

Combating Mis- and Dis-information in Public Health Education

Call for more education, programming, and advocacy to decrease mis- and disinformation in the public health and health education fields.

**Adopted by the SOPHE Board of Trustees
April 21, 2026**

Whereas, mis-information is defined as information that is false, inaccurate, or misleading according to the best available evidence at the time (Murthy, 2021), while dis-information is defined as the deliberate creation and spread of this information with the intent to mislead or deceive, and the result of which can be serious and long-lasting societal harm (United Nations, 2022); and

Whereas, the World Health Organization (WHO) coined the term infodemic during the COVID-19 pandemic to characterize the rapid spread of mis-information during periods of uncertainty, and the systematic study of mis-information, infodemiology, has emphasized understanding how false information spreads and how it may be countered (WHO, 2020; WHO, 2025); and

Whereas, the emerging field of infodemiology research has started to characterize the impacts of infodemics and stressed the importance of involving communities in information dissemination, building trust with affected populations, and using social media to help effectively intervene to halt or counter the spread of mis- and dis-information, while addressing the ethical principles of privacy, free speech, fairness, trust, and others (Borges do Nascimento et al., 2022; Germani et al., 2024); and

Whereas, the COVID-19 pandemic highlighted the negative effects of mis- and dis-information spread during a public health emergency (Abed et al., 2024); and

Whereas, mis- and dis-information lead to negative health outcomes in the population like increases in vaccine hesitancy, delays in seeking healthcare, higher rates of anxiety and other mental health outcomes, and misallocation of healthcare resources, while at the same time increasing mistrust in medical and public health institutions (Borges do Nascimento et al., 2022); and

Whereas, exposure to mis- and dis-information has the potential to widen health disparities in vulnerable communities (Osude et al., 2024; Southwell et al., 2023); and

Whereas, mis- and dis-information about public health issues, including vaccine dis-information, have led to threats and violence against public health workers, including the 2025 shooting at the CDC in which mis-information was cited as contributing factor (Kekatos, 2025); and



Whereas, the health mis- and dis-information ecosystem online is widespread and ubiquitous (including through direct search, mobile apps, and user-generated content) and false information can often spread faster than accurate information (Early et al., 2024; Swire-Thompson & Lazer, 2020); and

Whereas, new forms of artificial intelligence (AI) used for content generation (e.g., deepfakes and synthetic audio) and dissemination tools (e.g., automated bots) have significantly accelerated the speed, scale, and believability of mis- and dis-information online, making detection and correction more difficult (Tomassi et al., 2024); and

Whereas, social media platforms play a key role in spreading mis- and dis-information, and some platforms have not taken decisive action to remove or counter mis- and dis-information, even ending fact-checking initiatives (Center for Countering Digital Hate, 2021; Porter et al., 2022; Silverman, 2025); and

Whereas, effective interventions to combat mis- and dis-information have been possible, and should include infodemiology methods such as misinformation surveillance, working with community-based organizations, rapidly disseminating accurate information, countering incorrect narratives, and focusing on health equity (Early et al., 2024; Knudsen et al., 2023, Southwell et al., 2023); and

Whereas, health and digital literacy are of increased concern in the age of social media and generative Artificial Intelligence (AI) chatbots, which are both communication tools that contribute to the spread of mis- and dis-information. A primary role of health education specialists is to raise public awareness and to support the health literacy of individuals and communities by providing factual information to correct mis- and dis-information (National Academies of Sciences, Engineering, and Medicine, 2020; Saleem & Jan, 2023); and

Whereas, health education specialists have an ethical responsibility to ensure their clients, patients, and community members of interest have correct and scientifically evidence-based information to make the best decisions for their health (Coalition for National Health Education Organizations, 2020); and

Whereas, the Health Education Specialist Practice Analysis (HESPA III) discusses communication as a responsibility with sub-competencies that health education specialists must meet and this includes accurate messaging for their participants and clients (NCHEC, 2025); and

Whereas, health education specialists need to follow evidence-based information for public health policy making (Kelly et al., 2025;-NCHEC, 2023);

Therefore, be it resolved, the Society for Public Health Education. Inc. (SOPHE) shall:

1. Write a white paper outlining the role of health education specialists in identifying and correcting mis- and dis-information.
2. Provide ongoing professional development opportunities at SOPHE conferences and digital learning platforms such as webinars, articles, and workshops to counter and teach about mis- and dis-information in communities, schools, workplaces, and media.



3. Encourage a call for research in SOPHE's journals to publish research that explores factors influencing mis- and dis-information, its impacts on health inequities, and effective strategies for mitigating it through public health education and pedagogy.
4. Collaborate with state SOPHE chapters to support member education and training to address mis- and dis-information.
5. Support and advocate for state and federal policies that limit, monitor and correct public health mis- and dis-information.
6. Partner with communication research centers, technology experts, and organizations investigating the role of AI and emerging technologies in mis- and dis-information to develop and disseminate evidence-based tools, resources, and training that support health educators.

Suggested citation: Society for Public Health Education. (2025). *Combating mis- and dis-information in public health education*. https://www.sophe.org/wp-content/uploads/2026/05/SOPHE-Resolution_Combating-Mis-and-Dis-information-in-Public-Health-Education.pdf.

References

- Abed, S. F., Allain-loos, S., & Shinto, N. (2024). Understanding disinformation in the context of public health emergencies: The case of COVID-19. *Weekly Epidemiological Record*, 4, 38–48. <https://iris.who.int/bitstream/handle/10665/375832/WER9904-38-48.pdf>
- Borges do Nascimento, I. J., Pizarro, A. B., Almeida, J. M., Azzopardi-Muscat, N., Gonçalves, M. A., Björklund, M., & Novillo-Ortiz, D. (2022). Infodemics and health misinformation: A systematic review of reviews. *Bulletin of the World Health Organization*, 100(9), 544–561. <https://doi.org/10.2471/BLT.21.287654>
- Center for Countering Digital Hate. (2021). *The disinformation dozen: Why platforms must act on twelve leading online anti-vaxxers*. <https://counterhate.com/wp-content/uploads/2022/05/210324-The-Disinformation-Dozen.pdf>
- Coalition for National Health Education Organizations. (2020). *Code of ethics for the health education profession*[®]. <https://assets.speakcdn.com/assets/2993/CodeofEthicsfull2020.pdf>
- Early, J. O., Robillard, A. G., Rooks, R. N., & Smith Romocki, L. (2024). Pedagogy and propaganda in the post-truth era: Examining effective approaches to teaching about mis/disinformation. *Pedagogy in Health Promotion*, 10(3), 152–165. <https://doi.org/10.1177/23733799231218936>
- Germani, F., Spitale, G., Machiri, S. V., Loon Ho, C. W., Ballalai, I., Biller-Andorno, N., & Reis, A. A. (2024). Ethical considerations in infodemic management: Systematic scoping review. *JMIR Infodemiology*, 4, e56307. <https://doi.org/10.2196/56307>
- Kekatos, M. (2025). CDC director says misinformation 'led to deadly consequences' in campus shooting. *ABC News*. <https://abcnews.go.com/US/suspected-gunman-cdc-shooting-fired-500-rounds-officials/story?id=124577732>
- Kelly, M. A., Puddy, R. W., Siddiqi, S. M., Neson, C., Ntazinda, A. H., Kucik, J. E., Hall, D., Murray, C. T., & Tomoia-Cotisel, A. (2025). Distilling the fundamentals of evidence-based public health policy. *Public Health Reports*, 140(1), 40–47. <https://doi.org/10.1177/00333549241256751>
- Knudsen, J., Perlman-Gabel, M., Guerra Uccelli, I., Jeavons, J., & Chokshi, D. A. (2023).



- Combatting misinformation as a core function of public health. *NEJM Catalyst Innovations in Care Delivery*, 4(2), 1–14. <https://doi.org/10.1056/CAT.22.0198>
- Murthy, V. H. (2021). *Surgeon General’s Advisory: Confronting Health Misinformation*. US Department of Health and Human Services. <https://www.hhs.gov/sites/default/files/surgeon-general-misinformation-advisory.pdf>
- National Academies of Sciences, Engineering, and Medicine. (2020). *Addressing health misinformation with health literacy strategies: Proceedings of a workshop—in brief*. The National Academies Press. <https://doi.org/10.17226/26021>
- National Commission for Health Education Credentialing, Inc. (2025). *Health Education Specialist Practice Analysis III (HESPA III) Executive Summary*. https://assets.speakcdn.com/assets/2993/hespa_iii_executive_summary_final.pdf
- National Commission for Health Education Credentialing, Inc. (2023). *Understanding the eight areas of responsibility for health education specialists in the US: A comprehensive overview*. <https://www.nchec.org/news/posts/understanding-the-eight-areas-of-responsibility>
- Osude, N., O’Brien, E., & Bosworth, E. (2024). The search for the missing link between health misinformation and health disparities. *Patient Education and Counseling*, 129, 1–7. <https://doi.org/10.1016/j.pec.2024.108386>
- Porter, E., & Wood, T. J. (2022). Political misinformation and factual corrections on the Facebook news feed: Experimental evidence. *The Journal of Politics*, 84(3), 1812–1817. <https://doi.org/10.1086/719271>
- Saleem, M. S., & Jan, S. S. (2023). Navigating the infodemic: Strategies and policies for promoting health literacy and effective communication. *Frontiers in Public Health*, 11. <https://doi.org/10.3389/fpubh.2023.1324330>
- Silverman, C. (2025). As Facebook abandons fact-checking, it’s also offering bonuses for viral content. *ProPublica*. <https://www.propublica.org/article/facebook-meta-abandons-fact-checking-boosts-viral-content>
- Southwell, B. G., Otero Machuca, J., Cherry, S. T., Burnside, M., & Barrett, N. J. (2023). Health misinformation exposure and health disparities: Observations and opportunities. *Annual Review of Public Health*, 44, 113–130. <https://doi.org/10.1146/annurev-publhealth-071321-031118>
- Swire-Thompson, B., & Lazer, A. (2020). Public health and online misinformation: Challenges and recommendations. *Annual Review of Public Health*, 41, 433–451. <https://doi.org/10.1146/annurev-publhealth-040119-094127>
- Tomassi, A., Falegnami, A., & Romano, E. (2024). Mapping automatic social media information disorder: The role of bots and AI in spreading misleading information in society. *PLoS One*, 19(5), e0303183. <https://doi.org/10.1371/journal.pone.0303183>
- United Nations. (2022). *Countering disinformation for the promotion and protection of human rights and fundamental freedoms: Report of the Secretary-General*. <https://docs.un.org/en/A/77/287>
- World Health Organization. (2020). *Immunizing the public against misinformation*. <https://www.who.int/news-room/feature-stories/detail/immunizing-the-public-against-misinformation>
- World Health Organization. (2025). *Infodemic*. https://www.who.int/health-topics/infodemic#tab=tab_1