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Adolescent and Young Adult Use of Social Media for Health and Its Implications



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ABSTRACT

Purpose: To determine how adolescents and young adults (AYAs) use social media to share health information and to assess attitudes toward using social media to obtain health information and communicate with medical providers.

Methods: A cross-sectional study of AYAs, 12 years or older, attending a primary care adolescent and young adult clinic. Participants completed an anonymous survey about health-related social media use, personal health, and communication with their health care team.

Results: Of the 244 patients approached, 204 enrolled (83.6% participation rate). Almost all (98%) had used social media within the prior month, but only 51.5% had shared health information in these networks. These participants shared about mood (76.2%), wellness (57.1%), and acute medical conditions (41.9%). Those with self-reported poor health were more likely to share health information than other groups. Privacy was the most important factor determining which platform to use. Only 25% thought that social media could provide them with useful health information. Few AYAs connected with their health care team on social media and most did not want to use this method; texting was preferred.

Conclusions: AYAs maintain their privacy on social media regarding their health. Those with self-perceived poor health are more likely to share health information, potentially biasing online content and impairing the generalizability of social media research. AYAs do not view social media as a useful source of health information, which may limit the utility of public health messages through these platforms, and it may not be adequate for communication between patients and their health care team.

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IMPLICATIONS AND CONTRIBUTION

This study found that adolescents and young adults limit health information shared on social media, do not find these platforms useful for learning about health, and do not want to connect with their physicians through these networks. These findings may limit the utility of social media initiatives to improve health.

Conflicts of Interest: The authors have no conflicts of interest to disclose.

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Adolescents and young adults (AYAs) have the highest rates of social media use of any age group [1,2]. Social media allows users to create, share, and exchange information and ideas in virtual networks, and it has the potential to revolutionize health care in a variety of ways. First, patients may benefit from social media by

obtaining health information, connecting with others with similar conditions, and joining online support groups, which can enhance patient empowerment [3] and may improve outcomes [4]. Second, physicians may use the “digital phenotype,” or online behavior and data of their patients, to complement clinical information to obtain better diagnostic and prognostic information [5]. Physicians may also leverage the popularity of social media among AYAs to enhance communication with their patients. Third, researchers can use social media to recruit patients with rare conditions [6], estimate the extent of disease outbreaks [7], and bring increased understanding of conditions via health behaviors reported online [8,9]. Finally, public health departments can distribute messages for staying healthy and increase awareness of various diseases through social media [10,11].

However, these potential benefits of social media rely on the type and quality of information that users voluntarily share and on their perception of the content produced in this medium. Although AYAs share a lot of personal information online—including pictures and videos, interests, relationship status, names of schools, birthdates, and email addresses [12]—they are conscious about maintaining privacy, control the information that others can see, and carefully manage their online reputation [12,13]. How and why AYAs decide to share information about their health on social media remains an underexplored topic, yet its understanding will be essential if we are to leverage social media to improve health.

This study aims to explore the manners in which AYAs obtain and share health information on social media and to assess attitudes toward the use of social media as a method of communication between patients, physicians, and public health organizations.

Methods

We enrolled a convenience sample of English- and Spanish-speaking patients, 12 years or older, visiting the Boston Children’s Hospital Adolescent and Young Adult Clinic. Research assistants approached the patients in the clinic waiting room and asked if they would like to participate in a one-time anonymous survey about social media use. Those who agreed to participate were offered options of taking the survey on paper or online from their own wireless device, using a web link or QR code. Participants received a \$5 gift card for completing the survey. Participants were recruited from January to July 2015 until the prespecified enrollment of 200 was reached. The Boston Children’s Hospital Committee on Clinical Investigation approved this study. Consent was implied by survey completion, and parental permission was waived.

Study data were managed using REDCap electronic data capture tools hosted at Boston Children’s Hospital. Paper surveys were entered manually into REDCap by a research assistant. Ten percent of surveys were double entered to ensure accuracy. Online surveys were directly entered by participants into REDCap.

Measures

Our questionnaire was modeled on a questionnaire for adults about social media use [14]. A copy of our questionnaire is included in the [Online Supplement](#). Participants were asked

to select the devices they used to connect to the Internet and to indicate the frequency of use of various social media platforms within the previous month. Participants were asked to rate their agreement on a five-point Likert scale to the following phrase: “Social media can help me obtain useful health information.” Participants were asked whether they posted about various health topics on social media, which platforms they used, and why they shared this information online. Participants were asked to rate the importance of various privacy factors that affected their selection of social media sites to discuss their health. The responses “important” or “very important” were collapsed into a single category called “important” in our analyses because of the limited number of responses in some categories. Participants were asked whether they connected with someone from their health care team on Facebook or Twitter and how they wished to communicate with them in the future.

Participants self-reported demographic information, including their age, gender, race, educational level, and primary language spoken at home. Participants were asked to rate their overall health as poor, fair, good, very good, or excellent, as well as to estimate their number of clinic or emergency room visits in the prior 6 months. For analysis, those reporting their health in negative or neutral terms (“poor” or “fair”) were grouped into the “poor-health” group, whereas those reporting their health in positive terms (“good,” “very good,” or “excellent”) were grouped into the “good-health” group.

Statistics

Descriptive statistics are reported for all study variables. Age, gender, and race distributions of the survey sample were compared with administrative data describing the population of patients who visited the clinic in the calendar year 2015 using Fisher’s exact test. Associations between categorical survey variables were also assessed using Fisher’s exact test. The association between self-reported health and the number of clinic or emergency department visits within the prior 6 months was evaluated using the Wilcoxon rank-sum test. The odds of posting to social media were compared among age groups using logistic regression; pairwise differences among age groups were corrected for multiple comparisons using Tukey’s method. Analyses were conducted using SAS software, version 9.3 (SAS Institute Inc., Cary, NC). All tests were two sided at the .05 significance level.

Results

Participants

We approached 244 patients in clinic; 204 patients agreed to participate and completed the survey, for an 83.6% participation rate. Participant characteristics are shown in [Table 1](#). Participants who answered the survey were similar to the general clinic patient population seen in 2015 in regard to age distribution but were more likely to be female (83.2% vs. 72.6%, $p < .001$). Race could not be compared due to differences in how race was reported in the general clinic population and on our survey instrument. Participants who rated themselves as having poor health reported having had more clinic or emergency department visits within the prior 6 months, as compared with participants who rated their health as good ($p = .0040$).

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