Workshop 3: Behaviour & Wellness based approached
(Room Stephenson)

Moderator:
Didier Houssin
MD, PhD, Former Managing director of Health, Health Ministry (FR)

Pierre Arwidson
Deputy Director of Prevention and Health Promotion, Santé Publique France (FR)
@santeprevention

Evangelia Stavropoulou
Digital health strategist, eHealth Forum & Global Health Next Generation Network (GR)
@l_stavropoulou

Quentin Soulet de Brugière
Co-founder & CSO, Rythm (FR)
@Q_SdB

Organised by
Digital Disruption PARIS 2017
Our Goals

1. Use efficiently the new digital tools
2. Build interventions that are evidence-based, theory-based, research-tested
3. Do not widen social inequalities in health, and try to reduce them

Launched in May 2009
Initial goal: Recruitment of 500,000 in 5 years
77% of women!

Challenges with on line surveys and cohorts

Less or no control on the samples

No random sample generation is possible like with phone numbers

No official mail addresses directory

We and our survey firm depend on third parties to have access to our samples on line (Access panels)

New players : ex Maximiles with 700 000 French panelists (receive incentives to answer)
Our campaigns are moving on line: example THE chlamyweb example

September - October 2012

11 075 participants 18-25 years old recruited via paid advertisements, social networks and Youtube

Randomized in 2 arms

Free self home sampling kit (intervention group) or asked to be screened in primary care (control group)

Screening frequency was 29.2% in the intervention group versus 8.7% in the control group

Our campaigns are integrating apps

Smoking cessation coaching by mail. A randomized controlled trial

Showed a effect at 3 months but no effect at 6 months.

The paper is not yet published (under review at Nicotine and Tobacco Research).

But coaching by mail is now obsolete

New enriched service (CNAMTS PHF) : Tabac Info Service app linked to a website, a quitline, a Facebook page, etc.

This app has been downloaded 118 000 times

We are recruiting participants via the National Health Insurance website Ameli for a new RCT. 3000 have signed in but the majority do not answer the T0 questionnaire. We have to call them by phone !!!

Behaviour change interventions are not correctly described in the scientific literature

Should be escribed with a common language (Behaviour Change Taxonomy)

Should use behaviour change techniques and theories that have been linked to effective interventions

Challenges THAT Are specific to the digital behaviour change interventions (1/2)

Devices and programs using digital technology to foster or support behavior change (digital interventions) are increasingly ubiquitous, being adopted for use in patient diagnosis and treatment, self-management of chronic diseases, and in primary prevention. They have been heralded as potentially revolutionizing the ways in which individuals can monitor and improve their health behaviors and health care by improving outcomes, reducing costs, and improving the patient experience.

However, we are still mainly in the age of promise rather than delivery.

Developing and evaluating these digital interventions presents new challenges and new versions of old challenges that require use of improved and perhaps entirely new methods for research and evaluation.

Challenges THAT ARE specific to digital behaviour change interventions (DBCI) (2/2)

- Rapid technological change and iterative development cycles make it necessary to continually update and adapt interventions.

- Efficient, continuing relationships between academics and intervention developers are needed for implementation, continued development, and evaluation.

- Engagement with digital interventions is often too limited to support behavior change.

- Engagement is multidimensional and cannot be evaluated simply by DBCI usage.

- Engagement with DBCIs may be unequal between different groups and at risk of reinforcing disparities or inequalities.

- It is difficult to specify comparator interventions or control conditions that allow meaningful evaluation of the intervention of interest.

STOPADVISOR: on line coaching intervention specially designed for less educated smokers


Proposition: toward a prevention system approach

StopBlues, suicide prevention intervention

- Started as a purely information phone line (info)
- Became a quitline (service) with call back by smoking cessation specialists
- Coaching modules were added
- By mail
- With an app (social networks, enabling posts, call the quitline from inside the app, etc.)

Missing
No outreach
No links to the primary care professionals

Cluster randomized controlled trial
App + website
3 arms
12 towns no promotion of the programme
12 towns promotion of the programme
12 towns promotion of the programme + involvement of general practitioners

Karine Chevreul UR ECO