



Perspectives in health communication

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July 6,, 2022



Today's Learning Objectives

- Participants will understand the complex contributors to health communication practice and considerations
- Participants will be able to assess community need through an ecological lens – to then inform communications strategy
- Participants will understand effective tactics for health advocacy, information sharing, and community building within a socially mediated context.

About Me.

- South Georgia Born
- Chemist (BS, MS)
- Epidemiologist (MSPH)
- Health/Crisis Communication (PhD)
- Worked for 14 years in health communication at CDC
- Community Activist
- Assistant Professor (CHSOC)
- South Georgia native
- Proud mother



GEORGIANS FOR A
HEALTHY FUTURE

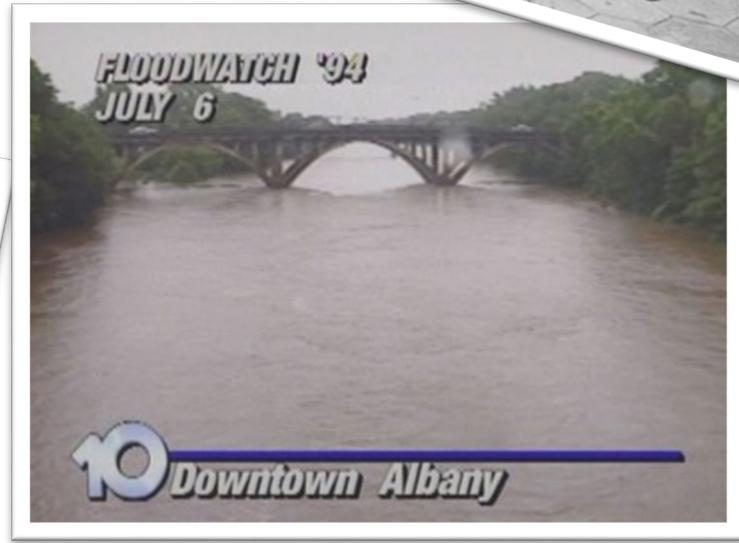
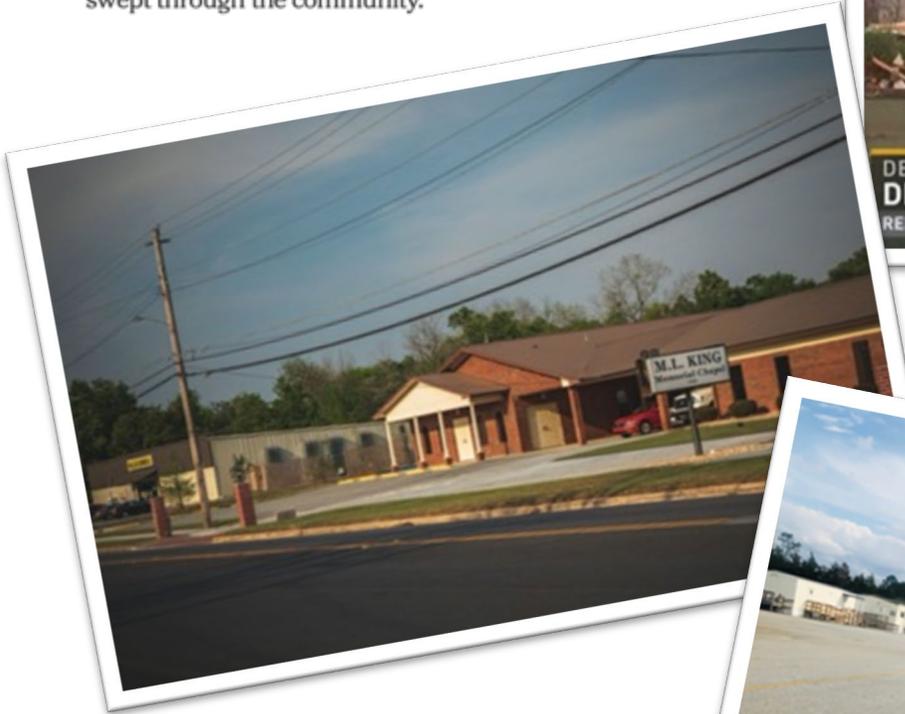


“Imagine all the ideas we’re missing out on because people from more marginalized experiences – that are uniquely positioned to solve problems because of that experience – struggle to see themselves in existing [efforts].” - Shine (2020)

The New York Times

Days After a Funeral in a Georgia Town, Coronavirus ‘Hit Like a Bomb’

A mourner came to Albany, Ga., to attend the funeral of a retired janitor. After a pause while the infections incubated, the virus swept through the community.



"All the News That's Fit to Print"

The New York Times

SUNDAY, MAY 16, 2022

VOL. CLXXI, No. 58,702

National Edition
\$6.00

U.S. DEATHS NEAR 100,000, AN INCALCULABLE LOSS

They Were Not Simply Names on a List, They Were Us

When the toll of the coronavirus pandemic reached 100,000 deaths in the United States, it was not just a number, it was a loss. A loss of lives, of families, of communities. A loss that would not be forgotten.

For many, the loss was not just a name on a list, it was a person. A person who was loved, who was missed, who was remembered. A person who was part of the fabric of our lives.

The loss of a loved one is a profound experience. It is a loss that changes us, that shapes us, that defines us. It is a loss that we carry with us, that we feel in our hearts, that we feel in our minds.

The loss of a loved one is a loss that we cannot replace. It is a loss that we cannot undo. It is a loss that we cannot forget. It is a loss that we cannot live without.

The loss of a loved one is a loss that we must learn to live with. It is a loss that we must learn to accept. It is a loss that we must learn to embrace. It is a loss that we must learn to cherish.

The loss of a loved one is a loss that we must learn to honor. It is a loss that we must learn to celebrate. It is a loss that we must learn to treasure. It is a loss that we must learn to love.

The loss of a loved one is a loss that we must learn to live with. It is a loss that we must learn to accept. It is a loss that we must learn to embrace. It is a loss that we must learn to cherish. It is a loss that we must learn to honor. It is a loss that we must learn to celebrate. It is a loss that we must learn to treasure. It is a loss that we must learn to love.

"All the News That's Fit to Print"

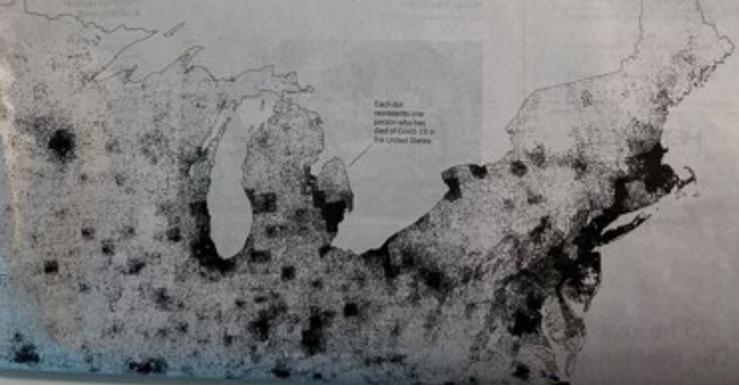
The New York Times

SUNDAY, MAY 15, 2022

VOL. CLXXI, No. 59,424

National Edition
\$6.00

ONE MILLION A NATION'S IMMEASURABLE GRIEF





Sharing Black trauma as COVID-19 crisis communication tactic: assessing communications from a regional hospital system in Albany, Georgia

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BACKGROUND The predominantly Black city of Albany, Georgia, and its metropolitan region, was hard hit during the first wave of COVID-19. In the midst of the wave, the local hospital produced a video of a Black man dying from COVID-19 as a part of its crisis communication strategy. The purpose of this study is to critically interrogate a crisis communications tactic used by one healthcare delivery system during the COVID-19 pandemic.

METHODS We conducted a quantitative content analysis of the reception of the video, measured through comments, and did a critical-cultural qualitative review of the video through a critical health communication lens.

RESULTS The majority of comments (81.7%, $n = 67$) were categorized as affective coping (emotional support or emotional venting). The remaining minority of comments fell into the remaining categories (cognitive coping and conative coping). Almost half of affective coping strategy comments (49%, $n = 46$) were sub-categorized as emotional support, while 51% ($n = 48$) of affective coping strategy comments were sub-categorized as emotion venting.

CONCLUSION As healthcare and public health institutions begin to reckon with the impact of racism in our own field, important implications exist for crisis communication practices within these institutions. We offer alternative strategies for culturally safe crisis response practices for healthcare institutions.

Some communities are in
a constant state of crisis.

Supplement:
From the UCLA-CDU
COVID-19 Task Force

WHAT HAPPENS WHEN THE CRISIS SEEMINGLY NEVER ENDS? PERSPECTIVES IN HEALTH COMMUNICATION

Monica L. Ponder, PhD, MS, MSPH¹

Ethn Dis. 2022;32(2):165-168;
doi:10.18865/ed.32.2.165

Keywords: Health Communication; Crisis
Communication; Health Disparities; Health
Inequity; Racialized Trauma

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LESSONS LEARNED FROM THE HEART OF THE BLACK BELT

In the early onset of SARS-CoV-2, or COVID-19, in the United States, the virus “hit like a bomb” in the southern city of Albany, Georgia after many residents attended the funeral of a retired janitor.¹ Known as “the Good Life City,” Albany is home to early American civil rights movement work and symbolic of the community safe havens formerly enslaved African Americans created for them-

ring in October 2020, January 2021, September 2021, and January 2022. The multiple surges exacerbated an already overwhelmed health system and it wearied Albany residents.⁵ Overlaying this local experience are statewide blockages of federally recommended prevention measures, insidious statewide racial power dynamics and ongoing national tensions of racial unrest, intimidation and violence targeting Black people.⁶

In the current US COVID-19 pandemic, Albany, Georgia serves as a case study, illuminating the challenges

VIRUSES DON'T DISCRIMINATE



AND NEITHER SHOULD WE

Stigma will NOT fight coronavirus.
Sharing accurate information will.

Learn more: kingcounty.gov/ncov

Public Health
Seattle & King County



Image (C) Sara Andreasson for MosaicScience.com/Welcomes Trust



Social distancing during a pandemic saves lives.

Stay home.

#KeepYourDistance
#FlattenTheCurve
#CoronavirusBalt
health.baltimorecity.gov



BALTIMORE
CITY HEALTH
DEPARTMENT

SALAD DOESN'T CURE COVID, CONNOR

WE'RE PRO HEALTHY EATING.
WE'RE PRO HEALTHY LIVING.

BUT A KETO DIET AND
JOGGING IN THE PARK ISN'T
A SUBSTITUTE FOR
THE VACCINE.



EAT YOUR VEGGIES,
GET VAXXED:

BALTIMORE
CITY HEALTH
DEPARTMENT

  
@Bmore_Healthy

COVAX.BaltimoreCity.gov
443.984.8650

GREEN TEA CAN'T CURE COVID, TRINA!

GREEN TEA IS GREAT
ON A RAINY AFTERNOON.

BUT IT IS
NO SUBSTITUTE
FOR GETTING VAXXED.



GET VAXXED:

BALTIMORE
CITY HEALTH
DEPARTMENT

  
@Bmore_Healthy

COVAX.BaltimoreCity.gov
443.984.8650

“MIMOSAS WITH THE GIRLS?”

YOU STILL AREN'T VAXXED, DEBRA!



GET VAXXED:

BALTIMORE
CITY HEALTH
DEPARTMENT

  
@Bmore_Healthy

[COVAX.BaltimoreCity.gov](https://www.covax.baltimorecity.gov)

GINGER ALE CAN'T CURE COVID, DERRICK!

YOUR GRANDMA IS RIGHT, GINGER ALE DOES HELP SETTLE AN UPSET STOMACH.

BUT IT'S NO SUBSTITUTE FOR GETTING VAXXED.



GET VAXXED:

BALTIMORE
CITY HEALTH
DEPARTMENT

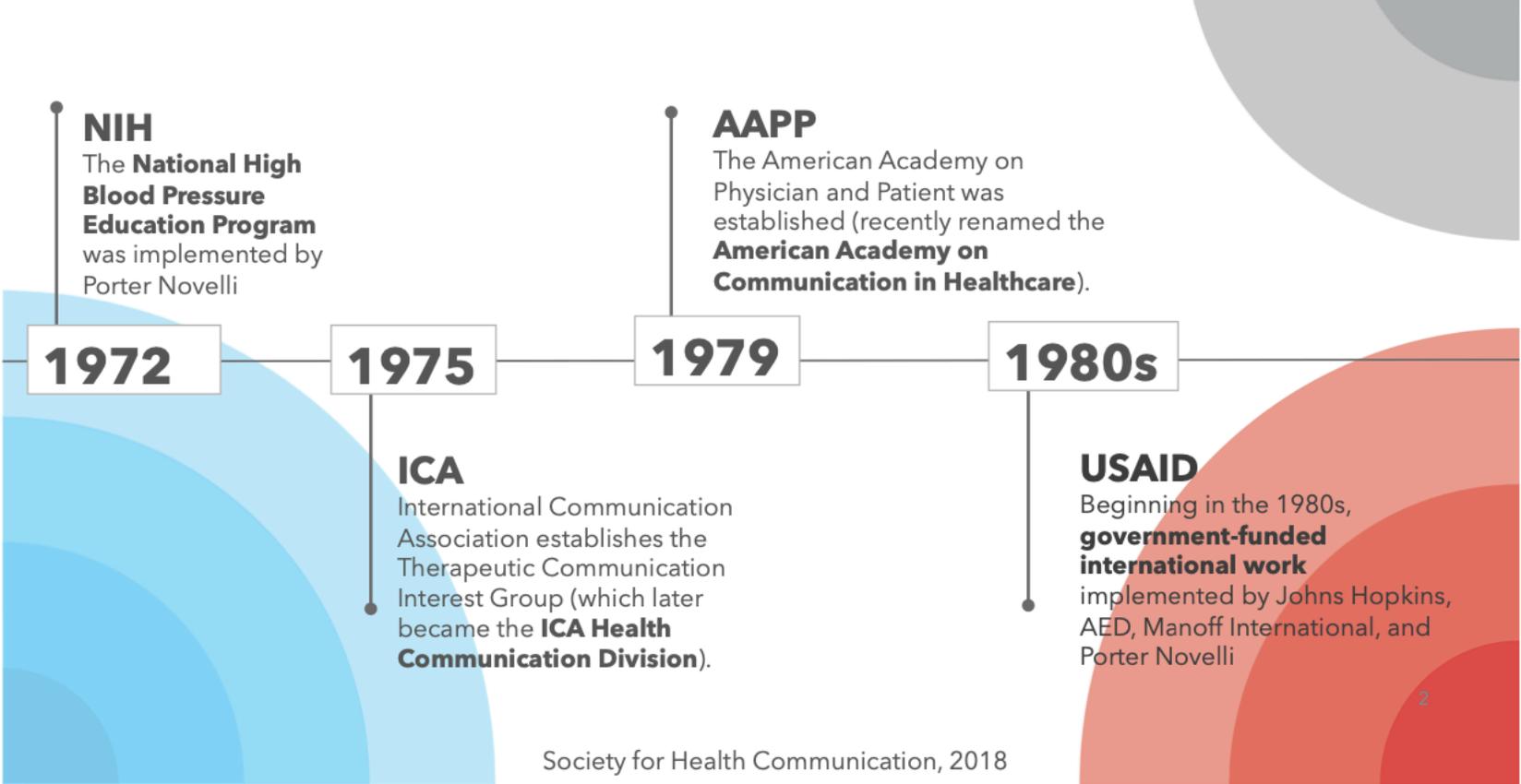
  
@Bmore_Healthy

[COVAX.BaltimoreCity.gov](https://www.covax.baltimorecity.gov)
443.984.8650



**Health Communication:
Important Frameworks/Considerations**

Historical linkages between the field of health communication and the provision of health care



Health communication is the science and art of using communication to advance the health and well-being of people and populations. (SHC, 2017)

Health communication is a multidisciplinary field of study and practice that applies communication evidence, strategy, theory, and creativity to promote behaviors, policies, and practices that advance the health and well-being of people and populations. (SHC, 2017)

Early focus was on patient-provider communication



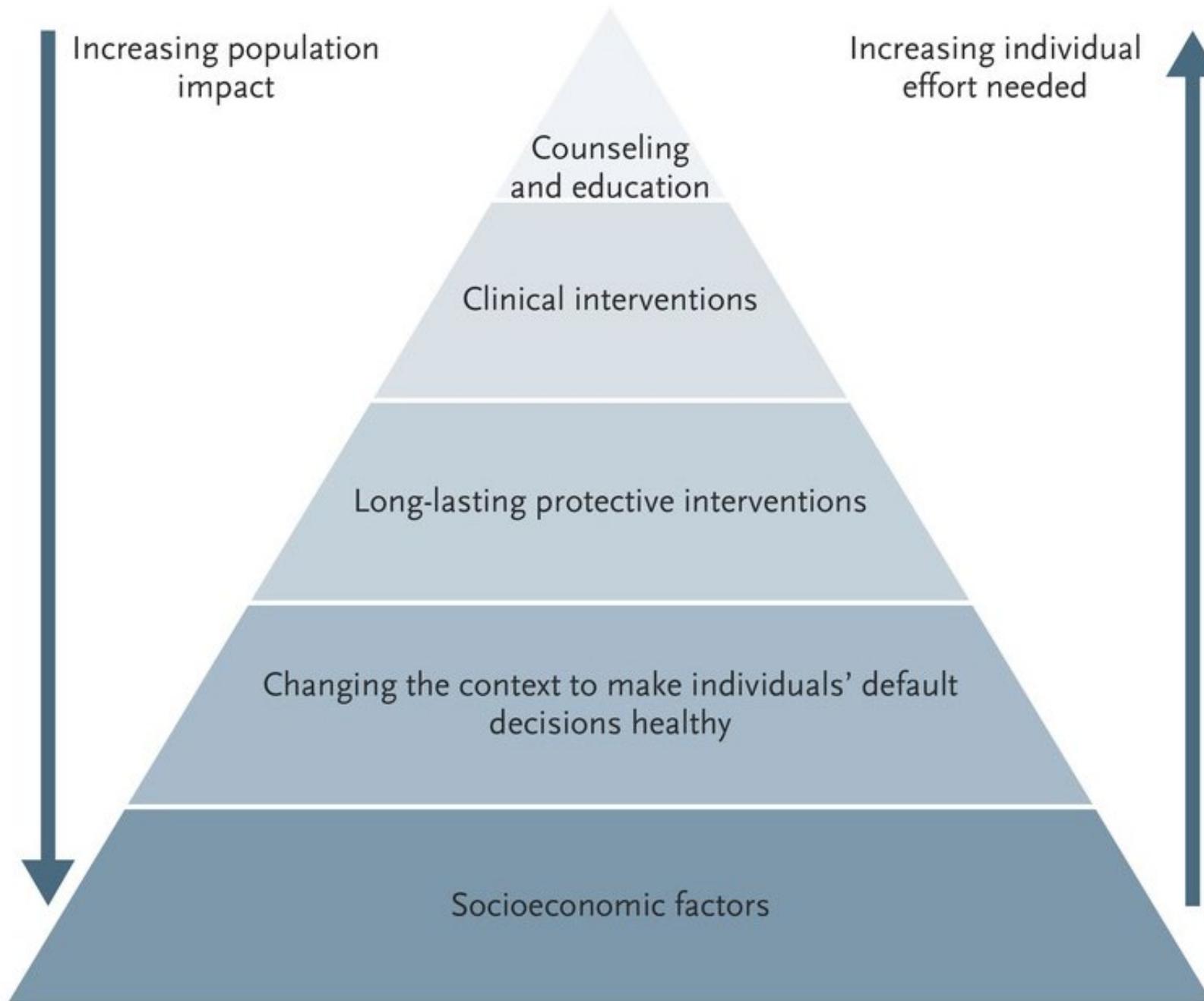


Figure 1

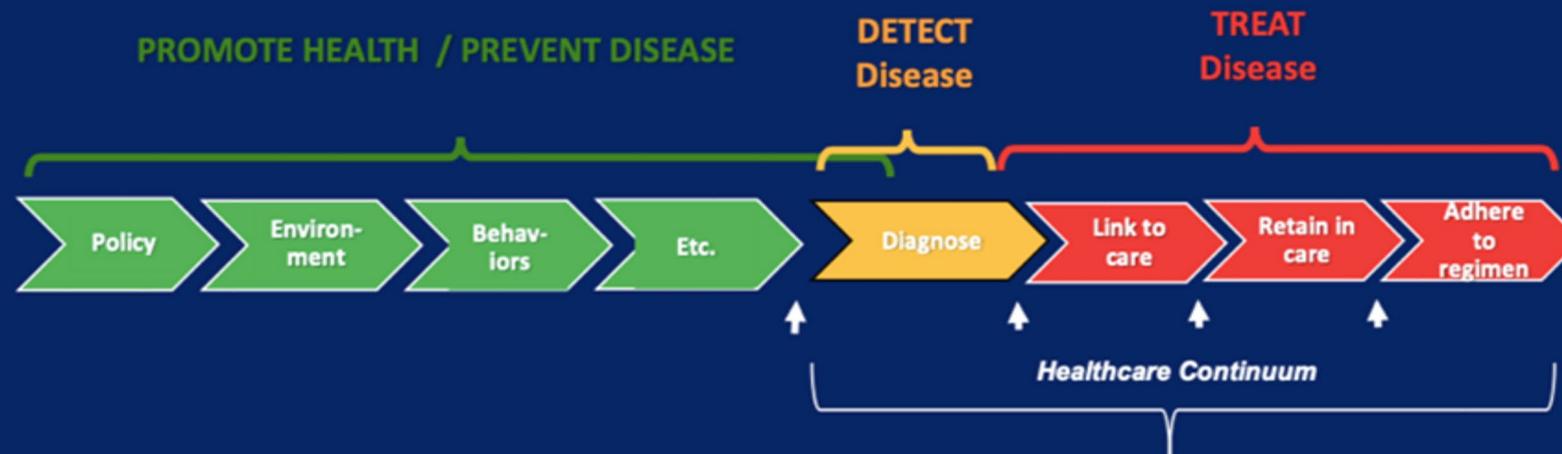
Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	
Medical bills	Playgrounds	Higher education		Stress	Quality of care
Support	Walkability				
	Zip code / geography				

Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

BEYOND ACCESS TO HEALTHCARE: THE HEALTHCARE CONTINUUM



A Socio-Ecological Model





MEDIA

INTERNET

TELEVISION

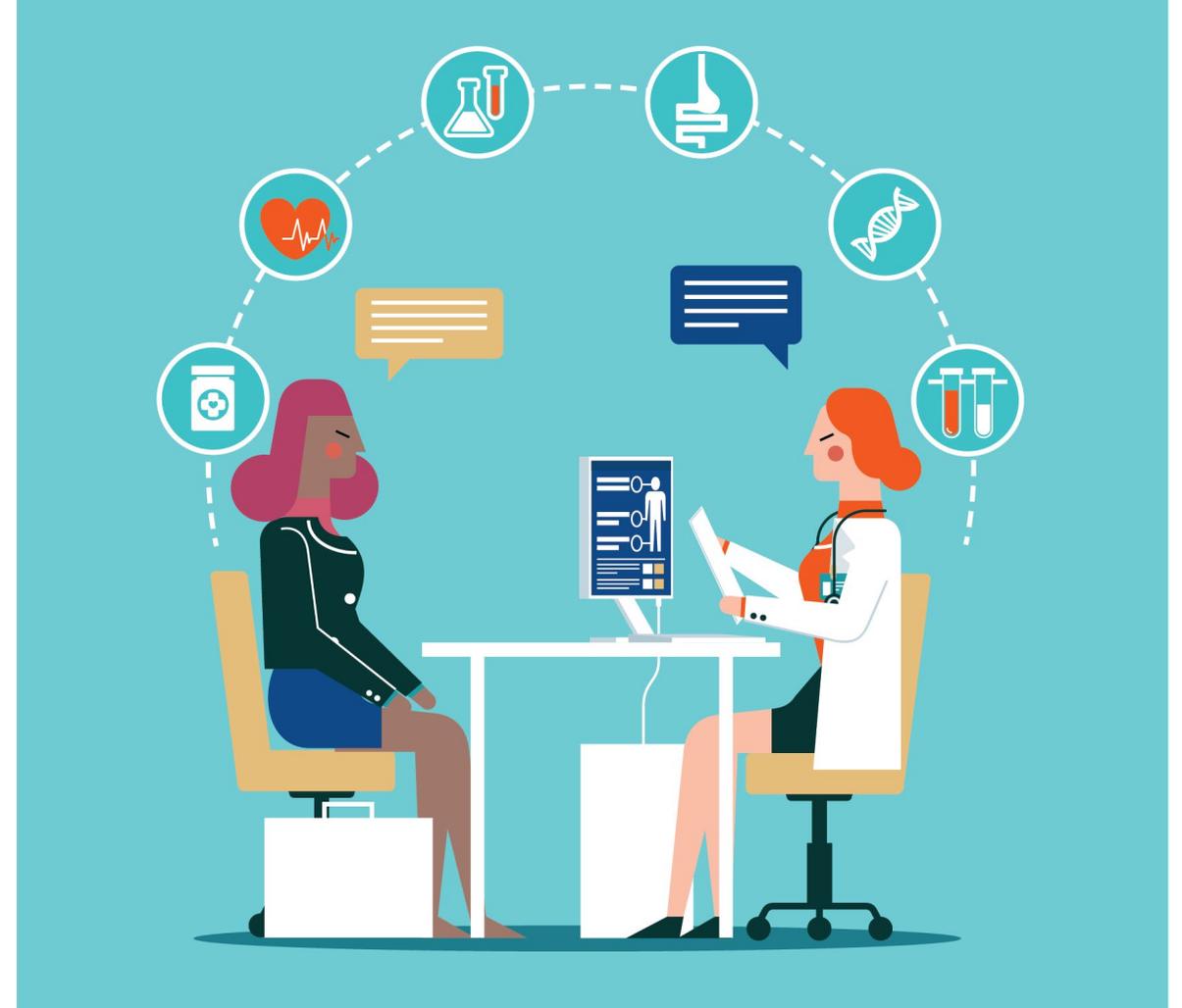
RADIO

MAGAZINES

NEWSPAPERS

Health literacy is **the degree to which individuals have the capacity to obtain, process, and understand basic health information needed to make appropriate health decisions.**

Low health literacy is more prevalent among:
Older adults.
Minoritized populations.
Those who have low socioeconomic status.



Low health literacy is linked to:



**Increased visits to
emergency room**



**Increased
hospital stays**



**Less likely to
follow treatment**



**Higher
mortality rates**



**9 out of 10 Americans have
limited health literacy**

READABILITY

NOW THIS LOOKS LIKE
SOMETHIN' I'D READ!



PLAIN LANGUAGE

I'M UNDERSTANDIN' ALL
THIS INFO UP IN HERE!



HEALTH LITERACY

I'M GONNA GO MAKE
SOME INFORMED DECISIONS!



Before

Injection Guide for Study Drug or Placebo Panel A (Days 1-4) and Panel B (Days 6-10)

Get ready

Study Drug or Placebo Injection

Each vial contains 1 mL of study drug or matching placebo. The volume removed from the vial determines the dose administered. The study staff will tell you how much to inject from each vial.

Important information

- Refrigerate at 2 to 8°C (36 to 46°F).
- Shake thoroughly before use.
- Only inject the vials that you are preparing tonight.
- Only inject the volume indicated by study staff. Do not inject the entire contents of either vial.
- Always use a new, sterile, single-dose syringe and needle injection.

Step 1: Prepare site

- Washes 2 times with the 40% alcohol swab before use.
- Allow skin to come to room temperature for at least 10 minutes.
- Vials should then be stored in a container of ice water.
- Wash your hands with soap and water.

Step 2: Prepare syringe

- Remove the cap from one of the vials and open the top of the vial with an alcohol swab.
- Prepare two syringes and needles.
- By pulling down on the plunger, draw air into the syringe up to the mark of the volume to be injected and then slowly inject air into the vial.
- Insert the needle in the vial and turn the vial upside down. Make sure that the needle tip is just below the volume of the liquid in the vial.
- Pull the top of the needle in the liquid and slowly back on the plunger to get the right volume into the syringe.
- Check the syringe for air bubbles. If there are bubbles, hold both the vial and syringe in one hand, and tap the syringe with your other hand. The bubbles will float to the top. Then the bubbles leave the vial. Remove liquid to get the right volume of study drug/placebo.

- After there are no bubbles, insert the syringe into the vial. Pull the syringe down carefully so the needle stays just below the liquid.

Step 3: Inject

- Clean an injection site that is about 2-3 inches away from your belly button on your abdomen with a new alcohol swab. Let dry thoroughly.
- Hold the syringe in the hand that you will use to inject study drug. Use the other hand to pinch a fold of skin at the chosen injection site.
- Use the hand that you are using to inject to hold the syringe.
- After the needle is inserted and while pushing the skin, pull the plunger back slightly. This blood appears. Slowly push the plunger on the vial down with the study drug injected. **Wait** if blood enters the syringe, remove the syringe, clean, and prepare another spot on your abdomen and using the same syringe/needle, repeat the process.
- Leave the syringe in place for about 2 minutes after finishing the pinch may be released) and remove. After the needle is removed, you can apply light pressure with clean gauze or cotton ball to stop bleeding from the site.
- Discard used syringe/needle in the sharps container. Do not reuse. The syringe/needle container is provided by the site.

After

How to give yourself the study medicine

Panel A (Days 1-4) and Panel B (Days 6-10)

Study medicine

Each bottle holds 1 mL of active drug or placebo.

The study staff will tell you how much medicine to use each time (this is called your dose). Only give yourself the dose the study staff told you. Do not use all the medicine in the bottle.

The study staff will tell you how much to inject from each bottle.

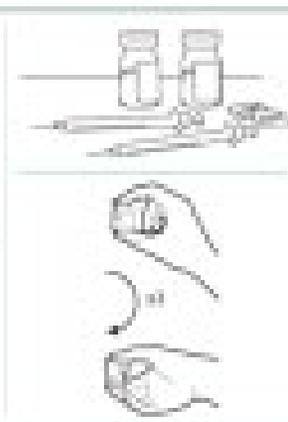
Important safety information

- Refrigerate at 2 to 8°C (36 to 46°F).
- Only use each bottle 1 time.
- Use a new syringe and needle each time.
- Only uncap the bottles when you use them.

Steps to give yourself the study medicine

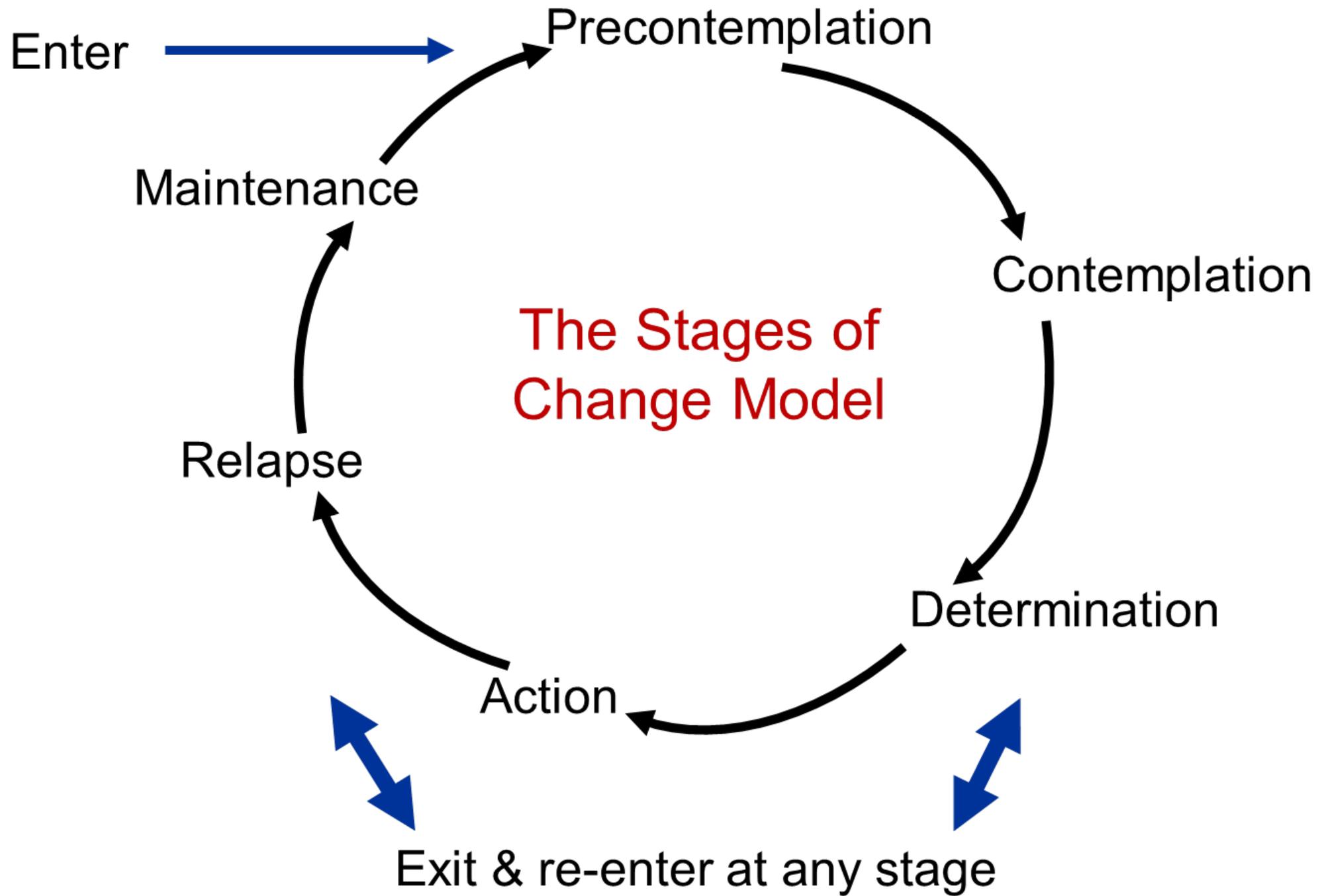
Get ready

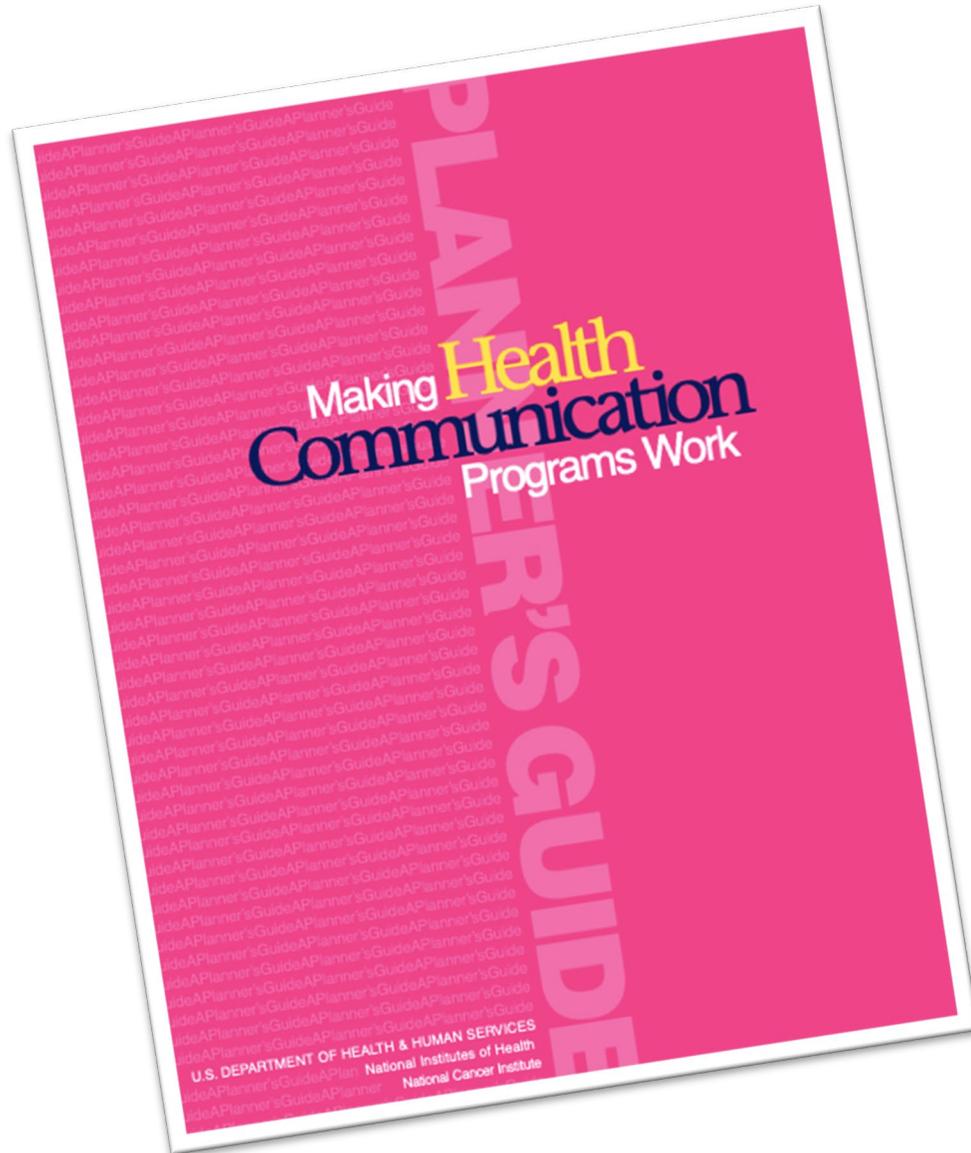
1. Gather your supplies:
 - 2 syringes
 - 2 bottles of medicine
 - 2 alcohol swabs
2. Take out 2 bottles from the kit and wipe the kit box back in the refrigerator.
 - Let the bottles sit on the counter for at least 20 minutes to get to room temperature.
3. Turn the bottles upside down and the right side up at least 2 times.
3. Wash your hands with soap and water.





“...the benefits of health information seeking include enhanced patient involvement in and satisfaction with medical decision-making, improved communication with informal care providers, and improvements in quality of life. As health care moves toward a patient-centered delivery model, **seeking and accessing health information online can help patients become informed consumers of health care.**”





Understand what communication can and cannot do.

Communication alone can:

- Increase the intended audience's knowledge and awareness of a health issue, problem, or solution
- Influence perceptions, beliefs, and attitudes that may change social norms
- Prompt action
- Demonstrate or illustrate healthy skills
- Reinforce knowledge, attitudes, or behavior
- Show the benefit of behavior change
- Advocate a position on a health issue or policy
- Increase demand or support for health services
- Refute myths and misconceptions
- Strengthen organizational relationships

Communication combined with other strategies can:

- Cause sustained change in which an individual adopts and maintains a new health behavior or an organization adopts and maintains a new policy direction
- Overcome barriers/systemic problems, such as insufficient access to care

Communication cannot:

- Compensate for inadequate health care or access to health care services
- Produce sustained change in complex health behaviors without the support of a larger program for change, including components addressing health care services, technology, and changes in regulations and policy
- Be equally effective in addressing all issues or relaying all messages because the topic or suggested behavior change may be complex, because the intended audience may have preconceptions about the topic or message sender, or because the topic may be controversial

“I think of systemic racism in America, and my own emotional trauma that I’ve been through, just growing up as a young person, as a young Black person, and as a young Black gay man.”



Project
RE[FOCUS]

Reimagining Public Health Surveillance.
Supporting Resilient Communities.

For more information, visit
www.projectrefocus.com

“In the beginning, being that everyone was calling it the Chinese virus, people would be like, ‘Your people did this, you guys did this,’ and just making that generalization. It’s very racist. It was very hurtful.”



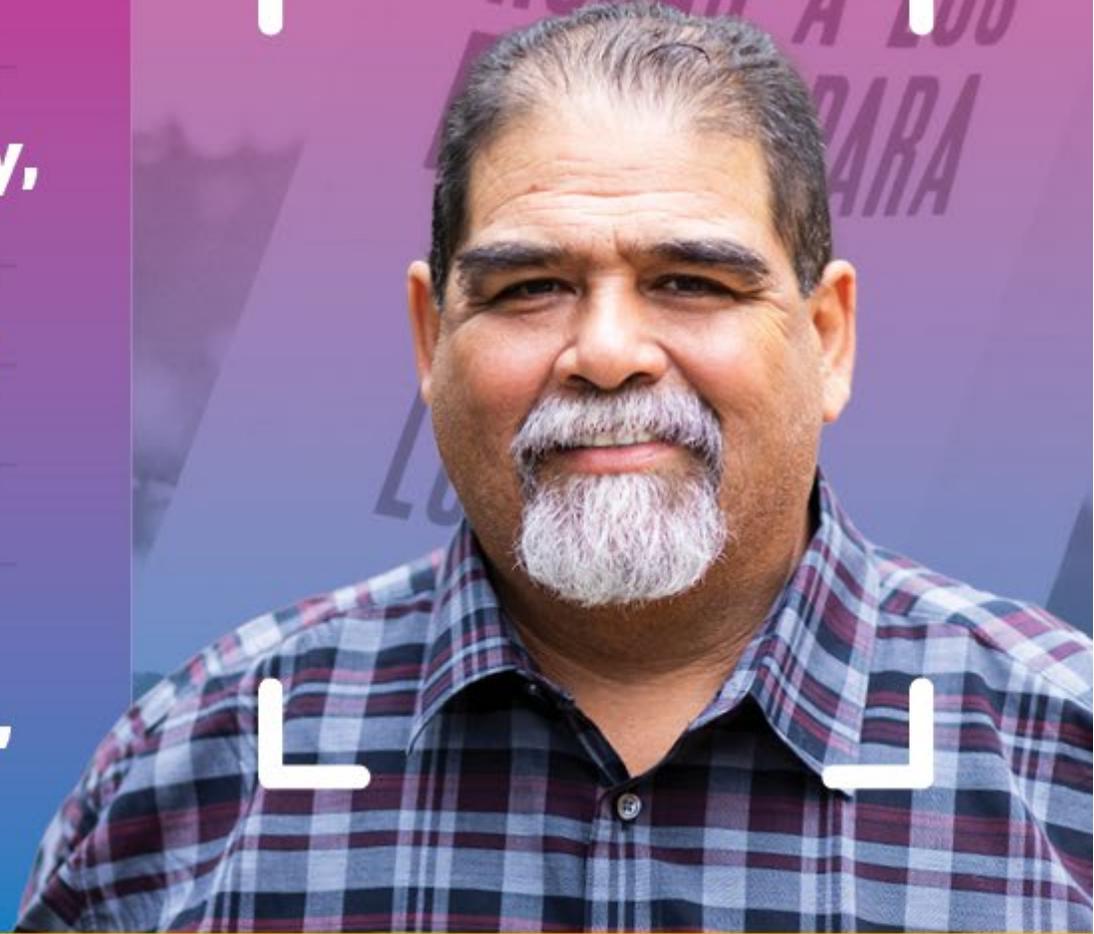
photo: Toyo Miyatake

Project
RE[FOCUS]

Reimagining Public Health Surveillance.
Supporting Resilient Communities.

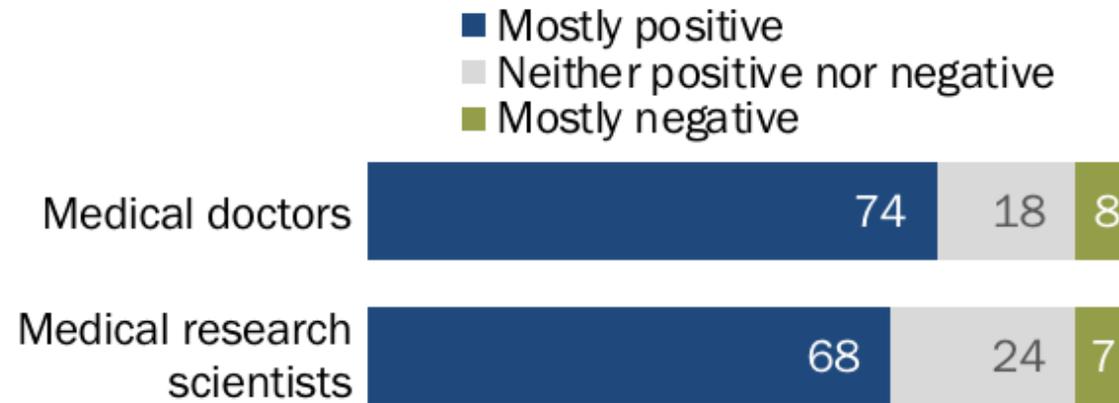
For more information, visit
www.projectrefocus.com

“I do think that different ethnic communities and cultures have different ways of expressing, ability, and willingness to talk about problems. We try to be as culturally humble as we can. We also try and have lived experience[s] either through culture or other kinds of experiences in the staff that we hire.”



Most Americans have positive views of medical doctors and research scientists

% of U.S. adults who say they have a ____ view of ...



Note: Respondents who did not give a response are not shown.

Source: Survey conducted Jan. 7-21, 2019.

“Trust and Mistrust in Americans’ Views of Scientific Experts”

PEW RESEARCH CENTER

**“Disease is always generated, experienced, defined,
and ameliorated within a social world.”**

Jones et. al. (2012). The burden of disease and the changing task of medicine. *N Engl J Med*, 366(25), 2333-2338.

**“Disease is always generated, experienced, defined,
and ameliorated within a **social** world.”**

Jones et. al. (2012). The burden of disease and the changing task of medicine.
N Engl J Med, 366(25), 2333-2338.

During COVID-19, public health has leaned greatly on the health care community in its communication efforts.



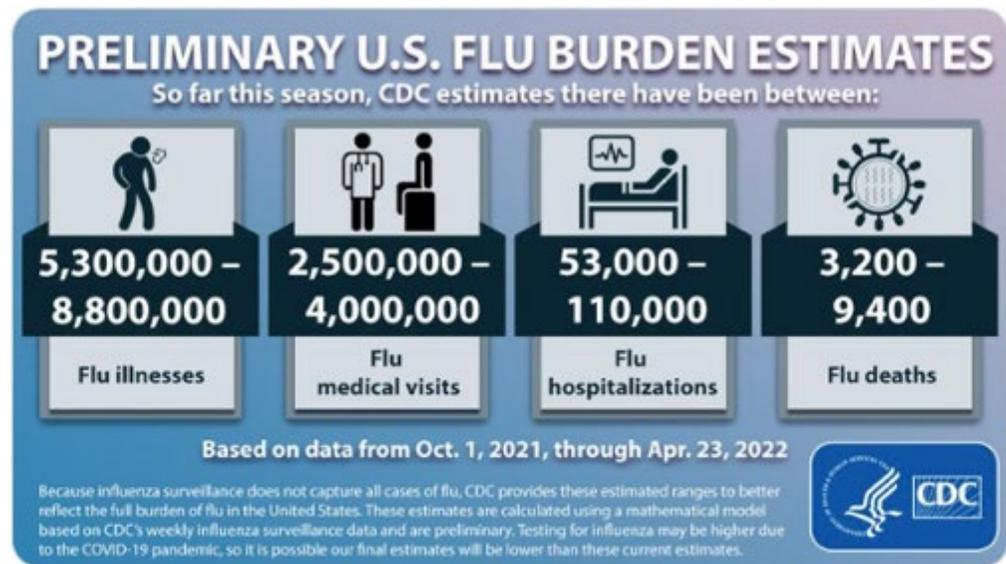
Talk to a healthcare provider if your memory loss is getting worse. The latest episode of the Aging and Health Matters Podcast series focuses on memory loss among caregivers: bit.ly/3uvY1ZC.



4:11 PM · May 7, 2022 · Sprout Social



The most recent in-season, preliminary #flu burden estimates suggest that at least 53,000 people have been hospitalized with flu so far this season. #FluVax has been shown to reduce your risk of hospitalization if you are vaccinated and still get sick: bit.ly/2AJe9L4.



4:00 PM · Apr 29, 2022 · Sprout Social

During COVID-19, public health has leaned greatly on the health care community in its communication efforts.



Have you had your yearly physical? National Women's Checkup Day is a reminder to take your health seriously and make routine medical care a priority. Early detection and protection from disease and infection save lives! bit.ly/3bacGij #WomensHealth

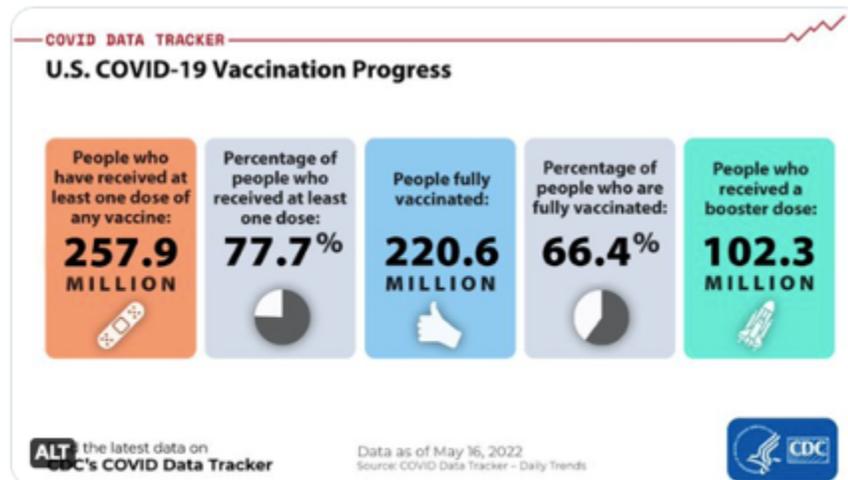


2:01 PM · May 9, 2022 · Sprout Social



As of May 16, 257.9 million people have received at least one dose of a #COVID19 vaccine. Of those, 220.6 million are fully vaccinated. More than 102.3 million people have received a COVID-19 booster dose.

Find a COVID-19 vaccine or booster near you: vaccines.gov.



5:15 PM · May 16, 2022 · Sprout Social



The clinician as social (media) influencer

How do social norms form during public health crises?



Clinicians often use social spaces to share observations with the public



rasha abdulhadi
@rashaabdulhadi

With Covid & Long Covid increasing clotting risk, it's worth learning the signs of TIA ("mini-stroke") & stroke, especially for younger folks who may not fit the FAST criteria.

Note sudden changes in: vision/vision loss, paralysis of any limb, disordered speech/comprehension.



Dr. Jen Caudle ✓
@DrJenCaudle

A lot of folks are getting covid these days. If you test positive, please call your doctor and let them know because you might qualify for monoclonal antibodies or paxlovid. This is super important, y'all!!

9:58 PM · May 17, 2022 · Twitter for iPhone

Clinicians often use social spaces to share observations with one another



Dr. Marianne Inglis 🇺🇸 🇨🇦 🇫🇷 🇬🇧 🇦🇺
@Amalgamquietude

Everyone worried about Monkeypox: don't be. It's not a new pathogen that has just crossed the species barrier, we understand it, we even have a vaccine for it - completely different ballgame. The only concern is public health's ability to respond which <looks around> fair enough.

6:18 PM · May 18, 2022 · Twitter for iPhone



Brooke Scherer, MD
@napermom_kiddoc

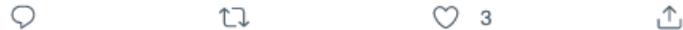
In almost 17 years of being a practicing pediatrician, I have never seen this volume of sick kids in May. It feels like the middle of January. 😞

8:30 PM · May 18, 2022 · Twitter for iPhone

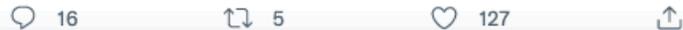
3,048 Retweets 138 Quote Tweets 16.2K Likes



Damon Korb, MD @DrKorb · 15h
Replying to @napermom_kiddoc
Same here.



Dr. Nina L. Shapiro ✓ @drninashapiro · 15h
Replying to @napermom_kiddoc
Same, as Peds ENT. If it weren't for (my) mask, I'd be sick ten times over with every virus (incl Covid) by now.



Health care consumers and patients are social sharing (liberally)



andibartz ✓
@andibartz



Last week, I felt sick as a dog and tested positive for COVID. 36 hours later I felt much better, and by the third day I felt fit as a fiddle, all thanks to a \$0 miracle drug: PAXLOVID. So many people don't seem to know about it, so here's my understanding & experience [thread]

11:37 AM · May 18, 2022 · Twitter Web App

537 Retweets 70 Quote Tweets 3,108 Likes



Txnewsprincess
@txnewsprincess



This morning, in a FB group I'm in, a woman told us she is having a miscarriage. Her doctor prescribed misoprostol to help her complete the miscarriage. The doctor had to spend 30 minutes explaining to a Walgreens pharmacist that she wasn't having an abortion. 📖

9:29 AM · May 18, 2022 · Twitter for iPhone



Camille Johnson
@OffbeatLook



She has a rare disease so she's been really struggling to find care. She got emotional because she feels frustrated and helpless. One tear in and they charged her \$40 without addressing why she is crying, trying to help, doing any evaluation, any prescription, nothing.

1:59 PM · May 17, 2022 · Twitter for iPhone

1,655 Retweets 46 Quote Tweets 62.8K Likes



Camille Johnson @OffbeatLook · May 17



Replying to @OffbeatLook

They charged her more for crying than they did for a vision assessment test.
They charged her more for crying than for a hemoglobin test.
They charged her more for crying than for a health risk assessment
They charged her more for crying than for a capillary blood draw.

106

2,533

59.8K



1867
HOWARD
UNIVERSITY

Social spaces are used to remind the public that health care providers are also human



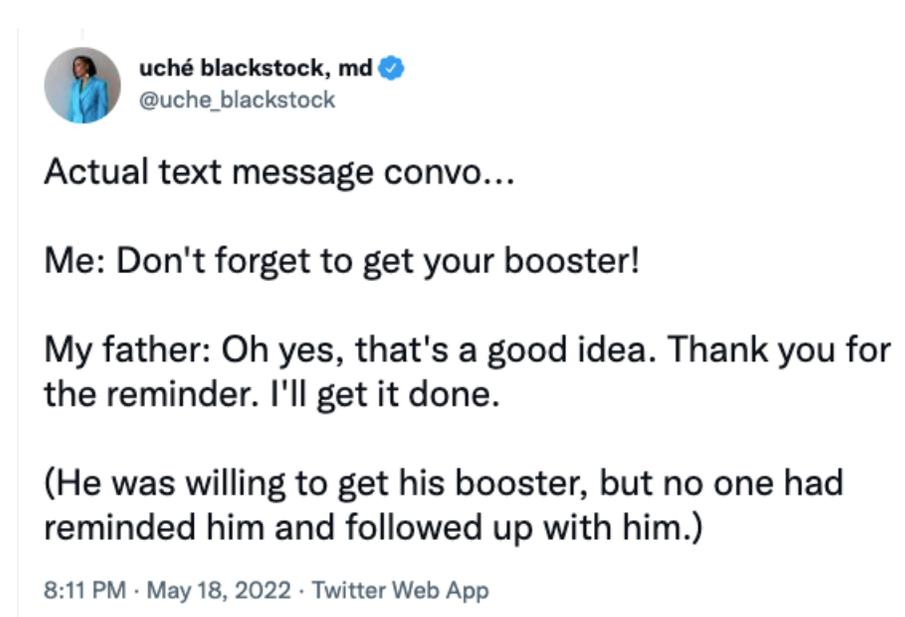
 **Kimberly D. Manning, MD** @gradydoctor

“I’m trying to be more present in my sadness. After a code ends & time of death is called, I stay for a bit & observe a moment of silence. I take this time to feel the pain before getting back to work as usual—honoring the patient . . .”

So powerful. Thank you [@diana_halloran](#).

 **Diana Halloran, MD** @diana_halloran · May 10
"I'm a second-year ER resident and I am exhausted. Every day I bear witness to tragedies. I watch as patients experience the worst days of their lives. Pronouncing patients dead and hearing the cries of their loved ones." We are Drowning @JAMA_current jamanetwork.com/journals/jama/...
[Show this thread](#)

9:59 AM · May 11, 2022 · Twitter for iPhone



 **uché blackstock, md** @uche_blackstock

Actual text message convo...

Me: Don't forget to get your booster!

My father: Oh yes, that's a good idea. Thank you for the reminder. I'll get it done.

(He was willing to get his booster, but no one had reminded him and followed up with him.)

8:11 PM · May 18, 2022 · Twitter Web App

Social spaces are used to remind the public that health care providers are also human



Sarah Santiago, MD
@SarahASantiago

...

Operated on a little girl who really wanted to bring her Teddy bear back to the OR with her. Of course we said yes, but he had to comply with the proper dress code



Clinicians can use social sharing and entertainment to promote health education



Link: <https://vm.tiktok.com/ZTdGoqmw/>

Body Language and Appearance – Best Practices

- Face the reporter, with your body open to the camera
- Stand still or sit up straight
- Don't gesture too much—but good for occasional emphasis
- Think about your expression—look pleasant
 - Even on radio, it comes through in your voice
- Your clothing should not be striped or have a busy pattern
 - This can look strange on camera and be a distraction to viewers
- Avoid solid black or white
- No large metallic jewelry—it will reflect the lights
- No jangly jewelry, such as bracelets—the mics may pick it up
- In a studio under lights, everyone should wear makeup

COVID-19, Social Media, and the Role of the Public Physician

Joel M. Topf^a Paul N. Williams^b

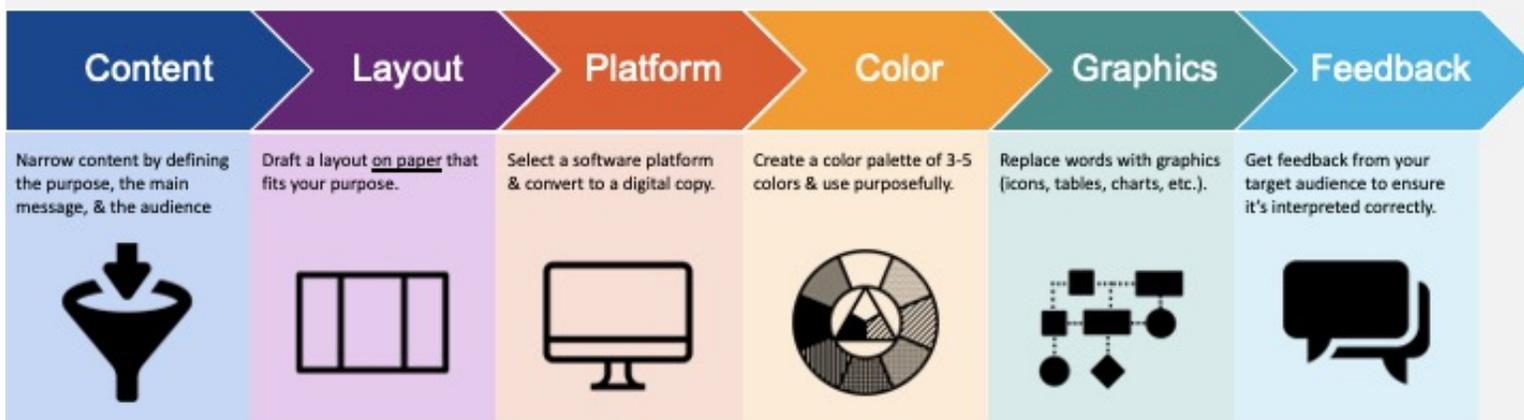
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Table 1. The public physicians we engaged in this article. Sources: Twitter.com, YouTube.com, Instagram.com, iTunes, and personal communication. Accessed 09/14/2020

Public physician and handle	Specialty	Social media channels	Audience size
Matt Watto @DoctorWatto	Internist	Podcaster	9.2k on Twitter Podcast with >50k regular listeners, 1931 ratings, and 243 reviews
Nick Mark @nickmmark	Critical care doctor	Twitter and blogger	11.5k on Twitter
Arghavan Salles @arghavan_salles	Surgeon	Twitter, Instagram, columnist for national newspapers, and TV appearances	35.5k on Twitter and 1.5k on Instagram
F. Perry Wilson @methodmanmd	Nephrologist	Medscape opinion writer and videos	7.3k on Twitter and 4.7k on YouTube
Mark Shapiro @ETSshow	Hospitalist	Podcaster and Twitter	13.8k on Twitter and Podcast with 178 ratings and 56 reviews
Robert Centor @medrants	Internist	Podcaster, video conference, blogger, and Twitter	12.2k on Twitter, Podcast with 88 ratings and 5 reviews
Mikhail Varshavski @RealDoctorMike	Family Practitioner	YouTube, Instagram, and Twitter	273.5k on Twitter, 6.1M on YouTube, and 3.8M on Instagram
Jen Gunter @DrJenGunter	Ob/Gyn	Columnist, TV, Twitter, and Blogger	319.7k on Twitter and 43.1k on Instagram
Bob Wachter @Bob_Wachter	Hospitalist and chief of medicine	Twitter	112k on Twitter
Preeti Malani @PreetiNMalani	Infectious disease and chief medical officer at the University of Michigan	Print, radio, and television	4.9k on Twitter, ~400 radio, television, and print interviews since February 2020

Creating Effective Infographics and Visual Abstracts to Disseminate Research and Facilitate Medical Education on Social Media

Steps for creating an infographic or visual abstract



Infographics & visual abstracts can be used by clinicians, educators, researchers, and public health professionals to efficiently and effectively disseminate information on digital & social media.

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Jennifer Spicer, MD, MPH

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Check out this manuscript that myself & @cg_coleman wrote in @CIDJournal.

academic.oup.com/cid/article/74...

See the visual abstract for our article on creating visual abstracts here (meta, right??)

@karenlawmd @VarunPhadke2 @Armstrws

@EmoryDeptofMed @gradydoctor @EmoryInfectDis

A note about patient privacy and the ethics of social sharing (from a health communication perspective)



Binita Kane
@BinitaKane



I wanted to share a story of a patient I saw this week. Very fit man aged 52, previous marathon runner, suspected mild #COVID19 March 2020. Extensively investigated by cardiology in 2020 for symptoms of chest pain, dizziness and struggling to exercise 1/

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THANK YOU FOR YOUR TIME TODAY!



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