How Infodemics Threaten Public Health

JIFSAN-CFS3 Advisory Council Annual Symposium: Risk Communication: Science vs. Perception – Increasing Challenges Navigating Mis/Dis-Information from Social Media

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JOHNS HOPKINS
BLOOMBERG SCHOOL
of PUBLIC HEALTH

Center for
Health Security

MISINFORMATION

Information that is false in the context of scientific understanding of the time, often the result of ignorance or poor understanding

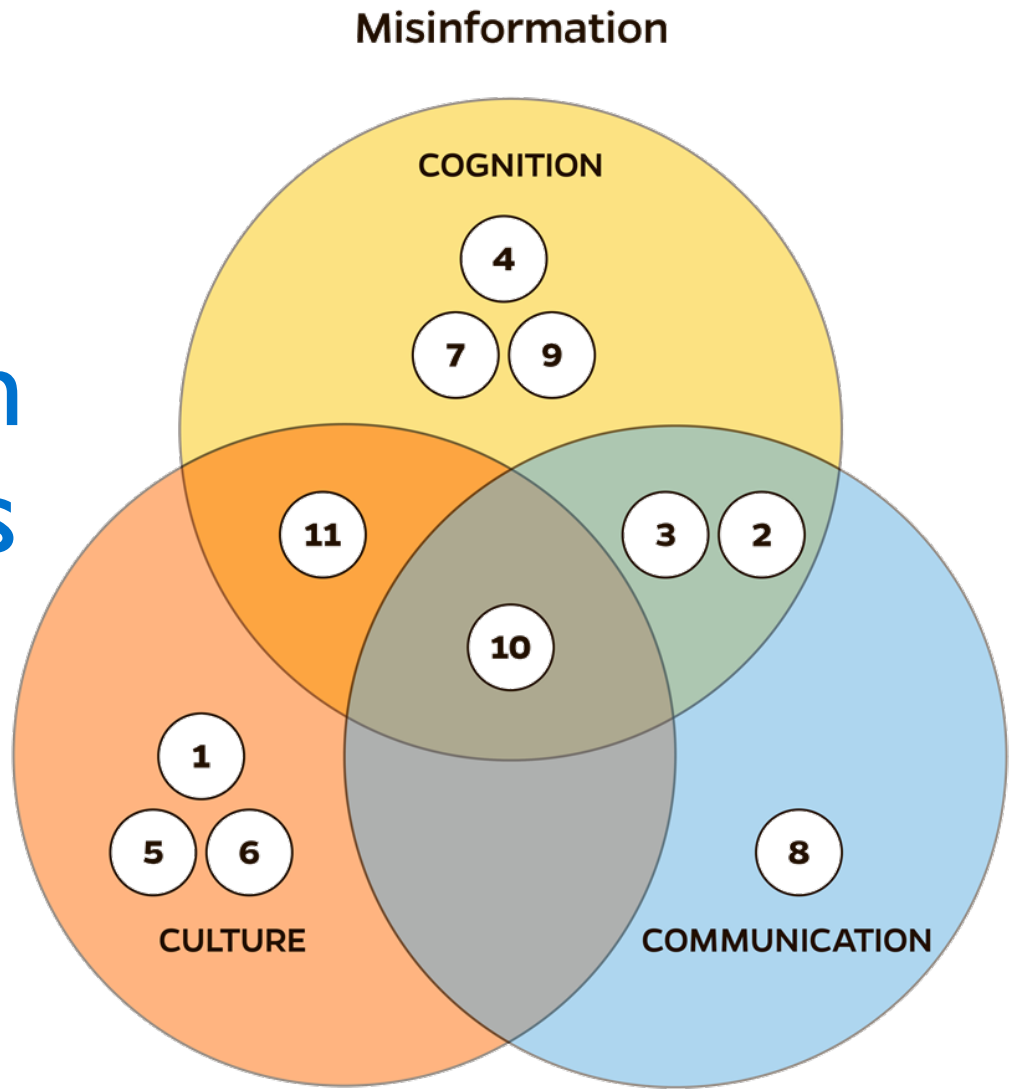
DISINFORMATION

Purposefully created and disseminated falsehoods, in the context of scientific information of the time

INFODEMIC

Too much information, including false or misleading information, in digital and physical environments during a disease outbreak (WHO)

Common rumors during public health emergencies



1. Social and cultural narratives
2. Manipulated information
3. Lack of understanding
4. Desire for certainty
5. Conspiracy
6. Scapegoating
7. Mental shortcuts
8. False cure
9. Overconfidence and complacency
10. Organized disinformation campaign
11. Apathy

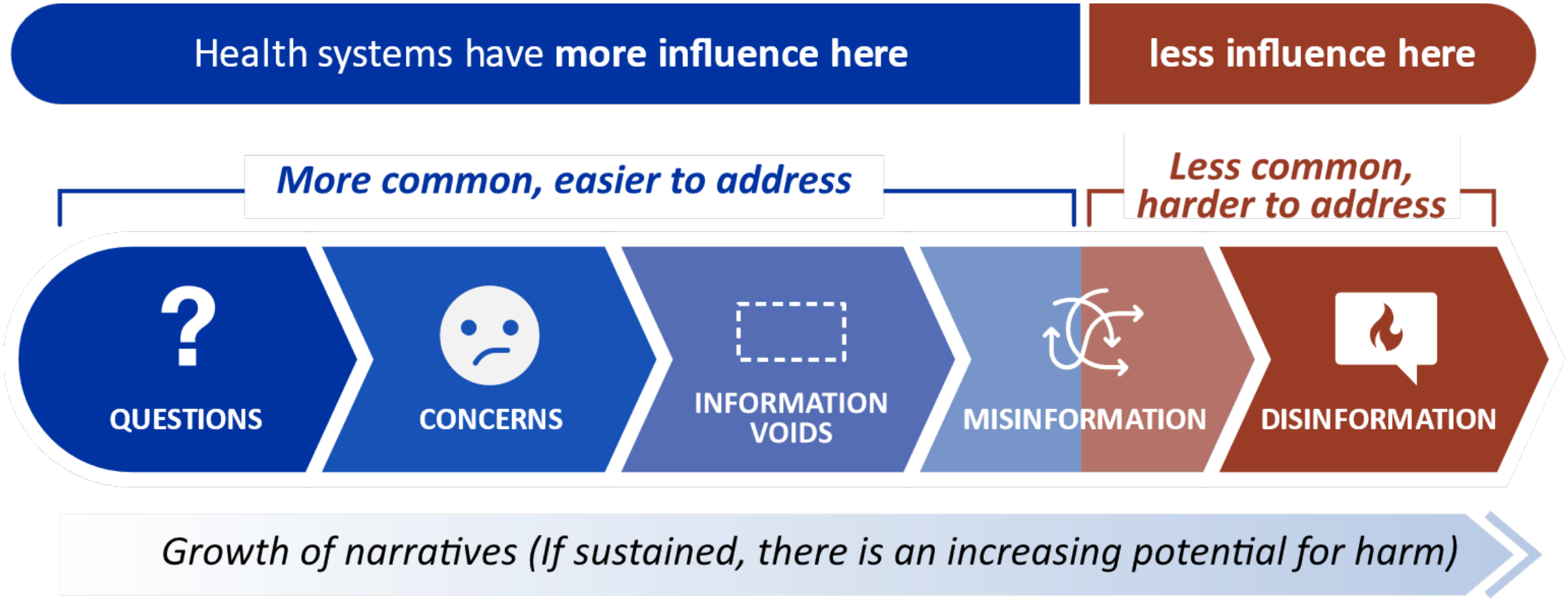
Nagar A, Jamison A, Huhn N, Ford J, Sell TK. Decoding the Rumor Mill: Results from a content analysis to characterize rumors and misinformation that emerged during past public health emergencies in the US. Submitted to Health Communication.

Common rumors during public health emergencies: COVID-19

- Majority of rumors featured social & cultural narratives, misrepresented the pandemic by manipulating information, and/or propagated conspiracies
- Examples of rumors
  - Anti-vaccine sentiments
  - Misrepresenting adverse effects linked to public health measures
  - Claiming that the government is using vaccines to control people
  - Downplaying the impacts of COVID-19
  - Distrust of the government's statistics on COVID-19 death rates
  - Conspiracies related to:
    - the origins of the COVID-19 pandemic
    - microchips in vaccines
    - COVID as a "deep state" plot by the globalist elite to take away our freedoms

Nagar A, Jamison A, Huhn N, Ford J, Sell TK. Decoding the Rumor Mill: Results from a content analysis to characterize rumors and misinformation that emerged during past public health emergencies in the US. Submitted to Health Communication.

It's about more than mis/disinformation.



Adapted from WHO Infodemic Management, Unit for High Impact Events Preparedness and Prevention

Misinformation and Disinformation

Reduce trust in public health authorities

Hinder public health preparedness and response

Influence health behavior

Impact health outcomes

36.6

TESTING
RESULTS IN

abc NEWS Log In

Witnesses saw an armed group harassing Helene aid workers in a small Tennessee town, sheriff says

A sheriff says witnesses reported seeing a group of armed people harassing hurricane relief workers in a remote Tennessee community last weekend

By KIMBERLEE KRUESI Associated Press and SARAH BRUMFIELD Associated Press
October 16, 2024, 2:35 PM

AP

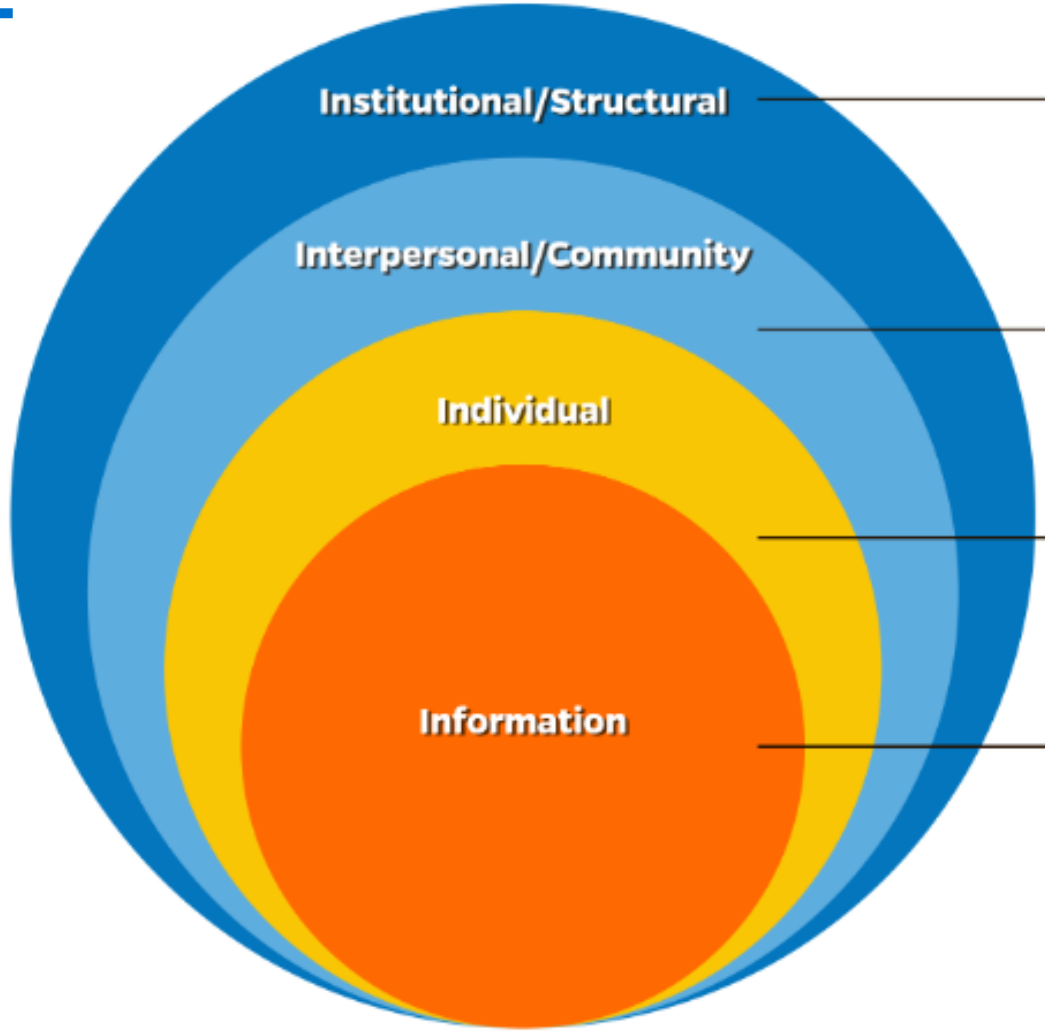
Live updates: Election 2024 | Trump at McDonald's | Cuba power outag

U.S. NEWS

FEMA resumes door-to-door visits in North Carolina after threats tied to disinformation

How can we address and counter misinformation?

Framework: 4 i FACT



Institutional/Structural
- Resources & standards for journalists and fact-checkers
- Managing academic/scientific literature
- Resources for infodemic researchers/research
- Resources for infodemic managers
- Social media content policies
- Policy/legislation

Interpersonal/Community
- Resources for public health communicators
- Community engagement

Individual
- Enhancing information literacy
- Prebunking/inoculation

Information
- Amplifying factual information
- Filling information voids
- Debunking false information
- Information tracking
- Verification, credibility, and detection

Sundelson AE, Jamison AM, Huhn N, Pasquino SL, Sell TK. Fighting the infodemic: the 4 i Framework for Advancing Communication and Trust. *BMC Public Health*. 2023;23(1):1662. doi:10.1186/s12889-023-16612-9

TRUST in Public Health website

Visit: centerforhealthsecurity.org/trust

The playbook provides guidance on ways public health and medical professionals can:

- Prepare for health-related rumors
- Decide when to act to address misinformation
- Determine which actions to take to address misinformation
- Develop messages to address misinformation
- Gather feedback on messages

Set yourself up for success before rumors spread

Identify 'prework' or things you can do before rumors arise

Put together a team for when you need to address a rumor

Connect with communities and build partnerships

Get to know your audience

Set up a way to identify misinformation

Answer audience questions and concerns quickly

STEP 1

Decide whether to address the rumor

Identify your goal for responding to a rumor

What is the intended outcome of your message?

What are your larger goals and specific objectives?

Are your goals SMART and tailored to audiences?

Identify what influences your decision to respond

How serious is the rumor?

What is your capacity to act?

How will you account for negative consequences?

Decide whether you will address the rumor

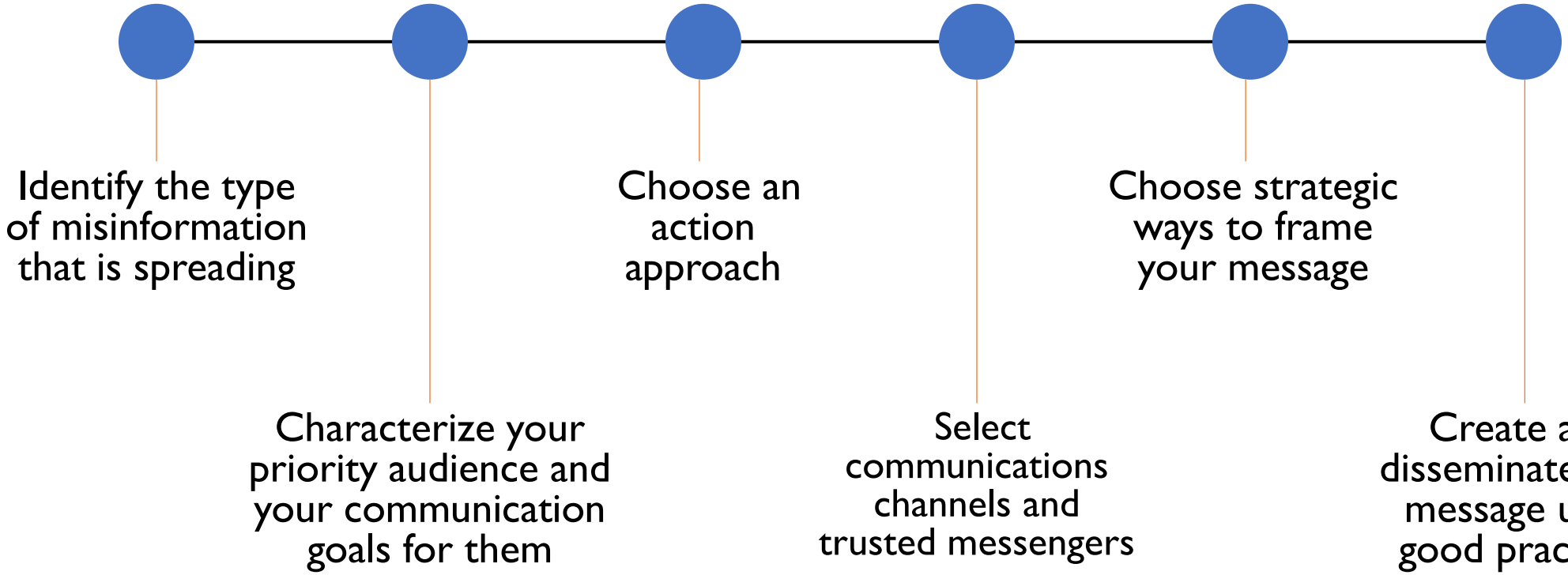
What minimum conditions do you need to act?

Which conditions immediately trigger action?

Which conditions prevent you from acting?

STEP 2

Take action to address misinformation



STEP 2

Take action to address misinformation

Choose an action approach

Amplify accurate information

Fill information voids

Leverage trusted messengers and engage communities

Refute, fact-check, or debunk

Prebunk and inoculate

Improve health and science literacy

STEP 2

Take action to address misinformation

Even if you can't act, address misinformation in other ways

Leverage strategic partnerships

Collaborate with internal and external partners who can address rumors as a part of their work.

Amplify (trusted) influential voices

Help local or national influencers to amplify anti-misinformation messages shared by other trusted organizations

Attend community outreach events

Show up at community events and be available to your community as a resource for addressing rumors in a more casual setting.

Track consequences of not taking action

Watch for negative impacts via social listening/ reporting from community partners. Some negative impacts warrant response.

The Checklist provides public health communicators with tools, resources, and internal advocacy opportunities organized across 5 priority sections:

1. Focusing on internal operations
2. Building connections with the community
3. Establishing opportunities with "secondary messengers"
4. Anticipating misinformation and loss of trust in a PHE
5. Creating meaningful and accessible messages

Priority 1: Focusing on internal operations

Activity 1
Build and maintain a communication workforce that is well-prepared and reflective of the community served

Activity 2
Ensure that existing budgetary, operations, and financing approaches for communication activities reflect prospective needs during an emergency

Activity 3
Know your audience

Priority 2: Building connections with the community

Activity 1
Establish personnel as trusted members of the community

Activity 2
Make strategic and intentional investments in building community

Priority 3: Establishing opportunities with "secondary messengers"

Activity 1
Create a strategy for maximizing the use of secondary messengers in communication efforts

Activity 2
Develop formal processes to engage and incorporate secondary messengers into message development, distribution, and evaluation efforts

Activity 3
Cultivate opportunities for informal sharing of messages

Priority 4: Anticipating misinformation and loss of trust in a PHE

Activity 1
Enable appropriate understanding of what your organization is and does

Activity 2
Set expectations for public health response and communication at the start of a health emergency

Activity 3
Track, analyze, understand, and plan for anticipated rumors in local contexts

Activity 4
Promote use of and access to trusted sources

Priority 5: Creating meaningful and accessible messages

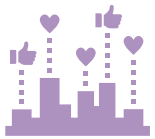
Activity 1
Draft key messages

Activity 2
Tailor messages based on understanding of the intended audience

Activity 3
Ensure messages get to intended audiences via preferred channels and trusted voices

Activity 4
Design messages using tone and visuals that will resonate with intended audiences

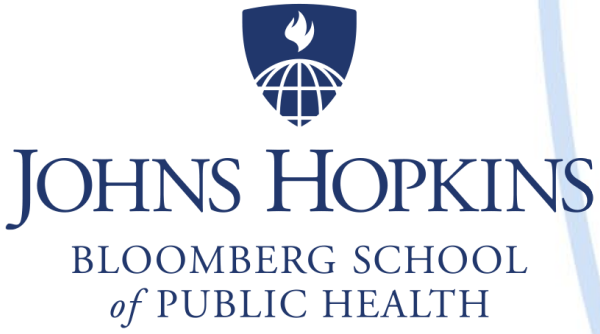
Activity 5
Regularly evaluate the engagement and impact of communication efforts



COLLABORATION OPPORTUNITY

Are you interested in piloting the *practical playbook for addressing health misinformation* or the *checklist to build trust, improve public health communication, and anticipate misinformation during public health emergencies* in HHS Region 3 (DC, Delaware, Maryland, Pennsylvania, Virginia, West Virginia)?

Reach out to us at anagar1@jh.edu



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