Episode 1: Addressing Health Misinformation and Disinformation to Advance Truth-telling

June 30, 2025

[00:00:00]

INTRO

Welcome to Partners for Advancing Health Equity: A podcast bringing together people working on the forefront of addressing issues of health justice. Here we create a space for in-depth conversations about what it will take to create the conditions that allow all people to live their healthiest life possible.

[00:00:34]

Caryn Bell: This is part 1 of two episodes where we speak to experts about combating misinformation and the importance of media literacy skills to distinguish between what is true and what is not. We hear about their organization's efforts in the field, as well as delving into the difference between misinformation and disinformation. We explore susceptibility to these types of false information, as well as the psychological and social factors that contribute to this. Additionally, we discuss how misinformation and disinformation have infiltrated public health and the effects this has had on our communities.

[00:01:12]

Caryn Bell: Hello and welcome to the Partners for Advancing Health Equity podcast. I'm your host, Caryn Bell, associate director for Partners for Advancing Health Equity and assistant professor at the Celia Scott Weatherhead School of Public Health and Tropical Medicine at Tulane. Misinformation can distort the public's understanding and reactions to health initiatives. Misinformation can spread through social media, influencing public opinion and discussions in communities and families.

To spot misinformation, it's important to distinguish between what's true and what's not, which requires strong media and data literacy skills. To confront misinformation and stop its harm, we have to cultivate strong media literacy skills with critical thinking to promote the spread of reliable information at the individual and community levels. We have two experts in the field with us today to help us work through these intricacies on the subject. First, we have Tim Leshan, who is Chief External Relations and Advocacy Officer with ASPPH, which is short for the Association of Schools and Programs of Public Health. Hi, Tim.

[00:02:29]

Tim Leshan: Hi, there.

Caryn: Hi.

Tim: Great to see you. Thanks for having us.

Caryn: Thanks for joining us. We have Erin O'Malley, who is the Executive Director of the Coalition for Trust in Health & Science. Hi, Erin.

[00:02:44]

Erin O'Malley: Hi, Caryn. Hi, Tim. Thank you for having me.

Caryn: Thank you for being here. Actually, thank you both for hanging out with us today. We want to talk about your work that focuses on the need to combat misinformation in the media. I'd love to hear a bit about both of you and what your organization does as it relates to media literacy. Erin, why don't we start with you?

[00:03:07]

Erin: Sure. Thank you, Caryn. Again, I'm here on behalf of the Coalition for Trust in Health & Science. We have close to 100 members who have raised their hand to collectively come together and attempt to rebuild trust in health and science. As you can imagine, a big component of that is related to how do we help people gain access to personally appropriate information to help them make decisions for themselves, their families, and communities.

[00:03:34]

A critical part of that is, to your point, Caryn, how do we help people understand and process information from the media, process data? I'm so glad that you brought in data literacy into this conversation. I look forward to exploring it during our time together. We work in twofold. One, through the members of our organization, of which ASPPH is a member, to push out information to professionals across the entire health and science ecosystem, so that they're working in ways to build trustworthiness as they communicate from their particular perspectives.

[00:04:13]

We also work with the patient and consumer organizations within our membership to help educate patients and consumers. For example, late last year, we put out a consumer toolkit about the critical importance of making evidence-based health and science decisions for yourself. In that, we talked about how do you identify this information, which I'm excited to talk about today. Really helping people understand the fact that today there is so much information to wade through, so many experts, so many peers, so many voices that are in their inbox, on their screens, and in their ears. Our

goal is really to help both individuals make sense of all that information and ensure that professionals who are sharing information are sharing helpful, evidence-based content.

[00:05:02]

Caryn: Erin, thank you so much for explaining and giving us more information about what your organization does. I'm excited to learn more about it. Tim, can you tell us about you and your organization?

Tim: Sure. Happy to. I work for the Association of Schools and Programs of Public Health, which represents 158 schools and programs across the globe, including Tulane, which we're very proud of. We are the voice of academic public health on behalf of the schools and programs of public health. We represent them in Washington, DC, and we also provide them with materials to combat miss and disinformation. We work to try to advocate on their behalf, both with the administration and with Congress, in order to advance the programs that our schools and programs benefit from at the federal level.

[00:05:60]

Caryn: Okay. Thanks. First of all, I'm glad Tulane is a part of the association. I'm really glad to hear more about what you're doing as well. I think we need to start off with some basic definitions. We talked about media literacy, data literacy, but really, I want us to start off by figuring out what misinformation is and disinformation. Are they different? Are they the same? What's the definition, and what should we know about these two words? This can go to anybody, actually. [laughs] Speak out, whoever wants to jump in.

Erin: I am happy to start this.

Tim: Great.

[00:06:43]

Erin: There is a distinction between the two. I'm glad that we're talking about it. Misinformation is false information that is shared. It could be a deeply held belief that someone has, it could be a falsehood that they have encountered and, again, believe moving forward, and something that they share. Whereas disinformation is a falsehood but is purposely designed to deceive or harm an individual who's receiving that misinformation or disinformation, I should say.

An example of that, or one way to really hone in on the difference between the two. With disinformation, oftentimes, there is a connection back to some form of motive. Whether it is profit, changing somebody's beliefs or ideologies. Sometimes that line, especially back to profit, can be really bright. An example of that is the COVID vaccine is bad by

my supplements. Sometimes that line back to motive and profit is very dim, and you have to do a little bit more digging to figure out where somebody is coming from. To summarize, misinformation is shared without the intent of deceiving or harming. Disinformation is shared with the intent to deceive or harm.

[00:08:01]

Caryn: Misinformation without the intent to deceive or harm, but disinformation, there is intent. We are trying to harm people and deceive people.

Erin: With a bright line or dim line, back to some form of motive.

Caryn: Thank you very much. That was a very clear description. Tim, do you have anything to add to that one?

[00:08:23]

Tim: I think Erin covered it very well. I would just shorten it to say that misinformation is the spread of incorrect information, and disinformation is when someone deliberately creates a false narrative and spreads it. To give an example, recently I saw a videotape of a press conference of a sports player that seemed unbelievable to me, very disconcerting, but I believed it. I was quite concerned. I contacted my son, and I said, "Can you believe that this player was acting that way?" He said, "Dad, you missed it. This is an AI version of a press conference. If you look carefully, it's not a real press conference." He said something completely different. We can all be fooled by disinformation, and we have to really be more rigorous when we evaluate the information we're hearing.

[00:09:28]

Caryn: I don't know if I wouldn't have been fooled as well. The AI and all of the things that we're experiencing right now can make some things very believable. I want to ask about how that has changed over time. First, I want to, again, start with another basic question and ask who is susceptible to misinformation or disinformation, and why? We can go in the same order. Erin and then Tim, how about that?

[00:10:01]

Erin: Tim, think you gave a perfect example of the fact that absolutely everybody is susceptible to misinformation. It is compounded by the fact that we have so many pieces of information and data flowing at us on a daily basis, whether it is through peer-to-peer conversations, consuming news media, engaging in social media, at work, at play, there is so much information coming our way.

[00:10:28]

I will share my own story. My dad is a comic reader, and he doctored up a comic one time and sent it to me. He did such a great job of doctoring it up. I thought it was actually published that way. Again, that's a funny example of how I fell for misinformation. It wasn't even purposeful misinformation is shared by my father, is really more of a joke, but I will say I also, in today, especially as I am just inundated with information, I will read things and then oftentimes either believe it initially or think about it a little bit more and do more research. I will say I am, as I study misinformation and promote misinformation, education, and awareness, I am susceptible to it too.

[00:11:15]

Tim: Yes, I agree. We're all susceptible to it, especially when it fits our narrative. If we believe something and then we see something, we're going to tend to more easily believe in it. Our schools and programs of public health are really trying to teach students that they have to follow the facts and look at the data and not accept things at their face value. We need more and more people to really question what they're hearing and check the references and make sure that what they're hearing is actually accurate.

[00:11:53]

Don't just trust the headline that you see and pass it on. Make sure that what you're passing on is a real story with real facts behind it. I know a lot of young people are questioning facts these days, but I think we need to do a lot more work in terms of training the next generation to be more skeptical around information they see and gather. It's hard because it comes so fast and furious, but I think we can do a better job with that.

[00:12:31]

Erin: If I may, two additional thoughts for you. I completely agree on the idea of being more skeptical. As I do due diligence to the science side of our organization, being skeptical is an element of scientific inquiry and discovery. I think being skeptical, doing additional research is a fabulous thing. The other element I'll say, especially in reaction to your comments, Tim, we both, Tim and I, gave examples from our personal lives about how we've fallen into misinformation or falsehood or even a doctored-up cartoon.

[00:13:08]

What we hear the coalition care so much about is the fact that when we're talking about misinformation, disinformation in the context of health and science, it is not as simple as which sports team might we follow, or what brand might we decide to buy or protest?

This is information that is explicitly linked to our individual as well as collective as a nation's livelihood. Misinformation about health can really damage individuals, families, and communities, whether it's making decisions that are counter to healthy, productive life and lifestyles, or even connecting back to if we have another public health emergency like we saw five years ago. How do we ensure that there's an open dialogue that people can be skeptical, can question, but still rely on evidence-based information to make the healthiest decisions and personally appropriate decisions for themselves?

[00:14:17]

To summarize, I think misinformation, again, is everywhere around us, but it's amplified, unlike so many other industries, in the context of health and science because of the sheer connection back to individual livelihood.

Caryn: That's a really good point. I think I want to build off of that as well as the use of the word skeptical, which struck me. Both of you all used the word skeptical, and it made me think about how people should be skeptical of some of the information that they see on social media, on TikTok. YouTube, for example, is the algorithm, and both of those can very much lead to a lot of misinformation being fed to individuals.

[00:15:04]

When you at first use the word skeptical, it made me think of people who are skeptical of our public health institutions like the CDC, the NIH, their local public health departments. What do you all say about that? How do we deal with people being skeptical of public health institutions that we have thought have been trusted, but clearly for some people they're not?

[00:15:33]

Tim: When people are exposed to misinformation, there's a real erosion of trust. When you have an erosion of trust, the entire ecosystem of public health is eroded. It is quite concerning that people are lot less trustworthy now of institutions. They're trustworthy of individuals, usually their doctor, but they are not responding well to institutions whose whole goal is to improve the lives of all Americans.

[00:16:12]

The NIH conducts cutting-edge research that will benefit you and your family innumerable ways, and the CDC is protecting all of our public health, but they have become untrusted because of some of the information that came out during COVID and the like. We have a great deal of work to do to build that trust back. I think there were

mistakes made, but we should not throw the baby out with the bath water when it comes to these agencies that are so critical for all of our health.

[00:16:49]

Caryn: Erin, any thoughts on that, too?

Erin: I couldn't have said it any better. What I will say is that from our perspective here at the coalition, we are trying to rebuild that trust, doing research into what will it take, recognizing that it's incredibly nuanced by individual community, by even topic. A big component of our work is listening. Listening to individuals who are skeptical at best, completely disagree with us on the other side of the spectrum, so that we can have dialogues.

[00:17:24]

I think at the heart of so many of the points that we're trying to make is that we are human to human, American to American. Unfortunately, I think it gets lost sometimes that individuals in public health, whether we're talking about the most local level or the national level, individuals who are leading public health initiatives wake up every day, as Tim noted, for the good of the people to enrich Americans' health and livelihood. How do we rebuild that bridge, find common ground, even when ideas that public health might be promoting, such as vaccination, how do we meet individuals who don't want to be vaccinated? How do we ensure that that bridge can remain intact as opposed to completely broken down on not just an issue such as vaccines, but anything else that public health may be trying to promote.

[00:18:18]

Caryn: Thank you for that. I'm also thinking of another question that is coming to me about how these things have changed over time. You both referenced the COVID-19 pandemic, and misinformation around vaccines and all of that, but I'm wondering how misinformation and disinformation has shown up in the public health realm before the COVID-19 pandemic, and has this changed over time?

[00:18:43]

Tim: Yes. Disinformation, well, mostly misinformation, but disinformation as well, has been around since the beginning of public health. People have questioned it. One of the easiest examples is even during the 1918 flu pandemic, there were people who were very skeptical about masks and believed that masks were actually causing people to get sick, when in fact that was not the case.

We have definitely lived this experience for the life of this country, but one of the things that it's gotten worse is people are so inundated now by information that it's hard to keep up with it and make sure that people understand what is going on technically with regard to public health interventions. Part of the problem is 54% of Americans read below a sixth-grade level, and 21% of Americans are illiterate.

[00:19:53]

No offense to any of those people, but that means that when they hear something in social media, they're not able to check it in some other publication or what have you. We really have a problem of people not being well educated enough in this country in general, in order to deal with the facts that are being presented to them, and whether or not they're true or not. There's a lot more work to do to try to make sure that the American public can trust public health.

[00:20:33]

Erin: Give another historical example in the context of the smallpox vaccine, which was created in the early 1800s by Edward Jenner. He had observed that milkmaids who were exposed to cowpox, which is a lighter version of smallpox, that those milk maids were not contracting smallpox. He decided to inoculate the milkmaids with cowpox and it proved to be effective.

Now, the fact that the origin of the smallpox vaccine was so closely related to cowpox and cows in particular, you could call it satire, you could call it cartoons characters. There were a lot of pieces of misinformation that were spread through the media channels at the time, as well as, of course, word of mouth, that if you got these smallpox vaccine, you would turn into a cow. Just like the example around the flu that Tim had given, this is not a new issue that emerged during COVID.

[00:21:38]

I also want to hone in on the fact that I think there's a through line between science and how science works with misinformation. Science evolves, and it is supposed to evolve. Science fails, and it is okay when it fails. Oftentimes, failure on one scientific discovery turns into something completely different that nobody could have seen. I think not only in thinking about what does media literacy look like, literacy writ large look like, what does scientific literacy look like, and how do we help people understand the scientific process? I'll give a COVID-related example.

[00:22:23]

I remember as the evolution-- back to the issue of masks, as the evolution of our understanding, were masks actually helping? I remember thinking, "Good, the science is working. We're learning." I know that for many individuals in this country, it turned into "The science failed us. You have no idea what you're doing, and I can't trust you anymore." How do we help people understand that the scientific process is not always completely right, that it evolves, but that it is a form of skepticism in and of itself. Again, I can't help but think part of this larger form of education goes back to kind of basic science 101.

[00:23:09]

Caryn: I appreciate you using the term science literacy, because I also am thinking about when the COVID vaccines first became available, and then we saw that they reduced the risk of mortality and morbidity, but you could still get COVID from them. People, at least, in my family and friends circle, not actually the majority of them got the vaccine, but the few who didn't said that, "It doesn't work. It's not effective." I had to explain in epidemiology terms that effectiveness means that it reduces the risk of these outcomes that we don't want. It does, but because the science literacy was not there for these people, friends, family members, people that I respect and love, they were not on board with this vaccine.

[00:24:05]

I think that thinking about how to communicate with people who are not scientists, using scientific language, but still making sure that people understand, regardless of their literacy rate. I agree that we have a very, unacceptably low literacy rate, like you were explaining, Tim, but I'm wondering about how do we communicate with people using the proper and appropriate scientific language when that might not be how they're thinking or understanding things. That really resonated with me, both.

[00:24:43]

Tim: Yes. I think we need to make it even simpler. Yes, we need to worry about scientific literacy, of course. I think back to when I was in first grade, they showed us a video about Jimmy the Germ, and it was all about how to wash your hands, how to not touch your mouth or your nose, and then touch your friend. It was very simple, but it was a public health message that anybody can understand. I still remember to this day.

I think that's not public health science or getting into the details, it's making it very clear that you need to do these very simple acts that are going to protect you and the person next to you. I was only sad because my friend Jimmy he cried over this video because he thought he was the germ. I was only pleased that I was Timmy and not Jimmy. We

really have to make it as simple as possible at that level in order so that people aren't overwhelmed and feel like science is the bad person or the bad guy, but public health is something that's going to help them and everyone else around them.

[00:25:57]

Erin: The only thing I'd add there, thank you, Timmy and Jimmy. That was a great example. The onus is really on us, the professionals in the field, regardless of where you sit in public health and science, if you're currently at a lab bench today, or you're pharmacist at a local pharmacy, the onus is on us to ensure that we are communicating effectively. What I want to infuse into the conversation is, especially in light of where we are today, thinking about who the trusted messengers are is critical.

[00:26:32]

Recognizing that as much as a conundrum as it might be for us in the field, maybe we, the scientists, the public health officers, the physicians, the individuals overseeing large public health systems, maybe it's not us, but it's individuals who are trusted that can carry our message. Really getting a better sense of not just how to communicate, but who is doing the communicating. That trusted messenger, I think, is critical equally as critical as the message that we're delivering.

[00:27:10]

Caryn: I agree. I'm still thinking a bit about little Timmy and little Jimmy. I appreciate that back-to-basics message. I agree, Erin, that we need to evaluate who are the trusted messengers in communities. I'm thinking of this conversation for both individuals who are consuming social media, for example, or consuming podcasts and YouTube videos, but also those community leaders who do have a trusted voice. I'm wondering, when we're thinking about both the individual as well as the community leaders or community leading entities, how can we let them know what are some of the common hallmarks of misinformation?

[00:28:04]

I guess my question is twofold. What are some of those common hallmarks of misinformation? Then are there ways that we can inform community leaders about those hallmarks of misinformation, so that we can work to combat this on the community and potentially national level. Be sure to tune into the second part of this episode, where we'll explore the answers to these questions and discuss how we can collaborate with community leaders and others to enhance our ability to discern misinformation and disinformation through media literacy. Thanks for listening.

[00:28:44]

OUTRO

Thank you for joining us for this episode of Partners for Advancing Health Equity. Be sure to visit our website and become a member of our collaborative at partners4healthequity.org. That's partners, the number 4, healthequity.org. Follow us on your favorite social media platforms and be sure to subscribe wherever you enjoy your podcasts. Partners for Advancing Health Equity is led by Tulane University. Celia Scott Weatherhead, School of Public Health and Tropical Medicine, is part of the Tulane Health Equity Institute and is supported by a grant from the Robert Wood Johnson Foundation. Until next time.

[00:29:30]