

# T2X: Using Social Media to Improve Adolescents' Health Literacy

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## Background

- 93% of California teens have health insurance (CHIS, 2009<sup>4</sup>).
- But research suggests teens do not make full use of their benefits.
- 73% of American teens use social networking sites.
- Can a social media intervention empower teens to better utilize their health insurance benefits?

## Objectives

This project seeks to reach low income teens (Medi-Cal and Healthy Families) via an online social network to:

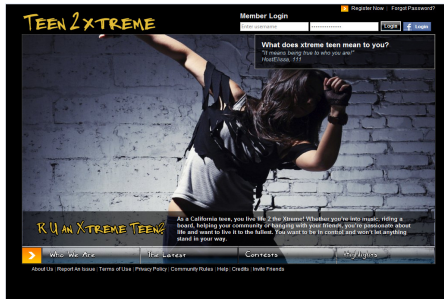
- Increase teens' capacity to access and use their insurance through use of social media.
- Become more engaged in their healthcare and health behavior decisions.
- Develop pro-health attitudes.

## Formative Work and Sources of Data

Rather than focusing on health directly, the website covers lifestyle issues for teens to help them live life to the fullest and reach their goals, including how to access their health benefits to accomplish this.

The project was a comprehensive health education campaign informed by the Social Cognitive Theory. Sources of data include:

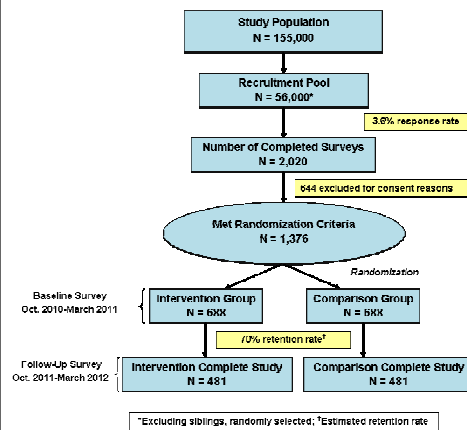
- Focus Groups:** 12 (Round 1) and 2 (Round 2)
- Key Informant Interviews:** 8 CA pediatricians
- Pre-Intervention Questionnaire:** 1,376 teens completed baseline questionnaire and met all criteria for randomization
- Post-Intervention Questionnaire:** To be done autumn 2011
- Website:** Usage data on all study teens enrolled on website
- Administrative Data:** To be analyzed on all 1,376 after Post-Intervention Questionnaire administration is finished



## Evaluation Methods

- Uses a **Randomized Controlled Trial**
- Compares our social media intervention and 'usual care'
- Medi-Cal and Healthy Families teens aged 13-17 enlisted
- A 2-wave comparison group design uses self-report questionnaires and HMO administrative data to assess changes in:
  - utilization patterns
  - health-information seeking
  - primary care provider encounters
  - health behaviors
  - rights and responsibilities
  - attitudes
  - understanding of health insurance benefits

## Recruitment and Enrollment Process



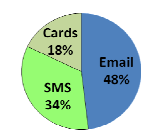
## Strategies for Recruitment

- Outreach: Mailed interview and informed consent (up to two per person)
- Format: Paper-and-pencil and online version
- Follow-up: Postcard reminders, phone calls (robo calls and in-person)
- Incentives: iPod Touch raffle
- Timeline: September 2010 – March 2011 (expected 6-12 weeks → actual 6 months)
- Final enrollment: 1,376 instead of expected 5,600
- Issues: Informed consent, too much information that was confusing, could not directly contact teens, competition

## Enrollment Issues

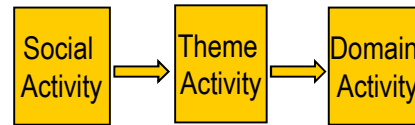
- Only about 25% of intervention teens have registered on the website despite up to 10 tailored email and/or text "touches", Facebook, Twitter, and 2 mailed cards
- Work in progress: rebranding site to T2X and opening to all CA teens (school classrooms, friends, etc.)
- Complicated pathway for signing up – needed an invitation code for study participants
- Lag time in regards to profile and content approval (can't set profile picture during first visit)
- Access (platform, school vs. home)
- Competition for online time
- Not a self-selected community
- Plans to boost enrollment:
  - Contest to win iPad
  - Teen-developed webisodes

## Sources of Visits to Registration Page



## Website Conceptual Framework

Designed site pathways for 90% fun, 9% general health, 1% study-related action:



## Pathway Example: Poll

## Website Usage Tracking Examples

- Number of "Test Your Knowledge" Attempts: 67
- Number of Completed "Test Your Knowledge" Attempts: 17
- Average Score of Completed "Test Your Knowledge" Attempts: 0.79
- Median Score of Completed "Test Your Knowledge" Attempts: 0.81
- Number of Articles Read: 450
- Most Popular Articles Viewed:
  - How Can I Help a Friend Who Was Raped? – 21 x
  - My Boyfriend Has a Hard Time Quitting Smoking. What Should I Do? – 14 x

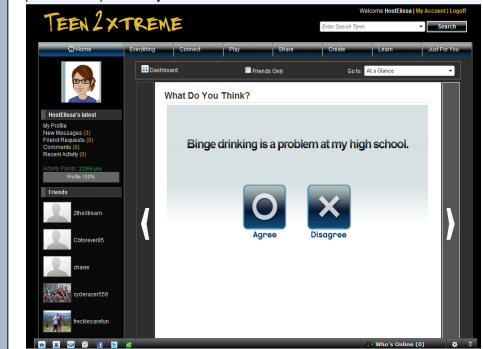
## Learnings

Study Learnings to Date:

- Multiple tasks in setting up a social media website include formative research, development of content (multiple levels), hooks, formatting, branding, community (recruitment and retention) and probably lots more.
- Tension exists between needs of research and needs of program: research often lags.
- IRB issues – innovative programs and partnerships are scrutinized closely.
- Must get kids engaged, create a community, keep site sticky from start.

## Conclusions

While the final evaluation has not been conducted yet, ongoing process evaluation and monitoring during the recruitment and intervention periods have provided insight into the methods that work with teens and those that do not. The methods that have been most effective in getting the teen participants onto the site have included the use of incentives, text messages, mailed holiday cards and other direct contact. To keep them coming back, fun and engaging content and activities such as contests, online chats, and participatory storytelling (transmedia) that they cannot find on other sites is critical.



## Acknowledgments

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<sup>4</sup> Cited: California Health Interview Survey (2009). Adolescent Public Use File. Los Angeles, CA: UCLA Center for Health Policy Research. Retrieved March 24, 2011 from [www.chis.ucla.edu](http://www.chis.ucla.edu).