

“Where they hang out”

**Social media use in youth health promotion:
An analysis based on a literature review and survey
of the youth sector in South Australia**



Centre for Health Promotion
Women's and Children's Health Network

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Government
of South Australia

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Executive summary

This is a report for multiple audiences. From a strategic perspective, this report aims to inform policy and program directions for Health Promotion Branch, SA Health, and within the Women's and Children's Health Network. This is also a document to provide background information, literature and a rationale for using technology in health promotion for on-the-ground staff and organisations working with young people.

Background

The way the internet is used has changed significantly over the past decade. The style of communication across the internet has changed from a one way flow of information to users, to a more interactive style of communication. The standard on which the internet is now based is known as 'Web 2.0'. Social media is part of the Web 2.0 movement, and is defined as a means and environment for social interaction via the internet. Examples of social media include social networking services such as Facebook, blogging, video sharing, mobile phone applications, and utilising game features to engage users. Trends on the use of social media platforms change rapidly however sites such as Facebook and Twitter remain strong as leaders in the field.

Reach and use of the internet

The proportion of Australian households with access to the internet is continually increasing and additionally young people also regularly access the internet through their schools. The accessibility of the internet across the community is an important consideration for the health care sector: people from lower incomes and culturally and linguistically diverse backgrounds have less access to the internet. Nevertheless, research shows that the internet is an important health resource for young people, with around three quarters using the internet to seek out health information. Mobile phones and tablets are increasingly being used to access the internet, with over half of 16 to 29 year olds using their phones to access the internet. It is estimated that 90% of phones will be "smart" mobile phones with web surfing abilities by 2015.

Young people are at the forefront when it comes to the adoption of social networking technologies and the internet is highly important in the lives of young people. Nine out of ten 16 to 29 year olds use the internet daily and this age group spends more time online than any other.

The reasons young people use the internet change as they grow older. Younger children (eight to 11 years) are mostly interested in playing games whereas young people (12 to 17 years) are more interested in social interaction and social networking.

Role of social media in health promotion

Research and evaluation on the use of social media for health promotion is limited. The South Australian Government has developed a number of initiatives using social media to engage and interact with young people and the public. These initiatives include the development of Facebook pages by the Office for Youth and the SA Health '*When you Drink too Much*' campaign, in addition to the SA Health and the Minister for Health John Hill Twitter profiles. These initiatives are leading the field and are consistent with a 'Government 2.0' approach which changes the way governments engage and interact with citizens by increasing the participation of the community.

So why does social media and technology matter for health promotion? Health promotion practitioners need to understand technology to ensure:

- > their programs are accessible and familiar to the communities they work with,
- > they are engaging in relevant ways, and
- > they are providing opportunities for people to control their own content and develop their health literacy.

Challenges to be addressed when planning to use social media in youth health promotion include:

- > the exposure of young people to unhealthy influences online such as advertising for unhealthy foods and drinks including alcohol
- > issues with cyber safety
- > the use of social media to promote health may contradict messages to increase physical activity and decrease screen time
- > general access and equity concerns related to internet and technology use.

Each of these issues is surmountable with careful planning and consideration of risks at the outset.

Future directions for integrating social media into health promotion practice include use of social media as a:

- > setting where health promotion may occur
- > tool for progressing health promotion efforts
- > method to build the skills of participants in health literacy
- > method for participation and engagement, and a
- > means for delivering health and behaviour change interventions.

The planning and evaluation of social media health promotion strategies

There is no 'one size fits all' solution for the use of social media in health promotion. However, a systematic process for planning health promotion activities using social media is important. This planning process should consider the target audience, reasons and strategies for engaging the target audience, and the most appropriate social media platform to meet the project's goals.

Similarly, there is no standard approach to evaluating social media based health promotion initiatives. As social media is a setting or a tool for health promotion, it is recommended that traditional health promotion evaluation processes are employed, together with internet metrics (such as hit rates) that can be drawn from internet based analytical tools.

Survey of the issues and experiences of the South Australian youth sector

In order to identify existing work using social media in health promotion with young people, a survey was conducted by the Centre for Health Promotion to identify the use of social media within the South Australian youth sector. This survey also sought to identify key barriers and enablers to the use of social media within the sector. The findings are summarised below in Table 1.

Table 1: Key findings from the survey into social media use within the youth sector

| Theme | Details |
|---|--|
| The use of social media | <ul style="list-style-type: none"> > The vast majority of organisations surveyed are not using social media in their work. > The few organisations who reported using social media used Facebook and YouTube to engage with clients and promote educational messages and information. |
| How organisations would like to use social media | <ul style="list-style-type: none"> > To provide health information and key messages to clients. > To promote their own and other services in South Australia. > To engage and connect with young people. > To consult with young people and gain their feedback. |
| Barriers to the use of social media | <ul style="list-style-type: none"> > Time and resources needed in already under resourced workplaces. > Absence of policies and procedures (including knowledge of existing policies and procedures) to guide the use of social media for work. > Lack of staff knowledge and skills on how to use social media and related technology. > Insufficient support from management. |
| Future directions to enable the use of social media in health promotion | <ul style="list-style-type: none"> > Targeted funding to enable and encourage the use of social media. > Greater support from management, including leadership at multiple management levels within organisations. > Professional development and training. > Policies and procedures around the use of social media for work. > Assistance in developing evaluation methods for health promotion projects using social media. |

Recommendations

To enable the use of social media in youth health promotion, a series of recommendations is suggested at the conclusion of this report. These recommendations take a capacity building approach and focus on five areas for development:

1. **Governance and leadership** for the integration and use of social media in youth health promotion.
2. The development of **partnerships** to support the use, planning and evaluation of social media strategies in youth health promotion.
3. **Organisational development** in the use of social media in the workplace, with a focus on policies and procedures to support development and implementation.
4. **Developing workforce skills** to use social media within youth health promotion, based on a broader workforce needs assessment, followed by implementing training, support and the dissemination of relevant research and trends.
5. **Changing resource allocation arrangements** to support the use of social media with youth health promotion projects.

Introduction

The way the internet is used has changed significantly over the past decade. Use of the internet has shifted from primarily being for information and entertainment, to now being primarily for communication. Social media and social networking have become not only popular, but an integral part of everyday communication.

Young people in particular are early adopters of technology, and social media and the online world is an extension of life itself. For young people, technology is not 'new' and therefore the phrase "new technology" is not recommended terminology and is not used in this report.

Imagine there is a centre that the vast majority of young people go to most days of the week for several hours a day. Young people at this centre are seeking health related and wellbeing information, but there are no health promotion workers and accurate health information was not easily visible. There would no doubt be great concern across health promotion sectors and many meetings, offers of partnership and capacity building to rectify such a situation to achieve health outcomes. This describes the current situation if we conceptualise the social media environment as a setting.

While guidelines on how government services can use social media do exist, health promotion practice has not been quick to use social media and technology. This has meant that there is a lack of health promotion and social media projects, and therefore a paucity of evaluation and research, leading therefore to a situation where health promoters have little evidence to build a case and in turn develop projects.

Through consultation with the youth sector in South Australia, we have learnt that workers are constrained by a lack of capacity, knowledge, skills and organisational support to incorporate social media strategies into youth health promotion. With the benefits of technology underutilised, opportunities for engaging with and providing information to young people are missed.

This is a report for multiple audiences. From a strategic perspective, this report aims to inform policy and program directions for Health Promotion Branch, SA Health, and within the Women's and Children's Health Network. This is also a document to provide background information, literature and a rationale for using technology in health promotion for on-the-ground staff and organisations working with young people.

Part one of this report describes the different types of social media, their current use and popularity, and how young people are engaging with technology. It will also consider how governments are engaging with technology, and provide examples of the ways different social media platforms are used by some organisations.

Part two explores the implications of technology and social media for health promotion, and how social media can be considered using health promotion frameworks.

Part three presents the results of a survey of the South Australian youth health promotion sector regarding their use of social media for work purposes. The issues identified in this survey are discussed in the context of the research and literature. This forms the basis of the report's recommendations.

The recommendations of this report are structured using a capacity building approach to integrating social media in health promotion practice. Therefore the recommendations suggest that an approach that considers leadership, partnership, organisational development, workforce development, and resource allocation is required to ensure a sustainable approach to integrating technology in health promotion work.

The Policy Context

South Australia's Strategic Plan (2011)

The South Australian Strategic Plan acknowledges the positive impact of participation on young people's wellbeing. The Plan states 'as active participants in our community, young people are strong advocates. South Australia benefits when their voices are included in decision-making within our community'. The Community Engagement Board who led the consultation of South Australia's Strategic Plan utilised a combination of face to face and online approaches (using social media) to engage South Australian's voice in the plan. The South Australian Strategic Plan uses social media tools (Facebook, Twitter and YouTube) to continually engage with South Australians.

SA Health Consumer and Community Participation Policy Directive (2009)

The purpose of this policy directive is to ensure the community has the ability to participate in health care decisions. The policy relates to an individual's participation in decisions concerning their own health care, as well as consumer and community participation in decisions related to health service quality improvement, equity and management.

SA Health Primary Prevention Plan (2011-2016)

The Primary Prevention Plan sets out the Government's commitment to support good health and to see South Australians living healthier and more satisfying lives. For young people, the Primary Prevention Plan aims to help ensure that all young people are supported to be mentally, socially, physically and emotionally healthy. The Primary Prevention Plan recognises that adolescence and young adulthood are critical periods in development that are characterised by an increase in self-determination and decision making regarding health and life choices that impact on their future. The role of technology is recognised by the Primary Prevention Plan as a mechanism to engage people (especially young people) in health promotion activities and social marketing. Exploring the use of technology is listed as a priority direction for engaging young people, and this report forms an initial step in this process.

Adelaide Thinkers in Residence – Dr Martin Seligman (2012)¹

Dr Martin Seligman's residency focused on providing the tools for South Australian young people to live happier, more meaningful and engaged lives through developing wellbeing and resilience. A range of partners and supporters across sectors are overseeing the objectives of the residency and implementing Dr Seligman's ideas. The use of social media tools (including games and gamification) are considered in this report using the principles of positive psychology, with young people the focal point.

¹ Martin Seligman Thinker in Residence. Available at: <http://www.thinkers.sa.gov.au/Thinkers/MartinSeligman/Events.aspx>.

These policy directions set the context that young people should be actively engaged with decisions affecting their health and wellbeing. They provide a framework for engagement that is highly consistent with the practice of social media.

Other policies and guidelines specific to digital and social media are discussed within the report.

Methods

This report has used a combination of traditional literature searching, searching of grey literature through social media, and a survey of the youth sector in SA.

The first literature search was undertaken on PubMed in August 2010. This search used the keywords of “Facebook”, “Twitter”, “Myspace” together with “health promotion”. At this time there were very few published articles yielded. A further search was followed up on August 5, 2011 by the WCHN Library on the terms ‘Social networking’ and ‘health promotion’ and a combination of these words including young people. Follow up searches were undertaken using a snowballing technique whereby relevant articles were selected from reference lists. Ongoing literature searches were undertaken using Google and browsing relevant (youth/health/marketing) websites and blogs for grey literature publications.

Twitter accounts were opened by the Centre for Health Promotion staff who began to ‘follow’ key experts in the area, which resulted in being linked to grey literature and online articles including blogs, articles and web based reporting on the topic. Given the fast pace of technologies, this additional search beyond published journal based literature ensured that the most relevant and up to date information was sourced, and allowed a particular focus on the Australian context.

In 2011 Centre for Health Promotion engaged a consultant² with known expertise in social media to provide advice and develop a report on social media tools and principles applicable to relevant Centre for Health Promotion programs. This report provided recommendations on how social media can be incorporated into Centre for Health Promotion strategies in the context of other examples of how social media is being used in government and trends. Relevant data and content from the Hughes Public Relations report³ is included in this paper.

In February 2012 a short survey (shown in Appendix 2: Copy of survey distributed to SA youth sector) was conducted with the Youth Health Service Managers network in order to consider the issues and context for the South Australian youth sector (Part Three of this report). Further details on the method used for this survey can be found in Part Three. Insights from this report are used to inform the recommendations of this report.

Results and Discussion

Given the relative newness of social media, consensus regarding a language and its definitions has not yet been reached and there are many inconsistencies in the literature in relation to the language used. The absence of a common language is a limitation to literature searching as the common language around technology has not yet settled (i.e. it is evolving

² Michelle Prak, Hughes Public Relations.

³ Hughes Public Relations. Centre for Health Promotion Social Media Guide. 2011 Oct.

and moving all the time as technologies change), making it difficult to search for articles on this topic. This should be considered a limitation to the following results and discussion.

The results and discussion that follows is presented in three sections: *a background to social media, how social media can be used in health promotion, and a survey of the issues and experiences of the South Australian youth sector.*

Part 1: Background to social media

Definitions and understanding social media

In order to understand how technologies can be used in health promotion, it is essential that those managing health and wellbeing programs have an understanding of the Web 2.0 tools available to them. *Appendix 1: Resources for professional development in social media and its applications* list online resources that may assist in developing knowledge and skills around social media and its applications. The following section will define the key terms, definitions and terminology related to web based and mobile technology.

Web 2.0

The term Web 2.0 refers to 'web applications that facilitate participatory information sharing'⁴ so that that content is generated, distributed, organised and controlled by users and allows 'content participators' to have control over their own content and the way they use it.⁵ In contrast, Web 1.0 is considered to be dated pre-2004, where web content was mostly one-directional and "read-only".

Social media

Many definitions for social media can be found online, the most common examples include 'social media is people having conversations online'; 'social media is life online' and; 'social media is technically a means for social interaction through the web'.⁶

Through social media, web based information exchanges change from being *unidirectional* (e.g. traditional gatekeeper controlled, static, non-engaging, owner generated website) to *multidirectional*. Users, the 'content participators', are actively engaged in the communication⁷ rather than passive consumers or receivers of information.

This new model for web based communication means that information can come from the expert (e.g. from a health provider) and from the commencing ('content participators') and is shared. 'Content participators' can interact with, critically analyse, share, promote, modify and agree or disagree with the information rather than just passively receiving it.

Social networking services

Social networking services (SNS) are web based services, platforms, or websites where people can create, display and interact with their social networks or social relations⁸ e.g. Facebook, Twitter and LinkedIn (professional social networking). SuperClubs Plus (www.scplus.com) is a social network for children aged 6-14 years of age, supported by the Department of Education and Children's Development.

⁴ Wikipedia. Web 2.0. http://en.wikipedia.org/wiki/Web_2.0 (Accessed 2nd Sept 2011).

⁵ Kamel Boulos MN, Wheeler S. The emerging Web 2.0 social software: an enabling suite of sociable technologies in health and health care education. *Health Information and Libraries Journal*. 2007; 24:2-23.

⁶ Tommasi M. 50 Definitions of social media. http://thesocialmediaquide.com/social_media/50-definitions-of-social-media#ixzz1WfyopbVF (Accessed 1st Sept 2011).

⁷ Thackeray R, Neiger BL, Hanson CL, McKenzie JF. Enhancing promotional strategies within social marketing programs: use of web 2.0 social media. *Health Promotion Practice* 2008; 9(4):338-343.

⁸ Wikipedia. Social networking service. http://en.wikipedia.org/wiki/Social_networking_service (Accessed 2nd Sept 2011).

Example

SA Health has a Facebook page and a Twitter account to communicate general information relevant to the public of South Australia.



Figure 1: The Twitter account of SA Health

Example

Reachout.com is Australia's leading online youth mental health service that focuses on improving and supporting positive mental health in young people. Their Facebook page has over 13,000 'likers' (at April 2012) who can follow their tips and positive mental health information in a positive and light-hearted, participatory approach.

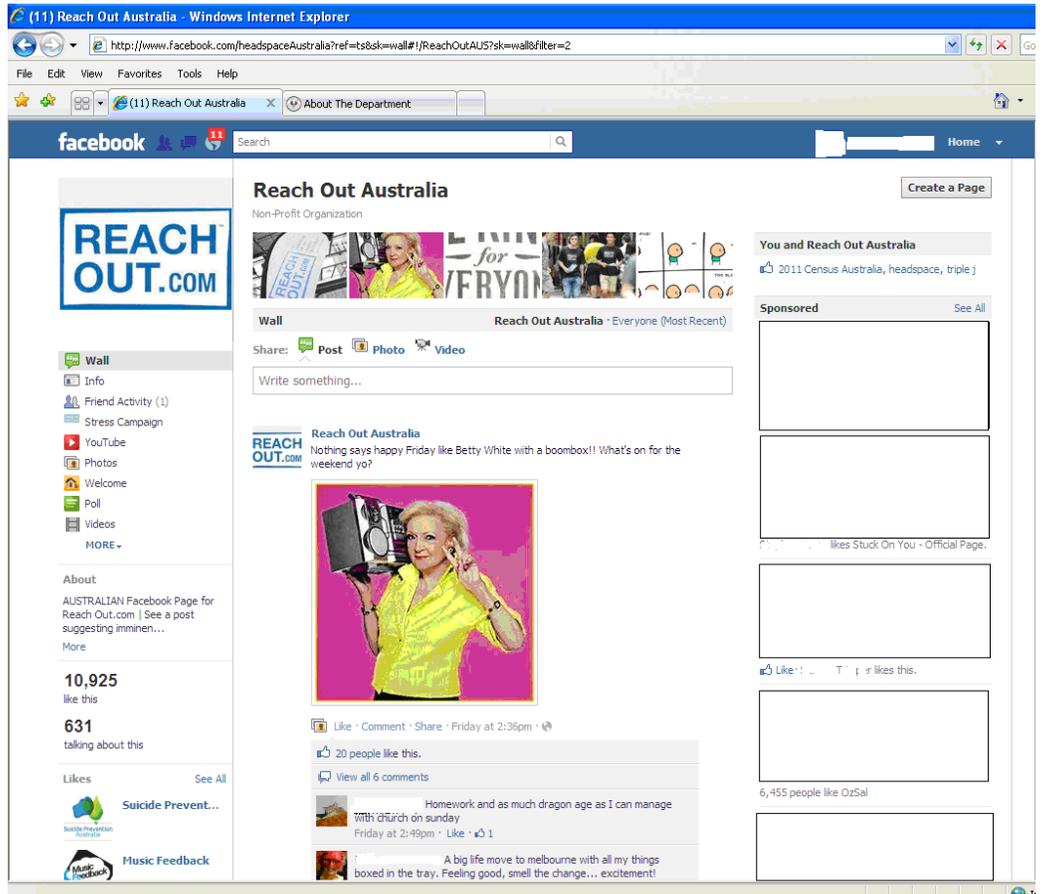


Figure 2: The Facebook page of Reach Out

Blogging sites

A blog (a blend of the term 'web log') is a type of website or part of a website where new content is added on a regular basis (for active blogs) usually with a mechanism for readers to comment. Blogs can contain a range of content but will usually be used as a way to provide news to an audience or commentary on particular events. The key blogging host sites include BlogSpot and WordPress.

Example

The Department of Education and Child Development CEO posts a regular blog on the Department's website for staff and stakeholders to subscribe to.

The screenshot shows a Windows Internet Explorer browser window displaying the website of the Department of Education and Child Development (DECD) in South Australia. The URL in the address bar is <http://www.decd.sa.gov.au/aboutdept/pages/aboutdept/ceblog>. The page features a navigation menu with links such as Home, About DECD, Information for Staff, Contact Us, The Department, Education Policy Reform, Research, News, Bullying/violence report, New Beginnings, and Contact details. A sidebar on the left lists various reports and policies. The main content area displays a blog post titled "'No Wrong Door'" dated Tuesday, 7 February 2012. The post text discusses the implications of developing a 'No Wrong Door' approach across Education and Child Development, mentioning the concept of 'working together, innovative thinking and new ways of sharing information to achieve the best possible client outcomes'. A 'BRIGHTER FUTURES for young South Australians' banner is visible above the post. On the right side, there is a 'SUBSCRIBE BY EMAIL' form and a 'BLOG ARCHIVE' section showing posts from 2012, 2011, and 2010. The Windows taskbar at the bottom shows several open applications, including 'start', 'Inbox - Micr...', 'DRAFT New ...', and 'About The D...'. The system tray shows the time as 10:42.

Figure 3: The blog of the CEO of The Department of Education and Child Development

Video sharing

A website where people upload and share their video clips with the public at large or to invited guests. Examples include YouTube and Vimeo.⁹

Example

Reach Out publishes videos on their key topics for young people incorporating the voices and experiences of young people.

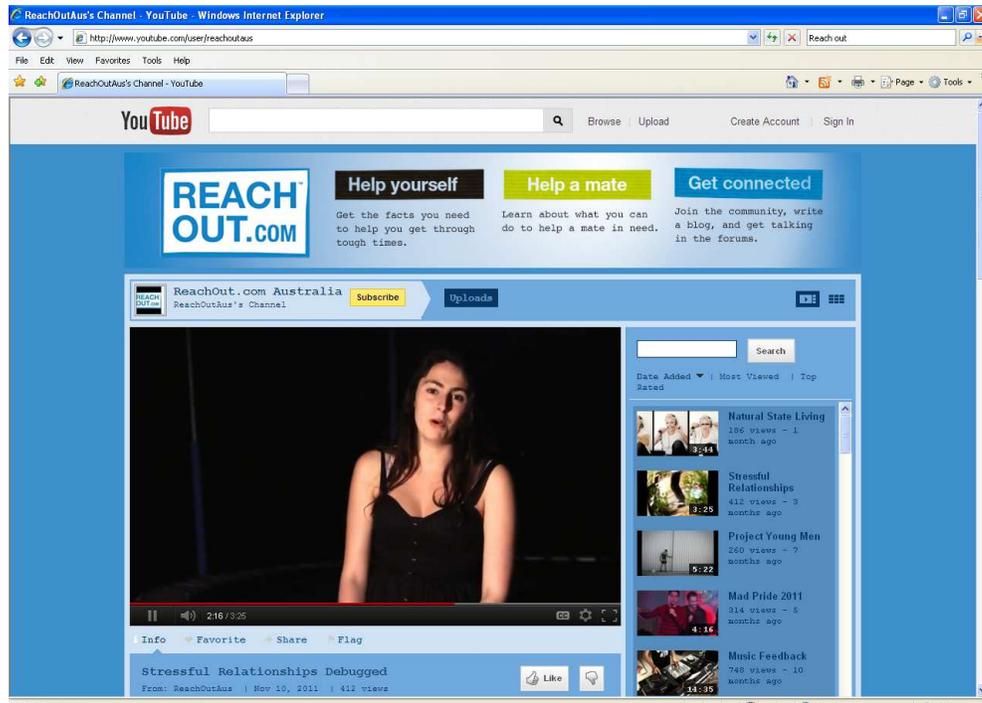


Figure 4: The YouTube channel of Reach Out

⁹ PC Mag. Encyclopedia. http://www.pcmag.com/encyclopedia_term/0,2542,t=video+sharing+site&i=57378,00.asp. (Accessed 6th Feb 2012).

Mobile phone and web based applications

Application software, also known as an application or an 'app', is software designed to assist the user to perform specific tasks. Most other types of software are designed to improve computer performance and functioning.

Example

The NSW based parks forum has developed an app to encourage people to be active in parks. Features include maps, information, tours, and site based games.

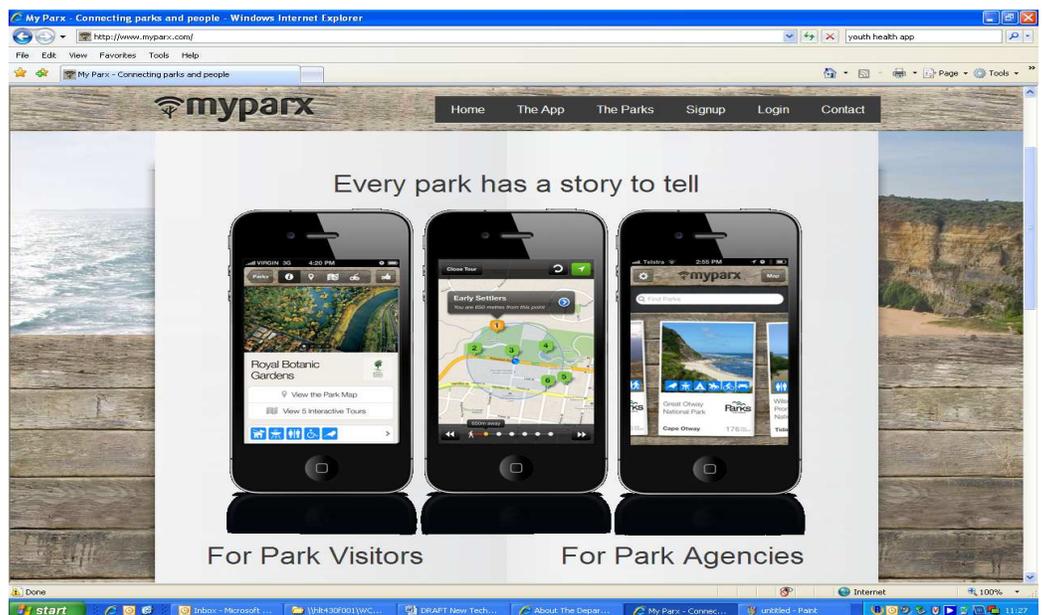


Figure 5: Smartphone app for MyParks

Gamification and 'serious games'

Gamification refers to the use of game mechanics to enhance non-game activities in order to encourage people to adopt or use them.¹⁰ It is essentially a process to make technology more engaging. It is being used increasingly by brands and businesses to improve engagement and participation.¹¹ Gamification is not the same as actual games.

The most common examples of gamification are outside of government and include the Fango app used by Yahoo!7 to interact and check in with TV shows and gaining points or other prizes. Fitness site 'Fitocracy' uses gamification to encourage users to exercise by gaining rewards like points and badges.¹²

¹⁰ Wikipedia. Gamification. <http://en.wikipedia.org/wiki/Gamification> (Accessed 8th March 2012).

¹¹ Bourque A. Is 2012 the year for gamification? Social Media Today. Available from: <http://socialmediatoday.com/socialmktgfella/455261/2012-year-gamification> (Accessed 6th March 2012).

¹² Wikipedia. Gamification. <http://en.wikipedia.org/wiki/Gamification> (Accessed 8th March 2012).

Potential ways gamification could be applied to young people are:

- > Points/badges earned for spreading links to key health information messages through Facebook or Twitter
- > Points/badges earned for 'checking in' at certain health services (such as youth health services, or youth events)
- > A system where badges and recognition are received for ongoing involvement/activity with a program (e.g. 'you are now a silver supporter of the x program and can download your badge from our website').

There are also examples of actual games used in public health which are called 'serious games'. One example is from the City of Melbourne who developed 'Grogger' (<http://www.grogger.com.au/>), a game which was developed to educate the public on the increased risk of injury when drinking alcohol. Grogger was based on the classic 1981 arcade game 'Frogger'. It aimed to challenge players to safely cross a busy city street to Flinders Street Station avoiding cars, trams and street sweepers with the effects of increasing alcohol consumption.

The possibility of using gamification for positive psychology was discussed during the Martin Seligman Thinker in Residency.¹³ There have been initial conversations between DECD and other partners in the Martin Seligman Thinkers in Residence program to explore the development of a 'serious game' to improve the mental health of young people attending school.

Use and popularity of social media platforms

Use of social media platforms (sites) in Australia are calculated using Unique Australian Visitors per month. This means that an Australian person visiting multiple times from the same computer will only be counted once.

In December 2011, the number of visitors to key social media platforms was as follows:¹⁴

| Site | Type | Number of visitors December 2011 | % change from January 2011 |
|-------------|-----------------------------------|----------------------------------|----------------------------|
| Facebook | Social networking | 11,200,000 | 13% |
| YouTube | Video sharing | 11,000,000 | 39% |
| BlogSpot | Blog host | 3,500,000 | 37% |
| Twitter | Social networking, micro-blogging | 1,800,000 | 44% |
| Word Press | Blog host | 1,600,000 | 43% |
| LinkedIn | Social networking (professional) | 2,000,000 | 62% |
| MySpace | Social networking | 560,000 | -13% |
| Flickr | Photo sharing | 1,000,000 | 37% |
| Tumblr | Blog host | 1,000,000 | 65% |
| Google+ | Social networking | 570,000 | 100% |
| Digg | Social bookmarking | 83,000 | -34% |
| Reddit | Social bookmarking | 160,000 | 64% |
| StumbleUpon | Social bookmarking | 150,000 | 38% |

¹³ Martin Seligman Thinker in Residence. Available at: <http://www.thinkers.sa.gov.au/Thinkers/MartinSeligman/Events.aspx>.

¹⁴ Cowling D. Social media statistics Australia – December 2011. Social Media News Available from: <http://www.socialmedianews.com.au/social-media-statistics-australia-december-2011/> (Accessed 6th March 2012).

This research shows that use and popularity of social media platforms does vary. New platforms are created and trends are changing rapidly. However, sites such as Facebook and Twitter remain strong and growing leaders in the field. The data indicate the importance of keeping abreast of trends and usage data to ensure the most relevant tools are used.

A report prepared for the Centre for Health Promotion provided the following statistics in relations to social media.¹⁵

- > The two most popular websites worldwide and in Australia are Facebook and YouTube
- > Almost half of the Australian population has a Facebook account
- > Mobile wireless internet use is growing fast and people want to be able to access websites from their mobile device.

Internet access

Use of computers, mobile phones and the internet has increased substantially in recent years in Australia. In 2010-11, 79% of Australian households had access to the internet at home.¹⁶ The proportion of Australian households with access to the internet has continued to increase from previous years. Home internet access is more common in households with higher incomes. The proportion of households in the highest income quintile with internet access was 95%, compared with 55% for households in the lowest income quintile demonstrating a lack of equity of access to key services like the internet. Young people were also found to access the internet through their school.¹⁷

Mobile phones (smartphones such as iPhones) and tablets (such as iPads) are increasingly being used to access the internet. Fifty four percent of 16-29 year olds are using their mobile phone to access the internet.¹⁸ It has been estimated that 90% of phones will be smartphones by 2015.¹⁹

At the end of June 2011, there were 10.9 million internet subscribers in Australia (excluding connections through mobile handsets) and 9.7 million mobile internet handset subscribers.²⁰

Reach of the internet – marginalised populations

The internet provides opportunities for marginalised young people and young people at risk of mental health difficulties, including same sex attracted and gender questioning young people, young carers and those experiencing chronic illness, to engage with peers in a safer and more accessible environment.²¹

¹⁵ Hughes Public Relations. Centre for Health Promotion Social Media Guide. 2011 Oct.

¹⁶ Australian Bureau of Statistics. Household internet and computer access. Last updated 15 December 2011. Available from:

<http://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/4E4D83E02F39FC32CA25796600152BF4?opendocument>.

¹⁷ Australian Communications and Media Authority. Click and connect: young Australians use of online social media 02: quantitative research report. Commonwealth of Australia; 2009 July.

¹⁸ Nielson 2010 in Collin P. Rahilly K, Richardson I & Third A. The benefits of social networking services: A literature review. Cooperative Research Centre for Young People, Technology and Wellbeing. Melbourne; 2011.

¹⁹ Maher C. Social media for kids: to tweet or not to tweet? Healthy Development Adelaide (HDA) seminar. 27 March 2012.

²⁰ Australian Bureau of Statistics. Internet activity, Australia, June 2011. Last updated 28 Sept 2011. Available from: <http://www.abs.gov.au/ausstats/abs@.nsf/mf/8153.0/>.

²¹ Stephens-Richter J, Metcalf A, Blanchard M, Mangan C & Burns J. Reaching the hard-to-reach: How information communication technologies (ICT) can reach young people at greater risk of mental health difficulties. Inspire Foundation (Australia). 2010 June.

In the third national survey of same sex attracted and gender questioning young people,²² young people used the internet to seek opportunities that were not available 'in real life', in particular to connect with others in a similar situation. Belonging to a site or group online was reported to be a positive experience with 75% stating they felt accepted there for who they were and feeling pride in their sexuality. Indeed, it is worth noting that the internet and social networking is credited for the doubling of respondent numbers in this survey between the 2004 and 2010 surveys.

There is evidence to suggest that people from culturally and linguistically diverse communities are engaging in the use of technologies to varying degrees. Culturally and linguistically diverse (CALD) populations experience some barriers to using technologies including affordability, literacy and language, and lack of skills or training in how to use them. Despite this, technology is regularly used within CALD communities, for example, computers and the internet were technologies used by 93% of participants of a recent study from Vietnamese, Sudanese and Samoan communities in Victoria with 47% using them for social networking.²³

Use of technology by young people

The internet is a highly important component in the lives of young people, with 91% of 12-17 year olds and 74% of eight-11 year olds rating the internet as 'somewhat', 'very' or 'extremely important' in a 2009 study.²⁴

"Young people do not differentiate between their online and offline worlds...The potential to harness the positive benefits of technology has never been greater."

**Senator The Hon Kim Carr,
Minister for Innovation, Industry, Science and Research²⁵**

A report published in 2010 found that 90% of 16 to 29 year olds used the internet daily.²⁶ Young people (16-29 years) were found to spend more time online (average of 22 hours per week) than any other age group.²⁷

The internet is used regularly both at school and at home by young people. Primary school aged children (eight to 11 years) who used the internet did so on average 4.1 days per week, for an average of 1.3 hours per day. Young people (12 to 17 years old) used the internet on average 6.3 days per week for an average of 2.9 hours per day. By age of 16 to 17, young people are using the internet on average 6.7 days per week for an average of 3.5 hours a day.²⁸

The reasons young people used the internet varied between age groups. Younger children aged eight-11 years were mostly interested in playing games whereas young people aged 12 to 17

²² Hillier L, Jones T, Monagle M, Overton N, Gahan L, Blackman J, Mitchell A. Writing themselves in 3 – The third national study on the sexual health and wellbeing of same sex attracted and gender questioning young people. Melbourne: Australian Research Centre in Sex, Health and Society, La Trobe University; 2010.

²³ O'Mara B, Babacan H, Borland H. Sending the right message: ICT access and use for communicating messages of health and wellbeing to CALD communities. Institute for Community, Ethnicity and Policy Alternatives, Victoria University. 2010 May.

²⁴ Australian Communications and Media Authority. Click and connect: young Australians use of online social media 02: quantitative research report. Commonwealth of Australia; 2009 July.

²⁵ Young and Well Cooperative Research Centre. Our Voice. Our vision. Safe. Healthy. Resilient. Melbourne; 2011.

²⁶ Nielson 2010 in Collin P, Rahilly K, Richardson I & Third A. The benefits of social networking services: A literature review. Cooperative Research Centre for Young People, Technology and Wellbeing. Melbourne; 2011.

²⁷ Nielson 2010 in Collin P, Rahilly K, Richardson I & Third A. The benefits of social networking services: A literature review. Cooperative Research Centre for Young People, Technology and Wellbeing. Melbourne; 2011.

²⁸ Australian Communications and Media Authority. Click and connect: young Australians use of online social media 02: quantitative research report. Commonwealth of Australia; 2009 July.

years were more interested in social interaction and social networking. More recent data from the Australian Bureau of Statistics (ABS) also showed that social networking use was increasing.²⁹

There were also some socio-economic and gender differences relating to internet use. Young people who were from a household with an income below \$100,000 spend less time online than those in higher income brackets. Young men aged 12 to 17 years are online for longer periods than young women in the same age group.³⁰

Online health seeking

Friends, parents and relatives have consistently been found to be the main sources of advice and support for young people for issues relating to health and wellbeing, while the internet is also ranked highly as a source of health advice and support.³¹ This is consistent with a survey undertaken with young people in Adelaide through the Headroom project in 2010 which showed that after friends, websites were ranked as the most popular way young people liked to receive health and wellbeing information.³² Whereas friends and family may not be sources of reliable information, it is possible to identify reputable information online from trusted sites. A Canadian Medical Association editorial stated, 'Health is a logical area in which individuals will want to seek opinions from others and communicate their experiences'.³³ This means public health workers need to learn how to more effectively develop lively and engaging approaches to communicating with the public.

An American health information project³⁴ identified that of the 92% of young people aged 18 to 29 years using the internet, 71% look online for health information. Using a mobile phone was also a key way young Americans accessed health information, however in smaller numbers with 96% of young people owning a mobile phone and 28% using that phone to look for health information. Fifteen percent of young people were found to be using mobile phone apps to help them track or manage their health. Mobile technology generally is used as a growing source of health information and health management with 15% of all mobile phone users using it were found to be seeking health information and 9% using health tracking and management phone apps.

Government 2.0

Web 2.0 technology is changing the way that government works, particularly the way in which government engages and interacts with citizens. This is the case across local, state and federal governments.

In 2009 the Australian Government's 'Government 2.0 Taskforce' was charged with advising and assisting the Government to increase the transparency of its activities. This was to be achieved through making public sector information more widely available and encouraging online engagement to access information, knowledge, perspectives, resources and collaboration with those wishing to contribute to public life.³⁵ A Government 2.0 approach aims to increase participation of the community and improve the quality and responsiveness of services. While the

²⁹ Australian Bureau of Statistics. Household internet and computer access. Last updated 15 December 2011. Available from:

<http://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/4E4D83E02F39FC32CA25796600152BF4?opendocument>.

³⁰ Australian Communications and Media Authority. Click and connect: young Australians use of online social media 02: quantitative research report. Commonwealth of Australia; 2009 July.

³¹ Mission Australia. National survey of young Australians 2011. Sydney; 2011.

³² Centre for Health Promotion. Have your voice heard – Headroom survey summary of results 2010. Available on request through Centre for Health Promotion.

³³ Wilson K, Keelan J. Coping with public health 2.0. CMAJ. 2009 May;180(10):1080.

³⁴ Fox S. The social life of health information, 2011. Washington DC: Pew Research Center, 2011 May.

³⁵ Government 2.0 Taskforce. Available at: <http://gov2.net.au/about/index.html>.

Taskforce's recommendations are to the Australian Government, many of the principles developed apply at a state level.

Most SA Government Departments are already using social media.³⁶ The Department for Premier and Cabinet has released guidelines that apply to all staff for the use of social media.³⁷ These guidelines provide an overview of the use of social media within the SA Government and include information and guidelines for staff in managing the risks associated with social media and hosting and using social media for both personal and professional use. Similarly the Local Government Association of South Australia has released a Social Media Issues Paper.³⁸

Several SA Government Departments have recently participated in a social media monitoring project. Project Zeitgeist³⁹ was a project coordinated by the Office of the Chief Information Officer to assist agencies to learn about and be involved in the monitoring of social media. Overall recommendations of the project final report for SA Government agencies were:

- > Dedicate ongoing resources to both the monitoring of social media and the use of social media for engagement activities
- > Undertake appropriate planning for both the monitoring of social media and its use for engagement
- > Seek expert advice when considering activities involving social media.

Examples of social media use to engage young people in SA Government

Examples of how SA Government Departments are using social media to engage with or improve their service delivery to young people include:

- > The Office for Youth was the first official SA Government Agency to target young people through social media with a Facebook page
- > Drug and Alcohol Services SA have a Facebook page called the '*When you drink too much*' to share important public health information on alcohol consumption
- > SA Police are using Twitter and Facebook and are the first police service in Australia to launch their own mobile web app (not specific to youth).⁴⁰

In September 2011 SA Health launched a Twitter profile (@SAHealth) and Facebook page, and has plans to create a mobile friendly website. A policy directive will be released in the first half of 2012 for all SA Health staff which will provide an implementation framework and social media planning and management guidelines. Minister John Hill has his own Twitter account (@JohnHillMP) and this has been used for the public to provide feedback on SA Health services.

The Centre for Health Promotion has a history of using (pre-Web 2.0) web-based information to engage with or improve service delivery to young people including:

- > *Human Race* (c1998): an interactive website promoting and supporting student wellbeing. It aimed to reinforce the delivery of quality physical activity and healthy eating initiatives in and across school communities.
- > *Headroom (1997-current)*: Web-based mental health and wellbeing health information program in SA for six to 18 year olds, their families and those who work with them.

³⁶ Information on the South Australian Government's use of social media can be accessed through the SA Government Social Media Wiki. Available at: <http://www.sage.sa.gov.au/display/OECoP/Social+Media>.

³⁷ Social Media: Guidance for Agencies and Staff. Available at: http://www.espi.sa.gov.au/files/socialmedia_guidelines.pdf.

³⁸ Local Government Association of South Australia. Available at: <http://www.lga.sa.gov.au/site/page.cfm?u=2167>.

³⁹ The Office of the Chief Information Officer. Project Zeitgeist - Final Report. Government of South Australia; 2011.

⁴⁰ SA Police News. Available at: <http://www.police.sa.gov.au/sapol/home.jsp>.

Additionally, Centre for Health Promotion manages a blog on health promotion practice and issues for professionals and students called CHPInteract⁴¹ (formerly known as sahps.net). In 2011 Centre for Health Promotion commissioned a report which outlined the social media tools and principles that are applicable to its programs.⁴²

In relation to clinical services, Southern Child and Adolescent Mental Health Services (CAMHS) have been trialing several approaches to engaging their target group utilising technologies. They have used mobile phones and SMS in youth outreach programs in engagement with therapists which has shown to be a safe and practical way of maintaining contact with young people.⁴³ CAMHS are also leading the first clinical iPad project in SA Health⁴⁴ which includes developing an app for clinicians to use rather than clients. This enables clinical tools to be used on iPads with the view that the technology will provide outreach clinicians with a range of assessment, screening and monitoring tools which can be matched to client data to effectively guide a therapy session.

⁴¹ Available at: www.chpinteract.net.

⁴² Hughes Public Relations. Centre for Health Promotion Social Media Guide. 2011 Oct.

⁴³ Furber GV, Crago AE, Meehan K, Sheppard TD, Hooper K, Abbot DT, Allison S, Skene C. How adolescents use SMS (short message service) to micro-coordinate contact with youth mental health outreach services. *Journal of Adolescent Health*. 2011; 48(1):113-5.

⁴⁴ Presentation: Technology and Youth Mental Health Service Delivery, Dr Gareth Furber, Sept 2011.

Part 2: How social media can be used in health promotion

Why does social media matter for health promotion?

The data on technology and Web 2.0 presented in Part One of this report show that young people are spending significant time online and that utilising technologies is a key part of the way they connect. The context of people's lives has shifted alongside advances in technology. Accessing and engaging in dialogue about health is part of young people's online experience. LeFebvre⁴⁵ argues that health promotion practitioners have a responsibility to consider not only the impact of technologies on their work but also the broader context of how the world now operates with these technologies and how this informs health promotion. Health promotion practitioners need to understand technology so that health promotion programs:

- > Use technology that is accessible and familiar to the people and communities they are working with
- > Use technology in meaningful, engaging and entertaining ways.
- > Provide opportunities for the people they work with to control their own content, to develop their own health seeking skills and learning and to retain control over their personal health information.

"This shift in communication does not represent an option...so much as a necessity"

Thackeray and Neiger, Health Promotion Practice 2009.⁴⁶

Social media as a setting for health promotion

"Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love"

WHO, Ottawa Charter for Health Promotion, 1986.

Settings based approaches to health promotion are commonplace with people working in schools, workplaces, hospitals, and local communities and focusing health promotion effort in a setting.⁴⁷ Similarly the internet, social media and gaming should be considered as settings for health promotion as they are places where people go.^{48,49} Web 2.0 technology is a unique health promotion setting in that limitations around geography, access, anonymity, social and physical barriers are different.

One example available in the literature on the use of social media as a setting is with young men, who are less likely to access traditional health spaces.⁵⁰ Similarly work has been presented on using social media as a place to deliver sexual health information to higher risk groups.⁵¹

⁴⁵ Lefebvre C. Integrating cell phones and mobile technologies into public health practice: A social marketing perspective. Health Promotion Practice 2009 Oct;10(4):490-494.

⁴⁶ Thackeray R, Neiger BL. A multidirectional communication model: Implications for social marketing practice. Health Promotion Practice 2009;10:171-175.

⁴⁷ Whitelaw S, Baxendale A, Bryce C, MacHardy, L, Young I, Witney E. 'Settings' based health promotion: a review. Health Promotion International. 2001;16(4):339-353.

⁴⁸ Stephens-Richter J, Metcalf A, Blanchard M, Mangan C & Burns J. Reaching the hard-to-reach: How information communication technologies (ICT) can reach young people at greater risk of mental health difficulties. Inspire Foundation (Australia). June 2010.

⁴⁹ Moreno MA, Parks MR, Zimmerman FJ, Brito TE, Christakis DA. Display of health risk behaviours on MySpace by adolescents. Archives of Pediatrics and Adolescent Medicine 2009; 163(1):27-34.

⁵⁰ Robinson M & Robinson S. Young men's health promotion and new information communication technologies: illuminating the issues and research agendas. Health Promotion International 2010; 25(3):363-370.

⁵¹ Gold J, Pedrana A, Stooze M, Ata N, Chang S, Crang O, Keogh L, Hocking J, Howard S, Hellard M. The FaceSpace Project: delivering sexual health promotion on social networking sites. Paper presented at: The Public Health Association 40th Annual Conference; 2010 September 27-29; Adelaide.

Conceptualising technology as a setting is particularly helpful as health promotion practitioners already know how to do settings-based work. It is a new way of doing old things; applying the same concepts of health promotion settings work in a new environment.

Social media as a tool for health promotion

Social media and technology is also a tool where people can interact, contribute content and participate. It is important that social media is not merely viewed as a communication channel alone. Doing so perpetuates a top-down approach to health promotion⁵² and ignores the principles of Web 2.0 being multi-directional where people are content contributors, not just passive recipients of information. Social media can be used as a tool for skill development and for participation and engagement.

Social media as a tool for skill development

Technologies present a multitude of opportunities for young people to develop personal skills. The most obvious is that young people who are using technology are engaging in a whole range of skill development around the use of that technology. This 'media literacy' includes the development of technical skills required for participation such as understanding privacy, copyright, content creation, online behaviours and etiquette.⁵³ Also significant is the development of skills in 'critical content literacy' which refers to understanding how to search for and find information, identify the source of information and critically appraise the information to determine credibility or purpose. This is a key skill that will impact on young people's health as they sift through high volumes of unhealthy messages (which will be discussed later in this report) and assess these alongside credible health information. Games and gamification can also be used to develop positive mental health skills such as wellbeing and resilience.

Social media as a tool for participation and engagement

"Viewing social media as only another output channel perpetuates the top-down communication approach and ignores the communication that occurs between individuals, independent of the organisation".

Thackeray, Neiger and Keller, Health Promotion Practice 2012.⁵⁴

Traditional health information approaches to health promotion have become less relevant for young people in the context of social media and Web 2.0 approaches which are intrinsically all about two way approaches to communication. Dr. Kishan Kariippanon, founder of the blog *Youth Health 2.0*⁵⁵ suggested that much health communication (e.g. from Government and health services) still relies on outdated 'top down' approach of printed materials, posters, pamphlets and advertisements which have less impact on young people. He argued these approaches are not working for young people who may prefer to access information from their friends, family or on the internet.

To view social media as a method to disseminate information is fraught with problems given users of social media expect to have the right and ability to communicate, not simply be

⁵² Thackeray R, Neiger BL, Keller H. Integrating social media and social marketing: A four-step process. Health Promotion Practice 2012 March;13(2):165-168.

⁵³ Collin P, Rahilly K, Richardson I & Third A. The benefits of social networking services: A literature review. Cooperative Research Centre for Young People, Technology and Wellbeing. Melbourne; 2011.

⁵⁴ Thackeray R, Neiger BL, Keller H. Integrating social media and social marketing: A four-step process. Health Promotion Practice 2012 March;13(2):165-168.

⁵⁵ Youth Health 2.0. Available at: <http://youthhealth20.com>.

communicated to.⁵⁶ Organisations need to be prepared to engage with their stakeholders. Health promotion practice is embedded in the principles of participation and engagement which is highly consistent with this approach. Government, community organisations and businesses have started to explore ways in which they can capitalise on this and offer new and different ways to engage their audiences with information.

Use of text messaging (SMS) for health promotion

Cole-Lewis and Kershaw discussed new opportunities for using mobile phone technology for health promotion.⁵⁷ They identified a range of benefits of this approach including low costs, wide availability and ease of use for health professionals and the public, and the flexibility to be applied to range of health issues. One of the more significant benefits of mobile phone health approaches is they allow the user to access health messages in their time e.g. a health message will still reach the user even if it is sent when the phone is off. This means that people can use and interact with (e.g. read, forward) messages at a time that is convenient to them. The authors found that text messaging can have a short-term impact on behaviour change and health outcomes and therefore would be most suited to health promotion programs which combine a number of approaches.

Mobile phone health approaches could further marginalise certain populations, such as those with limited language or comprehension skills as well as those without access to a mobile phone. It has been suggested that these limitations may reduce as mobile technology advances and more people uptake the technology as it becomes cheaper and more accessible. Data on access to phones show that access is becoming less of an issue, as internationally mobile technology is being embraced to engage with and empower citizens of poor populations.⁵⁸

The degree to which technology can overcome or exacerbate gaps in access and health outcomes is yet to be fully determined. However early research on this topic has shown that there is considerable variation in the ability to access internet based information and services, and that literacy levels, education, age and employment status are key mediators of the ability to use the technology.⁵⁹

“Globally, more people now have access to a mobile device than to justice or legal services.”

United Nations Development Programme⁶⁰

The Burnet Institute, a leading Australian public health research organisation, has researched the use of SMS and email to share sexual health promotion information messages.^{61,62,63} Their

⁵⁶ Kamel Boulos MN, Wheeler S. The emerging Web 2.0 social software: an enabling suite of sociable technologies in health and health care education. *Health Information and Libraries Journal*. 2007; 24:2-23.

⁵⁷ Cole-Lewis H, Kershaw T. Text messaging as a tool for behavior change in disease prevention and management. *Epidemiologic Review* 2010;32:56-69.

⁵⁸ United Nations Development Programme. *Mobile technologies and empowerment: Enhancing human development through participation and innovation*. New York; 2012.

⁵⁹ Newman L, Baum F, Biedrzycki K (2012). Digital technology use among disadvantaged Australians: Implications for equitable consumer participation in digitally mediated communication and information exchange with health services. *Australian Health Review*, 36, 129-125.

⁶⁰ United Nations Development Programme. *Mobile technologies and empowerment: Enhancing human development through participation and innovation*. New York; 2012.

⁶¹ Lim MS, Hocking JS, Aitken CK, Fairley CK, Jordan L, Lewis JA, Hellard ME. Impact of text and email messaging on the sexual health impact of young people: a randomised controlled trial. *J Epidemiol Community Health* 2012;66(1):69-74.

⁶² Gold J, Lim MS, Hocking JS, Keogh LA, Spelman T, Hellard ME. Determining the impact of text messaging for sexual health promotion to young people. *Sex Transm Dis* 2011;38(4):247-52.

⁶³ Gold J, Lim MSC, Hellard ME, Hocking JS, Keogh L. What's in a message? Delivering sexual health promotion to young people in Australia via text messaging. *BMC Public Health*. 2010; 10:792.

randomised controlled trial and follow up qualitative research showed that use of text messaging was well received by young people (aged 16 to 19 years), cost-effective, and most importantly improved knowledge about the prevalence and testing of sexually transmitted infections. Message style (informal), language (especially humour) and broadcast schedule (frequency of messages) were key success factors. Participants were also more likely to remember and share messages that were funny, rhymed and/or tied to current events.

Considerations when using social media in youth health promotion

Unhealthy influences online

Young people are exposed to a huge amount of advertising online. For example, in a search on the occurrence of advertisements for popular multi-national brands of tobacco, alcohol, beverages and fast food restaurants (e.g. Marlboro, Smirnoff, Coca-Cola, McDonald's) on YouTube, one researcher found over 85,000 videos for just 12 brands.⁶⁴ It is clear that health promoters are competing with big budget, big business commercial interests that see young people as a profitable market. The challenge is how health information can compete successfully in an over-stimulated market which is often based on promoting unhealthy messages and lifestyle choices.⁶⁵ There is very limited research on the impact of this advertising on public health outcomes, and in turn how health practitioners can provide an adequate response.⁶⁶ What is clear is that spending significant funds on redesigning static health websites for young people is not a good return on investment. Rather, Freeman and Chapman⁶⁷ suggest that social media tools could be utilised by health organisations in order to have a stronger presence alongside negative health influences online. As with all health promotion messages it is virtually impossible to compete with the budget and presence of unhealthy influences. Instead health organisations need to consider how to use social media tools available to progress their work. This work should not only focus on spreading health information, but consider how public policy or social capacity building can be developed by using social media tools.

Cyber safety and positive digital citizenship

While there are many benefits to social media in relation to connectedness, communication, engaging with services and information, there remain safety risks, in particular, cyber bullying and child exploitation. The Royal Australian and New Zealand College of Psychiatrists in their statement on the impact of media on children and adolescents stress the importance of media literacy (in families, schools, communities and government) as a key recommendation to prevent or minimise risk.⁶⁸ The Young and Well Collaborative Research Centre in their research on cyber safety suggest that a risk management approach to cyber safety may not be as beneficial as programs which promote positive digital citizenship; that is, those that acknowledge the many positive benefits of social networking and online practices (not just a fear based around safety). Cyber citizenship incorporates how people express themselves, challenge and create views on society informed by young people's own experiences and perspectives.⁶⁹ This opens up a need

⁶⁴ Freeman B & Chapman S. Gone viral? Heard the buzz? A Guide for public health practitioners and researchers on how web 2.0 can subvert advertising restrictions and spread health information. *J Epidemiol Community Health* 2008; 62:778-782.

⁶⁵ Evans WD. Social marketing campaigns and children's media use. *The Future of Children* 2008;18(1):181-203.

⁶⁶ Freeman B & Chapman S. Gone viral? Heard the buzz? A Guide for public health practitioners and researchers on how web 2.0 can subvert advertising restrictions and spread health information. *J Epidemiol Community Health* 2008; 62:778-782.

⁶⁷ Freeman B & Chapman S. Gone viral? Heard the buzz? A Guide for public health practitioners and researchers on how web 2.0 can subvert advertising restrictions and spread health information. *J Epidemiol Community Health* 2008; 62:778-782.

⁶⁸ The Royal Australian & New Zealand College of Psychiatrists. The impact of media on vulnerable children and adolescents. Position statement 72. Nov 2011.

⁶⁹ Collin P, Rahilly K, Richardson I & Third A. The benefits of social networking services: A literature review. Cooperative Research Centre for Young People, Technology and Wellbeing. Melbourne; 2011.

to incorporate information for young people on rights and responsibilities of positive digital citizenship using this approach. The Young and Well Collaborative Research Centre's research also acknowledges that young people often have existing expertise in technology and internet use (both technical and critical literacy).⁷⁰ Issues with child safety also highlight the role of parents in monitoring and supervising children's activities when they are using the internet.

There are a number of strategies that organisations engaging with young people through social media can employ to help promote media literacy, encourage positive digital citizenship and prevent issues such as bullying and identity theft. These include:

- > Have young people share their experience of negotiating their online world and use this to give adults a greater level of understanding of how their organisation can assist clients to participate online in safe and responsible ways
- > Develop policies and procedures on cyber safety which detail what action will be taken in any instances of bullying or other safety issues
- > Provide links to sites which offer information, education and resources on media literacy such as www.cybersmart.gov.au
- > Undertake professional development of staff and moderators on cyber safety
- > Engage in events like 'Safer Internet Day' to create a safe and healthy online environment
- > Include banners on pages and regular status updates on cyber safety
- > Support the use of social media sites like Super Clubs Plus for 6-14 year olds (www.scplus.com) which teach and support safe online behaviours using badges and stars.

It is recommended that these strategies be incorporated in project planning of any health promotion work using social media.

Increased screen time goes against our messages around increased physical activity

Inevitably there is a conflict of interest between any health messages using screen-based platforms and other health goals around increasing physical activity. It may be beneficial to include self-assessment checks for over-use of using applications, or to incorporate messages about physical activity where relevant (e.g. pop ups with information about how a short walk is good for concentration if you are studying for exams, or by awarding points in games for breaks taken to encourage some time away).

Access and equity issues

Health promotion goals are strongly focused on reducing inequities. While technology and social media is becoming increasingly commonplace in the lives of young people, it is important to ensure that inequities are both reduced and not increased through social media health promotion projects. There are tools and audits that can be used to consider and integrate equity considerations into work.⁷¹ It is recommended that an equity tool or check be undertaken when planning use of social media tools in health promotion. It is important for health promotion workers to consider access and equity by asking some questions and reflections when planning to use social media such as:

- > Does choosing this particular tool exclude certain groups of people?
- > Some people in rural areas do not have access to high speed broadband, therefore should we include certain types of technology (like flash or video content) on our website? What are the alternatives?

⁷⁰ Third A, Richardson I, Collin P, Rahilly K & Bolzan N. Intergenerational attitudes towards social networking and cybersafety: A living lab. Cooperative Research Centre for Young People, Technology and Wellbeing. Melbourne; 2011.

⁷¹ NSW Health and the Health Promotion Service, South East Health. Four steps towards equity-a tool for health promotion practice. c2003.

- > Do any equality issues become equity issues (i.e. are disparities fair, are they preventable, or are they manageable?)
- > If your social media strategy is a universal approach, what do you need to enhance or modify to ensure it is appropriate for people who are more at risk of health inequities?
- > What are the risks should we *not* choose a certain tool or type of technology? Are more or less people excluded as a result? What are the equity considerations of an alternative strategy?

These are difficult and complex decisions that will need to be considered by workers and organisations. It is important to acknowledge that while not every person has technical skills, a smart phone or access to quality internet speeds now, it is expected that there will be greater coverage in the future.

Professional development of the workforce

A recent Australian study of health professionals⁷² showed that while workers interacted with Web 2.0 technologies in their private lives, they were failing to understand how social media could be used in their profession. The study indicated that health professionals were choosing not to adopt Web 2.0 as a way of delivering health care due to “a lack of understanding as to how social media would be used”. This research showed that health professionals were willing to undertake training designed to up-skill them on how they could use Web 2.0 for their practice. This research suggests that in terms of professional development, workers required a stronger emphasis on how social media could be applied to their practice. Brief research conducted by Centre for Health Promotion with the SA youth sector (see Part Three of this report) is consistent with this research showing that the main aspect of professional development required relates to understanding how social media can be used as a tool to achieve health promotion objectives. The importance of staying up to date on trends and tools in social media for effective health promotion has also been stressed.⁷³ This adds another element to the competencies required by health promotion practitioners.

The recommendations of this report reflect these professional development needs within an overall capacity building approach (which also incorporate organisational development, leadership and partnerships).

Research and evaluation

There is a paucity of evaluated health promotion programs that use social media. Neiger and colleagues⁷⁴ offered some useful guidelines for social media and what appropriate key performance indicators and measures could be used. These authors viewed social media as a tool, and recommended that process evaluation measures (not impact or outcome) be used. They suggest that one or more of the following key performance indicators (KPIs) are used for the evaluation of social media strategies: insights; exposure; reach; and engagement. These KPIs are outlined in more detail in Table 2.

⁷² Usher WT. Australian health professionals' social media (Web 2.0) adoption trends: early 21st century health care delivery and practice promotion. *Australian Journal of Primary Health*. Published Online 16 September 2011.

⁷³ Korda H, Itani Z. Harnessing social media for health promotion and behavior change. *Health Promotion Practice*. Published online May 10 2011.

⁷⁴ Neiger BL, Thackeray R, Van Wagenen SA, Hanson CL, West JH, Barnes MD, Fagen MC. Use of social media in health promotion: purposes, key performance indicators, and evaluation metrics. *Health Promotion Practice*. 2012;13(2):159-164.

Table 2: Methods for the measurement and evaluation of social media use in health promotion⁷⁵

| Key Performance Indicators | | Definition | Measures |
|----------------------------|--------|--|---|
| Insights | | Client feedback from social media applications. | Number of suggestions (quantitative), types of suggestions (qualitative). |
| Exposure | | Views of social media content. | Visits, number of comments or reviews, likes, dislikes, page views. |
| Reach | | Who has contact with the social media application and related content? | Number of people participating in discussions, number of fans or subscription, location of people participating, age of people participating. |
| Engagement | Low | Some connection with the program, service or online content. | Follows, likes, dislikes. |
| | Medium | Connection with online content through participation, creating, sharing, and using content. | Reposts, comments, mentions, downloads, retweets, user generated content (such as videos). |
| | High | Participation in real life (which may be in addition to continued online activity) as a client or as a program, partner, volunteer or sponsor. | Increase in appointments made, increase in appointment attendance, and attendance at events. |

Many social media applications provide built-in analytic tools available at no charge. For example, Google Analytics can provide information such as number of hits, time spent on a page and audience location.⁷⁶

An example of good practice evaluation in social media is Reach Out, which can be used as a case study by other organisations.⁷⁷ Reach Out is the leading online mental health resource for young people in Australia with over seven million users accessing the service since its launch in 1998, and one in three young people in Australia aware of the service. The success of Reach Out could be attributed to the comprehensive approach to monitoring and evaluation of the program including collation of website statistics, the use of online user profiling surveys, market research to determine community awareness of the program, qualitative content analysis, longitudinal tracking of members, and randomised controlled trials of the programs elements.⁷⁸

⁷⁵ Neiger BL, Thackeray R, Van Wageningen SA, Hanson CL, West JH, Barnes MD, Fagen MC. Use of social media in health promotion: purposes, key performance indicators, and evaluation metrics. *Health Promotion Practice*. 2012;13(2):159-164.

⁷⁶ Korda H, Itani Z. Harnessing social media for health promotion and behavior change. *Health Promotion Practice*. Published online May 10 2011.

⁷⁷ Nicholas J. The role of internet technology and social branding in improving the mental health and wellbeing of young people. *Perspectives in Public Health*. 2010 March;130(2):86-90.

⁷⁸ Nicholas J. The role of internet technology and social branding in improving the mental health and wellbeing of young people. *Perspectives in Public Health*. 2010 March;130(2):86-90.

In order for organisations to develop appropriate evaluation strategies for their social media projects, it is suggested that they work with social media experts and/or experts in health or community development evaluation.

Integration of social media in health promotion

Thackeray, Neiger and Keller⁷⁹ have recently produced a helpful 'how to' four-step process to help integrate social media into health promotion practice. They use the people, objectives, strategy, technology model, otherwise known as P.O.S.T.⁸⁰ A summary of the process is as shown in Table 3.

Table 3: Summary of the P.O.S.T. method

| Stage | Description |
|-----------------------|--|
| Step 1: People | Describe the audience. In what ways are they using social media generally? Social media can be customised and tailored to the needs and preferences of different audiences. ⁸¹ |
| Step 2: Objectives | What are the purposes for wanting to engage with your chosen audience? Reasons might include: <ul style="list-style-type: none"> > To improve services based on feedback > To promote key health messages and health information. > To facilitate peer support and build capacity of clients. > Professional development amongst colleagues. > For stakeholders to be involved in designing resources and services.⁸² |
| Step 3: Strategy | This is the stage where the audience in step one and the purpose in step two are considered together to develop a strategy. The following should be considered: <ul style="list-style-type: none"> > How will stakeholders be engaged and what's in it for the stakeholders (what is the hook?). > What policies and procedures (including communication plans) are needed to manage the project? > What are the equity issues for the strategy? > How the strategy will be evaluated? |
| Step 4: Technology | Choose which social media platform or technology will best suit the audience and purpose. |

This framework can be used as a tool for organisations planning a social media strategy as part of their health promotion work.

⁷⁹ Thackeray R, Neiger BL, Keller H. Integrating social media and social marketing: A four-step process. *Health Promotion Practice* 2012 March;13(2):165-168.

⁸⁰ Li C, Bernoff J. *Groundswell*. Cambridge, MA: Harvard Business Press; 2008.

⁸¹ Korda H, Itani Z. Harnessing social media for health promotion and behavior change. *Health Promotion Practice*. Published online May 10 2011.

⁸² Neiger BL, Thackeray R, Van Wagenen SA, Hanson CL, West JH, Barnes MD, Fagen MC. Use of social media in health promotion: purposes, key performance indicators, and evaluation metrics. *Health Promotion Practice*. 2012;13(2):159-164.

Part 3: Snapshot of the issues and experiences of the SA youth sector

“How you communicate with young people is just as important as what you communicate.”

SA youth health professional

This section of the report is concerned with the on-the-ground experiences of using social media by organisations who work with young people.

Method

An online survey (using surveymonkey.com) was distributed to the Youth Health Service Managers Network⁸³, and through the South Australian Council of Social Services (SACOSS) and Youth Affairs Council of SA (YACSA) e-bulletins. The survey was distributed January-February 2012. A copy of the survey is in *Appendix 2: Copy of survey distributed to SA youth sector*.

Results

In total 15 survey responses were received.

Participants were asked about their experiences using social media in their organisation and to describe what they had done. Out of fourteen responses to this question, ten reported that their organisation had no or very limited experience using social media in their work while four had some experiences using social media. Reasons given for the lack of social media use were:

- > Not knowing what platforms would be useful and how to use them
- > Lack of policies and procedures guiding or allowing social media use, including permission from management
- > Time and difficulty changing information online (difficult internal processes).

Some responses included:

“I have never accessed Twitter or similar stuff. Wouldn't know where to start and I would think that continuing to do so could waste a lot of my time.”

“We have not been able to do it. Even to put something online is difficult. Have to jump through so many hoops and make so many amendments that your document/ material is no longer youth friendly and is buried on a boring, not youth friendly website so there is no point to it.”

The organisations which had used social media all reported they used Facebook as their social media platform, and one had also used YouTube as an educational/information tool.

One organisation commented that they have changed the intent of their Facebook page from being an engagement tool to *“provide information to young people about opportunities that might interest them, as well as to keep them up to date on what we're doing within the organisation.”* They also stated that they needed to define their target demographic in particular noting, *“The*

⁸³ Members of the Youth Health Services Managers Network are: Marion Youth; The Second Story; Shopfront; Streetlink; the Centre for Health Promotion; SHine SA.

differences between 12 and 25 year olds is enormous [sic]” and acknowledge the need to better target their messages accordingly. This indicates that even organisations experienced in using social media to some extent require support and information to guide their project planning and evaluation.

Participants were asked how they thought technology and social media could support their organisation to achieve outcomes. Respondents agreed that technology and social media could support the achievement of many outcomes in their work, and these are listed in Table 4.

Table 4: Ways respondents felt social media could be used in their organisations

| Response | Number* |
|--|---------|
| Providing health information and key messages to clients | 6 |
| Promoting the service and other services in SA | 6 |
| Engaging with and connecting with young people | 6 |
| All of the above | 15 |
| Other | 2 |

**Respondents were able to select multiple options so the responses will not equal 15.*

Two other responses were focused on how social media could be used for consultation:

- > *“Provide a medium where young people can have some input into what they think the issues are for them, and inform service delivery.”*
- > *“Gathering feedback from young people that informs operational, strategic, policy actions. Interactive education tool. A media in which young people can exercise some control, and have a voice in the direction of youth health (and other issues).”*

Participants were asked to describe what they see as the main barriers to incorporating technology and social media in the work of their organisation. The main barriers identified by the youth health workers surveyed are shown in Table 5.

Table 5: Reported barriers to the use of social media into youth work

| Barriers | Quotes |
|------------------------------------|---|
| Time and resources | <p><i>“There is not enough time to get used to using it and there are already many conflicting demands.”</i></p> <p><i>“Social media strategies are resource intensive. Rather than a passive internet site there needs to be constant monitoring of traffic on the social media site and the ability to provide quick responses and/or address issues in a timely manner.”</i></p> |
| Lack of staff knowledge and skills | <p><i>“We need people who are specially employed to drive it and to provide technical knowledge and experience and support to other staff.”</i></p> <p><i>“Ensuring that the campaign or message is picked up by the targeted population group.”</i></p> <p><i>“Getting the tone right, knowing what to post and how often, drafting and implementing a social media policy for the organisation.”</i></p> <p><i>“Cost and staff ability, i.e. great doctor doesn't equate to computer geek!”</i></p> <p><i>“Resourcing to employ social media expert to fully optimise its potential. Enrolling all (organisation's name) workers in the importance of providing info and ideas for regular, compelling FB updates.”</i></p> |
| Management support | <p><i>“As there hasn't been a social media policy management have not been keen to buy into the idea.”</i></p> <p><i>“People who have not had a lot to do with the technologies/platforms focusing on the negative aspects (which always seem to receive more publicity) and not the positive aspects and potential benefits of this type of communication/interaction.”</i></p> <p><i>“Bureaucracy & risk management though necessary but often takes precedence, while common sense, innovation & engagement plays second fiddle.”</i></p> |

Respondents also noted a lack of policies on how to guide and use social media. While policies on use of social media do exist in Government, they are not easy to find and vary across Departments. This informs a recommendation of this report to compile a suite of policies and procedures that could be adapted or used by organisations. One organisation commented that their technology infrastructure would need to be updated to use social media.

Participants were asked what support their agency would need to incorporate technology and social media in their connection with young people. Their responses are shown below in Table 6.

Table 6: Support required to facilitate the use of social media in youth work

| Support required | No. of responses* |
|--|-------------------|
| Support from management | 8 |
| Support with training staff | 11 |
| Support developing policies | 10 |
| Support evaluating programs using technology | 11 |
| Other | 4 |

*Respondents were able to select multiple options so the responses will not equal 15.

Other comments given were:

- > *“Funding acknowledgement that this is what we need to do to engage with young people today.”*
- > *“We don't need support. Just need permission.”*
- > *“Funding hardware.”*
- > *“Support and funding from SA Health to employ a social media specialist.”*

Despite the commonality of working with young people to improve health, there is no ‘one size fits all’ approach to using social media in the youth sector. Some services indicate that they would use social media to promote general key health messages and service information, others would use social media specifically to engage with clients and promote groups and activities. Overall the feedback was overwhelming that there needs to be work progressed and leadership, however there was a sense of caution in relation to equity and appropriateness.

Other comments collected in relation to technology, social media and the health and wellbeing of young people were:

- > *“Yes, great way to engage, but more education from technology / social media experts would be welcomed in terms of how to provide social media in the safest and cost-efficient way, seeing it is a potentially risk and resource-expensive endeavor but can bring fantastic results for engaging with young people.”*
- > *“Peers should be involved in all processes to develop effective and relevant wellbeing messages when using this platform.”*
- > *“I think it is a useful tool, but it leaves me rather breathless because I still don't know whether in the end it is/will create greater personal agency amongst young people in their personal relationships. It can also be expensive for young people to use and I think kids with little money and access could get left behind. We need to keep them in mind.”*
- > *“I'm not sure if enough research has been done on whether young people want to engage with government ‘in their space’.”*
- > *“Important strategy, but also crucial to do it in the right way or young people will reject it.”*
- > *“I would love to see this happening and feel we have a duty of care in terms of enabling access for young people.”*
- > *“I believe social media (especially Facebook) is the best way to advertise services and health messages to young people, because it is literally “where they hang out” these days. It is a very, very inexpensive (read free) way to get messages out in a timely fashion - with the potential for young people to pass it around to their peers with the click of a like/share button!”*
- > *“A Facebook page for groups would enable clients to find out when and what is on for groups. Would save on paper mail outs and emails that aren't read. Young people have been asking for this for ages.”*
- > *“I think it would be very useful to be able to use these tools. Mindful that many households in our area do not have IT access (ABS data) so could not be the only means of engagement.”*

- > *“To be truly youth health 'leaders', we need to adopt technologies that reflect the demographic instead of playing catching up or worst left behind!”*
- > *“Appropriate and accessible services and information now means that we have to be accessible online in some way, even if it is not completely interactive to start with. It must be fun, informative and youth friendly, not just a corporate site with a bunch of PDFs they can click on. A website would be great for information provision, Facebook for promoting programs and service and Twitter for health promotion messages.”*
- > *“ICT in its many forms is an integral part of the lives of young people, and is quickly increasing to people of all ages. How you communicate with young people is just as important as what you communicate. If the message is not relevant, or delivered in a style that doesn't 'land' with the target audience, your effort is wasted. Any failure to prioritise communication via social media will result in being isolated from the communities we wish to engage with.”*

Recommendations

“Capacity building is an approach to the development of sustainable skills, organisational structures, resources and commitment to health improvement in health and other sectors, to prolong and multiply health gains many times over.”

**Hawe et al in the NSW Health
'A Framework for Building Capacity to Improve Health'.⁸⁴**

The recommendations of this report have been prepared using the Framework for Capacity Building to Improve Health.⁸⁵ By using this framework there is an increased likelihood that sustainable approaches to integrating technology in health promotion work will be developed. With social media platforms and technology itself changing rapidly, it is paramount that its use be integrated in health promotion in a planned, systematic and coordinated manner. This framework ensures that all aspects of an integrated approach to health promotion are addressed.

1. **Governance and leadership** for the integration and use of social media in youth health promotion.
2. The development of **partnerships** to support the use, planning and evaluation of social media strategies in youth health promotion.
3. **Organisational development** in the use of social media in the workplace, with a focus on policies and procedures to support development and implementation.
4. **Developing workforce skills** to use social media within youth health promotion, based on a broader workforce needs assessment, followed by implementing training, support and the dissemination of relevant research and trends.
5. **Changing resource allocation arrangements** to support the use of social media with youth health promotion projects.

⁸⁴ Hawe P, Noort M, King I, Jordens C. Multiplying health gains: the critical role of capacity building within health promotion. Health Policy 1997;39:29–42, cited in NSW Health. The framework for building capacity to promote health. NSW Health Department, 2001.

⁸⁵ Hawe P, Noort M, King I, Jordens C. Multiplying health gains: the critical role of capacity building within health promotion. Health Policy 1997;39:29–42, cited in NSW Health. The framework for building capacity to promote health. NSW Health Department, 2001.

Appendices

Appendix 1: Resources for professional development in social media and its applications

If more detail about social media applications is required we recommend the ReachOutPro online tutorial (<http://reachoutpro.com.au/professional-development/technology-and-young-people/tutorial.aspx>). This tutorial has been developed to help professionals better understand and integrate technology into their practice. The program consists of four parts designed to be used together:

- > Part 1 - Technology and Young People
- > Part 2 - Technology 101
- > Part 3 - Technology in Practice
- > Part 4 - Ethics and Boundaries

For information for novice users (including beginners to the internet and email), we recommend ForwardIT www.forwardit.sa.gov.au. This website provides free digital literacy learning materials to assist people to gain online skills. There is a range of easy to understand articles, videos and instructions to help users develop basic digital literacy skills and knowledge. ForwardIT is also available for use by agencies to deliver digital literacy skills as part of their existing programs.

Appendix 2: Copy of survey distributed to SA youth sector

CHP are writing a report on research and trends in technologies (such as social media) for the provision of health and wellbeing information to young people.

We would like to consider the issues facing the youth services managers group relating to technology and social media.

Your responses will help provide insight the issues facing the youth sector in SA in relation to health and social media to assist with policy and program planning.

1. What's been your experience of using social media in your organisation? What have you done? Describe what happened?

2. How do you think technology and social media could support your agency to achieve outcomes?

- Providing health information and key messages to clients
- Promoting the service and other services in SA
- Engaging with and connecting with young people
- All of the above
- Other: _____

3. What do you see as the main barriers to incorporating technology and social media in the work of your organisation?

4. What support would your agency need to incorporate technology and social media in your connection with young people?

- Support from management
- Support with training staff
- Support developing policies
- Support evaluating programs using technology
- Other _____

5. Do you have any other comments relating to technology/social media and the health and wellbeing of young people?