



SHARE AND MOVE TO FACE NASTY BUGS

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Increasingly, public health organisations and the public are grappling with how to filter out myth and misinformation online to find trustworthy, evidence-based health information.

Experts, skills and quick responses

Recent experiences during H1N1, Ebola and measles outbreaks have seen public health organisations begin to change their approach to providing health information online.

Governments and public health organisations have begun to use three broad categories of online response:

1. Ask for evidence ? easing access to experts and making reliable information available
2. Increasing digital skills ? increasing people's ability to find and critique digital information
3. Speedy online publishing in public health.

One: Ask for evidence

Evolving from successful media-focused initiatives such as the [Science Media Centre](#) ^[9] in the UK, organisations are now giving the public access to the experts online. The [Ask for Evidence campaign](#) ^[10] is a stand out example and provides members of the public a way of accessing subject matter experts when they have seen a claim they would like to fact check.

Ask for Evidence government pol

Ask For Evidence

Understand



Stories

Rhythm method for the app generation?

There is no guaranteed method of preventing pregnancy;



News

Ask for Evidence is coming to Winchester

Politicians, companies,



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six

Ask

Two: Increasing digital skills

A more fundamental approach to enabling people to critique online information is to help them gain the knowledge and skills needed to use the internet. This manifests itself in initiatives such as the [European Commission's Grand Coalition for Digital Jobs](#) ^[11] and accreditation of health information online via [NHS England's The Information Standard](#) ^[12]. This approach recognises that myth and misinformation will stop online. Instead, they help build the ability of the population to critically appraise digital information, while signposting to accredited and trustworthy sources of information; clearing a path through the mass of online sources to evidence-based information.

Three: Speedy online publishing in public health

While asking for evidence and increasing digital skills have been core responses to the challenge of dealing with false information online, these do not necessarily provide a response at the speed questions are asked and answered online. To increase the pace of response, public health authorities must build teams who have the right skills to create, publish and defend information online. The [Behind the Headlines](#) ^[13] service commissioned by NHS Choices is one example of how public health authorities can swiftly publish a balanced perspective about topical health and medical claims. Online Q&A's are a direct and rapid way of helping the public get their questions answered by the experts. For example, Nigerian based digital service Ebola Alert hosted a [weekly #EbolaChat](#) ^[14] during the 2014-2015 outbreak, and the US Centre for Disease Control (CDC) ran an [Ebola Q&A on Twitter](#) ^[15]. These dynamic sessions are directed by the public's questions and not an organisation's priorities, and are an excellent way for public health authorities to build their online reputation and reach by using two-way communication.

Top five tips for public health organisations

1. Provide evidence-based information via a central and well marketed online resource
2. Build public health teams that have a mix of health expertise and online communication expertise
3. Give the public access to the experts via regular and topical Q&A's
4. Enable your public health teams to quickly respond to topical stories by removing any unnecessary sign-off bureaucracy
5. Where practical, directly respond to the most popular sources of misinformation via comments and counter-blogs.

Conclusions

As these examples show, public health organisations across the world are becoming more agile and adaptable when working online. Social media and online 'chatter' are now considered serious tools for public health professionals seeking to better engage and inform the public before, during and after emergencies. The challenge, however, remains – can large, hierarchical public health organisations consistently flex their traditionally structured work culture to meet the ebb and flow of today's online communications?

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