# Diffusion of computer-tailored behavior change programs through the Health Monitor System.

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This project aims to disseminate current CT programs on smoking, fruits and vegetables consumption, physical activity and alcohol consumption to the general public within one generic E-Health Passport that integrates the information of the health...

Ethical reviewApproved WMOStatusRecruitingHealth condition typeLifestyle issuesStudy typeInterventional

## **Summary**

#### ID

NL-OMON33033

#### Source

**ToetsingOnline** 

#### **Brief title**

Diffusion of computer-tailored lifestyle programs.

#### **Condition**

Lifestyle issues

## Synonym

alcohol consumption and fruit and vegetable intake), health behaviors (smoking, physical activity

## Research involving

Human

## **Sponsors and support**

**Primary sponsor:** Universiteit Maastricht, Faculty of Health, Medicine & Life Sciences, Vakgroep Gezondheidsbevordering

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Source(s) of monetary or material Support: ZonMw

Intervention

**Keyword:** Behavior change, Computer-tailoring, Diffusion, Health behaviors

**Outcome measures** 

**Primary outcome** 

The main outcome parameters in study 1 include level of first and repeated use of the CT program and level of satisfaction with the CT program during a three month period.

The main outcome parameters in study 2 include level of repeated use of the CT program and level of behavioural change (overall level of tobaccoco consumption, physical activity, fruit and vegetable intake and alcohol consumption).

**Secondary outcome** 

study 1:

n.a.

study 2:

Secondary study parameters are risk-perception, attitudes, self-efficacy, social influence, action and coping plans and intention to change concerned behaviors. Possible differences concerning these variables between the control and experimental group will be analyzed.

## **Study description**

## **Background summary**

Smoking, unhealthy eating habits, inactivity and excessive alcohol consumption are important determinants of disease and mortality, such as diabetes type II, cardiovascular diseases and cancer. Recently several effective new approaches have been developed using computer tailored (CT) programs to motivate people to change their health behaviors. In the Netherlands, many programs that use CT techniques have shown to be successful for quitting smoking, increasing fruits and vegetable consumption, increasing physical activity and reducing alcohol consumption in adults.

The present study is aimed at successful diffusion of a combination of several CT programs (focused on physical activity, fruit and vegetable consumption, smoking and alcohol consumption) using Internet. In particular, the combined CT program will be integrated in the Adult Health Monitor (www.monitorgezondheid.nl) service of the Regional Health Authority (RHA). This integration will result in an E-Health Passport people can turn to in order to obtain not only detailed and personalized information regarding their current health status and potential risk associated with this status, but also personalized advice on how to positively change their health by focusing on five key behaviors (physical activity, fruit and vegetable consumption, smoking and alcohol consumption).

## Study objective

This project aims to disseminate current CT programs on smoking, fruits and vegetables consumption, physical activity and alcohol consumption to the general public within one generic E-Health Passport that integrates the information of the health monitor with existing computer tailored programs. In order to study the diffusion of the new service, it is important to assess the level of adoption, the characteristics of adopters and non-adopters and satisfaction of adopters with the new service in order to obtain a good adoption profile (study 1). Due to the fact that program impact largely depends on level of use and especially the sustainability of use, it is important to design and test strategies that increase and maintain level of use. Therefore, in study 2 the efficacy of a pro-active approach using prompts in order to attract sufficient attention in users to maintain interest and use will be studied.

## Study design

Study 1:

Longitudinaal design (3 months)

Study 2:

Randomized control trial (RCT), with four measurements: baseline, 6, 12 and 18 months.

## Intervention

Study 1:

No intervention.

Study 2:

The CT intervention will target five health behaviors; physical activity, fruit and vegetable intake, smoking and alcohol consumption. The program will provide people with feedback regarding their current health status, the health risks associated with this status, suggestions to change health behaviors once Dutch norms regarding these behaviors are not being complied with and relevant computer tailored advice to promote changing these behaviors. Participants have an opportunity to visit and use the CT program as often as they like and receive feedback on behavior changes or problems.

This intervention will be offered pro-actively to participants in the experimental condition, meaning that they will receive prompts every three months reminding them to use the CT program. A reactive approach will be used for participants in the control group, implying that they will not receive any additional prompts.

## Study burden and risks

To our knowledge no risks are associated with participation in the current study.

## **Contacts**

#### **Public**

Selecteer

Peter Debyeplein 1 6229 HA Maastricht Nederland

**Scientific** 

Selecteer

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## **Trial sites**

## **Listed location countries**

**Netherlands** 

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# **Eligibility criteria**

#### Age

Adults (18-64 years) Elderly (65 years and older)

## Inclusion criteria

In this study respondents are included if they are over 18 and under 65 years and able to understand Dutch sufficiently.

## **Exclusion criteria**

In this study respondents are excluded when they are younger than 18 or older than 65 years and/or are not able to understand Dutch sufficiently. Also respondents need to fill out the Health Monitor 2009 electronicallt. Respondents that refuse to sign the informed consent form are also excluded from participation.

# Study design

## **Design**

Study type: Interventional

Intervention model: Parallel

Allocation: Randomized controlled trial

Masking: Single blinded (masking used)

Control: Active

Primary purpose: Prevention

## Recruitment

NL

Recruitment status: Recruiting
Start date (anticipated): 15-10-2009

Enrollment: 4500

Type: Actual

# **Ethics review**

Approved WMO

Date: 10-06-2009

Application type: First submission

Review commission: METC academisch ziekenhuis Maastricht/Universiteit

Maastricht, METC azM/UM (Maastricht)

# **Study registrations**

## Followed up by the following (possibly more current) registration

No registrations found.

## Other (possibly less up-to-date) registrations in this register

No registrations found.

## In other registers

Register ID

Other in aanvraag

CCMO NL27235.068.09