Health Misinformation

A Public Health Framework

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INFODEMIC

An excess of information including false or misleading information that leads to confusion, often seen in health crises.

MISINFORMATION

False information spread unintentionally, without the intent to harm

DISINFORMATION

False information spread intentionally, with the intent to manipulate facts, often with a political agenda

Background

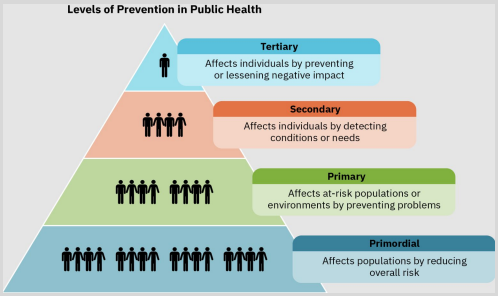
Misinformation frequently spreads during a public health crisis and can lead to an infodemic. It frequently takes off when communities are both frightened of a spreading infectious disease and resistant to governmental efforts to control the spread of disease (e.g. quarantines, mask mandates, shutting down of public events or venues.)

This phenomenon has been seen during the Zika outbreak, during the swine flu outbreak, and during the 2013-2016 Ebola epidemic in West Africa. But the COVID-19 pandemic was associated with a global infodemic that reached a level not previously seen.

The COVID infodemic was characterized by an overwhelming flood of information, including false information about vaccine safety, disease prevention, and unproven and dangerous treatments for COVID-19. These rumors were amplified on social media and utilized emotional appeals and culturally antagonistic memes to recruit more people. The landscape of conflicting information led to confusion about what was true and safe, which in turn increased mistrust and lent further credibility to individuals who were perceived as having an answer that lay “outside the system.”

A Public Health Framework

Building on work from the WHO and A. Ishizumi, among others, one can conceive of health misinformation through a public health lens:



Tertiary Prevention

Tertiary prevention requires correcting misinformation once an infodemic has already taken hold. This frequently focus on **debunking.** Other forms of tertiary prevention include spreading correct information to communities at large through billboards, radio spots, and social media posts to name a few.

Evidence-based tips for debunking:

- Provide an alternative explanation that rivals the false rumor that has taken hold
- Provide details
- Repeat the correction
- Utilize positive language rather than negative (“X is safe!” is better than “X is not dangerous.”)

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PRE-BUNKING

Anticipates the types of misinformation that are likely to appear in a media space and equips people with the knowledge to resist it before the misinformation ever gains traction

DE-BUNKING

Identifying and correcting misinformation after it has already appeared and gained traction within a media space

LATERAL READING

Lateral reading is a skill taught in media literacy curricula to build resiliency to misinformation. It involves navigating away from a page to read about a topic in a second source before navigating back.

PSYCHOLOGICAL INOCULATION

Another media literacy skill, psychological inoculation involves exposing people to tactics used by disinformation campaigns in order to train them what to look for and decrease susceptibility to these tactics.

Secondary Prevention

Secondary prevention involves screening common information sources like social media for false rumors and intervening early, prior to the onset of an infodemic. The work done to correct a rumor before it becomes widespread is frequently referred to as **pre-bunking.**

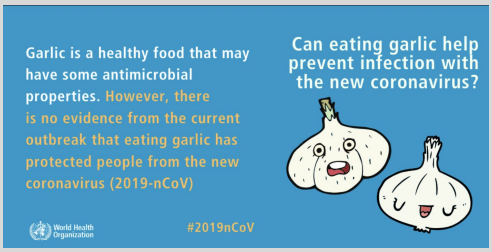
Effective elements of pre-bunking include:

- Warning listeners / readers ahead of time that a source may be biased
- Microdosing – providing examples of manipulative messaging to help people recognize it when they see it
- Refuting rumors as they arise

Consider:

- The WHO has an information surveillance program referred to as EARS that “listens” for misinformation as it begins to spread and then posts “myth-busters” in an effort to stop the spread.

- Can Rhode Island public health organizations utilize similar tactics to pre-bunk false rumors as they begin to spread locally?



Primary Prevention

Primary prevention involves building our resiliency to health misinformation through education in media literacy. Skills taught include lateral reading and psychological inoculation.

Certain NGOs like Media Literacy Now, are dedicated to increasing media literacy education across the country. Their Rhode Island chapter advocates for increasing professional development for K-12 educators in media literacy, developing horizontal and vertical media literacy curricula, and training administrative leadership in the importance of media literacy.

Primordial Prevention

Primordial prevention involves building trust in institutions prior to the onset of a health crisis, such that people have more trust in the ability of institutions to handle the crisis well.

This is arguably the most difficult layer of prevention with the least evidence.

But our group argues that by predicting the ways that new technologies like AI may be used to advance profits over public health and proactively fighting for public health, RI organizations can build trust.

Consider:

- AI Transparency Act (S2010/H7190): Would mandate human review for automated denials of Medicaid and health insurance

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