Empowering Rural Missouri

Rebuilding Trust and Tackling Health Misinformation Where It Matters Most.

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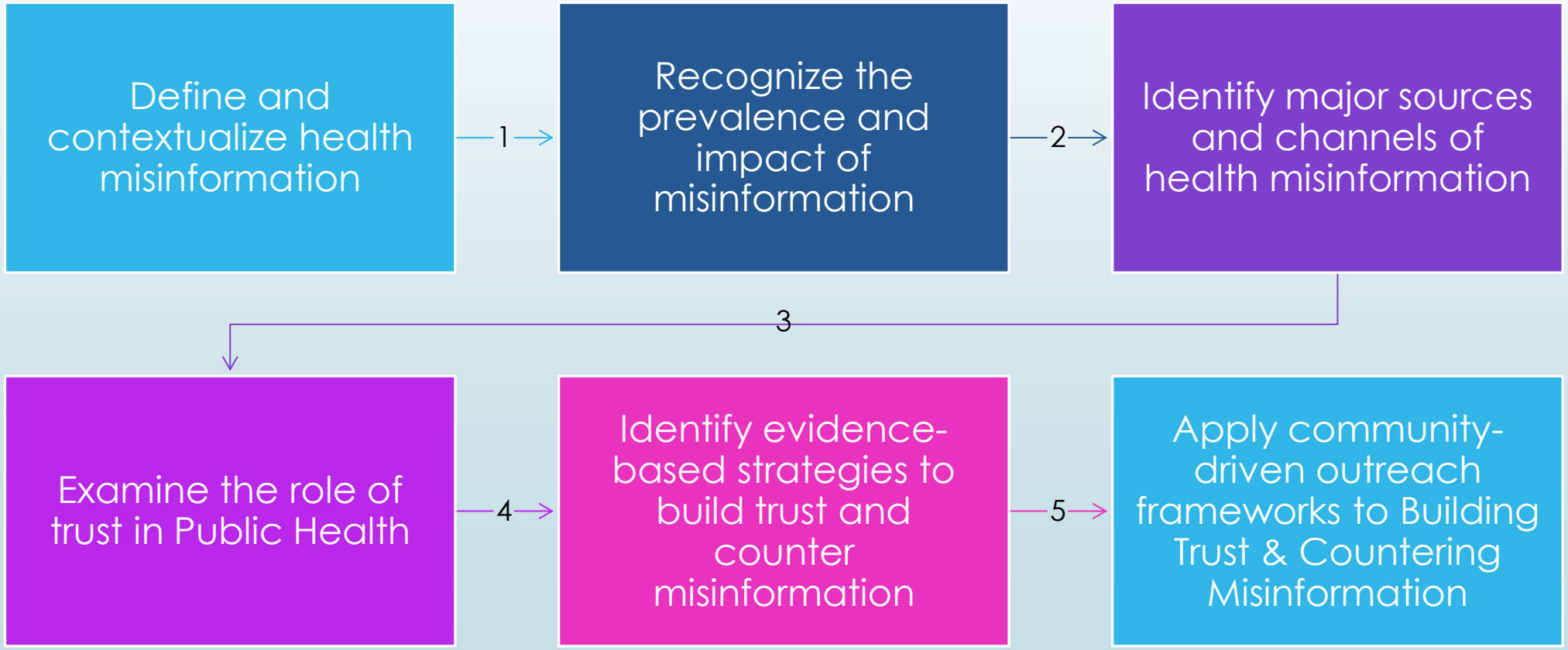
Learning Objectives



Health Misinformation

Health misinformation refers to health-related claims that are false, inaccurate, or misleading when judged against the best available scientific evidence.

Such claims may arise from anecdotal evidence or from gaps in existing scientific knowledge.

Prevalence of Health Misinformation

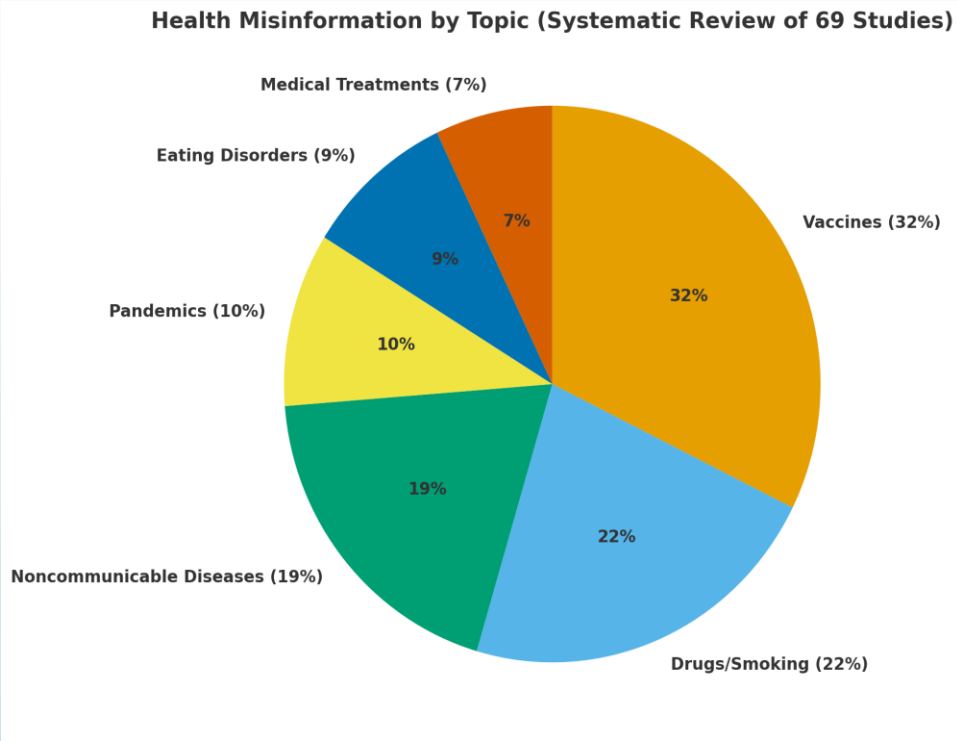
Over the last two decades, social media has become a primary channel for seeking and sharing health information across all demographics.

Health professionals also use these platforms to promote prevention and healthy habits, offering new opportunities to improve health literacy. However, the same platforms that help spread reliable information have also opened the door to serious risks.

Studies show that false or misleading health claims spread more quickly and widely on social media than evidence-based content. This dynamic became especially visible during COVID-19, when misinformation surged alongside the virus.

- A systematic review published in the Journal of Medical Internet Research in 2021 analyzed 69 studies on health misinformation across social media.

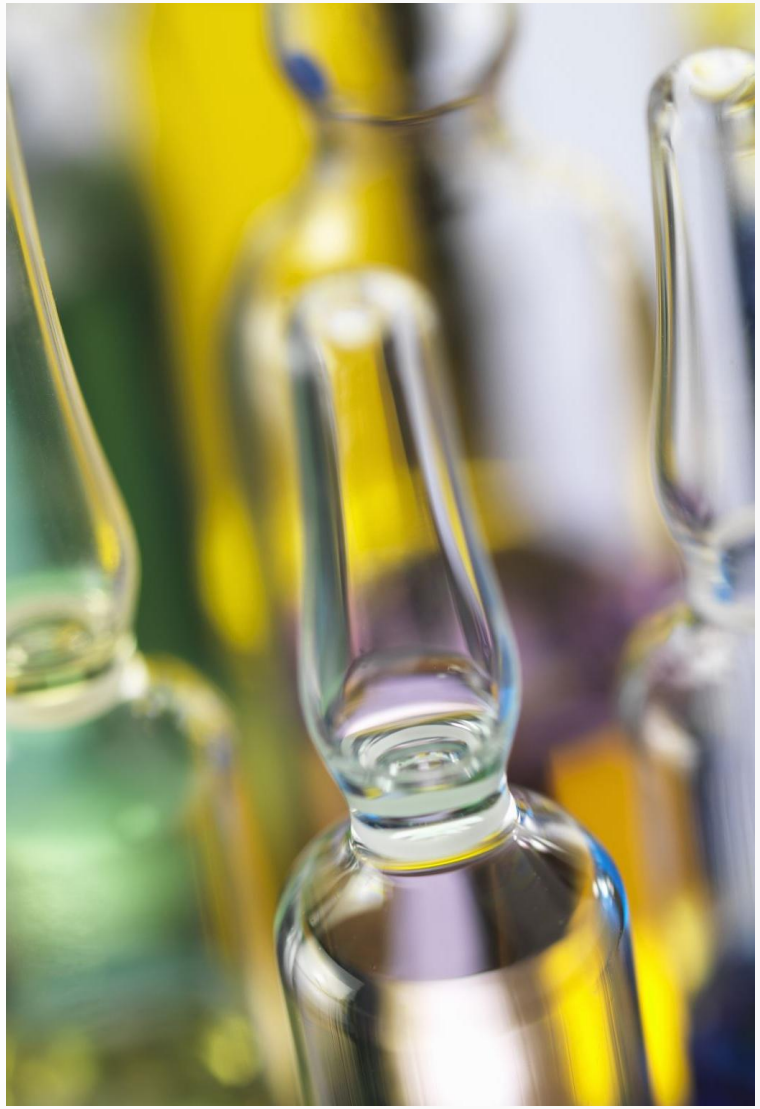
- The review identified six main categories where misinformation is most common: vaccines, drugs and smoking, noncommunicable diseases, pandemics, eating disorders, and medical treatments.



- **A Kaiser Family Foundation (KFF) poll reveals significant exposure to misinformation in rural communities:**

- Between 40–70 % of rural adults reported having heard various false health claims, such as COVID-19 vaccines causing sudden deaths, MMR vaccines causing autism.
- A KFF poll in December 2023 found that 83% of U.S. adults see misinformation as a “major problem”, across races, educational levels, and political affiliations.

- **According to a KFF poll during a 2025 measles outbreak:**
- Over 60% of U.S. adults encountered the false claim that the MMR (measles, mumps, rubella) vaccine is linked to autism.



Major Sources of Health Misinformation

- **Social Media:** Facebook, YouTube, TikTok, and WhatsApp spread false claims rapidly through shares and algorithms.

- **Echo chambers**: online groups or networks where like-minded people reinforce each other's beliefs, making it harder for corrective information to penetrate.

- **Word-of-mouth**: false claims gain credibility when repeated by family, friends, neighbors, pastors, or local leaders people already trust.

- **Traditional Media Outlets:** Certain talk radio programs, partisan news outlets, and local publications may spread unverified or misleading health stories.

Why Rural Communities Face Greater Risks of Misinformation and Mistrust

Rural residents face limited access to credible health information sources, whether from primary care providers, specialists, print media or scientific literature.

Health literacy & digital divide: Rural populations often have lower health literacy and limited broadband access. This makes it harder to evaluate complex information and easier to accept persuasive but false narratives.

Rural America has experienced decades of healthcare divestment - hospitals closing, fewer resources, and a sense of being left behind.

- Engagement with rural communities usually happens after the emergence of a public health threat, with disease-specific time limited programs.
- Higher mistrust of government and institutions among rural communities of the United States
- Lack of rural representation in planning reinforces mistrust.

Impacts of Health Misinformation and Distrust in Rural Communities

- **Lower Vaccination & Preventive Care Uptake**

- Rural counties consistently had lower COVID-19 vaccination rates than urban ones, partly fueled by misinformation and distrust of outside institutions (KFF, CDC data).
- Similar patterns are seen for flu shots and HPV vaccination.

- **Higher Disease Burden & Delayed Care**

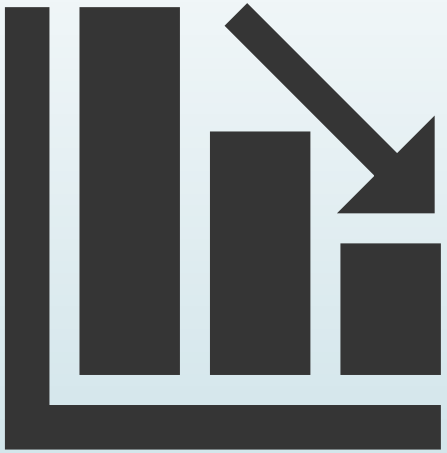
- Rural residents are more likely to delay or avoid care when influenced by misinformation, leading to higher rates of preventable hospitalizations and chronic disease complications.

- **Erosion of Trust in Public Health Institutions**

Misinformation amplifies existing skepticism toward federal agencies (CDC, FDA), leaving **local providers as the main trusted sources,** but also putting added burden on small rural practices.

- **Disproportionate Harm to Marginalized Groups**

Communities with lower health literacy, language barriers, or histories of discrimination are more vulnerable, which reinforces inequities.



Decline of Trust in Public Health

Evidence & Data: A Kaiser Family Foundation poll (Jan 2025) shows trust in major health agencies like the FDA, CDC, and state/local public health officials has dropped by about 10%–15% over the past 18 months.

From 2021 to 2024, trust declined in 8 out of 9 sectors in U.S. society, including public health departments. (AAMC Center For Health Justice.)

Trust in national institutions fell sharply during COVID-19.

Trust has partially shifted toward more local-level sources (local health departments, personal doctors) as people seem to prefer messengers who are closer and more accessible.

Public Health and the Role of Trust

- Public health success depends on trust in institutions, professionals, and communication.
- Trust influences whether people follow guidance, seek care, and support interventions.
- Improving trust is vital to achieving health equity - fair and just opportunities for health.

Institutions' Role in Building Trust

Institutions shape behavior by providing education, health care, and social resources.

Their effectiveness depends on demonstrating trustworthiness to communities.

Trustworthy institutions create pathways for engagement and better health outcomes

When trust is absent, people may avoid or delay accessing essential services.

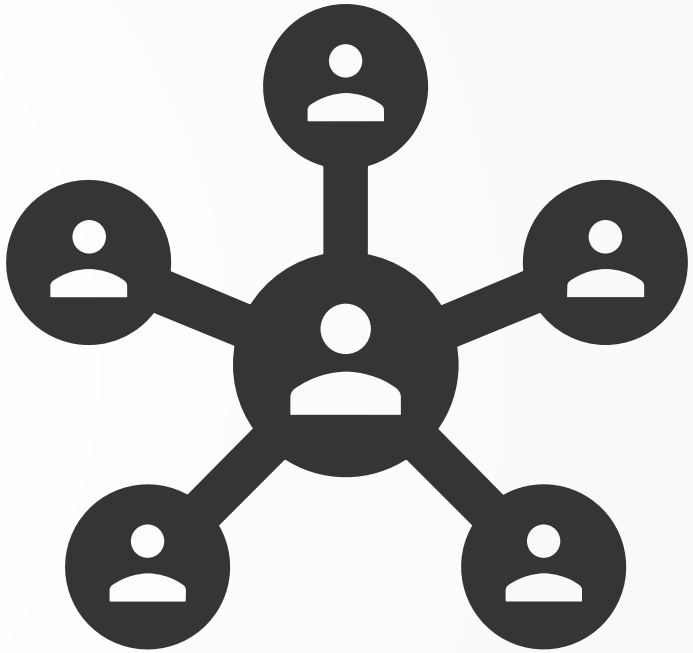
Future Work: Rebuilding and Sustaining Trust

- Demonstrating trust requires long-term, two-way relationships with communities.
- Prioritize collaborative decision-making that values community voices.
- Evaluate engagement efforts for authenticity and measurable impact.
- Institutions must invest in sustained community partnerships and proven frameworks.

Evidence-Based Strategies to Rebuild Trust and Counter Health Misinformation

Learning from Your Experiences

- How do you engage your communities, Do you use social media, host a regular health segment, in-person efforts, or take another approach?
- And in your experience, how effective has that been?



Community Engagement in Public Health

- The process of working collaboratively with groups of people affiliated by geography, special interests, or similar situations to address issues affecting their well-being.
- 1995: CDC established the Committee for Community Engagement to create a shared science base and guidelines.
- 1997: Committee (with CDC & ATSDR) published the Principles of Community Engagement.
- The 2011 second edition of the Principles of Community Engagement, later translated into Spanish, was downloaded millions of times worldwide, reflecting its global value.

Community Engagement

- It expands public health practice and research by grounding efforts in community realities.
- It strengthens trust through intentional, equitable relationships.
- It positions communities as partners and leaders, ensuring that solutions are sustainable and culturally meaningful.
- Ultimately, community-driven engagement builds resilience against misinformation and supports accurate health communication.
- **Evidence:** Studies show co-created interventions improve relevance, credibility, and adoption of health behaviors in rural and underserved communities (CDC, 2011; NIH CBPR findings).

- **Inclusive Representation**: Engage historically marginalized groups (Black/African Americans, Hispanic/Latinos, American Indians).
- **Shared Ownership**: Involve communities in planning, decision-making, and evaluation.
- **Transparent Communication**: Ensure openness and accountability throughout engagement.
- Together, these practices ensure that engagement is meaningful, equitable.

Leverage Trusted Local Messengers

- **Evidence**: KFF Health Misinformation Tracking Poll (2023) shows over 90% of rural adults trust their healthcare providers, compared to fewer than 40% who trust health info from social media.
- During COVID-19, rural vaccine acceptance increased when messages came from local physicians, pastors, and community leaders rather than federal agencies.
- **Why It Works**: People are more likely to believe and act on information when it comes from someone they know and trust.
- Partnerships with these local voices, public health can rebuild trust and more effectively counter misinformation in rural communities.

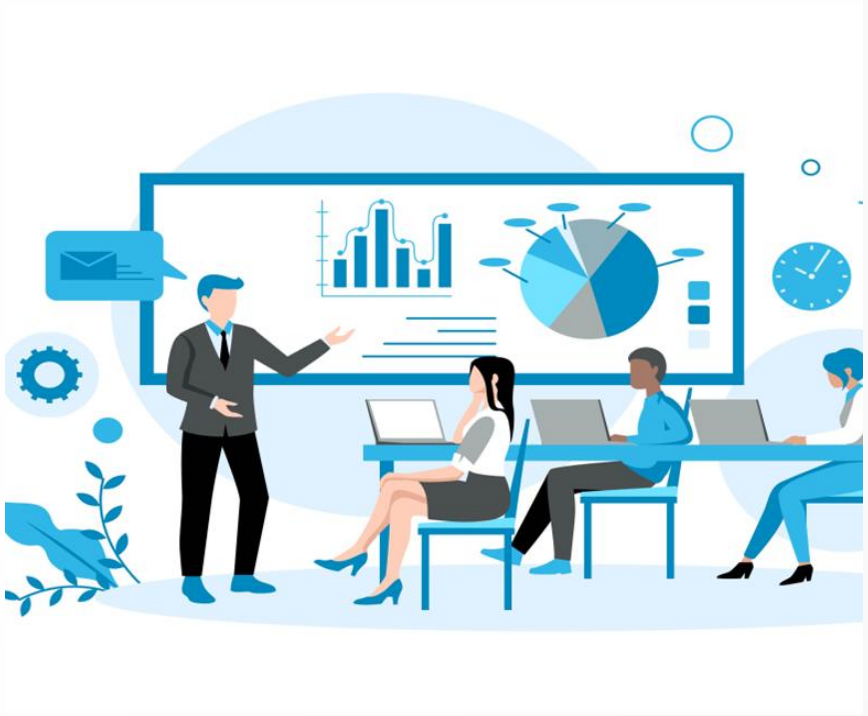
Partnership with Local Providers

Providers are the most trusted messengers in rural communities (90%+ trust their own doctor, KFF, 2023).

Equipping providers ensures consistent, evidence-based communication with patients.

How can Health Departments support Providers

- Training & Updates: Offer regular briefings on emerging public health issues (e.g., new outbreaks, vaccines, misinformation trends).
- Communication Tools: Support providers with culturally tailored, easy-to-use handouts, FAQs, and myth-busting guides.
- Health Literacy Promotion: Train providers to use plain language and teach-back methods to improve patient understanding.



Local Media + Social Media

Rural residents consistently rely on local radio, county papers, and community Facebook groups for everyday news and information.

Using these familiar channels, ensures that accurate health updates are regularly seen and heard, building trust and reducing the influence of misinformation.

KFF Health Misinformation Tracking Poll (2023): 72% of rural adults use Facebook and 60% use YouTube for news.

CDC Digital Media Campaigns: shows that social media campaigns paired with trusted local voices can increase vaccine uptake and awareness of preventive care.

Facebook & Local Health Department Pages

- Create social-media-friendly videos and posts to strengthen health communication.
- Use community Facebook groups to post timely updates and respond quickly to misinformation when it starts circulating.

Outcome:

- The community receives continuous, trusted health updates in the places they already get their news.
- Health education becomes part of daily information flow, not just during crises.

Local Radio & Newspapers

- Establish a weekly “Health Minute” segment or column where providers and public health staff share short updates on current health topics.
- Integrate myth-busting messages into these regular spots so the community hears corrections alongside updates.
- Keep the format short, consistent, and easy to follow so residents anticipate the updates.

Community-Driven Outreach Framework

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Step 1: Engage & Listen:

- Public health must begin by listening through community forums, focus groups, and surveys.
- Ensure historically marginalized groups (Black/African American, Hispanic/Latino, American Indian) are included.

Step 2: Co-Design Solutions:

- Collaborate with providers, CHWs, educators, faith leaders, and residents to shape outreach strategies.

Step 3: Leverage Trusted Messengers & Channels

- Support local healthcare providers, teachers and leaders to deliver accurate health information.
- Disseminate through trusted channels: radio, county newspapers, and Facebook groups.

Step 4: Maintain Transparency & Accountability

- Commit to regular updates and open communication, even when information evolves.

Conclusion

- Misinformation thrives where trust is weak, and rural Missouri communities are no exception.
- Trust is essential for residents to follow guidance, seek care, and support public health efforts.
- **Evidence-based strategies in action:**
- Partner with local providers, Community Based organizations, faith leaders, and CHWs - the most trusted rural voices.
- Engage communities through; Use local radio, newspapers, and Facebook groups to meet people where they are.
- **The Roadmap: Community-Driven Outreach Framework:**
- Engage & listen → Co-design → Trusted messengers → Build health literacy → Transparency.

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