

SOCIAL

Social media has gotten so big so fast, and healthcare, has lagged behind. **Larry Mickelberg** traces its evolution, cites some creative uses of the medium and explains how not to get left behind again as the next generation of features and functions matures

Don't believe everything you hear about social media. Despite the impression given in the constant media coverage of the subject, not everybody is involved in it. There are still a quite a few million to come in. And a few million after that.

In the US population as a whole, around 150 million people have a Facebook account. That's a lot of people, but it also means just over half of all Americans are not on the site.

About 24% of Americans, or 75 million, use status and micro-blogging services such as Twitter. All told, industry statistics indicate that around 127 million Americans used a social network platform at least once a month in 2010. That means that more than 170 million didn't.

Social media is not the web

In some respects social media is at a similar stage to where the web was around 12-14 years ago. Back then, the web was growing fast but wasn't everywhere. Most people in business knew about the web and thought they should do something with it. Many companies created a web presence, but in retrospect most efforts

were lackluster. Sites now function a lot better than they used to, but in most cases they're simply about the company providing information and enabling transactions. Visitors go to the sites to find things out, or to buy things. It's not personal; it can all be entirely automated.

Now companies face questions about getting involved in social media, but the issues are a lot more complicated than they were with the web 12-14 years ago. This is because the defining point of social media is interaction.

Social media has gotten so big so fast because it gives people new ways of doing what people love doing: having conversations; swapping jokes, stories and advice; and generally hanging out with other people.

In some cases, they're connecting in an unfocused, general way

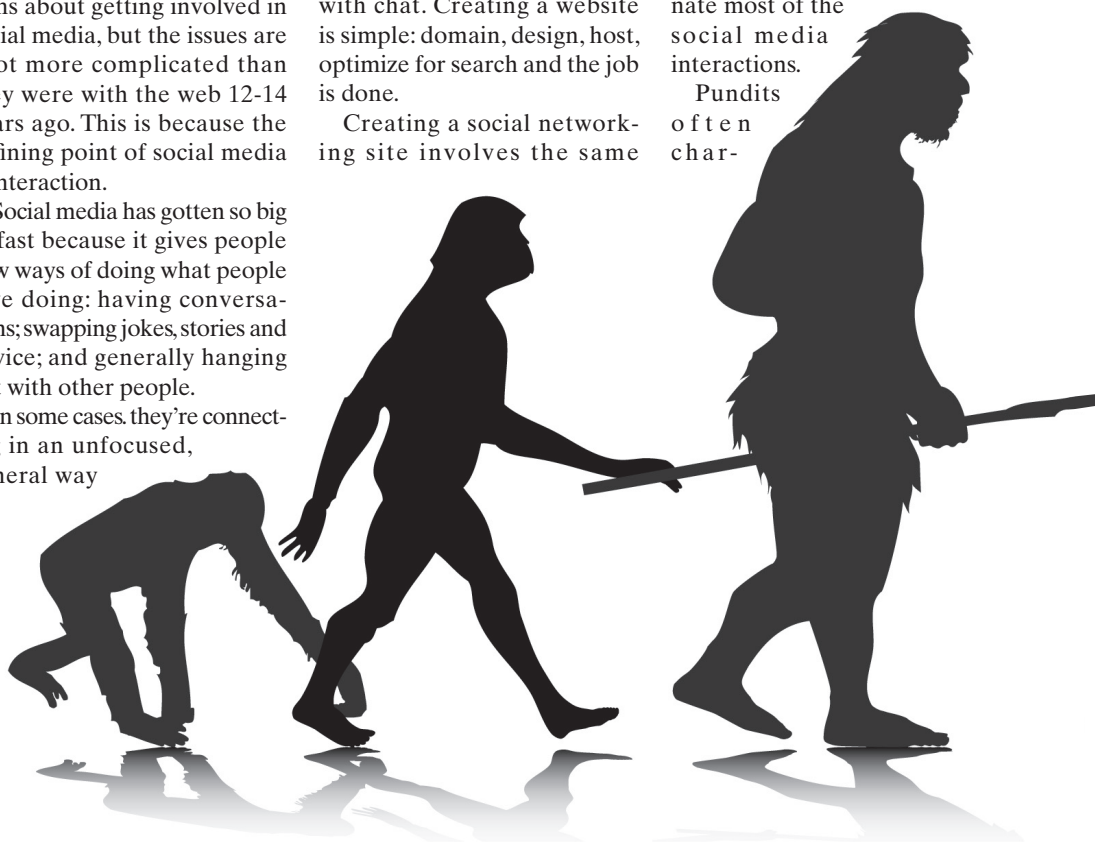
because everyone else is doing it, as with Facebook; in some cases they're connecting around a purpose such as career advancement, as with LinkedIn; and in some cases it's around a shared interest such as photography on Flickr or health on WEGO Health.

Social media is not just web with chat. Creating a website is simple: domain, design, host, optimize for search and the job is done.

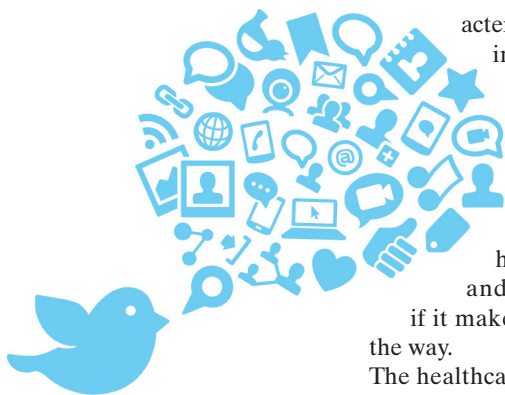
Creating a social networking site involves the same

basics as the web side, but that's just the beginning. It's not social media until people are using it to interact regularly. Attracting enough people to gain and sustain critical interactive mass is a huge challenge. Many try, but few create more than a small blip in internet traffic metrics, and just a handful dominate most of the social media interactions.

Pundits often char-



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acterize the healthcare industry as lagging behind the curve in interactive technology, with some justification. The technology industry has to be nimble and move fast, even if it makes mistakes along the way.

The healthcare industry has to be painstaking, thorough and fulfill a plethora of regulatory and ethical standards. Nevertheless, we're increasingly seeing healthcare figuring out smart, creative ways of using the tools of social media.

Some healthcare professionals have developed initiatives from the ground up, such as the Inspire platform ("Together we're better") on which members indicate their health interests for their profile and then join discussion groups related to any of the major health topics, such as digestive system disorders (45 groups), autoimmune diseases (51 groups), and diabetes and hormones (34 groups). Information and resources are provided by more than 40 partners—by nonprofits, such as the Bladder Cancer Advocacy Network, and others.

The Inspire site is a good example of the challenges and

“We’re seeing healthcare figuring out smart, creative ways of using the tools of social media”

benefits of a build-from-scratch social media site for healthcare. The design is clear, bright, welcoming and reassuring.

It takes new users through a logical process of registering and creating a profile. It clearly has many health issues covered, which is promising, but the site quickly makes things complicated, confusing and somewhat daunting. It takes time and a little persistence to work out what the different parts of the site do.

At the other end of the scale are sites that focus on building a community around just a single health issue or group of health issues, such as ObesityHelp.com which deals with patients and caregivers looking for weight loss solutions (surgical and otherwise). This site is similarly clear, bright, welcoming and reassuring, fairly easy to navigate and a little less confusing because it covers a narrower range of issues.

These two examples raise some key considerations about making purpose-built health sites with a significant social media component:

■ For audiences to do more than take a quick look, a site and its content and discussions have to promise and deliver enough relevance to their needs (Value) that they are willing to go through the registration process and learning curve of using the site (Cost).

■ Social media needs enough people in the same online place (Critical Mass) to engage in interactions often enough to keep

ILLUSTRATIONS: SHUTTERSTOCK & ISTOCK

things active (Momentum). Without enough people and enough action, the site languishes.

■ Sites focusing on specific conditions can score in terms of great relevance with simplicity (high Value vs. Cost) but may be too narrowly focused to get many participants engaging frequently (low Critical Mass and Momentum).

■ Sites covering many different conditions are more likely to attract a lot of users in aggregate (high Critical Mass) but risk being too complex to learn (high Cost vs. Value) and fragmenting the community too much for discussion topics to be lively (low Momentum).

But maybe you should be better socialized?

Given these considerations, it may make less sense for health and wellness marketers to build their own social media platforms. The value of social media comes mostly from engaging personally with other people—with each other, with influencers and with healthcare stakeholders.

There are so many social media platforms already on the internet, there's no need to grapple with the complications and risks of building a platform from scratch. Just get into the same spaces where everyone else is getting together.

One big advantage of using existing social media platforms is that audiences are already familiar with them. They've already invested time and effort in getting up the steepest part of the learning curve, so audiences don't face the costs of time and effort. Another advantage is that audiences who tap into them don't have to worry about Critical Mass and Momentum; the platforms themselves take care of that.

Another important advantage is that they provide a familiar framework that can guide the experience.

“It may make less sense for health and wellness marketers to build their own social media platforms”

Lastly, the emergence of new features and functions is accelerating, and you want to ensure you're always a part of what's next, such as:

■ Live monitoring of key health metrics, such as heart rate, blood pressure and blood sugar,

■ Geolocation and direction to the most convenient and accessible health resources,

■ Virtual visits to physicians and virtual consultations with specialists,

external resources, building their reputation and appeal as valuable resources, and adding to the perceived utility of their brands.

The range of social media technologies and sites is already complicated and more are coming on stream every month. Fortunately, the guiding principles for using social media are simple and can be distilled down to four words:

■ Ongoing: happening through time, not just one-off

■ Spontaneous: happen-

Condition-specific sites (example above, ObesityHelp.com) might be too narrowly focused to gain and sustain critical mass of users

■ Integrated content and multiplatform messaging (such as Facebook messages or instant messaging),

■ Collaborative filtering and “smarter answers” enabling users to find the health resources that best suit their needs and preferences, and

■ Social graph applications that take advantage of platform APIs (application program interfaces) that can extend the value and reach of social networks to the wider web (such as the Facebook “Like” button).

Working through established social media platforms, marketers can not only provide their own views on specific health topics, they can also embed links to

ing in time, not planned far in advance

■ Personal: between real people with real personalities and real names

■ Interactions: conversations, discussions, even arguments—not messaging

Building on these principles, healthcare professionals and brands will find social media will soon open up new and innovative ways to further the cause of health and well-being. Then things will really get interesting. ■

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