



eHealth: a health information tool for Black and Minority Ethnic populations



Introduction: This research presents a unique window into the health information practices of African and Chinese populations, two Black and Minority Ethnic (BME) populations living in the West of Scotland. It achieves this by exploring the structural barriers confronting both communities in their quest for appropriate and relevant health information via eHealth pathways including: NHS Scotland online, NHS 24, mHealth and health information kiosks. Research findings uncovered several socio-economic and cultural barriers to health information practices via eHealth. However, research analysis also highlighted the potential benefits of eHealth for underserved communities such as those involved in this study.

Methodology: A mixed methods approach was adopted for this study, including self-completion questionnaires, semi-structured interviews and participant observations. Quantitative data was extracted from 117 completed questionnaires, while rich qualitative material was gathered from 36 interviews and participant observation exercises spread over 7 months. The works of Sociologist Goffman (1963) and Information Scientist Chatman (1996) provide solid theoretical frameworks for data analysis.

Key Findings:

- Chinese participants did not use NHS 24 as a health information source due to issues of trust, language barriers as well as a perceived lack of relevance to their health information needs.
- African participants feared disclosing personal health details because of concerns over who would have access to this health information, this was especially true for individuals who were going through the asylum process.
- African participants were anxious about employing the services of interpreters as they feared personal health information might be fed back into their own small close-knit communities.
- Participants were positive about the potential for health information kiosks, especially if kiosks could provide language translation services.
- eHealth in the form of NHS 24 and NHS online can offer safe settings where self-protecting behaviours do not need to be utilised in order to attain health information.
- Encouraging eHealth literacy for underserved communities such as the African and Chinese populations included in this study is an essential consideration.
- mHealth has huge potential for patient engagement with African and Chinese populations as well as other BME communities. The mobile phone is an established, trusted and convenient method of communication and information delivery through SMS text messaging services or smartphone functions.

Conclusion & Recommendations: eHealth has the ability to support BME populations in their health information practices because it offers language tools, has adaptability and the capacity to be customised. (Ahern, 2006; Gibbons, 2005; Cashen et al., 2004) Moreover, it offers safe settings whereby users from BME communities can lift themselves temporarily out of information poverty and attain culturally appropriate health information. mHealth offers a particularly exciting opportunity for engagement through an established and trusted communicative tool for health information provision. However, in order to achieve greater eHealth up-take within BME populations, eHealth developers need to work in conjunction with grass-root community organisations to raise awareness, build trust and relevance whilst encouraging the development of eHealth literacy skills. Research recommendations from this study have been fed back to the eHealth Person Centred Strategy team at the Scottish Government and NHS 24 during a recent public consultation.

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