PERSPECTIVES

Building capacity through the internet: lessons learnt from the Reviews of Health Promotion & Education Online

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SUMMARY

From 2000 to 2008, the International Union for Health Promotion and Health Education transformed the Internet Journal of Health Promotion it had inherited into an innovative electronic multilingual capacity building experiment, the Reviews of Health Promotion & Education Online <http://rhpeo.net/index2.html>. Using a variety of sources (content analysis of the papers, site consultation statistics, users’ survey), this paper analyzes reflexively the strengths and weaknesses of this experiment that was replaced in October 2009 by an Internet forum: Views on Health Promotion Online <http://vhpo.net>.

Key words: internet; capacity building; health promotion

INTRODUCTION

As for any other field, health promotion and health education have been thoroughly transformed by the apparition of the Internet in the mid 1980s. The literature, since the early works of the pioneers (Skinner et al., 1997; Taub, 1997; Taub and Tomita, 1998), reveals that work on this issue can be divided in two broad categories: analyses of the phenomenon (vg. O’Neill and Stirling, 1996; Duffy, 2000; Cline and Haynes, 2001; Benigeri and Pluye, 2003; Korp, 2006; Wangberg et al., 2008) or descriptions of the use of Internet as a tool of intervention or knowledge dissemination (vg. Bolding et al., 2004; Escoffery et al., 2005; McFarlane et al., 2005; Ybarra and Eaton, 2005; Yardley and Nyman, 2007; de Leeuw, 2008; Gao et al., 2009). Consensus seems to exist on: the unavoidability of Internet and on the new and exciting opportunities it creates; on the extremely variable quality of what circulates and on the difficulty or relevance to put in place quality control mechanisms; and finally on issues around access and the ‘digital divide’. However, consensus on how, why and when Internet is a useful resource for health promotion still seems far from reached.

In this paper, we aim to contribute to the knowledge on these issues, especially on the use of electronic means to disseminate knowledge (Hovav and Gray, 2006), through a reflexive analysis (Boutilier and Mason, 2006; O’Neill and Dupéré, 2006) on the 8 years and 131 papers of an International Union for Health Promotion and Health Education (IUHPE) electronic resource called Reviews of Health Promotion & Education Online (RHP&EO). After addressing
the evolution of RHP&EO’s mission and mandate as well as of its content, attention is devoted to issues raised by the evolution of its operation as well as to how the Reviews’ website was consulted. General lessons that can be derived from this experience are finally offered.

RHP&EO’S MISSION AND ITS EVOLUTION

RHP&EO <http://rhpeo.net/index2.html>, launched in 2001, became the official electronic journal of the IUHPE to replace the former Internet Journal of Health Promotion (IJHP) it had inherited in 1999 (O’Neill, 2000, 2001). Launched in 1951, IUHPE <http://www.iuhpe.org> is the major global non-governmental scientific and professional organization in the fields of Health Promotion and Health Education. In 1999, it already had had for several decades a professional journal, then named Promotion & Education and renamed since 2009 Global Health Promotion. At the end of the 1990s, IUHPE had also made alliances with two major academic publications designated the ‘official research journals’ of the organization in health promotion (Health Promotion International) and in health education (Health Education Research). Finding the specific niche of RHP&EO in IUHPE’s family of journals was thus an important issue to address.

At the Board of IUHPE, it was decided that RHP&EO’s mission would be, in a capacity building type of philosophy, to critically review through thematic series already existing resources (scientific articles, books, grey literature reports, descriptions of interventions, movies, persons, websites, etc.) relevant for the global health promotion community. The idea was to cover a different ground than the organization’s other journals as well as to offer a complementary venue to those, such as the Cochrane Collaboration, that conduct systematic reviews of the scientific literature. In the same spirit than the current ‘open access’ movement in academic journals, the Board also decided that access would be free to anyone, as well as to make use of the interactive nature of the Internet by giving the readership the possibility to react to any review.

Throughout the years, the mission evolved. In 2005, in addition to reviewing resources, it was decided to launch series on current ‘hot’ topics, inviting the global health promotion community and not just IUHPE members as was formerly the case, to partake in these debates. Given the nature of the journal, no classical blind peer-review of the papers put online was undertaken. However, strong quality control was insured through editorial review, each paper being sent, according to language skills, to at least two of the six Editorial Board members before comments were aggregated and interaction with the authors undertaken by members of the Editorial Team. Significant capacity building opportunities on how to publish occurred for several authors in this process.

CONTENT OF RHP&EO

Status and language of the papers

From 2004 on, the possibility to have their paper posted in more than one of the three languages of the journal was offered systematically to the authors, provided they sent a first draft in the other language(s) that was then edited and posted. Before 2004, in agreement with IUHPE’s general policy to be as multilingual as realistically feasible in all its operations, translation decisions were made by the Editorial Team based on available translation resources as well as an estimation of the interest of the paper for a global readership. The multilingual Editorial Team (Editor in chief, Associate editor and Webmaster) believed strongly in the necessity to allow authors and readers of the world the possibility to function in other languages than only the very dominant English, a belief also shared by other global electronic venues (for instance: <http://www.qualitative-research.net/index.php/fqs>).

Table 1 first shows that out of the 131 papers that went online during the life of the journal,

<table>
<thead>
<tr>
<th>Language</th>
<th>Original</th>
<th>Translation</th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>49</td>
<td>15</td>
<td>64 (50)</td>
</tr>
<tr>
<td>French</td>
<td>39</td>
<td>9</td>
<td>48 (37)</td>
</tr>
<tr>
<td>Spanish</td>
<td>7</td>
<td>10</td>
<td>17 (13)</td>
</tr>
<tr>
<td>Total (%)</td>
<td>95 (74)</td>
<td>34 (26)</td>
<td>129 (100)</td>
</tr>
</tbody>
</table>

Two papers having been included in two series because they were relevant for both, they were counted just once in this table.

Source: compiled by the authors from <www.rhpeo.net>.
74% were original ones and 26% translations of originals. It also reveals that together, papers in French and Spanish were as numerous as papers in English, a somewhat unusual fact that departs from several multilingual publications where English is often clearly dominant and that is possibly due the efforts of the Editorial team in that respect.

Series and their evolution

As mentioned above, contributions were organized in series. Table 2 first distributes the 131 papers in the three types of series: Notes from the Editorial Team (8%); the two ‘closed’ series (35%): My five favorite resources and Best current resources; and the two ‘open’ series (57%): Renewal of the leadership in health promotion and From Ottawa 1986 to Vancouver 2007: Should the Ottawa Charter be revisited? (itself divided in four sub-series).

The ‘closed’ series were the ones functioning according to the original intent, i.e. where reviewers provided their critical analysis of either the five resources which had most influenced their career in the field or of a current resource they found especially useful. Table 2 shows the closed series were the only ones during the first 4 years of the operation of RHP&EO, with the series on Notes from the Editorial Team that was presenting periodic updates on the evolution of the journal. As will be discussed below, generating and maintaining the interest of the reviewers to contribute proved very difficult. Beginning the ‘open’ series was thus an answer to this. It was also expected that more interaction with the readership would be stimulated by open series, and that anybody, especially but not only IUHPE members, would contribute to debates on hot topics in the field.

The open series attracted more contributions than the closed ones, suggesting that they were probably a better format to stimulate interest and build global capacity through closely monitored critical debates, than the closed ones. This was especially the case of the Ottawa 1986–Vancouver 2007 series, which was so popular it had to be divided in four sub-series which provided different entry points to debate the evolution of the field from the year of the mythical Ottawa Charter in 1986 to the year where the global health promotion community went back to Canada in 2007 for IUHPE’s 18th World Conference. Especially around the proclamation of the contentious Bangkok Charter in 2005.

RHP&EO’S OPERATION

Funding

Over the years RHP&EO, as the official electronic journal of a global voluntary organization with limited means, functioned with limited financial and human resources. The webmaster and the managing editor were volunteers from 2000 to 2004. From 2004 to 2007, the Public Health Agency of Canada (PHAC) provided an

Table 2: Distribution of RHP&EO’s 131 papers according to year and series/subseries

<table>
<thead>
<tr>
<th>Series/subseries</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notes from the editors</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>11</td>
<td>(8)</td>
</tr>
<tr>
<td>Five favorite resources</td>
<td>9</td>
<td>7</td>
<td>1</td>
<td></td>
<td>15</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>33</td>
</tr>
<tr>
<td>Best current resources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>Subtotal closed series</td>
<td>9</td>
<td>7</td>
<td>1</td>
<td></td>
<td>22</td>
<td>2</td>
<td>4</td>
<td></td>
<td>45</td>
<td>(35)</td>
</tr>
<tr>
<td>Leadership</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>Ottawa to Bangkok</td>
<td>1</td>
<td>28</td>
<td>1</td>
<td>1</td>
<td></td>
<td>31</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Montreal conference</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>22</td>
</tr>
<tr>
<td>REFIPS/Bangkok</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>Ottawa celebration</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Subtotal Ottawa 1986 to Vancouver 2007</td>
<td>1</td>
<td>28</td>
<td>2</td>
<td>33</td>
<td>4</td>
<td>68</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subtotal open series</td>
<td>1</td>
<td>33</td>
<td>2</td>
<td>35</td>
<td>4</td>
<td>75</td>
<td></td>
<td></td>
<td></td>
<td>75 (57)</td>
</tr>
<tr>
<td>Final total (%)</td>
<td>1 (0,7)</td>
<td>10 (7,6)</td>
<td>7 (5,3)</td>
<td>1 (0,7)</td>
<td>26 (19,9)</td>
<td>35 (26,8)</td>
<td>7 (5,3)</td>
<td>37 (28,4)</td>
<td>7 (5,3)</td>
<td>131 (100)</td>
</tr>
</tbody>
</table>

Source: compiled by the authors from <www.rhpeo.net>. 
allocation of 15,000$ CAN a year which allowed paying the webmaster and managing editor for a few hours per month as well as for occasional work by a native Spanish speaking translator. Publication in the three official languages of the IUHPE, additional work on the web interface and the inclusion of the URL (when available) of all the material referenced in the reviews were also made possible because of this grant. In addition, the Editorial Team was hosted by the Faculty of Nursing at Université Laval where it benefited from in kind contributions (technical IT support, etc.).

Two key lessons were learnt in the process: first, a little funding makes a crucial difference as it is very difficult to operate such ventures on voluntary time only. Second, due to confusion about domain name ownership and who would pay for it in the transitions between IJHP and RHP&EO and between RHP&EO and Views of Health Promotion Online (VHPO), the journals domain names were lost which created very uncomfortable situations; being very careful to secure domain names over long periods of time is thus a crucial lesson that was learnt the hard way.

Editorial board

The journal had an Editorial Board composed of six senior IUHPE members (see http://rhpeo.net/editorial.htm) from various parts of the world. During the life span of RHP&EO, renewal of these members occurred smoothly and very good geographical, linguistic as well as gender balance was maintained (the original members were Dosithée N’Go Bébé from Africa, Dora Cardaci from Latin America, Lawrence Green from North-America, Ilona Kickbush, then from WHO, Jan Ritchie from Australasia and Hans Saan from Europe; N’Go Bébé and Kickbush were replaced by Moncef Marzouki and Ursel Broeskamp-Stone). Members of the Editorial Board provided significant contribution and credibility to what ended up as an original and different way to build capacity and disseminate knowledge in the field, through a constantly evolving experiment into the uncharted waters of e-work.

Reviewers (contributors) and series editors

RHP&EO’s team of reviewers was composed at any time of approximately 30 people who had agreed to contribute yearly to one or several series for a period of 3 years. Different recruitment strategies were tried at the outset but they all turned out problematic, as they tended to over-represent the academic and English-speaking constituencies of countries form the ‘North’. To overcome this, a strategy frequently used by IUHPE was finally chosen: reviewers were designated by the director of each IUHPE’s region, proportionally to its importance in the global membership of the organization; it yielded the following numbers for a total of 28 people: Africa (3), Asia (3), Europe (8), North America (5), North Pacific (2), South America (4), South Pacific (3). If need be, the Editorial Board could also appoint a few additional persons in order to allow a better representation of certain constituencies (vg. diversity in terms of experience: senior-junior, or background: professional-academic), provided that the total number always stayed around 30.

At the closing of the journal in early 2008 the 28 reviewers (http://rhpeo.net/reviewers.htm), reflected a good balance between women (13) and men (15) and between geographic regions, with the exception of Asia where two reviewers were missing. With the members of the Editorial Board, the reviewers were the only people who could propose and manage new series. Although this option was always available and encouraged, no new series was initiated by a reviewer and all series or subseries were finally managed by the Editorial Team but for one, managed by a non-reviewer doctoral student.

This lack of enthusiasm to start new series as well as the difficulty in recruiting and receiving papers from reviewers whom for the vast majority did not even contribute a paper a year became real concerns over time. Significant attention is paid here to these difficulties as they are important lessons to draw from the experience.

The first, and maybe the most important lesson learnt, was that the concept of being a reviewer for RH&PEO, even if clearly specified when people were approached, remained very confusing to most. Usually, a reviewer in a journal is someone who receives others’ work to critically comment on it and make a judgment about its publication. In the context of RHP&EO, a reviewer was someone who would self select and analyze an already existing resource, this review of the resource then being put online after analysis and criticism by
members of the Editorial board of the journal. To try to get rid of this confusion, it was decided in 2005 to change the name of this group from reviewers to contributors. Secondly, the working conditions of some contributors (problematic access to Internet in some parts of the world; workload and little time for implication) made it difficult for them to contribute. Thirdly, specific skills were sometimes lacking: writing in one of the three languages of the IUHPE turned out to be a problem for some. Moreover, limited experience with publication, added to a lack of familiarity with the technicalities of working electronically, were also disincentives to contribute. Fourthly, writing in a non peer-reviewed journal was reported to the Editorial Team as ‘unproductive for their career’ by some academic contributors. Fifthly, when personal contacts and follow-ups from the Editorial Team were sustained, more reactions and contributions occurred. Personalized rather than group follow ups yielded more results, even if more time consuming. Sixthly, some contributors found that the turn around time for an electronic venue was too slow, even if in most cases a first feedback to an author’s paper was given within 3 weeks. Overall, flexibility over deadlines revealed a better strategy than managing strictly according to the original agreed upon timeframes. Finally, the series themes did not seem to trigger equal interest, the controversial ones being more popular. In a nutshell: more proactive interaction with the contributors and better incentives would have been required to get more contributions.

Mailing list and other dissemination strategies

Dissemination strategies reflected financial limitations. When a new paper was posted, it was announced on three specialized electronic lists, which reached a total of about 1200 persons. The paper journal of IUHPE, Promotion & Education, as well as the organization’s website, also made constant reference to RHP&EO during all its existence.

In 2005, in order to stimulate more interaction and increase the journal’s visibility, a mailing list was created to which readers could subscribe from the entry page. By sending out an e-mail every time a new article was posted, it was hoped that the readership would be stimulated to contribute to or to frequent more. During the two and a half years of the mailing list, only two persons of the 229 registered ever asked to unsubscribe, probably a sign of satisfaction possibly related to the fact that the amount of information sent was not too heavy and that the list was not used for any other purpose than informing about new publications or developments of the journal.

Key lessons: this dissemination strategy, even if minimal, yielded an astonishingly high consultation of the journal. Moreover, before the generalization of RSS feeds which allow a person to sign up to be automatically informed of a new posting on a website, the mailing list seemed a good, if a bit time consuming, idea.

CONSULTATION OF RHP&EO

Consultation was monitored through two means. First, from January 2002 on, i.e. a few months after its launch in July 2001, statistics about RHP&EO’s consultation were produced monthly through the web statistics software Webtrends. Moreover, in 2007, an online survey accessible on the entry page for 2 months and advertised through the channels described above was conducted, to which 72 individuals answered.

Hits and visitors per month

Even if the number of hits on a website is a rather gross indicator, it usually is the first number reported when consultation statistics are provided. Between 1 May 2002 and 30 April 2007, according to Webtrends, the monthly average number of hits on RHP&EO’s was 55 000. When compared with IUHPE’s site itself, or to other sites that Editorial Board members were familiar with, this number seemed quite high. The popularity of the journal was also indirectly confirmed by the fact that for many months from 2004 to 2007, RHP&EO was showing up on the first page, among the 10 first entries, when doing a Google search with the keywords Health Promotion.

As shown in Figure 1, the average number of hits translated in an average of about 5500 visitors per month, which roughly corresponds to the actual number of different individuals who visit a website and thus provides a more accurate idea of its use than hits.

The main conclusions that can be drawn from Figure 1, which shows a similar pattern than
hits, is first that a seasonal effect, probably linked to the school year in the Northern hemisphere, has been constantly present with the months of September and March being the highest and July the lowest. Secondly, consultation over time was rather stable; a slow but constant increase was witnessed from 2002 to 2005 and but for 2006, where less visitors were observed probably because of less production that year, the 2005 level was then basically maintained.

Origin of visitors
It in interesting to note that as far as the origin of the visitors is concerned, Webtrends and our other sources of information (mailing list and survey) provided different information. As shown in Figure 2, Webtrends revealed that consultation came mainly from North-America (mostly from the USA).

However, more detailed analysis revealed that this was misleading because a large number of visitors, wherever from, came through search robots (also called ‘crawlers’) like Google or Yahoo whose address are mainly in the USA. The analysis of RHP&EO’s mailing list revealed a somewhat different picture: the highest numbers of subscribers came, in order, from Europe, South and Central America and North America, 16% coming from Spanish speaking countries. Moreover, the online survey was answered by a majority of people whose mother tongue was other than English: Other (31%), English (29%), Spanish (24%), French (16%).
Looking anew at Webtrends data with this in mind, it was found that the proportion of visitors corresponding to other countries than the USA increased steadily from 2002 on, and interestingly, from countries from the ‘South’. Lessons learnt: consultation data from automated software like Webtrends are most useful but must be interpreted carefully. In the case of RHP&EO, the appropriate conclusion appears to be that the journal seemed to meet significantly, if not primarily, the needs of people situated outside the USA and whose mother tongue was other than English (Dupéré et al., 2007).

CONCLUSION

So what are the main lessons that can be derived from the 8 years or so of RHP&EO’s experience? First, the original concept of reviewing resources electronically which materialized in the closed series, even if it seemed a good idea at the outset, prove very difficult to implement due in part to a lack of resources but most probably of a rewards system that made it unattractive for the different types of reviewers to contribute: for the academics, the articles were not peer-reviewed nor indexed whereas for many practitioners, the topics were probably not at the core of their day to day preoccupations. It is thus why VHPO, which replaced RHP&EO in 2008, chose to concentrate on the critical debate format of the more popular open series, dropping altogether the closed ones for a more classical online discussion forum (Mittlemark, 2009). People who want to use the Internet to build capacity for health promotion must thus recognize that it is a quickly evolving environment, that the good idea of today might be obsolete tomorrow, and that adaptation and evolution is absolutely required. Time will tell if the move of VHPO towards a more classical e-discussion forum, with the necessity for the participant to go on the site to partake in the debate and with no RSS feed, will attract more contributions and more readers than RHP&EO was able to. The general phenomenon of people being increasingly overburdened by enormous amounts of e-mails might in this respect impact on their willingness to sign up for yet another Internet device.

Secondly, we think the information above shows the relevance to pay serious attention to diversity, be it linguistic, gender, geographic or concerning the various types of people working in our field (practitioners, academics, policy makers, etc.). Finding venues through which the voices and experiences of professionals and less experienced scholars are heard, as opposed to only senior scholars, is crucial for the development of health promotion and health education. We believe RHP&EO showed that attention to diversity has the potential to meet a wider array of needs and to help to build global capacity in a better way than if not considered. Finally, if we look at what could have been done better or differently, securing from the outset a stable financial base might have been a judicious first step, even before putting the first paper online. This would have allowed among other things to invest more in what was one of the main weakness of the whole venture, marketing it properly especially to the target audiences it probably served the most: students and early career professionals. Additional resources could also have allowed to explore and implement ways of increasing the contribution of people from the South (vg. Starting new series on topics of specific interest for them). Finding the proper way to trigger the interest of our Asian colleagues was also a challenge that was not really met; maybe offering the possibility to have reviews in a major Asian language would have been a solution? Despite all this, we nevertheless believe that RHP&EO made an interesting contribution to the field, a contribution that is still accessible online for all interested!

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