



CMSS-NAM-WHO Collaboration: *Phase 2: Identifying Credible Sources of Health Information in Social Media*

Identifying Credible Sources of Health Information in Social Media

PROGRAM OVERVIEW

The [Council of Medical Specialty Societies](#) (CMSS), a coalition of 48 national specialty societies committed to scholarship, research, and education, is pleased to collaborate with the [National Academy of Medicine](#) (NAM) and the [World Health Organization](#) (WHO) on [Phase 2](#) of a project on identifying credible sources of health information in social media. The output of this phase will be a framework for organizations to be able to identify and vet a wider set of credible health sources beyond entities already subject to standardized vetting mechanisms. With a focus on source credibility, these updated principles can be used to identify and elevate credible sources of health information on social media and related platforms.

PHASE 1

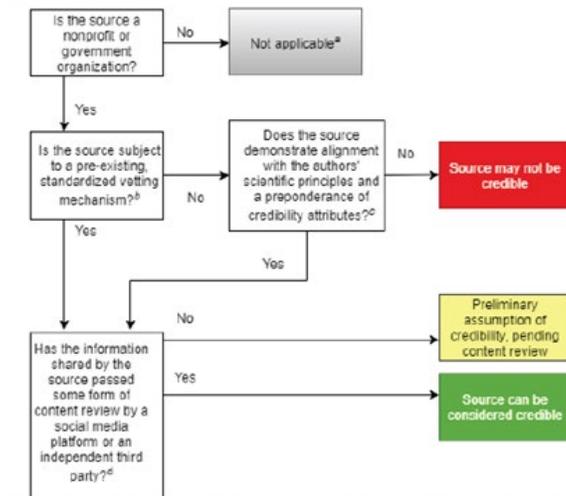
In Phase 1, an independent advisory group convened by NAM developed a discussion paper entitled “[Identifying Credible Sources of Health Information in Social Media: Principles and Attributes](#).” The NAM discussion paper included a set of principles and attributes that could be used to assess entities for credibility, including: 1) science-based; 2) objective; and 3) transparent and accountable. The NAM and WHO convened a meeting to review and validate these principles for a global application.

Potential sources of credible information included:

- Non-profit and government sources with pre-existing, standardized vetting mechanisms, including government organizations, academic journals, accredited healthcare organizations, educational institutions, and public health departments;
- Non-profit sources without standardized vetting mechanisms, including non-profit organizations, foundations, patient disease organizations, and community health organizations
- For-profit entities and individual sources were considered out of scope in Phase 1

As noted in the NAM flowchart for credibility of sources of health information (Fig. 1 on the next page), organizational sources could be afforded a preliminary assumption of credibility if they were subject to **pre-existing, standardized vetting mechanisms**, including government accountability, accreditation, and academic journal indexing. Social media platforms, including YouTube, have begun to [label content](#) produced by one of these authoritative sources with pre-existing vetting mechanisms.

FIGURE 1 | Assessment Flowchart for Credibility of Sources of Health Information in Social Media



[a] This chart is developed for credibility assessment of nonprofit and government organizations only. For-profit companies and individuals that serve as sources of health information should also undergo separate credibility assessment processes.
 [b] Pre-existing, standardized vetting mechanisms that align with the authors' principles and attributes include accreditation, academic journal indexing, and government accountability rules. Even sources subject to one of these mechanisms should strive to meet the authors' stated credibility principles and attributes.
 [c] See Table 1 for a list of principles and credibility attributes.
 [d] Ideally, a quality assurance system that includes content assessment should supplement assessment of source credibility.

Figure 1: Assessment Flowchart for Credibility of Sources of Health Information in Social Media, NAM Perspect. 2021.

PHASE 2

In Phase 2, CMSS will collaborate with NAM and WHO to focus on a **larger body of content producers**, including non-profit entities not subject to vetting mechanisms, for-profit entities, and individuals, in order to:

- Establish how **non-profit entities not subject to vetting mechanisms** can demonstrate their alignment to the NAM principles and attributes.
- Consider and adapt existing principles and attributes for **for-profit entities and individuals**.

Newly adapted principles and attributes will be used to assess the source credibility of this set of expanded sources. This new phase of work will also consider the additive value of objective source credibility assessment for clinical leadership that provides organizational scientific oversight, as well as for individual content creators.

While the updated guidance will be used to identify and elevate credible sources by social media platforms, organizations that share health information through social media may find the updated principles and credibility attributes useful in assessing their own approach. Members of the public might also use this guidance to inform their personal evaluation of sources. Both groups should be engaged by social media platforms and others seeking to improve the accessibility of high-quality health information in social media.

An advisory panel will guide this phase of work and will include authors of the Phase 1 NAM paper, WHO representatives, and additional expertise that can objectively construct a globally relevant, expanded set of principles, attributes, and definitions applicable to this broader group of potential sources of credible information.

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