

Enhancing The Quality Of Health Information Online: Recommendations For Health Education Professionals

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ABSTRACT

Health information is plentiful and easy to access online. However, the quality, accuracy, and safety of the information have rightly been called in to question. Never the less, the number of health consumers seeking health information online continues to grow. The web presents health education professionals with unique opportunities to enhance the quality of health information online and leverage new web-based media to expand health education outreach methods. Practical suggestions for health professionals to initiate greater web visibility with the goal of increasing the quality of health information online are offered.

Keywords: Health Information Quality Online; Health Education Professionals Online

HEALTH INFORMATION ON THE WEB

In 2001, The Pew Internet in the American Life project reported that more people go online than actually visit a health professional on any given day (Fox & Rainie, 2001). In 2011, it was estimated 80% of internet users went online for health information (Fox, 2011). In another national survey, a third of web-enabled respondents reported that information they obtained online had an impact on one of their health care decisions (Baker, Wagner, Singer, & Bundorf, 2003).

As web-based technologies become more mobile, health consumers continue the trend of finding health information, health care resources, and health-related support on line. Technology has successfully become an intermediary in health information seek behaviors (Fox & Rainie, 2001; Trotter & Morgan, 2008; Eysenbach & Kohler, 2002) by creating a tiered system of health information sources that are not as firmly rooted in credentialing and qualifications as much as online visibility and subjective evaluations of credibility (Eysenbach & Kohler, 2002). The web allows for the exploration of what O'Reilly (2005) refers to as "collective intelligence," versus the centralized information hierarchy with recognized health authorities at the top (Trotter & Morgan, 2008).

CHALLENGES AND OPPORTUNITIES

Under this new paradigm where health information can be gathered from non-health professional authored sites and sources, many health professionals express great concern about the quality of health information found on the web. While some studies propose that the quality of health information available on the web is problematic (Eysenbach, Powell, Kuss, & Eun-Ryuong, 2002), there is little empirical support for cases of actual harm connected to health information acquired online (Crocco, Villasis-Keever, & Jadad, 2002). Evaluations of quality are complicated by methodological issues and possible underreporting (Crocco, et al., 2002; Eysenbach et al., 2002). Perhaps more problematic and empirically supported is the fact that health consumers are not diligent about checking the sources of health information. In a national survey of US physicians, 84% of respondents rated their patients as "fair or poor" at appraising the quality of information on a web site (Murray, et al., 2003). In a qualitative study on how consumers appraised health information on the web, Eysenbach and Kohler (2002) noted that no

participants checked the “about us” sections of the web pages they visited or read the web page disclosure statements. They also noted that the average participant in their study spent little more than a minute on each page (Eysenbach & Kohler, 2002).

Despite concerns, the web will continue to be a primary venue for health consumers to acquire and share health information. Benigeri and Pluye (2003) propose it is increasingly important for public health practitioners to be involved in the design, dissemination, and evaluation of web based health and medical information to overcome information shortcomings including readability and comprehension of the information, harm from poor information, and overconsumption of information.

Web based venues present several important opportunities for health professionals. Web-based technologies can potentially expand educational and intervention related outreach to hard to reach populations, particularly teens and those with mental health concerns (Feil et al., 2008; Gray, 2005; Cole-Lewis & Kershaw, 2010). Leveraging web-based media for outreach can also be very cost effective (Feil et al., 2008; Hanson, Thackery, Barnes, Neiger, & McIntyre, 2008). Blogs (web logs) can be initiated free of charge with tools like Google’s blogger (www.blogger.com). Participation in the vast majority of online health centric forums, support groups, and social media sites like Twitter and Facebook are also free. Mobile tools like health “apps” and monitoring site traffic can also provide timely and interactive feedback for both the health consumer and health professionals (Vasconcelos-Silva, Castiel, Griep, & Zanchetta, 2007; Demiris et al., 2008).

In order to capitalize on these new opportunities, health professionals should focus on three areas: 1) increasing web visibility as health education professionals, 2) methods to “brand” as health education professionals, and 3) expanding education outreach methods to include new media

VISIBILITY

Most health consumers do not rely on dedicated websites when they search for health information (Fox & Rainie, 2001). They frequently use search engines that return a variety of hits from site, blogs, message boards, forums, and social media like Facebook. Health educators can have an impact with prudent participation in these venues as content providers and comment posters. Participation by health professionals can change the climate of social sites (Johnsen, Steinsvik, & Gammon, 2003). Johnsen et al. (2003) noted periods of high health professional involvement on a web forum were less social, and took on a more formal question and answer format. This is not necessarily detrimental, as the authors suggested the presence of the health professionals may have had an inhibitory effect on participants posting incorrect health information (Johnsen et al., 2003).

There are a myriad of blogs focused on health. The definitive number of blogs authored by health professionals is difficult to determine. One study noted that over half of the 271 blogs sampled after a search for “medical blog” were authored by identifiable health professionals (Lagu, Kaufman, Asch, & Armstrong, 2007). Increasing the number of health professional authored blogs, while maintaining professional boundaries like confidentiality, can help to mitigate poor quality health information on the web.

BRANDING

Since health consumers may spend a relatively short time evaluating the credentials of web information sources, a visible and identifiable brand associated with a health professional credential may be very useful in quickly establishing credibility. Brands are known commodities that imbue a certain level of trust. Branding and third party seals on consumer health portals assist in the predictive and transference trust building processes (Luo & Najdawl, 2004). The predictive process involves a trustor developing trust based on past behavior, and the transference process involves the transfer of trust from a known entity to an unknown entity (Luo & Najdawl, 2004). Prominent and recognizable seals like those reflected by prominent health professional organizations displayed as portable web badges can quickly confer to a blogger or commentator a level of expertise and professional responsibility.

EXPANDING OUTREACH MEDIA

Health education outreach media are traditionally very text and/or place -based (health fairs, health screenings, classes, distribution of pamphlets/booklets, flyers, newspaper), or prohibitively expensive standard media (radio ads and television). New technologies (social media like Twitter/Facebook, blogs, message boards, RSS feeds, pod-casting, vodcasting, SMS via the web) are comparatively inexpensive and have a potentially wider net reach. This presents a clear advantage over what Hanson et.al (2008) refers to as “old media” (newspapers, radio, and television.) For example, a health minute PSA can be broadcast instantly with a “tweet” rather than an expensive radio spot.

At an advanced level, more health education professionals may want to enter into the ever growing arena of developing Apps (applications) for mobile devices. Half of all adult users with smart phones have apps on their phones (Purcell, 2011). Mobile apps have been used to collect data to impact clinical decision making, but there is still a great need for health professionals to develop truly patient entered applications (Demiris et al., 2008).

There remains a prominent place for older, standard media in health education outreach. New media and older media need not compete. In the best case scenario, they can complement each other to provide advantages for health consumers and health professionals (Vasconcelos-Silva et al., 2007).

PRACTICAL TIPS FOR EDUCATIONAL OUTREACH ACTIVITIES WITH NEW MEDIA

Get acquainted with the available technologies and start small

As noted above, there is a wide continuum of online and mobile activities where health educators can have an impact from time and labor intense activities like developing an App or creating a daily blog, to simple activities like posting to a health related message board or forum.

Know your audience

Access to the net and smart mobile devices is still unequal (Rains, 2008).It is important to know not only if your desired audience frequents the web and mobile devices, but also where. Some age groups are noticeably more comfortably with social media, while others may rely more heavily on trusted sites.

Strategically manage your online reputation by advocating for appropriate “branding” from credentialing and professional organizations

Health professionals should consider what I refer to as “umbrella blogging.” Umbrella blogging is very similar to the concept of “umbrella branding” – where several key products of unknown quality may be promoted under a well-known brand (Hakenes & Pietz, 2009.) All professional organizations bear a recognizable seal or logo. Similar seals or logos applied as portable web badges attached to health professionals online identities could provide greater assurance that the educational information provided is offered from a credentialed health professional.

Have clear criteria for posted content and commentary

It’s important to recognize boundaries of scope of practice and the value of disclaimers when posting information online if posts are attached to a professional identity. Roberts and Copeland (2001) believe clinical information based websites pose a real danger to the general public via “misinterpretation, mis-targeting of content, and misrepresentation of source and quality.” Health educators are not tasked with posting or presenting individualized health advice. A within scope of practice approach is simply to provide information guide-posts to better allow health consumers to find appropriate and vetted health resources available on and offline.

Additionally, if you are posting content under a professional identity, be vigilant about separating the personal from the professional. Unfortunately, there are many examples in the popular media of the damage an unwise “tweet” can do. It is imperative to maintain professional boundaries even in social media settings. This can

be challenging as the anonymity of online settings can encourage “destructive content” (Johnson et. al, 2003) like trolling. It’s essential to have clear strategies in place to avoid contributing to or creating destructive content.

CONCLUSION

However health educators choose to participate in these new media, now is the right time to begin to establish greater technology competencies for present and future health professionals as the desire for online health education resources continues to grow.

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