



Deepa Daniel

Engaging the masses...

The past couple of months have seen Australia gripped by election fever, with political parties and advocacy groups jostling to capture as many potential voters as possible. One factor of interest in an otherwise bland election campaign was the emergence of internet based social media tools, such as Facebook, twitter, text messaging, email advocacy, and online videos such as YouTube, as new ways of reaching out to voters like never before.

Barack Obama's 2008 landslide victory of the American presidency was a fine example of using social media tools to convert masses of everyday individuals into engaged and enthusiastic supporters. Obama's count of people who 'like' him on Facebook is over 11 million.

Social media to date has not been as well adopted by Australian politicians. Malcolm Turnbull is a rare exception, his tweets said to lack the perceived 'phoniness' of other politicians, presenting himself as a genuine, everyday Australian. Other politicians have been widely criticised for using new media as just another political platform, committing mistakes such as tweeting in the third person.

By comparison, the grassroots community advocacy group GetUp! has successfully engaged Australians during this election campaign, primarily through coordinated and strategic internet action. GetUp! uses email updates, surveys, petitions, and blogs to mobilise large groups toward grassroots issues such as putting climate change, mental health, and compassionate asylum seeker policy on the political agenda.

Mass public engagement through social media is now being modelled to market all types of businesses and products. So, how do we, and our patients, use these modes of interaction to 'engage' people in their own health?

One example of using social media to engage

patients in research can be seen in the 'Obesity: Have Your Say!' study,¹ an Australian qualitative research study exploring the experiences, attitudes and opinions of individuals with a body mass index greater than 30. The study, involving 142 people, used innovative ways to sample and recruit in order to enhance and diversify the participant group, including utilising electronic advertisements, internet message boards, forums and support groups.

Social networking sites can also provide a base to bring together like-minded people or those suffering from chronic disease. Facebook contains 'community pages', which provide information about the disease, messages of support, links to those researching the disease, and information about showing support.

More interactive methods of communicating online for those affected by chronic disease are through online blogs and forums. This month's issue of *Australian Family Physician*, for example, centres on stiff and painful joints, symptoms that general practitioners see daily in their patients. I came across a popular online arthritis support group called the 'Youth Women's Arthritis Support Group',² formed in Melbourne in 1996 with the aim of bring together young women of working and childbearing age, to exchange support and ideas for coping with arthritis. Their online forum, with 356 topics, 3161 posts and 114 members, allows group discussion and sharing of advice in a nonconfrontational and relatively anonymous setting. The level of engagement can be individually decided on, quite different from traditional in-person support groups. Attached to the website is a new blog, aptly named 'stiff chicks', the protagonist sharing their own 'lived' experience of the disease through regular posts.

This month we meet one of our so-called 'consumers', Melissa Johns, a young mother who has been living with rheumatoid arthritis for over a decade. Melissa discusses her own experience of

the disease and of the therapeutic options available to her, reminding us about the very human face of arthritic disease that we should not forget.

Our focus articles this month use the recently developed Royal Australian College of General Practitioners clinical guidelines for musculoskeletal diseases³ as a springboard for discussion. Each evidence based guideline was developed by working groups which included GPs, rheumatologists, consumers, and allied health professionals, to the requirements of National Health and Medical Research Council.

Gene-Siew Ngian discusses the GP's role in patients with rheumatoid arthritis, including how to ensure the 'window of opportunity' for these patients is not lost. McKenzie and Torkington discuss what is and what is not recommended for osteoarthritis management. Marie Pirotta puts together the complementary therapies available to patients with these two diseases, discussing the evidence, or lack thereof in some cases, behind their use; and Boros and Whitehead talk about juvenile idiopathic arthritis, which can cause immense disability to young sufferers.

I hope you find this issue of *AFP* engaging – and continue to engage our patients in new and innovative ways...

Author

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References

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