Social Media for Public Health Practice: A collaborative forum for disseminating information about best practices and new developments

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Background

The Council of Linkages’ Core Competencies for Public Health Professionals includes competencies for communication skills, emphasizing the need for public health professionals to “utilize a variety of approaches to disseminate public health information with stated examples including social networks and blogs.”

The Public Health Workforce Study by HRSA describes a workforce that lacks formal training in public health and a need for distance learning opportunities. Approximately 70% of public health organizations surveyed by the American Public Health Association felt that level of familiarity with tools presented an obstacle to using social media for communications.

Based on this need, and inspired by the “Learning 2.0” modules developed at the Public Library of Charlotte & Mecklenburg County, librarians at the Taubman Health Sciences Library developed a series of self-paced, interactive online training modules focusing on social media for public health professionals.

Project Details

Starting from a list of 23 Things, we decided to focus on 10 main social media tools: twitter, blogs, RSS, social networks, online videos, text messaging, data visualization, Google documents, online communities, and finally, an open topic “Even More to Explore”.

To host these modules, we developed a Ning network, enabling participants to create profiles and share ideas with each other in this social networking space. Modules were offered at a fair pace, novice to advanced, to bring a group of people to a common level of understanding.

Each section consists of a general introduction, a hands-on activity or detailed instructions for using a particular tool, plus examples and information about the tool in Public Health practice, and concludes with a feedback section and invitation to share new discoveries, examples, or comments with other participants.

During the pilot, we responded to feedback from the Saginaw Department of Public Health and made changes to the content and design of the modules based on their experiences. The Saginaw public health staff were encouraged to participate, but not required, and their progress was not formally tracked. This group represented a wide range of ages and experience with technology, and provided much useful and varied feedback on the training material.

Responses

Participants completed feedback forms at the end of each module, and also provided oral feedback at the end and pathway through the pilot. When we heard comments from some that the material was too simple, and from others that it moved a little too quickly, we felt we had struck a good balance. Participants liked the modules to be kept short, with direct instructions for action to try it out. Many appreciated the video clips.

Participants enjoyed having the support of their administration to take time to explore new technologies, and the administrators experienced benefits of identifying new skills and interests among their staff. Unsurprisingly, many commented on how this project had improved communication among the staff, and many individuals thanked us for helping them develop greater comfort talking with their peers or clients about social media.

Results

After working through the training modules, many participants reported feeling more comfortable using tools which were previously unfamiliar. [Fig3] Participants’ views on technologies useful for their work also changed significantly. [Fig4]

Another strong change was noted in the participants’ preference for learning about new technologies – after the pilot, more were comfortable learning via online tutorial or simply trying things out on their own. [Fig2]

Conclusions

Through the development and implementation of this series of online, self-paced training modules in social media, we have helped public health practitioners in our region improve their professional competencies in communication. These modules are freely and publicly available; so other public health workers may benefit in the future.

Participants still cited lack of time to work through training as a barrier, but most reported feeling more able to participate in workplace discussions about social media and feeling more confident in their abilities to use these tools.

This was a positive experience for us as well as our community partners. While we have not yet been successful in promoting the Ning site as shared space for social media ideas, best practices, and a community of support, we have started to generate activity and discussion at a local level and through this training have enabled many more people to participate.

References

2. Health Resources and Services Administration. Public health workforce study. Available at: http://www.phf.org/link/2008/05/17/041109.htm
5. Taubman Health Sciences Library, University of Michigan, Ann Arbor, MI

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Working with a local public health department, librarians from the Taubman Health Sciences Library have developed a set of modular, online training materials for teaching public health practitioners about social media.

With your help, we plan to take the Social Media for Public Health network to the next level: moving beyond free online training modules to become an interactive community focused on sharing resources and knowledge related to the use of social media in public health practice.

1) Contact with other public health information professionals
   • Establish a network of interested people to support the online community, Social Media for Public Health
   • Solicit participation/contributions to discussion boards, document collections, 'best practice' examples, etc.

2) Keep community partners active
   • Implement a system that rewards and acknowledges high contributors (draw prizes, gain increased community status, and more)
   • Encourage partners to contribute documentation, projects, and ideas after completing the training

3) Grow beyond “Status Updates”
   • Harvest themes from the “Status Update” activities and initiate online discussion
   • Provide open, structured forums for sharing new examples, discussing them on forum boards and enabling practitioners to work together through private or public interaction in the Ning site to create new ideas and applications for their local environment

4) Develop an greater element of peer support & sustainability
   • Foster a community of shared troubleshooting and Q&A for users to ask questions of each other and respond to the questions of others

5) Become a resource for current research & news
   • Incorporate more news feeds and literature alerts to provide a “one-stop” for public health practitioners to learn about upcoming technologies and research done on social media as it impacts their field.
   • Introduce this element in a distinct way, separate from the status updates and day-to-day activity.

6) Establish “Best Practices” as described by the community
   • Formalize a way for active contributors and users of social media to periodically review site-wide shared examples, comments, ideas, and programs to identify and articulate elements of best practice for social media in public health
   • Ensure our social media forum (Ning site) conforms to these practices. Provide references where appropriate to reinforce the idea of building on the good practice standards of others.

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