

Elizabeth Breidenbach - NACHC:

Good afternoon and hello, everyone. Welcome to today's event, the Office Hour for Clinical Leaders and Care Teams: Combating Misinformation and Disinformation Related to the COVID-19 vaccination. My name's Elizabeth Breidenbach, I'm a meeting and events specialist based in the clinical affairs division here at NACHC, and I'm pleased to bring this event, along with my division colleagues. Before we get started, I would like to review you a few housekeeping announcements. You have joined this online event by physically calling in or using computer audio. All attendee lines have been muted and will be muted for the duration of this event. The duration of this live event is approximately 60 minutes, including introductions, presentations, and Q&A. Again, the duration of live event is approximately 60 minutes.

Elizabeth Breidenbach - NACHC:

We would highly encourage you, obviously, throughout today's session, we do have the chat box, it's going to be located in the lower right hand side of your computer screen. Simply type your comments, questions, or concerns into this box at any time during today's session, please stay in tune throughout today's session. We're also going to be posting lots of fantastic resources for you, as well. So it's really going to be nice for you guys to locate that box.

Elizabeth Breidenbach - NACHC:

As a little icebreaker I like to use, just so we know where that chat box is at, feel free to locate that right now, let us know maybe what health center you're coming from, your city and state, maybe even the weather outside. Just go ahead and locate that chat box, located in the lower right hand side, and just let us know where you're coming from today. Friendly reminder, today's event is being recorded and will be available for a playback at a later date. All attendee lines have been muted and will be muted for the duration of this event. Chat box is located in the lower right hand side of your computer screen. Simply type your comments, questions, or concerns into this box at any time. At this moment, I'm going to be turning things over to Wanda, who's going to be introducing herself and our other speaker today, and setting the stage. Wanda, the floor is yours.

Wanda Montalvo, PhD, RN, FAAN - NACHC:

Thank you. So I'm so excited to be here today, and to be part of this exciting webinar. My name is Dr. Wanda Montalvo, I'm a nurse by training. Sorry. We talked about not having background noise, and, of course, I have one going on now. Sorry. I am a senior fellow at NACHC for public health integration, but my background is that I have worked in federally-qualified health centers, primary care associations, and foundations in academia. So I have a pretty eclectic background. I encourage those that are on social media to please follow NACHC at NACHC, N-A-C-H-C on Twitter. My Twitter handle is here. I have my PhD from Columbia University, and I am a fellow of the American Academy of Nursing. Next slide, please.

Wanda Montalvo, PhD, RN, FAAN - NACHC:

I am still thrilled to be joined today by my colleague, Dr. Tara Sell. She is a senior scholar at John Hopkins Center for Health Security. I strongly encourage people that may be unfamiliar with the center to please visit the site and get familiar with the resources that they have there. She's an assistant professor, and her work focuses on public health policy and practice in order to reduce health impact of disasters and terrorism. I will say that interestingly, I tracked down Tara after listening to her present via social media to invite her to join NACHC for this presentation. And so modeling how we connect with people and

leverage social media to expand our social network, but also to identify content experts to help us at the national, local, and state level. Next slide, please.

Wanda Montalvo, PhD, RN, FAAN - NACHC:

The learning objectives for today is to describe the differences between disinformation and misinformation, to understand the subversive tactics and harm that disinformation and misinformation have in our communities and public health, for attendees to identify at least three tactics to discuss misinformation and disinformation for those who may believe it. So, colleagues, family, friends, our community, I think we're grappling with this on a day-to-day basis. Leverage communication strategies to better promote health and digital literacy in our communities related to COVID, and discuss the importance of working with cross section of partners to safeguard the community against disinformation and disinformation. Next.

Wanda Montalvo, PhD, RN, FAAN - NACHC:

So, in order to get us rocking and rolling here, we're going to launch a poll. We want to know, on a daily basis, during patient encounters, how often are you addressing misinformation and disinformation during a client visit?

Elizabeth Breidenbach - NACHC:

Folks, that poll should be in the lower right hand side of your computer screen, it should have popped up on your screen. I activated it just a smidge early, and we have a few votes already in there. So go ahead and select your response and just hit enter or submit, so we get that. So, we'll go ahead and give it about one minute. Again, that poll question, the polling should have popped up on the right hand side of your computer screen. So simply just select your answer and hit submit, so we get that. So I'll go and give that, again, one more minute before we go over the results, or Wanda will go over the results. Thank you so many votes. Come on, people. This is awesome. (silence). It's like sliding everywhere. Okay. I'll give it about 15 more seconds. (silence). Perfect. Let's go ahead and lock this. Perfect. Wanda, can you see the results-

Wanda Montalvo, PhD, RN, FAAN - NACHC:

Wow.

Elizabeth Breidenbach - NACHC:

... from your end?

Wanda Montalvo, PhD, RN, FAAN - NACHC:

Yeah. I was-

Elizabeth Breidenbach - NACHC:

Perfect. Awesome.

Wanda Montalvo, PhD, RN, FAAN - NACHC:

I was expecting it to be a little lower, but I'm... I think that when we are busy caring for our patients in a clinical setting, or any... Honestly, our health centers work across are so many different sectors. If you have an allotted time for patient encounter to take up that much to address the misinformation that

they're grappling with, it also shows the impact that this is having in our clinical care of patients. So it's a really big issue, and I'm glad that you guys are here, and this is information that you can apply to your day-to-day. Next slide.

Wanda Montalvo, PhD, RN, FAAN - NACHC:

So, I want to thank the health centers that were part of a project where we did listening sessions across the country with the health centers that are listed here. It was really important. It was a co-design, where we interviewed both the staff and patients about their ongoing struggle with dealing with misinformation, disinformation, how they were grappling with COVID, how they were accessing information. Next slide, please.

Wanda Montalvo, PhD, RN, FAAN - NACHC:

I think to set the record, in the sense, for folks, is that we've been here before. We've had pandemics in the past, and it's crazy that we have this whole debate about masks and for children to wear masks. We did it in 1918, and we're doing it now, versus 2020. It's now 2022, we're two in, and we're still having to at least follow public health measures to keep our kids safe. Next slide, please. The same with using Lysol back in 1918, and we're still disinfecting and trying to keep germs away, and hand sanitizers and everything else to keep our communities, our homes, and our workplace is safe. So these public health measures worked then, and they work now. Next slide, please.

Wanda Montalvo, PhD, RN, FAAN - NACHC:

So, I wanted to set the stage for this. We did these listening sessions using virtual Zoom meetings, partnered with Emory University. I want to give a shout out to my colleague, Sarah Price, who was a co-conspirator with me on this project. We conducted about 53 hours of interviews, both with patients and staff. What was interesting was that we did it at like a two or three-week space between the first and second conversation with the same people. It was to better understand what were they grappling with when it came to vaccine hesitancy? This was a couple of months before we had the FDA approval for Pfizer, but we had the distribution of all three vaccines being made available to the general public.

Wanda Montalvo, PhD, RN, FAAN - NACHC:

So, we wanted to get an understanding of what they were grappling with, and give us a sense of why you, at this point, have no plans to get vaccinated. So we were interested in those people that were still hesitant. And so their concerns that came up were that there was a lot of other diseases going on around the country, and there was no vaccines and no cures for these things. Why, all of a sudden, do we have this pandemic, and we developed a vaccine overnight? Part of this was probably due to the naming convention that was you used for developing the vaccine, which was warp speed.

Wanda Montalvo, PhD, RN, FAAN - NACHC:

People didn't have a clear understanding of the long history of research that had been going on behind the scenes to develop the vaccine. A big kind of, I don't trust the government, they no trust the pharmaceuticals, there's a lot of money to be made in medicine, and why, all of a sudden, am I getting this medication for free when I've had to pay for all these medications before? This is going into my body, it's scary. What are the ingredients? What are the side effects?

Wanda Montalvo, PhD, RN, FAAN - NACHC:

There was a lot of gap in knowledge, both for patients, as well as staff. I would say that that was one of the key takeaways of listening to our staff, was this... Initially, when we started this, I did have this assumption that our staff would be more up-to-date and ahead of the information and understood. But what we learned from listening was that there was gaps in knowledge for both patients and staff. Next slide, please.

Wanda Montalvo, PhD, RN, FAAN - NACHC:

Also, we wanted to get a sense about why, at this point, have you no plans for getting vaccinated? There was definitely a lot of fear mongering that was going on. The vaccine was developed too fast, and now you have to get a booster. So, really, a lot of confusion. They didn't understand the public health guidelines, why these things continue to change. So, the ability to place a decision-making burden, both on patients and our staff, and then being able to explain this is, I think, a heavy lift.

Wanda Montalvo, PhD, RN, FAAN - NACHC:

Even now, we still have ongoing questions around where we are, and the variants that come out, and I think we need to be... As health centers that are trusted in our community, we play a real critical role in helping to clarify information for our communities. The complexity of this cognitive demand, being able to understand how things continue to evolve, and being able to digest this information to make decisions, is really, I think, a huge burden for a lot of people. Next slide, please.

Wanda Montalvo, PhD, RN, FAAN - NACHC:

The reliability of information. So one of the things that was really interesting, and I think a really important point was that depending on the state, public health infrastructure and support had variation. So, people in the front lines in communities either were getting accurate information on a regular basis, or getting very sparse information. The other challenges that information is often in one monolingual language, versus the multiple languages that we deal with on a day-to-day basis in our health centers. And so where people are going for that information varied. I don't really think a lot of people find reliable information from reliable sources. I'm not saying all people, but even for myself, I don't think I've researched it, honestly, on a reliable source.

Wanda Montalvo, PhD, RN, FAAN - NACHC:

One of the things we found from some of these conversations was that we would say... well, we say CDC has this information, but when we spoke with patients and with some of the staff, they themselves had not visited the CDC website, or they didn't quite know how to navigate and ask the right question in some of these things. So while the information's out there, we still need to consider how we support people to gain access.

Wanda Montalvo, PhD, RN, FAAN - NACHC:

One of the things that came out, too, was, I didn't trust any of the images that came out of New York, with those refrigerator trucks filling up with dead people. So, again, this kind of media, I think, battlefield, in some ways, of people not trusting information and buying into conspiracy theories is something that has also impacted the ability for people to trust. What we also regularly heard, which is why it's so critical that our health centers get activated around this and promote information through their social media channels, is that you're trusted. So, when we asked people, where do you trust... who do you believe to is giving you accurate information? Over and over again, we heard that it was health centers and their clinician, their physician and nurses. Next step. Next slide, please.

Wanda Montalvo, PhD, RN, FAAN - NACHC:

This is really what we learned or heard over and over and over again. I'm going to choose what I want to choose. I just feel like you got to go off your intuition. So for those people that were in the fence and trying to grapple with decision making, where they were receiving information really impacted the way they were digesting that information. Unfortunately, some of the platforms that we use, they use, perpetuated these lies. And so they either got into Facebook groups or other social media channels, like TikToks and other news outlets that keep perpetuating some of this misinformation, and sometimes purposeful disinformation that is really, I think, causing great harm. Next slide, please.

Wanda Montalvo, PhD, RN, FAAN - NACHC:

Just as an example, these strategies are well funded. They're not just happening randomly. There's some strategy going around this to promote some of this disinformation and misinformation. This is recent, here up in New York, where they put out a whole billboard about stop the vaccine mandates, and another concerted effort to really identify doctors that are purposefully sharing disinformation and misleading people is having real huge, negative impact. They have a platform, where the information, unfortunately, is reaching way too many of our patients and consumers on a day-to-day basis. Next slide, please.

Wanda Montalvo, PhD, RN, FAAN - NACHC:

So, some of the things that we also need to be aware of is that I think there is a stress that's going on among our clinicians and frontline providers. They're struggling, and they're listening, and they're having to face this on a day-to-day. Just the fact that you're spending four or five minutes in a visit addressing this is concerning. As a provider, I worry about the people don't see, because they come annually or every six months. You haven't had the chance for that one-on-one conversation. They're getting information on what's on TV or the news or anything else.

Wanda Montalvo, PhD, RN, FAAN - NACHC:

The challenge is having time to discuss COVID, while you're also taking care of all the other things that our patients come in with. Uncontrolled diabetes, uncontrolled asthma, and it's all within this 15-minute visit. And so there's this ongoing challenge, and, therefore, we need to think of other strategies to help promote the message we know is accurate for the safety of our patients and our staff and our community. Next slide, please.

Wanda Montalvo, PhD, RN, FAAN - NACHC:

Some of the big themes that came from the... in the listening sessions, were that the sense that there's this big push for this vaccine. I know a lot of people are grappling with this. The vaccine may be unnecessary, or now that COVID is out and I'm still getting sick, why do I need the vaccine? It's not really working. So these people don't understand how vaccines work. What's the point? They're lying about the side effects. This came up early on, and this ongoing challenge with, it's my body, and it's my choice, and fear of, they're using the vaccine to control us, and people are really upset about the mandate.

Wanda Montalvo, PhD, RN, FAAN - NACHC:

So it's a lot of very variation and issues co-mingled in this discussion about where people are. This issue of, they don't trust the vaccine for their kids is also another thing. But what was interesting was that as these themes arose, when we came back to the same group for a second conversation with more

evidence and answered some of these questions, and listened to their concern, they were more open to considering getting the vaccine. And then even for those that were really resistant, that didn't want to get vaccinated, and really hated the mandate, after they got the vaccine said they were glad they did get it. So it's really interesting, but again, we're combating a lot of this issue because of the overwhelming, I think, tsunami of misinformation that people are processing. Next slide, please.

Wanda Montalvo, PhD, RN, FAAN - NACHC:

So this is just one example of how information, either positive or negative sentiment, how strong and how quickly it can be disseminated across the country. Unfortunately, the negative sentiments tend to... It's like gas lighting, that they get picked up a lot faster than the positive sentiments that are out there. I think part of it is culture, part of it is the politics that we are in, what state you're in, and what information is available, and how it's being disseminated.

Wanda Montalvo, PhD, RN, FAAN - NACHC:

Here in New York, I always say to you that every hour, we're getting two or three messages a day on vaccination, why it's important to wear our mask, why it's important to get our kids vaccinated, why the booster's important. I visited my mom in Florida over the summer, and there was basically no information going out. Depending upon where you are, so you need to remember, people are also, in some ways, information-deprived from the right things. Next slide, please.

Wanda Montalvo, PhD, RN, FAAN - NACHC:

I just wanted to show this as an example. This is just one example of a person who's like an influencer, using social media, who puts out this one comment that's inaccurate, and how quickly the message gets picked up per hour. By the end of the day, in one day, it's made 12.6 million impressions. And so we can't just say, this is not our issue, we can ignore it, this is someone else's job. I think as trusted healthcare professionals, members of the care team, we have a really essential role in amplifying our voice and helping to educate our community. Next slide, please. This is a visual. Hopefully, it'll play.

Elizabeth Breidenbach - NACHC:

It won't, but I can share my screen right now, so people-

Wanda Montalvo, PhD, RN, FAAN - NACHC:

Okay.

Elizabeth Breidenbach - NACHC:

... can see the-

Wanda Montalvo, PhD, RN, FAAN - NACHC:

All right.

Elizabeth Breidenbach - NACHC:

... visual.

Wanda Montalvo, PhD, RN, FAAN - NACHC:

Thanks.

Elizabeth Breidenbach - NACHC:

So give me one second. No problem.

Wanda Montalvo, PhD, RN, FAAN - NACHC:

So I wanted to show a visual rule of that same tweet thing that went out. Every time you see this pulse, or every circle, it's a social network that's picking up that particular inaccurate message, and continues to be spread. And so as we click or share, we're actually helping to amplify that wrong message, and it's reaching so many people that's causing a lot of harm. So influencers play a big role. I think last week or two weeks ago, NACHC hosted a session on social media, and how to leverage micro influencers, and we need to identify some of those people in our community and learn how to use them to help combat or debunk some of the information that's being sent out in our communities. Next slide, please.

Wanda Montalvo, PhD, RN, FAAN - NACHC:

This is a concerted effort. Again, this is our clinicians, depending upon where you are and what state, that they're purposefully spreading disinformation and causing a lot of harm. There's a paper out on recommending both on the physician side and nursing side from professional organizations, that we should consider removing the license of people that are doing this type of harm. Next slide, please. This is our second poll question. So-

Elizabeth Breidenbach - NACHC:

Thanks on that.

Wanda Montalvo, PhD, RN, FAAN - NACHC:

Sorry.

Elizabeth Breidenbach - NACHC:

No, no, no. Go ahead, please.

Wanda Montalvo, PhD, RN, FAAN - NACHC:

Okay. Sorry. This is our second poll question, and it's, what do you think is the economic impact as a result of mis and disinformation per day?

Elizabeth Breidenbach - NACHC:

So folks, we'll go ahead and give that about two minutes. I know a few people said that the poll buffered for them the first time, so I went ahead and dropped the poll into the chat, just in case you were one of those folk that couldn't vote in the poll previously, or in the first poll. But it should have popped up on the far right hand side of your computer screen. I do see some votes coming in, thank you for that. If, again, it's buffering, or you just can't vote, feel free to click on that link. It's just going to open up a web browser and allow you to vote. Just make sure you select your response and hit send, so we get that. I'll give it, again, about one more minute to let people vote, and then Wanda will share our lovely results.

Elizabeth Breidenbach - NACHC:

Needs a password. I can grab that for you, don't worry. One second. It's weird. As the host, it tells you one thing, but as an attendee, it gives you something else. So, that's no problem. Give me a second. Oops, oops, oops, oops. There you go. Copy this. Where is my lovely chat? There you go. Yes, technology culture. Right? So, it's a weird... I didn't make up this password, folks, I promise you. So this is technology. So that's the password, if it does ask you to get in there. So, again, we'll go ahead and give it about 30 more seconds to let people vote. I definitely would've made the password tremendously easier, like NACHC. Thanks, Jessica. Awesome. Thank you. All right. Let's go ahead and close this off. Where my stop button? And lock pull. All right, Wanda. There you go.

Wanda Montalvo, PhD, RN, FAAN - NACHC:

Okay. So yes, the amount of harm and cost is between 30 to 50 million per day. I think given the ongoing struggle that we have globally, I can imagine it's even more. I think it's important into frame that with... Tara said, what were our observations from listening to patients and staff from health centers, and then bumping it up to the next level to real strategic advice as to how we can play a role in helping to combat this?

Elizabeth Breidenbach - NACHC:

Tara, you're up.

Tara Sell, PhD, MA:

Great. Thanks so much. I'm actually going to share my screen, so that I can drive... Oh, we need to-

Elizabeth Breidenbach - NACHC:

There you go. I'm giving you the presenter privileges now, so you should get in about a few seconds. Yep, it's-

Tara Sell, PhD, MA:

Okay.

Elizabeth Breidenbach - NACHC:

... starting to switch over.

Tara Sell, PhD, MA:

There we go. Okay. Well, thanks so much for having me here, and Wanda, thank you so much for that great intro. I think it really sets us up nicely. As Wanda gave some other examples, health-related mis and disinformation isn't anything new. It's something that we have seen for a long time. But there is something here in the spread via social media that makes it much easier to have disinformation spread, and spread quickly. But this is a great example, really, of something that I found on the internet, and I really wanted to believe was true, but I wasn't sure about it.

Tara Sell, PhD, MA:

Having that questioning mindset, I think, is really important for everyone, not just certain people who are inundated with misinformation, but us, as well, who have a little bit more of information that's coming to us from really good sources. Because these can be skills that you model for everyone, as to



how you judge and vet information. So the first thing I did here was I checked via a fact checking website to see if this was true.

Tara Sell, PhD, MA:

This was actually a real cartoon, and not something that someone made a couple days ago and put on the internet and said it was from the 1930s. It was, in fact, from the 1930s, and it was published in the American Public Health Association. Some other tools that you can use to check for false information, or that you can suggest to others to check for false information is to use web-based tools to source credibility. One of the tools that I've used with my team is NewsGuard. It goes through a list of checklist of different things for different websites to make sure that they're operating in ways that are responsible.

Tara Sell, PhD, MA:

Another thing you can do is to verify with other news sources that fact that you're looking for, or look on fact checking websites. Even if you just Google fact check, and the thing you're asking about, usually, there's something that's useful that comes up. Reviewing content on the source. If it looks like one person's blog, that's a sign that I think you should take a closer look. Now, there have been really great blogs that have been helpful in the interpretation of new data from the pandemic. But I think overall, if there's not a lot of editorial oversight on the website or on the source, this is at least a red flag to take a closer look.

Tara Sell, PhD, MA:

Be wary of those message that are designed to appeal to your emotions. We all know the click bait on the bottom of the website. Misinformation operates the same way, it's designed to make you... to suck you in. And so this is something to be wary of. Also, another thing that people can do is increase their awareness of disinformation tactics, so they can recognize them when they come across them. Sometimes there is actually a game that... basically gamified disinformation. Tells people like... it's a game that people play, and it uses disinformation tactics, or at least people are trying to use disinformation tactics to win. But by using them, they become more aware of... when they see them out in the wild, basically.

Tara Sell, PhD, MA:

And then that last thing is just to understand your own personal biases and capacity to change opinion when presented with new evidence. This is something that everyone can use, and certainly something to model. But before we get really going here, I wanted to take a minute and just describe misinformation and disinformation, or define it. Misinformation is information that's false in the context of the scientific understanding of the time. We all know from the course of this pandemic, that science evolves, we learn new things, things change.

Tara Sell, PhD, MA:

Here, misinformation, we really want to say, okay, in the context of the time. Because we don't want to say, the information that was very... that was good based on what we knew at the time, you don't want to always be going back and saying, that one, that person was spreading misinformation. So this is often the result of ignorance or poor understanding. That is different from disinformation, where that is purposefully created and purposely disseminated. So this is something where people are lying on purpose, usually for some social, political, or financial goal.

Tara Sell, PhD, MA:

My team divides misinformation into four rumor types. So the first one here, false cures, that came out a lot at the beginning of the pandemic, chlorine dioxide, or the silver solution, these types of things, even as simple as garlic, or whatever. Some of them are harmless, but you don't want people saying, I'm going to take this false cure over something that is proven to work, or waste their time and money on it. Another one here is mischaracterizing the disease or the protective measures. So this is, as Wanda mentioned, or one of the people in her focus groups mentioned, the microchip thing, or saying COVID is not real, just describing this... what you're talking about just completely wrong.

Tara Sell, PhD, MA:

Another thing you see a lot of is scapegoating. This is from June, 2020, this headline, but unfortunately, Asian American assaults only increased since I pulled this headline. And so this is problem with trying to blame the pandemic or blame things on somebody else, using misinformation to do that. The fourth bin we have here is conspiracy theories. Often, those include profiteering. Here's a picture of me, that my... My analysts found this tweet in our data set, where we were looking for misinformation.

Tara Sell, PhD, MA:

And so we had developed a pandemic... a very large scale pandemic exercise in October, 2019. We ran it in New York, and we... This video is me. It's since been removed by Twitter. But it was me, in this exercise, talking about... in this fictional exercise, about misinformation and what people... what countries were trying to do to stamp out misinformation. It was used in its own misinformation to say that we practiced how to, basically, suppress free speech. So it was very meta, and both horrified and amazed to find this in our dataset. So conspiracy theories abound these days.

Tara Sell, PhD, MA:

I just want to mention that another piece here, just a sample of misinformation and disinformation campaigns that have been around. There's Operation Denver, there's a Russian disinformation campaign suggesting that the US had created HIV AIDS, we have tobacco in the US, we have pamphleting related to measles vaccination amongst ultra Orthodox Jews in New York, we also have what was going on around about Ebola in the US.

Tara Sell, PhD, MA:

I want to just take minute here to dive in a little bit more on that last one. My team did an analysis on Ebola tweets and misinformation. One thing that really came out of that, that I want to emphasize to you, is that we all think about information in, often, black and white ways. Like, this is true, and that's very obviously false. The renowned NSA whistleblower, Ebola could be a staged event to pillage Africa's natural resources. That is obviously false. It's easy to see these types of things... The micro ship thing, all these very obviously false pieces.

Tara Sell, PhD, MA:

But misinformation and disinformation, often, is this gray area, where it's half true, or it's misinterpreting the truth, or it's based on... There is a kernel of truth there, and it is twisted and twisted and twisted in such a way that then it is misleading. But the kernel of truth is there, and that makes it even harder to combat this. So here is an example, there's an Ebola patient in Fairfax County Hospital, I'm going to Canada. There was someone who was being evaluated for Ebola in Fairfax County Hospital.

That person did not have Ebola. But, because they were being evaluated for it, it allows someone to suggest that there is Ebola there, and that people should be really worried about it. So this is an important thing to remember. Obviously, I'm sure that you guys are dealing with this all the time in your practice here.

Tara Sell, PhD, MA:

The final count was that we had 5% completely false, and 5% partially false. Now, that makes up 10% of the tweets we looked at. Is that a lot? Is that a little? It probably depends on the network you're a part of. I'm not probably getting many of these false or partially false tweets coming across my Twitter feed, because I don't follow people who are spreading that type of information. But if you're following a large group of those people, you're going to see them all the time.

Tara Sell, PhD, MA:

I also want to emphasize just one thing here about COVID, or whatever the topic is of the day, can often be... and in this case, it's Ebola. Can often be a vehicle that's used to promote discord or provoke a response. The topic of the day, everyone's talking about it, but people who spread misinformation and disinformation often use it to spread a different message. So here we have an example. I won't read them all, but this, lower, on the right one DOP is worried about Ebola getting over the border. Mr. Duncan flew in legally, he didn't sneak in from Mexico.

Tara Sell, PhD, MA:

In this case, it's even more nefarious, because they've hashtag tcot, which is a conservative, hashtag MP2, which is a progressive, hashtag... In this case, it's trying to start a fight. This isn't just about spreading misinformation and pushing one narrative versus another. Another nefarious piece of disinformation is using narratives to create a social division, which then exacerbates discord in this country. We can see that we have a lot of that already, and this is just exacerbating an existing situation.

Tara Sell, PhD, MA:

So if you look at a couple other interesting findings, just to mention, 42% of the tweets we looked at contained risk-elevating messages. Most frequently, we saw rumors on... or most frequent rumors were about government conspiracies. Again, like I mentioned, these tweets containing misinformation were statistically significantly more... they more often promoted discord, were political in nature, were risk-increasing in nature than tweets without misinformation. So misinformation is part of that vehicle, or it's a vehicle, and it uses misinformation to promote these other things that are going on.

Tara Sell, PhD, MA:

Now, I just want to go to COVID-19 here, get off talking about Ebola, and just mention, hey, we've got an infodemic here. This is where we're talking about the rapid large scale spread of health information and misinformation through all these different media and information channels. Just so much information is coming to us, and it's very difficult to even process it. You close your ears, you pick what you want. It can be difficult for people who don't do this as their line of work to figure out what's going on.

Tara Sell, PhD, MA:

This over abundance of information is... some of it's accurate, some of it's not, and it really makes it difficult for people to differentiate between true and false. They're using mental shortcuts, the groups

that they belong to, social connections to make these decisions about what's true and what's not, and that can be very dangerous in some situations. When it comes to COVID-19 itself, we've got a collision of many factors that make this even more complicated. So we have a novel virus, we have limited and emerging information that's changing as you learn more. So you really already have a trust deficit.

Tara Sell, PhD, MA:

We have few countermeasures initially that really increases fear, we have expansive social political and economic dimensions of the pandemic, and we have existing social unrest and division, and we have expanding access to the ability to provide content. So anyone can make a website, anyone can put a social media post out there. We also have a large and monetized media market. So there's a lot of money to be made out there. Finally, declines in science and digital literacy. How do you stay safe on the internet? How do you parse scientific and information? Do you understand how science works? And how do we deal with uncertainty? Those types of things.

Tara Sell, PhD, MA:

Now, here we have the answer to our poll quiz. I just put sticks and stones here, because I think everyone thinks, I think are just words. Who cares? Well, not everyone think that, many people think that. But really, we know that has meaningful impact in the real world. Our team, led by Richard Bruns, our economist, did an economic analysis of COVID-19 vaccine misinformation as it relates to the choice to get vaccinated only. So not the like, I don't believe COVID is real, and all that. I'm just limiting it to vaccination.

Tara Sell, PhD, MA:

There is a lot of uncertainty in this analysis, because it's very hard to nail down someone who would've got... who wasn't going to get vaccine, no matter what, versus somebody who doesn't get vaccine because of misinformation. We have a lot of polls that tell us that people are exposed to it, but does it translate into their actions? That's why we have such a wide uncertainty bar. We have 50 to 300 million every day that it costs. That's not during a surge, like Delta and Omicron. That's during a normal... like what we experienced in June and July.

Tara Sell, PhD, MA:

That means, though, that an effort that reduced misinformation... that reduced the misinformation, that then reduced non vaccination by like 10% would really be worth between five and 30 million per day. That is a huge return on investment. So I think it's worth doing something here. How can we be thoughtful about what we want to do?

Tara Sell, PhD, MA:

So, in my line of work, we do talk about large scale policy change. On thing I want to talk to you very briefly about is a national strategy. This picture is from a congressional briefing testimony that I did in March, 2020. Geez, there's a lot of people here, and they don't have masks on. This is the before times, and now we're getting... I'm getting a little heebie-jeebies just looking at this picture. So we want to be able to include social behavioral concepts and tech development. It's not just, if you build it, they will come. We know that we need to do more than that. And so we need to incorporate that into the research that we do.

Tara Sell, PhD, MA:

Doing some forecasting about mis and disinformation. I think that we can expect certain mis and disinformation, and we need to be able to plan ahead for it. Also, making an investment in public health communication. I've done a lot of research projects where I've interviewed public health communicators from health departments, and they say, "Well, I'm the only one here. So how am I supposed to do all this?" This is something that we need to invest in here.

Tara Sell, PhD, MA:

So, just to briefly go over our national strategy that our center has put together. Actually, it's an approach to a national strategy, it's not a national strategy itself. But we're thinking about, how do we approach a national strategy? We have four pillars. And so one of those is, controlling misleading content and sources. This means we got to prevent it from getting out there, prioritize this to the national security issue, establish a national commission, separate from government, but convened by government to provide guidance and recommendations, and encourage active, transparent intervention from social media and news companies.

Tara Sell, PhD, MA:

But I think, again, this is something that requires all stakeholder involvement, and I'll talk about that a little bit more. But I don't think we want social media or the government determining what's true and what's false for us. I think the second thing here is to promote factual information, like I mentioned before, prioritize public health risk communication, and also coordinate more between social media, and news media, and these public health experts and medical experts.

Tara Sell, PhD, MA:

The third pillar here is to increase public resilience. This is actually where I think we're going to need to really focus, because I don't think we're ever going to make the social media stream pure. It will always be somewhat poisoned by misinformation, and I think we need to help people become more health and digitally-literate in schools, community organizations, social media news, media, others. This isn't just about teaching this in high school, this is about also going to retired person groups, talking about this with older folks who haven't grown up with the need to figure out how to vet sources.

Tara Sell, PhD, MA:

So it's not just young people. The other thing here is to provide resources for public verification of the content. So fact checking sources, digital tools, things that people can trust if they're disinclined to trust government or folks like that. Finally, here, this is not just a situation where one group can do something, it will fix the problem. Everyone has to be involved: social media, news media, the government, public health scientists, people from the medical field, but also the public. We all have to take a close look in the mirror. And then coordination across the government.

Tara Sell, PhD, MA:

I just find that when I talk about this defense... People who are more on the security side, they're working on the same thing. But when we talk, we are not speaking the same language. And so a lot of times I think that we need to coordinate that, because people are doing a lot of work, but I think a unified strategy is really what needs to happen. Because otherwise, I think we're going to just keep kind of doing a Whac-a-Mole thing and failing, I would say, as we have in COVID-19.

Tara Sell, PhD, MA:

So quickly, just to talk about some legislative efforts that have been out there. We have Section 230 legislation on health misinformation, led by Senators Klobuchar and Luhan, holding social media companies liable for harmful health-related misinformation. But that is as determined by HHS, and I feel like that's a bit of a black box, concerns about transparency and people already not trusting the government. So I think that there needs to be some modification there. Representative Swalwell also did put in some legislation for a national strategy to combat biodefense misinformation. I'm not sure how far that's going to go, but it is a good start.

Tara Sell, PhD, MA:

And then local governments have started to work to declare misinformation as a public health emergency. So San Diego County did it, Sacramento County, Monterey County, the California State Assembly, we're thinking about it. This really follows a sergeant general's report on trying to bring all stakeholders into this solution set. But just a few more tips before we hand it over to questions. When we're responding to people who believe false information... You guys have been putting this into practice already. So I don't really know if I even need to tell you this. But the first thing, of course, is to engage respectfully. No one listens if you just start off by telling them they're an idiot, so engage respectfully.

Tara Sell, PhD, MA:

Connect on the same values. We all want people to be as healthy as possible, we want them to be safe. We want them to live long and healthy lives. So we're connecting on values. This is what is really nefarious about misinformation, that is pinging on these values that people hold, people who really focus on independence and freedom and those types of things. And so we need to connect to other values that are equally powerful for people.

Tara Sell, PhD, MA:

Talking about tactics, like I mentioned, how misinformation draws you in, discussing alternative explanations for the fact that they're really concerned about or the issue that they're very concerned about, encourage them to verify. And then that leads you to the last thing, providing true information and alternative information sources. That can be very tricky, because if someone... If you're encouraging verification, and they're just going to some crazy website to verify what they already feel is true, then that's not helpful. We need to talk about what information sources that they're willing to trust, that we think... that are also good information sources, and that can be difficult. But you can send them to their local health department, Hopkins can be a good source. If they're unwilling to trust CDC or WHO, you can look for other organizations within your networks that can help people find that information that they're looking for.

Tara Sell, PhD, MA:

When you come across false information online, or if you're not talking to someone, you just like run into it, this can be... First of all, decide if you're going to engage. Because sometimes it's just not worth your time. The other thing is, don't promote the lie. So you can sort of... I've modified my thinking on this. You can mention the thing... If we're talking about like the chips in the syringes, you can say like, well, a chip wouldn't fit in a syringe. But don't retweet the original post, and then say, this is untrue because whatever, because then people are just going to go to the original post, click on it. You have spread now... Maybe some real crazy dude wrote it and it reached like a couple hundred people. Well,

now you are helping to spread it to thousands of more people. So just be careful about how your actions in refuting can also promote it.

Tara Sell, PhD, MA:

Like I mentioned, limit engagement if you don't know it, or it's not legitimate. This can take a lot of time. Report it to social media companies, and also just make sure you provide true information. We have some critical needs here. Maintaining and building trust, trusted community members. You guys are trusted community members, being transparent, collecting data, sharing it, telling people why things are going on, engaging with identity, like I mentioned before, those values, core beliefs, affiliations, listening to what concerns are and what personal priorities are, and communicating uncertainty.

Tara Sell, PhD, MA:

Like, foreshadowing change, what new information might cause you to change your recommendation? Identifying what's known, what's not known, what's being done to fill those gaps is really important, because that uncertainty, there's just so much... even now, that I think that people need to understand those things. Some future efforts that I'm thinking about, anticipatory prebunking and debunking, thinking ahead about what you might be seeing, the long road to rebuilding public trust in public health.

Tara Sell, PhD, MA:

This is going to be a long endeavor, and it is daunting to think about it. Helping select populations. So here, I have a link to a course that helps someone be a vaccine ambassador, talking to parents about vaccinating their kids. So this is actually can be very helpful. It's a Coursera course from Johns Hopkins. And then policy that reflects the needs of today. We want it to be transparent with clear definitions, we want it to be restrained. We don't want it to go overboard and start to infringe on speech.

Tara Sell, PhD, MA:

Just before we end here, I just want to thank my team, Richard Bruns in the middle, he's our economist, Divya Hosangadi, in the upper right, Marc Tortochaud, Annie Sundelson, and Johnross Ford. I couldn't do any of the work I do without them. So, thank you very much, and I will stop sharing.

Elizabeth Breidenbach - NACHC:

Thank you so much, Tara and Wanda. Really appreciate it. So just a friendly reminder, folks, there are some resources just popping into the chat right now. I do have some pre-submitted questions, and have an opportunity to answer some questions through the chat. So, again, in the lower right hand side of your computer screen, simply type your comment, question, or concern into that box, and we do have some time to answer that. So for Tara and Wanda, a question that came in pre-submitted is, how can we debunk the idea that people who have had COVID does not need the vaccine or a booster?

Wanda Montalvo, PhD, RN, FAAN - NACHC:

I would say that they have... One is education. I think that they don't understand that their immunity, even if you've had COVID, is not the same as if you are vaccinated. You're also at risk for getting it again. So I think what I observed from the listening sessions was a lack of clear understanding. And so first listening, providing accurate information for them to then make an informed decision. That was part of what I learned from the stuff that we did. Tara, what are your thoughts?

Tara Sell, PhD, MA:

Yeah. So that's one of those things where there's a little bit of a kernel of truth. People who've been sick before, have a little bit better immunity. And so I think it's important to acknowledge that and say, yeah, you do have a little bit of a boost as compared to someone who is unvaccinated, but you can protect yourself even more by getting vaccinated. And you want to live a healthy life, and talk about their concerns. For me, my concern would be making sure that I'm able to take care of my kids. I don't want to get sick again, I don't want to get them sick, I don't want them to miss school because of me.

Tara Sell, PhD, MA:

So understanding what their concerns are. If they're who's worried about missing out on work, what are the options at their workplace that can help them take a day off if they're going to feel bad from the vaccine? Are they worried about side effects? Those types of things. So going into those details, I think, can help people. But really, the emphasis is on... You do have a little bit of a boost, but you can make yourself so much more protected and so much more able to protect your family, your clients, whatever, by getting this vaccination.

Elizabeth Breidenbach - NACHC:

Awesome. Thank you. This was a question or a comment, I'm not entirely too sure. But this comment that they would like to know more about education directed to the parents of school-aged children.

Tara Sell, PhD, MA:

Yeah. I'll just mention. So the chat that [inaudible 00:51:58] made at 2:51 PM with the Coursera course in it, that is a great resource for people who are trying to talk to parents about getting their kids vaccinated. At this point, even people who have been vaccinated are worried about it with their kids. But I think the... I got my kids vaccinated. I think most people who have been in public health, who are physicians, or are doctors have gotten their kids vaccinated. It protects them from all kinds of potentially bad things that... bad outcomes that can occur, and also just makes your life so much more straightforward. You don't have to have your kids isolate or quarantine when they have a close contact. My kid gets to go back to practice, where everyone else has to go get a negative test. So I just think it's helpful in a variety of different ways.

Elizabeth Breidenbach - NACHC:

Awesome. Thank you so much. And then our next question that's come through is, what are some of the historical or social missteps that English-dominant Western medicine may unwittingly push certain communities towards mis and disinformation?

Wanda Montalvo, PhD, RN, FAAN - NACHC:

One is to... you don't want to come across as elitist. There is a lived experience that needs to be respected, and knowledge that we need to listen and at least state where is it that their perspective is coming from on this issue? I will say that part of what I observed from speaking to health centers was that there were pockets in some of our communities, where there was really a big gap of information, things were not available in their language. What I find is that health centers are ahead of the curve in that domain, because they care and know those communities.

Wanda Montalvo, PhD, RN, FAAN - NACHC:



So, that was one big observation for me, was that lack of info that was going out. But I think one is just understanding how family comes together, how they share information. They tend to be a little bit more... Because information is not as readily available to them in the language that they predominantly may speak at home, they tend to be smaller circles in tighter-knit. So I think health centers, to me... Sarah used the phrase earlier, that where there is a trust deficit, health centers are not in that domain. We are trusted. So we need to leverage those opportunities to reach the community. I think many of our own staff reflect that community. So we're ahead of the game, I think, when it comes to understanding those cultural differences, and have cultural competencies that others may not.

Tara Sell, PhD, MA:

I think that's exactly right. I just want to add that I think that a patriarchal like, doctor knows best approach medicine... that the values of the public health community and the medical community are preeminent has really not served us well in this pandemic. Because people say, hey, I have thoughts about that, too, and I want to be part of the decision making. I think that my opinion has value, and it certainly does. I think having additional stakeholders to be part of these decisions would've, I think, helped it not become quite so political.

Tara Sell, PhD, MA:

I think that now we just need to have these conversations amongst people in their groups and get to trusted mediators, especially because I think that people have lost trust. We're not going to be able to build trust in an emergency. You don't build trust in the moment. You lose trust in a moment, but you don't build it in a moment. And so I think we need to work through people who are already trusted in their communities at this point.

Wanda Montalvo, PhD, RN, FAAN - NACHC:

I'm just going to quickly respond to something I saw in the chat about when people think about being tracked, and that they're using this stuff to track us. Correct, that we... If you're using us a smartphone, there's a lot of data being shared about us on a daily basis. When you use a credit card, information is being tracked. These databases are on us already out there and exist. There's way smarter ways to track what we're doing, besides the vaccine. I think the other, just want to be... because we're running out of time, but I will share that the centers that took a forward-facing, public, I think, strategy to work with partners and promote messaging in their communities got ahead of it.

Wanda Montalvo, PhD, RN, FAAN - NACHC:

So working with faith-based communities, using our own staff in the waiting room, playing videos with our own staff, being able to provide education are key strategies, and using platforms to our advantage and leveraging them, like Facebook and hosting town halls, where you're answering questions to your community is important, especially if you're able to deliver it in their language, because I think that's a big deficit in certain components of our country.

Wanda Montalvo, PhD, RN, FAAN - NACHC:

I was a little shocked that when I interviewed some of the... one of the patient group, I think it was in the state of Ohio, they didn't have a Spanish speaking channel available to them, so they relied on radio. So you need to think about all these other outlets in order to get the word out. But predominantly, over and over again, what we did here, and I think it's credit to all of you for working so hard and being so committed, that you're trusted. So leverage that and help combat some of this, because it's an

ongoing... As Dr. Tara Sell stated, that unless we're on it, it's going to continue to give us this no end in sight.

Wanda Montalvo, PhD, RN, FAAN - NACHC:

There's a lot of resources here. Please, I encourage you to visit them. NACHC has a whole bunch of resources, also, accumulated. Personally, if you're trying to get a little smarter about using some of this stuff, and how to engage, we have some resources here. I personally go to First Draft News. They have this quick little toolkit on helping me to understand mis and disinformation. I'm a person who uses social media all the time, but I'm always about embracing lifelong learning, we're never done, and it's our role and responsibility, as advocates that care about our community and patients, to get ahead of this and help our community heal. Thank you, Dr. Tara Sell, for joining us today, and the NACHC team, and everyone who joined us.

Tara Sell, PhD, MA:

Thank you.

Elizabeth Breidenbach - NACHC:

Thank you guys so much. Have a great afternoon. Thank you.

Wanda Montalvo, PhD, RN, FAAN - NACHC:

Bye-bye.

Elizabeth Breidenbach - NACHC:

Bye.