Communication technologies and health promotion: opportunities and challenges

Early in 2006 a group of researchers, evaluators and practitioners ‘gathered together’ to hear the author of a major report on health promotion effectiveness take us through her findings. While she was located in Europe we were distributed across Europe, North America, Western Pacific and Asia. Through an Internet mediated link we all saw the same PowerPoint presentation summarizing the evidence and then we engaged in discussions with the author and with one another. The immediacy of the evidence stimulated debate and enthusiasm. No one registered for a conference, no airfares were paid, there were no accommodation costs and we all had the up-to-date data and the opportunity to question the author and collectively discuss the report’s implications.

Only 2 days before, I was engaged with over 1600 students at Deakin University in Australia who were taking a first year unit called ‘Understanding Health’. All the students enrolled in this unit had access to a website that enabled them to see and hear lectures, with synchronous PowerPoint presentations, and to discuss their issues and concerns about the unit’s concepts, principles and content with one another and staff at any time and on any day.

This technology enables academic staff to run electronic tutorials and workshops where students are placed into groups, have discussions, report back to plenary and have the academic leader summarize, contextualize and set further learning tasks. They need not go to a campus; learning is ‘24/7’ and students think publicly through sharing their thoughts, questions and stories on the web.

Technology like this is spreading around the world. Its sophistication is improving rapidly and the number of people using it is increasing. It has major implications for how we can access information about health promotion theories, evaluations, meta-analyses, case studies, programme plans and field-based activities (Duffy, 2000; Cline and Haynes, 2001). Journals, such as this one, are rethinking how we can share the outcomes of the diversity of health promotion research and evaluation with more immediacy and without compromising the integrity of the peer review process and the quality of the papers. Technology has certainly offered challenges to those who value the thoroughness and rigor of research and how it is disseminated. It is worth exploring some of these issues and identifying some caveats and cautions before the technology drives us and compromises our practices.

Let us come back to the notion of ‘The Conference’ where participants share the outcomes of their work and where we go to hear the latest research and seek affirmation, challenge, debate and inspiration. Clearly we can now meet many of our conference needs without even leaving the office or our home. Targeted presentations and discussions through the Internet can now take place anywhere, anytime. This facilitates the early transfer of knowledge, enables international debate and helps in faster assimilation and application. This can only be good. No longer do we need to wait for the triennial or annual conference. Nor do we have to wait for the publications to emerge in print form in journals, books or reports as is now the case with Health Promotion International on line (http://heapro.oxfordjournals.org). They are all accessible now, but we need to be vigilant that such information has actually been through the usual and necessary processes of review. We need to be able to feel confident about the knowledge, skills, experience and reputation of those individuals and organizations that create the
knowledge, check it, authenticate it and disseminate it (Kim et al., 1999).

Anyone can set up a website. Names can sound impressive and organizations credible. Sadly, many media outlets appear to be reporting as fact, health promotion data that come from organizations with vested interests and where the research and evaluation is of low quality. This is becoming more prevalent as we grapple with the so-called obesity epidemic. What do we do about it? Should our peak bodies, e.g. IUHPE, CDC, WHO, produce a set of guidelines assisting practitioners, employers, governments, students, NGOs and the media in assessing the authenticity of the producers of the data and to have some way of supporting our confidence that it was based on methodological integrity? What is verifiable evidence? What is emerging evidence? And what is opinion? Access to the wealth of data through technological advances clouds our processes of checking, and perhaps our judgements in interpreting the evidence.

We need to remind ourselves, however, that the burgeoning advances and growth in communication technologies are primarily in the developed world. Costs and higher health priorities are limiting accessibility and use of such technologies in developing nations. We also need to remind ourselves that ~30 000 people, mainly young, die each day in the world from diseases caused by poor sanitation and impure water. The ancient Greeks, Romans and Egyptians had basic infrastructure in place to manage these issues thousands of years ago. They had the experience, which was accepted and passed on for many years. But these health-promoting structures and practices were ‘lost’ for over 2000 years before being reborn in the 19th century with the great public health reforms of Europe and North America. Yet in the 21st century, with the entire world’s technological sophistication, 30 000 preventable deaths occur unnecessarily each day. Advances in communication technology are of little help here—or are they?

Developing nations can be supported better through the strategic use of communication technology. But we need to listen to their issues and be more sensitive to their needs and realities before connecting them to how we are using these exciting facilities in our developed networks and with our agendas.

Earlier, two brief scenarios were described—the ‘virtual’ conference and University teaching and learning involving new technologies. Major challenges confront us in formal institutions of learning where we use technology. Many health promotion professionals have skills and a healthy scepticism when looking at data from the Internet. Their academic training, professional experience and collegiate processes have usually built a set of competencies, which enables new data to be interrogated carefully. But those undertaking courses of study in health need to be taught skills to enable them to question the sources of the data and how they were collected and interpreted (Goldman, 2006).

The web is open 24 h, 7 days a week. Libraries are not—and one does not have to travel to your own computer. It is not surprising that essays contain many references from the Internet. A significant amount of time needs to be devoted to supporting those taking health courses to be able to build competencies in assessing health information obtained from the web and to be able to check the legitimacy of those agencies and organizations that promote it or disseminate it.

Do we need a hierarchy of evidence sources? For example, on the top rung might be reports from international bodies like WHO, CDC, IUHPE, plus peer reviewed journals and government-commissioned independent advisory committee reports. On the second level may be books by authors with a research track record, on the next level a report from an NGO, etc. Typing in some keywords to the search engine usually produces a plethora of sites. Many are impressive in their titles, but often sophisticated investigative skills are needed to obtain information about the organizations behind the sites, and then it may not be complete, accurate or reliable. This presents big challenges to all of us, particularly to those who spend time building the knowledge and skills of students undertaking courses in health.

Today many universities and technical training institutes have their award courses on line. Students successfully complete teaching programmes, after meeting all the academic requirements, without ever attending campuses. As our comfort in using communication technology for conferences increases, and as the sophistication of what we can do with it improves, more health promotion and public health professionals will be connecting on line for specific tasks. The virtual university is a reality; the virtual conference is rapidly achieving the same status.
However, there is a large downside to learning at home and conferencing or meeting through the computer at home or at work. Opportunities for social interaction are being lost. The fun of meeting national and international colleagues, eating and drinking with fellow students and having experiences in new places and around shared issues is rapidly diminishing. Humans are social animals and health promotion is about people and the places in which they live, work and play. The Ottawa Charter (1986) clearly spelt out these human needs. With all its convenience in time, cost and access, communication technology advances should not diminish the essential experiences of being with people as we learn together, question together, laugh together and celebrate together. Building social connectedness is something, which is a significant part of many health promotion programmes. We need to ensure it is always there in our own professional development experiences, whether they are in university courses or at local, national and international conferences.

The possibilities for learning and knowing through communication technologies are exciting and of substantial value. They permit easier access to a wealth of information and the options to communicate with many people from across the world to share knowledge, discuss issues and create solutions. However we are social beings and life is fundamentally about social connections not just electronic ones. The opportunities to be with people as we learn and debate is probably more important than being able to communicate electronically ‘24/7’. We need to work hard to keep it that way.

Lawrence St Leger
Associate Editor
E-mail: lawrence.stleger@deakin.edu.au

REFERENCES