

Social Media, Health Policy, and Knowledge Translation

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Abstract

Social media has been cited as a methodology for reducing the knowledge translation gap, creating communities of practice, and reducing traditional hierarchical divisions. Social movements have also embraced social media as a means of spreading their aims and reaching wide audiences. However, its impact on health policy is seldom considered. The author examines the complexity of clinicians' use of social media to influence policy and how policy and government groups may use social media to help their own objectives.

Key Words: Social media, health policy, knowledge translation, community of practice

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INTRODUCTION

It is claimed that in 2012, as a result of the Supreme Court's website crashing, the decision on whether the Patient Protection and Affordable Care Act's mandate was valid was announced via social media, with even President Obama dependent on media outlets to learn the result [1].

Social media is a concept that is universally understood but not easily defined. Social media are the various platforms, generally Internet based, that enable communication among users using a unique frame of reference, including but not limited to Twitter (a microblogging platform limiting users to 140 characters per post) and YouTube (where users may upload videos). Social media is also a process by which information and knowledge can be rapidly shared. This heterogeneity of definition and use has made it difficult to examine social media's impact on medicine using traditional academic and research methods. This may explain why despite its widespread

use, the specific role of social media in health policy has been relatively poorly explored.

There is clear validity to using mechanisms that allow greater dissemination and reach of information. The ability of social media to close the knowledge translation gap has been postulated [2] but not yet definitively proved. However, the concept of digital communities of practice, collections of individuals linked via social media platforms, engaging in activities that generate new ideas and collaborations, is increasingly recognized [3]. This provides a plausible mechanism for the distribution of potentially complex health policy ideas that will challenge and ultimately refine them.

The use of media to change behavior is not new. For example, there have been effective campaigns to reduce drunk driving, smoking rates, and health care utilization [4-6]. The ability to build, at minimal cost, effective multimedia presentations on social media platforms and distribute them effectively further improves the ability to deliver health policy via this medium. A recent integrative review of a large range of study designs examined planned media interventions, including broadcast, print, and social media in any country, state, or community. Studies were excluded if they did not directly assess the association between media exposure and policymaking (ie, surrogate outcomes such as public preference for certain policies). Outcomes of interest were the impact of the intervention on agenda

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Table 1. Limitations of social media for health communication

Limitation	Relevance	Learning/Further Research
Lack of reliability	PU, PA, HP	This relates to the perception of the quality of the information received. This may be improved with better education and also by content producers' being more clear about or linking to sources of, evidence for their material.
Quality concerns	PU, PA, HP	A review of the quality of health policy–relevant information delivered via social media should be undertaken, and a quality assurance process agreed (inter)nationally to accredit high-quality information.
Lack of confidentiality and privacy	PU, PA, HP	There are some theoretical concerns that open debate may inhibit communication from some users. A social media strategy should not be based solely on gaining views from the public space.
Often unaware of the risks of disclosing personal information online	PU, PA	This should be less of a concern for health policy material, as policy documents and consultation are designed to be shared. However, it is important to recognize that health policy information may cause debate and diverse views, which must be managed appropriately, but sensitively, in open forums.
Risks associated with communicating harmful or incorrect advice using social media	PU, PA	These risks should be mitigated by improved quality control and assurance of primary content. However, it is relevant to note that some sites containing vexatious or incorrect material may have large followings and impact. It is important that policy makers be aware of this, and mechanisms to reduce the harm caused by these sites should be explored and used.
Information overload	PU, PA	It is likely that there is wide variation in the public and patient capacity to digest materials via social media, especially in a health policy context, and this should be examined.
Not sure how to correctly apply information found online to their personal health situation	PU, PA	There is a large gap in the evidence, specifically in relation to health policy shared via social media, as to how this is interpreted and acted on (as opposed to very specific health advice that has a greater evidence base).
Certain social media technologies may be more effective in behavior change than others	PU	This needs further academic examination
Adverse health consequences	PU	It is not clear if major harm has been caused by a social media–derived health policy initiative, but it is possible this may have occurred.
Negative health behaviors	PU	There may be a small but defined patient or public group that deliberately or unintentionally reframe its behaviors in response to personal networks on social media.
Social media may act as a deterrent for patients from visiting health professionals	PA, HP	
Currently may not often use social media to communicate to patients	HP	There needs to be an organizational or regulatory debate on social media and digital health competencies for health care professionals.

Note: HP = health professionals; PA = patients; PU = public.

setting, policy formulation, adoption, implementation, and evaluation, and process benefits were found in all these areas [7].

Intriguingly for a study submitted in 2016, no evaluations of studies directly relating to social media were found (among 13,764 citations searched). The authors

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