

# Safe Living in an Epidemic

Trusted strategies to manage uncertainties  
for safe living in communities

Focusing on:  
Information about testing for COVID-19  
(virology and antibody)

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Health Hats

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Website and podcast: <https://www.health-hats.com/pod>



# Think about this?

1. What did we get right?
2. What's missing or wrong?
3. We need to move to iterative action outside our group. What should we do next? With whom?
4. How and where can we disseminate to find
  - Adjacent partners,
  - Those with energy to run with all or any of this
  - Other interested parties?
5. What can we ask those interested to do now?



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# The Challenge

*We respect science  
and research  
almost as much as  
the people who  
need it*

- While most attention focuses on saving lives in hospitals, intensive care units, and doctors' offices, **80% + of Covid-19 life occurs in the community**
- People seek information to make a dizzying array of choices to manage their risk
- Almost all computerization of research and evidence focuses on clinicians and medical settings
- Evidence-informed guidance seems remote for most people
- Mistrust is rampant
- How can the computerization of research and guidelines help people live safely?



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## End-Users

*People and caregivers managing safe living in an epidemic*

## Goal

*End-users can rapidly access and trust information they need to make choices about safe living in the uncertainty of an epidemic*

## Target Audience

*Influencers supporting people managing uncertainty*

- *Caregivers, coaches, teachers, activists*
- *Science writers, popular and social media content creators*

## Value proposition

- *Decrease the time,*
- *Increase the trust, and*
- *Improve access to information*

***For end-users***

- *Able to look for information*
- *Comfortable with health systems and information*
- *Seeks data translation*
- *Trusted communicator with audiences*



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# Approach

- The brainchild of a small but mighty band of volunteers
- None of whom want to start a business
- Focus on the audience and end users
- Enter into adjacent partnerships
- Explore related methods
- Journal processes taken, issues found, and lessons learned
- Lay out materials for a foundation that others can build
- Disseminate adventure
- Open source



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# Persona

**Multi-generational, presumed uninfected, dense living, essential high-risk occupation**

- Maria H, a 36-year old Walmart employee with responsibilities to stock shelves or checkout, is considered an “essential employee.” She works during her state's stay-at-home orders. Since her children, ages 9 and 12, stay home full time, Maria’s mother stays at their home during the day and some evenings. Maria's many concerns regarding the COVID-19 pandemic include her risk of becoming infected and spreading the infection to her children or her mother who has diabetes.
- Marie wants to know whether testing could help allay her concerns. For instance, even though she has no symptoms, should she be tested regularly? If the test should be positive, how can she quarantine herself from her family? Should she seek a test for antibodies to the virus and to be confident that she won't spread the infection to her family? If either type of testing makes sense for her situation, how does she arrange to get the test and who pays for it? Her employer? Her high-deductible health insurance plan? What cost will she be responsible for?



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# FAQs

- 1 How long after I test positive do I have to be quarantined?
- 2 How much will a Covid19 test cost me?
- 3 If a test shows that I have antibodies to Covid19, am I safe?
- 4 When will I be able to get a test that I can do at home to find out if I have Covid19?
- 5 Who needs a Covid19 test?
- 6 How often should I get a test to see if I have Covid19?
- 7 How good are tests?
- 8 Who, besides me, will get my test results? What will they do with it?
- 9 What is my employer doing about testing? What if they don't have a plan?
- 10 Am I being enrolled in an experiment?
- 11 If I get an antibody test and have antibodies do I still need to wear a mask?

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podcast:  
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# Searching Journal

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## Themes

Mismatch between concerns/questions and available evidence

Depends where you start

Fluid evolving evidence

Rabbit hole that doesn't answer question

**Mistrust**

Lack of clarity about risk tolerance

Lacking authority – one leading voice

Variation in habit to follow evidence

When reliable source found, confusing, not consistent

Wordy/lengthy explanations

Discomfort with what we don't know

Other nations may have better information



Content Process  
Content Stakeholders

ACTS

Research organizations  
Universities

NQF

GIN



EBM Creation



Measure  
Development

various



Guideline  
Development



Content  
Syndication



Content  
Production



Content  
Aggregation

Medline Plus



Content  
Standardization



Content  
Cataloging

EBSCO

Dublin  
Core,  
MeSH, etc.



Content  
Data Element  
Management



Content  
Quality  
Appraisal

COVID-19 Safe Living

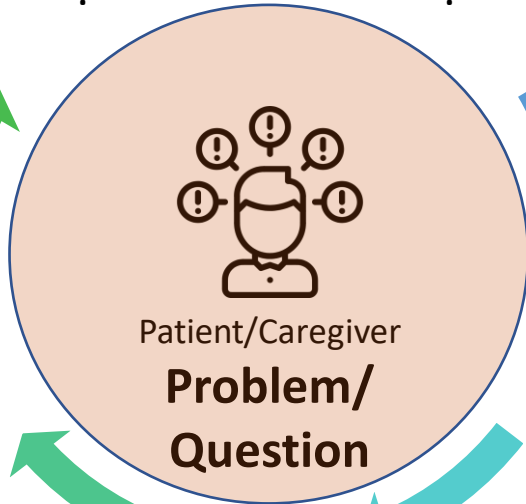


Content  
Curation

BPM+



Logica



# Metadata

***Data about  
data so they  
can find it AND  
trust it***



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# Trust

# Content Facts

- Transparency
- Organizational Capacity
- Discoverability/Accessibility
- Consistency
- Patient-Centeredness
- Competency
- Compliance
- Feedback and Updating
- Evidence-based

Target audience: Immunocompromised individuals  
 Context: Congregate Living Facilities  
 Source(s): CDC  
 Funding: Who paid  
 Last updated: XX/XX/2020  
 Tags: nursing homes, chronic kidney disease

## Language(s)

Style	Plain (e.g., 8 <sup>th</sup> grade reading level)
Primary	English
Translations	Spanish, Chinese

## Design

Format(s)	Blog, vlog, video, audio
ADA	Color corrected, closed captioning

HON code	Last approved in 2020
Level	[A, B or C?]

GRADE	[could be whether any evidence reference is made or provided]
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Revision(s)	Version X.X
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Comment(s)	<a href="http://www.xxxx.com">http://www.xxxx.com</a>
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1. Serving Information

2. Calories

3. Nutrients

Nutrition Facts	
4 servings per container	
<b>Serving size</b>	<b>1 cup (227g)</b>
<b>Amount per serving</b>	
<b>Calories</b>	<b>280</b>
<small>% Daily Value*</small>	
<b>Total Fat</b> 9g	<b>12%</b>
Saturated Fat 4.5g	<b>23%</b>
Trans Fat 0g	
<b>Cholesterol</b> 35mg	<b>12%</b>
<b>Sodium</b> 850mg	<b>37%</b>
<b>Total Carbohydrate</b> 34g	<b>12%</b>
Dietary Fiber 4g	<b>14%</b>
Total Sugars 6g	
Includes 0g Added Sugars	<b>0%</b>
<b>Protein</b> 15g	
Vitamin D 0mcg	0%
Calcium 320mg	25%
Iron 1.6mg	8%
Potassium 510mg	10%

\*The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.

4. Quick Guide to percent Daily Value (%DV)  
 • 5% or less is **low**  
 • 20% or more is **high**



# Categorize, Tag, Find

## Patient-friendly classification systems

- People who are comfortable searching, some experience with health and information systems, trusted representatives or other individuals, groups, communities
- Not clinicians, academics, librarians, CDS professionals
- Search for research as they might search the internet, rather than PubMed?
- Key words:
  - testing, symptoms, viral tests, antibody tests, risk reduction, interpretation, health care professionals, public health, testing sites, emergency warning signs, infection control, prevention, supply chain, supplies

## EBSCO's COKA Classifying Content

- PubMed – like
- Broad domains (Clinical care, public health, basic science, psychosocial and other implications)
- Treatment/Prevention/Diagnosis/Prognosis
- Population – e.g., COVID-19-specific, age, gender, geography, clinical state, setting

*Could we help findability with more sophisticated tagging?*



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# Critique, Counsel

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**EBSCO  
PCORI  
Wikipedia  
Lighthouse Project**



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