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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.

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Caryn Bell: Welcome to the second part of our conversation about combating misinformation in public health. In our first episode, we discussed the role of media literacy, the difference between misinformation and disinformation, and how they both have infiltrated public health, and the effects this has had on our communities. In this episode, we pose essential questions. What are the key characteristics of misinformation and disinformation that we should be looking for, and how can we empower our communities to distinguish fact from fiction? This is the continuation of that conversation.

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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?

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I guess my question is two-fold. 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. Two-fold questions, sorry. I know we're not supposed to ask two questions at once, but misinformation hallmarks, and then how do we tell leaders what those hallmarks are.

[00:02:22]

Tim: Go ahead, Erin.

Erin: Happy to take the hallmarks. Interestingly, in this last year and a half of my tenure with the coalition, I've been obviously learning a lot about misinformation. A big aha moment for me was the fact that misinformation, disinformation often is designed to elicit a response. Listening to yourself when you read or consume mis or disinformation, how does it make you feel? Does it make you feel angry, anxious? Do you laugh?

If you are getting some sort of an emotional read, that is a phenomenal signal that your mind and body is giving you that this might need additional research. Maybe it is completely true and you still felt all of those emotions or emotion, but that emotional trigger is a great hallmark for everybody to think about as they consume any piece of misinformation or information at all.

[00:03:21]

Tim: I totally agree with that, Erin. I think that people are so inundated with information that it's hard often to take the moment to stop and think about whether or not something is triggering that emotional response, and whether or not therefore it's dis or misinformation. I think part of it too is that we are separated into these two buckets so much of those who believe in public health and those who are skeptical of public health. We need to start having more dialogue with those two audiences so that they can find a common ground.

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There's a recent podcast that I have been listening to where some of our public health experts, including one of our deans of the School of Public Health at Yale, Megan Ranney, participated in a conversation with the MAHA Movement, the Make America Great Again movement. While I'm not a big fan of the word, again, because I don't think we've ever really been healthy, we all want to make America healthy. We need to figure out how we can have those kinds of dialogues in order to try to advance the discussion and move beyond the mis and disinformation so that we can all have a common understanding and protect our health.

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Erin: Karen, to your question about how do we help, I believe, was it explicitly lawmakers or individuals in positions of influence and power understand those hallmarks of misinformation? Again, I think a big component of it is who is the messenger? When I think of the fact that misinformation is currently a political hot potato in many respects, there are efforts to curb our understanding and the scientific research behind misinformation.

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There are threats that anytime a individual is countering misinformation with fact, that it is an affront to the first amendment of the person and their free speech who's free to share mis and disinformation. Oftentimes, I think even just using the word misinformation can be triggering and make people shut down. There could be people who see the name of this podcast and think, "It's about misinformation, I'm not going to listen. It's misinformation. Look at the people who are speaking. They are spreading misinformation."

How we get back to a form of communication that builds ground that is not explicitly pointing to if you are speaking it's misinformation because of my own personal bias, but

helping people to identify, and, again, back to your question, Karen, about who are the leaders to help build the charge against misinformation? I think it has to be every consumer of information to do their own diligence, do their own work, and to call out misinformation when we are seeing it from, in particular, significant institutions in this country.

[00:06:52]

Caryn: In my mind when I was thinking of the leaders, I was really thinking more like community leaders, actually, like pastors. Not everybody is religious, so the influential person in your neighborhood. I live in a neighborhood that has a very longstanding neighborhood that has a lot of older people. I was just thinking about how misinformation could pass through this chain of older people.

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Also, it could happen through a chain of younger people, either on social media directly or just speaking to each other. I was wondering about how to address those types of community leaders to get them to understand. They probably already do understand what misinformation is and how to spot it, but then how can they be influential in addressing misinformation or belief of misinformation among the people that they're interacting with?

[00:08:14]

Tim: I think it's so important that we work with and talk with audiences that aren't traditionally in science or health in order to have them be the messengers here. Because, as I was saying before, people are much more skeptical of institutions and people like deans of schools of public health because they think they have an agenda when in fact the agenda is simply to make the world healthier.

We see our schools and programs working with their communities throughout the country, throughout the world. I'll give you one wonderful example, is University of Memphis School of Public Health has been working with the schools in Memphis to create schools that have clubs for public health. Those clubs are just taking off. The students are loving it, and they're really tackling the challenges of public health that we face today, and coming up with their own work and working in the community.

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We're hoping that that generation of folks who've gone through those clubs will become the spokespeople on behalf of public health in the future. We see that as a possible avenue for all schools across the country who might want to start a club for public health, because that's how we're going to change the narrative, I believe.

Caryn: That's pretty cool. I wish we had a public health club. [chuckles] When I was in school, we didn't have anything that innovative and forward-thinking. I agree that it's really these younger generations that are able to influence each other, and then push

forward a health agenda that can address misinformation because they understand. I don't use TikTok, I'm a millennial. [chuckles] Younger generations who are much more adept at using social media and media literacy, I think we can learn from them. I just use the word media literacy. I do want to ask you all about that term. Broadly, what does it mean, but also what role does it play in combating misinformation effectively?

[00:10:50]

Tim: I thought about media literacy, and I'm thinking about making sure that the media is literate when it comes to these issues. Now, I think, in general, the old school media is pretty well-versed in questioning mis and disinformation and really asking the hard questions, and sussing out the pros and cons. I am a little worried, though, that now a lot of media feel like because they want to be fair and balanced, that they need to have people on to combat the science from those who are skeptical of the science and giving them a platform to do that. Sometimes that's totally valid, but sometimes when people are spreading falsehoods, it's really unfortunate to give them that platform. **[00:11:50]**

I also think that the media has tended to let folks come on their media, be interviewed, and given them credibility without the follow-up questions that they need to ask. When you listen to the BBC news, and I know that's a niche market, but when I listen to BBC news, they ask the follow-up hard question. They don't let someone just say what they want to say in their talking points. They question it, and we don't see that as much in our media.

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At the same time, we have to be thinking about alternative medias, the blogs, the podcasts, the radio shows, and being part of that discussion because those are the places where most people are tuning in now. If we're not there talking about the importance of public health and science, it'll be subsumed by those who want to spread mis and disinformation.

Erin: Thank you, Tim. I completely agree. I think some of that is already occurring. I can say it's really hard for individuals who are trained traditionally in science and public health. We are trained on evidence. We are trained in detail. We are trained to be as thorough as possible. A lot of times that does not include easily translatable language or content or concepts. Going back to one of the issues we talked about earlier, how do we change how we communicate? Who are the trusted messengers who communicate with or for us?

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Also, back to media and media literacy, I think a component of this also is health literacy. How do individuals understand health information? Having health literacy, whether you're a journalist working in traditional or non-traditional media, or a patient, or consumer of health related information and content, health literacy is critical. Again, like we discussed earlier, science is always evolving. What health literacy looked like and our understanding of health and science two decades ago is different than it is today.

It'll even be different than it is 5 years, 10 years from now, and so of all the different forms of education that we have established that we need to be engaged in from data literacy, media literacy, science literacy, health literacy is another one. To come back full circle to Tim's comments about starting young, how do we help? How do we build curriculum that will ensure that the next generation of Americans is armed with the literacy tools to help them distill data, science, health, media? We could go on and on, but I think education is critical.

[00:14:48]

Caryn: Thank you both for those comments. They also made me think in particularly, Tim, your discussion of the BBC and how their reporters ask lots of follow-up questions. I listen to *BBC Witness* on my local NPR station. It made me think of what Erin mentioned earlier about emotions. I meant to ask this, but, Tim, you also said something that alluded to emotions, but really you were talking about belonging and how some misinformation messages can confirm something for people.

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I'm really asking about how misinformation not only can raise emotions. Like you said, Erin, that's a way for you to be like, "Hey, is this misinformation?" That's a way for you to think that you should be potentially questioning this information. I wanted to ask about when the misinformation and/or disinformation actually can cause a person to have their beliefs confirmed, or their sense of belonging to some potentially outside group confirmed, like their skepticism-- This is really what I want to ask. Sorry, the question is coming to me. I could see other people asking this question, so I'm going to ask it.

[00:16:25]

When someone or a group's skepticism or mistrust is confirmed by a piece of misinformation and disinformation, it's pretty logical that they'll believe it. My question is, how do we as public health professionals, public health institutions, as well as media, whether it be the BBC or podcasters, how do we deal when the misinformation or disinformation confirms the skepticism or mistrust that people might have in public health? Sorry. Like I said, it took me a long time to get there, but that's the question I want to ask.

[00:17:14]

Tim: It's fine. It makes me think of a few years ago, I got into a taxi in Texas. I was talking on the phone about vaccines. Then I got out the phone, and the Uber driver was saying, "I don't believe in vaccinations." I said, "Oh, that's very interesting. Why don't you believe in vaccines?" He said, "I've been doing my own research on the dark web, and it's confirmed that it's actually worse for you to get the vaccination for COVID than to not get it." He felt like he had done his research in order to determine that. In his mind, the disinformation that he was gathering on the dark web was confirming his view and putting him at risk.

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I came home from that trip and promptly got COVID, maybe incorrectly, but assumed that it was the young man who was driving me who didn't get the COVID vaccine because it was so prevalent in Texas at the time. It really can have a deleterious impact on one's health if you're not able to see the other side of a potential argument and believe it. We're getting to that point where if you can't trust in the science and public health for your own good, maybe you're not going to believe anything going forward.

We really have to prevent that from happening in order to make sure that people can build enough trust to get the care that they need and not worry so much about things that aren't real.

[00:19:12]

Erin: Tim, that's such a powerful story. Part of my reaction to it is I could completely imagine your Uber driver believing that everything we're saying today is disinformation or misinformation. It goes back to the polarization of the country, the fact that there is ample opportunity to confirm whatever it is you might want to be confirming on whatever topic. You can find a source on the dark web, the non-dark web, the real web, who knows what you call it.

I think of really important element, and I was thinking about this in the context of your remarks, Karen, is from the professional side, from us here in the science, public health and health side, to build that level of not just listening, but humbly listening, recognizing that there will be people who will not agree with us, who are skeptical of us, who believe we are those who are spewing disinformation, and how do we ensure that we don't separate and part ways in ways that we'll never be able to pull individuals back into trusting us. Again, it could be about a vaccine. It could be about so many different elements of the health and science ecosystem.

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In the event that we have another public health emergency, and this is the role of our coalition, how do we build and ensure that we are trustworthy enough so that when we need the public, whether it's us communicating or a trusted messenger on our behalf, that the public can hear us and at least see some element of trust in us to believe what we're saying so that we can get through a public health emergency in the future.

[00:21:04]

Caryn: I think that you started to answer my next question, [chuckles] which we've been talking about broadly all throughout this conversation, but I did want to take this chance to ask you both for specific strategies that the health and science infrastructure can adopt to build trust and fight against misinformation. We've been talking around this question, but I just wanted to see if there was a list, or a specific like, "These are the things that we need to focus on," from you all.

[00:21:41]

Erin: Boy, if I had a magic wand, it would have been fixed already. I think listening has come up quite a bit, trying to build common ground. One of our coalition partners has done a lot of work in this space. Part of what they do with their own constituents is training around how do you build connection. Tim, you alluded to this as you were talking about your Uber driver. You didn't immediately say to him, "You are wrong." You didn't point your finger, you didn't use big words and big science. You were curious. You started a conversation, "Tell me more."

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That's part of the work that we're trying to do, modeling after this one member of the coalition, help professionals in the field themselves get curious and to build connections, as opposed to just being from the top-down, "I know the science. I know the evidence. I'm right and you're wrong." That will not win us any favors. That, I think, is one of the most important tangible steps on a daily basis that professionals from health and science can be doing, not just with their patients or with individuals who they interact with professionally, but that starts with your neighbors. That starts as you're sitting in an Uber. That starts on a soccer field between parents watching a soccer game.

The empathetic listening, working towards building common ground, recognizing we might disagree. There's going to probably be disagreement, but how, in particular, do we ensure that we are leading with trustworthiness? Again, to me, that is listening and building common ground.

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Tim: Yes, I agree with all that. Active listening, I think, is the most important way to interact with folks who you might not agree with, so that you're really trying to hear them and not trying to convince them. You want to make sure that you're listening to their perspective, and then, obviously, offering your own perspective but in a respectful way.

Here at the Association of Schools and Programs of Public Health, we have been trying to help our members by creating a messaging guide, which you can find on our website, that really talks about how to work with skeptical audiences, those who are skeptical of public health, in a way that might be more effective, and gives people the tools and the messages that they might use in order to have a more fruitful dialogue.

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I also highly recommend *The Road to Wisdom: On Truth, Science, Faith, and Trust* by Dr. Francis Collins, which came out earlier this year, which really looks at better ways of communicating and maintaining the trust in science and health. There are a lot of people talking about this topic and a lot of ways to learn about how to be more effective in your communications. I encourage people to look at those tools.

[00:24:46]

Caryn: Great. Thank you. We've been talking about people in two different groups, skeptics versus non-skeptics, people who trust and people who don't trust. Our project, Partners for Advancing Health Equity, at Tulane is really a national collaborative. We bring together different sectors, like academia, philanthropy, the private sector, business, government, and community organizations. We all have the same goal of advancing health equity.

I wanted to ask about if you had any thoughts about how to communicate or deal with misinformation across these different sectors. Do you think people in business should be thinking about this? Do you think philanthropy and nonprofits should be thinking about this? How can we talk across sectors about misinformation and about potentially bringing us together in a particular way to combat it?

[00:25:50]

Tim: I think it's so important. I'm glad you brought up business because, in the world of public health, you're not going to have a business if you can't have healthy people who can come to work and do their work. It's in their self-interest in order to advance the work that they're doing to make sure that we all care about public health, and that they talk about the importance of it and the importance of investing in it.

I agree, this ability to reach out to your community from all different perspectives is going to be so critical as we move forward because we're going to continue to have public health crises in this country and beyond. If we approach it the same way we did with COVID, it's not going to work. We will have a lot more people probably dying if they're not listening to the sound advice of folks who really know what's best for folks' health.

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If they don't listen to those trusted voices, they need to be hearing from their bosses, from their church leaders, from their community nonprofits. We all need to be in this together, working to try to make an impact. That's exactly what Erin's group is trying to do. I'll let her talk more about it.

[00:27:20]

Erin: Thank you, Tim. I completely agree with everything that you just said. I think especially recognizing that no sector, no individual is free from consuming mis or disinformation. Everybody has a stake in it. Karen, you talked about a number of different sectors, and each is impacted by mis-and-disinformation. When I think, in particular, of the lens of equity, there are misinformation and, in particular, disinformation campaigns that are designed to target specific communities and individuals and populations.

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There is the role of language. Oftentimes, we talk about health literacy, media literacy. If information is not translated at all, let alone appropriately, you will not get accurate information, and it can really impair an individual's health. I applaud the work of you, Karen, and your entire team to think through, what is the unique angle of health equity as it is rolled into addressing mis and disinformation. Again, we can't divorce the fact that certain types of mis and disinformation are incredibly targeted.

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With that, another component, and, Tim, you turned it over to me to talk about the work of the coalition, one of the reasons why I'm so proud of our work is that we have so many different aspects of the health and science ecosystem. Almost every single box is checked, although we still have a number of different organizations we'd love to pull in to be represented, to have voices in this effort to rebuild and sustain trust and trustworthiness. It is imperative to us that we ensure that our work is relevant to all people.

Again, I think part of what got the field into this conundrum is the fact that we know the language from a scientific perspective. We know the evidence. We're confident in the work that we do on behalf of delivering health, and scientific innovation, and public health to the American people, but we just can't effectively always communicate it. Through trusted messengers, through ensuring that those trusted messengers reflect individuals of all walks of life in this country is imperative in our work and is a central component of what we do.

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Caryn: It's interesting that we have not used the term health equity up until now. I think we are, at least for me, trying to get this basic lay of the land and understanding of misinformation and disinformation. Really of primary concern to me as a scholar who focuses on race and black health is misinformation, like you said, Erin, that is targeted toward particular groups. I think that we probably could think broadly. You mentioned language, race, ethnicity, particular groups, but we could potentially also think within those groups, maybe geographically.

[00:30:44]

Tim, you mentioned the program at the University of Memphis. I'm thinking about of the ways in which Memphis is being targeted for environmental pollution with AI data centers. We are also having that in Louisiana where they're trying to build these data centers that will pollute our already polluted environments, but how misinformation and disinformation can be targeted toward particular groups. I'm wondering, what are specific ways to combat that?

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Tim: I think the real tragedy is when specific groups who are more vulnerable to, let's say, an environmental impact because of where they live get this information, then they

don't know the problem that they're even up against and the impact it's having on them. We definitely can show through research that there is a broader or more significant impact for certain populations depending on where you live in terms of the environment.

This is something that our association has been working on for a couple of decades now, and really trying to ensure at least that our schools and programs of public health are teaching the next generation around the importance of understanding the diverse nature of the impact of public health problems in the world, and how to try to address them to make a better impact for those populations who are most affected.

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It's challenging. It's not easy to convince someone that the information that they think they know and that they have is accurate and is correct when, in fact, it's false and it's wrong. There's not an easy one-step process, but I think over time, we can really benefit from having more experts who understand these issues speak to people in a way that they can hear it, and that shows that it'll benefit them.

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Erin: Tim, I don't disagree with anything you said. I think a critical linchpin here is trust, and recognizing that there is a real earned distrust based on not just historic but current action. Again, I agree with everything you said, ensuring that we are still seen as or we can be seen as a trusted voice, a trusted messenger, us in the fields of health and science, are imperative. I think we can't get to any solution here, Karen, until we are honest about trust and the role of us as a trusted party who really is out to ensure that the health of our communities, our families, the nation, is really what we strive to do from a public health science and healthcare delivery perspective.

[00:34:06]

Caryn: Some people might think that this is a dire conversation. We've pointed out a lot of issues and negative things, but I'm a firm believer that if you don't have hope, you die. [chuckles] Only the most privileged of us can only focus on the negatives. We have to be focusing on future thinking and forward thinking. I think, in closing, I want to ask you all not what necessarily do you find hopeful in these moments, but I want to actually ask, for you personally, what type of hope do you have for our future in our country in this regard to combating misinformation?

[00:35:06]

How are you feeling hopeful about addressing this issue? Because it really, in some cases, is a matter, rather, of life and death. Like you said, Tim, with the Uber driver who probably gave you COVID, that could have been a life or death issue for this unvaccinated Uber driver. We're just going to get more pandemics. I'm in Louisiana. We're going to have more hurricanes. All of these things that are threats to our public health. How are you hopeful? What are you hopeful about in addressing misinformation?

[00:35:52]

Tim: I am hopeful because the science is going to continue to progress and make an impact. Let me give you an example. We have been working with your senator, Senator Cassidy, and Senator Van Hollen, on a piece of legislation that would provide funding for the treatment for Hep C. Now, how did that happen? There was a clear problem. A lot of people have Hep C. We did the basic research, and we found a cure for Hep C. If you take a pill provided by these two drug companies, you can be cured in 8 to 12 weeks of Hep C, but not enough of the people are getting that cure because they often live in marginalized communities.

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What we're trying to do is have the senators introduce this bill and provide the funding in order to prevent more people from getting Hep C and really cure them from Hep C so there won't be Hep C in the future. That will save the country $6.5 billion, according to the Congressional Budget Office. These are the kinds of things that we're working on that I'm very hopeful about. It's taking longer, legislation takes a long time, but this is the kind of thing that if we can do it, we can show the impact of public health measures like this, then, I think, people will be less skeptical.

[00:37:30]

Erin: Karen, we started this conversation talking about the influx of information coming at us in so many different ways, so many different formats. I think what gives me some level of confidence-- I'll get to hope, but confidence is the fact that there's a bright through line of misinformation since humans have been communicating among each other, and that this is not a new phenomenon. It is amplified by the frequency and various media that we can consume and do consume, and outlets. We talked about confirmation bias and being able to find whatever information we want to find in the moment, but it is not new.

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Humans have been outpacing misinformation since we've been communicating, since the beginning of time. With that said, what gives me hope is, especially from the professional side, the fact that our coalition, this is a first of its kind to have so many disparate parts of the health and science ecosystem who can't sit together on most other issues and find common ground, that they have found common ground, and say, "We want to do better and be more trustworthy."

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That we have to do our part to ensure the evidence-based information we have is accessible to people. That we are acting in trustworthy ways, that we are listening. I am hopeful, in particular through the work of our coalition, that we can, from the professional side, build up the capacity to do what's necessary to help Americans make personally appropriate decisions.

[00:39:15]

Caryn: Great. I really want to thank you both for this conversation. We appreciate all of the work that you're doing, but also thank you just for being here today to share with us your thoughts and tell us about the work that you're doing. Are there any resources that people should be directed to, or any calls to action that you just want to lay out there at this point based on our conversation?

[00:39:43]

Tim: I'll give a call to action. I hope anybody who is listening to this podcast is in touch with their members of Congress around the importance of funding the NIH, the Centers for Disease Control, and other public health agencies that are really protecting all of our lives and also providing important information for people who need it. If Congress hears from everyone that this is a priority, it can make a big impact. You can find resources on our aspph.org site related to all of this. I urge everyone to be speaking up right now so that we can prevent some of the major cuts that are potentially coming down the pike.

[00:40:39]

Erin: Thank you, Tim. I would say from a resource perspective, our website, the coalition's website, trustinhealthandscience.org, is a resource for both consumers and patients. A lot of the content is built towards health literacy, a concept we talked about today, as well as resources for professionals related to communicating in trustworthy ways, acting in trustworthy ways. Feel free to go to our website. Thank you.

[00:41:10]

Caryn: Thank you, Erin, and thank you, Tim. Of course, thanks to our listeners. We hope you found this engaging. We look forward to having you tune in to our next episode. If you have any thoughts or comments to share, be sure to post them on our podcast page at spreaker.com. Thanks for listening.

[00:41:32]

Tim: Thank you.

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 four, health equity, dot 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's 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.

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