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“WHY WOULD SOMEONE INTENTIONALLY LIE?”: ASSESSING THE CREDIBILITY OF CANCER (MIS)INFORMATION ON FACEBOOK

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Introduction

As misinformation on social media continues to proliferate, scholars are increasingly calling for explorations of the consequences of health-related misinformation for health outcomes (Chou, Oh & Klein, 2018; National Cancer Institute, 2016). Recently, researchers from the U.S. National Cancer Institute expressed concern over how health misinformation is shared and how vulnerable populations respond to it (Chou et al., 2018). Understanding the role of cancer misinformation in the uptake of prevention and screening behaviors among underserved communities with high cancer burden is an important step in reducing cancer health disparities. However, engagement with cancer misinformation on social media has been understudied, and existing research on the topic focuses primarily on Twitter and Weibo (Chen, Wang & Peng, 2018; Park et al., 2016). Yet, a recent study found that 96% of the top 100 shared health articles in 2018 were shared on Facebook; 51% of those health articles had neutral to poor credibility scores (Credibility Coalition, 2018). As such, it is important to understand how Facebook users assess the credibility of cancer screening and prevention information (CPSI) shared by their Facebook Friends or Groups, which may include unreliable or user-generated information.

This exploratory study seeks to understand how U.S. Latinos assess the credibility of CPSI they engage with on Facebook. This topic is in clear alignment with the

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conference's theme of trust in information and will provide insight on how underserved communities navigate the current social media landscape.

Methods

To explore this topic, we interviewed 20 Latino/Hispanic Facebook users between the ages of 40-75 without a history of cancer. Latinos were selected as a study population because they are the largest minority group in the U.S. (U.S. Census Bureau, 2017), avid Facebook users (Krogstad, 2015; Nielsen, 2016), and experience high cancer incidence rates for screenable cancers linked to preventable behaviors (breast, prostate, colorectal) (American Cancer Society, 2015). We focused on the age range of 40-75 because it encompasses U.S. screening guidelines for the aforementioned cancers. Furthermore, older Americans report being less able to distinguish fact from opinion (Gottfried & Grieco, 2018), which may affect how they assess CPSI credibility.

Participants partook in semi-structured, in-depth interviews (~2hrs). After discussing their overall Facebook utilization, participants accessed their Facebook account alongside the researcher. Upon logging in, participants entered the search term "cancer," and walked-through 6-12 months of cancer-related posts that appeared on their NewsFeed (posts sorted by "Most Recent" and posted by "Your Friends and Groups"). If a participant had engaged with CPSI (i.e. liking/commenting/sharing a post; clicking on a link; reading an article; and/or watching a video), the researcher asked questions regarding if and how participants assessed the credibility of the information. When applicable, the researcher and participant watched embedded videos or clicked on any links within a post to discuss the content and process by which credibility was assessed. After discussing the posts appearing on their NewsFeed, participants reacted to three standardized CPSI posts, enabling researchers to further explore perceptions of credibility with identical content. Both computer screen and audio were recorded throughout the encounter. Interviews are being analyzed thematically, and CPSI via content analysis.

Preliminary findings

Preliminary analyses suggest that most CPSI participants engaged with were for foods claiming cancer prevention/curative properties. Participants with higher education levels were more likely to verify information via outside sources (i.e. PubMed, national cancer organizations, WebMD). Others looked for cues within the post to assess credibility (i.e. being shared by a reputable news agency). Most, however, reported not verifying information, only doing so if they thought the information was important or relevant to them. Instead, participants relied on heuristics to assess credibility – including post virality, recognizing culturally popular foods (e.g. soursop in Puerto Rico), and personal testimonies. Others cited the credibility of the friend posting the information. Lastly, some never verify information, believing that "someone must have" verified any information previously posted on Facebook.

We are currently viewing the recorded content participants engaged with to assess the accuracy of the claims in each post/link. This will be used to further contextualize how Latinos assess the credibility of the information they consume.

Implications

Previous studies assessing cancer-related information on Facebook have analyzed content on reputable cancer organizations' Facebook Pages (Strekalova & Damiani, 2016; Strekalova & Krieger, 2015; Kapahi-Theiss et al., 2016). Our findings suggest most CPSI engagement among Latino adults does not come from reputable sources or cancer organizations with a Facebook presence, but instead from Facebook Friends and Groups that at times share unreliable information. These findings provide insight to important features health organizations should consider when designing social media campaigns to counteract misinformation with reputable cancer information. They also highlight the importance of developing digital literacy programs that help users navigate information shared within one's network. Furthermore, in light of recent platform-led initiatives to reduce the amount of misinformation pertaining vaccines shared on social media (i.e. Pinterest banning searches; YouTube demonetizing videos), these findings raise broader questions regarding Facebook's roles and responsibilities in regulating and monitoring health misinformation on its platform.

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