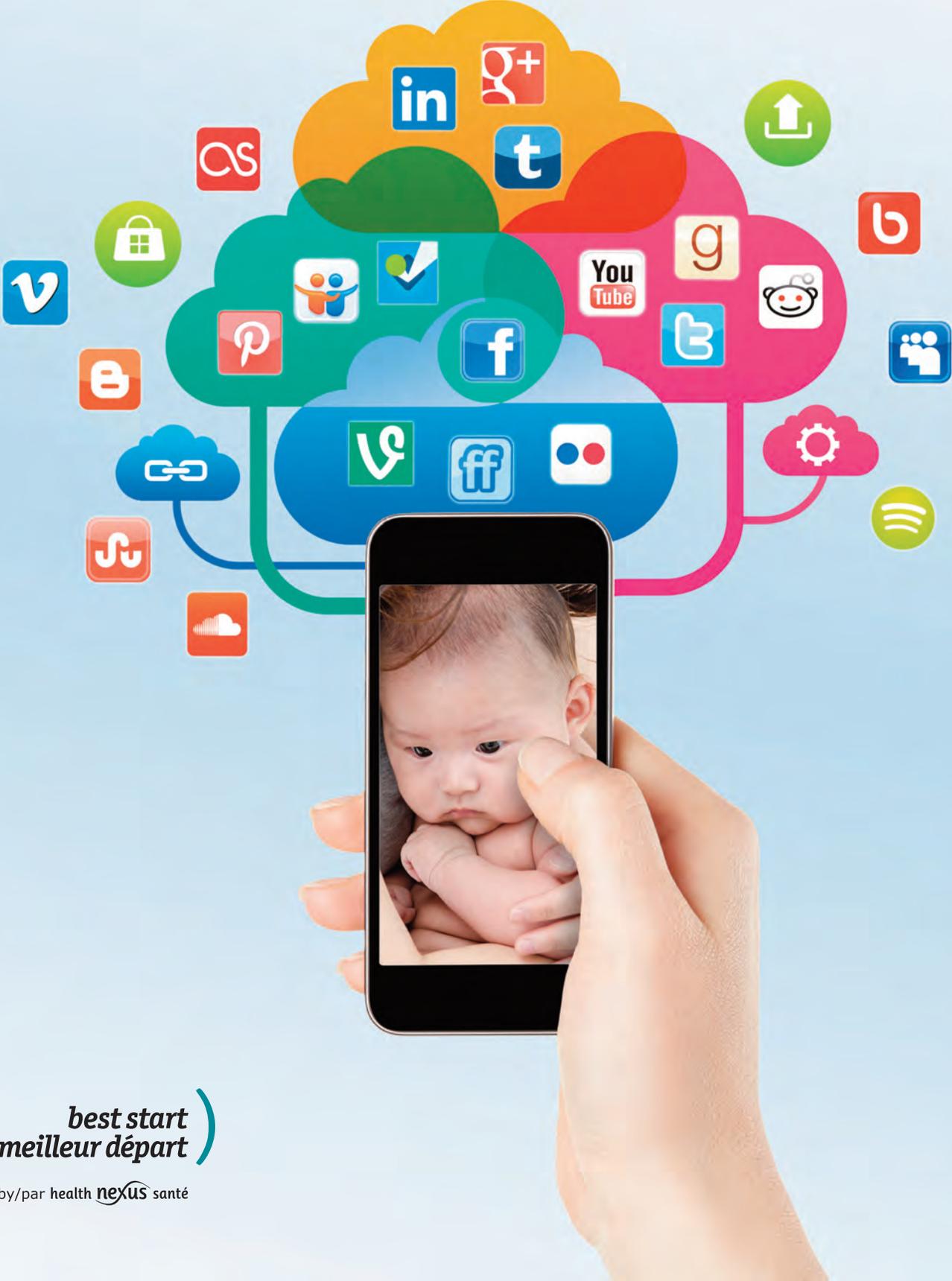


# USE OF SOCIAL MEDIA IN PRENATAL & EARLY CHILDHOOD SERVICES



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# ACKNOWLEDGMENTS



The Best Start Resource Centre thanks Caroline Marshall for researching and drafting this resource. We also thank the key informants and topic experts who provided input during the development of this resource:

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## Citation

Best Start Resource Centre. (2014). *Use of Social Media in Prenatal and Early Childhood Services*. Toronto, Ontario, Canada.

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## Funding

This document has been prepared with funds provided by the Government of Ontario. The information herein reflects the views of the authors and is not officially endorsed by the Government of Ontario. The resources and applications cited throughout this resource are not necessarily endorsed by the Best Start Resource Centre, or the Government of Ontario.

# EXECUTIVE SUMMARY

Social media use has grown significantly over the past decade, with 665 million daily active Facebook users, 200 million monthly active Twitter users, and many more accessing and sharing information through YouTube, blogs, and other social media channels worldwide. Despite this increase in users, the field of health has been one of the slowest to take on new technologies and communication tools into daily practices. Advancements could be particularly useful in the field of reproductive and child health, where many individuals turn to online resources related to prenatal and child health. Social media may provide additional benefits for pregnant women and new parents who find it difficult to leave their house. By increasing online sources of engagement and information, we can make services more accessible to these individuals.



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This report used literature searches and key informant interviews to identify and discuss the current best practices for social media use in prenatal and early childhood services within Ontario, and worldwide, where Ontario data was not available. Reported benefits for individuals accessing social media applications included more opportunities for engagement, better accessibility for geographically or otherwise isolated individuals, and anonymity when researching potentially sensitive health topics. Reported benefits from organizations using social media included the ability to target specific population groups, opportunities to reach pregnant women and parents at home, and reduced costs. At the same time, users and organizations raised concerns about privacy and confidentiality.

This report also identified several toolkits that can assist an organization with setting up, managing, and evaluating their social media activity. However, as each organization's priorities are different, each organization will have to develop a guidance document that best supports their work.

Although social media use by health organizations has increased access to information and reached more individuals, its impacts on health status and behaviours is unclear. In order to build support for the use of social media in reproductive health and early childhood settings, we need to:

- Better evaluate the impacts and outcomes through strong evaluation frameworks and research.
- Develop strong, clear policies for service providers on patient/client safety, privacy of data, appropriate social media use, and alignment with professional guidelines.
- Ensure that social media activity reaches target populations, and is accessible by high-risk and vulnerable populations.

## L'UTILISATION DES MÉDIAS SOCIAUX EN MATIÈRE DE SERVICES PRÉNATAUX ET DE PETITE ENFANCE

### RÉSUMÉ

L'utilisation des médias sociaux a considérablement augmenté au cours de la dernière décennie; ainsi, 665 millions de personnes utilisent aujourd'hui Facebook de façon quotidienne, 200 millions se rendent sur Twitter chaque mois, et des millions d'autres consomment et partagent de l'information sur YouTube, sur des blogs ou par l'entremise d'autres canaux.

Le secteur de la santé s'est toutefois avéré l'un des plus lents à intégrer ces nouveaux outils à ses pratiques quotidiennes. Le progrès pourrait pourtant être particulièrement utile dans le domaine de la santé reproductive et de la petite enfance où de nombreuses personnes se tournent vers les ressources en ligne relatives à ce champ d'expertise. Les médias sociaux sont susceptibles d'offrir des avantages supplémentaires aux femmes enceintes et aux nouveaux parents qui peuvent trouver difficile de sortir de la maison. En augmentant les sources de mobilisation et d'information en ligne, il est possible de rendre les services de santé plus aisément accessibles pour ces personnes.

Le présent rapport se base sur une recherche documentaire et des entrevues menées auprès d'informateurs clés, et a pour but de définir et d'examiner les pratiques exemplaires actuelles d'utilisation des médias sociaux dans le domaine des services prénataux et de la petite enfance. Les avantages rapportés par les individus ayant accès aux médias sociaux incluent de meilleures possibilités de mobilisation, une plus grande accessibilité pour les personnes isolées (géographiquement ou autre) et un anonymat lors de recherches sur des sujets potentiellement sensibles liés à la santé. A l'échelle des organisations, les avantages rapportés comprennent la capacité de cibler des groupes précis au sein de la population, la possibilité de joindre les femmes enceintes et les parents à la maison ainsi qu'une réduction des coûts. Il convient cependant de noter qu'utilisateurs et organisations soulèvent tous deux des inquiétudes liées à la vie privée et à la confidentialité.

Ce rapport relève également de nombreux outils pouvant assister une organisation dans la mise en place, la gestion et l'évaluation de ses activités en lien avec les médias sociaux. Cependant, les priorités des organisations étant différentes, chacune devra décider du type de support qui convient le mieux à son travail.

Bien que l'utilisation des médias sociaux par les organisations œuvrant dans le domaine de la santé ait amélioré l'accès à l'information et permis de joindre un plus grand nombre de personnes, son effet sur l'état de santé et les comportements qui y sont liés n'est pas évident. Afin de mieux appuyer l'utilisation des médias sociaux en matière de santé reproductive et de services de la petite enfance, il convient de :

- Mieux évaluer ses effets et résultats à l'aide de cadres d'évaluations et de recherches solides.
- Mettre en place des meilleures politiques destinées aux fournisseurs de services et portant sur la sécurité du patient/client, la confidentialité des données, l'utilisation appropriée des médias sociaux et l'harmonisation avec les lignes directrices professionnelles.
- S'assurer que les activités en lien avec les médias sociaux rejoignent les populations ciblées et sont accessibles aux personnes vulnérables et à risque élevé.

# 1. INTRODUCTION

## Overview



Social media use has grown significantly over the past decade, with 665 million daily active Facebook users<sup>(1)</sup>, 200 million monthly active Twitter users<sup>(2)</sup>, and many more accessing information and sharing knowledge through YouTube, blogs, and other social media channels. Despite this increase in users, the field of health has been one of the slowest to take on new technologies and communication tools into daily practices.<sup>(3)</sup> Advancements could be particularly useful in the field of reproductive and child health, where many individuals turn to online resources.<sup>(4)</sup> Social media offers additional benefits for pregnant women and new parents who may find it challenging to leave the house. By increasing the availability of online sources of engagement and information, we can make services more accessible to these individuals.

## Purpose

This report used literature searches and key informant interviews to identify and discuss the current best practices for social media use in prenatal and early childhood services. It highlights considerations for organizations wishing to implement social media use in their reproductive health and early childhood services.

## Objectives

This report:

- 1) Provides an update of current literature about social media use in prenatal and early childhood settings, as well as social media use and health impacts.
- 2) Highlights Ontario organizations using social media and reports on their experiences, challenges, successes, and advice for implementation.
- 3) Identifies currently available social media applications, their best uses, as well as strengths and limitations users should be aware of.
- 4) Points users towards toolkits for social media use.



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## 2. METHODOLOGY



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### Literature Review

A literature search was conducted with the primary purpose of identifying studies of social media use in prenatal and early childhood service settings. The review was conducted from October 2013 through December 2013 by searching PubMed, Web of Knowledge, Web of Science, Google Scholar, and the University of Toronto (UT) library databases, for English-language publications from 2000 or later relevant to social media use in prenatal or early childhood settings. Peer-reviewed articles and grey literature were deemed relevant if they pertained to the use of social media in prenatal or early childhood service settings in a North American, European, or Australian settings. Preference was given to literature focusing on social media use by Canadian organizations.

The identification of some papers also led to the use of a 'snowballing' technique, sourcing full-text resources referenced by these papers, as well as relevant news articles or websites. Finally, relevant organizations' websites were searched for relevant information.

Few papers were identified that measured, or will attempt to measure, the impacts of the messaging delivered through use of social media applications. These studies have been highlighted in Appendix 1 as they are some of the few currently available resources on the reach and impacts of social media use in prenatal or early childhood settings. Most organizations do not measure the efficacy of social media, or at least, not comprehensively.



## Key Informant Interviews

A request for information on social media use was distributed to Ontario organizations through a Best Start Resource Centre listserv. Those who indicated an interest in participating were then contacted by e-mail for follow-up. Other participants were identified by directly contacting Ontario organizations offering prenatal or early childhood services.

Representatives, see acknowledgment page, from a variety of Ontario-based organizations were interviewed. These individuals were from public health units, city/regional facilities offering prenatal and/or parenting services, and non-profit organizations providing prenatal and/or parenting services. Their organizations serve a wide range of populations, from those in major cities to primarily suburban and rural populations. One organization was multi-site and expanding across Ontario.

Key informants were asked to identify their organizations as users or non-/light-users of social media (see Appendix 2 for definitions used). Based on their self-identification, key informants were sent an electronic version of a questionnaire for either users or non-/light-users (see Appendix 2 for questionnaires). Key informants then completed the questions independently or discussed the questions via telephone.

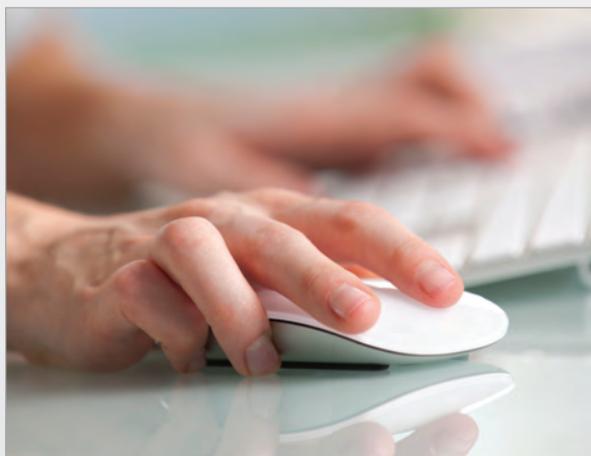
Interview transcripts and/or questionnaire responses were then examined and summarized. Individual responses have been kept anonymous for participant privacy. The Highlights in Section 4 shares tips from organizations that have agreed to share their experiences publicly.



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## Analysis of Applications and Toolkits



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Popular social media applications and toolkits were identified through literature referrals, key informant interviews and basic internet searches. The identified applications and toolkits are not meant to be an exhaustive list. Applications and toolkits discussed in this report are only a few suggestions for social media use guidance; the reader may want to look for additional social media applications and toolkits. New social media applications and toolkits are introduced frequently, and social media is rapidly evolving, so it is always worth checking for the latest developments.



## 3. EVIDENCE FOR SOCIAL MEDIA

### Definition of Social Media

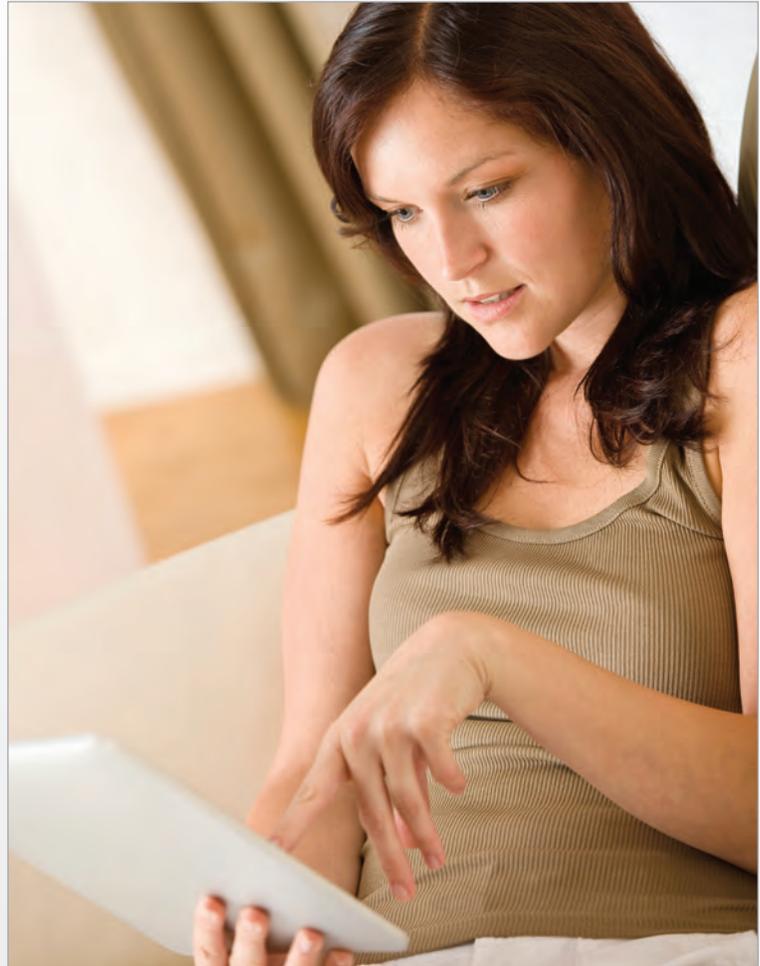
The definition of social media is often unclear. In a general sense, social media has been defined as “[a] group of internet-based applications that allow the creation and exchange of user-generated content”.<sup>(5)</sup> Although sometimes used interchangeably with the term social marketing, social media tools facilitate the social marketing process itself, providing “mediated opportunities for bringing people together and encouraging social networking and dialogic communication”.<sup>(6)</sup>

It is also important that the distinction be made between social media applications and mobile device applications used in health care or health promotion which have no social media component. With the rise of the smartphone, numerous applications have been developed to support use of mobile phones and other mobile devices in health communication, disease surveillance, telemedicine, and diagnosis.<sup>(7)</sup> These applications, which may be referred to as Digital Health or HealthIT solutions, have great potential for reducing costs in health care, improving access, and increasing system efficiency.<sup>(7)</sup> However, these applications do not necessarily fall under the social media umbrella, as they often do not provide a social networking aspect.

For the purposes of this report, we will consider web-based social media applications, which may or may not be available on mobile phones and other mobile devices.

### History of Social Media

To many people, social media feels like a recent phenomenon. In reality, social media originated approximately two decades ago with the founding of Open Diary, a website that allowed individuals to write and share their electronic diaries with others in the online community.<sup>(5)</sup> As Internet connectivity increased and expanded, so did the development of other online communities such as MySpace and Facebook.<sup>(5)</sup> Although social media applications often rely



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on user-generated content, they may or may not allow users to interact with each other easily. Some, such as Wikipedia and some blogs, present information in large chunks and don't typically result in much discussion between everyday Internet users looking for health care and health promotion information (although they may have smaller communities of those responsible for content management, as in Wikipedia).<sup>(5)</sup> Others, such as Facebook, Twitter, Reddit, or Google + , encourage users to develop online social networks, chat with others and share content.<sup>(5)</sup>

Since it started in 2004, Facebook has grown to a community of more than 1 billion users<sup>(1)</sup> and is one of the most well-known social media applications. Other applications such as Twitter (200 million monthly active users) and LinkedIn (over 200 million registered users) also have lots of users.<sup>(2,8)</sup> Beyond user numbers, these applications also have a significant hold over a user's on-line time. Social media applications have the largest share of Internet users' time spent online.<sup>(6)</sup> Overall, 74% of Internet users in the United States reported accessing social networking or blogging websites.<sup>(6)</sup> This is not restricted to young adults. Although blogs were more popular amongst those 30 years and older than in younger age groups, social networking sites now report an average user age of 37 years, and social media user demographics are evenly split between all age groups.<sup>(6)</sup> Many social media platforms require users to be a minimum age, often 18 years – however, it is recognized that some users are below this age requirement, often misrepresenting their true age. In addition, users may misrepresent their age for other reasons.

Social media is used in health-related settings to deliver health and health promotion messages while also providing an environment for sharing, exchanging, and discussing health-related information.<sup>(9)</sup> Social media applications result in greater knowledge availability and sharing, increased access and accessibility, increased social/peer/emotional support, opportunities for public health surveillance, and opportunities for policy influence.<sup>(9)</sup>

## Use of Social Media in Health and Health Promotion

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### Social Media Use in Health and Health Promotion

Looking for health information online is now the third most common use of the Internet, after Internet searching and e-mail use.<sup>(10)</sup> Social media use for health-related reasons is also increasingly popular. One study found that 31.7% of patients used social media for health purposes<sup>(11)</sup>, while 56% in another study population wanted their health care provider to use social media for appointment setting and reminders, reporting diagnostic test results, prescription notifications, providing health information, and as a forum for asking general questions.<sup>(12)</sup> In response to this desire for information, health-related organizations are developing their online presence. Facebook use amongst practitioners at European hospitals has jumped from 10% to 67% over a 2-year period, while YouTube use increased by 18% over the same time frame.<sup>(8)</sup> Although LinkedIn is popular amongst physicians for networking with colleagues, patients and health consumers primarily search for health information through Twitter and Facebook.<sup>(11)</sup>

Public health departments are also increasing their social media presence, although somewhat slowly. In the United States, 60% of state health departments reported using at least one form of social media.<sup>(13)</sup> Of social media users, 86.7% used Twitter, 56% used Facebook, and 43% had a YouTube channel.<sup>(13)</sup> However, departments generally reported little interaction with the public and/or clients, and posted an average of once per day.<sup>(13)</sup> Ontario Public Health Units were much more involved, with 91% of those surveyed indicating at least some social media use. Use was notably high during the 2009 H1N1 influenza pandemic.<sup>(14)</sup> Factors increasing a public health unit's likelihood of participating in social media included an urban location, larger population size, and a greater amount of resources (such as time or financial) at the unit's disposal.<sup>(14,15)</sup>



## Evidence Supporting Social Media Use in Health and Health Promotion

Although supported through personal stories and experiences, few research studies provide strong evidence for the impact of social media engagement. Part of this challenge is because social media is often part of a larger campaign rather than a campaign on its own. As a result, it is hard to isolate the impacts of the social media interventions on their own.<sup>(14)</sup> Several recent studies reported the success of social media's reach in wide-ranging areas such as promoting blood donation<sup>(16)</sup>, H1N1 influenza pandemic communication<sup>(17)</sup>, safe sexual health practices<sup>(18)</sup> and physical activity promotion.<sup>(19)</sup> Few of these studies, however, measured impacts on health behaviours, or used a control population.<sup>(18,20)</sup> Other non-interventional studies also reported benefits of social media use such as increased disease surveillance and reporting capabilities<sup>(21-24)</sup>, monitoring of public opinions and perceptions about health reform, health behaviours and during public health emergencies.<sup>(24-28)</sup> Social media applications have also been used to send appointment and medication reminders for a wide variety of conditions, resulting in improved adherence and positive behaviour changes.<sup>(16,29)</sup> However, both health messages and appointment or medication reminders are still more commonly sent as traditional text messages<sup>(30-32)</sup> or using other mobile phone software.<sup>(33,34)</sup>

## Use of Social Media in Prenatal and Early Childhood Settings

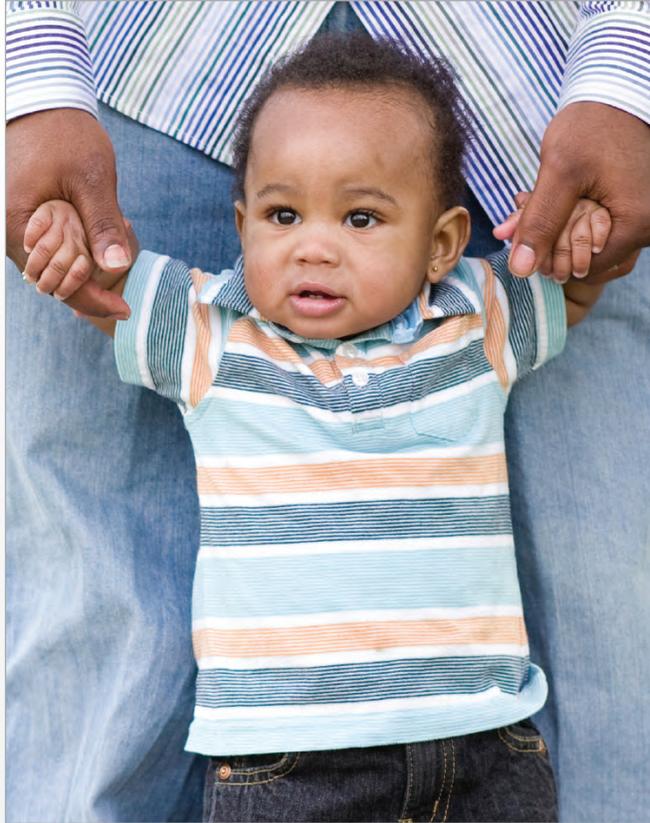
Being a parent is a challenging role in the best of circumstances. In more challenging circumstances, it is associated with feelings of isolation and depression<sup>(35)</sup>, particularly when the parent experiences difficulties accessing support services.<sup>(36)</sup> By making support services accessible online, it may be possible to reduce these barriers and provide additional support to new or soon-to-be parents.<sup>(37)</sup>

New mothers have been shown to use Facebook frequently<sup>(38,39)</sup>, and those who use social media report higher feelings of connection to family and friends, and perceived social support, than non-users.<sup>(40)</sup> In an effort to reach this population, many organizations that offer services to mothers, families, and/or infants have a social media presence, but few studies have actually evaluated existing social media use or its impacts on target populations. Of the few published studies available (see Appendix 1 for further details), impacts have included:

- decreased isolation and increased feelings of support<sup>(35,40,41)</sup>;
- positive behavioural changes following childhood obesity information dissemination<sup>(42-45)</sup>;
- positive behavioural changes in new mothers previously experiencing gestational diabetes<sup>(37)</sup>;
- reduction in post-partum smoking<sup>(41)</sup>;
- and an increase in parental support.<sup>(46)</sup>

However, other studies have shown no significant impacts on health behaviours.<sup>(47)</sup> Studies have found that social media applications were useful for both identification<sup>(48,49)</sup> and retention<sup>(50-52)</sup> of mothers or pregnant women in scientific studies.

Although there is limited empirical evidence<sup>(53,54)</sup> at this time, many researchers think there are several opportunities to use social media for health advocacy, monitoring behaviours, and influencing public opinion.<sup>(23,55-57)</sup> In the field of prenatal and early childhood health, researchers have highlighted vaccination concerns<sup>(23)</sup> and bullying<sup>(56,58)</sup> as areas where harmful online practices or spreading of false information need to be caught as early as possible. In other areas, such as discussions of birth options<sup>(57)</sup> or breastfeeding<sup>(59-61)</sup>, online communities can provide safe, educational, and supportive environments for mothers to raise their questions and learn from the experience of others. Online communities can also increase the health knowledge of mothers-to-be<sup>(62)</sup>; however, it may also increase physician visits due to concerns



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about information read online.<sup>(62)</sup> There is also the risk of misinformation provided through social media. Several studies are currently underway that examine the impacts of social media in communicating health messages to parents. The Growing Right Onto Wellness randomized controlled trial (RCT) will use social media to communicate messages about childhood obesity and raising healthy, active children. Throughout the trial, parents and children will be encouraged to develop social networks and access online resources.<sup>(63)</sup> Trial success will be determined by monitoring the body mass index of participating children.<sup>(63)</sup> A similar RCT will examine the use of Facebook for delivering a postpartum physical activity intervention to Australian mothers.<sup>(64)</sup> These interventions, in combination with literature demonstrating the positive impacts of social media on maternal well-being<sup>(40,62)</sup>, can help organizations to consider the evidence for social media use.



## Benefits of Social Media

Social media has many benefits for host organizations and individuals accessing information. From a user's perspective, an individual can engage with others, access tailored health information, and share medical information and experiences online.<sup>(9)</sup> Social media is accessible to a wide range of populations, and its low- to no-cost nature reduces the financial or geographical barriers that so often prevent individuals from accessing health services.<sup>(9,10,65-67)</sup> In short, it empowers the consumer to access information and support services specific to their needs, while engaging with others undergoing similar experiences or with valuable knowledge.<sup>(68)</sup> Social media users also value being able to access sensitive health information with relative anonymity.<sup>(69)</sup>

From an organizational perspective, social media applications can reduce overhead costs<sup>(9)</sup>, provide valuable disease surveillance<sup>(9,70)</sup>, map disease hotspots<sup>(23,71)</sup>, highlight topical health issues<sup>(9,27)</sup>, and identify target populations for interventions or resources.<sup>(9)</sup> Social media applications also offer organizations the opportunity to respond quickly and comprehensively to sensitive questions or emerging issues, reducing the spread of false information and its potentially damaging impacts on health.<sup>(14,72)</sup> Social media applications enable health care providers to connect with health care services with greater ease.<sup>(8)</sup> Social media also enables organizations to reach a large audience using minimal resources. Over 80% of Canadian individuals reported accessing the internet in their homes, while further proportions accessed the Internet through public locations such as libraries.<sup>(73)</sup>

## Barriers and Challenges of Social Media

Using social media to discuss health information poses a number of challenges for users and providers. The quality and reliability of health information remains a concern for service providers and social media users.<sup>(9)</sup> Social media applications often allow anonymity for those who post, which makes it difficult for consumers to select reliable sources of information.<sup>(9)</sup>

Social media users also have concerns about privacy.<sup>(11,74,75)</sup> Children and teens face particular challenges when using social media applications. Cyberbullying has become an issue of international concern as more and more children are using social media and opening themselves up to the possibility of online harassment.<sup>(58,76)</sup> Some adolescents have also been found to experience Facebook depression as a result of feeling isolated from others' social networks.<sup>(58)</sup> Although most information on these issues currently focuses on older children, the recent announcement by Facebook that they are considering lowering their age limit to those under 13 highlights the importance of these considerations for all user age groups.

Service providers have also raised significant concerns over the lack of legislation and policy about how to engage clients online without violating information security concerns.<sup>(9,77-79)</sup> Service providers are often unclear about the client-provider relationship when social media is involved, particularly where liability is concerned.<sup>(10,77,80,81)</sup> Many social media users are unclear about how to protect their own personal information<sup>(9)</sup>, leaving providers to decide how to respond in a potentially public forum.<sup>(81,82)</sup> Although some organizations have developed policies regarding social media use<sup>(56,83)</sup>, many do not have guidance for staff. Overall, a few key points have emerged. Service providers are encouraged to:

- Engage with clients through professional organization websites only.<sup>(77)</sup>
- Avoid interaction with patients of a personal nature through Facebook.<sup>(84)</sup>
- Pay careful attention to the privacy settings and potential audiences of the various applications staff members use.<sup>(83)</sup>
- Collaborate with peers around the best ways to safely use social media through their organization.<sup>(85)</sup>

Service providers and organizations are also challenged by the lack of common messaging surrounding social media implementation, including guidelines and evaluation measures and processes<sup>(86)</sup>, leading to lack of clarity on best practices and appropriate responses in social media use in health care and health promotion.

## Best Practices for the Implementation of Social Media

While best practices for social media are not defined, a few key points have emerged which may be of consideration to those thinking about social media use.

The most important steps in using social media are:

- Making sure there is adequate organizational support for the program. It is necessary to have clear policies and guidelines about approvals, appropriate use, and privacy measures.<sup>(10,56,87)</sup> Many of these may be adequately covered in existing policies such as personnel policies.
- Flexibility is also necessary in policy and practice as the field of social media is rapidly evolving. For example, if a policy is written specifically on Twitter use, a new policy would have to be written for whatever follows Twitter as a popular application. A flexible policy, not tied to specific tools, allows for greater freedom.
- Staff benefit from training and support throughout the implementation process.<sup>(4,88,89)</sup>

Another important consideration for organizations that work on prenatal and child health is the purpose of their social media use. Many organizations incorporate social media use into their work plans without a clear goal in mind, making it difficult to meet organizational needs. Many toolkits and suggested measures are available, but their number and variability can be overwhelming. In order to assist with this process, Section 5 includes potentially helpful social media implementation toolkits.

### Gaps in Literature on Social Media for Health Promotion

Although social media use by health organizations has increased the number of people an organization can reach, impacts on health status and behaviours are unclear. In order to build support for social media use, we need to:

- Better evaluate impacts and outcomes through strong evaluation frameworks and research.
- Develop strong, clear policies on patient safety, privacy of data, appropriate social media use, and alignment with professional guidelines.
- Make sure that social media activities reach target populations and are not biased against high-risk or vulnerable populations.



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## 4. INSIGHTS FROM ONTARIO ORGANIZATIONS



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### Current Use of Social Media

Although a recent study found that over 90% of Ontario public health units use social media in some form<sup>(14)</sup>, there has been no in-depth review of the use of social media by organizations providing prenatal or early childhood services. Key informant interviews were used in the development of this report to gain insights into social media use in prenatal and child health (see Methods).

Most of the organizations used a variety of social media applications, with Facebook, Twitter, and corporate blogs being the most common. The primary audience tended to be members of the public interested in parenting information. Some health units also used social media for internal communication with staff, volunteers, and community partners, but this was less common. One organization also noted that traditional media were a targeted audience.

Most organizations had at least one designated individual responsible for social media communications. More commonly, organizations had some form of digital media/social media committee, with management representatives and staff members who were familiar with social media applications. Social media access through work computers or devices was commonly given to more than one staff member across the organization.

Only one key informant identified themselves as a non-user of social media. This organization's experiences are discussed at the end of this section.



## Introduction of Social Media

The organizations surveyed reported that use of social media platforms began primarily through management/leadership. This took many forms including formal needs assessments, brainstorming sessions and a comprehensive pilot project. Only one organization said that social media use was started at the team level; however, management approval was still required. Approval processes also varied. Some organizations required a business case or proposal be submitted to management, while others had less formal approval processes.

Although the surveyed organizations found staff members were receptive to social media use overall, most reported hesitation from a smaller proportion of their staff. The most commonly identified concerns were strains on resources, unfamiliarity with social media applications and platforms, a lack of desire to engage in social media training, and concern for loss of face-to-face contact. In order to engage hesitant staff members, organizations engaged in internal communication of social media successes, training opportunities, and quick tip sharing. Hesitant staff members were reported to warm to social media over time, particularly with comprehensive training and support from colleagues.

**At the Life With A Baby program, staff training occurs in part through Tip Tuesday, where all staff members receive a short social media tip sent to their inbox. This keeps them engaged without bogging them down with information.**

All surveyed organizations using social media reported that they considered their initial social media activities (whether specific campaigns or general health information) to be successful, although their measures and definitions (if available) varied widely. Some mentioned that, as engagement builds over time, it is important to have realistic expectations about the results of an initial campaign.

## Regular Use of Social Media

All social media users reported that social media use had become more widespread at their organizations, with many expanding the number and type of social media applications in use, while others expanded the proportion of staff involved in administering social media activities. All had goals and objectives for social media use. In most cases, these were program or campaign-specific and changed based on program and service offerings. Most also reported that they had formal policies and procedures for social media use in place and communicated these to staff clearly. Only one organization incorporated professional standards into their social media policy.

**At Ottawa Public Health, Pinterest has a double purpose – not only does it help to disseminate photos, ideas, and articles to the public, it also acts as a public storage space for media articles – ensuring Ottawa Public Health will have all their media mentions in one convenient place!**



At HaltonParents, the College of Nurses of Ontario professional guidelines were successfully incorporated into their draft social media policy. For more information on this draft policy, please see Appendix 4.

Although many of the organizations used a web-based social media content management system such as HootSuite for monitoring and measuring reach, few organizations evaluated their social media activity for impact or behaviour change. Behaviour change in particular is notably challenging to measure unless discrete randomized controlled trials are used (see Appendix 1). Some organizations reported having measurable goals, such as reaching a particular number of Tweets per campaign, while others did not have measurement-specific targets.

Social media activity was generally overseen by a designated supervisor or supervisory committee responsible for managing social media content, approvals, and providing training. Only one organization reported involving their I.T. department in social media development. Most used expertise from staff and management to develop content and provide training to fellow staff members, including how to deal with inappropriate comments.

At the Region of Peel Public Health Unit, all staff members who work on the social media platform receive a comprehensive orientation to social media upon joining the social media team – this ensures that staff members are trained and on the same page. Other staff members who do not operate the platform receive a general overview of social media.

Surveyed organizations reported dealing with inappropriate comments in a variety of ways. Some had established algorithms or decision-trees for deciding whether a post was appropriate or required removal, while others used a common sense case-by-case response. There was no consensus among practices for notifying a user if their comment was deleted. One organization noted that they had modified a Facebook group to become a Facebook page, in order to remove the feeling of privacy that a restricted group created, to avoid unprompted sharing of confidential information. Other techniques for addressing privacy issues included disabling photo tagging, requiring consent for all photos uploaded, and attaching disclaimers to all social media products.

Surveyed organizations advertised their social media accounts in a wide variety of ways. Some used social media applications themselves, including Twitter tweets and Facebook ads, to draw attention to particular campaigns or events. Many used community posters, bulletins, and flyers distributed at community groups or events, in community facilities, or online. Organizations also created comprehensive strategies such as including social media information in all employee e-mail signatures or adding QR codes to library receipts.

While the use of social media could support new parents, social media use and the use of Smartphones could also prove to be a parenting distraction. Caregivers who are not fully engaged in child supervision, are placing the child at an increased risk of injury.<sup>(90)</sup>

The use of social media and Smartphones and childhood injury cannot be considered causal based on research, but emergency room doctors are concerned. According to the Centers for

Disease Control and Prevention, based on emergency-room records, nonfatal injuries to children under age five rose 12% in the USA between 2007 and 2010, after falling for much of the prior decade. During the same time, the number of Americans 13 and older who owned a Smartphone grew from almost 9 million in mid-2007, to 63 million at the end of 2010.<sup>(91)</sup>

### Future of Social Media

All surveyed organizations reported that they expected social media use to expand within their organization. Most felt that social media use was becoming more common amongst staff members personally, and this expertise was translating to their operational capacity. Projected barriers and challenges to expansion included:

- Limited staff resources for social media program management;
- Lack of concrete policies and procedures;
- Need for greater communication of lessons learned and training;
- The inherent changes in social media applications themselves – updates, introduction of new applications, and changes in popularity.

These barriers also reflected the experiences and concerns of the organization which did not report social media use. For this organization, resource constraints were the primary reason that social media use had not yet been integrated into its regular operations.

Surveyed organizations reported a desire for greater guidance from professional organizations on incorporating professional standards into social media use. Some organizations also felt that service providers would benefit from a greater amount of research on impacts and behaviour changes resulting from social media campaigns.

Despite these challenges, all users of social media recommended that other organizations implement or expand social media use at their organization. Respondents felt that staff members should all be trained and trusted to develop and manage their own content in the same way that they would be trusted to make public presentations, and should be encouraged to share their lessons with fellow staff members and other organizations. Respondents encouraged those considering social media to be prepared for an extended commitment, as results will not appear overnight.



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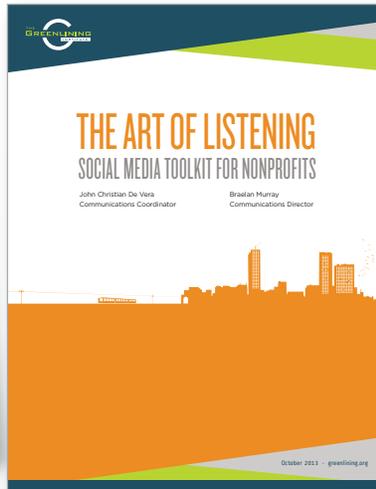
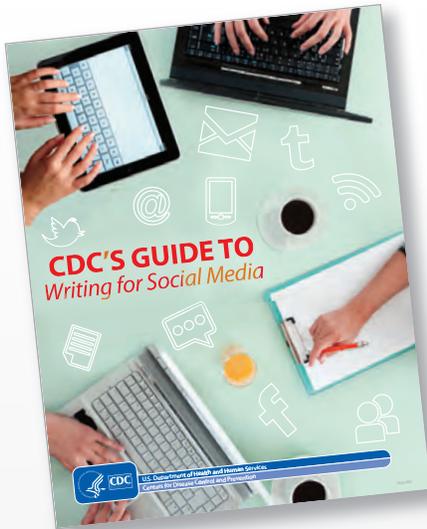


## 5. PRACTICAL APPLICATION OF SOCIAL MEDIA

There are many things to consider in the development of a social media strategy. This section reviews helpful toolkits, discusses popular social media applications, and highlights commonly used content management tools.

### KEY TERMS

Analytics	The interpretation and communication of data trends.
Blog	An online discussion or journal that hosts multiple entries or “posts” that are usually displayed in reverse chronological order.
Facebook Follow	A method of getting updates from people of interest.
Facebook Like	A method of providing positive feedback and connecting with things that are of interest.
Facebook News Feed	A listing of updates pertaining to the new activity of the friends or pages one follows.
Facebook Page	A method for businesses, brands, celebrities and individuals to connect with Facebook users that take an interest in them.
Facebook Timeline	A collection of a user’s information, including photos and stories.
Twitter Hashtag	The use of the “#” symbol to identify key words or topics in a Tweet.
Twitter Mention	The use of the “@” symbol, followed by a Twitter user’s name.
Twitter Retweet	A message posted on Twitter by one user, that has been shared with others by another user.
Twitter Tweet	A message posted on Twitter with a maximum of 140 characters.
Social Media	The online creating, sharing and exchanging of information and ideas between people.
Social Media Marketing	The act of increasing attention or website traffic using social media.
Social Media Content Management System	Software that supports the creation of web pages and the storing of documents, blogs, wikis and other content.
Social Networking Platform	A website that supports bringing people with shared interests together via mobile connectivity, photo/video sharing and blogging.
Facebook terms were sourced from the Facebook Glossary of Terms <a href="http://www.facebook.com/help/glossary">www.facebook.com/help/glossary</a>	
Twitter terms were sourced from the Twitter Glossary <a href="http://support.twitter.com/articles/166337-the-twitter-glossary">support.twitter.com/articles/166337-the-twitter-glossary</a>	
Other terms were sourced from Wikipedia: <a href="http://en.wikipedia.org/wiki/Main_Page">en.wikipedia.org/wiki/Main_Page</a>	



### Implementation Toolkits

There are many available toolkits for social media. The toolkits below may provide some guidance to help an organization introduce social media into their operations.

#### **Toolkit #1: The Health Communicator's Social Media Toolkit, as well as CDC's Guide to Writing for Social Media**

The U.S.-based Centers for Disease Control and Prevention (CDC) developed a toolkit to help health organizations communicate with their audiences via social media, as well as a guide to writing effectively when using social media.

Available at:

- *The Health Communicator's Social Media Toolkit:*  
[www.cdc.gov/healthcommunication/ToolsTemplates/SocialMediaToolkit\\_BM.pdf](http://www.cdc.gov/healthcommunication/ToolsTemplates/SocialMediaToolkit_BM.pdf)

Available at:

- *CDC's Guide to Writing for Social Media:*  
[www.cdc.gov/socialmedia/tools/guidelines/pdf/guidetowritingforsocialmedia.pdf](http://www.cdc.gov/socialmedia/tools/guidelines/pdf/guidetowritingforsocialmedia.pdf)

#### **Toolkit #2: The Greenlining Institute's The Art of Listening: Social Media Toolkit for Non-Profits**

The Greenlining Institute developed a toolkit directed at any organization working in the non-profit sector, looking to communicate to members of the public.

Available at:

- [www.greenlining.org/wp-content/uploads/2013/09/The-Art-of-Listening-Social-Media-Toolkit-for-Nonprofits.pdf](http://www.greenlining.org/wp-content/uploads/2013/09/The-Art-of-Listening-Social-Media-Toolkit-for-Nonprofits.pdf)

#### **Toolkit #3: The Change Foundation and Innovation Cell's Using Social Media to Improve Healthcare Quality (Guides 1 and 2)**

The Change Foundation developed a guide with health care practitioners in mind, and considers social media use from a patient-practitioner perspective.

Available at:

- [www.changefoundation.ca/library/using-social-media-to-improve-healthcare-quality-part-1/](http://www.changefoundation.ca/library/using-social-media-to-improve-healthcare-quality-part-1/) and
- [www.changefoundation.ca/library/using-social-media-to-improve-healthcare-quality-part-2/](http://www.changefoundation.ca/library/using-social-media-to-improve-healthcare-quality-part-2/)



## Social Media Tip Sheets

Additionally, HC Link has several tip sheets that can provide organizations with guidance on a variety of issues related to social media use, such as developing a social media plan and creating Twitter bios. These resources can be found here: [www.hclinkontario.ca/images/social-media-measurement-tipsheet.pdf](http://www.hclinkontario.ca/images/social-media-measurement-tipsheet.pdf)

## Overview of Popular Applications and Platforms

Although each social media application offers a different means of interacting with clients and/or the public, the ultimate goal of social media applications and platforms is to share content and create discussion amongst users.

Although many applications and platforms can be used for several purposes, they are identified below based on their primary use. These lists are not meant to be exhaustive, as the number of social media applications is steadily increasing.

### Image Sharing

 **Pinterest** acts as an electronic pin board for users. Users can save, collate, and share ideas collected from electronic postings that other individuals have made. Organizations can also use Pinterest as an electronic public file sharing device – for example, Ottawa Public Health uses Pinterest to store media articles in which they are featured that the public may wish to access.

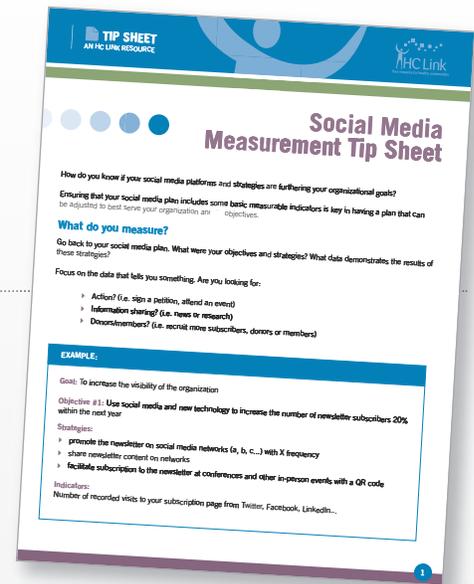
 **Flickr** provides an online photo sharing platform so that users can post their own photos and see those of others. Privacy restrictions can be tailored to each user and each photo. Flickr is similar to many other file sharing applications, including **Instagram**, **Photobucket**, and **DeviantArt**.

### Video Sharing

 **YouTube** is the largest video-sharing service in the world, with billions of users in countries across the world. Many users share personal videos through the service, while organizations use YouTube to advertise products, provide how-to videos, or entertain customers and clients. Other video sharing platforms include **Vimeo**, **Vine** (where videos are limited to short lengths), and **Instagram**.

### Information Sharing

- Blogs are a commonly used tool for disseminating information to a group of subscribing readers. Commonly used platforms include **Weebly**, **Tumblr**,  **Blogger**, and **WordPress**. Each blog contains a series of ‘posts’, with the most recent post usually appearing at the top of the blog’s page. Blogs often allow individuals to leave comments and have discussions related to each post. The primary purpose of the blog tends to be information dissemination and some blogs may choose to limit or entirely restrict comments. Blogs can also be multi-author, allowing different organizations to share ownership of one informational blog. They are also easily linked to other platforms such as Twitter, giving them greater visibility.



### Social Networking Platforms

**f Facebook** is one of the best-known, and most widely used, social networking platforms in the world. Users register and create a Facebook profile for themselves. They can then add friends, colleagues, family, and others into their Facebook network, interacting through posts on the person’s own profile page, other users’ profile pages, or through common-interest groups and public pages. Facebook users can also private message each other; they may use their web browser-embedded chat function or **Facebook Messenger**, a mobile phone application, for this purpose.

Many organizations have public Facebook pages, which individuals can ‘like’, so that they receive notifications for new content, and interact with other individuals who have also liked or followed the same organization. Individuals and organizations can also create Facebook groups. These groups may be public access or private, depending on the settings implemented by the group’s administrator.

**g+ Google +** is a social media platform with many of the same features as Facebook that has quickly become the second-largest social networking service in the world. It also integrates the user’s account with other Google-owned services such as YouTube or Blogger.

**t Twitter** is also a social networking platform and users create profiles, write public posts, share photos, and interact. Twitter ‘tweets’ or posts are restricted to 140 characters maximum. As such, tweets must be concise yet informative, which occasionally proves challenging for the organizations using it. Twitter is often used to link users to other website content (blogs, news articles, etc.), and users interact frequently through comments, re-tweets, and favourites.

**in LinkedIn** is a professional social networking service that allows individuals to connect with former and current colleagues, search for new job opportunities, and share and discuss both personal and professional topics. LinkedIn profiles typically function as electronic resumes.

**Reddit** is a social news and entertainment website that allows registered users to post, read, vote and comment on those posts. Content on Reddit is divided into categories (or subReddits), and posts are listed within each category. A post’s placement on the list is determined by how many users up vote or down vote it, allowing it to move up or down the list.

- Many social messaging services also exist (**WhatsApp, KikMessenger, Viber, etc.**) and these are primarily used for private messaging.



## Social Media Content Management Systems

As an organization's social media use becomes more widespread and involves several services, it can be invaluable to use a content management system (CMS). A CMS can publish, edit, and maintain postings for one or more social media services. CMS may also offer users the opportunity to measure and analyze client usage. Some of the most commonly used content management systems include:

### HootSuite

- HootSuite provides a dashboard by which a wide variety of social media platforms can be managed and measured, including Facebook, Google +, Twitter, and LinkedIn. Beginner users can try the free Basic version, which provides a limited ability to control a user's social media accounts (limited to five social networks). HootSuite also has two paid service levels, Pro and Enterprise, which offer greater control, capacity for integration, and analysis opportunities. Not for profit organizations are entitled to an NFP discount. Smaller organizations may find that the Pro level is sufficient for their needs, while larger organizations (e.g. health units) may prefer to use the Enterprise level. HootSuite's analytical capabilities include an in-depth analysis of user demographics, topic trends, and time-of-use trends.

### SocialBro

- SocialBro offers many of the same services as HootSuite, but is only usable for Twitter. It offers the opportunity to track competitors, benchmark against industry standards, and identify 'influencers' (those with significant followers, re-tweets, etc.) within your topic area of choice.

### TweetDeck

- TweetDeck is a Twitter tool for real-time tracking, organizing and engagement. Users can organize and build custom timelines, keep track of lists, searches, and activity, and manage multiple accounts through the same dashboard.

### Facebook Insights

- Facebook Insights is a complimentary service that enables Facebook users to see how many people are liking, sharing, or commenting on their posts, and more. Those hosting Facebook pages can also access information related to the demographic profiles of their users (although Facebook does not provide identifying information about users).

### Netvibes

- Netvibes is also a social media management dashboard, with personal (free) options and paid services. Although Netvibes is more popular amongst private corporations, it provides real-time reports and integrates social media presence into service performance and sales. For organizations with a sales component, Netvibes may be a good choice. **Google Analytics** also offers a similar service for web page hosts.

These services are just a smattering of the content management services available to social media users. A more expansive list can be found in the *CDC's Health Communicator's Social Media Toolkit*.

Most, if not all, content management services have free basic services or offer free trials. Organizations can use these opportunities to determine the content management system that best suits the needs of the organization's social media plan, evaluation needs and indicators.





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## Organizational Policies

One of the most important things an organization can do to support social media use is have a clear policy on appropriate use, responsibilities, restrictions, and other guidance for their employees. As previously mentioned, the Greenlining Institute’s *The Art of Listening: A Social Media Toolkit for Non-Profits* has some helpful guidance on creating a social media policy, and provides a link to their own institute’s policy. However, the Greenlining Institute is not a health organization, and the provision of health information provides unique challenges.

To date, there is little guidance from professional organizations in Ontario on integrating professional obligations with social media use. The Change Institute’s *Guides 1 and 2* can provide some clarity, but each organization will need to consider what kind of interactions their social media use will lead to, and how that will impact their role as a service provider. Each organization will also have a unique combination of staff, operating under different professional standards. Each of these should be reviewed and incorporated as best as possible. For sample social media policies, please see Appendices 3 and 4. Please note that these policies should not be reproduced without the explicit permission of the organization.

## 6. RECOMMENDATIONS FOR MOVING FORWARD WITH SOCIAL MEDIA



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Every organization has slightly different needs. They may serve a unique population, provide a different combination of services, or have other challenges such as geographic distribution of residents. These needs will all require a slightly different social media strategy – there is no one-size-fits-all social media plan for everyone. However, there are several steps an organization can take to develop a sustainable social media strategy that benefits employees, clients and community partners.

### 1) Develop a social media strategy, plan, or program charter.

- Social media use is very popular, and as such, it can be appealing to create plans without goals or objectives in mind. However, doing this can result in social media use without a clear purpose, and users will sense this. Decide what purpose your organization's social media use will serve – which teams will use them, and what are their goals? Will you be using them for specific campaigns, interventions, or for everyday communications? Will they be a stand-alone initiative or delivered in conjunction with other types of communications? Having these components clearly articulated goes a long way towards getting staff and management on board. Many social media toolkits have been published, including those mentioned in this report – use these to guide your social media strategy development.



## 2) Develop a social media policy and/or protocols for your organization.

- Clearly established guidelines for communicating through social media make it less likely that inappropriate posts will be published. It also helps your organization to create a common voice and consistent messaging. Make sure staff members know the difference between professional and personal use of social media. Ensure they know how to respond to inappropriate social media users and clarify their roles and responsibilities for developing and/or maintaining social media programs. Ensure that you have a Crisis Management plan.

## 3) Measure, monitor, and adapt constantly.

- Social media campaigns may fail if there is no means by which to measure their success. When you begin using social media, make sure that you have identified a means to measure what you are using. You may choose more superficial measures, such as how many people are retweeting this Tweet, or how many fans your Facebook page has. Alternatively, if resources are available, you may choose a more in depth analysis plan, including behaviour change measures. By constantly monitoring such indicators, you can determine if your level of social media engagement is soaring or stalling. If you find that it is stalling – don't be afraid to adapt. Try posting at a new time of day, or using a different hashtag – with the constant growth of social media services and users, there is always a new community to explore! Finally, always monitor what your audience is saying – when their conversations shift, change with them!

## 4) Train and trust your staff

- Many staff members who once held a hesitation towards social media use were won over by their colleagues. Encourage your staff members to test out new applications or platforms, develop new campaign ideas, and communicate their experiences to colleagues and community partners. Better still, build it into team work plans and personal development plans, so that social media engagement can be a core competency of your organization.

## 5) Have fun and keep trying!

- Sometimes social media campaigns don't work, but that doesn't mean that they never will. Try new applications or platforms and tweak your social media offerings until you find a fit that's right for your organization. Watch for new applications, platforms and trending topics.



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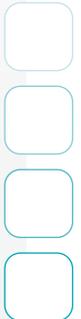


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## 8. APPENDICES

### Appendix 1: Summary of Key Research Articles

Note: Only new empirical studies involving social media use in prenatal, postpartum, or early childhood settings were included in this table. Meta-analyses, literature reviews, or opinion pieces were not included.

**Table 1: Literature Review Summary Table – Studies testing efficacy of interventions**

Author	Title	Location/ Organization	Summary
Arcia, 2013	Facebook advertisements for inexpensive participant recruitment among women in early pregnancy	U.S.A.	Trial to determine the efficacy of Facebook advertisements for recruitment of nulliparous women. Sample size of 344 women aged 18-44. Cost per 'click' of \$0.63; 18% of those accessing the study site consented to participating.
Bates, 2012	Changing knowledge and beliefs through an oral health pregnancy message	U.S.A.	Participants using online educational resources about oral health during pregnancy were tested pre- and post-intervention on their topical knowledge. Improvements in knowledge were seen.
Fenner, 2012	Web-based recruiting for health research using a social networking site: an exploratory study	Australia	This study tested the efficacy of social media tools for recruitment of women to discuss reproductive health topics. Results included strong retention and were found to be cost-effective.
Kernot, 2013	Effectiveness of a Facebook-delivered physical activity intervention for post-partum women: a randomized controlled trial protocol	Australia	This randomized controlled trial is still in progress. It will test the impacts of a Facebook support program for physical intervention support in postpartum women. Health knowledge and behaviour change will also be tested.
Lipman, 2012	Providing web-based mental health services to at-risk women	Canada	The provision of a web-based support program resulted in decreased isolation, improved knowledge and self-confidence. Results were obtained through qualitative research, and quantitative analyses were not statistically significant.
Lowe, 2012	Investigating the use of social media to help women from going back to smoking postpartum	Australia	Women with strong family relationships in local proximity were less likely to use the computer to interact with relatives and friends. Women without strong local and family ties reported using Facebook and other Internet activities to stay connected.
Mackert, 2012	Using Twitter for prenatal health promotion: encouraging a multi-vitamin habit among college-aged females	U.S.A.	Use of Twitter for behavioural change regarding prenatal vitamin use was tested. No significant differences were noted.

Author	Title	Location/ Organization	Summary
McDaniel, 2012	New mothers and media use: associations between blogging, social networking, and maternal well-being	U.S.A.	The characteristics of new mothers and their social media use were examined. Respondents were on average 27 years old, with infants aged 7.9 months. All mothers had access to the Internet and spent approximately 3 hours on the computer each day. Frequency of blogging predicted feelings of connection, which predicted perceptions of social support, which predicted maternal well-being (measured by marital satisfaction, couple conflict, parenting stress, and depression).
Mychasiuk, 2012	Facebook: an effective tool for participant retention in longitudinal research	U.S.A.	Longitudinal follow-up study of an intervention programme for at-risk families, using Facebook as a search engine. Using Facebook as a resource allowed researchers to locate 19 participants that were otherwise 'lost' to follow-up, decreasing attrition by 16%.
Pinto-Foltz, 2011	Engaging adolescent mothers in a longitudinal mental health intervention study: challenges and lessons learned	U.S.A.	Electronic media offered benefits for reaching mothers with time and access constraints.
Po'e, 2013	Growing Right Onto Wellness (GROW): A family-centered, community-based obesity prevention randomized controlled trial for preschool child-parent pairs	U.S.A.	Study not yet completed: Growing Right Onto Wellness (GROW) is a randomized controlled trial that will test the "efficacy of a family-centered, community-based, behavioural intervention to prevent childhood obesity among preschool-aged children." The primary outcome is childhood body mass index (BMI) at the end of the three-year study. The GROW intervention uses social media to communicate key health messages.
Thoren, 2013	Online support for parents of preterm infants: a qualitative and content analysis of Facebook preterm infant groups	U.S.A.	The 25 largest public English-language Facebook groups on preterm infants were analyzed. Information sharing (31%) and interpersonal support (53%) were the most common purposes of postings.
Woolford, 2013	Let's face it: patient and parent perspectives on incorporating a Facebook group into a multidisciplinary weight management program	U.S.A.	The study objective was to explore patients' and parents' perspectives about developing a Facebook group for paediatric weight management. Participants were enthusiastic about the idea of a program-specific Facebook group; most preferred the group be 'secret' but no security or privacy concerns were specifically raised.



## Appendix 2: Key Informant Interview Questions

Those invited to complete an interview were first asked to define their organization as a user or light/non-user based on the following definition of Social Media:

“Forms of electronic communication ([such] as Web sites [or applications] for social networking [e.g. Twitter, Facebook] and microblogging) through which users create online communities to share information, ideas, personal messages, and other content ([such] as videos).” They were asked to note that social media does not include e-mail or listservs, unless the communications are delivered via a separate social media platform. They were also asked to advise if their organization uses social media rarely, sometimes, or frequently. Those organizations that used social media rarely were classified as light users.

**Table 2: Questions to Users**

QUESTIONS
<b>Background Questions</b>
1. What organization do you work for? What kind of services do you provide?
2. Which area of Ontario does your organization serve?
<b>Social Media Use</b>
3. How does your organization use Social Media? * Prompts: Externally? Internally? Which programs do you use? Available to which audiences?
4. To what extent does your organization use Social Media? Is it used by most programs, or only a select few? Which levels of staff are able to access/use/implement Social Media programs?
<b>Introduction of Social Media</b>
5. Please describe how Social Media was first introduced to your organization. Who initiated it? Who was responsible for its implementation? How supportive was your organization and management? a) Please describe how the approvals process was first established and what it involved.
6. Please describe how your fellow staff members responded to the introduction of social media. Was staff overall positive, or did hesitation exist? How were those with reluctance towards social media convinced of its utility (if they were)?
7. How successful was the first program(s)? How was it received by its audience? What implementation errors or challenges occurred?
<b>Regular Use of Social Media</b>
8. What is the extent of Social Media use at your organization now? *Prompt – number of programs using, type of Social Media used*
9. What are your goals and objectives for using social media? Do you have different purposes for different media? Please explain.

## QUESTIONS

10. Do you have an individual who oversees all Social Media programs? Are there policies and procedures written down regarding Social Media use?
11. Are programs evaluated for reach and/or impact? If so, how?
12. What concerns have arisen through regular use? How are concerns addressed? For example, do you hear/address privacy concerns? Confidentiality issues?
13. Who addresses the technical needs of Social Media programs? What kind of support and/or training is available to those who need or want it (if any)?
14. A frequent concern of those using Social Media is addressing inappropriate and/or incorrect comments or discussion amongst the target audience. Do you respond to these comments? If so, how?
15. Do your Social Media programs incorporate any codes of conduct for health professionals? If so, how are these incorporated? \*Prompt – policies, procedures?\*

### Audiences and Impacts

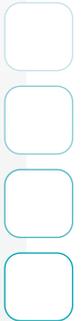
16. Which audiences do your Social Media programs target? Do you know what your approximate reach is for these audiences?
17. How do you advertise your Social Media programs to their respective audiences?
18. If your purpose for using Social Media includes engagement of an audience, how do you encourage engagement? How do you assess engagement?

### Future of Social Media

19. Do you expect that Social Media use will expand at your organization? How?
20. What barriers and/or challenges do you think will need to be addressed as Social Media use expands?
21. What resources do you think would assist your organization in further developing its Social Media use or strategy?

### Knowledge Sharing

22. As part of this project, we would like to share stories with other organizations that may be considering Social Media use. Do you have an experience you would like to share with them?
23. As part of this project, we would like to share strategies, policies, tips and tricks with other organizations that may be considering Social Media use. Do you have any you would like to share with us?
24. Do you have any other comments you would like to share about Social Media use?



### Table 3: Questions to Non- or Light-Users

Note: Social Media Light-Users were defined in Key Informant interview invitation as currently administering very few social media programs.

#### QUESTIONS

1. What organization do you work for? What kind of services do you provide?
2. Which area of Ontario does your organization serve?
3. What does your organization consider 'social media' to involve? Please detail.
  - a. \* Prompts – Facebook, Twitter, blogs, etc.
4. Have you or your organization ever attempted to implement a social media component with a program?
  - a. If yes – Have you stopped? What barriers impacted your ability to implement?
  - b. If no – why not?
    - i. \*Prompts for a. and b. – Time constraints? Policies in place? Lack of desire? Privacy concerns? Resource issues?
5. Have clients ever suggested you should use social media? What were the reasons for their suggestions? Did you act on their suggestions?
6. Do you plan to use social media at any point in the near future? How do you plan to use it? Which programs is it for?
7. How could programs within your organization benefit from using social media? Can you detail some of these suggestions?
8. What is the culture surrounding social media use at work?
  - a. \* Prompts: How do you colleagues feel about the potential impact of social media? How eager is staff to include it? What (if any) resistance is there to incorporating new social media programs?
9. How can your organization reduce barriers to implementation in the future?
10. What else would you like to share regarding social media use at your workplace?

## Appendix 3: Social Media Policy Example – Ottawa Public Health

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This social media policy has been developed by Ottawa Public Health. It cannot be referenced or reproduced without their permission. For further questions or comments, please contact Kate Todd at 613-580-6744.

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### Social Media Policy

Department: Ottawa Public Health

Branch: Strategic Support Branch (Health Information Coordination Unit)  
and Business Services and Development Branch

Authority: Ottawa Public Health Executive Team (OPHET)

Effective Date: March 2013

Revision Date: March 2014

### BACKGROUND

This policy refers to online Social Media (SM) tools that facilitate the creation and sharing of text, video & audio, photos, links and other content to communicate and collaborate with others – online networking. These tools include but are not limited to: blogs and micro-blogs (Tumblr and Twitter); video-photo sharing sites (Youtube, Flickr and Pinterest); personal websites; discussion forums; social networking platforms (Facebook, LinkedIn and Google + ); and social bookmarking/tagging sites (Digg and Reddit). This policy aims to provide general guidelines to follow when engaging in work-related SM activities.

### POLICY STATEMENT

Ottawa Public Health (OPH) recognizes that social media is an extension of the community we serve and is committed to facilitating employee access to these audiences for the purposes of increasing our reach. OPH is equally committed to maintaining public confidence in its brand and to protecting the confidentiality, privacy and security of the personal information of its clients and employees.

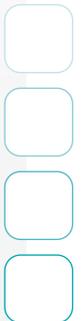
### PURPOSE

It is recognized that SM is an efficient and effective method to interact with colleagues, residents and partners. However, the use of SM platforms, also known as Social Networking Sites (SNS), can blur the lines between what constitutes personal and work-related activities.

The purpose of this policy is to establish ground rules for staff concerning the personal and professional use of SM where the employee's affiliation to OPH is known, identified or presumed. It is intended to mitigate associated risks with the use of SM activities, where possible.

To ensure that SM initiatives advance OPH's ability to connect with residents and partners in efficient and practical ways, new communication techniques should serve to:

- enhance public awareness and access to information, programs and services;
- leverage technologies to realize efficiencies, enhance accessibility & outreach, and better disseminate health-related information;
- foster interactive communications and facilitate public engagement & participation in the development and delivery of programs and services; and
- improve service performance & delivery and measurement of outcomes.



## APPLICATION

This policy applies to all OPH employees, medical residents and interns, volunteers, and students.

## POLICY DESCRIPTION

Users shall be accountable for all activity under their personal SM accounts, or professional accounts for which they are responsible.

Access to SM sites through the City of Ottawa network is to support work-related communications and legitimate business use in the course of assigned duties. Incidental personal use is allowed, time permitting, and provided the privilege is not abused.

Use of these assets, services and information must be consistent with the City of Ottawa Code of Conduct and the Responsible Computing Policy. Dissemination of client personal and health information must respect both the Personal Health Information Protection Act Policy and Municipal Freedom of Information & Protection of Privacy Act.

Personal health information may include names, facts about health, health care and history related to exposures to disease. All personal health information collected inadvertently by OPH through social media must be recorded electronically and kept secure by OPH. Furthermore, OPH's Documentation Policy and Procedure requires that services - defined as actions or events involving OPH staff that directly or indirectly benefit or contribute to client welfare - be documented. As such, all official OPH social media interactions will be archived by the HIC team on a regular basis and stored using the City of Ottawa's Business Information Management System (BIMS).

As universal access is not currently granted to all City employees, Branch managers must approve access for individual employees through IT services using the "open call" process. OPH employees must discuss their need for SM access with their supervisor, who will determine if need is legitimate for work purposes and, make a recommendation to the Branch Manager accordingly.

Responsibility for the creation, coordination and oversight of all OPH SM initiatives resides with the Health Information and Coordination (HIC) unit, in consultation with the Medical Officer of Health and/or Branch Managers. No Branch or program may unilaterally create, update or make changes to SM or web-based platforms which contain the OPH name/ word mark /symbols/images or that can be perceived to represent OPH or the City of Ottawa.

## POLICY PROCEDURES AND RESPONSIBILITY

When interacting on any SM platform for work purposes, please consider these guiding principles:

- Common sense. Conduct yourself in the same respectful and professional manner as you would in the offline world.
- Don't assume that something you are sending or writing is private, it may not be;
- Remember that unlike a piece of paper - there is no waste basket or undo button online. A tweet, comment, or any contribution online could be available indefinitely;
- When using SM platforms, your personal profile should have a clear disclaimer. E.g.: The views expressed by the author are the author's alone and do not necessarily represent the views of Ottawa Public Health or its partners. Note: The personal use of SM while engaging in work activities is incidental;
- Information you publish must comply with OPH and City of Ottawa confidentiality and disclosure policies. This applies to comments posted on blogs, forums, press articles, SM platforms, and all other online environments;

- Be vigilant about your online “friends” and associations - perception can be as damaging as reality;
- Always identify yourself when engaging someone, or a group of people or entities especially via your personal accounts;
- Check your privacy settings and know their rules and applications. Make sure you are using appropriate security levels;
- Respect copyright and privacy legislation and reference or cite sources as appropriate;
- OPH word mark or symbols shall not be used at any time;
- If you are approached or contacted by someone from the Media, immediately direct the inquiry to the HIC team who will coordinate a response.
- If you are engaging with someone on SM, take your time in responding, ask someone to read your response prior to sending – you do not have to answer to all inquiries – be clear in providing the information and if possible, don’t get into a lengthy debate.

**DEFINITIONS**

- A. Social Media Platforms - Includes but are not limited to blogs, podcasts, discussion forums, on-line collaborative information and publishing systems, social bookmarking sites that are accessible to internal and external audiences.
- B. Chat Room: A way of communicating by sending text messages to people in the same chat room in real-time.
- C. Forum: An online discussion group where users can post comments and thoughts, either anonymously or as themselves, usually not in real-time.
- D. Blog: (Short for Web-Log) is a discussion or informational site published online and consisting of discrete entries ("posts") typically displayed in reverse chronological order (the most recent post appears first). It is frequently updated and intended for general public consumption. Examples: Twitter, Tumblr, Wordpress.
- E. Website – Any computerized document, file, or menu accessible on the Internet.
- F. Electronic Media – Non-computing devices, e.g., disks, flash memory drives, tapes, hard disks, internal memory, and any other interchangeable, reusable, and/or portable electronic storage media on which electronic information is stored, or which are used to move data among computing systems/devices.
- G. Podcast/Videocast – A collection of digital media files distributed over the Internet, often using syndication feeds, for playback on portable media players and personal computers.
- H. Social Bookmarking – centralized online service which enables users to add, annotate, edit, and share bookmarks of web documents. E.g.: Delicious, Reddit, Squidoo. RSS feeds or Syndication feeds can also be considered a form of social bookmarking.
- I. Personal Health Information and Protection Act (PHIPA)
 

PHIPA, includes oral or written information about an individual, if the information:

  - Relates to the individual’s physical or mental health, including family health history.
  - Relates to the provision of health care, including the identification of persons providing care.
  - Is a plan of service for individuals requiring long-term care.
  - Relates to payment or eligibility for health care.
  - Relates to the donation of body parts or bodily substances or is derived from the testing or examination of such parts or substances.
  - Is the individual’s health number.
  - Identifies an individual’s substitute decision-maker.



Any other information about an individual that is included in a record containing personal health information is also included in the definition.

#### J. Municipal Freedom of Information and Protection of Privacy Act (MFIPA)

MFIPPA, means recorded information about an identifiable individual, including:

- Information relating to the race, national or ethnic origin, colour, religion, age, sex, sexual orientation or marital or family status of the individual.
- Information relating to the education or the medical, psychiatric, psychological, criminal or employment history of the individual or information relating to financial transactions in which the individual has been involved.
- Any identifying number, symbol or other particular assigned to the individual.
- The address, telephone number, fingerprints or blood type of the individual;
- The personal opinions or views of the individual except if they relate to another individual.
- Correspondence sent to an institution by the individual that is implicitly or explicitly of a private or confidential nature, and replies to that correspondence that would reveal the contents of the original correspondence.
- The views or opinions of another individual about the individual.
- The individual's name if it appears with other personal information relating to the individual or where the disclosure of the name would reveal other personal information about the individual.

K. Wiki- allows users to create, edit, and link web pages easily; often used to create collaborative web sites (called "Wikis") and to power community web sites.

### CONTRAVENTIONS

Non-compliance with this policy will be brought to the attention of the appropriate Manager and the OPH Executive Team. The inappropriate use of SM that conflicts with City and Departmental policies and procedures, and/or compromises the privacy and confidentiality of clients or departmental and corporate information shall be subject to corrective action, up to and including dismissal.

### REVIEW AND EVALUATION

This policy is subject to annual review and evaluation by the Ottawa Public Health Executive Team.

### REFERENCES

Privacy & Confidentiality Breach Policy & Procedure, Ottawa Public Health

### LEGISLATED & ADMINISTRATIVE AUTHORITIES

Employee Code of Conduct, City of Ottawa, 2010

Municipal Freedom of Information & Protection of Privacy Act, R.S.O. 1990, C. M. 56

Personal Health Information Protection Act, 2004, S.O. 2004, C.3, Sch. A

### CONTACT

For more information on this policy, contact the Health Information and Coordination team, Strategic Support Branch, Ottawa Public Health.

## Appendix 4: Social Media Policy Example – Halton Region

This draft social media policy has been developed by Halton Region. It cannot be referenced or reproduced without their permission. For further questions or comments, please contact Karen Hay at 905-825-6000.

		<b>Community Health Services Procedure</b>	
<b>Procedure: Providing Health Information/Advice Within Social Media Space</b>			
<b>Subject:</b> Providing Health Information/Advice within Social Media Space <b>Level:</b>			
<b>Approved By:</b> Joyce See <b>Approval Date:</b> May 30, 2012 <b>Creation Date:</b> <b>Distribution:</b>	<b>Date of latest revision:</b> May 24, 2012 <b>Next Review By:</b> May 2013 <b>Review frequency:</b> Annually <b>Responsible for review:</b> Social Media Supervisor <b>Review by Legal:</b>		
<b>Policy Statement:</b> Requests from customers, individuals/clients for personal health information and advice received within the social media space will be responded to in a manner that strives to maintain individual/client confidentiality. Staff will refrain from communicating client personal information or personal health information within social media spaces. Correspondence within the social media space is acceptable when the request for information is of a general nature and is not specific to an individual/client situation and/or health condition.			
<b>Definitions:</b> <b>Health information/advice of a general nature includes:</b> <ul style="list-style-type: none"> <li>• descriptions of Health Department programs and services,</li> <li>• how to access Health Department programs and services or services of another provider,</li> <li>• descriptions of general eligibility criteria,</li> <li>• clarification about information produced or distributed by the Health Department,</li> <li>• recommendations that the individual/client should consult his/her physician or other health care provider,</li> <li>• relevant other sources of information, including websites.</li> </ul>			



**Individual/Client:** any individual/client/person/patient, workplace, school, fixed premise, group, family, organization, or community.

**MFIPPA – Municipal Freedom of Information and Protection of Privacy Act:**

**Personal Information:** means recorded information about an identifiable individual/client that is not considered personal health information as listed below that includes the following:

- information relating to race, national or ethnic origin, colour, religion, age, sex, sexual orientation or marital status or family status of the individual/client,
- information relating to the education or medical, psychiatric, psychological, criminal or employment history of the individual/client or information relating to financial transactions in which the individual/client has been involved,
- any identifying number, symbol or other particular assigned to the individual/client,
- the address, telephone number, fingerprints or blood type of the individual/client,
- the personal opinions or views of the individual/client except if they relate to another individual/client,
- correspondence sent to the institution by the individual/client that is implicitly or explicitly of a private or confidential nature and replies to that correspondence that would reveal the contents of the original correspondence,
- the views or opinions of another individual/client about the individual/client, and
- the individual/client name if it appears with other personal information relating to the individual/client or where disclosure of the name would reveal other personal information about the individual/client.

**NOTE:** This is not an exhaustive list of personal information. Any information that can potentially be used to identify an individual/client in a personal context is considered personal Information.

**Personal Health Information:** means identifying information about an individual/client in oral or recorded form, if the information:

- relates to the physical or mental health of an individual/client, including information that consists of the health history of the individual/client family,
- relates to the provision of health care to an individual/client, including the identification of a person or agency as a provider of health care to the individual/client,
- is a plan of service within the meaning of the Long Term Care Act for the individual/client,
- relates to payments or eligibility for health care in respect of the individual/client,
- relates to the donation by the individual/client of any body part or bodily substance of the individual/client or is derived from the testing or examination of any such body part or bodily substance,

- is the individual/client health number, or any record or document containing health information, for example an insurance claim, or
- identifies an individual/client substitute decision-maker.

**NOTE:** Any information that identifies an individual/client or for which it is reasonably foreseeable in the circumstances that it could be utilized either alone or with other information to identify an individual/client is considered identifying information. Also, identifying information about an individual/client that is not personal health information as described above, but that is contained in a record that contains personal health information as described above, is considered personal health information that is subject to PHIPA.

#### **PHIPA: *Personal Health Information Protection Act:***

**Records:** documentation of services provided to or on behalf of an individual such as an infant or an inspection of a premise, or services provided to an institution such as a school. Records include: files, charts, memos, notes, meeting minutes, personnel files, project plans and documentation, appointment logs, program planning and delivery documents and financial records/agreements

**Social Media:** Internet-based tools and platforms that are used to help people produce, publish and share online content and to interact with one another. Social media tools include blogs, podcasts, videos, microblogs, wikis, etc.

**Public / Open Forum:** Sections within social media sites where any member of the public is able to view, read and/or respond (e.g., Facebook wall, tweet, blog post).

**Private Forum:** Sections within social media sites, where the conversation is limited to two or more targeted individuals and information posted is not open for viewing by the general public (e.g., direct messages on Twitter or Facebook messages).

#### **Procedures/Guidelines/Steps:**

Individual/client requests for information/advice received via social media (e.g., Twitter, blogs, Facebook ) will be dealt with in the following way:

- Staff will refrain from communicating client personal health information or personal information in social media space.
- If received through a Halton Region Health Department social media account, receipt of the request will be acknowledged within the same forum that it was received (i.e., public / open or private). Social media best practice recommends that the time frame for this acknowledgement is within 2 business hours.
- Where a request is of a general nature, Health Department staff may respond within the public forum to an individual/client request for information by including information from various sources:
  - Health Department resource or webpage
  - publically-available fact sheets
  - reliable & evidence-based websites and/or online resources

**Additional Considerations:**

- include only absolutely relevant / necessary information in the communication
- review the communication prior to sending to ensure that staff is satisfied with it, i.e., that it is clear, free of ambiguities
- When a request is for advice/information that requires an assessment in which auditory or visual cues are critical aspects, and/or further questions need to be asked, the social media space is not appropriate in this situation. Health Department staff will therefore request to take the conversation offline. Health Department staff may offer to call the client directly or advise the client to call Halton Region or another health care provider.
- In situations where the individual/client has barriers to telephone or other forms of communication, or insists on keeping the conversation online:
  - Staff will follow the Health Department Procedure: Providing Health Information/Advice by Email when the conversation continues via email.
  - If the client continues the conversation in the social media space, Health Department staff will advise the client that due to confidentiality and privacy concerns we cannot provide further consultation.
- Advice of a general nature does not need to be documented within a program-specific documentation system as all social media activities are archived should the information need to be retrieved at a future date. Advice/consultation of a personal nature will be documented by staff using their program-specific documentation systems.
- Staff who receive complaints within social media will address the issue by referring to the Social Media Decision Making Tree and consult with their supervisor as needed.

**Roles and Responsibilities:**

Applies to all Health Department staff, including students and volunteers that receive and/or respond to requests from individuals/clients within the social media space. Staff will maintain the safety of social media accounts by changing passwords for social media accounts regularly.

**Measurable Outcomes:**

Record of all tweet correspondence is archived and accessible via Sysomos.  
Record of all blog correspondence is accessible at Wordpress.com  
Records of all blogs are stored electronically on the regional network.  
Staff do not provide client/individual personal health information or personal information in the social media space.  
Consultations that are taken offline are documented within program-specific documentation systems

**Related Documents:**

Region of Halton *Personal Information Privacy Policy*

Health Department Procedure PRO-HD-AD *Collecting and Disclosing Personal or Personal Health Information*

Region of Halton *Corporate Customer Service Standards*

Region of Halton *Corporate Social Media Policy*

Region of Halton *Halton Region Social Networking Guidelines and User Agreement*

Tweet Correspondence Archiving Procedure (under development)

**Reference Documents/Sources:**

College of Nurses of Ontario *Practice Guidelines: Telephone Practice and Culturally Sensitive Care. Practice Standards: Documentation and Ethics*

College of Physicians and Surgeons *Confidentiality and Access to Patient Information*

Halton Central: *Regional Internet Email and Web Services Fact Sheet (check status)*

MFIPPA – *Municipal Freedom of Information and Protection of Privacy Act*

PHIPA – *Personal Health Information Protection Act*

Halton Region Health Department Policy: *Collecting or Disclosing Personal Information or Personal Health Information*

Peel Region Social Media Protocols: *Documentation*

*Halton Region Responding to Questions Received in Social Media Space*





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