Some of the socio-technical issues that were identified from the paper were related to privacy and sharing, the role of system default settings, policy framing issues, information credibility, accessibility, and tailoring in social spaces. There are several concepts from the class lectures that could analyze some of the socio-technical challenges. Firstly, the theory of ecological rationality can be applied for policy-making decisions related to privacy and sharing. Based on the cues and structure of online health care systems and applications, simple heuristics could be adopted to achieve efficient decision-making outcomes. Secondly, misinformation can occur due to illusory truth effect and accelerating adaptation which results in an increased cognitive bias of users. Following proper investigation strategies may prevent the users from getting misinformed on health-related content that is shared on social media. These may include evaluating and comparing the information with other sources and using comments to interact and confirm whether the sources are credible or not. An alternative solution would be to apply Artificial Intelligence (AI) like third-party fact-checkers to combat misinformation, similar to Facebook's Third-Party Fact-Checking Program. Thirdly, establishing laws of data protection, similar to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), can ensure the privacy of health information. HIPAA is responsible for setting rules for health care providers and health plans about who can look at and receive your health information, such as medical records, conversations, health insurance, and billing information. Additionally, it is critical to analyze whether legal agreements like Terms of Service are present in healthcare systems for consensual purposes. Apart from privacy and data sharing policies, participatory design plays a significant role by involving stakeholders and other relevant parties to openly produce systems with known characteristics. Another aspect of user-centered design is to understand the concept of a mental model for optimizing palliative care so that users are informed on the functioning of social media systems, what they do and don't do. Finally, health literacy is important for accommodating different definitions of wellness. Due to insufficient health literacy, 96% of individuals used an unaccredited source when asked to search for information on health-related questions in a study. Also, it was found that low-quality content is preferred over high quality if the information is engaging and easy to comprehend. In conclusion, applying the above-mentioned concepts can mitigate privacy and design issues and promote accurate information to be published on social media for better health and well-being.

Systems individuals and organization

Background of the Problem:

System:

1. Legislative gaps: We have HIPAA and many as such Acts to protect the PHI, but still, there are many loopholes in the system where they can be easily misleading and misused by the system due to the gaps.

HIPPA can be easily violated and by hacking or losing a device or lack of employee training, and there are several other reasons where HIPPA is not effective. There are several other rules which have come up to close the loopholes but there are still many ways where patient privacy is still at risk.

Organization:

1. Lack of trust: Maintaining patient trust is the cornerstone to a successful healthcare system. The Office of the National Coordinator for Health Information Technology has indicated that [a lack of this trust may affect [a patient's] willingness to disclose](http://www.healthit.gov/sites/default/files/pdf/privacy/privacy-and-security-guide.pdf) necessary health information and could have life-threatening consequences.

A patient life is at risk if he is not willing to disclose all the information due to fear where can lead to an increase in deaths which results in damaging the reputation of the organization.

User:

1. Lack of patient control: who has "control" over the modifying, accessing, and sharing of electronic data. With paper records, control was rarely an issue, as data exchange was point-to-point, e.g., faxing records from one physician to another. Now, Who has control over what information is shared where and with whom? but now, in this digital era, things have been very complicated, and no one has 100% control over the flow of data. After a certain stage patients are no longer will be able to control their information also organizations also loose control over the data this is not just related to health care data but if we think of it on a large scale this has been a problem for everyone. Privacy is one of the key issues that our society is dealing with in this digital world.