

Slide 1: Addressing Health Disparities: Why Use Web 2.0?

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Slide 2: Social Media “Disparities”

- Among those who use social media, use is highest in nonwhite populations
- Mobile Web use is increasing most rapidly in households with incomes <\$30,000/yr
- New opportunities to target populations that typically have the highest disease burden and least access to health care resources
 - Breathing Room — 18- to 29-year-old African-American smokers
 - Documentary style “Webisodes” follow four real people
 - Social media marketing strategy

Slide 3: Making content relevant

- Information overload versus filter failure
 - Identify credible voices/key influencers
 - Culturally relevant (i.e., narrative)
 - Plain language
- If your information is not on a small screen, it is not accessible to people who rely on mobile for Internet access
 - Microcontent
 - Opt-in programs

Slide 4: Be a Part of the Conversation

- Smokefree Pregnancy: strategic outreach activities
 - Facebook
 - Twitter
 - CafeMom
- Abundance of posts containing misinformation about the risks of smoking during pregnancy
- Widespread confusion about cessation methods
- Personal attacks and unsupportive comments by nonsmokers
- You can’t control the conversation, but you can participate in it

Slide 5: New E-Patient Typologies?

- Well: 65% (light users of mobile Web)
- Acute: 5 to 6% (heavy users of mobile Web)
- Chronic: 30 to 35% (moderate users of mobile Web)
- Do people from underserved communities use Web 2.0 and mobile technologies differently?

Source: Eisenberg Center Conference Series 2010, The Prospect for Web 2.0 Technologies for Engagement, Communication and Dissemination in the Era of Patient-Centered Outcomes Research, Effective Health Care Program Web site (<http://www.effectivehealthcare.ahrq.gov/index.cfm>)

- Guide development of products
- Guide marketing strategies

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