

Slide 1: Social Media and Health Care Disparities

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Slide 2: Can Social Media Help Address Health Care Disparities?

- Are there determinants of disparities that can be impacted by social media?
- Is using social media for health care marketing, data dissemination, decision support, self-care management or data dissemination useful among disparities populations?

Slide 3: The Social Media Phenomenon

- Interaction, sharing information, and collaboration are key.
- Growth in the utilization of social media and Web 2.0 applications is three times faster than overall growth in Internet utilization.

Slide 4: Social Media “Disparities”

Percentage of respondents who visit social networking sites at least -23 times per month

- English-preferring Hispanics: 36%
- Asians: 34%
- Spanish-preferring Hispanics: 27%
- African Americans: 26%
- Non-Hispanic Whites: 18%

Slide 5: Social Media “Disparities”

Percentage of respondents who visit MySpace and Facebook “regularly”

- English-preferring Hispanics:
My Space: 44%
Facebook: 18%
- Spanish-preferring Hispanics:
My Space: 35%
Facebook: 13%
- Asians:
My Space: 31%
Facebook: 18%
- African Americans
My Space: 29%
Facebook: 12%

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>)

- Non-Hispanic Whites:
My Space: 22%
Facebook: 7%

Slide 6: User Experience: An Overlooked Disparities Determinant

- The most common mistake is that companies think “good experience design is an add-on, not a base requirement.”

Jared Spool, founding principal and CEO at User Interface Engineering (UIE)

- “The biggest misconception is that companies have a choice to invest in their user’s experience. To survive, they don’t.”

Josh Porter, formerly of UIE and now principal at Bokardo Design

- True for software development or health-care system design.

Slide 7: Why Improving Access and Quality May Not Be Enough

- Minority patients stress the value of being able to “tell their story and be heard.”
- They also emphasize the importance of information sharing rather than decisionmaking sharing.
- They often believe there is an acceptable role for nonadherence as a mechanism to express control and act on treatment preferences when inequitable experiences exist.

Slide 8: User Experience and Health Care Disparities

- Poor “user experience” in health care disproportionately impacts disparity populations in part because of diminished number of available alternatives to improve the user experience.
- The health care user experience extends beyond the point of “care” to the broader patient home and environment.
- Clinical effectiveness is dependant on efficacy at all “points of care” (ACO, PCMH, population health).

ACO= accountable care organization; PCMH= patient-centered medical home.

Slide 9: Social Media Opportunities To Impact Health Care Disparities

- Patient-related opportunities
 - Improve user health experience among disparity populations to:
 - Improve shared decisionmaking
 - Enhance patient engagement
 - Reduce the prevalence of “acceptable” noncompliance
 - Promote adherence
 - Nike + iPod — Physical activity and fitness

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>)

- Qwitter, Quitnet, Habitchanger — Smoking cessation
- Whrrl, Yelp — Healthy diet and nutrition
- Foursquare, GyPsii, Plazes — Other health- or health care-oriented activities

Slide 10: Provider-related Opportunities

- Improve information sharing and patient-centered collaborative care
- Obtain important nonclinical information (observations of daily living)
- Enhance access to health care services
 - Patients Like Me
 - Second Life
- “Patient-centered” medical home integration
- “Accountable” care organization integration
- Future
 - Doctors Like Me; Patients Like Mine
 - “Doc” sourcing

Slide 11: Will Health Care Lead or Will We Follow?

- Research-related opportunities
 - Clinical trial recruitment and retention (comparative effectiveness reviews)
 - Observational trials and hypothesis generation
 - Community-based participatory research
 - Social media information exchange — consumer databases
 - Patients Like Me
 - Crowd Sourcing
 - NexGen personal health records
 - Consumer health informatics tools
 - Populomics

Slide 12: Social Media and Health Care Disparities (3)

- The opportunity is real.
- The potential is exciting.
- Will health care lead, or will we follow?

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