



Social

**INTERNATIONAL JOURNAL OF RESEARCH –
GRANTHAALAYAH**
A knowledge Repository



BREAKING BARRIERS

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Abstract

Motivation/Background: Information system has been expanding globally at an unstoppable rate. Different apps are being developed daily in the quest to educate people about health determinants that could guarantee quality lifestyle for all. Mobile Cellular is one approach that could help in spreading this information whether locally or globally. However, health literacy is an extremely important factor that must be taking into account when providing this health information.

Method: Extensive literature review was completed using, Cochrane, Medline, Elsevier and PubMed. Articles were selected based on information that include health literacy and health information technology.

Results: The findings report barriers and benefits that exist when using health information technology to educate people on healthy lifestyle.

Conclusion: 75% of the world is using cellular phone, working with the information technology companies to incorporate health education information access while using their personal phone is an approach that can potentially make any impact not only in the United States, but globally.

Keywords: Health Information Technology; Health Literacy; Health Education.

Cite This Article: Dr. Edna Aurelus. (2019). “BREAKING BARRIERS.” *International Journal of Research - Granthaalayah*, 7(8), 29-33. <https://doi.org/10.5281/zenodo.3379649>.

1. Introduction

A recent report, by the U.S. Department of Health and Human Services (HHS) suggested that healthy people of 2010 final assessment reveals that American are moving towards meeting their program targets, at seventy-one percent which include reducing deaths from coronary heart disease and stroke. However, Koh, H. (2011) who is HHS Assistant Secretary for Health indicates “But to reduce disparities and achieve true sustainable change in public health, we need to create a ‘health in all policies’ approach that reaches people where they live, work, play and pray.” Koh’s statement demonstrates the importance of health literacy.

1.1. What is Health Literacy?

Institute of medicine (IOM), (2004) defines health literacy as the degree to which individuals can obtain, process, and understand the basic health information and services they need to make

appropriate health decisions. Health literacy is an important part of the theme, “creating a sense of community among patients and with the health team,” especially when thinking of the four E’s: engage, educate, empower, and enable.

1.2. What Must be Improved

Assessing previous health care delivery approach is important in order to analyze different strategic approaches to reach the mass population. Health information is undoubtedly available everywhere from pamphlets, media and the Internet, however changing this information into knowledge is what needs to be accomplished in health care. The challenge remains the inability to transmit health education to the main public. Many criteria should be taken into consideration in order to tackle the lack of education problem at an achievable rate. To achieve health education, it is important that learning contents be accessible and understandable by that particular audience. Therefore, it is crucial that the interest of the specific population be assessed in order to adopt an educative model similar to that of the targeted population.

2. Discussions

Broadcast and print media made up parts of the past and most recent technological approaches taken to deliver health education. Other determinants to be considerate of when delivering health education include environmental, economic and social conditions. They can both impacts directly on health, as well as support healthy lifestyles (Nutbeam, 2006).

Describe how you want users to interact with the technology to send and receive information. You must support your ideas with references from the scientific literature that give your ideas credibility. Education has been an essential component to promote health and prevent disease throughout this century (Andreasen, 1995).

An approach that needs to be taken into consideration is the use of the most current technological communicative way to affect the media for the promotion of health education. Social media, such as facebook, instagram, youtube as well as reality television (TV) are different avenues that can affect health literacy. Health literacy is the degree to which individuals can obtain, process, and understand the basic health information and services they need to make appropriate health decisions (IOM, 2004). Therefore, it is imperative for health professionals using the media network to educate the public while applying practical languages to avoid errors among users. Zeng and Tse (2006) give an example where instead of saying to the patient “You have pulmonary congestion,” a phrase such as “water in the lungs,” was used. This led a patient to take creative steps to get rid of the water. The social network not only can be a useful tool to the general public, but to the health experts. Social networking applications allow health improvement leaders to connect with each other, compare performance, share best practices, and challenge each other (Jordan-Marsh, 2010). These networks also allowed individuals to share their personal health stories, which can be an inspiration to others.

3. Benefits

Describing the communication system would solve the problem in the context of the current workflow/practice arrangement, or how the communication system would improve the workflow/practice arrangement. Health literacy is important communication system because it has an impact on health outcomes, quality of care, and healthcare costs (Hargittai, 2002). Consumers must find services within their ability to travel, work out eligibility for services, fill out forms, and monitor billing. Consumers will inform providers of their personal health status and lifestyle patterns, and outcomes of treatments attempted. Once consumers understand how to properly manage their health through information gain from health literacy, communication exchanges with their health providers can be more effective.

4. Interactivity

Interactivity has been called a defining feature of online technologies, with a particular focus on tailoring content to users, increasing engagement in decision making, improving learning, increasing attractiveness, and enhancing the influence of online services.

Interactivity includes structural principles of contingency (tailored responses to user queries), participation (active rather than passive user behavior), synchronicity (real time rather than delayed exchange), proximity (in the geographical sense), and richness of nonverbal contextual information. Experientially, it includes individual involvement (cognitive, sensory, visceral), mutuality (interdependence, shared understanding), and individuation (well-defined actors). With database functions and dynamic Web page technology, online health information systems can collect information from users and adapt content to them immediately, in real time and at any time (contingent and synchronous). Interfaces can be programmed to permit self-navigation (user involvement) among databases and multimedia programs using seamless hypertext links, without resorting to complicated, expensive expert systems. Chat room, bulletin board, and email technologies can deliver prevention messages to users, and online counseling can heighten the sense of mutuality and individuation.

5. Interaction Management

Interaction management is a concept reflecting another attribute of online support that is more difficult to capture in offline support dynamics. According to Walther and Boyd, interaction management occurs at two levels: the degree of participation a participant wishes to have in an online group, and the way that individuals are able to express themselves when they participate. In online support groups, support seekers may avail themselves of system resources opportunistically, seeking or providing information when the need arises and retreating when their information needs recede.

6. Social Distance, Expertise and Stigma Management

Online health information systems can create a sense of privacy similar to that achieved in interpersonal interactions because of the one-on-one interaction with the computer. Privacy is important for users in order to disclose risky health behavior. It also may be a factor that determines

whether individuals will seek information on health problems, particularly those that carry some stigma (eg, HIV/AIDS) or are illegal (eg, smoking by adolescents). Government and private funders should support the development and use of culturally appropriate new measures of health literacy, as well as multidisciplinary research on the extent, associations, and consequences of limited health literacy. The vulnerable population in need for health information usually have no access to the internet. Structural barriers include time, space, funding, and infrastructure issues (Richter and Paretti, 2008). Cognitive barriers include lack of awareness, relatedness, and perspective.

7. Barriers

Finding health information in another language can be very difficult. With respect to health, illness, new diagnoses, and new expectations in this age of self-care create anxieties. Anxious people can be more comfortable if information is available in their preferred or first language. Therefore, providing health information in multiple languages can be beneficial and more attractive to participants who may have a different language than the main speaking language.

8. Conclusion

Given the above information, it is unavoidable to notice the importance of health technology literacy. However, lack of accessibility can create a problem reaching out the most vulnerable population, such as those with no financial resources to afford internet services. Since research has shown that 75% of the world is using cellular phone, working with the information technology (IT) companies to incorporate health education information access while using their personal phone is an approach that can potentially make an impact not only in the United States, but globally. In a new report entitled "Maximizing Mobile," the Washington-based development body says the rapid proliferation of mobile communications and phone applications has significant global consequences for agriculture, health, financial services, and government. The study suggests that mobile phone use is far more widespread than mobile Internet penetration. Initiating free features as part of the phone service, which targets different health diseases for the promotion health education. The following approach will not be possible without the input of governmental or private funding directly with the IT companies. Vulnerable populations have been described as subgroups that, because of shared social characteristics, are at higher risk of risks. This implies that their vulnerability is socially determined by the structural nature of a society, and that vulnerable populations, by virtue of being vulnerable, are much more likely to be at high risk of being exposed to risk of illness. Vulnerable populations are exposed to contextual conditions that distinguish them from the rest of the population. In public health practice in the United States, vulnerable groups are generally considered to be (a) certain race and ethnic minorities, (b) low income, (c) those with a high school diploma or less, and (d) immigrants and those with limited English proficiency. Only (a) and (c) on this list have been studied with respect to the question of whether health literacy explains some of the relationships between social characteristics and health outcomes. The meaningful use of health information technology (IT) has a role to play in reducing health disparities. There are challenges posed by health disparities and barriers around health literacy, but there are potential solutions. When the American Recovery and Reinvestment Act passed in February 2009, it included a set of incentives around the meaningful use of health IT.

Congress provided money for adoption as well as money for the meaningful use of health IT to improve the quality, safety, and efficiency of healthcare.

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