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How to address health misinformation? Using focus groups to understand the experience and needs of Interprofessional undergraduate health professionals

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The Problem of Health Misinformation Students from six different health professions share ideas

How to address health misinformation? Using focus groups to understand the experience and needs of interprofessional undergraduate health professionals

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Introduction

- Medical misinformation led to a public health crisis during the COVID-19 pandemic.
- Health professionals need skills to address medical misinformation

Objectives

- Gather information from diverse constituents about their experience with vaccine hesitancy and misinformation.
- Identify themes and learning needs to effectively address these issues.

Methods

- Focus groups of students from 6 different health professions
- Thematic Qualitative Analysis

Results

- July 2023
- Three focus groups, 21 students
- Table depicts themes (novel and previously described) and representative quotes

Discussion

Novel themes:

- Disparate recommendations or modeling behavior from health care professionals
- Preference for alternative therapies perceived to be more natural
- Changing messaging
- Unprepared to have difficult conversations

Previously described themes:

- Use of judgmental language
- Mistrust of science, government and health professionals
- Historical racism in research
- Fear
- Sources of information, including social media
- Individualism vs collectivism
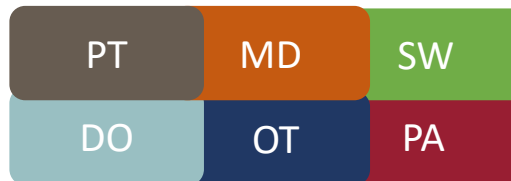- Principle of body autonomy

Conclusions

Undergraduate health professionals identified a variety of themes related to addressing health misinformation. The interprofessional richness of our group may have contributed to the identification of novel themes.

Next Steps

- Incorporate findings into interprofessional curriculum: online toolkit, including videos of exemplar interactions, and development of observed, structured clinical evaluations

Acknowledgements:

Theme	Representative Quotes
Disparate recommendations or modeling behavior from health care professionals	"Actually a physician at my [clinical] site chose to leave medicine when the vaccine mandate came out. Surprisingly, they felt that natural immunity was more powerful than vaccination, which is not evidence based." –MD student 3
Preference for alternative therapies perceived to be more natural	"The holistic health and wellness industry started putting out a lot of information that you don't need that and that's toxic and you try to live a toxic free lifestyle…there was a lot of skepticism… we are truth. Stick with us. We're natural." – SW student 2
Ineffective and constantly changing messaging from the scientific community	"There was a period where trust in the CDC was just very, very low… the CDC made an announcement saying that single masks weren't effective and we should all double up on surgical masks. People thought that was ridiculous, like why don't we just go with three or four masks?... I just think how the information was marketed to the public made it sound not trustworthy." –MD Student 4
Being unprepared to address difficult conversations	"As a clinician or a student talking to them, I didn't know how to answer those questions, because in some cases, not the infertility part, but in some cases there isn't a lot of safety information regarding the Covid 19 vaccination and pregnancy." – DO student 3
Use of judgmental language	"I think just being aware of our own biases and our own initial thoughts when we hear something crazy and then taking a step back and making sure they know that we're listening and we're taking that into account. I thought that was really helpful." – PA student 3
Mistrust of science, government, health professionals, sometimes including conspiracy theory	"I've also heard a lot of patients express a lot of distrust in the pharmaceutical companies…. They will often bring up the opioid crisis as an example for that mistrust."- MD Student 4
History of racism and other implicit bias in medical care and research contribute to mistrust	"Especially in my first gen community, when I talk to elders, my question is always, what is it that you need? How can I help you access that. Many times we think it's language barriers, but sometime it's a ride or it's misinformation because YouTube… my mom is the only thing that is accessible to her." -SW student 3
Fear, including general health care anxiety and lack of trust in a new intervention	"Different strategies will work in these fear based scenarios… Like evidence based information can actually be shared and received when that validation of fear happens first. I mean, whatever the reason behind the fear is, real or not real, the fear is real." – MD Student 5
Information sources, including social media, that reflect family or friend influence as well as research mining to support a personal belief	"Some of the podcasts that he hears or the misinformation that he's hearing… feel very comfortable to him because it sounds like a friend is talking to him, whereas the things that I say… he says feel really esoteric, academic and they don't make sense to him." – SW student 3
Concept of individualism vs. collectivism	"It comes from a place of, if it's not hurting me or anybody in my family then I'm not going to get it." – PT student 1
Principle of individual (body) autonomy	"In Maine we had this big vaccine debate before the pandemic…. There was already camps of my body, my choice, my kid's body, my choice. I'm the parent. I get to choose what I vaccinate for and what I don't." – SW student 2

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