Chapter 16
E–Health Communities for Learning Healthy Habits:
How to Consider Quality and Usability

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ABSTRACT

There are e-health communities of many different kinds available on the Internet today. Some e-health communities are for people who need to change their established bad, or unhealthy, habits such as the ones for people suffering from overweight or smoking. To develop and maintain a healthier life-style is not an easy task to succeed with, it involves being able to change everyday situations. E-health communities can assist in this process through continuous interactions between community members. However, whether these e-health communities actively support learning depends on the ways they help community members reflect upon their habits, underlying reasons and motivational factors. In this chapter, the author presents a framework for how to evaluate these e-health communities from a learning perspective. The framework covers different types of conversation topics, ways to respond and community knowledge.

INTRODUCTION

E-health communities of different kinds are used on a daily basis by many people. The communities have different purposes depending on the type of subject they address. E-health communities for people with unhealthy behaviors, such as people suffering from overweight and obesity and people who find it hard to quit smoking, these communities need to be evaluated from a learning perspective. Both the conversations for learning purposes and the content of the advice and recommendations need to be evaluated. The main mission of this chapter is therefore to discuss learning aspects of e-health communities, and to lay out recommendations regarding what to measure in terms of conversational acts and content of posted issues. The ideas behind the presented framework have been empirically tested on e-health communities in Sweden and other European countries. The chapter includes references to results from these studies.

BACKGROUND

The Internet has become much used by people who like to meet others who share similar interests. Web-based communities of different kinds have therefore become popular arenas. The definition of a traditional community is a place for groups and individuals to meet with others who share the same interests to cooperate and satisfy each other's needs. The web-based community becomes then a community that uses the Internet to mediate interaction between the groups and individuals who participate in the community. The web-based community should be able to support a sense of togetherness among the community members (Preece, 2000). Web-based communities can also be regarded as virtually social networks useful for empathetic support, information sharing and problem solving (Andrews, 2002).

One type of web-based communities is the one used by people who like to discuss health-related issues. This group of users has grown rapidly in number and constitutes a large and increasing group on the Internet today (Fox & Fallows, 2003). This growing interest for health-related issues on the Internet has led to patients as well as citizens getting more and more empowered (Fox, Ward & O'Rourke, 2005; Korp, 2006). The Internet and the more available health information and conversations on health issues have also brought empowerment to minority and marginalized groups in the society, such as elderly people (Loader, Hardey & Keeble, 2008) and black women in the United States (Mehra, Merkel & Bishop, 2004). The e-health communities are used on a daily basis by people with different physical and mental conditions. Among these e-health communities, there are also those for people who suffer from established bad, or unhealthy, habits, such as smoking or bad eating behavior, for example (Smedberg, 2004, 2008a). Through these e-health community systems, people are able to share experiences, learn together and give advice on how to cope with different health conditions.

The communities let both strong and weak tie relations be developed (Haythornthwaite, 2006).

The great importance of these online systems is also mirrored in the development of national portals for health services. There are NHS Direct Online and Net Doctor sites, for example. Through these sites, the public can access health information sources and medical-trained people, and also patients and citizens with similar concerns who can share personal perspectives. The aim is to offer appropriate and even proactive health management for the general public (Milicevic, Gareis & Korte, 2005).

Studies have shown how patients who interact online with other patients benefit from this (Walther, Pingree, Hawkins & Buller, 2005). For example, chronically ill patients manage to cope with stressful life situations better when communicating online with other patients in so called self-help groups (Josefsson, 2007). The patients can then act both as consumers and producers of medical information. Different coping activities on the Internet include seeking information about illnesses, treatments, medicine, etc., and also looking for social support and advice from others. As a consequence, the patients can more easily find strength in their position to challenge the medical expertise.

However, there are studies that indicate differences in the way people act in e-health communities of different kinds, with different types of health issues being discussed. In a one-month long comparative study of two Usenet newsgroups on health issues, one addressing a mental disorder and one a life-threatening physical illness were compared (Burnett & Buerkle, 2004). The results showed that the conversations on the physical illness were almost without exception filled with compassion and support, while the conversations concerning the mental condition often were filled with flames and reflecting interpersonal conflicts. This relation between settings and effects on social life is studied in Social Informatics (Kling, 2000; Kling, 2001). The technology can be used in many

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