CONFERENCE ABSTRACT

Using an innovative method for the development of an inclusive eHealth tool
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Dominique Giroux[1]

1: Laval University, Quebec, Canada

Introduction:

A growing number of eHealth tools are proposed and most of the time, user-centered methods were used for their development. Does this design provide inclusive tools that help reduce social inequalities in health (SHI)? Which factors should be considered when developing these tools? The Sen's theory of social justice provides relevant theoretical support for the development of an inclusive eHealth tool [1]. A previous study based on Sen's framework allowed us to identify seven conversion factors that reduce SHI in eHealth projects : 1) provide access; 2) integrate people at risk of SHI; 3) consider level of eHealth literacy of future users (FU); 4) respects the technological competencies of FU; 5) ensure that the tool is consistent with the help-seeking process of FU; 6) respect the learning capacities of FU; and 7) be sensitive to the cultural context. This study aimed to develop an inclusive eHealth tool, allowing caregivers of frail older persons to identify formal services offered in the community [2].

Methods:

We used a participatory research-action design (codesign), since one of the seven conversion factors is to enable the integration of FU into the research. The preparation sessions, the co-design sessions as well as the debriefing sessions were recorded, summarized and analyzed using an inductive and deductive thematic analysis.

Results:

11 codesign sessions and 11 debriefing sessions including 77 codesigners were conducted. 21 preparatory sessions were required to support the process. Throughout the study, several elements associated with the 7 conversion factors were considered and integrated into the tool whenever possible, with some factors being addressed more frequently than others.

Discussions:

It appears that conversion factors can be integrated into the development of eHealth tool to reduce SHI. Participation of FU, digital literacy and the help-seeking process of the FU are those that were most addressed during the research while access to eHealth, learning capabilities, technological skills and cultural competence were the least addressed.

Conclusions:

Integrating conversion factors in the development of inclusive eHealth tools is an innovative and a promising way to reduce SHI in eHealth. Researchers recognize that eHealth can increase SHI. It is therefore necessary to be sensitive to the factors that reduce SHI in the development of eHealth tools.

Lessons learned:

The integration of FU (patients, workers, caregivers, etc.) in co-design projects is a promising avenue to reduce SHI and to provide tools that really meet their needs.

Limitations:

The recruitment of caregivers, by the heavy nature of their role, was difficult. For example, some caregivers were less well represented (e.g. men and workers). This may have influenced the results.

Suggestion for future research:

To improve knowledge of the best ways to integrate the conversion factors to reduce SHI, more studies with caregivers and with other populations need to be done.

1.   Sen AK. Repenser l'inégalité. Paris :Éditions du Seuil; 2000. 281 p.

2.   Latulippe K, Hamel C, Giroux D. Social health inequalities and eHealth: A literature review with qualitative synthesis of theoretical and empirical studies. J Med Internet Res. 2017; 19(4): e136.