Editors’ Introduction, Ehealth and Health Promotion

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Communication is the central social process used to deliver health care and promote public health. Ehealth applications, the use of new information technologies in health care and health promotion, have developed as new tools for communicating with diverse audiences of health care consumers and providers. The growth of ehealth tools has spurred an information revolution within the modern health care system that holds tremendous promise for enhancing the delivery of care and the promotion of health (Neuhauser & Kreps, 2010). Yet, there is much to learn about the best ways to design and implement health information technologies.

The development, adoption, and implementation of a broad range of new ehealth applications, such as health information websites, online social support networks, interactive electronic health records, health decision support systems, tailored health education programs, health care system web portals, mobile health communication devices, and advanced telehealth applications, all promise to increase consumer and provider access to relevant health information, enhance the quality of care, reduce health care errors, increase collaboration, and encourage the adoption of healthy behaviors. However, with the growth of new and exciting HIT opportunities comes the daunting responsibility to design eHealth tools that communicate effectively with a diverse array of health care consumers, providers, and policy makers. These tools must be designed to effectively communicate the right information needed by different audiences at the right time, in the right place, and in the best ways to guide health care and health promotion. Evidence suggests that ehealth tools should be interactive, interoperable, easy to use, engaging, adaptable, and accessible for diverse audiences (Neuhauser & Kreps, 2010).

This special issue of the Journal of Computer Mediated Communication examines the strategic use of ehealth applications to enhance the promotion of health. The ehealth interventions examined in this special issue are designed for diverse and vulnerable groups of health care consumers (such as patients coping with chronic health care problems, consumers who have low levels of health literacy, and members of marginalized populations who suffer from disparities in health outcomes), health care providers (both formal health professionals and informal caregivers/advocates), as well as health care system administrators and health policy makers.

The special issue begins with an important case study by Ginossar and Nelson describing a community-based e-health intervention to increase knowledge and self-efficacy for low-income Hispanic parents coping with their young children’s
mental health problems and mental health service utilization. This intervention uses promotoras de salud (lay community health educators) and community media principles to create e-health interventions and train community members to use health information technology. The case study clearly illustrates the processes involved in developing effective community-based ehealth interventions, while identifying potential barriers for participatory e-health interventions. This study also shows how ehealth interventions can be used to help bridge the Digital Divide.

Gallant, Irizarry, Boone, and Ruiz-Gordon report a relevant content analysis of 121 U.S. hospital websites located in Hispanic communities to explore the nature and extent of Spanish language translation of hospital websites. Results indicate that a significant number of U.S. hospitals fail on their websites to offer equal content for Spanish language users. This study suggests the need for increased allocation of resources to develop culturally sensitive hospital websites for reducing ehealth disparities.

Thackeray and Hunter present a fascinating conceptual framework for integrating technology with youth advocacy efforts to affect social change and influence social determinants of health. They describe case studies illustrating how making strategic decisions to combine technology and youth advocacy can give youth a voice, arm them with advocacy skills, and increase their self-efficacy. They make a compelling argument for how ehealth technologies can influence the social determinants that affect the health status of people in their communities and throughout the world.

Dutta, Kosmoski, and Pfister examine the role of quality perceptions on attitude and behavioral intentions toward the National Library of Medicine’s Genetic Home Reference (GHR) web site, which was developed to serve as an information resource on genetics for consumers. The study shows that the perceived quality of the website played a key role in determining consumer attitudes and behavioral intentions toward using GHR (above and beyond the influence of demographic variables). This study illustrates that completeness, readability, and accessibility have a significant influence on users’ attitudes toward health websites, and attention to these factors should help drive the development of ehealth information portals.

Wright, Rains, and Banas examine characteristics of weak tie support network preference among members of health-related computer-mediated support groups. Drawing on weak tie support network theory and socioemotional selectivity theory, participants’ age and health condition were assessed as predictors of weak ties support network preference. The results demonstrated that age was negatively associated with a preference for weak tie support, and that participants not facing a terminal illness were more likely than those confronting a terminal illness to prefer weak tie support. These findings suggest that the weak ties provided by computer-mediated support groups can be beneficial to group members.

Schulz, Rubinelli, Zufferey, and Hartung present a comprehensive evaluation of an innovative website designed to help patients with chronic lower back pain cope with their condition. Patients who used the website took fewer painkillers than before they accessed the site. Most users reported that the site contributed to
increasing their knowledge about back pain, and helped them manage their back pain. Communication with doctors and family and colleagues also improved. A qualitative evaluation showed several positive effects including self-comprehension, improvement of argumentative abilities, orientation and development of self-confidence.

Laursen presents the results of a qualitative study of two SMS (text messaging) services designed to provide young people with information on cannabis and help them to reduce their consumption of the drug. The attitude of the participants in the study towards the pre-defined messages was generally positive, but they preferred factual information to advice and counseling. The messages prompted reflection and awareness, and their repetitive, serial nature played a significant part in the process of change. This was especially true for the young people who used cannabis recreationally. They found that the SMS services offered a less demanding, potentially less confrontational alternative to traditional forms of counseling and treatment.

Lefebvre, Tada, Hilfiker, and Baur developed and tested an innovative new scale for measuring the engagement properties of eHealth content that was adapted from commercial advertising research. They defined engagement as the process of involving users in health content in ways that motivate and lead to health behavior change. They assessed the appropriateness, applicability, motivation, and intentions to change or engage in health behaviors relevant to the set of content components displayed in the scale, established the internal reliability of the scale, and demonstrated the scale’s predictive validity. The eHealth Engagement Scale may prove to be an important mediator of user retention of information, intentions to change, and ultimately efforts to undertake and achieve behavior change.

The diverse articles in this special issue clearly illustrate the potential for using ehealth applications to support public health promotion. They also suggest new directions for designing ehealth applications to communicate effectively and persuasively with targeted audiences. It is our hope that this special issue of the Journal of Computer Mediated Communication will encourage scholars to carefully examine best practices for developing humane, powerful, and influential health information technologies to support health promotion.

Reference


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