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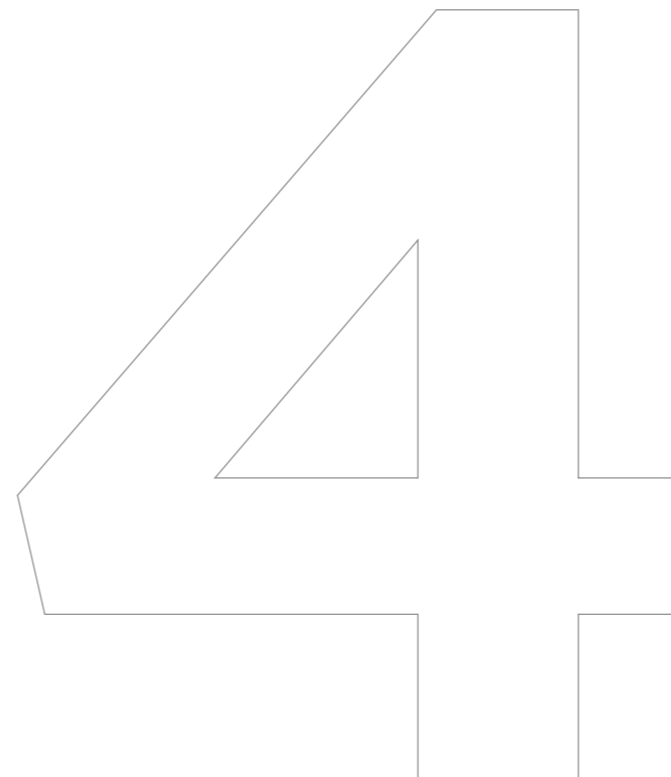
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SUMMER 2012
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VOLUME #02
EDITION #05

**SOCIAL MEDIA:
A HEALTH HAZARD?**

—
The case to embrace
going social



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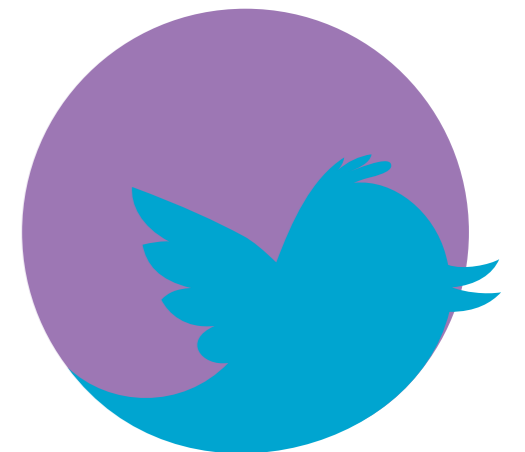
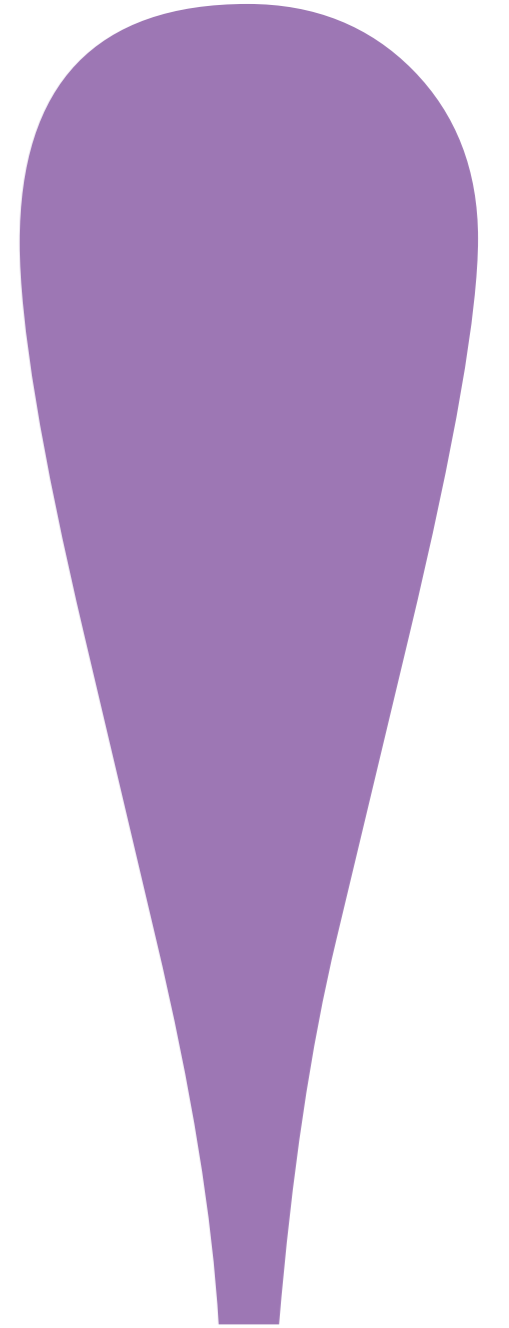
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SOCIAL MEDIA: A HEALTH HAZARD?

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The case to embrace
going social



INTRODUCTION



To many members of the healthcare industry, the phrase **social media** doesn't exactly conjure the words "like" or "share." Instead, they hear "8-hour-long regulatory review," or "hundreds of millions in federal fines." Visions of PR and, worse, legal nightmares dance in their heads.

¹ <http://www.facebook.com/press/info.php?timeline>

² <http://edition.cnn.com/SPECIALS/2007/fit.nation/obesity.map/>

³ [In an online exchange with Dr. Church](#)

It's no surprise: compared with the digital progress of healthcare, social media area recklessly fast-moving phenomena. They do not wait for regulations. There are no trials. Facebook, for an obvious example, launched in 2004, topped 5.5 million users at the end of 2005, and then hit 500 million around mid-2010.¹ In the time it would take a medical researcher to get some solid clinical results, Facebook's appearance, advertising policy, and privacy policy have changed countless times to accommodate its evolving business model.

Compare that with the health industry: changes happen at the speed of biology or bureaucracy. Epidemics, such as obesity and diabetes, develop over decades.² Combating them becomes a lifelong, national cause. And reliable fixes don't come quickly. According to New York-based pharma consultant Dr. Sally Church, most new drugs take 10-12 years to get to market.³ It's worth it to note that the internet, as we recognise it today, is still less than 20 years old. That's one precocious teenager.

While social media may seem like a menacing force that has no business interacting with health, those of us working at the intersection of the two have identified a new dynamic. We believe social media can dramatically improve the relationship between the health and pharma industries and the consumer.

At HAVAS LYNX, we want to use the power of digital speed to build toward the long-term outcomes that are needed in healthcare. How? Let's explore the true meaning of social media and find creative, constructive ways to apply it to some of the health industry's biggest challenges, including cost, consumer distrust, and the slow flow of information.

SO, BY

SOCIAL

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MEDIA

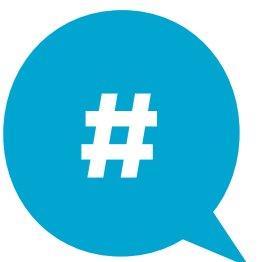
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**YOU
MEAN...**

Health and pharma companies need to understand that social media aren't just people poking each other on Facebook and talking about their breakfast on Twitter. On the consumer side, the term "social media" is fooling many healthcare professionals into thinking it's just another flavour of media, where marketers place their messages. For both, this is a profoundly misguided mindset.

So let's start with the basics to correct this: a true social media site allows people to interact peer-to-peer, to learn from each other and develop a sense of community. Social media are ongoing, spontaneous, and personal. They aren't professionally written destinations that allow comments. Think of Twitter, not the comments posted to The New York Times articles.

Social media hinge on interactions between individuals, who form a big network. The conversations happening within that big network can be easily tracked. Health brands should get in on that for three main reasons: it can save time, it can save money, and it can build our consumers' trust.



TIME AND MONEY



Healthcare spending in the United States was around \$2.5 trillion in 2009, equivalent to 17.6% of the GDP. It's forecast to rise still higher.⁴

⁴ http://www.cms.gov/nationalhealthexpend-data/O2_nationalhealthaccounts/historical.asp

⁵ http://www.economist.com/node/17493417?story_id=17493417

⁶ <http://www.scientificamerican.com/article.cfm?id=electronic-healthrecords&print=true>

⁷ <http://www.mmm-online.com/americans-of-two-minds-on-virtual-visits-remote-care/article/193617/>

There are cautious hopes that smarter use of digital technology will help address some of the health cost issues facing the US healthcare system. Namely, Electronic Medical records have been the focus of much attention and hope.

The Health Information Technology for Economic and Clinical Health (HITECH) Act kicks in this year with conditions to encourage healthcare providers to adopt IT, with the lure of more than \$36 billion in incentive payments up for claiming.⁵ However, there are serious concerns about whether large-scale, complex initiatives of this sort can do the job of bringing together relevant patient information effectively, let alone cost-effectively.⁶

Using the Internet and social media less formally may turn out to provide unexpected ways to manage healthcare costs. Social media could allow patients to talk directly to healthcare providers, which could optimise office visits, and get patients important and cost-effective information that they can then share. In terms of brand spending, data mining of social media can potentially yield information that would normally take enormous investments of market research time and money.

Let's start with office visits. They're costly: there's the physicians' time, the patients' time (including travel and waiting), and other incidental costs such as gasoline. Virtual visits may offer one way of reducing these costs. Technically, this is already possible, it's just a matter of whether doctors and patients are willing to use it. A survey by our sister company, Euro RSCG Tonic, found that 78% of Americans would be willing to consult with their doctor online; around one quarter cited the appeal of lower cost, and a quarter cited greater convenience and saving time.⁷

“ Social media could allow patients to talk directly to healthcare providers, which could optimise office visits, and get patients important and cost-effective information. ”

STICK TO IT AND

SAVE

Unfilled prescriptions and patients' non-adherence to treatment plans drive costs up and overall health down. Technology to the rescue: when patients with similar conditions are linked to each other through social media, they are exposed to social cues and medical information that remind them to stay on track. This is also an area that's clearly ripe for mobile apps to lend a helping hand; there's a growing selection of medication reminders available including MedsLog, Medsy, MotionPHR Health Record Manager, Dosecast, and Mediremind.⁸

⁸ <http://www.nytimes.com/2010/09/30/technology/personaltech/30smart.html?src=busin>

People living with like conditions are finding each other through social media and creating support systems of mutual interest. These like-minded communities offer healthcare providers and insurance companies extremely cost-effective ways to connect with target audiences. A brand-sponsored forum provides the opportunity for the brand to pitch their services and products, and demonstrate their authority on the topic to help in the dialogue.



THE SOCIAL

NET

WORK:

NOT A MOVIE, A SOLUTION

—
“Obesity may spread in social networks in a quantifiable and discernible pattern that depends on the nature of social ties.”



Back before Jesse Eisenberg was playing a Harvard boy who hit the social media lottery, the phrase “social network” referred to the research of some Harvard professors. Analyzing data from the famous longitudinal Framingham Heart Study, Professors Nicholas Christakis and James Fowler made some surprising discoveries about the spread of obesity across social networks.

Looking at data from the 12,067 people connected at some point during their study period (1971-2003), they found that “obesity may spread in social networks in a quantifiable and discernible pattern that depends on the nature of social ties. Moreover, social distance appears to be The Social Network: Not A Movie, A Solution, more important than geographic distance within these networks... [their] observations suggest an important role for a process involving the induction and person-to-person spread of obesity.”⁹

Meaning: your obesity could be influenced by the behaviours of those around you. The study was widely covered in global media, with headlines such as “Are your friends making you fat?” and the revelation that “we may become obese just by knowing someone who knows someone who is fat.”¹⁰

It wasn't all bad news. Christakis and Fowler went on to examine the data for the dynamics of people quitting smoking. As with obesity, they found patterns of cessation spreading through networks:

“decisions to quit smoking are not made solely by isolated persons, but rather they reflect choices made by groups of people connected to each other both directly and indirectly at up to three degrees of separation.”¹¹

These “social network” effects spread to other attitudes and behaviours such as drinking, happiness, and even loneliness. These data from the study clearly indicated that people are tied not just to those around them, but to others in a web that stretches farther than they know; a changed behaviour can jump across links.

Social media weren't around during the study period (1971-2003) and therefore had no influence on the effects observed. However, it's impossible to look at the study now and not think of social media implications. Christakis thinks that the same human basics apply online as offline: “online interactions can indeed facilitate an influence process among people who are actually truly connected or who have meaningful relationships with each other.”¹²

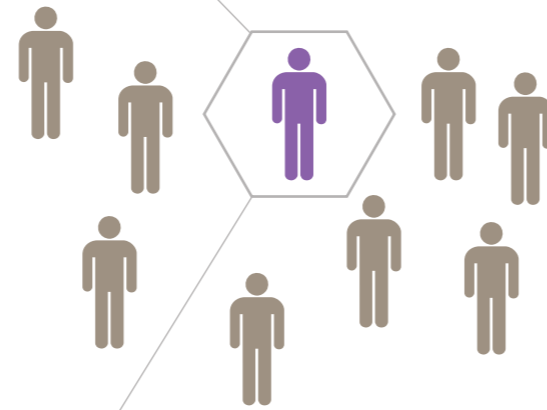
⁹ <http://www.nejm.org/doi/full/10.1056/NEJMsa066082#t=articleTop>

¹⁰ <http://www.guardian.co.uk/lifeandstyle/2010/jan/17/are-your-friends-making-you-fat>

¹¹ <http://www.nejm.org/doi/full/10.1056/NEJMsa0706154#t=articleResults>

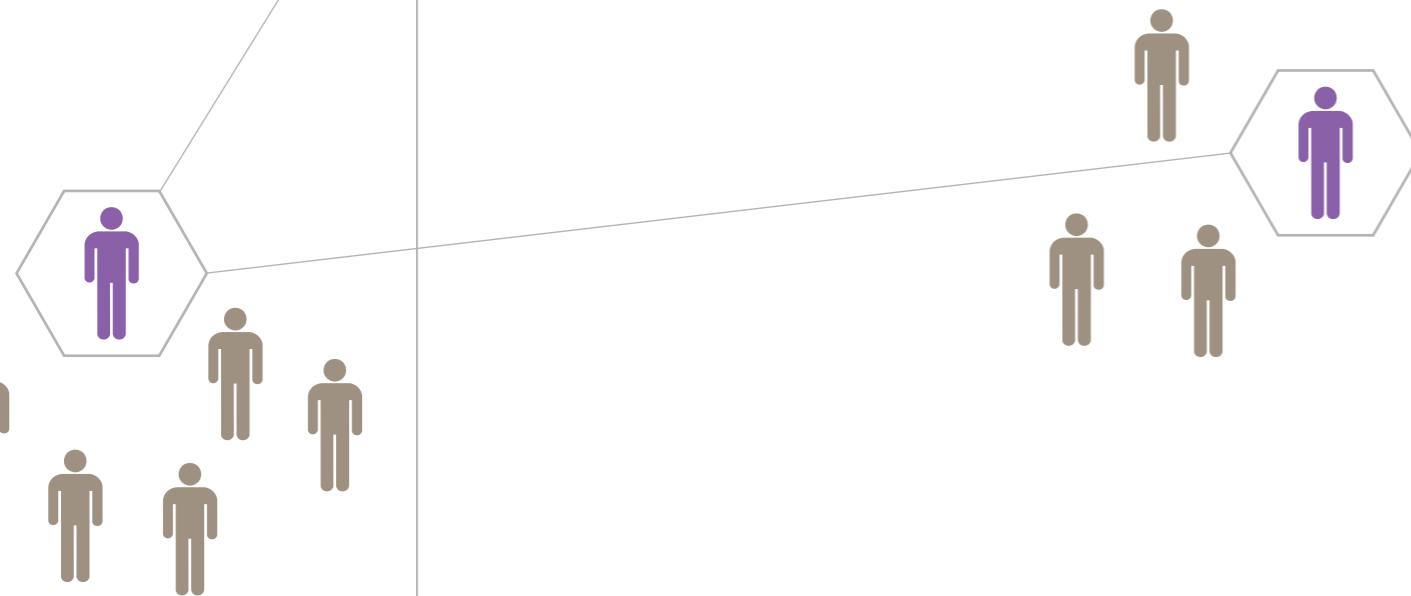
¹² http://blog.ted.com/2010/05/10/qa_wih_nicholas/





GETTING TING

CONNECTED



In large networks of individuals, not all members of the networks are equally influential. Obesity researcher Dr. James O. Hill and physicist David Bahr constructed a large-scale computer simulation to model the results of the Framingham Study.



After creating the model, they then tested ways to spread weight loss rather than weight gain.

They gleaned two key pointers:

- 1 — To change behaviour, get people to skip a link and hook up with friends of friends.
- 2 — Ensure that those changing behaviours are in the right spots in the network to maximise their effect. They don't need to be numerous, but they need to be the right people.¹³

¹³ <http://www.nytimes.com/2009/09/13/>

¹⁴ <http://www.allfacebook.com/facebook-health-applications-2010->

¹⁵ <http://mashable.com/2009/01/03/free-iphone-apps-to-lose-weight/>

¹⁶ <http://www.allfacebook.com/facebook-health-applications-2010-02>

¹⁷ <http://www.facebook.com/stuartrobertharris?cropsuccess#!RunKeeper>

The social trend is already being reflected in the health segment. For example, some basic consumer aspirations are shared by millions: losing excess weight, getting fitter, and quitting smoking. Several technological apps support the individual, and they also feed into group interactions on social media, where the day-to-day progress can be shared with others interested in the same aspirations. Weight-loss apps such as Fit-ify, Calorie Counter,¹⁴ and Calorie Tracker¹⁵ and exercise apps such as MapMyrun¹⁶ and Runkeeper¹⁷ enable users to track what they're achieving and then share the results with others. Sharing the results with others is thought to be an important aid to building and maintaining motivation.

Health and pharma influencers wanting to achieve better health outcomes in large groups need to address the right individuals in the right positions with the right approaches. This is in line with HAVAS LYNX's practice of identifying prosumers in our research and surveys. In healthcare, or anywhere else, it's essential to know what the most proactive consumers are thinking and doing, and then give those influential people early access to new products, services, and initiatives.

THE VALUE OF BEING A GOOD LISTENER

“Social media allow brands to keep up with their audience the same way that Twitter allows an average teenager to keep up with Kim Kardashian.”

Brands can learn a lot from what consumers are sharing. Social media conversations are trackable at digital speed, meaning brands can find out what topics and symptoms concern people, and address them right away. Social media then allows brands to communicate important information in real time, and the network of consumers can spread the word. What’s more, it gives consumers a reliable place to find information.

¹⁸ <http://www.health2con.com/2010/11/11/first-life-research-demonstration-2/>

¹⁹ <http://www.google.org/flutrends/about/how.html>

Health content in social media has reached 10 billion pages, and is increasing at a rate of 40% annually. Companies such as First Life Research, in collaboration with Healthline, are mining this vast reservoir of knowledge to determine drug effectiveness. Applying semantic web analysis the company has examined some 600 million posts representing some 15 million patients reporting, covering more than 9,000 drugs; the objective is to have 30,000 drugs and brands covered. Analyzing natural language (only in English so far), the system delivers information on topics such as side effects, drug effectiveness, drug switching, drug interactions, and drug comparisons, with drill-down analysis of topics within those topics.¹⁸

Not only is this data mining far more cost effective than traditional market research, it’s also readily available, which means companies could respond to users’ concerns as soon as they arise. First Life research and google.org used smart agents to spot keywords and trends regarding the flu. Google Flu Trends explains, “we’ve found that certain search terms are good indicators of flu activity. Google Flu Trends uses aggregated Google search data to estimate current flu activity around the world in near real-time.”¹⁹

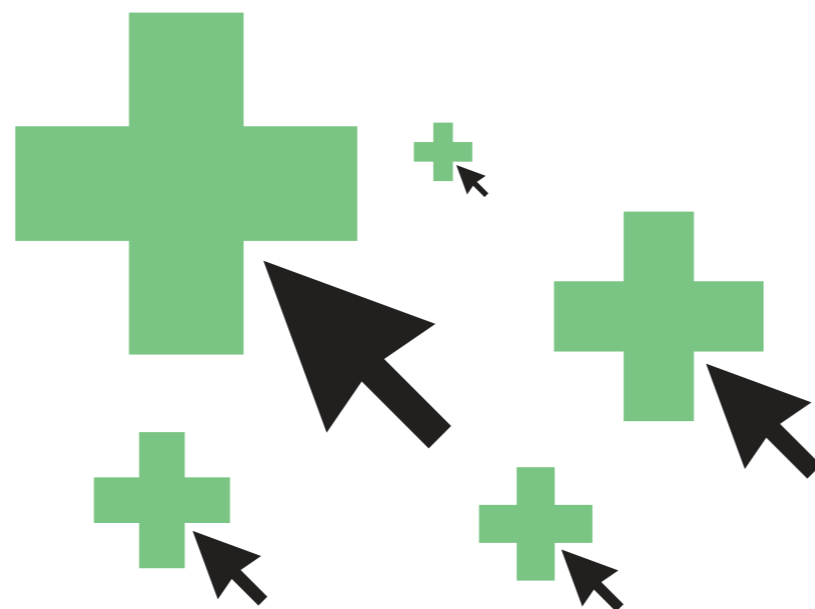
The short version: social media allow brands to keep up with their audience the same way that Twitter allows an average teenager to keep up with Kim Kardashian.



PATIENT 2.0



²⁰ <http://worldofdtc.marketing.com/manhattan-research-169-million-u-s-adults-72-of-all-u-s-adults-going-online-for-health-in-2010/health-information-online/>



One of the great benefits of the Internet is that it makes virtually unlimited information available to anyone who cares to seek it. At any time, consumers can search for published information online and find forums where their topic is discussed. In the past 8 years, the numbers of American adults going online for health has leaped from 63 million in 2002 to 169 million in 2010. A substantial 112 million adults went online for pharmaceutical information in 2010.²⁰ Thanks to user-friendly publishing software, anyone can post their opinions on websites and blogs, and draw attention to them with social media.

No wonder it's becoming perfectly common for consumers to arrive at a doctor's appointment with printouts of information. No wonder growing numbers of consumers are familiar with medical and pharmaceutical terms. Surveying a large sample of Americans, we found that almost one third (32%) take information they have found online to their medical appointments. When health and costs are at stake, it makes a lot of sense for patients to do their homework to get maximum value. This has led to Pre-Visit Patients™, a newly defined sub-segment of online consumers identified as those who have a scheduled physician appointment or will visit a physician within the next 30 days.

Make no mistake, people can find vast quantities of information through social mediums. But what about the quality? The challenge for consumers is not just finding information and opinions; it's learning how to evaluate the quality of information online.

Most consumers are not sufficiently specialised to evaluate the scientific quality of detailed medical and pharmaceutical information, so they have to rely on intermediaries such as medical journalists to interpret it for them. It can also be hard to assess the quality of information from the name or the design of a site. Some credible healthcare resources have sites that look suspiciously homemade (including federally funded sites like womenshealth.gov), while it's easy for more dubious sources to mount a persuasive façade of slick design and impressive references. You can't judge the quality of information from the look of the website.



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“An annual poll by Harris Interactive shows that just 11% of Americans trust statements from pharmaceutical and drug companies.”

CONT.

²¹ <http://www.harrisinteractive.com/NewsRoom/HarrisPolls/tabid/447/mid/1508/articleid/648/ctl/ReadCustom%20Default/Default.aspx>

Furthermore, consumers tend to distrust statements from healthcare and pharma brands. An annual poll by Harris Interactive shows that just 11% of Americans trust statements from pharmaceutical and drug companies, a lower 8% trust health insurance companies, and an even lower 7% trust managed care companies such as HMOs.²¹ This mistrust may or may not be owing to prejudice but it's a fact of life, and is hard to shift, however good a brand's products may be. They do, however, trust the opinion of their physicians.

Healthcare professionals have a head start. They tend to be ahead of the curve in using web and mobile applications for their work, so they're well placed to guide consumers to find useful online resources. Consumers, in turn, should be able to leverage their personal physician's insight and expertise to guide their searches and build their own knowledge. The good news is that social media are the ideal environment for healthcare professionals to connect with their patients and establish trust and credibility for themselves and for the brands they represent. 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, and there are some factors—beyond regulatory and ethical standards—to take into consideration:

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

Social media needs enough people in the same online place (Traffic) to engage in interactions often enough to keep things active (Momentum). without enough people and enough action, the site languishes.

That said, sites focusing on specific conditions can easily provide relevant conversation (high Content Value) that is simple to access (low Effort). But, they may be too narrowly focused to get many participants engaging frequently (low Traffic and Momentum). Sites covering many different conditions are more likely to attract a lot of users in aggregate (high Traffic), but risk being too complex to learn (high Effort), and may fragment the community.

In order for brands to gain physician support in the first place, they must approach social media with care. The healthcare and pharma brands that will best succeed in getting a reputation for quality, and building strong trusted relationships with consumers in social media will be those that:

- interact with consumers through named and identifiable individuals
- interact as real humans rather than brand “suits” mouthing a predictable company line
- interact honestly and openly with no hidden agendas
- provide the most complete information, with declarations of interest where relevant
- treat social media as a means of providing help and service, with the brand supporting and not trying to hog the attention

Establishing the brand as an open, communicative source of information makes the brand an asset to doctors. It allows them to get information that they need, and give information to their patients quickly, and, ideally, with less office visits. Patients then receive credible information that they can understand and trust.

IF YOU CAN'T BEAT 'EM, JOIN THE CONVERSATION



IF YOU CAN'T BEAT 'EM, JOIN THE CONVERSATION

Some consumers and consumer advocates resent the presence of brands in social media; they don't like the commercial exploitation of peer-to-peer interactions; they don't want sales pitches and brand advertising to intrude on their conversations.

As we see it, both reluctant executives and resentful consumers are right according to the way the old brand-consumer dynamic played out, but they're wrong in the new dynamic. Social media are already creating new dynamics, and with the participation of smart brands and consumers, they will foster a lot more. In the drive to improve health and healthcare, our industry must embrace the creative, constructive, and helpful roles that social media can play.

The sweet spot for healthcare influencers in pharma and health brands in the era of fast-reacting, self-aware social media is likely to be found at the intersection of:

Zoom in on social media and what you see is many millions of ongoing, spontaneous, and personal interactions online: these words don't trip off the tongue but they sum up the essence of how pharma and health professionals must think about social media:

- ongoing - happening through time - not just one-off
- spontaneous - happening in time, not planned far in advance
- personal - between real people with real personalities
- interactions - conversations, discussions, even arguments - not messaging

We at HAVAS LYNX embrace social media as our unlikely partner in creating a new dynamic with our consumers. There are clear basic healthcare tasks to be tackled: getting more people actively engaged in health, helping those who need therapies to find treatment, and encouraging those being treated to comply. The more health and pharma companies can understand the essence of social media, the better they will be able to show their value in tackling the healthcare tasks.

