Can smart listening™ enable behavioural change?

Malaria within a Social Framework™

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Abstract

Background

The propensity for individuals to use social media to seek information about their health has been rapidly increasing in the last five years and provides an opportunity for healthcare institutions to leverage a new channel for providing fair, balanced and accurate information to the public. We report the results of a four-week social media listening (SML) project on the topic of malaria.

Method

Six markets from North America, Latin America, Europe and Asia Pacific were selected from the GLOBALHealthPR network to conduct SML for three weeks to establish a baseline for social media discussions about malaria in Twitter and on blogs. Following the control period, listening was conducted in 11 markets for one week to assess the impact of World Malaria Day (25 April 2011) on social media dialogue. We used a process of smart listening™ to gather insights: healthcare communications experts analysing the social media activity to uncover deep insights about the nature of the conversation.

Results

The listening activity identified numerous blogs across the globe that feature content about malaria and established patterns of information transfer between these blogs and users of Twitter. Traditional media was observed to have a driving influence on social media activity. Social media malaria conversation typically focused on science and innovation, disease epidemiology and local initiatives to limit disease impact. An opportunity was identified to stimulate user generated content about malaria and to sustain discussion about this deadly disease independent of traditional media. Cross border discussions were infrequent but were observed to be a powerful tool for sharing knowledge when they occurred. Discussion of prophylactic measures was low and this was attributed to malaria not being personalised in either traditional or social media – the topic is discussed factually but the human impact is not discussed, either for travellers or residents of endemic areas. World Malaria Day caused an increase in volume of social media activity, but not quality – automatically generated blogs and tweets occurred as a result of press release distribution, but typically this awareness day was not discussed by the social media community. Mentions of adverse events relating to pharmacological treatments were low to negligible.

Conclusions

Social media activity can typically be classified as "noise" and "dialogue" – the former defining the dissemination of non-social content into the social space, and the latter describing peer to peer information and idea sharing. For malaria, the ratio of noise to dialogue is estimated at 70:30. This listening project has identified commonalities in dialogue that can be built upon to develop a global social media strategy to meet the objective of increasing awareness of, and action towards, malaria prevention. Critically, malaria needs to be given more relevance to individuals within the global community.

As we look to the future and anticipate both environmental and technological change, we predict an increased threat to public health from tropical, infectious, diseases with the opportunity to educate and inform the public via social media to minimise the risk. There is an opportunity for public health bodies to leverage social media to its full potential and effectively integrate it into national and international disease awareness programmes.

GLOBALHealthPR welcomes the opportunity to work with a healthcare institution to develop and refine a global social media strategy for malaria and to deliver in-market tactics to increase social media engagement and discussion on this topic. We believe that smart listening™ has provided powerful insights that can be leveraged to stimulate behavioural change.

Introduction

Malaria is a rampant and dangerous disease that is transferred by mosquitoes and prevalent in tropical regions. It is one of the biggest 'global killers' of vulnerable populations in the developing world and also affects international travellers. It is a travesty that a preventable disease should continue to have such a significant impact upon world health. Many pioneering organisations undertake practical and educational projects to minimise the risk presented by this disease and innovation has sat at the heart of many projects.

The extent to which social media has been used to date to motivate change in relation to malaria is questionable. Due to the disease being prevalent in the developing world, it may have been assumed that social media offers little added benefit, especially when SMS projects have proven impact (see Novartis' *SMS for Life Programme*, a partnership with Vodafone, IBM, Google, the Tanzanian Ministry of Health and Roll Back Malaria). However, social media usage in the 'developing' world is exploding: Mexico currently has four million Twitter users, representing approximately one-in-seven of the country's internet users. In India, user numbers for social networks are forecasted to rise to 45 million by 2012. Many commentators have documented that emerging markets tend to have rapid and early adoption of social media, with rates of uptake accelerating past those of 'the West'. It would appear logical and appropriate to explore the opportunities present within social media to raise awareness of malaria and to motivate behavioural change.

Engaging the public about malaria presents two benefits: encouraging prophylaxis in endemic regions (for both visitors and residents) to minimise risks to personal health and subsequent economic impact; and to encourage support for charity and NGO activities in malaria prone countries.

Methods

Hypotheses

1. Malaria prophylaxis does not tend to be discussed in the social media space, conversations focus on managing acquired symptoms

2. Insights and understanding of malaria do not tend to be shared between countries in the social media space

3. Conversations about malaria in the social media space will not be led by official healthcare institutions

4. World Malaria Day will cause a long tail* in social media activity

*A long tail is defined as ongoing dialogue and interaction about a topic across an extended period of time and for longer than the traditionally defined "newsworthy" period of a story/topic/issue

Design

To explore social media conversations relating to malaria and assess our hypotheses, we chose to listen to the social media conversation on Twitter and in the blog space.

Twitter was selected as it is one of the most utilised platforms for information sharing in real time and publicly searchable conversations can be conducted. Communities of individuals with shared interest rapidly form in Twitter.

Blogs were selected as they tend to provide content rich social media that becomes shared and referenced in an ongoing fashion. Both Twitter and blog content now ranks highly in standard Google searches. For these reasons, SML in Twitter and on blogs provided an accurate methodology for assessing both short-lived and long-term social media engagement and indicated how easily user generated content can be reached by internet users searching for information.

Facebook was excluded as personal privacy settings of the site pose technical problems for listening within this environment in any meaningful way. Forums were excluded as the people who participate in this social media environment tend to be outliers of the social media user demographic – forum participants tend to be highly vocal, passionate and focused on single issues. As malaria is a public health issue, our aim was to understand how the topic is discussed within the broadest demographics.

To test hypothesis four, we undertook a baseline analysis of malaria social media activity for three weeks prior to World Malaria Day, which fell on 25 April 2011, and then conducted listening for one week following World Malaria Day.

Set up

GLOBALHealthPR offices in the US, UK, Portugal, Spain, India and Mexico conducted social media listening from 4 April 2011 to 24 April 2011 to establish the baseline. The offices were joined by further expert teams in Germany, Poland, Turkey, Brazil and Argentina to conduct SML from 25 April 2011 to 1 May 2011 to understand the impact of World Malaria Day.

Data processing

The offices participating in the listening exercise used SML listening tools appropriate to their market requirements. Some markets used automated tools to identify relevant tweets and blogs and then analysed the content qualitatively to understand what the data meant for the hypotheses. Other markets used a combination of free Google tools (such as Google Reader) and Hootsuite (using the geolocation Tweet function to restrict Tweets to within countries) to listen and gather data and applied the same qualitative analysis to the information yielded.

To ensure consistent data analysis and interpretation across markets, all GLOBALHealthPR offices participating in the exercise reported to a shared protocol for both qualitative and quantitative elements of the analysis.

Visit this link to watch a video about our methodology:

http://ow.ly/5cTbn

Results

Data summary

- Across all markets, malaria had a presence in the social media space but this presence was determined to be as a result of 'news sharing' rather than 'issue engagement'. In other words, malaria became visible in social media when something happened in traditional media and the social community shared the traditional media source, rather than malaria being a topic discussed between social media users in an ongoing fashion

- For both Twitter and blogs, World Malaria Day on 25 April caused a spike in social media activity as compared to baseline, for example; a six fold increase in the UK, a four fold increase in India, a three fold increase in Spain and double in Mexico. This did not mark an increase in engagement and dialogue, rather, it was attributable to the impact of automated bots regurgitating content from digital versions of traditional media outlets and Web 1.0 sites

Twitter

- Excluding the US, Twitter rates for malaria averaged less than 50 per day per country analysed

- Across markets, the rate of retweeting in relation to malaria was low to medium

- Malaria stories did not have a long tail – they provide short lived spikes in Tweet rates (lasting no more than 24 hours)

- Tweets mentioning malaria contained a relatively low number of outbound links – indicating that the primary purpose of malaria tweets was not to share content. Outbound links rarely directed to social media content

- Percentage tweets containing malaria prophylaxis content was relatively high in the UK and Spain, but low in other markets

Blogs

- A broad spectrum of blogs across markets were identified

- Blog commenting rates were low and, on the whole, erratic

- In India, comments on blogs were led by non-commercial healthcare institutions. This was not the case in other markets
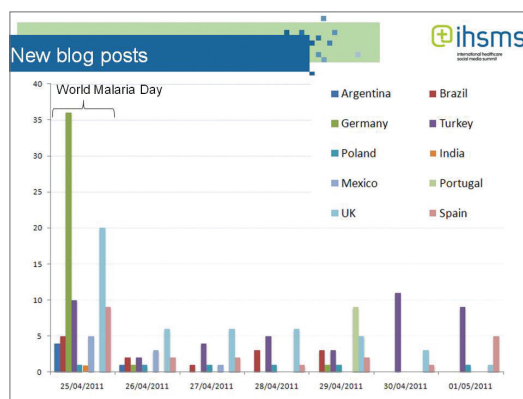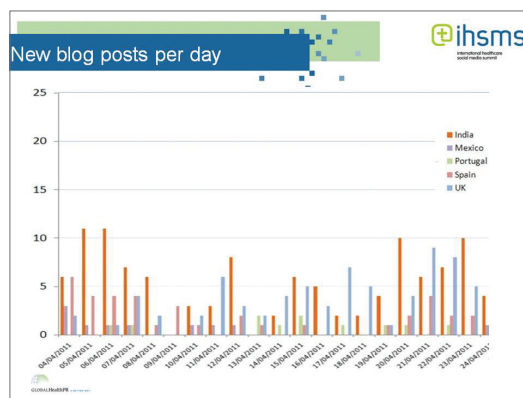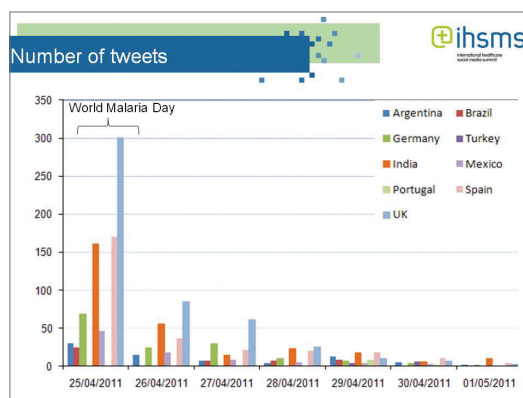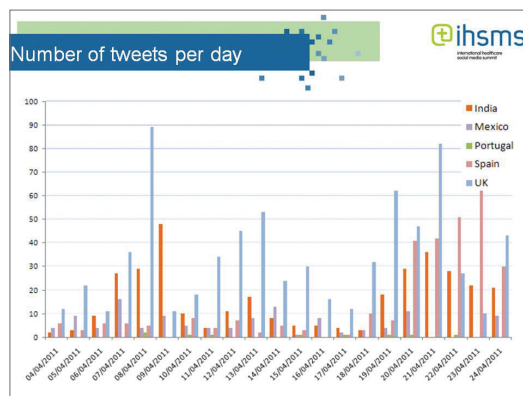
Observed trends

Social media rates of activity

- Malaria disease prevalence within a country did not predict the amount of social media activity within that country. Evidenced by Brazil (high incidence, low social media activity), Argentina (low incidence, low social media activity), Mexico (high incidence, low social media activity) and India (high incidence, high social media activity)

- In those countries with high prevalence rates, "on the ground" activities to tackle malaria stimulated social media activity

Types of social media interactions

- In markets with high prevalence, malaria is seen as similar to "bad luck" or having a cold and social media interactions about the condition treat it as such. A resignation to the disease, and therefore limited desire to consider new approaches or solutions, was observed

- In markets with low prevalence, conversation focused on disease epidemiology and news that may relate to this, as well as other future looking conversations

- Reasons for malaria disease transmission between regions or spikes in outbreaks was of little interest in the social media space

Dialogue across national borders

- The listening suggested that there may be a tendency for highly proficient social media users in malaria prone countries to reach out to other countries with similar disease prevalence levels within the social media space (evidenced by cross border interactions between Brazil and Africa)

- Time zone was observed to be as much of a barrier to international social media engagement as language issues

Guiding dialogue to credible information sources

- Social media conversations about malaria were not observed to be led by institutions within markets but rather individuals with a personal or professional interest

International similarities and differences in malaria viewpoints, as determined by social media

Factor	Similarities	Differences
Disease understanding		X
Attitudes towards disease severity		X
Health seeking behaviour in relation to malaria		X
Impact of traditional media	X	
Fear as a motivating factor		X
Low discussion of pharmaceutical prophylaxis	X	
Low discussion of holistic prophylaxis	X	
Low sense of personal relevance of malaria	X	

As discussion of pharmaceutical treatments was low, there was almost negligible mention of potential adverse events that would be reportable in line with UK regulatory standards. None were noted in the UK.

Data interpretation

Across markets, it would seem that the impact of malaria has not been humanised at all, and by this, we mean given context in terms of the impact it has on life quality, health outcomes, and well being (both physical and psychological). This may explain why the topic does not have a large presence in the social media space.

Discussion

Setting hypotheses for the SML project ensured that global listening and data analysis was structured, guided and comparable. Two of the hypotheses were confirmed by the four week project and two were rejected:

1. *Malaria prophylaxis does not tend to be discussed in the social media space, conversations focus on managing acquired symptoms.* NOT CONFIRMED INTERNATIONALLY

2. *Insights and understanding of malaria do not tend to be shared between countries in the social media space.* CONFIRMED

3. *Conversations about malaria in the social media space will not be led by official healthcare institutions.* CONFIRMED

4. *World Malaria day will cause a long tail in social media activity.* NOT CONFIRMED INTERNATIONALLY

Our study showed that social media is currently under-utilised by healthcare institutions that aim to reduce the global impact of malaria and others that aim to encourage malaria prophylactic action in both developed and developing markets. This presents an opportunity for those organisations with progressive social media policies and an understanding of best practice for developing social media engagement programmes. It represents a threat to individuals and from a public health perspective if this does not change because a vacuum currently exists that could be exploited by malicious individuals/institutions, or simply uninformed social media users who do not have access to the latest fair, balanced and accurate information about malaria.

When we look at the malaria data gathered in this study, it is clear that social media and malaria is at an embryonic stage. A certain amount of activity exists but this can be harnessed, nurtured and stimulated. The question is how to achieve this?

GLOBALHealthPR's proprietary methodology, Social Framework™, gives a structure for navigating this challenge. The Framework consists of four distinct phases: listen to the conversation; develop a personally engaging proposition; participate in social media dialogue; refine your approach.

The second phase, develop a personally engaging proposition, involves analysing the insights and data derived from SML and finding the commonality – what issue/concern/unmet need/emotional trigger is shared across the board and in all social media conversations? How can this common insight be used to identify something useful that can be brought to the social media conversation? How can an institution present an idea to the social media space that demonstrates understanding, compassion and resonates in a way that motivates behavioural change?

For malaria, the key global commonality noted in this study was the lack of sense of "malaria and me". There truly was no "I" in malaria in the social media activity we listened to. From this study, we suggest that the following sentence provides a workable starting point for developing a personally engaging proposition for malaria:

"Through science, collaboration and action, we can stop malaria impacting people you care about"

A key step of the Social Framework™ methodology involves concept testing insights in a real world setting with both 'normal' social media users as well as outliers. GLOBALHealthPR welcomes the opportunity to work with a healthcare institution to develop and refine this personally engaging proposition and subsequently identify in-market tactics to increase social media engagement about malaria. We believe that smart listening™ has discovered something incredibly powerful for malaria public health endeavours that can be leveraged to stimulate behavioural change.

Visit this link to watch a video on our findings and personally engaging proposition:

http://ow.ly/5cTdm

Global citizen referencing

It is well understood that over the next decade, the way people interact with news, information and content will change to an extent that has never been seen before. Many institutions realised that this shift started gaining traction about five years ago and they have tried to catch up. Traditional media institutions are a case in point and are continually restructuring their businesses to respond to the changing paradigm – whether they have fully anticipated what lies ahead remains to be seen.

The speed of technological change makes it almost impossible to precisely predict the future landscape but what is clear is that the established trend of "citizen journalism" that sparked the shift is normalising and evolving into "global citizen referencing". In other words, individual publishing has taken hold as a social norm and communities now organically form regardless of geography. These communities form around issues, share self-generated content and talk to each other about a topic. Within these networks, shared information is not necessarily based on referenced fact, but if there are enough people supporting a particular point of view then it is perceived by others as the absolute truth.

What this means for any institution that requires public support to meet its goals is the need to find ways of entering the global citizen referencing process – institutions need to understand these networks and how they can interact with them. Until recently, sharing content with social media communities has been deemed the modus operandis for socially empowered organisations. This remains an important approach but is not future proof. As individual publishing becomes increasingly easy and the speed of global interactions accelerates at light speed, then the desire, or in fact need, for institutionally developed content will decrease.

Becoming part of the process and moving to cooperation based models will require more than content sharing – it will mean becoming a trusted partner that is worth referring to. And it may mean offering something instrumental too, something that is unique. It certainly means working harder than ever before to communicate ideas, values, information and to shape behaviours and beliefs.

Values count

In this shifting environment, organisations need anchors to stabilise their approach. Individuals can continually adapt and change but organisations have to play a longer game, one that leverages their past and protects their future. To enable healthcare institutions for the new health dynamic of socialised knowledge, GLOBALHealthPR has established core values for social media activity. These are integral to the Social Framework™ methodology:

Understand

- Be responsive – any social media activities should be based on listening, responding and adapting to the dialogue that is observed

- Be inclusive – involve active stakeholders in the planning from the outset. Listening helps map those who are active and engaged

Leverage unique insights

- Be authoritative – people look to credible institutions to share the insights that are unique to them

- Be motivational – be clear about the health behaviour that you aim to shape and build a strong call to action into the campaign

Add lots of value

- Be useful – your activities need to add value or will be deemed irrelevant by the social media community

- Be generous – an effective social media engagement campaign is generous with its assets and content

Be open minded

- Be flexible and be willing to embrace new and emerging technologies

- Be adaptive to the needs of each market when planning international activities

Find out more

Aurora is the exclusive UK partner of GLOBALHealthPR and part of the global digital practice of the network.

Aurora works with pharmaceutical companies and third sector healthcare institutions on social media strategy development, listening and engagement. We love to chat and understand the changing dynamic and dialogue that healthcare institutions face.

If you want to take our smart listening™ conclusions for malaria to the next level and stimulate behavioural change, then give us a call. We would love to tackle this challenge.

Alternatively, if you work in a health or disease area where the public needs to be engaged and social media could be a viable channel, call us and chat about how GLOBALHealthPR's Social Framework™ can help.

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The data from the inaugural International Healthcare Social Media Summit was first presented at a webinar from Washington DC, USA, on Wednesday 18 May 2011.

To view the presentation, visit the Aurora blog via the following link:

http://ow.ly/5eREJ

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