

- Date of Council:** February 2022
- Title of Initiative:** Understanding and Addressing Misinformation Among Populations that Experience Health Disparities
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Objective: This initiative will seek to 1) understand the underlying mechanisms and 2) test interventions to address and mitigate the impact of health-related misinformation and disinformation on health disparities and the populations that experience health disparities.

Background: Misinformation is information that is inaccurate, false, or misleading based on current scientific consensus. Disinformation refers to the deliberate production and/or dissemination of misinformation to influence public opinion and behavior in a deceptive way. The COVID-19 pandemic is a galvanizing example of how the spread of misinformation and disinformation can hamper the effectiveness of population-level efforts to address public health emergencies that have a disproportionate impact on populations that experience health disparities. Pandemic-related health misinformation concerns all aspects of COVID-19, including the virus' origins, underlying biology, testing, vaccination development and ability to protect, personal and public health mitigation strategies, treatments, and legal and policy responses. While all populations are exposed and susceptible to the adverse effects of misinformation and disinformation, there is the potential for elevated harm among groups experiencing undue burden. There is national recognition of the importance and urgency of reducing the spread and mitigating the impact of misinformation, yet the evidence base for both understanding and addressing health misinformation is limited. Moreover, there is a need for scientific approaches to fill gaps in understanding the role of misinformation in health disparities in COVID-19 and more generally. The mechanisms, pathways, and processes by which misinformation and disinformation impact help-seeking, medical care, and outcomes for populations that experience health disparities as well as population health need to be elucidated.

Knowledge gaps remain on the roles of social, cultural, and psychological drivers influencing perceptions of misinformation and how they impact health for populations that experience health disparities. Further, exposure to misinformation occurs in the context of complex, changing, and equivocal public health guidance. A common misconception is that individuals believe or share misinformation simply because they misunderstand or lack access to factual information. Yet, there are a variety of cognitive, affective, and social processes that underlie beliefs and resultant behavior post exposure to misinformation. For example, individuals may believe or share misinformation because they are engaging in intuitive, rather than

deliberative, thinking; because the information source is similar to them, or a trusted authority figure; because they are affected by emotions such as fear or anger; or because such misinformation confirms their worldview. Research is beginning to illuminate evidence-based methods to counter the spread of misinformation, including debunking (e.g., fact checking) or prebunking (e.g., inoculation, accuracy nudges). However, studies are needed that examine the interplay between cognitive, affective, and social processes and intervene with these mechanisms as they relate to health misinformation among populations that experience health disparities.

The growing reliance on social media, coupled with erosion of trust in traditional institutions and authority sources such as scientists, government, and public health and health care organizations, has given rise to increased exposure to online health and science misinformation. Public health messages and risk communication strategies that have intended to motivate behavior changes may not be sufficient to address and mitigate the impact of misinformation. The COVID-19 pandemic highlighted the complex and interactive roles that government agencies, health care providers and organizations, social service programs, pharmaceutical companies, educational systems, public libraries, community-based organizations, faith-based groups, social networks, news outlets, social media, and businesses all play in messaging and delivering health information and health services. Studies are needed to understand how individuals, families, social networks, organizations, and communities, as well as social and cultural context shape the understanding and use of health (mis-)information and services.

Description of Initiative: The projects supported by this initiative seek to stimulate multidisciplinary research to understand and mitigate the harmful impacts of misinformation and disinformation among populations that experience health disparities and to inform public health practice. Research is sought to understand how misinformation and disinformation operate as public health threats and the consequences of exposure to that spur distrust in public health and medical practice. Examples of health topics include COVID-19, HIV/AIDS, sexually transmitted infections (STIs), vaccines, genetic testing, cancer, and tobacco use and cessation, among others. Outcomes of interest include excess morbidity and mortality, physical and mental health, behavior change, and adherence to evidence-based prevention and treatment guidelines/recommendations. Of particular interest is examining how misinformation and disinformation operate within communities such as those with limited health and science literacy, rural populations, immigrant communities, racial and ethnic minority groups, and those with deep distrust in science, expert, and government institutions. This initiative frames misinformation and disinformation as a public health threat, calls for a multidisciplinary effort, and applies a health disparities lens that recognizes the role of psychosocial and cultural factors, structural racism, mistrust, and marginalization of communities.

Research Priorities:

- Examining the role of structural racism and mistrust in science and medicine and their impact on misinformation and disinformation
- Examining the pathways and mechanisms by which misinformation and disinformation differentially impact populations that experience health disparities
- Understanding how affective, social, and cognitive factors, and maladaptive/adaptive responses influence the processing and sharing of misinformation or disinformation and engagement in protective behaviors
- Examining the role of social networks and individuals and families within social networks, leaders/sources of information, communities, and organizations in the spread and containment of misinformation and disinformation
- Examining the impact of interventions to reduce and address medical confusion, uncertainty, misinformation, disinformation, and conspiracy theories
- Examining the role of organizational and community health literacy to make health information and services equitably accessible, understandable, and useful
- Evaluating evidence-based communication strategies to combat misinformation promulgated through social media or person-to-person in various settings (e.g., workplaces, schools, houses of worship, family gatherings and voluntary associations) and across a range of communication channels
- Developing and evaluating interventions aimed at responding to misinformation and disinformation, including prebunking, dispelling, and correction and broader public health/science literacy initiatives
- Developing and evaluating interventions that address health and science literacy at the organizational and community levels
- Developing and evaluating strategies for effective communication of science, medical, and public health strategies
- Partnering with public, private, and community stakeholders to develop and/or evaluate mass dissemination and communication campaigns and interventions designed to engender trust and confidence in science and evidence-based decision making, while addressing misinformation, vaccine hesitancy, or medical mistrust
- Using an implementation science and a health disparities research framework to evaluate and encourage strategies that enable successful local implementation of communication and dissemination strategies