

Agenda

- Background
- Theoretical Model
- Preliminary Findings
- Communicated Identities in e-Health
- Application/Implications

Background

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<u>eHealth</u>

Use of emerging interactive technologies (e.g., Internet, CD-ROMs, personal digital assistants, interactive television and voice response systems, computer kiosks, and mobile computing) to enable health improvement and health care services

The National Cancer Institute, The Robert Wood Johnson Foundation. Online b change and disease management: a research dialogue. 2001 Aug 2.

Background

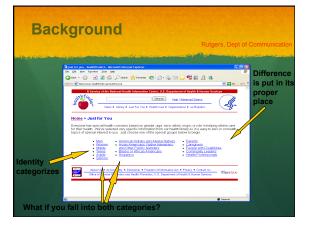
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Targeting

• Design and delivery of messages to fit the needs, expectations, and cultural norms of specific audiences defined by age, gender, race/ethnicity, or other readily identifiable social variables.

Tailoring

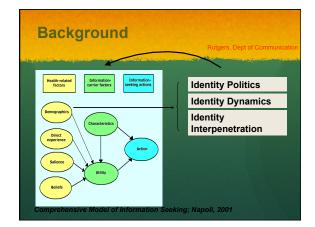
•Recognizes variation in developing interventions to diverse individuals (*Kreuter et al*, 2003)

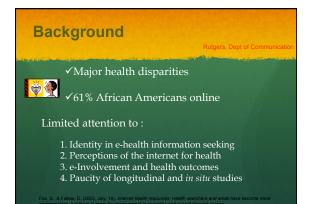


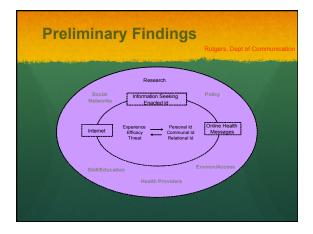
Background

Challenges:

- Uni-dimensional
- Fixed design in dynamic space
- Reductive to communities and individuals
- Exacerbate health disparities.







Preliminary Findings

•**Objectives:** Describe AA single mothers' perceptions of the:

- internet as channel for accessing preadolescent substance use prevention information
- usefulness of parent-based preadolescent substance use prevention information online

Preliminary Findings

Methods

- individual interviews
- qualitative data analysis

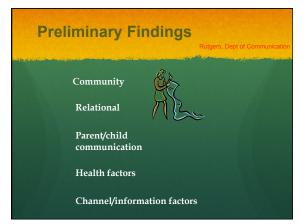
• Participants

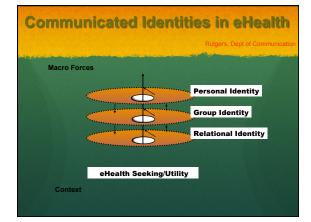
- 32 mothers of preadolescents
- mean age 33 (range 23-53) 47% <u><</u> HS
- 63% used web in home all public assistance

Preliminary Findings

• Results:

- socioeconomic and single parent identities interrelated
- striking resilience and innate determinism (self efficacy)
- direct experience/observation of substance use created parental concerns
- internet: additional resource, broad info, convenient, comfortable
- utility/disutility
- info requirements





Preliminary Findings Objective: Examine perceptions of the internet for smoking cessation among urban AA smokers to develop a web-based quit smoking intervention. Theory/Methods: Community-based stages of change, health beliefs, (cultural) sensitivity 6 focus groups (health behavior, perceptions, practices, etc) 3 focus groups (usefulness) team qualitative data analysis

Preliminary Findings

Participants:

56 African American participants (4-12/group)

•18 females; 38 males • mean ed -- HS • mean age -- 44

• mean cpd -- 20

Preliminary Findings

•Results (Usefulness):

- little knowledge of web-based interventions
 online access useful
 explicit quit smoking preferred (vs. a lifestyle)
 video, testimonies, bold colors, dynamic graphics preferred
 information tailored to age, AAs, community
 diverse information across layers (e.g., financial, housing, and education resources, social support, spirituality).
 involve family



Implications

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•Identify key leverage points in health behavior change

•Potentially reflects a reality that is not measure driven but 'life living'

• Ideally stretches a technological space in ways that capitalizes off its uniqueness

•May enhances involvement, salience, persuasive cache of webbased health information and interventions among groups

• Strong foundation for public health communication

Collaborators

UMN Kola Okuyemi, MD, MPH, Medical School Michele Allen, MD, MS, Medical School Larry An, MD, Medical School Simon Rosser, Ph.D, School of Public Health Ashley Gray, GRA Brandi White, GRA

PSU Michael Hecht, Ph.D, Communication Arts and Sciences Lynette Kvasny, Ph.D, Information Sciences and Technology

Umich Vic Strecher, Ph.D, Center for Health Communication Research

University of Southern Mississippi Eura Jung, Ph.D, Communication Studies UI, Urbana-Champaign Ron Jackson, Ph.D, Media Studies

Jackson State University Mark Henderson, Ph.D, Speech and Theater Studies

Contact Information

lennifer R. Warren, Ph.D

- ssistant Professor
- Center for Communication and Health Issues
- School of Communication and Information
- 4 Huntington Str. Room 216
- New Brunswick, NJ 089
- 732-932-7500 x8147 609-577-0904 cell
- jrwarren@rutgers.edu