



Debunking Online Information to Keep Teens Safe

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Contributor to *Health Progress*

Medical misinformation used to arrive on the back of a magazine or matchbox cover. Ads for questionable, gimmicky products were often clunky, unsophisticated and met with an eye roll.

“I’m not going to be able to go buy a belt and put it around my waist and have it jiggle, and that’s going to suddenly make me have that beautiful hourglass figure,” said Robin Henderson, chief executive of behavioral health at Providence Oregon.

But thanks to social media, medical falsehoods are now served in quick digital bites that are entertaining, believable and ubiquitous. Nearly 30% of the information people encounter online is false, according to the American Psychological Association (APA).¹ “It’s a lot more slick, credible and enticing,” Henderson said.

This deluge of false health information creates problems in the doctor’s office, where it’s a struggle to debunk erroneous information to keep teens healthy.

“It has made our jobs a little bit more difficult at times and required us to be way more intentional in the way that we approach our patients. We need to engage and search out what they may be thinking and seeing, and then replace that with trusted information,” said Dr. Benson Hsu, a pediatric critical care specialist at Avera McKennan Hospital & University Health Center in Sioux Falls, South Dakota.

Health professionals and organizations, such

as the APA and the American Academy of Pediatrics (AAP), have been studying this new media landscape to determine the best way to steer teens away from false facts. Health care providers are gaining ground in this fight using novel tools and an enhanced understanding of how misinformation spreads and how to combat it. But it’s still a sizable challenge. “We haven’t quite figured out the secret sauce in social media, how to debunk myths and get accurate information out there,” Henderson said.

More health care organizations need to start communicating online. There’s not enough reputable information to balance out the nonreputable sources, said Dr. Alisahah Jackson, president of CommonSpirit Health’s Lloyd H. Dean Institute for Humankindness & Health Justice.

A GROWING PROBLEM

The spread of misinformation online is insidious because it’s effective. Video shorts or influencer content may be emotionally charged and seemingly aimed at keeping people “safe,” which increases the urgency to share it.² Social media algorithms reward engagement, not accuracy. A teen who shows interest by clicking on a fake story may be fed a steady diet of problematic content,





which can reinforce the information. Research shows people are more likely to believe the same false information when exposed to it multiple times, according to the APA.³

Not surprisingly, teens may have trouble telling the difference between reliable and questionable information. One study published in *Frontiers in Psychology* found that less than half of teens trusted accurate health messages more than phony ones, and 41% thought that fake and real messages were equally trustworthy.⁴ People are also more likely to believe fake information if it confirms already held beliefs, aligns with their identity or worldview, or they are feeling emotional when they see it, according to the APA.⁵ Compounding the problem, one study found people were 70% more likely to share a fake story than a real one.⁶

Information that teens encounter doesn't only affect themselves. They may share the information with older relatives. A patient navigator at CommonSpirit Health sent a woman a text message to schedule a COVID-19 vaccine appointment. "She responded back and said, 'My grandkids are telling me not to take this vaccine, so I'm going to hold off,'" said Brisa Hernandez, system director of operations at CommonSpirit's Lloyd H. Dean Institute for Humankindness & Health Justice.

SORTING FACTS FROM FALSEHOODS

Why is there so much misinformation online? The reasons vary. Some of it is misinformation or incorrect or misleading content often spread unwittingly. Some content is deliberately deceptive, defined as disinformation.⁷

"I do believe that the monetary aspect of things probably has affected the desire to put out click-bait, things that will attract attention and viewership," Avera's Hsu said. "There is definitely a financial incentive to do that."

Teens, who spend an average of 4.8 hours a day on social media, are at high risk for exposure to misinformation, according to the APA.⁸ Nearly 90% of their time is spent on the three most popular social media channels: TikTok, Instagram and YouTube. Sometimes teens encounter medical

misinformation during aimless scrolling. In other instances, they're looking for answers often on topics they're embarrassed to ask about, such as sexual health, appearance, weight or dieting, Hsu said.

Parents or providers are often alerted during a casual conversation that a teen has encountered misinformation. For Dr. Anisha Abraham, a pediatrician and spokesperson for AAP, it was a strange request from her teenage son about shampoo that tipped her off. He asked to buy a pricey brand to avoid stripping the oils out of his hair. "And I said, 'Why am I paying \$30 for this bottle of shampoo, and where did the stripping your oils come from?'" she said. "It was just this really interesting conversation."

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— DR. ANISHA ABRAHAM

Another red flag is a change in habits. Some teens have been swearing off sunscreen or looking to take specific supplements, CommonSpirit's Hernandez said. Or it could be a shift in eating habits. There is a huge market for weight loss products, and kids start to feel the pressure to be slim early. "The average age that young people start dieting is age 9 in the United States, which is really disturbing," Abraham said. "There's so much targeting to young people that can lead to either disordered eating or binge eating or other eating-related issues."

These topics prey on common insecurities, for example, the desire to build muscle, which can lead teens to seek out expensive, often unnecessary, and potentially dangerous supplements or steroids.

Helping kids become savvier about online risks also includes educating them about companies that may target them to make money. "The vaping industry very much targets young people," Abraham said. "I've had conversations with kids and say, 'Look, they don't offer caramel-flavored

products for adults. It's for you because they know that if a 13- or 14-year-old starts vaping, they have a lifelong vaper or smoker. Doesn't that make you really angry that you're being targeted and that they want your money and they want you hooked?"

FINDING SOLUTIONS

Finding solutions and keeping kids on the right track isn't easy. "Even as a parent and a pediatrician, I don't always know what my kids are hearing and seeing," Abraham said. However, health care providers can help ensure kids get accurate health information by using key strategies.

Become a trusted resource.

Doctors and nurses are among the most trusted professionals, CommonSpirit's Jackson said. That can help make teens more receptive to taking their advice. "If you have a longitudinal relationship, if it's somebody that you've seen as they've grown up, I think that's an important way to build that trust as you engage them on topics," Hsu said. That relationship should extend not only to the teen but to the family. Encourage parents to reach out with questions or concerns.

Study the media landscape.

It's crucial to understand the information kids are being exposed to that might affect their health. For example, CommonSpirit Health embarked on a study in 2021 to understand vaccine hesitancy in their communities.⁹ They found that while many people were wary of vaccines, the reasons why they opted not to get the shot were very different between their study groups, Latinos in California's Central Coast area and Black Americans in Little Rock, Arkansas. Don't assume that patients are motivated by the same factors; ask.

Ask broad questions.

Go beyond the traditional screening topics when working with teens, which usually center around medical and safety-related topics such as self-harm, firearms, injury prevention and vaccines. "I think it's important for providers to engage in things that may not necessarily fall under the umbrella of our usual health care topics, and to provoke discussion with teenagers and adolescents about things that they may be searching on their own, that they may be embarrassed to bring up in a clinic visit," Avera's Hsu said.

Tread lightly.

If a teen does believe misinformation, handle the discussion carefully.

Sometimes the best approach is to ask questions, allowing teens to come to their own conclusions. "It's really creating a trusted, safe environment, and coming at it with a sense of curiosity, not judgment," Hsu said. "Don't say, 'Well, obviously that's wrong.' Instead ask, 'Why do you believe that?'"

The same approach can also apply to parents, who are paddling in the same sea of misinformation. "I don't believe there are adults out there who intentionally want to mislead their kids," Hsu said. "I think all adults are coming from a place of care and compassion. But they're seeing their feed filled with information that I don't necessarily agree with or that I believe is scientifically accurate." Approach the discussion in good faith. "I think that's way more effective than to come down and say, 'Oh my gosh, I can't believe you believe that that is so inaccurate and so wrong,'" he said.

Ultimately, patients have the right to make their own choices. "At the end of the day, we still have to be open to the fact that our patients and parents have opinions that may be different than ours, and we will have to agree to disagree," AAP's Abraham said.

Block and report. Don't interact.

Let teens know they should respond to questionable information by unfollowing or blocking it. The same advice is also true for providers who may be tempted to comment on social media posts to debunk misinformation. Engaging with bad information can amplify it, expanding engagement.

"What we know is most effective is actually to report it," Hsu said. This strategy can be frustrating because reporting may feel like playing Whac-A-Mole. "It's very easy to shut down an account and open another account to post the same thing again. But it's just part of the battle," Hsu said. "We have to just keep being engaged."

Provide an alternative.

When teens encounter false information, doctors can debunk it by correcting the record with detailed factual information. Giving people accurate information up front, or "prebunking," can also make them less likely to believe false facts, according to the APA.¹⁰ Some organizations are



prebunking by using online resource centers and educational outreach to schools, sports teams and even local media organizations.

“Providence has steeped themselves in this, especially when it comes to youth mental health,” Henderson said. “We’ve invested in developing a curriculum that’s free of charge, available to any district in the country.”

The organization collaborated on a free teen mental health website, Work2BeWell.org, which includes a host of validated resources to keep teens in safe corners of the internet, Henderson said. This information includes controversial topics.

Work2BeWell partnered with the documentary *Hiding in Plain Sight: Youth Mental Illness* to develop curriculum focused on youth mental health, including self-harm. “I heard from a parent recently who was saying, ‘Oh my gosh, if my kid watches this, they’re going to learn about self-harm,’” she said. But it’s far better for teens to learn about a challenging issue in a controlled environment rather than encountering risky content when scrolling alone online.

Establish an online presence.

There aren’t a lot of health care organizations with a strong online presence in the social media sphere aimed at addressing misinformation and disinformation. But that’s slowly changing.

CommonSpirit hopes to establish a foothold on social media channels, such as Instagram, Facebook and LinkedIn, to get evidence-based medicine and health-related information to patients, Jackson said. “It is still pretty new, but we have a social media communications platform strategy,” she said. “We’re really looking at making sure that people are aware of the science of kindness, compassion, empathy and trust.”

Amplify reliable sources.

Teens like to get information online, so providers can help ensure they get accurate information by recommending reliable material. “We verified everything that’s on our Work2BeWell site. Every resource we list has been verified, and we have a 50-state resource list, so there’s something for everybody in every state. It’s all clinically verified and free,” Henderson said. “A lot of sites that seem really credible, as you dig into them, they’re trying to sell you something. And that’s my first red flag.”

It’s far better for teens to learn about a challenging issue in a controlled environment rather than encountering risky content when scrolling alone online.

Speak out when dangerous misinformation arises.

Appropriate organization leaders can reach out to local media if particularly troubling information starts to spread online. They’re usually willing to provide information that corrects the record and prevents harm.

Choose the right voice.

Kids tend to be more receptive to information when it comes from peers, so Henderson said they’ve developed tools that include teen voices, such as Work2BeWell’s podcast Talk2BeWell. “We have over 100 podcasts on Talk2BeWell that talk about different youth mental health issues of all shapes and sizes. Having them listen to other teens talk about something [is a] whole lot better than having them listen to a group of adults,” Henderson said.

Take a lesson from others.

Other countries are seeing some success with education initiatives designed to target online misinformation. “I think we can learn from other countries. Sweden and Denmark, for example, have implemented a curriculum in their schools for kids around how they can use social media, and how to discern what’s true and not true,” Jackson said.

MOVING THE NEEDLE TOGETHER

Ultimately, navigating online misinformation and disinformation is a huge challenge for the medical profession, and it’s a problem that won’t be solved anytime soon. However, a team approach can help move the needle.

“I think what we have to do is really work together within our communities, between health care and our educational system and with other parents to network, watch the trends and debunk these myths as a community together when we can,” Henderson said.

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NOTES

1. "Using Psychological Science to Understand and Fight Health Misinformation: An APA Consensus Statement," American Psychological Association, <https://www.apa.org/pubs/reports/misinformation-recommendations.pdf>.
2. "Confronting Health Misinformation, The U.S. Surgeon General's Advisory on Building a Healthy Information Environment," U.S. Department of Health and Human Services, 2021, <https://www.hhs.gov/sites/default/files/surgeon-general-misinformation-advisory.pdf>.
3. Tori DeAngelis, "Psychologists Are Taking Aim at Misinformation with These Powerful Strategies," American Psychological Association, January 1, 2023, <https://www.apa.org/monitor/2023/01/trends-taking-aim-misinformation>.
4. Suzanna Burgelman, "41% of Teenagers Can't Tell the Difference Between True and Fake Online Health Messages," August 29, 2022, *Frontiers*, <https://www.frontiersin.org/news/2022/08/29/psychology-teenagers-health-fake-messages/>.
5. DeAngelis, "Psychologists Are Taking Aim at Misinformation."
6. "Confronting Health Misinformation."
7. "Health Misinformation," U.S. Department of Health and Human Services, <https://www.hhs.gov/surgeongeneral/priorities/health-misinformation/index.html>.
8. Tori DeAngelis, "Teens Are Spending Nearly 5 Hours Daily on Social Media. Here Are the Mental Health Outcomes," American Psychological Association, April 1, 2024, <https://www.apa.org/monitor/2024/04/teen-social-use-mental-health>.
9. Brisa Urquieta de Hernandez et al., "A Health System's Approach to Using CBPR Principles with Multi-Sector Collaboration to Design and Implement a COVID-19 Vaccine Outreach Program," *Journal of Health Care for the Poor and Underserved* 33, no. 4 (November 2022): <https://dx.doi.org/10.1353/hpu.2022.0172>.
10. "Psychological Science Can Help Counter Spread of Misinformation, Says APA Report," American Psychological Association, November 29, 2023, <https://www.apa.org/news/press/releases/2023/11/psychological-science-misinformation-disinformation>.

QUESTIONS FOR DISCUSSION

With misinformation on the internet growing, so does the need for helping teens distinguish between truths and falsehoods. As health care ministries, we are simultaneously tasked with keeping them safe and giving them access to reliable information.

1. Author Kelly Bilodeau writes in her article that, according to the American Psychological Association, nearly 30% of the information people encounter online is false. This presents a huge challenge for everyone but especially for teens, who may be looking for quick answers and may not be as discriminating as adults when it comes to vetting sources. As health care providers, how can we help teens navigate such a difficult landscape and share reliable resources that they can use instead?
2. Bilodeau also mentions in her article that teens often turn to the internet for answers when the topic is something they are too embarrassed to ask about, such as sexual health, appearance, weight or dieting. What can health care providers do to make teens more comfortable in asking them for help with their most pressing questions, rather than leaning away from them and turning to unreliable sources?
3. According to the article, teens are spending 90% of their social media time on three main platforms: TikTok, Instagram and YouTube. The more these platforms learn about teens' habits, the more their algorithms influence their choices and what they see on social media. How can we counteract this? As health care professionals, is there a way we can debunk misinformation, such as by creating online resource centers or conducting educational outreach to schools?

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