Original Paper

Social Media Use in a Community-Academic Partnership for Health Equity: Needs Assessment and Mixed Methods Study

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Abstract

Background: Social media can foster engagement and sharing across community networks. Despite such utility, community health workers (CHWs) and community leaders have used social media inconsistently as part of their public health outreach activities, potentially limiting the promotion of community projects and hindering partnership development.

Objective: The objectives of this mixed methods study were to (1) explore CHWs' and community leaders' experiences with and preferences for communication tools to address community needs and (2) describe the development of their social media capacity, including Facebook page and post analytics, as well as post content.

Methods: From August to September 2022, we conducted a needs assessment using semistructured interviews with a purposive sample of CHWs and community leaders belonging to local health equity action teams (LHEATs) in 20 Kansas counties participating in a community-academic partnership. The complete interview dataset was analyzed with a phenomenological approach combined with a hybrid deductive and inductive analysis. We extracted from the dataset 2 communication-related questions to explore factors that eased or impeded LHEATs' promotional activities. Simultaneously, the academic team began assisting LHEATs in establishing Facebook pages and provided 3 trainings on the use of social media. We summarized quantitative data on page- and post-level Facebook analytics from organic and paid posts. We assessed the content of a simple random sample of 10% of the organic and paid LHEAT posts over a 3-year period from May 2022 to May 2025.

Results: Three themes emerged from 91 interviews: (1) LHEATs blended traditional channels (face-to-face, radio, and local newspapers) with social media, with Facebook being the most used; (2) leaders leveraged personal networks to amplify messages; and (3) participants sought clear separation between personal and professional accounts and audiences. Of the 20 LHEATs, 12 (60%) established Facebook pages and amassed 1732 followers. A total of 999 organic and paid posts were created during the 3-year period; they generated 158,697 unique users who saw the LHEATs' content (reach), 205,854 impressions, 8978 engagements, and 11,422 clicks. Notably, 20% (31,135/158,697) of the reach and 29.2% (60,021/205,854) of the impressions were from a paid Medicaid re-enrollment campaign. Post content mostly addressed community cohesion and access to resources (eg, health, community, and housing).

Conclusions: Integrating social media into a statewide community-academic partnership is feasible. Academic partners can provide capacity training to facilitate and support LHEATs in leading, managing, and creating Facebook content that reflects community priorities. Paid social media has the potential to accelerate this outreach. Such equity-oriented communication efforts may have the potential to lay the groundwork for future health equity work.

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Introduction

Effective communication is essential to public health, and the rise of social media and other digital technologies has transformed how frontline public health workers and community organizers collaborate, leverage resources, and engage stakeholders [1]. Social media platforms have been used to build relationships [2], facilitate stakeholder engagement [3,4], mobilize community members, and support the development of new public health activities [1,3,5,6].

Public health frontline workers and community members have increasingly leveraged social media to deepen community engagement and access to local resources [2,7]. Indeed, public health frontline workers' existing personal and social networks serve as valuable channels for disseminating health-related information and resources, positioning them as valuable partners in communication campaigns. Community members are equally well positioned to identify local needs and develop content that informs audiences and promotes community action [8]. Community health workers (CHWs) have used social media platforms such as Facebook, YouTube, Instagram, and/or X (formerly known as Twitter) to build relationships [2], facilitate stakeholder engagement [3,4], mobilize community members [1,3,5,6], and support the development of new public health initiatives [1-3,5,6,9]. Public health initiatives have also capitalized on CHWs' extensive personal and professional networks to use social media platforms to disseminate health education messaging; counter misinformation and disinformation; and share guidance on COVID-19 risks, prevention strategies, testing, and vaccine availability [9-12].

In many of these efforts, CHWs and other community members have been confined to a "one-way communication" role (ie, sharing and reposting content on their personal social media accounts with no direct involvement in content creation) [10,12,13]. A few studies, however, have shown how CHWs can capitalize on their lived experiences and knowledge of the communities they serve. CHWs have produced multimedia influenza vaccination messaging for migrant communities [9] and codeveloped a multilingual, multimedia COVID-19 vaccination campaign targeted to underserved communities [14]. These approaches demonstrate the feasibility of engaging with CHWs and other community members more meaningfully. However, there are scant details about the development of social media capacity —conceptualized as an ability to cultivate and grow their organizational social media accounts. Furthermore, the extent to which organic and paid media strategies are integrated into a community-academic partnership and long-term social media analytics are relatively underexplored.

A community-academic partnership, the Communities Organizing to Promote Equity (COPE) project, was launched in June 2021 to address disparities and gaps in the public health infrastructure revealed during the COVID-19 pandemic [15]. Leveraging principles of human-centered design [16], the COPE project worked with local community members to establish local health equity action teams (LHEATs) in 20 counties across Kansas. These LHEATs were composed of CHWs, community members with lived experience facing barriers to health care, and representatives from community health or social service organizations. The unique composition of LHEATs took advantage of each member's lived experiences, qualifications, and knowledge to facilitate collaborations with local service organizations, identify local priorities, and implement tailored strategies to address health disparities with support from the academic partner.

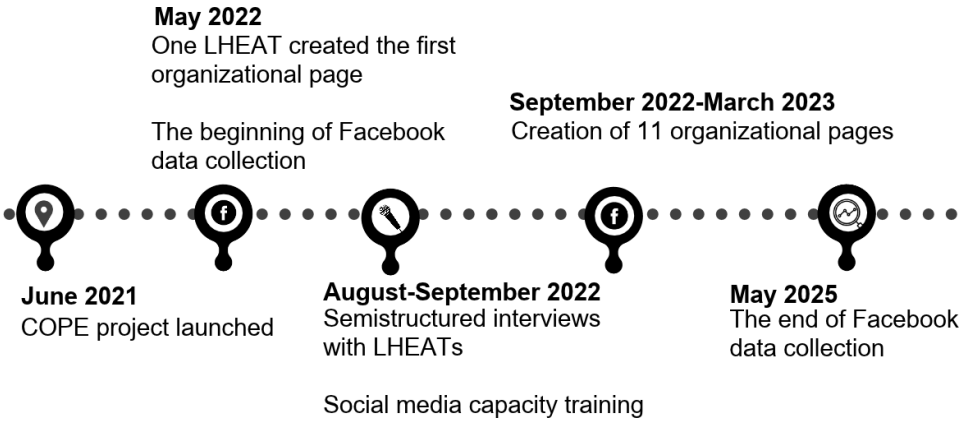
In an effort to better support the communication between the LHEATs and the communities they serve, we analyzed communication questions from a series of needs assessment questions to explore LHEATs' perceptions and experiences using communication tools to address community needs. We then provided training to the LHEATs to support their use of social media and subsequently examined their social media analytics, including page analytics, post analytics from organic and paid posts, and post content.

Methods

Study Design

This mixed methods study was a part of the COPE project [15] and evaluated the feasibility of social media capacity building to address public health concerns identified by LHEATs in communication messaging. Semistructured interviews were conducted with participating CHWs and community members to explore their experiences and perceptions of using social media to address local social needs. The academic team helped LHEATs with the launch of their social media activities through a series of training sessions to support CHWs and community members in effective social media use. Facebook was chosen as the social media platform because it is the second most widely used social media platform in the United States and is popular among White populations and ethnic minority groups and in rural communities [17]. We collected Facebook post and page analytics and conducted a qualitative content analysis of randomly selected posts using a longitudinal dataset collected from May 2022 to May 2025. The study timeline is shown in Figure 1. The conceptual framework for this study posits that training in social media would facilitate its use by LHEATs, allowing them to better address the needs of their communities through enhanced communication and outreach, as measured using reach, impressions, engagement, and clicks.

Figure 1. Timeline of the study. COPE: Communities Organizing to Promote Equity; LHEAT: local health equity action team.



Ethical Considerations

All study procedures were reviewed and approved by the University of Kansas Medical Center Institutional Review Board (study 00148455). All participants provided informed consent prior to taking part in the interviews. There were no adverse events associated with participation. No human participants were involved in the collection of Facebook analytics.

Social Media Needs Assessment

Participants

Eligible interview participants were purposely selected to include all CHWs in the LHEATs, the CHW supervisor, the LHEAT leads, 1 social service representative per LHEAT, and 1 community member per LHEAT [18]. A list of these participants per LHEAT was compiled along with the nature of their role. A random number generator was used to select interview participants with the lowest output number. Each prospective participant was invited via email and given potential dates for interviewing. If an invited member did not respond after 3 attempts, declined participation, or was a no-show for the initial and rescheduled interview, the next lowest-numbered person was selected and invited to participate. A purposive sampling method was used where regional community leads suggested LHEAT members who were regularly attending meetings. A total of 112 participants were invited, and 91 participants, including 40 CHWs, completed the interview.

Data Collection

Interviews were conducted between August and November 2022. Although some findings from these interviews have been reported elsewhere [18], this analysis focuses specifically on 2 communication-related questions that have never been published before. These questions focused on how LHEAT members used social media to communicate within their networks and with the broader public about LHEAT activities, specifically: "Do you communicate LHEAT activities within your existing networks (eg, church bulletin, social media, e-mail listserv)? If so, how?" and "How has the LHEAT communicated (to the public) about LHEAT activities or announcements (eg, face-to-face, social media, listserv, meetings, phone calls)? Give an example of a strategy that has been successful." Interviews were conducted via Zoom (Zoom Video Communications) in English or Spanish at the participants' preference by 1 of 9 team members from the departments of Family Medicine and Community Health and Population Health at the University of Kansas Medical Center; 2 interviewers were fluent in English and Spanish. Audio recordings were transcribed using Speechpad. Interviews conducted in Spanish were translated into English by a bilingual member on the research team prior to analysis.

Analysis

Dedoose (version 9.0.107; SocioCultural Research Consultants) [19] was used to support qualitative data analysis. A phenomenological approach [20] was combined with a hybrid deductive and inductive analysis to evaluate the complete dataset. Two authors (KB and EA), with the assistance from two other team members, coded the qualitative data. They independently coded 5 randomly selected transcripts, then met to finalize a consensus-based coding schema. The remaining transcripts were then coded individually, with coders summarizing key themes and subthemes. Once transcripts were coded, coders developed memos (brief summaries of the content coded as a theme or subtheme) using inductive and deductive themes. This manuscript extracted analyses and findings associated with the 2 communication questions.

Use of Social Media by LHEATs

Training and Logistical Support

Between late August and September 2022, while the structured interviews described above were still in progress, the academic team launched a series of 3 training sessions to support LHEATs in leveraging social media to address preliminary issues identified in the needs assessment described above and other concerns raised by the LHEATs. The first session featured a presentation and interactive discussion on "how to achieve social media success" and lessons learned from 2 LHEAT leaders who had successfully used social media platforms such as Facebook and TikTok to promote community engagement activities. The second session focused on developing Facebook pages in collaboration with the academic partner and introduced best practices

from industry standards and the Centers for Disease Control and Prevention social media guidance [21]. Topics included social media planning (eg, messaging goal, target audience, message development, and content type), principles of writing for social media (eg, audience-focused messaging, inclusion of calls to action, and clarity), and the marketing funnel (awareness, consideration, decision, and retention). Examples of best practices from marketing brands, governmental agencies, and nonprofit organizations were shared. Guidance was provided on adherence to the academic institution's social media policies related to governance, account ownership, freedom of expression, data access, university branding, visual identity standards, and legal restrictions. The third session covered a step-by-step guide on accessing Facebook Analytics from Meta Business Suite, defined and explained post metrics (ie, reach, impression, and engagement), and discussed how to optimize content and platform features with an eye toward enhancing post metrics. To enhance discoverability, each county standardized its page name to include "Communities Organizing to Promote Equity (COPE)" along with the county name while following the university's social media policies. Each page was administered by an LHEAT lead, LHEAT colead, or CHW. Each Facebook administrator had free rein to author, approve, post, and monitor the content on their page. Each page adhered to the university standards in branding, visual identity, account management, security maintenance, and legal restrictions. The academic team also emphasized the university's commitment to freedom of expression. Ongoing technical assistance and content support were provided by the academic team in consultation with LHEATs.

Paid Medicaid Re-Enrollment Facebook Campaign

In early 2023, the US Department of Health and Human Services announced the discontinuation of the automatic Medicaid re-enrollment implemented during the COVID-19 pandemic [22]. In response, the academic team invited LHEAT-led account administrators to join a paid Medicaid re-enrollment campaign. The campaign included 2 Facebook posts in English urging Medicaid enrollees to provide Medicaid with an updated home address and respond to any re-enrollment mailings that they received from the state. The posts were tailored for each county and included a CHW's contact information and links to relevant resources. From late March to early April 2023, the paid campaign was boosted over 2 seven-day periods focusing on adults aged 18 years or older within a 50-mile radius of each county.

Facebook Page and Post Analytics

Facebook page analytics were obtained directly from each organizational account. Three metrics were reported from the page-level data, including number of followers (defined as Facebook users who actively chose to receive the LHEAT content in their feed), number following (defined as the number of pages or accounts that LHEAT pages subscribed to), and number of page likes (defined as Facebook users expressing general interest in a page). In November 2025, Facebook transitioned from "page likes" to "followers"; despite this, we decided to retain "page likes" to remain consistent with the way in which we reported the data throughout this manuscript.

To obtain post-level analytics, each county's data during the 3-year period were extracted from the insights section of the Meta Business Suite. Mindful of the potential changes made by Facebook during the evaluation period, and to ensure that key metric definitions remained stable in the dataset, our team downloaded the 3 years of data (May 2022-May 2025) in June 2025. There were no missing data. Five metrics were reported: post format (ie, photos, links, text, video, other, Facebook reel, and live video), reach (defined as the total number of unique users who saw the LHEAT's content), impressions (defined as the total number of times the LHEAT's advertisement or post entered a user's screen), engagement (which combines reactions, comments, and shares without clicks), and total clicks.

Analysis of Post Content

An analysis of social media content was performed on a simple random sample of 10% of posts (organic and paid; n=100). Randomization was performed using a random number generator function. A sample size of 100 was chosen due to the availability of resources and the desire to estimate frequencies with moderate precision. Three authors (YC, KH, and JH) identified categories a priori to capture the extent to which Facebook posts reflected 12 LHEAT-identified priorities [23], including communication cohesion; health education, access to care, and preventive screening; community resource education and connection; housing, houselessness, and land banks; food access and nutrition; childcare and youth development; disaster relief and emergency preparedness; employment, education, and financial literacy; dignity initiatives; transportation; COVID-19 vaccination and testing; and women's and infant health. Each post could cover multiple priorities. One of the authors (YC) coded each post. Posts were also coded based on the author of the post (the LHEAT or the academic partner), presence of partner tagging (yes or no), presence of call to action language (yes or no), presence of hashtags (yes or no), and presence of hyperlinks (yes or no).

Results

Overview

Three themes emerged regarding the use of traditional and digital communication tools to disseminate COPE-related activities (Table 1). First, participants described using a wide variety of communication strategies, including face-to-face interactions, email, radio, and local newspapers, with social media being the most frequently cited. For many participants, it was not clear which channels were most successful. However, the most frequently used channel for communicating LHEAT information to the public was social media platforms, especially Facebook. One participant reported that "Facebook has been invaluable to us." Another stated that "Everybody's on Facebook, and then you can just share, that somebody's going to see it and is going to tell somebody

else." Participants who used social media also emphasized the continued importance of traditional outreach methods. For example, one participant noted that "one of our communities has [an] average age [of] 70," highlighting the need to balance digital and traditional approaches. CHWs, in particular, described the value of face-to-face interactions for engaging community members and promoting events.

The second theme expressed a need to capitalize on the wide outreach potential of social media within their networks, recognizing that social media can facilitate information sharing. They discussed using personal social media accounts as a convenient way to disseminate information and promote activities to their immediate social circles (eg, friends and coworkers).

The third theme addressed the need to engage the right people outside the personal network. Despite using social media as part of the communication mix in promotional activities, there were concerns about the use of social media platforms to connect with individual clients and whether these platforms directly targeted the populations in need. Many noted that their "followers" or "friends" did not always align with their intended target audiences for outreach. Participants also expressed a preference for maintaining boundaries between personal and professional online identities. Participants emphasized the limits of using individual accounts for community outreach and showed a preference for compartmentalizing personal and professional networks by creating an official organizational account.

Table 1. Key themes and illustrative quotes from participants related to communication strategies and use of social media for public health messaging.

Themes	Representative quotes
Using a wide variety of communication strategies	• "...we have a pretty strong marketing strategy through radio ads, billboard, and yeah, and with our connecting organizations, which I put it in the church bulletins, and...we have a Facebook page too, or two Facebook pages...or several social media pages actually, that we can post on as well." [LHEAT[a] lead] • "Yeah, social media is probably a big one for us, but we also do things through local newspapers, through our churches. We'll send them flyers or little tidbits to put in their bulletins. A lot of times I just hang up flyers around our small communities in the beauty shops, in the gas station." [CHW[b]] • "So, it's more of like a word of mouth, so not necessarily on social media. However, I have friends that work in different areas, like, you know, the hospitals, the patients that I do work with that, 'Hey, you know, what do you think is needed?' You know, some of the patients I see are like unable to log on or, you know, something like that. So, pretty much word of mouth." [CHW]
Capitalizing on the wide outreach potential of social media within their networks	• "We tried to promote as much as we could through the CHC website. And then I promoted things through my Facebook platform. So I run a nonprofit.... It's a mutual aid group. We have like 800 followers, it's not much, but I would promote things through that group. So at least in [county], a lot of people were seeing those things. And that's really the main way that I was able to grow everything." [CHW supervisor]
Engaging the right people outside the personal network	• "I would say my own personal network isn't the population we're trying to reach. So there's that, but I'm also not really on social media or anything like that." [CHW]

[a]LHEAT: local health equity action team.
[b]CHW: community health worker.

Uptake of Training and Social Media Adoption

A total of 66 LHEAT members participated in the 3 online trainings, and 8 LHEATs took advantage of ongoing technical assistance from the academic team. At the outset, 1 LHEAT had an existing Facebook page. During the trainings, participants also described limited experience in developing social media messaging as part of their job requirements. Between May and October 2022, a total of 8 additional LHEATs created Facebook pages with the support of the academic partner. Three additional counties joined in February to March 2023, bringing the total to 12 counties (12/20, 60% of the total counties) incorporating Facebook into their communication strategies. These included a mix of rural and urban counties.

Page Analytics

These 12 pages amassed 1732 followers (mean 144.33, SD 78.01), followed 710 accounts on Facebook (mean 59.17, SD 73.46), and generated 1247 page likes (mean 103.92, SD 73.25; Table 2).

Table 2. Page analytics from the 12 local health equity action team (LHEAT)–led Facebook pages.

	Mean (SD)	Total, n
Followers (Facebook users who actively chose to receive the LHEAT content in their feed), n	144.33 (78.01)	1732
Following (pages or accounts that LHEAT pages subscribed to), n	59.17 (73.46)	710
Page likes (Facebook users expressing general interest in a page)[a], n	103.92 (73.25)	1247

[a]In November 2025, Facebook transitioned from "page likes" to "followers." We decided to retain "page likes" to stay consistent with the ways in which we reported the data throughout this manuscript.

Post Format

A total of 999 social media posts were published by the 12 LHEATs during the 3-year period. These posts included both organic and paid posts. Counties with a higher concentration of Spanish-speaking populations and/or that had administrators fluent in Spanish posted in English and Spanish; otherwise, the posts were predominantly in English. The most common post format was photos (n=704, 70.5%), followed by links (n=167, 16.7%), text (n=59, 5.9%), video (n=39, 3.9%), Facebook reels (short-form video; n=5, 0.5%), and live video (n=2, 0.2%; Table 3).

Organic posts (excluding the paid Medicaid re-enrollment campaign) generated a total reach of 127,562 unique users who saw the LHEATs' content (mean 132.19, SD 597.56), 145,833 impressions (mean 164.04, SD 763.28), 8038 engagements (mean 8.29, SD 36.85), and 10,571 clicks (mean 10.84, SD 49.59; Table 4).

Table 3. Format of social media posts (n=999).

Post formats	Posts, n (%)
Photos	704 (70.5)
Links	167 (16.7)
Text	59 (5.9)
Video	39 (3.9)
Other	23 (2.3)
Facebook reel	5 (0.5)
Live video	2 (0.2)

Table 4. Analytics from organic, paid, and combined Facebook posts from May 2022 to May 2025.

Analytics	Organic posts[a]		Paid posts[b]		Combined (organic and paid) posts[c]	
	Mean (SD)	Sum	Mean (SD)	Sum	Mean (SD)	Sum
Reach (unique users who saw the LHEATs'[d] content), n	132.19 (597.56)	127,562	1415.23 (2120.05)	31,135	160.79 (693.36)	158,697
Impressions, n	164.04 (763.28)	145,833	2728.23 (4387.19)	60,021	225.96 (1080.65)	205,854
Engagement (reactions, comments, and shares without clicks), n	8.29 (36.85)	8038	42.73 (72.11)	940	9.05 (38.26)	8978
Total clicks, n	10.84 (49.59)	10,571	38.68 (55.25)	851	11.46 (49.86)	11,422

[a]This column excluded analytics from paid posts; the mean and SD for reach, impression, engagement, and total clicks were calculated based on 965, 889, 976, and 975 posts, respectively.
[b]There were a total of 22 paid Medicaid re-enrollment posts (2 each from 11 participating counties); the mean and SD were calculated based on the 22 paid Medicaid re-enrollment campaign posts.
[c]The mean and SD for reach, impression, engagement, and total clicks were calculated based on 987, 911, 992, and 997 posts, respectively.
[d]LHEAT: local health equity action team.

Of the 12 LHEATs with Facebook pages, 11 participated in the paid media campaign promoting Medicaid re-enrollment. One county did not respond to repeated invitations to participate. The total budget for this paid media campaign was US $334 for the 11 Facebook pages (US $54 for 1 county and US $28 for each of the remaining 10 counties). This campaign generated a reach of 31,135 unique users who saw the LHEATs' content (US $0.01 per user; mean 1415.23, SD 2120.05), 60,021 impressions (US $0.01 per impression; mean 2728.23, SD 4387.19), 940 engagements (US $0.36 per engagement; mean 42.73, SD 72.11), and 851 clicks to the re-enrollment website (US $0.39 per click; mean 38.68, SD 55.25). Notably, the 31,135 unique users who saw the LHEATs' content and 60,021 impressions generated during this campaign accounted for 20% (31,135/158,697) and 29.2% (60,021/205,854) of the total reach and impressions achieved over the 3-year period, respectively.

The combined organic and paid posts collectively generated a total reach of 158,697 unique users (mean 160.79, SD 693.36), 205,854 impressions (mean 225.96, SD 1080.65), 8978 engagements (mean 9.05, SD 38.26), and 11,422 clicks (mean 11.46, SD 49.86).

Post Content

Of the 100 randomly selected posts, 9% (n=9) were created by the academic team, with the remaining posts developed by the local LHEATs. In terms of LHEAT priorities, posts predominantly addressed community cohesion (n=33, 33%), followed by connections to health services (n=31, 31%), community resource education and connection (n=30, 30%), housing (n=16, 16%), food and nutrition services (n=13, 13%), and childcare and youth development (n=11, 11%; Table 5; see Multimedia Appendix 1 for example posts).

Furthermore, a total of 69% (69/100) of the posts included partner tagging on Facebook. The number of hashtags per post ranged from 0 to 22 (mean 0.74, SD 2.50), and the number of hyperlinks per post ranged from 0 to 2 (mean 0.30, SD 0.52). Finally, 59% (n=59) of the posts included a call to action (eg, "check this out" or "click this link to learn more").

Table 5. Social media post topics of randomly selected posts (n=100).

Post topics	Descriptive examples	Posts, n (%)[a]
Community cohesion	Celebrating Black History Month	33 (33)
Health care education, access to care, and preventive screening	Community health workers providing glucose, blood pressure checks, and COVID-19 and influenza vaccines	31 (31)
Community resource education and connection	Hosting resource fairs in partnership with local community organizations	30 (30)
Housing, houselessness, and land banks	Featuring community partners' initiatives to support unhoused individuals	16 (16)
Food access and nutrition	Promoting local partners' Thanksgiving food distribution plans	13 (13)
Childcare and youth development	Offering a free youth sewing class in the local library to support skill building	11 (11)
Disaster preparedness and emergency services	Assisting tornado disaster relief efforts	6 (6)
Employment, education, and financial literacy	Offering a series of financial literacy lessons by qualified financial planners	5 (5)
Dignity initiatives	Hosting *Laundry Love* to provide free laundry services to the community	4 (4)
Transportation	Launching a new bus route initiative	3 (3)
COVID-19 vaccination and testing	Encouraging followers to request a COVID-19 testing kit and providing access to COVID-19 vaccines	2 (2)
Woman and infant health	Featuring myocardial infarction signs for women	2 (2)

[a]The total exceeds 100% because each post could be assigned to more than one category.

Discussion

Principal Findings

This study demonstrates that LHEATs have the capacity to use social media to complement existing communication strategies and expand outreach while maintaining boundaries between their personal and professional work. Community and academic partnerships can help community members launch social media accounts, generate followers, create connections with other local organizations, and generate content that addresses community priorities. Paid social media has the potential to accelerate this outreach.

Our analysis of the two communication questions from a needs assessment dataset suggests that LHEATs recognize social media as a complement to rather than a replacement for conventional communication strategies, emphasizing the importance of maintaining a balanced multimodal communication approach to support community leaders in their deployment of community-level resources. Despite participants' personal familiarity with social media, particularly Facebook, informal conversations with LHEATs during the training sessions revealed that only a few community leaders reported experience developing or implementing social media strategies for resource sharing and community partnership building. As noted by other researchers working with community members, concerns emerged, such as the need to differentiate personal from professional social media use and expand outreach beyond existing personal networks [2,7,24].

These concerns influenced the training and support provided to the LHEATs. The trainings were designed to foster a learning community in which participants collaboratively developed strategies to address local priorities through social media. It also supported the creation of organizational Facebook accounts to align with academic institutional social media policies. Over the course of the project, 60% (12/20) of the LHEATs, representing a mixture of rural and urban counties, developed organizational Facebook accounts. This study did not capture information on why 8 LHEATs did not adopt social media accounts, but other researchers working with community organizations have noted how adoption of social media and other technology can be impacted by competing demands, inadequate staffing, training needs, and resource constraints [2,24,25].

Twelve of the LHEATs managed, created, posted, and monitored considerable equity-oriented content. Of all posts (n=999), photos (704/999, 70.5%) far outnumbered other types of content; links and videos were more rarely included. This may reflect a lack of technological sophistication as videos may require more advanced skills. This may have important implications for social media training. Future research could explore community groups' attitudes toward advanced media production and greater use of links to connect community members with other community resources.

Content analysis of randomly selected organic and paid posts suggests that these social media pages served as a portal for local information on community resources to address health and social needs. Close to 60% of the posts (59/100, 59%) included a call to action, one of the social media writing tips recommended by the Centers for Disease Control and Prevention [23]. Although the LHEATs received support from the academic team, more than 90% of the posts (n=91, 91%) originated from the LHEATs themselves. In addition to providing a venue for posting critical information about community events and resources, 69% (n=69) of the posts tagged other community organizations' social media accounts. Tagging like-minded organizations has the potential to foster relationship building and maintenance [1,3,4], strengthening a tight-knit, networked community resource-sharing pathway. Over the course of the COPE project, the LHEATs connected with multiple external partner organizations [18]; it is likely that many of these organizations were those tagged in these social media posts. Future research could examine how social media can help foster and maintain

relationships among organizations that address health equity and social needs.

Combining paid promotions with organic content may be helpful in expanding community outreach. Other researchers have demonstrated the practical value of integrating paid media into community-based communication strategies [10,11,13]. In this study, a paid Medicaid re-enrollment campaign expanded the reach and impressions of these organizational accounts. Paid promotion can increase visibility and engagement [9-11,13]. This paid campaign accounted for 20% (31,135/158,697) and 29.2% (60,021/205,854) of the total reach and impressions achieved over the 3-year period. With cost per key metric ranging from US $0.01 to US $0.39, paid media may represent an economical way to expand reach.

Limitations

Our study has several limitations. First, it was limited to Facebook. Although cross-platform promotions through additional social media channels might have increased reach and impressions [10,12,13], Facebook remains one of the most widely used social media platforms in the United States, with broad reach across multiple age groups and particularly high use among Latinos, a key focus of our outreach efforts [26]. We reported analytics at the aggregate level and did not identify factors that influenced LHEATs' participation or variations in their implementation of their social media accounts. Future studies could conduct follow-up investigations to examine barriers to and facilitators of adoption and implementation of social media communication strategies. Future research could consider conducting subgroup analysis by county or rural or urban setting to determine whether social media content, activities, and analytics may differ by county characteristics. Our assessment of metrics was restricted to conventional Facebook analytics. We are unable to characterize how visitors to our sites were influenced by our messaging, and we cannot confirm that users interacting with the content resided in the target county. Another limitation is the potential subjective bias introduced by having a single coder. Finally, only one campaign was used to boost the reach of Facebook pages using paid media; it is unclear how much additional efforts to use paid media might expand the reach of the social network.

Conclusions

This study suggests that with training and support, community organizers can launch social media sites that can provide a vehicle for sharing information related to community priorities and link followers to other community organizations. Paid media can expand the reach of these activities and may be particularly valuable in addressing emerging problems that face the community. Social media capacity building could play a critical role in helping community-academic partnerships address community-identified priorities.

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Data Availability

The datasets generated or analyzed during this study are available from the corresponding author on reasonable request.

Authors' Contributions

Conceptualization: CP, SF-K
Data curation: YC, EA, SL, KH, JH, KB
Funding acquisition: EA, SF-K, EE
Investigation: EA, SF-K, EE
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Project administration: YC, CP, KH, SF-K, EE
Resources: YC
Supervision: CP, SF-K
Writing—original draft: YC, EA, SL, KB, EE
Writing—review and editing: YC, EA, CP, KH, JH, KB, JF, SF-K, EE

Conflicts of Interest

None declared.

Multimedia Appendix 1

Posts representing the top 3 coding categories.
[DOCX File (Microsoft Word File), 2709 KB-Multimedia Appendix 1]

References

1. Brady SR, Young JA, McLeod DA. Utilizing digital advocacy in community organizing: lessons learned from organizing in virtual spaces to promote worker rights and economic justice. J Community Pract. May 18, 2015;23(2):255-273. [doi: 10.1080/10705422.2015.1027803]
2. Hannah Payne H, Arredondo V, West J, Neiger B, Hall C. Use and acceptance of social media among community health workers. J Community Med Health Educ. Jun 28, 2015;5(3):1000354. [doi: 10.4172/2161-0711.1000354]
3. Guo C, Saxton GD. Tweeting social change: how social media are changing nonprofit advocacy. Nonprofit Volunt Sect Q. 2014;43(1):57-79. [doi: 10.1177/0899764012471585]
4. Saxton GD, Guo C. Online stakeholder targeting and the acquisition of social media capital. J Philanthr Mark. Oct 27, 2014;19(4):286-300. [doi: 10.1002/nvsm.1504]
5. Hick S, McNutt J. Advocacy, Activism, and the Internet: Community Organization and Social Policy. Oxford University Press; 2002. ISBN: 9780190615758
6. Hoefer R. Advocacy Practice for Social Justice. Oxford University Press; 2019. ISBN: 9780190916572
7. Hanson C, West J, Neiger B, Thackeray R, Barnes M, McIntyre E. Use and acceptance of social media among health educators. Am J Health Educ. Jul 2011;42(4):197-204. [doi: 10.1080/19325037.2011.10599188]
8. Pimmer C, Tulenko K. The convergence of mobile and social media: affordances and constraints of mobile networked communication for health workers in low- and middle-income countries. Mob Media Commun. May 2016;4(2):252-269. [doi: 10.1177/2050157915622657]
9. Ponce-Gonzalez IM, Perez K, Cheadle AD, Jade M, Iverson B, Parchman ML. A multicomponent health education campaign led by community health workers to increase influenza vaccination among migrants and refugees. J Prim Care Community Health. Nov 23, 2021;12:21501327211055627. [doi: 10.1177/21501327211055627] [Medline: 34814785]
10. Andrade EL, Abroms LC, González AI, et al. Assessing Brigada Digital de Salud audience reach and engagement: a digital community health worker model to address COVID-19 misinformation in Spanish on social media. Vaccines (Basel). Aug 9, 2023;11(8):1346. [doi: 10.3390/vaccines11081346] [Medline: 37631914]
11. Shah HS, Miller AF, Yang C, et al. A community-engaged social marketing campaign to promote equitable access to COVID-19 services among Latino immigrants. Am J Public Health. Mar 2023;113(3):263-266. [doi: 10.2105/AJPH.2022.307191] [Medline: 36657094]
12. Demeke J, Ramos SR, McFadden SM, et al. Strategies that promote equity in COVID-19 vaccine uptake for Latinx communities: a review. J Racial Ethn Health Disparities. Jun 2023;10(3):1349-1357. [doi: 10.1007/s40615-022-01320-8] [Medline: 35524004]
13. Bonnevie E, Barth C, May J, et al. Growing and glowing: a digital media campaign to increase access to pregnancy-related health information for Black women during the COVID-19 pandemic. Health Promot Pract. Apr 8, 2022;24(3):444-454. [doi: 10.1177/15248399221083844] [Medline: 35392694]
14. Chen Y, Ramírez M, Lumpkins CY, Crawford B, Allen Greiner K, Ellerbeck E. Lessons learned from community workers beat the virus, a multimedia campaign cocreated with trusted community leaders. Am J Public Health. Nov 2022;112(S9):S909-S912. [doi: 10.2105/AJPH.2022.307071] [Medline: 36446055]
15. Pacheco CM, Bridges KM, Ellerbeck EF, et al. Communities organizing to promote equity: engaging local communities in public health responses to health inequities exacerbated by COVID-19–protocol paper. Front Public Health. Apr 24, 2024;12:1369777. [doi: 10.3389/fpubh.2024.1369777] [Medline: 38774043]
16. Chen E, Leos C, Kowitt SD, Moracco KE. Enhancing community-based participatory research through human-centered design strategies. Health Promot Pract. Jan 2020;21(1):37-48. [doi: 10.1177/1524839919850557] [Medline: 31131633]
17. Americans' use of social media in 2026. Pew Research Center. Oct 19, 2026. URL: https://www.pewresearch.org/internet/fact-sheet/social-media/ [Accessed 2026-10-26]
18. Pacheco CM, Bridges K, Ablah E, et al. Strengthening community voices: implementing Local Health Equity Action Teams (LHEATs) to address health disparities. Arch Public Health. Dec 2, 2025;83(1):293. [doi: 10.1186/s13690-025-01748-4] [Medline: 41331640]
19. Dedoose (version 9.0.107). SocioCultural Research Consultants. 2023. URL: https://www.dedoose.com [Accessed 2026-10-24]
20. Creswell JW, Creswell JD. Research Design: Qualitative, Quantitative, and Mixed Methods Approaches. 5th ed. Sage Publications; 2018. ISBN: 9781506386706

21. Social media best practices checklist. Centers for Disease Control and Prevention. URL: https://www.cdc.gov/healthy-youth/communication-toolkit/tools/Toolkit_Social_Checklist.pdf [Accessed 2025-02-28]
22. Medicaid unwinding and returning to regular operations after COVID-19. Health Resources and Services Administration. URL: https://www.hrsa.gov/about/news/press-releases/phe-transition [Accessed 2026-03-06]
23. Bridges KM, Fitzgerald Wolff S, Finocchario-Kessler S, et al. Mobilizing community assets to address health equity: evaluation of the Communities Organizing to Promote Equity (COPE) project in Kansas. Public Health Pract (Oxf). Feb 11, 2026;11:100752. [doi: 10.1016/j.puhip.2026.100752] [Medline: 41768265]
24. Greuel M, Sy F, Bärnighausen T, et al. Community health worker use of smart devices for health promotion: scoping review. JMIR Mhealth Uhealth. Feb 22, 2023;11:e42023. [doi: 10.2196/42023] [Medline: 36811947]
25. Ocasio MA, Fashjian J, Haywood CA, et al. Community health workers and social media: benefits, drawbacks, and training needs. Mhealth. Jan 27, 2026;12:1. [doi: 10.21037/mhealth-20251-68] [Medline: 41693812]
26. Gottfried J, Park E. Americans' social media use 2025. Pew Research Center. Nov 20, 2025. URL: https://www.pewresearch.org/wp-content/uploads/sites/20/2025/11/PI_2025.11.20_Social-Media-Use_REPORT.pdf [Accessed 2026-03-26]

Abbreviations

CHW: community health worker
COPE: Communities Organizing to Promote Equity
LHEAT: local health equity action team

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