Misinformation and COVID-19: A briefing for media

*This briefing paper for people in the media was prepared by Dr Jess Berentson Shaw and Marianne Elliott. It is based on existing research on misinformation, and specific research on COVID-19, narratives and misinformation. Links to further information and research are available in the source material sectio*n.

1. Understanding the landscape: How misinformation spreads & how traditional media can prevent it

There are two main types of false information that are created to mislead people into believing lies or doubting the truth. These are:

1. Disinformation: false information created with the intention of harming a person, group, organization or even a country.
2. Misinformation: false information that people didn't create it with the intention to hurt others. For example, some health conspiracy theories come about from good intentions for others wellbeing.

There is a third type called mal-information. This is true information used with ill intent. For example, spreading information about someone's sexual activities when it is of no public interest. Intentionally presenting information out of context, in order to mislead, would also be an example of malinformation.

Background information

- False information is not new, however it now spreads further and faster and deeper with the emergence of social media technologies designed to encourage people to share and spread all content, but especially content they find alarming. This increases people's exposure to false information.
- Repeated exposure to false information is one way that incorrect information beds down into people's memories.
- Many people experience source confusion, they cannot easily recall where they heard or read information, and may attribute false information they are repeatedly exposed to, to their trustworthy sources. This is more likely if false information is carried by a trustworthy source for the purposes of debunking it.
- Multiple exposures to false information, even when it is shared with the express intent of debunking, creates a sense that more people in society believe this information than actually do, and it helps shift people who may be sitting on the fence on an issue to believe it. This phenomenon is called 'pluralistic ignorance'.
- Conversely, with repeated exposure to false information, those who already believe false information come to believe more people share their beliefs than actually do, and so they will continue their efforts. This phenomenon is called the 'false consensus effect'.
- Data on the prevalence of people who believe false information on COVID-19 is hard to come by, however across the general population it is likely to be small based on related research, for example between 3-5% of the population are active decliners of vaccinations.
- It is likely that particular subgroups of the population are more at risk of believing false information and being exposed to it repeatedly. Particular care must be taken to understand this issue and report carefully (see section 3).

Implications for traditional media

In the case of false information about COVID-19, this research has two implications for mainstream media:

1. Resharing or repeating of false information with the explicit purpose of debunking needs to be actively discouraged.
2. Media concentration on the rise of false information may inadvertently create a false sense of the scale of the problem and shift people to believing information they may not have previously been inclined to do so. It may also embed those false beliefs people already hold.
3. Media should discuss and consider whether reporting false information is critical, or whether it may undermine public health communication efforts.
4. If you do report, **do not repeat the false information when doing so**. Instead follow the basic strategies below.

2. Basic strategies for people in media to counter misinformation

"Don't expect to counter the firehose of misinformation with the squirt gun of truth" *Christopher Paul and Miriam Matthews.*

Inoculation is better than treatment for false information

- Debunking or myth-busting is an ineffective strategy for correcting false information once widely spread.
- Instead try and get ahead of misinformation that particular groups of people are likely to, but have not yet encountered. Inoculate them against it. This involves:
  - A clear warning that there is a threat or danger of false information likely to be encountered; and
  - Exposing the fallacy of the false information that is going to be encountered (e.g motivations and intent and common tactics)
- For example, we have not yet confirmed an effective vaccine for COVID-19, but we can predict that when a vaccine is developed a misinformation campaign about the vaccine is likely. Forewarning people of the likely misinformation, and exposing the fallacy in advance, while building up a strong narrative of the effectiveness of vaccination now will help inoculate the public against future misinformation.

'Fact offs' are ineffective

- It is tempting to meet false information with counter facts. This is an ineffective strategy, and ultimately forces you to construct your COVID-19 story around a false piece of information, and therefore a problematic frame. This is called negating a frame and can inadvertently spread false stories.
- Instead focus on an alternative, accurate narrative about COVID19, then follow through with the factual information.
- For example, it is common for people to minimise the effects of COVID-19 as being like a bad flu and not as serious as officials are saying, as part of false information campaigns.
  - An ineffective strategy to counter this would be by reporting facts about the severity of COVID-19 and the undercounting of cases.
  - Instead consider a story about the serious global challenge that COVID-19 presents, and those working together across borders and professions to find the best way to stop the spread and find a vaccine, in which facts about the severity of the illness are embedded.

Make public health/common good values explicit when countering misinformation

- People bring values to bear on all information they read, including neutral scientific information.
- False information generally, and misinformation about COVID-19 specifically, surfaces particular values, for example people's fears for themselves or their family's safety.

- The values surfaced by misinformation are often individualistic values that discourage people from acting for common good during a pandemic.
- Neutral information, including scientific facts, or referring to the use of "evidence-based" decision-making won't counter value-laden false information.
- Instead, bring common good values, necessary to collective public health action, into a story designed to counter misinformation.
  - For example, misinformation has surfaced that mask wearing is ineffective or harmful. The counter narrative needs to make reference to the common good of mask wearing, and why we care about keeping each other well, before talking about how masks are effective at preventing people from infecting others. Lead with values, follow up with facts.

Provide visible 'social proof' of the counterfactual

- Countering false information with proof that others don't believe it through their actions can be a useful technique.
- For example showing community leaders and others using face masks, and talking about why it matters to them to use them.
- Seeing others engage in evidence-based public health action, and talking about why, can help stop people who don't have a clear position moving towards misinformation. (See section on messengers below for further information).

3. Understanding false information from the perspective of excluded groups, especially Māori

Understand how trust is built and eroded

- Trust in people or institutions is a key mental shortcut people use to assess the truth of information.
- Trust is less about actual expertise than it is a perception of expertise that is developed through lived experiences.
- For excluded groups, particularly Māori, there is a lack of trust in those institutions that have represented them poorly, and which harm them. This contributes to a context in which false information is more likely to be believed and good information from such institutions is hard to hear.
- People in government, official public health and science institutions, medical doctors and mainstream media all may be viewed as untrustworthy sources by people from excluded communities.
- Consistent calls to believe people, including doctors and scientists, who are not trusted by excluded groups are ineffective

- Instead elevate the voices of trustworthy people for Māori, for Pacific, for disabled people, this may include the relevant professionals within each community.
  - Recognise how inundated such people may be due to the smaller workforce, work with colleagues and build relationships over time. Pay for their time. Respect their expertise.

Build the landscape of trust

As people in the media you can rebuild or erode trust in your own institution and government through how you frame COVID-19 stories.
- Avoid inadvertently framing a lack of capability by people in public institutions.
- Instead frame community responsiveness. For example, long lines at testing stations are to be expected to be a side-effect of a community being actively engaged in a collective response, and going to get tested. The lines are not a sign the system is not working, which people with low trust may interpret it as.
- Avoid framing people from excluded groups who believe false formation as being unintelligent for doing so.
- Instead seek to explain the conditions in which mistrust occurs for excluded groups from a structural perspective.
- Avoid focusing on the small number of people not complying with public health measures.
- Instead replace with stories of people from these communities who are complying with public health action (see the notes on providing social proof above).

The right messengers for the right group

Media have a key role in making more visible those people who are trusted by and can speak to issues for groups who have been excluded and may be more vulnerable to false information, including Māori.
- Use a wide range of messengers with a consistent and effective narrative. "Be kind", "Stay home", "Wash your hands", "E noho i tō rāhui - Stick to your bubble".
- Communities that may experience greater health and economic impacts of COVID-19 need information from messengers that they trust - their knowledge holders, kaumātua, elders, community leaders, church leaders.
- Use messengers who are well qualified to comment on the context of the message. This means health leaders talk about health, community leaders talk about ways to care for each other, and business leaders talk about what business owners can do to help their workers get through.
- Unexpected messengers that align with people's values can often get better cut through. For example, when business leaders talk about caring for each other.

Source material

Berentson-Shaw, J (2018) . A Matter of Fact talking Truth in a Post Truth World. BWB Text.
The Workshop (2020) How to talk about COVID-19: A guide

The Workshop (2020) [How to talk about COVID-19: A checklist](#)