Using social media to promote good health

Craig Jackson, Professor of Workplace Health Psychology at Birmingham City University, asks if there is real benefit for workplaces using social media to help staff stay healthy. Can Twitter help to spot patterns of workplace ill health? Are social media initiatives merely flashy window-dressing, or can they provide tangible benefits to organisational health?

The following description of a US-based healthcare and technology think-tank — the Digital Health Coalition — highlights the current problem facing those who want to use smart social networking technology to improve the health of working people; the aims and objectives of such think-tanks are so broad and nebulous that they quickly confuse the reader with the vagueness of what they want to achieve.

“The Digital Health Coalition, a non-profit organization… was created to serve as the collective public voice and national public forum for the discussion of the current and future issues relevant to digital and electronic marketing of healthcare products and services. By engaging multiple and diverse stakeholders — including the pharmaceutical and biotech manufacturers, physician and patient groups, advertising agencies, health information providers, internet search companies, medical technology companies, employers, health plans, public health agencies, academic and research institutions, and public sector stakeholders… to identify and then recommend specific actions that will inform digital healthcare communication and engagement for the benefit of the public at large.”

Being charitable, and not wishing to single out the Digital Health Coalition for undue criticism, the problem is that such broad approaches taken by “big government” rarely result in tangible changes to workplace health. The overall aim is good but the variety objectives used are too diverse. At times it may feel that technology is making workplace health poorer, rather than making it better. Improving workplace health in the UK, being the complex long-term task that many know it to be, is an aim that perhaps does not need large multidisciplinary hi-tech solutions, but would possibly be better achieved through the use of many smaller, independent campaigns and initiatives running in tandem.

Making the task tangible
The current attempt by the UK Government’s Department of Work and Pensions (DWP) shows how such a complex task can be broken down into manageable objectives, and that commonly-used technology can be used in an effective way with smaller objectives.

The DWP publication, Health, Work and Well-being — A Strategy for the Health and Well-being of Working Age People defines its objectives simply:

“Health, work and well-being is a cross-government initiative aiming to:

- improve the general health and well-being of the working-age population
- support more people with health conditions to stay in work or enter employment”.

Equally, it explains how it shall achieve its objectives:

“Work with employers, trades unions and healthcare professionals to:

- create healthier workplaces
- improve occupational health services and rehabilitation
- increase employment opportunities for people who are not in work due to ill health or disability.

Do this by:

- educating individuals and raising awareness
- improving the range and capacity of occupational health services
- providing practical and effective support for employers, and small businesses
- encouraging public sector organisations to lead by example”.

---
It also lays out the reasons for the strategy.

“This brings benefits to:
- individuals, through better health
- employers, through improved productivity and reduced sickness absence
- government, through fewer people claiming sickness benefits and reduced health spending”.

The DWP is also aided in this global task by five other government departments (the Department of Health; the Health and Safety Executive; the Scottish Government; the Welsh Government; and the Department for Business, Innovation and Skills). Big networks, meta-databases, mass education and the use of the “deep web” are all emerging areas that are suggested as ways to potentially improve working peoples’ health. Such initiatives will take time to implement, however, and in the interim, what existing technology can be used to make a difference in workplaces?

Like it or not, Twitter is important and influential

The rise of the acceptance and everyday use of social media have clearly been social forces that have proven to be more powerful and influential on an everyday level than the majority of technology pundits and academics ever acknowledged they could be. Since 2004 with Facebook and since 2006 in the case of Twitter, social networking has become as influential to people as the daily newspaper used to be.

For non-users of social media (of which I am one) it must be reiterated that the popularity and power of social networking should not be underestimated — current data shows that by 2012 there were over 200 million people who actively used Twitter once per month — a figure that was at 100 million only a year earlier. There are 500 million registered users of Twitter, sending 340 million tweets per day, while also making over 1.6 billion search queries per day. So ubiquitous has it become, that it is now known as the text message of the internet.

Many positive pro bono uses of Twitter have been acknowledged — the “Twitter revolutions” in Iran, Tunisia, and Egypt (in 2009, 2010 and 2011 respectively); the effective mass warning of earthquakes in California in 2009; the organisation of clean-up campaigns following the English riots in 2010; and the mass manhunt for the Boston bombing suspects in 2013. A 2009 analysis of the content of thousands of tweets found that there tend to be six main categories of tweet: “pointless babble” (40%); “conversation” (38%); “pass-along value” (9%); “self-promotion” (6%); “junk/spam” (4%); and “news” (4%).

Useful epidemiological data

Health experts are opening up to the notion that Twitter can also be a data “goldmine” when it comes to studying epidemics and public health (disease) outbreaks. Users send 140 character tweets from their desktops, laptops, tablets and mobile phones. They can do this 24 hours a day and from virtually anywhere. Users tweet about almost anything they deem suitable — often including their lives, their jobs, and even their health issues and symptoms.

In healthcare terms, Twitter users are like the world’s pulse, and as many tweets are also tagged with a location, geographical mapping of communicable disease is easily possible. Detailed, location-specific data can also identify where there may be clusters of non-communicable diseases — back problems, cardiovascular disease, low-level mental health problems or Type II diabetes, which could allow health officials to focus education efforts in the areas that need it most. The potential is there for academics to study the outbreaks of occupational diseases, where they are focused, and how they “spread”.

Searching millions of publicly available tweets for certain keywords or phrases could produce useful health and disease trend data. The same method was used by the London School of Economics and The Guardian following the English riots in 2010 by searching through three million individual
tweets that mentioned “riots” in tracking rioting-behaviour. Technically speaking, it is not hard to do and could provide an occupational health “spotter” service that may be more accurate a measure of workplace or industry sector ill-health than any service based on GP or specialist returns data.

**Health promotion and guidance**

It is understood that although some people go to visit their GPs regularly and are compliant with healthcare guidance and healthy lifestyle education, there are many more that do not. Whether through reasons of time, poverty, inconvenience, culture, personality or negative attitudes towards the healthcare system, there are millions of working people in the UK who would benefit from interventions that do not require them to go to their GPs. Various Department of Health campaigns (healthy living; drink awareness, or early symptom spotting) in the broadcast media are effective on some levels, and there is no reason to believe that something more hi-tech, workplace-focused and directed through social media would be otherwise.

Millions of users have downloaded and use a huge variety of software applications (“apps”) that have a healthcare or fitness focus, which run on almost all mobile phone platforms and tablets. Many such apps are free (sometimes with a small fee required to upgrade to the full version) and have full functionality. Such apps are carried around with users all day on their phones and tablets and can be easily and conveniently accessed while at work, home or while commuting. Such apps fall into several distinct categories that can be summarised in the table.

**Healthcare and fitness apps**

<table>
<thead>
<tr>
<th>Dietary trackers</th>
<th>Exercise companions</th>
<th>Hypnotherapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relaxation or ambient noise</td>
<td>Weight loss guides</td>
<td>Recipe guides</td>
</tr>
<tr>
<td>Sleep hygienic</td>
<td>Martial arts guides</td>
<td>Smoking cessation</td>
</tr>
<tr>
<td>Parenting skills</td>
<td>Hydration reminders</td>
<td>Juice-making</td>
</tr>
<tr>
<td>Fertility or menses calendars</td>
<td>Pedometers</td>
<td>De-stress or anxiety-busting</td>
</tr>
<tr>
<td>Yoga guides</td>
<td>Detoxification</td>
<td>Mood improvement</td>
</tr>
</tbody>
</table>

Many of the apps have Twitter and Facebook integration so that users can share their performance or tips, etc with other users, thereby containing a social network component. Organisations could do more to encourage staff to use these free or cheap resources in maintaining their own health. They cost virtually nothing and can easily be integrated into any ongoing workplace health promotion programmes. It has often struck me as odd that many company Occupational Health and HR departments do not access such free tools more.

**Twitter accounts**

As a source of information, Twitter is becoming seen as a credible business tool in the Health and Safety sector (as it has been in other sectors for some time) and it would probably be remiss of practitioners in the field to not at least read the information that can be gleaned on Twitter. One of the strengths of Twitter is that users tailor the tweets they receive, and the credibility of the information they bring is largely dependent upon the reputation of the tweeter. Official Twitter accounts by government agencies are usually credible and provide early information on legislation, breaking news and sporadic advice campaigns.

**Hosting an organisational health and safety Twitter account**

Twitter can be used effectively by any company that wants to create its own “workplace well-being” account for staff to follow. It provides a free, direct, novel and easily controllable flow of information to staff that can be updated by the host from virtually anywhere. Content can range from daily healthy
tips, advice, focused campaigns or re-tweets of other health and safety content from other tweeters. Links to other web-based resources can also be posted, including links to news stories, and intranet links as well as direct links to useful health and fitness apps.

Creativity could also be used — encouraging interaction from followers, their replies and re-tweets — all in the name of getting healthy working and health promotion across to the organisation at large. Workers within the company would need to be encouraged to follow the host Twitter account, but this could be encouraged as part of the health-promotion culture within the organisation, and part of the challenge is to make the Twitter feed interesting and useful to the followers. Perhaps monthly lottery or raffle draws and giveaways could be used to incentivise follows (as is done by many corporate brands using Twitter). Access can also be restricted to only those who work for the organisation, so the Twitter postings really could be kept “in-house”.

Twitter has been adopted as a background tool within the education sector (especially colleges and universities) that allow increased student-staff interactions that can be more convenient for both parties. Students can find the information they need, or be sign-posted to it via a tweet sent at the tutor's convenience, without the two parties having to meet.

Various research studies have found that in educational settings at least, Twitter use helps individuals communicate better with each other, promotes learning, allows shy, remote and busy individuals to have more opportunity of communication, and it also increases engagement and feelings of belonging. These are clearly characteristics that healthy and well-being minded organisations will know that they need to foster in order to develop a good health and safety climate. While Twitter is not ideal (nor is it intended to be) for all social interactions, it provides another option or tool for health and safety staff to use.

**Reporting of concerns**

The interactive and immediate nature of Twitter would also allow for workers to report any health or safety concerns or hazards they may have directly — even taking photographs on smartphones that can be sent directly to those hosting the Twitter account and instantly raising awareness of such a hazard with fellow workers in a visual and impactful way. Such visual evidence can also be saved and used for future educational purposes or campaigning or awareness-raising with workers.

**Conclusion**

Although it is true that social networking has often posed problems and dilemmas for organisations (specifically in terms of workers’ confidentiality of usage and corporate social responsibility) and is often trivialised as a juvenile or facile activity, there remains great potential for it to be a useful tool in workplace health promotion. A final message is that the smartphone and its social capabilities should not be taken for granted in the way that it often is, and as a consequence, the omnipresent nature of social networking can be used proactively and creatively in organisations in ways that will make those places healthier places to be.

Those who have resisted using social networks for their own personal purposes for this long may find that the use of such for professional reasons will have surprising and immediately tangible benefits to what they do.

**References**

- Health, Work and Well-being — A Strategy for the Health and Well-being of Working Age People — a joint publication by the Department for Work and Pensions, the Department of Health and the Health and Safety Executive
- “Twitter Study Reveals Interesting Results about Usage”, in Pear Analytics, Kelly R (August 12, 2009).