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Influencer-Driven Health Misinformation: Implications for Institutional Health Promotion Strategies

Alireza Pourrahim[1*]

[1] Student Research Committee, Faculty of Medicine, Ilam University of Medical Sciences, Ilam, Iran

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✉ ***Correspondence to:***

Alireza Pourrahim
Student Research Committee, Faculty of Medicine, Ilam University of Medical Sciences, Ilam, Iran

Email:
alirezapourrahim2003@gmail.com

A B S T R A C T

Social media platforms have fundamentally altered how populations access health information, elevating influencers as trusted sources while marginalizing institutional voices. Influencer-driven content frequently propagates health misinformation including anti-vaccine narratives, unvalidated treatments, and misrepresented clinical evidence, amplified by engagement-driven algorithms that prioritize emotional resonance over accuracy. Younger populations and those with lower health literacy bear disproportionate exposure. Institutional health promotion strategies remain structurally ill-equipped to respond, constrained by slow approval processes, formal communication styles, and algorithmic disadvantage. Effective adaptation requires training communicators in digital storytelling, building rapid response capacity, forging partnerships with credible micro-influencers, and integrating media literacy into health education. Platform governance reform and updated evaluation frameworks are equally essential. Addressing influencer-driven misinformation is no longer peripheral; it is a core public health priority..

Keywords: Health misinformation; Social media; Health influencers; Health promotion; Digital health communication

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Dear Editor,

The digital health information landscape has undergone a fundamental transformation. Social media platforms particularly TikTok, Instagram, and YouTube have displaced traditional institutions as primary health information sources for large segments of the population (1). Nationally representative survey data indicate that approximately 80% of patients with chronic diseases report using the internet to seek health-related information, with younger adults and those with higher education levels demonstrating significantly greater engagement with social networking sites for health purposes (2). Within this ecosystem, health influencers individuals with large followings who produce health-themed content have acquired a level of audience trust that often surpasses that of formal health institutions (3). This shift carries significant implications for public health that warrant urgent attention.

The misinformation burden generated within influencer-driven content is substantial. Common examples include unvalidated dietary regimens, anti-vaccine narratives, promotion of unproven

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therapeutic products, and misrepresentation of clinical evidence (4). Critically, not only does this such content merely spread, but also it spreads rapidly. Platform algorithms prioritize engagement metrics over informational accuracy, systematically amplifying emotionally compelling content regardless of its evidential basis (5). Populations with lower health literacy and younger demographics are disproportionately exposed and less equipped to critically evaluate such claims, compounding public health risk (6).

Institutional health promotion strategies have been comparatively ineffective in this environment. Several structural factors explain this gap. First, institutions rely on evidence-based, reviewed, and approved messaging, a process inherently slower than real-time influencer content production. Second, institutional communication tends to be formal and data-centric, whereas influencer content is narrative-driven, relatable, and emotionally resonant (7). Third, platform algorithms favor personality, entertainment value, and user interaction characteristics that credentialed institutions rarely optimize for. Together, these factors create a systematic disadvantage for public health authorities competing for audience attention.

These dynamics carry concrete implications for how health promotion must evolve. Institutional communicators require training not only in public health science but in digital storytelling, platform literacy, and audience engagement techniques. Rapid response infrastructure must be developed to counter misinformation within hours rather than weeks (8). Partnerships with credible science communicators and micro-influencers (individuals with smaller but highly engaged audiences and demonstrated commitment to accuracy) represent a viable strategy for extending institutional reach without sacrificing credibility. Such collaborations have shown early promise in vaccine communication contexts (9).

Beyond communication reform, structural interventions are necessary. Media literacy must be integrated as a core competency within health education curricula at all levels. Simultaneously, public health authorities should actively engage platform governance processes, advocating for algorithmic accountability mechanisms that do not disproportionately reward health misinformation. Evaluation frameworks must also be updated: traditional metrics such as reach and impressions are insufficient. Behavioral outcomes, correction rates, and engagement quality must be incorporated into health promotion effectiveness assessments (10).

The proliferation of influencer-driven health misinformation is not a peripheral concern; it is a central challenge to contemporary public health practice. Institutions that continue to rely on legacy communication models risk irrelevance in an information environment they no longer dominate. Adapting requires interdisciplinary collaboration between public health professionals, communication scientists, behavioral researchers, and platform policy teams. Research investment in effective counter-misinformation strategies is urgently needed. Health promotion institutions must recognize that competing in the digital information space is no longer optional; it is a public health imperative.

Conflict of interest

The author declares no conflict of interest.

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Authors' contributions

A.P. is the single author of the manuscript.

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