



2022 ABIM FOUNDATION FORUM

FACT or **FICTION**
Strategies for the Misinformation Age

SUMMARY PAPER

The ABIM Foundation's 2022 Forum focused on misinformation in health care, a pressing issue for the medical profession, patients and the public. Over the course of three days, participants learned about misinformation and its impact, heard about and helped to devise solutions, and considered how the profession is—and could be—responding.

SETTING THE STAGE

Jackie Judd, chair of the ABIM Foundation's Forum Planning Committee, set the meeting's tone with her opening comment that “we are in a moment when to state a fact is to take a side.” She said she had turned to social science in an effort to understand our current predicament, and came across the idea that Americans have come to view an increasing number of issues as moral mandates. In this climate, she said, “The question about whether to get the [COVID-19] vaccine isn't about good health care, it's about good vs. evil.”

Richard Baron, MD, president and CEO of the American Board of Internal Medicine (ABIM) and the ABIM Foundation, suggested that our society is in the midst of an argument—and a changing conception—about how one can know that something is true. He shared a story from a pediatrician colleague whose patient said she was not going to vaccinate her children because she was a Republican, a conflation of two spheres that until quite recently had been viewed as distinct.

Ms. Judd noted the accelerating role of social media, sharing an ongoing story in which social media users were falsely attributing the deaths of three physicians at a Canadian hospital to the hospital's vaccine requirement. She also referred to research showing that the greatest spikes in attention to vaccine information on social media occurred when new misinformation was propagated.

Dr. Baron and Ms. Judd agreed that declining trust in our institutions enabled misinformation's rise. “If we are living in a society where people fear that their institutions are failing them, they will believe the crazy things that are out there,” Dr. Baron said.

Finally, Dr. Baron noted that the Forum was a component of a larger emphasis on misinformation by ABIM and the Foundation. He noted that ABIM, the American Medical Association (AMA), state licensing boards and other organizations in the “house of medicine” were engaged in efforts to protect the public from false information being spread by physicians, and that he hoped the Forum would generate additional ideas for how this could be accomplished.



Jackie Judd and Richard Baron, MD

PATIENT STORIES

Susan Edgman-Levitan, PA, executive director of the John D. Stoeckle Center for Primary Care Innovation and a Forum Trustee, introduced a video that featured three patient stories related to misinformation and COVID-19. While introducing it, she said that misinformation thrives for many reasons, and that solving the problem will require “paying attention to how we can regain the trust of the many communities that have experienced real harm because of our health care system.”

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– Susan Edgman-Levitan, PA

The video shared three stories:

- **Rob**, a white working class man from the Pacific Northwest, became seriously ill with COVID-19 after choosing not to be vaccinated. He stressed the importance of hearing about the vaccine from people who “looked like him;”
- **Laurie**, a white woman from Long Island (NY), shared that her mother embraced conspiracy thinking about the vaccine and died from COVID-19 after refusing treatment; and,
- **Alex**, a Black woman from the Boston area, did not receive the vaccine after receiving conflicting and uncertain advice about whether she could receive it while pregnant, and ultimately became infected along with her child.

A panel of respondents then discussed the video and the issues it raised. Lash Nolen, a Harvard medical student and founder of the We Got Us project, which seeks to provide accurate science communication and public health resources to Black community members, stressed the importance of trusted messengers, especially those with racial/ethnic concordance with the community they are trying to reach. Vineet Arora, MD, an academic hospitalist and dean for medical education of the University of Chicago Pritzker School of Medicine, discussed the need to train clinicians to talk with patients about misinformation to which they’ve been exposed, and said her institution had begun such communications training. Dr. Arora suggested that rumors are most rampant when there is uncertainty about an issue of great importance to patients, such as parenting.

Odette Bolano, MHA, president and CEO of Saint Alphonsus Health System, described the challenges that her health system has faced in serving a region with widespread suspicion of the vaccine and evidence-based treatment for COVID-19, including facing demands for ivermectin from the families of hospitalized patients. She said her system has sought out information about whom their community trusts and who can best convey messages to them. Dr. Arora said there is strong evidence that people are more likely to trust their personal physician, but that many people do not have one.



Vineet Arora, MD; Odette Bolano, MHA; Lash Nolen and Susan Edgman-Levitan (left to right)

PRESIDENT'S LECTURE

Renée DiResta, technical research manager at the Stanford Internet Observatory, delivered the President's Lecture, the Forum's keynote address. Her involvement in addressing misinformation began as a parent activist advocating for stronger childhood vaccine mandates in California in the wake of a measles outbreak at Disneyland in 2014–15. She analyzed public health data on vaccinations and presented it to legislators, while also mapping the conversation on Twitter about vaccine mandates. Through this mapping, she discovered that the public health voices on Twitter were marginalized from the debate, a finding that reverberated through discussions during the remainder of the Forum.

Ms. DiResta said it was important to distinguish between misinformation, disinformation, and viral rumors. She said that misinformation as a term has had a “scope creep” problem, with some using it as shorthand for “opinions I don't like.” True misinformation, she said, must be falsifiable. Disinformation, meanwhile, is closely linked to propaganda and differentiated by an intent to influence and an element of deception, such as intentional efforts to create the perception that many people believe a particular thing. “Rumors,” however, is a term that accurately encompasses the dynamics of viral health misinformation narratives that spread peer-to-peer, particularly as people's beliefs and perceptions outpace what health officials may reliably know about the mechanism of a disease or efficacy of a treatment.

She noted that anti-vaccination opinion has been around since the introduction of the smallpox vaccine, but the modern information environment has dramatically changed the conversation. Social media has enabled zero-cost publishing, audiences have been consolidated into a handful of platforms, and personalized targeting has become the norm. Algorithms surface, recommend and amplify content based on popularity, often with the unintended consequence of highlighting misinformation.

“Influence and expertise have been decoupled,” Ms. DiResta said. “Hearing experts say ‘This is the truth’ doesn't carry the resonance it once did.”

Turning specifically to the COVID-19 vaccine, she said that vaccine hesitancy narratives fell into four main categories:

- Safety (e.g., the vaccine is dangerous, it alters your DNA)
- Distribution (the vaccine was created for profit and mandates violate “medical freedom”)
- Efficacy (the vaccine doesn't work; if it did, why do we need boosters?)
- Conspiracy (Bill Gates unleashed the virus to be able to spread vaccines that include microchips)

She noted that activists against the COVID-19 vaccine included members of earlier anti-vaccine campaigns along with “wellness influencers” and conservatives opposed to mandates, and shared that this coalition was expanding its focus to opposing routine childhood vaccines.

She explained some of the challenges that social media platforms face in policing misinformation about vaccines. She said that much of the content criticizing the COVID-19 vaccines takes the form of individuals discussing their personal experiences, which are difficult to characterize as demonstrably false. More generally, she noted the difficulties platforms face in applying policies consistently to avoid engaging in viewpoint-based discrimination.



Ms. DiResta offered suggestions for how the medical community can help. She pointed to efforts such as [ThisIsOurShot](#), a national grassroots movement that enlists clinicians as messengers. She described the need for detection and monitoring, counter-messaging, and recruiting and training messengers, and for appealing to people through memes and humor rather than simply providing medical/statistical evidence.

“You need to build networks where many are contributing content,” she said. “The information environment is here to stay; there needs to be a networked response. And the most effective content is from the kind of person you’d hang out with at the playground, not a doctor in a white coat.”

Jack Resneck, Jr., MD, president of the AMA and professor and vice-chair of dermatology at University of California San Francisco (UCSF), asked how organizations and individuals should decide when to engage with—and when to ignore—purveyors of disinformation. Ms. DiResta said that it was critical to engage when a message is crossing communities, such as when the same narratives start to spread across different online communities, e.g. wellness, anti-vaccine and right-wing online communities, leaping from one to another.

MISINFORMATION AND POPULATIONS THAT ARE VULNERABLE

Reed Tuckson, MD, managing director of Tuckson Health Connections, began his remarks by recalling how the specter of the Tuskegee Study¹ haunted both his work to combat the AIDS crisis as the Washington, DC health commissioner in the 1980s and his community-based work to fight the COVID-19 pandemic. “In 40 years, none of us had taken Tuskegee off the table,” he said. “Mistrust and misinformation are pervasive in the Black community. I’m watching people in my community die because of this. Every level of the health enterprise should pledge to solve this.” (Dr. Tuckson noted that other groups, such as rural Americans and the LGBTQ community, have severe and justifiable issues of trust in the health care system and are also subject to fall prey to misinformation.)

Dr. Tuckson described the [Black Coalition Against COVID](#), which he helped create. Coalition leaders included the presidents of the four historically Black medical colleges, the National Medical Association, and the National Black Nurses Association. He said the first thing the coalition needed to do was to demonstrate its love for the community. The coalition sought to address Tuskegee, including by creating a video in which descendants of men who were victimized by the study urged people to receive the vaccine. The coalition also worked closely with the faith community, engaging pastors as partners.

He described the overall effort to address misinformation and lack of trust in the Black community as a significant success, saying that the equalization of COVID-19 vaccination rates between Black and white Americans offered the only example he knew of closing a disparity.

Going forward, Dr. Tuckson called for a focused effort on enhancing scientific and medical literacy to address misinformation, and called for the leaders in every sector of health care to sign on to a manifesto to commit to value every life they touch.

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– Reed Tuckson, MD

1 For 40 years, from 1932 to 1972, the U.S. Public Health Service followed the cases of 600 low-income African American men in Alabama, about 400 of whom suffered from syphilis. The men received sham treatments as government researchers pursued their stated goal of understanding the natural course of syphilis. Many died entirely preventable deaths. Later in the Forum, Kimberly Manning, MD, said that she refers to this study as the “Study of Untreated Syphilis in Black Men,” because for her, Tuskegee is a “place of Black excellence.”

REFLECTING ON DAY ONE

Jackie Judd and Kirsten Bibbins-Domingo, MD, editor in chief of the *Journal of the American Medical Association* (JAMA) and a professor of epidemiology and biostatistics at UCSF, shared their key takeaways from the Forum's first day. Dr. Bibbins-Domingo said that what most stood out to her included:

- The image of the gap between the public health community and the rest of the conversation about vaccines on social media;
- The video of Rob, the patient who said he wanted to hear from people who looked like him, which was echoed in various ways throughout the day in discussions about communities with particular trust issues;
- The idea that it is part of physicians' professional responsibility to foster trust and learn how to convey information, and that medical training needs to provide the tools to help them do so; and,
- The challenge, one she said she has a particular need to address as a journal editor, of recognizing and respecting nuance and changing evidence while finding ways to clearly state when particular claims are demonstrably false.

Ms. Judd said the following ideas most captured her attention:

- That although there is a link between political attitudes and vaccination, we need to think more deeply and broadly about who is vulnerable to embracing false information;
- The need for customized strategies—not one-size-fits all solutions—to help populations obtain better information; and,
- The importance of finding ways to bring the public health community into the middle of the conversation.

"In some ways, these are the conversations we always need to be having with our patients," Dr. Bibbins-Domingo said. "We are probably guilty of treating [misinformation] as an issue of morality; during the pandemic, a lot has been ratcheted up on all sides about the morality of one decision or another. We have to have conversations that are conveying scientific facts."

Ms. Judd emphasized the need she heard for acting with nimbleness and for coalition-building. "For each organization to have a single voice is crying in the wilderness," she said. "All of you in this room are allies and we need to think about moving forward together, not individually."

DAY TWO: STRATEGIES TO ADDRESS MISINFORMATION

Participants focused on possible solutions to the problem of medical misinformation during the Forum's second day. They began with a consideration of the discussion paper on identifying credible sources of health information that was published in *Perspectives*, a peer-reviewed publication of the National Academy of Medicine (NAM).

Susan Curry, PhD, emeritus dean and distinguished professor of health management and policy at the University of Iowa College of Public Health, a member of the expert advisory committee and co-chair of the second phase advisory committee, described how the committee chose to limit its scope to attempting to define credible sources of information, with a focus on US-based governmental and non-profit sources. She said the committee developed three primary attributes of a credible source: that it is science-based, objective and transparent/accountable.

As examples, she said that science-based sources include syntheses of evidence from multiple sources; objective sources did not carry advertisements; and transparent and accountable sources make corrections to and/or retract content as needed.

Dr. Curry said that “there is no bright line on credibility” and that there are numerous challenges involved in assessing it, but that it was “important not to let perfection get in the way of getting this going.” She also noted that although source credibility is necessary, it is absolutely not sufficient, and that parallel strategies are needed to assess the credibility of content.

Garth Graham, MD, director and global head of healthcare and public health partnerships at YouTube and Google Health and co-chair of the NAM committee, described the challenges of removing misinformation, and elevating accurate information, at scale and for a worldwide audience. He said that defining what qualifies as quality health information requires the adoption of scalable concepts and principles that can apply across societies that have different understandings of evidence-based medicine and science.

“It is hard for us in rooms like this to understand what it is like to be picking up a phone in a favela in Brazil to look for information,” Dr. Graham said. “We have to be careful of unintended consequences, and taking away sources people trust. But I believe that information hurts or helps, kills or saves. This is complicated but doable.”

Helen Burstin, MD, CEO of the Council of Medical Specialty Societies, is helping to lead the second phase of the project, looking at additional sources of credible online health information, including individuals and for-profit organizations. This second phase will include workshops and other ways to help credible sources produce more usable content. “If you’ve been labeled as credible, we are going to try to help you get better [at communicating],” she said.

“A lot of our credible sources don’t understand how to reach people,” Dr. Graham said. “We publish papers and accelerate careers but the public doesn’t understand the information. We have been missing communities for a long time, and regardless of what you think of the platforms people use, that’s where they are.”

In response to a question about whether the effort to elevate credible sources could have a negative effect on inclusion and diversity, Dr. Curry and Dr. Graham both said the committee had focused on the importance of amplifying diverse voices. The report stressed that a system to evaluate credible sources must be designed to support health equity and not cement existing inequities.

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– Garth Graham, MD

Garth Graham, MD and Richard Baron, MD

THE INFODEMOLOGY APPROACH

David Scales, MD, PhD, assistant professor of medicine at Weill Cornell Medical College, presented another concept for combating misinformation: infodemiology. He described the disconnect between the traditional model of disseminating medical science—a one-way pathway between expert opinion to practitioners and the media to the public—and our current networked world, in which information consumers are also information producers. From an infectious disease perspective, he said, “we are living in a permanent mass gathering and don’t have the sanitation to prevent misinformation from spreading.” This has led to an “infodemic –an epidemic of misinformation.

Dr. Scales described infodemiologists—who can be drawn from community health workers, nurses, other clinicians and trusted community leaders—as community-embedded individuals who respond to and anticipate misinformation in their communities. Much of this work occurs online, with the goal of responding to false claims spreading on social media as quickly as possible. This can help provide the equivalent of the hygiene and sanitation that brought earlier epidemics under control.

New York City launched a version of the infodemiology approach in its efforts to promote vaccination against COVID-19. Janine Knudsen, MD, medical director, Commissioner’s Special Operations team at the New York City Department of Health and Mental Hygiene, said that New York immediately saw disparities in uptake of the vaccine, alongside a large volume of misinformation, not only online but in fliers targeting groups such as Black residents, Orthodox Jews, Russian and Latin American immigrants, and conservatives.

In response, the health department created a working group that was initially termed the Misinformation Team but was ultimately called the Community Concerns Team. A core team monitored social media and solicited information from community groups about what they were seeing in their neighborhoods; the team also used surveys and focus groups to track community opinion. The team discovered significant targeting of BIPOC communities, and found that misinformation was taking root in communities with legitimate concerns about how well the health system served them and significant distrust.

The team worked through trusted messengers in communities, including clinicians, providing training and a vaccine champion toolkit. The team employed storytelling and videos featuring regular citizens, finding them more resonant than videos featuring clinicians. They focused on three key questions in evaluating their success: was the staff prepared, did they understand and effectively respond to community concerns, and were their responses connected to upstream factors such as building trust.

Dr. Knudsen shared four key lessons learned:

1. Frameworks can help in responding to misinformation;
2. Addressing misinformation is imperative for health equity;
3. Community partnerships were essential for success; and
4. Although there is no silver bullet, trusted messengers and values-based storytelling are critical.



GRANTEES

Participants next heard from representatives of two organizations who have received grants from the ABIM Foundation to support their work in misinformation.

Clara Jimenez Cruz, a journalist and co-founder of [Factchequeado](#), described the initiative, a new effort to address misinformation in Spanish-speaking communities in the U.S. She noted that Hispanic people are 57 percent more likely to use social media as a primary source of information than others in America, and are particularly likely to rely on WhatsApp. In response, the initiative has developed a ‘chatbot’ that will provide accessible information to users to rebut popular examples of misinformation. They are also working with Univision and Telemundo—along with many smaller Spanish-language news sources—to seek to correct false information. Ms. Jimenez Cruz noted their need for ready access to high quality experts on health.

Erin Lee, social work care coordinator with the City of Annapolis, spoke about the [Cuidate Annapolis](#) project that the city operates. It is an outreach program that launched early in the COVID-19 pandemic to provide health information to members of the Black and Hispanic communities through door-to-door visits and text alerts. Outreach workers include emigrants from Latin America with professional degrees. The project team is now attempting to enhance its digital presence and increase the reach of its texting program.

Following the grantees’ presentations, Forum participants discussed what advice they would give to the two organizations, such as having the two groups collaborate with one another. Participants were encouraged to share advice directly with the organizations.

REFLECTIONS ON DAY TWO

Kimberly Manning, MD, associate vice chair of diversity, equity, and inclusion for the Department of Medicine at Emory University School of Medicine, and Bob Wachter, MD, chair of the Department of Medicine at UCSF, closed the Forum’s second day with their



Kimberly Manning, MD and Bob Wachter, MD

reflections. Dr. Wachter said he appreciated that much of the day’s discussion addressed not only misinformation and social media but also the prevalence of anti-elitism. He suggested that social media has provided a megaphone that has amplified this longstanding thread in American culture.

Dr. Wachter also noted the broad push in recent years to empower patients to participate in medicine, and the frequent criticism that medicine has been too paternalistic and elite-driven. He said that we need to think how we distinguish between that goal of empowering non-credentialed experts and our resistance to the misinformation that some such individuals may embrace.

Next, he predicted that the misinformation problem will likely worsen in a few ways. First, as health care is increasingly delivered through apps and other digital means, misinformation will likely increase as more patients diagnose themselves. Second, he suggested that no bright line separates vaccines and other areas of medical treatment, leaving the door open to increased skepticism and false information related to other health topics (e.g., colonoscopies, heart care, etc.).

Dr. Manning said she was taken by the importance of providing digestible information, such as in New York City's transition from employing videos with physicians to shorter videos featuring regular people. She said her "big a-ha moment" occurred when she recognized that many Forum participants and health professionals are members of the communities that they are trying to reach, and can draw on their experiences in those communities to inform their work. "If I'm going to help design something to enhance trust among people in the Black community, well, I'm in that community, too," she said. "I have a mother and a family. And it is not just about racial and cultural concordance—if you are seeing patients at Grady Memorial [in Atlanta], you are a piece of that community."

She also said she was struck by the importance of language, such as in the use of the phrase "vaccine deliberation" rather than vaccine hesitancy, and asked, "What simple things are causing people to slam the door on us?" She also expressed excitement about the growth of efforts to train clinicians to communicate about misinformation.

Dr. Manning and Dr. Wachter also shared some of their experiences on social media, with Dr. Wachter discussing his "gratifying" experience using Twitter to synthesize information during the pandemic and Dr. Manning her use of social media to provide the kind of content she wishes she could have found when she was a Black medical student. She noted the downsides of being active in social media, but said that the experience had been "mostly positive" for her. She described as a particular success a video describing mRNA vaccines that she created and shared on Facebook, which wound up being widely shared and shown in Black churches.

DAY THREE: THE ROLE OF THE PROFESSION

The final day of the Forum focused on how the medical profession itself can best combat misinformation. An opening panel brought regulators and professional leaders together for a conversation.

Moderator Carl Coleman, JD, professor of law at Seton Hall University School of Law, briefly discussed the law review article that he authored about misinformation, the First Amendment, and the regulation of physicians by state licensing boards. He said that if boards are interested in sanctioning physicians, they need to develop narrowly-targeted policies that avoid potentially punishing physicians for engaging in legitimate critiques of conventional thinking and standards of care that could change over time. He noted that private organizations, such as certifying boards, have greater leeway than state licensing boards.

Yul Ejnes, MD, chair of the Board of Directors at ABIM and a full-time practicing physician in Cranston, Rhode Island, then discussed ABIM's "misinformation portfolio," which includes four components:

- Thought leadership, including [publications](#) and public support for organizations acting in this area, such as the Federation of State Medical Boards;
- Convening leading medical organizations to discuss potential shared approaches to misinformation;
- Development of a potential designation that would inform viewers of online content that the content's creator is an ABIM diplomate who has agreed to abide by the principles outlined by the NAM; and,
- Taking disciplinary action against diplomates who spread demonstrably false information, on the grounds that doing so is unprofessional behavior that is inconsistent with board certification.

“Having board certified physicians spreading misinformation devalues the certificate for the rest of us,” Dr. Ejnes said. “Certification doesn’t just mean passing an exam; it means acting in a professional manner. Of course, there can be honest differences of opinion and we have a process to sort through that.”

Dr. Resneck shared that the AMA House of Delegates had passed a comprehensive anti-misinformation policy in June 2022 that includes nine elements, and noted the many physicians around the nation who are working in their communities to address misinformation. He described the fight against misinformation as “important for the health of the profession” and added that misinformation has been a source of burnout for physicians.

Kristina Lawson, JD, president of the California Medical Board, described how America’s Frontline Doctors had targeted her as a result of the California board’s effort to sanction physicians who spread misinformation. The radical group hired a film crew that followed her for a day, approached her in a dark parking garage, and flew a drone over her home, ultimately producing a 20-minute propaganda video about her and the board. Ms. Lawson noted that the board has three relevant regulatory tools: licensing physicians, disciplinary action, and education (such as informing legislators about COVID misinformation).

Darilyn Moyer, MD, executive vice president and CEO of the American College of Physicians (ACP), discussed how ACP first attempts to approach members who are spreading misinformation through local ACP members. She also noted that ACP operates a formal grievance process, and that anyone can bring a complaint. ACP has created videos for clinicians and patients about misinformation issues, and held a series of forums related to COVID-19 and misinformation. She said that the ACP was in the process of creating an advocacy toolkit for its local chapters on misinformation.

The panelists agreed about the pronounced role of ideology and partisanship in this issue. Dr. Resneck said that the AMA expects disagreement when it takes a policy position, but said he was disappointed by the degree to which medical care had become subsumed by politics. “I can’t think of anything I talk about that people won’t see through a political lens,” he said. Ms. Lawson echoed this remark: “I’ve heard ‘I’m a Republican so I take ivermectin.’ How is there any connection?”

The panelists also stressed that the actions that their organizations were focused on went far beyond differences of opinion. “The cases we are investigating aren’t ones where a physician questioned whether ivermectin might work,” Ms. Lawson said. “They are cases where a doctor sets up a website to argue that ivermectin is the one and only cure for COVID and sells prescriptions.” Dr. Ejnes noted that ABIM has been criticized for “having too high a bar” for reviewing a physician’s conduct.



DEVELOPING IDEAS

For the next stretch of the Forum, participants worked in small groups to develop potential approaches to advance the role of the profession in mitigating misinformation. At the end of these working sessions, participants voted for the ideas they found most promising.

The top three concepts were:

- **Creation of a Health Infrastructure and Sharing and Analysis Center (HIISAC):**
This idea is to create a central body within health care that can receive reports about misinformation that is becoming prevalent on social media and coordinate a consolidated response. A similar body exists in the field of election integrity, but has no equivalent in medicine.
- **Develop website/app to match health care professionals and scientists with artists, social media influences and other members of the creative community:**
The group believed this kind of collaboration could bridge the gap between those with scientific expertise and those with sophisticated knowledge about content creation, as a way of better engaging the public.
- **Communicating uncertainty and risk to guide medical decisions:**
This group proposed an effort to enhance understanding of medical evidence and uncertainty among health care professionals, patients and the public, and to improve clinicians' skills in communicating uncertainty and their ability to act humbly and recognize the value of other sources of expertise, such as patients.

Going forward, the ABIM Foundation intends to convene groups that will include Forum participants who would like to further develop and ultimately seek funding to advance these ideas.



CLOSING REMARKS

Dr. Baron and Ms. DiResta offered concluding remarks. Dr. Baron began by encouraging all attendees to participate in carrying forward some of the ideas that were raised at the meeting. He then talked about the discomfort of living in a world in which “stating a fact is taking a side.” “For those of us with a commitment to a certain disciplined way of knowing what’s true, based on a methodology we learn and practice, wrapping our minds around that is difficult,” he said.

Dr. Baron and Ms. DiResta discussed the potential value of creating a mechanism for public health that mirrors the function of an existing network of entities responsible for maintaining election integrity. Ms. DiResta noted that there is no current network of state and local public health officials that could receive notice from organizations like hers about misinformation that is going viral.



Ms. DiResta also said she saw an opportunity for individual physicians to make a positive impact online, since trust in individual doctors continues to remain high as trust in institutions and government health agencies declines. She suggested that platforms that enable narrower communication channels, such as Facebook, might offer opportunities for physicians to engage the community without facing the harassment that can accompany engaging on Twitter.

Dr. Baron and Ms. DiResta also talked about the importance of coalition-building. Ms. DiResta shared the idea of “movement mapping,” in which different roles and responsibilities are taken on by partners in a larger coalition, citing her experience in the Vaccinate California campaign. “Understanding how stakeholder groups can collaborate is a key way of moving forward,” she said.

Dr. Baron closed by stressing the importance of the medical community playing a leading role in addressing misinformation, which undermines the basis of physicians’ authority: their membership in a community with independently validated expertise.

