P4HE Workshops – Approaches for Health Equity: *Fostering Trust in Information Environments by Identifying Misinformation*

PARTNERS for ADVANCING HEALTH EQUITY

How to Use this Resource

This resource is meant to help you move to action and combat misinformation in the pursuit of health equity.

For more context on Fostering Trust by Identifying Misinformation

To get the most out of this resource, Partners for Advancing Health Equity (P4HE Collaborative) recommends reviewing the level-setting resources provided to participants during this workshop sprint, listed in the text box below. For more ways to combat health misinformation see *Moving to Action: Fostering Trust in Information Environments by Identifying Misinformation.*

Level Setting

New to combatting misinformation? Below are level setting resources recommended by the workshop facilitator.

Read

› Misinformation Interventions
› Case Study: Fighting COVID Misinformation
› Americans' Trust in Scientists in 2024
› Combatting Medical Misinformation and Rebuilding Trust in the USA
› Trust in Public Health Agencies and Vaccine Falls Amid Republican Skepticism

Play

› Misinformation Escape Room
› Bad News Game

Watch

› Infodemic Management: Misinformation and Disinformation

P4HE Resources

› P4HE Level Setting Dialogue
› P4HE Resource Spotlight
› Engaging Constructively to Counter Health Misinformation and Advance Truth-Telling

Have a resource you would like to share on this topic?

› Recommend resources and topics for our library

Workshop Focus

The Partners for Advancing Health Equity Collaborative hosted a three-series workshop sprint on fostering trust in information environments by identifying misinformation, led by Dr. Rachel Moran and Dr. Maddy Jalbert from the University of Washington's Center for an Informed Public. The series explored how misinformation spreads, why it resonates, and how to build trust in health information through practical strategies and interventions.

› **Session 1:** Speakers introduced the foundational concepts of misinformation, disinformation, and mal-information, and shared how the Center has applied techniques to address misinformation. The session also explored how misinformation spreads, why it feels believable, and the role of trust, emotion, and information environments in shaping public understanding.

› **Session 2:** Speakers examined the emotional and structural drivers of health misinformation, including how it disproportionately impacts communities already facing health inequities. They emphasized the importance of trusted messengers, culturally relevant communication, and the need for accessible, community-informed responses.

› **Session 3:** Speakers guided participants through a discussion-based approach to designing interventions that support trustworthy health communication, with a focus on empowering communities to seek, share, and sustain credible health information.

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Moving to Action

Below is a summary of the three sessions which explored identifying and intervening misinformation.

What is Health Misinformation?

Health misinformation refers to false or misleading information related to health that is often shared unintentionally and genuinely believed. It differs from disinformation, which is deliberately created to mislead, and mal-information, which involves true information used to cause harm. These distinctions are important because they shape how we respond to the problem.

In health contexts, misinformation can take many forms: misleading headlines, decontextualized statistics, overgeneralized claims, or viral "cures" that lack scientific support. It frequently appears credible and is shared by people with good intentions. But even well-meaning sharing can have serious consequences—especially when it leads people to reject evidence-based care or adopt harmful practices.

Understanding the Information Environment: Key Terms

Disinformation: False information intentionally spread to mislead and influence a specific outcome or belief.

Fake News: False information often shared on websites that appear to be, or intentionally pose as, authoritative news sources. Over time this term has become colloquial, often used by politicians to discredit actual news.

Information Disorder or Infodemic: Difficulty being able to find trustworthy or accurate information due to the intensity and the complexity of our information environment. Exacerbated by events such as a public health crisis.

Mal-information: Information that tends to be true but that is weaponized to cause harm (e.g., revenge porn).

Misinformation: Untrue or decontextualized information and false memories. Often unintentionally shared and genuinely believed.

Why Does Misinformation Matter for Heath Equity?

Misinformation undermines trust in public health institutions, fuels skepticism toward science, and deepens existing health disparities. It is not just about what is true or false—it is about who is trusted, how people make sense of uncertainty, and what narratives feel emotionally resonant.

Misinformation and distrust reinforce each other. When people lose trust in scientists, physicians, or public health agencies, they turn to alternative sources—many of which are less credible or actively misleading. This cycle is particularly harmful in communities that have experienced historical and systemic inequities.

Misinformation doesn't just live online—it can be codified into law. For example, in Ohio, legislators proposed a bill requiring doctors to reimplant ectopic pregnancies, a medically impossible procedure. This type of legislation, based on misinformation, can have dangerous consequences for public health. Interventions must also include advocacy and policy engagement to prevent the institutionalization of false information.

How Does Misinformation Impact Different Communities?

Misinformation does not affect all communities equally. Non-English-speaking communities often lack access to translated, culturally relevant information. The erosion of local news outlets has deepened these gaps, contributing to increased reliance on other sources of information. In these contexts, social media becomes a primary source—one that is often unregulated and unreliable. This vulnerability is compounded by historical distrust in institutions, particularly among communities who have experienced exclusion or misinformation in the past. These legacies of mistrust shape how new information is received, and which sources are considered credible.

> ### Case Study: The Role of Community Organizations in Health Communication
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> The University of Washington's Center for an Informed Public has partnered with Viet Fact Check, an organization serving the Vietnamese American community by translating authoritative health and civic information into Vietnamese. This work addresses critical gaps created by the decline of local non-English media, which has led many community members to rely on platforms like YouTube for their news. Viet Fact Check not only translates content, but also actively identifies and counters misleading narratives circulating within the community. One example involved a "natural" miracle treatment—a hemorrhoid cream containing dangerously high levels of lead—that was promoted online and led to the tragic death of a California woman. Viet Fact Check's efforts to debunk this misinformation highlight the life-saving potential of culturally grounded interventions. Their work also addresses intergenerational divides in information consumption. Older adults in the community often rely on informal or parasocial sources, while younger generations may access different platforms or language contexts. Viet Fact Check bridges these gaps by contextualizing information for both generations, helping families navigate conflicting narratives and build shared understanding. This case illustrates the importance of community-embedded, linguistically accessible, and trust-centered strategies in combating health misinformation.

How does Misinformation Spread?

Misinformation can spread through information consumption and information sharing. Information consumption is often passive. People don't always seek out health information—often, it finds them. In digital spaces, algorithms prioritize content that is engaging, not necessarily accurate. Sensational headlines, emotionally charged stories, and "miracle" solutions rise to the top, while slower, evidence-based information struggles to gain attention.

Information sharing is driven by many factors: the desire to help others, demonstrate knowledge, seek validation, or make sense of uncertainty. In emotionally charged moments—such as receiving a

new diagnosis—misinformation can offer hope, simplicity, or certainty. These emotional drivers make misinformation especially compelling.

Why Do People Believe Misinformation?

People often assume information is true by default, especially when it's easy to understand or aligns with what they already believe. This is known as the "truth bias." Misinformation also spreads because of confirmation bias—the tendency to seek out or accept information that supports existing beliefs or identities.

In digital environments, credibility is often judged by appearance. If a post looks professional or is shared by someone familiar, it may be perceived as trustworthy, even if it's inaccurate. The structure of online platforms—where likes, shares, and comments signal popularity—can create a false sense of consensus, making misinformation feel more legitimate.

Online content is also easily repurposed and stripped of context. Comment sections can devolve into chaos, with "counterevidence" that lacks scientific grounding. The speed of information spread has outpaced traditional gatekeeping mechanisms like fact-checking or peer review.

What is the Role of Emotion in Misinformation?

Emotional context is often overlooked in discussions of misinformation, yet it plays a central role in how people interpret and act on health information. Misinformation often offers hope, certainty, or simplicity—especially during emotionally vulnerable moments like a new diagnosis. These emotional drivers make misinformation especially sticky. It's not just about what is said, but how it feels. Truth, by contrast, is often complex, conditional, and harder to process. People share information for many reasons: to help others, to demonstrate knowledge, to seek validation, or to make sense of uncertainty. In emotionally charged contexts, misinformation can feel like a lifeline—offering clarity when the truth feels overwhelming.

Case Study: Meeting Emotional Needs to Counter Misinformation

At Fred Hutch Cancer Center, clinicians encountered patients influenced by misinformation—such as the belief that sugar feeds cancer. Rather than directly refuting these claims, practitioners used motivational interviewing to explore patients' emotional needs and guide them toward evidence-based nutritional plans. This approach emphasized empathy and trust-building, demonstrating that relational strategies can be more effective than fact-correction alone. Understanding these emotional dynamics is critical to designing effective interventions. Rather than focusing solely on correcting facts, it's important to consider what emotional needs the misinformation is fulfilling—and how trusted, accurate information can meet those same needs in a more constructive way.

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What is the Role of Trust in Addressing Misinformation?

Trust is central to how people evaluate information. People are more likely to believe information from sources they know and relate to. Parasocial relationships—one-sided connections with online figures—can be powerful conduits for misinformation. At the same time, local institutions and trusted messengers often hold more credibility than national agencies. Efforts to address misinformation benefit from relationship-building before correction. Rather than focusing solely on "myth-busting," effective interventions ask:

> › Why does this feel true to the person?
> › What need is this information meeting?
> › What shared goals can we build on?

These questions help shift the focus from proving someone wrong to understanding their perspective. This approach is especially important in emotionally sensitive contexts, where trust and empathy are prerequisites for meaningful dialogue. For example, professionals working with teenage parents may use motivational interviewing to discuss safe infant sleep practices. These conversations often require balancing medical guidance from organizations like the American Academy of Pediatrics with traditional caregiving practices passed down through families. Trust-building in these moments is essential to ensure that accurate information resonates emotionally and is received respectfully.

Case Study: The Role of Trusted Messengers in Black Communities

Historical and systemic inequities shape how information is received and trusted. During the COVID-19 pandemic, misinformation campaigns targeted Black communities by exploiting historical distrust in medical institutions. One false narrative claimed these communities were being used to test vaccine safety. In response, barbers and stylists transformed their shops into vaccination sites, leveraging their trusted roles to promote public health. This grassroots approach underscores the power of culturally resonant, relationship-driven strategies to counter misinformation.

To learn more about these issues, or Partners for Health Equity's calls to action, a resource library including a full recording of this, and all previous P4HE Workshops, can be found on the P4HE website.

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