

Meedan Digital Health Lab

# Health Equity at the Scale of the Internet

Working with fact-checking organizations & technology  
companies to address health misinformation.

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A Meedan Project

# We all carry one myth or another



**Nat** “don’t touch  
your nose”  
**Gyenes**

As health communicators, we can play a role in reducing the stigmatization related to health information-seeking.

Access to health  
through access to  
information:  
the challenges

The world now has more internet users than people with access to essential health services such as primary care, dental care, or surgery.

At the same time, health misinformation is becoming an increasingly complex problem to address, with consequences that disproportionately affect populations in low socioeconomic environments, queer communities and communities of color.

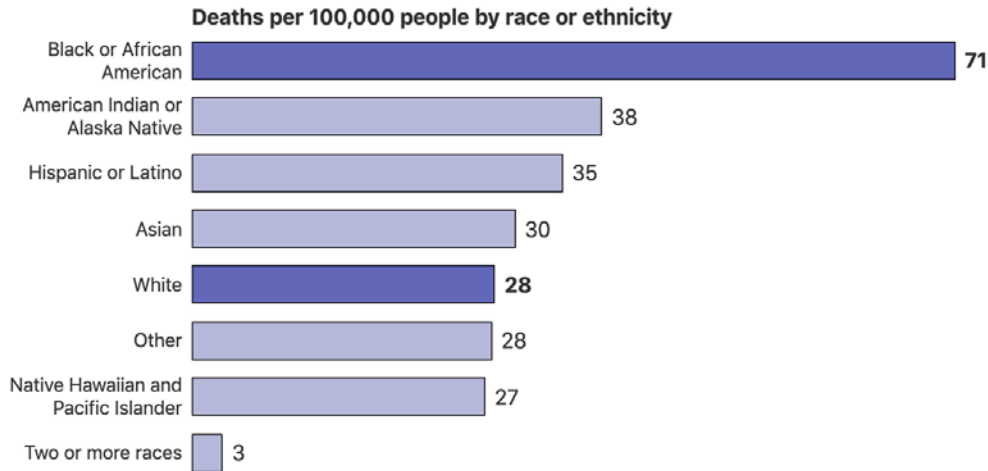


# What is the impact of covid-19 on Indigenous communities?

If Native American tribes were counted as states, the top 5 states with the most cases in the country would all be native tribes. Due to persistent underfunding of their health systems and chronic disease, COVID-19 has ravaged Indigenous communities.

Learn more by visiting our **Health Disparities, Racism & Xenophobia Database**

Link in bio.

Source: NYT - The Top U.S. Coronavirus Hot Spots are all Indian Lands



#### Notes ↑

These calculations are based on data from The Covid Racial Data Tracker and the U.S. Census Bureau. Race categories may overlap with Hispanic/Latinx ethnicity. Rates are not age-adjusted and some rates are underestimated due to lack of reporting of race and ethnicity categories for COVID-19 deaths.

Source: [The COVID Tracking Project](#)

Increasingly, the 🌐 internet  
acts as a mediator of  
access to health

through  
access to  
**i** information.

## Challenges in accessing quality health information are exacerbated by:

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1. Information availability at the community level: Gaps in content available for topics that are directly relevant to communities experiencing misinformation locally

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2. Unmet language needs: Limited content availability in a variety of languages and literacy levels

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3. **Midinformation:** misunderstandings, misinterpretations and misrepresentation based on scant or emerging scientific evidence, often when expert consensus changes over time (distinct from mis- and disinformation)

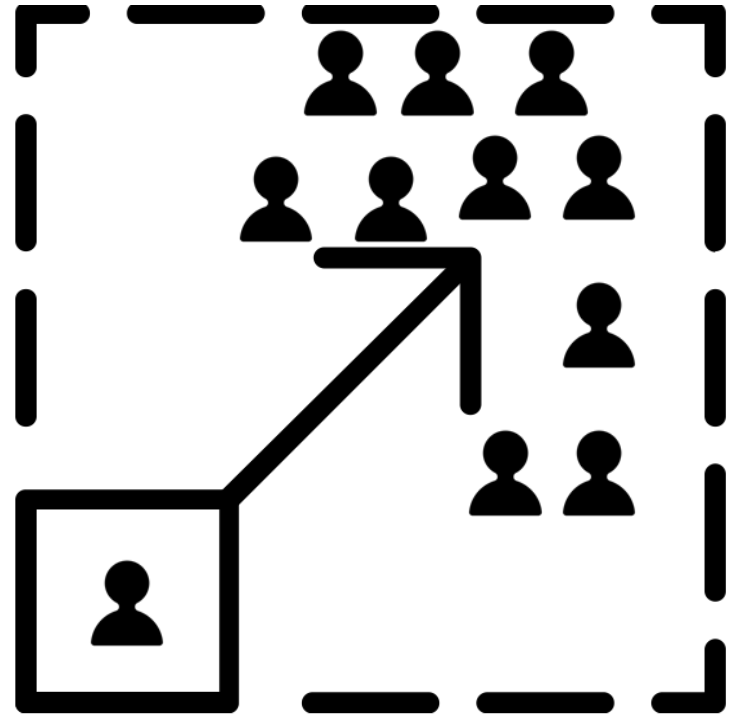
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4. Community spread: The spread of false health information through digital social media networks

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How technology  
stakeholders are  
working to address  
these challenges for  
communities, at scale

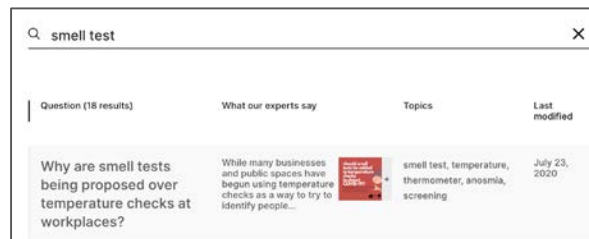
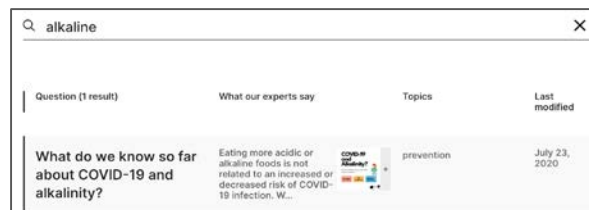
Fact-checkers are community  
information leaders.







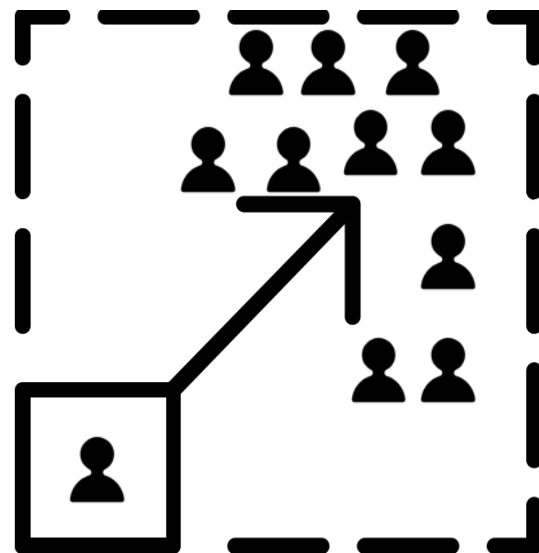
Health  
Researchers



Public Health  
Communicators

Fact-Checking  
Organizations

Online  
Communities



## Challenge 1: Information availability at the community level

# WhatsApp

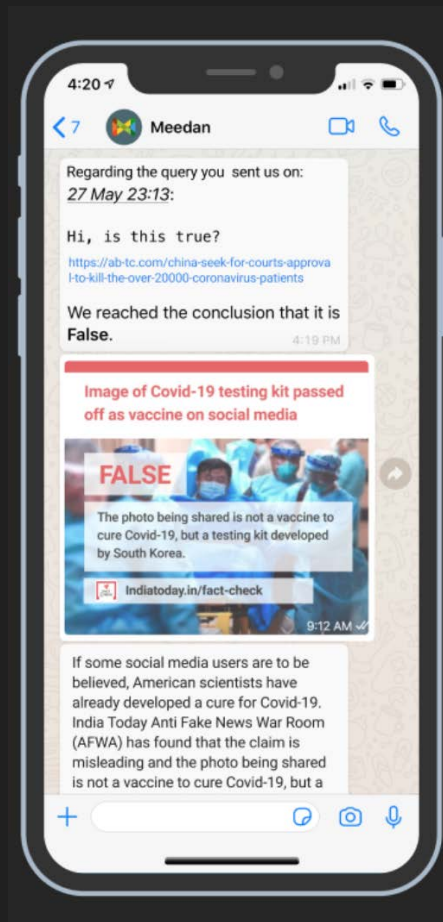
Solution: Understanding discrepancies between the health questions that communities have and the resources currently available to them

WhatsApp has been working with other technology companies and nonprofits to support fact-checkers

WhatsApp enables the creation of bots (similar to the bot that the WHO created to respond to COVID-19 questions) for fact-checkers to directly respond to questions shared by their communities

Meedan's platform, Check, is used by 8 fact-checking teams in India, South Africa and Brazil to run tiplines and bots. We published a case study on the process with 5,700 fact-checks here:

<https://meedan.com/check>



# Digital Localization Teams

Lenguas disponibles: عربي 中文 English Français Русский Español Português हिन्दी Deutsch

**Solution:** Work with localization teams that have experience in adoption of digital tools, with localization conducted by content users, in addition to experts

Localizing digital tools and content in underrepresented language is a core value of the digital rights and access to technology communities.

Such organizations can support digital health literacy interventions in the same way that they currently support both the localization *and* the adoption of new technologies.

The goal: prioritizing content that community fact-checking organizations are responding to for their communities, ensuring that **health misinformation responses** are communicated in ways that are **relevant, appropriate, and accessible** by populations around the world

## Translation vs. Localization:

**Translation:** the process of directly converting text from one language into another, the result is equivalent meaning.

**Localization:** a process that addresses linguistic differences, cultural and non-textual components when adapting a piece of content. This also includes conducting user research for selecting terminology which is contextualized for a wider audience of users, especially in language groups where the technical terminology doesn't yet exist.

# Google

Solution: Make sure the information that emerges first when users search is the information you want them to see at a given point in time, based on existing knowledge.

Google highlights fact-checks in Search and News as a way to help people make more informed judgments about the content they encounter online. Fact checks from authoritative sources **are highlighted on Google Search** and are labeled in **Google News**.

In collaboration with the Duke Reporters' Lab and the International Fact-Checking Network, have developed ClaimReview, an annotation schema for fact-checkers to contribute to structured data fields for fact checks, and MediaReview for false videos and images, that can be labelled summarized as a Google search result.



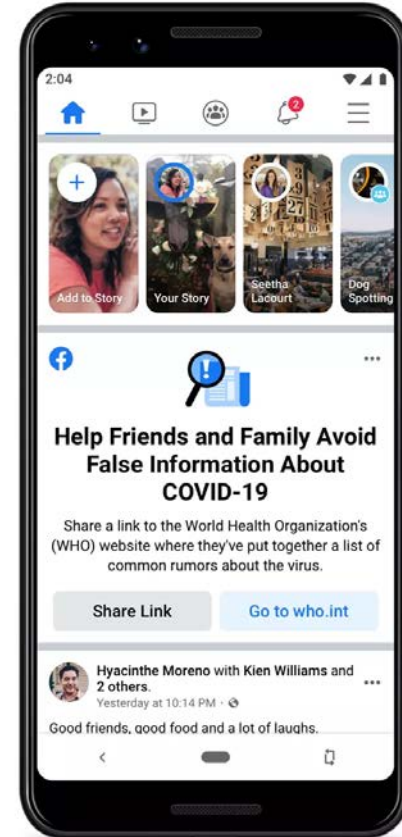
# Facebook

**Solution:** Collaborate with stakeholders that inform what content gets algorithmically emphasized or de-emphasized in online communities.

Facebook collaborates with Third Party Fact-Checking organizations. When fact-checking organizations determine that content is false, Facebook can implement ‘content moderation’ policies such as using their content algorithms to ‘hide’ or reduce the ability to view a particular piece of information, significantly reducing its distribution

The company is also implementing a ‘flagging’ procedure for health misinformation, addressing whether “a post about health exaggerates or misleads,” and whether “a post promotes a product or service based on a health-related claim”

Facebook has also anti-misinformation messages for users that have interacted with known COVID-19 health misinformation on the platform.



How do we achieve health  
equity at the scale of the  
internet?

## Challenges:

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### 1. Information availability at the community level:

Gaps in content available for topics that are directly relevant to communities experiencing misinformation locally

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**2. Unmet language needs:** Limited content availability in a variety of languages and literacy levels

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**3. Midinformation:** misunderstandings, misinterpretations and misrepresentation based on scant or emerging scientific evidence, often when expert consensus changes over time (distinct from mis- and disinformation)

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**4. Community spread:** The spread of false health information through digital social media networks

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## Solutions:

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Understanding differences in the health questions that communities have and the resources currently available to them

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Effective localization of content the community needs or requests, conducted by content users in addition to experts

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Make sure that the information that emerges first when users search is the information you want them to see for a given point in time, while guiding users through the scientific process when expert consensus hasn't been achieved

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Work with stakeholders that are involved in the emphasis and de-emphasis of content on social media to ensure health literacy and quality information is prioritized

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## Additional opportunities:

### Integrating existing tools and technologies into health literacy programs

Encouraging communications that **emphasize the *benefits* of changing consensus:** that the health community is more confident in the recommendations we provide, what Gus Andrews has called “doing science in public”.

**Work with sources trusted by communities that have expressed an interest in collaborating** more closely with public health authorities, such as local news outlets or fact-checking organizations

**Design information interventions where users are already searching for content**, since it may be the only place where they get health information from (such as Facebook Messenger or WhatsApp helplines)

**Apply the infrastructure that technology companies have developed** to address misinformation. Use Google’s ClaimReview schema, and work with IFCN-signatory fact-checking organizations to ensure that content promoting health equity is emphasized in search results



Participatory response efforts that emphasize the value of community information leaders, leverage existing health information networks, and apply tools and technologies that target audiences already use, can effectively promote access to quality content, improve health literacy and address the impacts of health misinformation.

**I am grateful to be tackling these complex challenges together.**

**Please reach out with any thoughts, ideas for collaboration, or questions! Thank you.**

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Information equity is a  
public health issue.

[learnaboutCOVID19.org](https://learnaboutCOVID19.org)

[health@meedan.com](mailto:health@meedan.com)