What messages best influence public health behavior?

April 9 2020, by Diana Yates

U. of I. psychology professor Dolores Albarracín has spent much of her career studying how people respond to public health messages asking them to change their behavior. Credit: L. Brian Stauffer

State and local governments across the U.S. are asking people to isolate

themselves at home and avoid all but the most essential trips to grocery stores, pharmacies and hospitals. This level of behavior change is unprecedented in most people's lifetimes, and for many it represents a direct threat to their economic welfare. Dolores Albarracín, a professor of psychology at the University of Illinois at Urbana-Champaign, has spent much of her career studying how people respond to public health messages asking them to change their behavior. She spoke to News Bureau life sciences editor Diana Yates about the special challenges of the present moment.

What influences how people respond to public health messages?

Several factors make a difference: First, are the messages actionable? Second, do they induce an appropriate understanding of the threat? Third, How many recommendations are shared? Fourth, is the source of information credible? And, finally, does the message provide opportunities to practice, or at least model, the kinds of skills that are needed to respond to the threat?

In 2018, you co-wrote a study that examined how traditional and social [media](#) can influence perceptions and behavior during public health threats. What did you find?

Conducted with my colleague, Illinois psychology professor Man Pui Sally Chan, the study found that social media outlets are good at communicating a threat but aren't as good at telling you what to do about the threat. Legacy media—the more traditional news sources—are better at communicating what people should do. In other words, Facebook influences how worried you are but the *New York Times* shapes your behavior.

Are these findings applicable to the COVID-19 crisis?

Yes, but it depends on the media source. In a nationally representative survey I conducted with Kathleen Hall Jamieson at the Annenberg Public Policy Center at the University of Pennsylvania, we found that, at the beginning of March 2020, consumers of social media were less likely to report that the Centers for Disease Control and Prevention had exaggerated the threat of COVID-19 to harm Donald Trump. So, in this instance, social media was not making most people underestimate or misunderstand the threat.

However, consuming news from conservative or liberal media outlets correlated with believing conspiracy theories or other types of misinformation about the source of the new coronavirus or how to protect oneself from getting infected.

In contrast, getting news from mainstream media outlets such as the *New York Times*, The Washington Post, The Wall Street Journal or The Associated Press correlated with knowing that handwashing could prevent infection. So, in this sense, the mainstream media, but not all media, were offering good information about how to avoid the threat.

You also have investigated misleading claims about health in nontraditional media outlets, such as YouTube. What did you find?

We found that misinformation about vaping on YouTube was rampant, and exposure to this bad information had negative effects on young adults.

No one expected YouTube to police misinformation on its platform. But it has recently removed problematic postings about SARS-COV-2. This is not a perfect solution, however. In one case, a video that included misinformation was viewed 570,000 times before it was taken down.

How can public health authorities effectively counter misleading claims in the mainstream media and on social media?

Corrections can be problematic if they are not handled well. In a review my colleagues and I published in the journal *Psychological Science* in 2017, we found that detailed corrections can lead people to remember the errors, rather than the corrections. One good remedy is to encourage audiences to be critical of new information, and to come up with their own counterarguments.

What are the most important elements to include when crafting health messages for the broader public?

Make sure that the message includes appropriate recommendations. In most cases, you can introduce four or five recommendations without diluting your message. Research suggests that people are more likely to do multiple things or choose how to protect themselves than they are to engage in a single protective action.

Also, fear matters. People need to be realistic about the threat, so it's important not to exaggerate. As long as you are perceived as a credible information source, your warnings about situations that appear more dangerous will spur more action.

In a study of the dissemination of health information on Twitter, we found that fear-related language, longer messages, a lack of outbound links to other websites and the inclusion of images—photos, videos or a GIF—were the strongest predictors of retweets.

However, if you have limited space, it's best to instruct people in behavioral skills. For example: How exactly do we achieve social-distancing goals? Does this mean I can take my three children to the playground or go party at the beach? Sharing actionable information is much more important than inducing fear.

Provided by University of Illinois at Urbana-Champaign