Introduction

An essential concept in the management of chronic health conditions is patient/client activation, or more broadly, “person activation”. All stakeholders, gleaning relevant knowledge and skills, comprehending a particular person’s predicament, and working for prevention, good health, and competent health management are fundamental (e.g., Davis, Schoenbaum, & Audet, 2005). Traits of an activated person include seeking information, looking for help, and engaging in healthful thoughts and behaviors (Hibbard & Tusler, 2007). Presumably, the same sorts of activation might benefit caregivers and providers, too, and when all stakeholders are activated toward cooperation and positive outcomes, they can work together to achieve compromises.

Person-Centered Practices in Health Management

Collaborating toward compromises is vital to Health Co-Inquiry. A vibrant concept in healthcare today, person-centeredness originated in the field of psychology (Rogers, 1951). Yet, it is now in use in many fields and disciplines. Essentially, a person-centered approach takes into account the wants and needs of the individual, and while it is typically associated with the wants and needs of the patient/client in mental health and care practice, a Health Co-Inquiry approach also links it to the wants and needs of other stakeholders, like caregivers and providers. When “reciprocal person-centeredness” is observed, each stakeholder can feel free to communicate about her or his wishes and needs in an open and accepting exchange—fostering mutuality and balance (Seifert, Flaherty; & Trull, 2013; Vaillot, 1966).

Evidence-Based Practice in Chronic Health Conditions

Having access to expertise and knowing the extant literature related to a specific health condition is absolutely necessary in the context of managing chronic illness. Usually, one’s health or mental health provider is presumed to be the access point to such expertise. However, in Health Co-Inquiry, each stakeholder is highly regarded for his or her expertise, i.e., what knowledge the stakeholder brings to collaborative inquiry that is unique and important to the person’s condition.

Using Online Data in Health Co-Inquiry: A New Method

LAUREN S. SEIFERT, KATHLEEN FLAHERTY & KARA KAELBER
MALONE UNIVERSITY, CANTON, OHIO, USA 44709

Technology in Health Co-Inquiry: Online Resources and Data

The Online World: 2000+

Since the early 2000s there has been an explosion of online technologies and human presence on the internet. According to Internet Live Stats (2017), use of the worldwide web has increased from fewer than 500 million people in 2000 to more than 3 billion in 2016. As Oh and Lee (2012) have observed, the rapid expansion of internet use globally has been staggering. In the 21st century, this can foster participant activation and the cooperative endeavor between patient/clients, their caregivers, and their health and mental health providers. One factor that seems to predict patient/client participation in health support online is an “innisic health orientation” (i.e., wanting health information and seeking prevention; Dutta & Feng, 2007, p. 181). Being at risk for, or being diagnosed with, a particular health condition seems to further predict an increase in seeking online support and information relevant to that condition (Dutta & Feng, 2007).

Online Health Support: Activating Health Co-Inquiry

In Health Co-Inquiry, persons with health conditions, their caregivers, and their providers collaborate toward positive outcomes (Seifert, 2015). As mentioned previously, part of the collaborative endeavor is person activation, and the internet can play a vital role. For example, persons with a cancer diagnosis who self-reported seeking online support also acknowledged that the greatest benefit of their health-related internet use was to equip them with knowledge (Seckin, 2011). For family caregivers of persons with pediatric cancer, Coulson and Greenwood (2011) found that the highest levels of perceived support from online activity were related to information-gathering and emotional buttressing (see also, Cutrona & Suhr, 1992). So, caregivers, too, can be activated toward and report benefits from internet use.

Bifurcated Method

Step 1: Develop List of 13 chronic health conditions using WHO and US data about top 10 disabling and top 10 fatal ones.

Step 2: Develop a list of global, health-related search terms.

Step 3: Identify URLs related to the given health conditions via a common search engine.

Step 4: Visit the URLs by visiting all websites to be sure that they contain content related to the specified health conditions.

References


