Google recently launched a Health Knowledge Graph (KG) as an extension of the Knowledge Graph that first appeared with the Hummingbird Algorithm update in September 2013. Google’s goal with these changes is to better reflect how people are searching today from a “search” or query based engine to an “answer” engine.

What is it?

When a user searches for one of the 400 top health conditions, as defined by search volume, the Knowledge Graph appears in Google’s search engine results page (SERP) on the right hand side. Its intent is to be a one-stop, easy to read overview of the specific health condition, including symptoms and treatment information.

A description of the service straight from the Google Blog¹:

We worked with a team of medical doctors (led by our own Dr. Kapil Parakh, M.D., MPH, Ph.D.) to carefully compile, curate, and review this information. All of the gathered facts represent real-life clinical knowledge from these doctors and high-quality medical sources across the web, and the information has been checked by medical doctors at Google and the Mayo Clinic for accuracy.

¹ http://googleblog.blogspot.ca/2015/02/health-info-knowledge-graph.html
This isn’t Google’s first foray into healthcare information. Google Health did not catch on as hoped and was discontinued in 2012\(^2\). Although currently the Health Knowledge Graph (KG) only appears for the top 400 top-level condition searches, how and when this initiative may expand is unknown at this time and will depend on how it is received.

**How does it affect our advertisers’ media?**

As with most things in life, there is a pro and a con. With most advertising dollars spent on an impression or click the KG could help prequalify who you are paying for; meaning the person may have absorbed very high level info from the Knowledge Graph and is now able to decide if they should actually go further to get more information. This is a positive as educating a user in the healthcare space is a key challenge.

Is there a con? Not necessarily, but there will be a challenge for advertisers to direct their traffic to deeper and more actionable information with their advertising.

Within the search results, where this knowledge graph appears, we utilize three key areas:

1. Paid search listings
2. Organic search listing for advertisers sites
3. Display placements within key sites, such as WebMD, that frequently rank high within the organic search listings

For paid search, in order to not “lose” real estate, we should focus more on long tail search queries and key terms with modifiers and less on the general condition search terms.

- For example, we would focus less on ‘multiple sclerosis’ and more on ‘multiple sclerosis treatment’, ‘ms medications’, and ‘multiple sclerosis diagnosis’.

This does not mean we avoid the “root” terms, but we need to make sure that by using “root” terms that we are driving traffic to more information than the Knowledge Graph can provide to keep users engaged.

This also means that our long tail or modified terms need to match what the user queries in order to drive them to the most relevant page on an advertisers’ site.

In mobile, the Knowledge Graph may have more of an impact as it will be pushing all ads and organic further down the page on an already small screen. For users who are looking for instant

\(^2\) [http://googleblog.blogspot.ca/2011/06/update-on-google-health-and-google.html](http://googleblog.blogspot.ca/2011/06/update-on-google-health-and-google.html)
gratification, they may use the Knowledge Graph as their source and ignore results further down the page.

The Knowledge Graph will most likely result in a change in targeting methods to focus on treatments, medications, and the like, instead of the affliction or condition itself.

From an SEO perspective, the same logic around targeting that applies to paid search holds true: do not optimize on broad condition searches but focus on searches that answer specific questions. This may actually help searchers discover a drug of which they were unaware (drug names appear in the Treatment tab), and may lead to further research that may result in organic traffic to a brand website.

In terms of display, the logic again is fairly similar. In most cases, the patients who advertisers wish to target should be passed the point at which they’re looking for symptoms and treatments. Rather, they are searching for resources in which to manage their disease. Patients will not be able to find this info in the Knowledge Graph therefore they must dig deeper into other sites. Again, this should prove to be beneficial to publishers and advertisers as we will be reaching a better qualified audience.

The Authors

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Questions?

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