

Social media and health promotion

Cameron D. Norman¹

Introduction

Social media is transforming the way we communicate, changing society (1), and health promotion with it. Social media tools such as Facebook (2), Twitter (3) and YouTube (4) reach more than a billion users across the globe through easy to use, low cost, multimedia and mobile technologies that create conversations between individuals and groups across the social spectrum. This new toolset offers a transformational means for information and communication technology (ICT) to support the original goals of the Ottawa Charter for Health Promotion (5) onward through the Bangkok Charter aimed at achieving health for all (6). A closer look at the opportunities and challenges that social media presents for health promotion requires going beyond technology toward a rethinking of the social relationships it helps to facilitate.

Social media and health communication

Social media is any networked ICT tool or platform that derives its content and principal value from user engagement and permits those users to interact with that content as part of a larger movement in communications organized under Web 2.0 (7,8). The ability to comment, share, contribute to and remix existing content is what distinguishes social media from other forms such as television, print, radio and early websites. Social media shifts health communication messaging from one-to-many to include one-to-one and many-to-many simultaneously, while offering novel means to reach people wherever they are located in real time. Unlike previous generations of the Web, social media doesn't require its users to have an understanding of how their tools work or programming languages to generate content and share it. Although social media has been around since 2004, the widespread availability of mobile Internet-enabled devices using Apple's iOS (iPhone), or Android or Blackberry systems, has put it in reach of people across the globe.

Social media users are akin to artists, creating, reworking and sharing content instead of passively 'consuming' it. Social media may be new, but its manifestation was presaged through ideas introduced in the 1960s by Marshall McLuhan and

members of the Toronto School of Communications group of scholars (9). School member and anthropologist Edmund Snow Carpenter (10) noted how the following 'rules' of communication used in traditional journalism ran contrary to what new media offered:

- Know your audience and address yourself directly to it;
- Know what you want to say and say it clearly and fully;
- Reach the maximum audience by using existing channels

Whatever sense this may have made in world of print, it makes no sense today. In fact, the reverse of each rule applies. If you address yourself to an audience, you accept at the outset the basic premises that unite the audience. You put on the audience, repeating clichés familiar to it. But artists don't address themselves to audiences; they create audiences. The artist talks to himself out loud. If what he [sic] has to say is significant, others hear and are affected.'

Carpenter saw opportunities in the electronic media of the day (e.g. television) as a vehicle for this new form of communication, a vision that wasn't fully realized until social media emerged, fitting his

1. Dalla Lana School of Public Health, University of Toronto, Canada; CENSE Research + Design. Correspondence to: 757-155 Dalhousie Street, Toronto, ON, M5B2P7 Canada. Email: cdnorman@cense.ca

critique and his belief in the role of the audience as a prosumer of content:

The trouble with knowing what to say and saying it clearly and fully, is that clear speaking is generally obsolete thinking. Clear statement is like an art object: it is the afterlife of the process which called it into being. The process itself is the significant step and, especially at the beginning, is often incomplete and uncertain...The problem with full statement is that it doesn't involve: it leaves no room for participation; it's addressed to consumer, not co-producer.

Social media realizes Carpenter's vision by placing participation and co-production at its core. It has transformed mass electronic communications from lectures to conversations. This fundamentally changes the way knowledge is created, valued and the social power that comes with that knowledge, taking it from professional or community domains and placing it into a form of digital agora woven by information created through conversation rather than broadcasting.

Health promotion 2.0: creating and changing conversation

Conversation is both a metaphor and genuine outcome of social media and fits the goals outlined in The Ottawa Charter for Health Promotion (5) with particular emphasis on strengthening community action, developing personal skills, and creating supportive environments, while contributing to a reorientation of health services and a wider discussion on the definition, creation and implementation of healthy public policies. Through multimedia channels of communication, social media tools offer many means for individuals and organisations to connect and share in ways that fit their messages and their learning preferences.

Media shapes the message and the audiences created through it. Edmund Snow Carpenter noted how a focus on software, not hardware, allows users (youth, in his case) to 'package their messages in media that fit their messages, that is, they create new media to fit their messages. In doing so, they create their own audiences' (10). Social media realizes this vision, enabling health promoters and the public to shape a message using media that fits

the message they wish to deliver rather than have to force content to fit existing media forms which may be sub-optimal for learning or literacy. In social media, these forms currently include: narrative-style essays and short reports via blogs on services like Blogger (11) or Wordpress (12); short 140-character micro-blog messages through platforms like Twitter (3); short-form text messaging; editable pages and wikis like Wikipedia (13) or Google Docs (14); videos distributed through services like YouTube (4), Vimeo (15) and Viddy (16); photo sharing through Instagram (17), Pinterest (18), TwitPic (19), and Flickr (20); audio sharing through Soundcloud (21), Last.fm (22), or podcasting services; or combined, multi-purpose platforms like Facebook (2), Ning (23), or LinkedIn (24) that offer multiple media options.

Software evolves and changes quickly, and a caution for health promoters is to avoid getting attached to the medium over the message. Once widely used social media properties MySpace (25), ICQ (26), and Digg (27) were quickly replaced by Facebook (2), Twitter (3), and Reddit (28) within the span of a few years, a pattern that continues as new tools get introduced, others improved, and business models evolve and sometimes clash with social media users' interests. Although various social media technologies have come and gone, the primary tasks performed by these tools have remained stable. What has changed is the variety of means available for accessing social media. Mobile handsets, tablet computers, and laptop or desktop computers plus a variety of hybrids offer much choice for the public and professionals alike. While the panoply of options change quickly, the 'cloud based' nature of social media means that most of the technology powering these tools is not located in the device itself, but in cyberspace. This reduces reliance on specific devices, reducing costs and enabling them to be better suited for environments hostile to electronics and vulnerable to theft.

Access, inequities, and health literacy

Access to technology is often cited as a major barrier to health promotion using ICT (29,30). While social media does not eliminate disparities between groups, less reliance on hardware, the no or low-cost of social media tools themselves, coupled

with an increasing global spread of stable Internet access has lowered barriers globally. Social media also reduces social inequities created by organisation size and social position. On popular platforms like Facebook or Twitter, an individual, small organization, governmental body or multi-national corporation all have a single 'face' that looks and functions the same way. Although larger organizations have resources that enable them to do more curation and production of content for those pages, the overall look and feel is identical. This has allowed myriad new voices to emerge in the social media-sphere where individuals can have as significant a media presence as major corporate brands, researchers, and governments.

This democratization of media introduces new voices to the media-sphere, and new challenges with it. No longer can health professionals assume that their authority and social position will afford them greater influence in the social media landscape relative to others. In many cases, health professionals may be better suited to amplifying other voices than their own on matters of policy and practice in order to be effective. This role of the supportive outsider is not entirely unfamiliar to the field of health promotion; however, it becomes more obvious when the public has means equal to or greater than professionals to act on issues through social media.

The volume of rapidly produced content through social media raises the importance of health literacy, reflecting a key plank in the Jakarta Declaration of Health Promotion (31), but also sensitivity to the combination of critical, health and ehealth literacy (32–35) skills required to make use of electronic information effectively. For professional health promoters, this means working with communities to promote literacy training and paying attention to the evolving nature of ehealth literacy (34) as new tools emerge and new media get introduced.

Beyond tools and technology

Social media is not a single thing, but a constellation of tools and technologies that support peer-to-peer conversation and co-creation. For health promotion it is important to focus on the fundamental qualities of what a particular tool does more than the tools themselves. For example, blogs work well for providing in-depth information, allowing commentary and re-posting

of material to other sources. Wikis and editable documents like Google Docs allow mass collaboration and co-creation of textual content. Microblog services like Twitter enable users to connect quickly on a global scale with short-form content, ideal for spreading information at a rapid pace. Twitter can be thought of as a tool to find answers to questions that one might not have thought to ask from people unknown to us. For that reason, Twitter is a powerful tool for building and extending professional networks and outreaching to diverse, hidden communities. Single-media tools like Youtube (videos), Instagram (photos) and podcasts (audio) are simple means for sharing content that goes beyond text, while multimedia platforms like Facebook allow for the distribution of content in multiple forms and benefit (at present) from an enormous population of users.

Social media operates on a human scale like a conversation, but one that occurs across a global space and time. It incorporates elements of face-to-face discussion with asynchronous communication like email, simultaneously with large coffee house forms of group dialogue, while its emergent, self-organized nature reflect a complex adaptive system. Thus, health promoters working in social media would be wise to consider learning and applying systems thinking (36) in developing strategies to create and engage audiences. With the ability to create new media, messages and audiences simultaneously, attention to the impact of social media on health promotion outcomes requires methods that acknowledge its evolving, complex nature, thus requiring approaches such as developmental evaluation (37) over more traditional research methods. Thus, whether social media 'works' in producing positive health outcomes will constantly be a negotiated idea as the media changes along with the messages and audiences, requiring equally large changes in the mindsets of health promoters, funders and policy makers to adapt to this new reality.

Moving forward, the most substantial challenge for health promotion is not technological, but social. The social component of social media requires rethinking the way health promotion organizations and activities are organized, the standards used for assessing impact, and the roles of professionals and the public alike. The advantage is that this type of

disruptive innovation and change (38) is influencing every sector of society around the world. We are all in this together. With that in mind, health promoters have an opportunity to engage this medium mindfully to better engage their audiences, create new ones, and lead a global network of practice using tools that reside in our pockets to get us closer to achieving the aims of health for all in ways never before imagined.

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