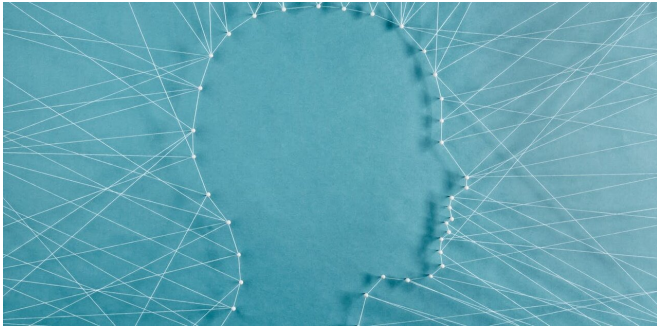


# How to address coronavirus misinformation spreading through messaging apps and email

30 March 2020, by Jaigris Hodson, George Veletsianos and Shandell Houlden



Online misinformation can, to some extent, be addressed. But what is of concern to health-care communicators are the private communication pathways. Credit: Shutterstock

During times of crisis, like the current COVID-19 pandemic, people need access to reliable information in order to keep themselves safe, manage risk and avoid becoming a burden on others or health-care systems. However, ensuring that people have access to the right information when they need it has become a major challenge due to widespread digital misinformation.

Not only are people bombarded by misleading or outright dangerous misinformation, but this information is often shared on platforms where it cannot be corrected, such as on private messaging services and email. Providing [health information](#) to the public via a broadcast model of communication should not be the only solution to dealing with misinformation.

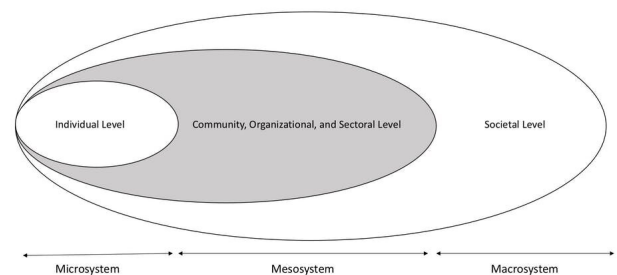
Or to put it another way: if you build it, they will not (necessarily) come.

## Levels of communication

Our past research has shown that different influences and relationships guide [people's use of online platforms](#) and [how they experience information they come across on these platforms](#).

These influences occur at three basic levels: first, the micro level, or relationships with family and friends; second, the meso level or organizational and community-related influences; and third, the macro level, or societal, political and cultural influences.

At the micro level, people choose which platforms to use and how they use them in part based on close relationships with family and friends. For example, some individuals may use Facebook to maintain friendships, while younger people are more likely to use Facebook to connect mainly with older contacts like their [college instructors](#), and use more private or ephemeral tools like [Snapchat or WhatsApp to connect with friends](#).



An illustration of the various levels of communication relations. Credit: Shandell Houlden

At the meso level, organizational forces guide what

platforms people will use and how they use them. These connections include both pressures at work to use email and collaborative tools like Slack, as well as organizational choices that shape what we see, like the algorithms on Facebook or Twitter that determine which content shows up in our social media feeds.

At the macro level, broader policy, norms and culture shape what information people are willing to engage with and trust. For example, policies on the spread of online information or content moderation, policies related to freedom of speech or libel, as well as [health-care access](#) and cultural norms related to trust in government or medical experts will influence whether people engage with a public health message. [When people feel the health system cannot or will not serve them, they become less likely to trust in it as a source of information.](#)

### Interrupting the spread of misinformation

Health information communication that only addresses one level of the ecology of influence will not effectively address the challenge of COVID-19 health messaging. For example, if a social media [platform](#) takes down misinformation related to COVID-19, but people are still sharing it on email, private messaging platforms or around the water cooler at work, then removing it from Facebook or Twitter only goes so far to respond to the problem.

Similarly, if verified and trustworthy information about COVID-19 is only shared by health communicators on Facebook or Twitter, there may be entire groups that are not receiving the information because they do not use those platforms for their primary communication. This is why [Prime Minister Justin Trudeau invited citizens and celebrities alike to share his health information message with others.](#)

This means that in order to adequately inform the public about an important public health issue, we must aim to use multiple approaches that address as many of the levels of the ecological framework above as possible: micro-level approaches target individuals with compelling content and the right community influencers. Meso-level approaches target organizations with changes to content

moderation practices at social media companies, or organization-based digital literacy programs. Finally, macro-level approaches address policies regarding health care and penalties for companies who willingly facilitate the spread of misinformation during a crisis.

### Communicating effectively

Public health communication is much more complicated than it used to be in the era of one-to-many communication, but there is hope.

How can public health communicators effectively communicate about COVID-19? It's challenging, but here are a few tips:

1. Be prepared to share your message on a wide variety of platforms—don't underestimate the humble email newsletter, for example, and target your message to the different groups that use each platform.
2. Tailor your message to each platform and its users. Jargon-laden or text-heavy messages are not going to reach most people. Aim to use a variety of media (video, infographics, games, short text summaries, etc.) to get your message out.
3. Engage directly with communities to find out why they are sharing misinformation. Is it out of fear? Lack of access to health care? Once you've identified the reason for misinformation spread, you are better able to fix the problem.
4. Public health communicators may also want to consider ways they can educate people on how to identify misinformation. We recommend using the [SIFT framework created at Washington State University](#): Stop, Investigate the source, Find better coverage and Trace claims.

If we can teach people these skills when we are not in a time of public health crisis, they may be more inclined to use them the next time we need to spread verified information. This kind of information literacy will increasingly become an important part of health communication both during and prior to a crisis.

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