Social Media, Public Scholarship, and Injury Prevention

Debra Houry, MD, MPH*  
Monica H. Swahn, PhD, MPH†  
Abigail Hankin, MD, MPH*

*Emory University School of Medicine, Department of Emergency Medicine, Atlanta, Georgia  
†Georgia State University, School of Public Health, Atlanta, Georgia

Supervising Section Editor: Debra Houry, MD, MPH
Submission history: Submitted May 29, 2014; Accepted May 30, 2014  
Electronically published August 1, 2014
Full text available through open access at http://escholarship.org/uc/uciem_westjem  
DOI: 10.5811/westjem.2014.5.22754

This marks the Emory Center for Injury Control’s fifth special issue on injury prevention and control. Each year we have tried to identify important themes for injury prevention and public health, such as bridging research to practice, multidisciplinary collaborations, and vulnerable populations. This year our focus is on using social media in injury prevention practice and research.

Social media, including Facebook, Twitter, Snapchat, and other venues, is quickly becoming a normal means of communication. For example, Facebook has 1.28 billion users, Linked In has 300 million users, and Twitter has 255 million users. Although some of these venues are used more for personal updates and networks, these venues can also be used for communicating with others for education and research purposes. For example, Facebook has been used to recruit gay men for intimate partner violence research, and traumatic brain injury patients reporting connecting on Facebook groups for support.2-4 Twitter has been studied as a surveillance tool for real-time suicide risk factors, as well as used to warn local residents to seek shelter during a tornado with a corresponding decrease in injuries treated in emergency departments (ED).5,6

The potential for using these venues for dissemination of information and bi-directional communication with the public is great, but we have not yet tapped the full potential when it comes to public health promotion. Currently only about one-fourth of physicians use two or more social media venues for connecting professionally. Mishori et al reported that several medical organizations had very few shared followers and re-tweets were low, suggesting that these organizations have not yet harnessed the potential for greater dissemination and linkages through social media.7 They further recommended that medical groups should work towards a cohesive community of shared followers and that tweet content must be engaging to reach greater audiences. Similarly, although most state health departments have Twitter or Facebook accounts, most average a daily post – with most posts used to disseminate information, and with very little interaction with their audience/followers on social media.8

One paper in our special issue presents an approach for how to best mitigate concerns and maximize returns when using social media strategies for non-profits in injury prevention and presents strategies for how to implement social media campaigns in injury prevention specifically.9 Furthermore, social media research can provide insight into how to tailor public health interventions toward vulnerable populations and about potentially sensitive injury topics, including abuse. In this special issue, Morris et al presents empirical findings from a recent study that assessed the use of social media during public emergencies by people with disabilities.10 This is a particularly relevant topic for use of new social media strategies as people with disabilities may be more vulnerable during disasters and public emergencies than the general population.10 Kim et al studied patient preferences for technology-based behavioral interventions relative to patient gender, finding that most ED patients were generally receptive to behavioral interventions via computers and social media, but that access and receptivity depended on complex interactions between gender and other demographic factors, such as age.11 Similarly, Eduards-Guara et al found a high level of baseline access to and use of social media among parents deemed at risk for child maltreatment, and found a high level of receptivity to a parenting skills workshop that integrated in-person meetings with online, Facebook-enabled discussions and interactions.12

Social media research is also an important way to engage and understand the behavior of adolescents and young adults, many of whom have unique insights into the role of social media in their own lives, as demonstrated by the study by Parris et al who used qualitative interviewing methods to explore high school students’ perspectives on the steps adults might take to prevent cyber bullying.13 Similarly, Swahn et al present research about the prevalence of mobile phone ownership and phone usage among youth living in the slums of Kampala, underscoring
the importance of the evolving communications landscape when studying health among youth, and the role of the changing mobile phone and Internet access even in remote or impoverished settings. For each of these populations, understanding and harnessing the use of new communication technologies is key for presenting public health messaging and interventions in ways that are accessible and relevant for the target audience.

Finally, in some cases new communication technology itself creates a new risk factor for injury, and leads to new challenges for healthcare providers and injury prevention researchers, an issue addressed by Mathew et al who found that text messaging while driving, a known risk factor for motor vehicle collisions, persisted, even among physicians, after implementation of a statewide ban.

Social media is but one aspect of engaging with the public. We must also consider formal venues through mainstream media such as opinion-editorial pieces. Most academicians do not engage in public scholarship because many promotion and tenure committees do not reward or recognize these activities. However, op-ed pages are among the most viewed sections of newspapers and online news sources and thus can inform injury prevention policy, funding, and public opinions. One of us (DH) has been a participant in Emory’s Public Voices Fellowship Program, led by the OpEd Project (www.theopedproject.org). The goal of this program is to increase the number of under-represented voices including academicians in pp-ed pages. Our Center has sponsored six faculty to go through the program to date at Emory, resulting in over 20 op-ed pieces in the past two years. One piece in the Huffington Post for Domestic Violence Awareness Month was “liked” on Facebook over 800 times and shared on Twitter nearly 100 times. In comparison, the impact factor for most injury journals is 10 or less. If we hope to impact injuries and increase prevention efforts and funding priorities in these areas, we need to increase societal awareness through these venues. Our hope is this journal issue will begin this conversation.

ACKNOWLEDGEMENT

The Emory Center for Injury Control is funded by CDC grant 5R49 CE001494.

REFERENCES


Address for Correspondence: Debra Houry, MD, MPH. Emory University, Department of Emergency Medicine, 531 Asbury Circle, Annex Building, Suite N340, Atlanta, GA 30322. Email: dhoury@emory.edu.

Conflicts of Interest: By the WestJEM article submission agreement, all authors are required to disclose all affiliations, funding sources and financial or management relationships that could be perceived as potential sources of bias. The authors disclosed none.