Commentary on trending now: future directions in digital media for the public health sector

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Burke-Garcia and Scally write about the exciting opportunities for the public health sector that may be achieved using digital media. Zeal for the use of digital media in public health is legitimate, and experience and literature on the topic is constantly expanding. It is necessary for the public health sector to engage with these technologies, which allow organizations to maximize impact and reach while spending less money and using fewer resources. Organizations that promote the use of products that may have detrimental effects on health are already vigorously pursuing digital avenues, therefore reaching the wide and potentially vulnerable audience as described in ref. 1. However, to balance the enthusiasm for digitalizing public health practice, I will present some caveats for consideration.

First, although internet access is growing, with 21 million (80%) households in Great Britain online in 2012, an increase of 7.1 million since 2006, 1 in 5 households remain without internet access. Households without an internet connection fall disproportionately among specific equality groups, to which public bodies have a duty under the Equality Act 2010. For example, in single adult households where the adult is aged 65+, only 36% of households have an internet connection. In contrast, in households where the adult is aged 16–64, 76% have internet access. Just 29% of those aged 65+ use a computer every day. There are also difficulties in accessing the internet for people with specific disabilities. Consequently, pursuing a purely digital campaign (as suggested in 1) may not be equitable. Having said that, mobile phones are ubiquitous: 92% of adults personally use a mobile. Concomitantly, fixed-line take-up has declined; 15% of homes are mobile-only and 30% of households with an income under £17.5k. This suggests digital interventions via mobile phones (e.g. using text messages) currently have a larger and more equitable reach than online interventions.

The second legal consideration is confidentiality. As well as the Data Protection Act 1998 which defines how data on identifiable living people can be used and shared by companies or individuals, there are ethical considerations dating back to the Hippocratic Oath, and the Caldicott principles which apply to patient data. When using digital media, particularly social media, privacy controls can be set. However, unforeseen breaches in security may occur. Communication with the public online, and exploration of e-health data, must be risk assessed. In addition, our own privacy must be appraised. It is not inconceivable that photos could be found online of a public health practitioner who champions minimum unit pricing overindulging in alcohol. Such hypocrisies could undermine public health messages. Separating personal and professional content online is advisable.

Thirdly, preparation is required before organizational leaders engage online, as suggested in the trend ‘the changing role of the digital communicator’. The media as a whole but the internet, markedly, is awash with ‘dumbing down’, with non-peer reviewed research of dubious quality and opinions expressed as fact, which may confuse the public. It is difficult to predict what might capture people’s interest and once piqued, this can grow exponentially. Content can be difficult to erase and may be perpetuated in various ways, taking on a life of its own. Creating an online profile for dissemination of an organization’s key messages must therefore be strategic.

Last month, British Gas gave us a cautionary tale of what happens when digital media is badly handled. Finally, screen time is associated with both childhood and adult obesity and use of social media has been found to be associated with inactivity, loneliness, stress and unhappiness. This is worth reflection before designing an intervention that will keep participants in front of a screen. However, there is certainly potential for social media to do the opposite: to encourage people to go out and be active and to allow people to make connections and gain social support. In fact, it has been argued that providing the world’s population with internet access is a public health intervention in itself. It allows people to find health information online, particularly concerning issues
that may be hard to speak about, for example sexual health or domestic violence. There may also be wider benefits to global health, for example, access to accurate predictions about the weather may increase food production.

Digital media is no longer new and its importance to everyday life is growing. It is necessary for public health practitioners to engage with the public wherever they are. We must also appreciate the speed with which advances occur in digital media and how people use it. We must experiment with the trends suggested in ref. 1 and innovate in new directions if we are going to achieve everything this medium promises, while bearing in mind the caveats presented here in order to optimize benefits and reduce harm.

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References