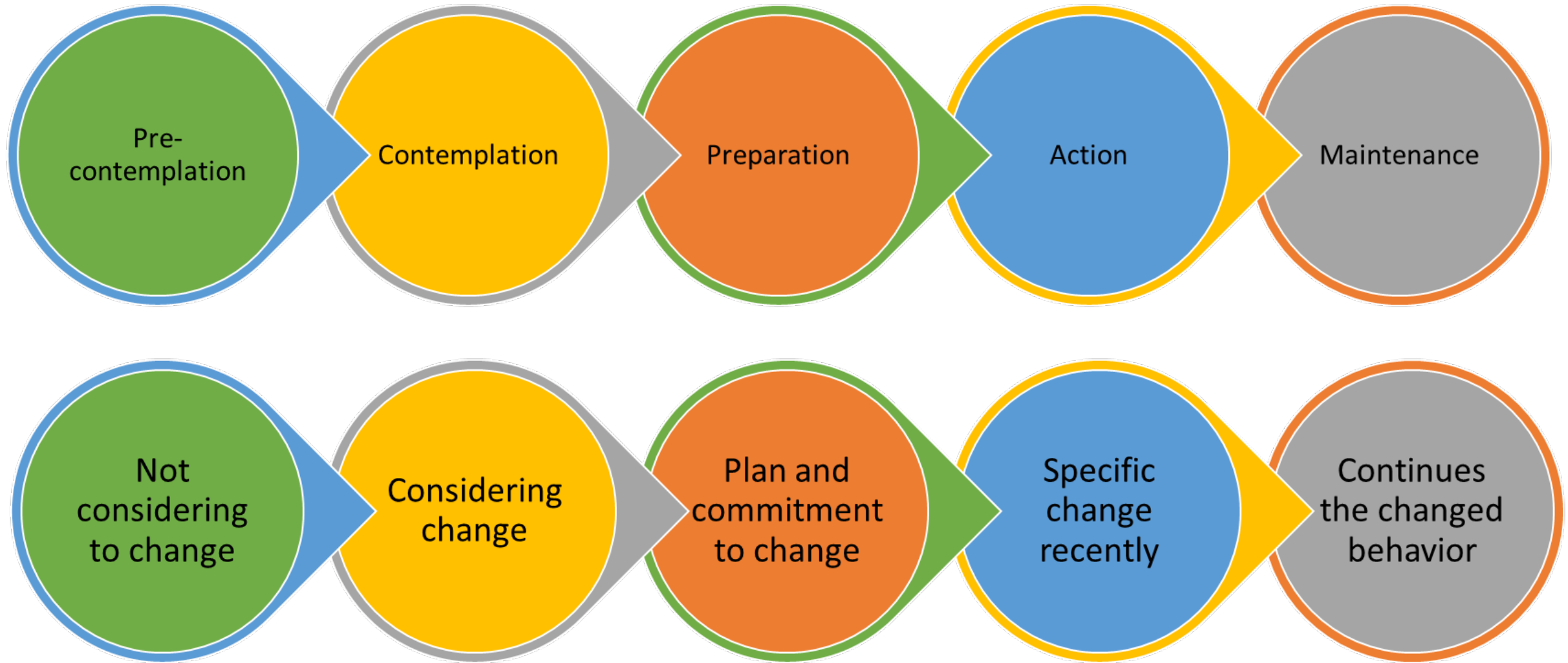
Write-ups in magazines, newsletters, etc.

Wikipedia updates

Create & distribute education material

Traditional and non-traditional health education platforms

Trans theoretical Model



Poll Question#1

You are discussing smoking cessation with a patient. The patient responds “I know, you doctors always say smoking is bad. I had been smoking for 20-25 years. My dad smoked too and he lived until 80”.

Patient’s response is in line with ----- stage of the Trans-theoretical Model of Change

1. Pre-contemplation stage
2. Contemplation stage
3. Preparation stage
4. Action stage

Poll Question#2

You are discussing smoking cessation with a patient. The patient responds:
“I know, you doctors always say smoking is bad. I had been smoking for 20-25 years.
My dad smoked too and he lived until 80”.

Which of the following is **NOT** a realistic goal for your conversation with this patient today?

1. Enroll patient in a smoking cessation program
2. Patient should feel welcomed to return even if he is not considering to quit smoking
3. Create and sustain a trusting relationship
4. Monitor for readiness to learn about the ill-effects of smoking

How to Approach?

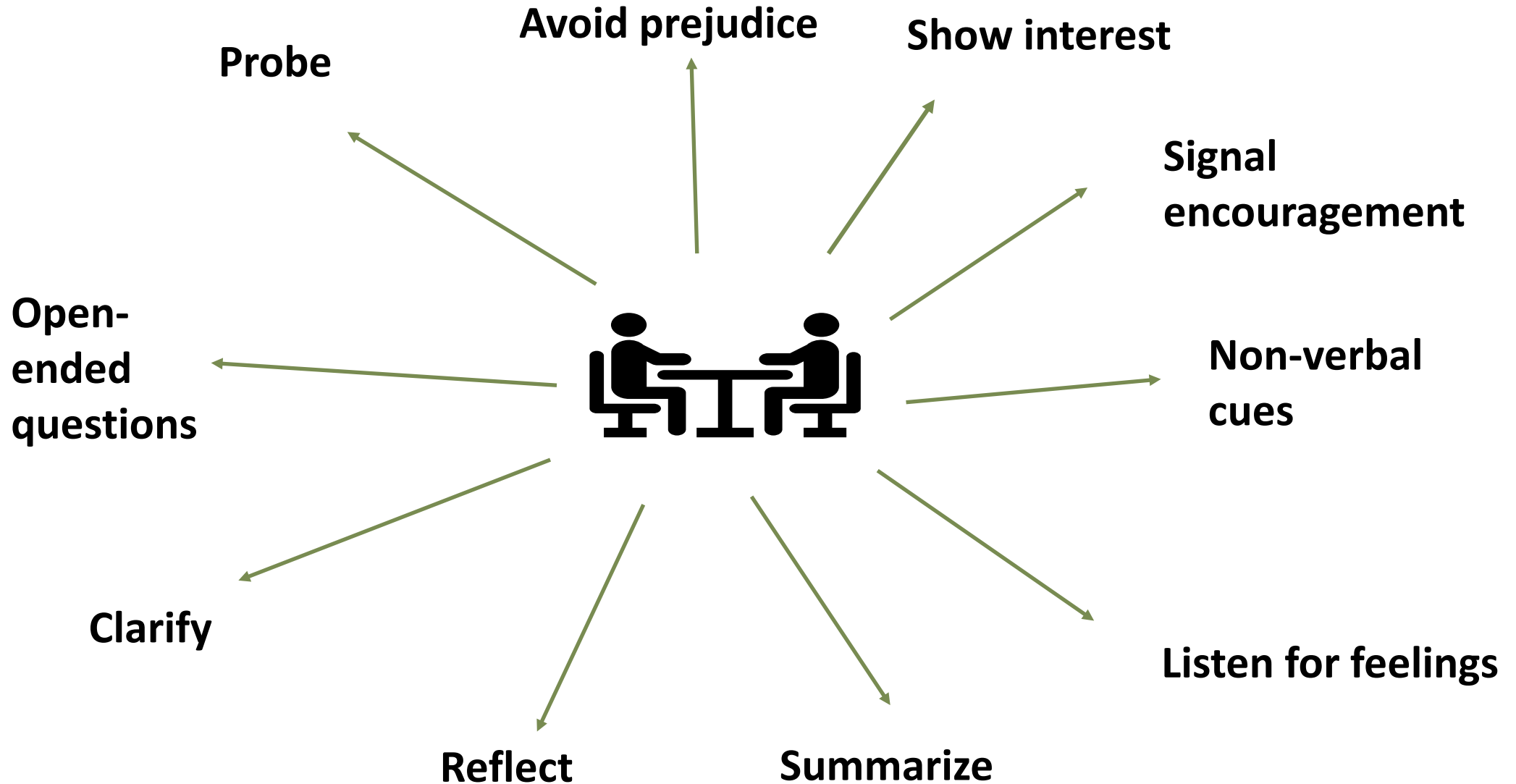
Assure

Acknowledge

Support

Empower

Conversation



Conversation- Principles

An ongoing conversation- set realistic goals

Trust building is the key

Understand the '*why*'

Build together rather than feeling we must fix everything now

Resistance to change is normal

Create a psychologically safe environment

Institute of Healthcare Improvement (2021). Conversation guide to improve COVID-19 vaccine uptake.

https://healthcentricadvisors.org/wp-content/uploads/Resource-IHITool_Conversation-Guide-to-Improve-COVID-19-Vaccine-Uptake.pdf

Productive Dialogue



GUIDING
APPROACH



SHOW
OPENNESS AND
CARE



ASK WHAT
THEY ALREADY
LEARNED



ASK ABOUT
CONCERNS
AND LISTEN



ACKNOWLEDGE
AND
EMPATHIZE



ASSESS
READINESS TO
NEW
INFORMATION



ASK
PERMISSION TO
DISCUSS



SHARE
ACCURATE
INFORMATION
RESOURCES

Dialogue

1

Guiding Style- “May I help you to do -----?”

2

Directing Style- “This is what you should do”

Harmful Approaches

- Questioning the intent of the source
- Confrontation, shaming
- Discrediting information source



**“Blowing out
another’s candle
will not make
yours shine
brighter”**

Avoid these

-
- **Righting reflex**
 - **Overstating the 'right' information/ treatment benefit/ vaccine safety**
 - **Directive approach: loss of patient trust, may lead to resistance**
 - **Urge to problem solve for the patient**
 - **Jargons**



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Poll Question#3

You are discussing COVID vaccine with a long-term care resident's daughter.

Which of following is an example of a **guiding style** approach?

1. The vaccine is effective. So, your mom should get it.
2. What questions do you have about the vaccine? How can I help you make a decision?
3. Older adults have a high risk for COVID. So, your mom should get the vaccine.
4. Many people in the nursing home did well with vaccine. So, I would not worry much about safety.



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Understand Misinformation

- Invite conversations about potential misinformation
- Open-ended questions
- “What have you already heard about -----?”
- “What worries you about -----??”
- “Tell me what you are concerned about?”

Poll Question #4

Mr. John states, “I won’t take Metformin”. Which of the following is the best response from the provider that is an **example of an open-ended question**?

1. It seems, you have some trouble with Metformin! Would you like to talk about it?
2. Are you taking any other medicine for diabetes?
3. What is making you feel that way?
4. Do you have the medication at home?

Poll Question #5

“I’m not sure I understood what you meant when you said vaccine can be a problem”

This is an example of which communication technique ?

1. Summarizing
2. Making a negative remark
3. Reflecting
4. Clarifying

Summarizing

- “I heard you express concerns about the safety of the vaccine, if it was tested enough, and if it’s safe for Black patients”.

Affirming

- “The choice is yours. Is there any other information that might help in your decision?”



Show Openness and Care

- Body language
- Distractions
- “We can talk about this, but do you have other worries as well?”



Acknowledge and Empathize

Attempt to
understand
concerns and
motivations

Do not
minimize or
dismiss their
concerns

Acknowledge
concerns

- “I hear what you are saying”

Empathic
responses

- “You sound quite worried”

Poll Question #6

Mr. John says he stopped taking his Metformin because he had abdominal discomfort and bloating when he took it. Which of the following is an empathic response from the provider?

1. I am sorry that Metformin gave you sick stomach.
2. I understand but taking metformin is very important to control your sugar
3. As you continue to take, the discomfort will get better
4. Your sugar is high now . You should have taken the medication as prescribed

Next Step – Discussing Facts



Assess readiness



Ask permission



Invite questions



**Give
resources**



**Plain language and
colloquial expressions
Jargon substitution**



**Reinforce information
through repetition**

Risk communication

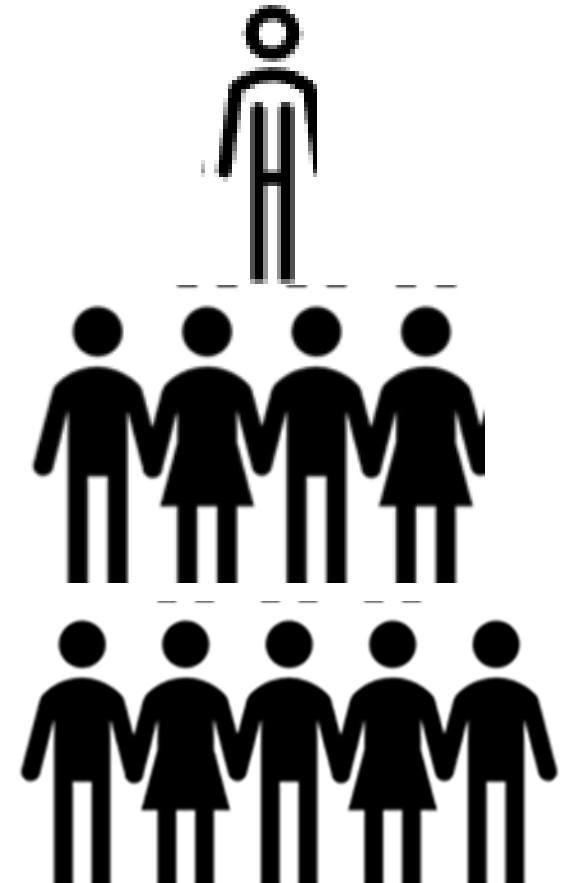
Tailored to individuals

Be specific - probability in numbers (e.g., 1 in 1000), percentage etc.

Be consistent

Visual representations of probability

Timely, consistent, relevant, up to date, local information





Before Vaccine Conversation

Prepare yourself first

- How do you feel about the vaccine?
 - Do you have the tools ?
 - What is your purpose of this conversation?
 - How do you feel about those who don't vaccinate ?
 - Expect resistance, prepared to explore the WHY
 - Others don't do what you recommend because you are an expert
-



During Vaccine Conversation

- Ask for permission to talk about vaccine
 - “Is it okay to talk with you about your concerns with the vaccine?”
 - Articulate the purpose
 - “My purpose for talking with you is to.....
 - Be curious and ask open-ended questions - How do you feel about getting vaccinated?
 - Understand people’s concerns – nonjudgmental, no blaming, no labelling, no disrespectful language
 - Active listening
 - “Here’s what I heard you say...
-



During Vaccine Conversation

- Provide information based on what people share with you
- Connect any information to what you heard matters to the person
- Use short, clear, common language
- Do not try to influence or change their view
- No arguments or overly technical remarks
- No use of power or authority





After Vaccine Conversation

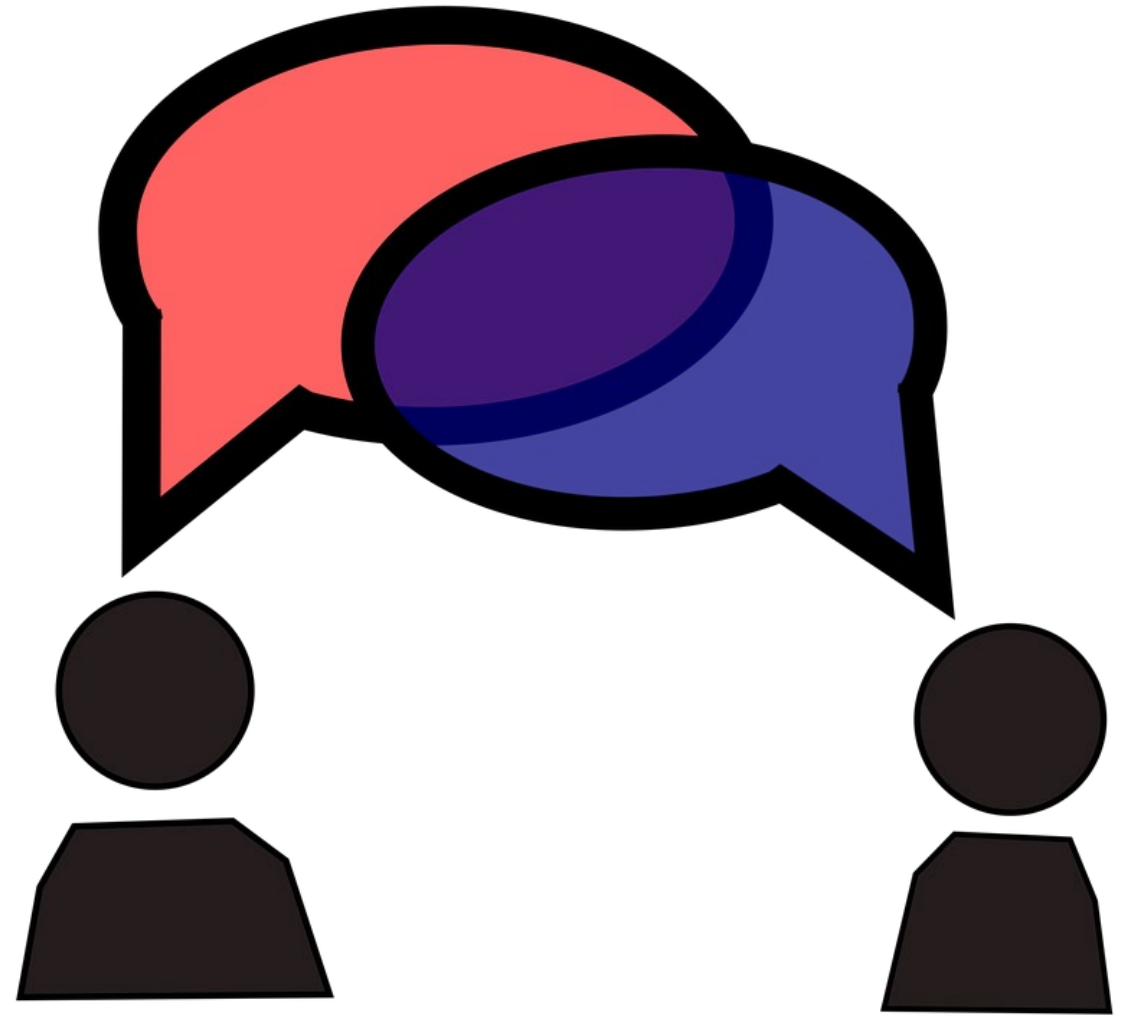
- If you agreed to follow up, keep the word to develop trust
 - Honor their choice and thank them for continuing the conversation
 - No anger or frustration if they need more time
 - No over enthusiasm if they plan to get vaccinated
 - If they had a positive experience, see whether we can get a champion
-

Conversation Resources

- Toolkit for addressing misinformation is available at the U.S. Surgeon General's site [A Community Toolkit for Addressing Health Misinformation \(hhs.gov\)](#)
- Institute of Healthcare Improvement (2021). Conversation guide to improve COVID-19 vaccine uptake. https://healthcentricadvisors.org/wp-content/uploads/Resource-IHITool_Conversation-Guide-to-Improve-COVID-19-Vaccine-Uptake.pdf



Role play





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Breakout Activity, Debriefing and Discussion

Reference

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Letha M. Joseph, DNP, AGPCNP-BC, FFMRCISI,FAANP
letha.joseph@va.gov

Alphonsa Rahman, DNP, APRN,CNS, CCRN
arahima1@jhmi.edu