

Increasing Media Literacy to Build Trust and Advance Health Truth-Telling

Webinar Summary and Call to Action



Webinar Focus

The Partners for Advancing Health Equity Collaborative hosted the webinar, *Increasing Media Literacy to Build Trust and Advance Health Truth-Telling* on July 1, 2025. Panelists engaged in discussions about ways to combat misinformation and disinformation, highlighting the importance of building trust and communicating reliable information effectively. This report provides a synthesis of key takeaways, solutions, and action steps identified from the webinar.

Webinar Voices

- › **Caryn Bell**, Associate Director, P4HE, [Celia Scott Weatherhead School of Public Health & Tropical Medicine, Tulane University](#)
- › **Bob Ortega**, Senior Writer, [CNN Investigates, CNN](#)
- › **Reginald Tucker-Seely**, Principal and Owner, [Health Equity Strategies and Solutions](#)

Key Resources

- [Community Toolkit for Addressing Health Misinformation](#)
- [Storytelling and Battling Health Misinformation](#)
- [4 i Framework for Advancing Communication and Trust](#)

Your Voice

P4HE values your collaboration. If there is a resource on this topic that you would like to share, please [submit it to us](#).

Key Takeaways

In an age where misinformation and disinformation can spread like wildfire, empowering individuals with critical thinking skills and research strategies is essential for fostering healthier communities. During this webinar, speakers outlined **how** we can strengthen information literacy and trust to counter mis- and disinformation about health. Meeting communities where they are, translating research into accessible information, and building health infrastructure and trust in institutions can promote the sharing of evidence-based health knowledge, and thereby improve health outcomes for all.



Webinar attendees highlighted specific actions that the health equity community should take to combat misinformation, including **encouraging healthcare providers to educate patients about health issues, amplifying credible and reputable sources, consistently creating and sharing clear and digestible information, teaching critical reading and information literacy skills, leveraging online media, and creating cross-sector partnerships**. Attendees also listed the tools and resources that would help to combat misinformation, such as **more time and funding, engagement and relationships with professionals, safe and accessible platforms to host discussions, engaging and informative content to share online, and translation of research to plain language**.

Call To Action



"When talking about misinformation, get down to the specifics. Who am I reaching out to? Who am I trying to communicate with about a particular topic area? What are the types of misinformation that I need to address?"

Bob Ortega, Senior Writer, CNN Investigates, CNN

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P4HE's Working Definitions & Framing

- **Misinformation** is information that is presented as truthful initially but may turn out to be false. Misinformation may spread without ill intent and can be incomplete or misleading, in addition to simply untrue.
- **Disinformation** is outright false information that is disseminated as the truth for propagandistic purposes. Disinformation can also be incomplete or misleading, in addition to simply untrue. Disinformation is *purposefully* deceiving.

Misinformation and disinformation can distort the public's understanding and reactions to health issues, treatments, and initiatives. The resulting misunderstandings can perpetuate systemic inequities and reduce utilization of health services, thereby worsening health outcomes. Often, "misinformation" is used to convey both meanings – the distinction between the two terms is the intent. Misinformation is typically ill-informed and/or based on information available at the time while disinformation is *purposefully* deceiving. Various mediums within the information landscape (e.g., news, print, and social media) drive the spread of misinformation and disinformation, influencing public opinion, decisions, and actions related to health.

Want to help us shape future definitions?

The P4HE Collaborative is working to collectively define terms related to health equity in our [Interactive Learning Sessions](#). For registration information and details on how to be a part of the next session, sign up for the [P4HE Newsletter](#) or visit our [Learn](#) page.

Below, we've summarized immediate action steps shared by the panelists and identified by webinar participants to be taken to advance health equity.

> Meet communities where they are to strengthen trust and understanding.



"It's important that we meet people where they are, understanding the stories that they are telling about a particular topic because then that'll help us, as the health equity community, to craft counter narratives [against] misinformation." Reginald Tucker-Seely, Principal and Owner,

Health Equity Strategies and Solutions

In the digital age and with so many avenues to exchange ideas, it is virtually impossible to avoid misinformation, especially about health. While we must strategize [ways to confront false information](#) once it has spread, it is perhaps more important to build trust with communities to better understand their health issues and explore the root causes of misinformation, as these can differ by community context, topic areas, and more. To start, identify the communities and groups that are seemingly [susceptible to misinformation](#) and seek out opportunities to engage with them. Dedicate time to authentic [community engagement](#), active listening, and relationship-building to gain deeper

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insight into diverse perspectives and experiences on health. Such [interactions with communities](#) must not be judgmental or transactional and instead, come from a place of humility, empathy, and a desire to understand each other. Additionally, inquire about the barriers to receiving accurate health information in the community, such as access to technology and [the internet](#), health care, and [education](#).

Building trust also requires empowering individuals and entities that [communities find credible](#), such as religious leaders, local media, and grassroots organizations, to serve as bridges between public health efforts and community members. These trusted messengers can help surface the [narratives](#) and lived experiences that shape health beliefs and behaviors, including those rooted in cultural norms or lived experiences that may conflict with public health guidance. Working through these trusted channels can help shift narratives in ways that honor community values while promoting evidence-based practices.

Each community across the country possesses unique characteristics, context, and resources, necessitating unique solutions for combatting the misinformation relevant to their experiences. Organizations from various sectors need to [come together](#) to meet communities where they are and partner with them to combat health misinformation for the advancement of health equity.

› Recognize and address the emotional and social drivers of misinformation.

Effectively countering misinformation also requires understanding of the [emotional and social factors](#) that make misinformation compelling, particularly in the health space. Believing misinformation is often shaped not only by information access but also by deeper psychosocial needs. Individuals may be drawn to misinformation because it helps them make sense of the world, feel a sense of control, or maintain a connection to a valued community. These emotional and social drivers can reinforce misinformation, especially when it aligns with a group's identity or shared experience.

Consider the types of misinformation being spread, the information channels used, and why people might believe these falsehoods related to health. Often, a sense of community and [shared experiences and views](#) among people in a certain neighborhood, demographic group, geographic location, or group affiliation can allow misinformation to thrive and be protected, [making misinformation difficult to overcome](#). Respect these bonds and the shared identity within a community, including cultural influences, while also analyzing their potentially negative impact on the spread of health misinformation and ways to change the harmful narratives.

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Questions to Counter Misinformation

1

Who am I trying to reach and communicate with?

2

What are the types of misinformation that I need to address?

3

Why are they believing the misinformation?

In some cases, these narratives are perpetuated by influential voices or institutions. Rather than directly confronting these beliefs, it may be more effective to offer alternative stories that are equally compelling and grounded in evidence and empathy. People often tell themselves stories to make sense of the world, so offering a more constructive and resonant narrative can be a powerful strategy for shifting perspectives. Misinformation is not always fringe or obscure as it can be amplified through familiar channels and figures. This underscores the importance of equipping communities with tools to evaluate credibility, ask critical questions, and seek out trustworthy information, especially when the source appears authoritative or widely accepted. Such efforts require contributions from [all sectors](#) in society to ensure that drivers of misinformation are tackled from all angles.

› **Clearly translate research into accessible language and engaging messaging to counter the spread of misinformation.**



“What it comes down to is storytelling. People tell themselves stories to make sense of the world. And what we can do, sometimes, is offer a different and hopefully more compelling story.”

Bob Ortega, Senior Writer, CNN Investigates, CNN

Amplifying research, expert knowledge, and real-life experiences are only effective in countering health misinformation when they are communicated in ways that are meaningful and accessible to the general public. Often, academics conduct and publish complex studies with [technical language and jargon](#), making the information hard to understand and discouraging people from turning to research as a source of credible information. To promote research on health issues as a viable source of information and thereby a strategy to address health misinformation, researchers must translate the evidence into clear, succinct, and digestible language. According to data from the [Program for the International Assessment of Adult Competencies \(PIAAC\) study](#), 130 million adults in the United States (54%) have low literacy proficiency, so ensuring that health information meets the public’s literacy needs is a critical starting point. Next, consider how best to frame the research to adequately inform the public and debunk misinformation. This includes not only simplifying

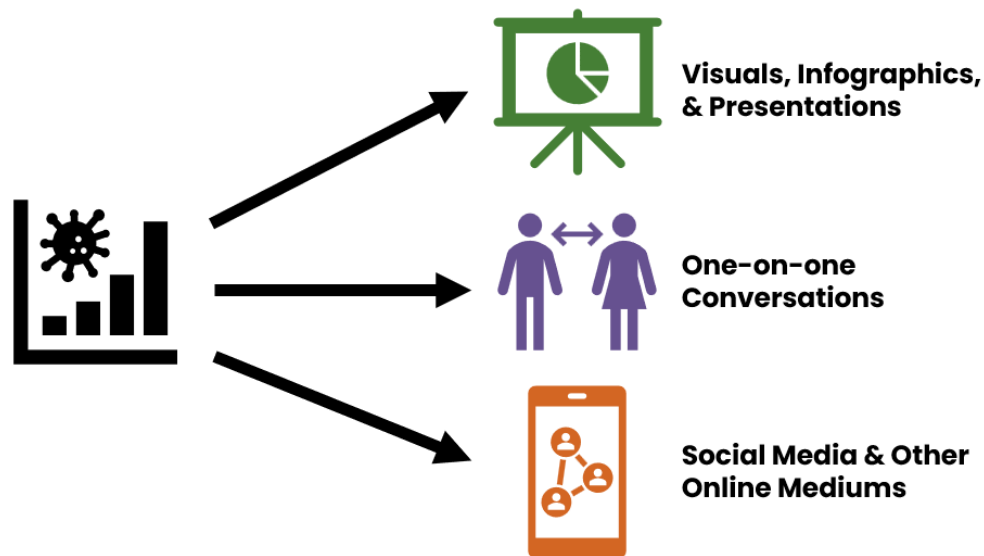
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language but also helping the public recognize what makes a source credible, an essential skill in navigating today's complex information landscape.

Translating Research to Accessible Language



To avoid implying any moral issue in believing misinformation, it is important to simply state that the misinformation is false and explain the true evidence surrounding particular health issues and effective treatments, including the use of straightforward [data visualizations](#). Utilize [storytelling](#) and [trusted messengers](#) to illustrate research findings and uplift [lived experiences](#) that confirm the evidence. [Stories](#) can help to make sense of the world, offer a more compelling perspective on health issues, and cultivate empathy and compassion for each other's experiences. Although [online media platforms](#) can contribute to the spread of misinformation, leverage them, especially [social media](#), to share research, stories, and evidence-based recommendations for personal, practice, and systemic changes to improve health. Social media is a space where health experts can counter misinformation, [create content about health](#), and [better reach underserved communities](#). In doing so, dismantle the barriers to accessing credible health information online, including [paywalls](#) on articles and research, [algorithms](#), and [broadband access](#). Translating research [into plain language](#) and engaging content requires skillful [communication techniques](#), as well as innovation and creativity, to [tailor messaging](#) to appropriate audiences and widen the reach of factual health information. [Cross-sector collaboration](#) among [health professionals](#), communication strategists, researchers, and [communities](#), along with other sectors, is necessary in order to overcome health misinformation and transform research into practice for the advancement of health equity.

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> Build better health infrastructure and trust in institutions to help communities access effective and reliable health care and information.



"It's important to take the time to build relationships with the community and then fund for infrastructure building...we don't have the infrastructure in communities to develop, implement, and evaluate programs that actually improve people's lives."

Reginald Tucker-Seely, Principal and Owner, Health Equity Strategies and Solutions

Beyond community engagement and translating research into accessible language, combatting health misinformation must also involve ensuring marginalized communities have the capacity to understand and treat their own health issues, and the trust in professionals delivering health care. For historically marginalized groups, particularly Black, Indigenous, low-income, LGBTQ+, and immigrant populations, as well as other communities of color, the [lack of investment](#) in exploring their health issues and in programs designed to address their health needs can [drive the spread of misinformation](#) and health disparities. Often, these communities do not have the infrastructure to conduct [health research and data collection](#) about their experiences and health outcomes, nor to [develop, implement, and evaluate health programs](#) tailored to their health concerns. To aid in infrastructure and capacity building for underserved communities, provide funding and resources for [expanded research](#) and [enhanced service delivery](#) in order to better understand and care for these communities. Such efforts should be [community-led](#) to empower residents to shape research, programming, and care delivery based on their lived experiences and to best serve their needs. [Academics and researchers](#) can contribute their expertise to community-led data collection and evaluation while [local governments](#) and [grassroots advocates](#) can push for the implementation of responsive health programs and policies at the system level. Sustained [investment in community health initiatives](#) will increase awareness of health issues and treatments and thereby promote the spread of trustworthy, factual health information.



"We need to have trust in our healthcare delivery system. The healthcare institutions need to be trustworthy partners [to] communities. The healthcare delivery system has a long history of not being trustworthy partners, particularly to historically marginalized communities. Admitting those historical wrongs is an important step in this process." Reginald Tucker-Seely, Principal and Owner, Health Equity Strategies and Solutions

Health care institutions also have a long legacy of inadequate and inaccessible services, ill-informed and culturally ignorant health advice, and outright [mistreatment and discrimination](#) of marginalized populations, perpetuating their [mistrust](#) in these institutions and the information they

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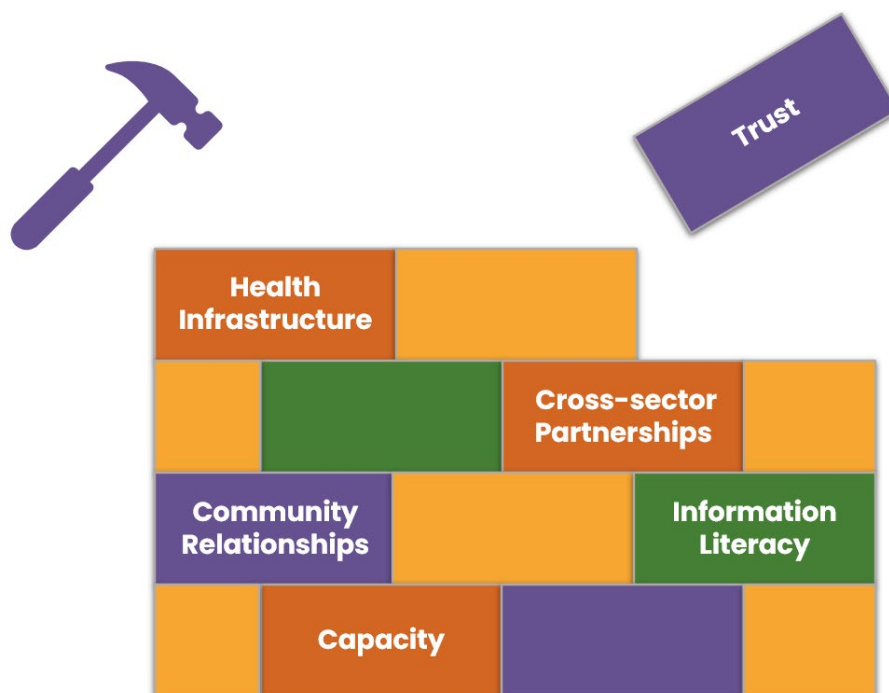
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provide. As a result, many individuals turn to alternative sources, [believing misinformation](#) from less credible or harmful outlets. To combat this, it is the responsibility of health care providers to offer effective, trustworthy, and evidence-based care to all people. Even if harmful health care practices predate your tenure as a health care provider, continuously work to right the wrongs of the past in order to demonstrate your ongoing commitment to doing better. Marginalized communities carry lasting memory and trauma, often [spanning across generations](#), from interactions in health care, so providers must proactively ease their hesitations, practice [cultural humility](#) in care, [clearly communicate](#) data-driven health expertise and advice, and reliably follow through on promises to their patients. In doing so, these groups can feel a greater sense of safety, [respect](#), and [informed and shared decision-making](#) in health care settings, increasing their trust in health professionals and the health information they provide.

By building a better health infrastructure and trust in health institutions for historically marginalized and underserved communities, they can experience greater exposure and access to trusted health care and information, influencing their service uptake and reducing their potential [susceptibility to misinformation](#). Organizations across sectors should collaborate to collectively expand capacity, reach, and impact of efforts to combat health misinformation and eliminate health disparities.

Laying the Groundwork for Combatting Misinformation



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Deeper Dive

Artificial Intelligence (AI) and Misinformation

With the emergence of artificial intelligence (AI) in recent years, there have been growing concerns about the accuracy of the information shared via AI chatbots. Several articles note the [potential risks](#) of using AI to ask health-related questions, including challenges to decipher whether the information is factual and the manipulation of information spread via AI by interest groups, cybercriminals, or other individuals seeking to propagate disinformation. Researchers on this topic offer [recommendations](#) to mitigate the spread of misinformation via AI, including ensuring transparency of AI development practices; providing resources to users for fact-checking; enacting proper regulations of AI; and providing training and resources to improve AI literacy, cultivate feedback mechanisms from users to report misinformation, and mandate responsible and ethical use. In pursuit of health equity, cross-sector collaborations should be mindful of the potential risks of AI and implement appropriate policies and practices to combat health misinformation spread by AI.

Findings from 2024 KFF Poll on Artificial Intelligence and Health Information

- 17% of respondents use AI chatbots at least once a month for health information or advice.
- 63% are not confident that the health information from AI chatbots is accurate.
- Fewer (29%) trust AI chatbots for health information compared to information about practical tasks (54%) or technology (48%).
- 55% are uncertain whether AI will have positive or negative impacts for seeking accurate health information.

Social Media Influencers and Misinformation

Social media and its [algorithms](#) allow for vast information spread, including misinformation, from both typical users and high-profile social media influencers. Such misinformation spread has entered the health space as popular content creators, with seemingly no health expertise, share their opinions on health issues and treatments to their massive audience. [Emerging studies](#) on the topic seek to understand susceptibility to believing health misinformation from influencers, often considering the effects of [parasocial relationships](#) and the virality of social media posts on public opinion. Users that form one-sided, friendship-like bonds with influencers or that are easily swayed by viral posts may accept influencers' health knowledge as the truth without further investigation

Study on Health Misinformation Spread by Social Media Influencers

The study examined how viral posts and user comments affect users' perceived deception, parasocial interaction, and the intent to share a post.

Findings:

- Higher post virality coincides with less perceived deception, increasing parasocial connections and intent to share the post.
- Low post virality coincides with higher perceived deception.
- Critical comments increase deception of high virality posts.
- Supportive comments increase effects of low virality posts on sharing intentions due to deception and parasocial interaction.

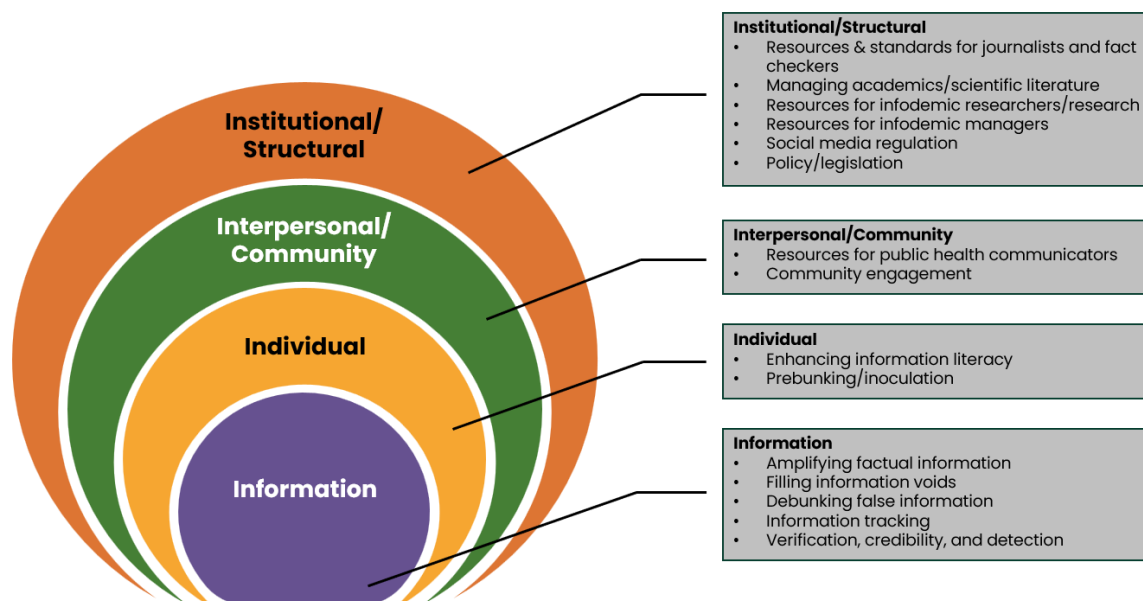
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and even share the posts more widely. To combat misinformation spread by social media influencers, researchers and practitioners call for increased [regulation and fact-checking](#) of online posts, [educational campaigns](#) to encourage users to be critical of online information, engagement of [health experts on social media](#) to amplify facts and debunk misinformation, and evidence-based [tools and resources for influencers](#) to share with their audience. Cross-sector collaborations for health equity must consider the impact of social media influencers on health misinformation and call them in to be part of the solution.

The 4 i Framework for Advancing Communication and Trust

One article outlines a [framework](#) for countering the spread of misinformation and communicating more effectively about health. The authors identified and reviewed 350 infodemic¹ management tools and approaches, informing the development of a modified social-ecological model. The 4 i Framework for Advancing Communication and Trust (4 i FACT) categorizes strategies for managing health misinformation into four levels: information, individual, interpersonal/community, and institutional/structural. Partnerships between health practitioners, policymakers, communicators, researchers, and other key players should leverage this model, integrating tools and approaches across all four levels to address health misinformation.



Adapted from Sundelson et al. (2023). Fighting the infodemic: the 4 i Framework for Advancing Communication and Trust. *BMC Public Health* 23, 1662. <https://doi.org/10.1186/s12889-023-16612-9>

¹ Infodemic combines the words “information” and “epidemic” and refers to the rapid spread of information, both accurate and inaccurate, about certain issues. It is typically associated with the swift spread of information via media and online platforms.

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About P4HE

The P4HE Collaborative harmonizes goals, advances learning, and facilitates collaboration to improve health equity. It is led by the Tulane University Celia Scott Weatherhead School of Public Health and Tropical Medicine and is part of the Tulane Institute for Innovations in Health Equity. Support for this program is provided by ICF. Funding is provided by a grant from the Robert Wood Johnson Foundation. The views expressed here do not necessarily reflect the views of the Robert Wood Johnson Foundation.



Foster

the co-creation
and spread of
knowledge.



Sharpen

our research tools to
focus on solutions,
facts and stories.



Disrupt

traditional
research
approaches.



Harmonize

our voices.



Challenge

the status quo.



Shine

light on practices that are
indefensible, irrational
and inconsistent.

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 Webinars, can be found on the [P4HE website](#)