Communication Assessment Checklist in Health: Assessment and Comparison of Web-Based Health Resources

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ABSTRACT

There is no comprehensive and standardized tool for evaluating the communication quality of web resources for patients. The purpose of this study was to assess prostate cancer websites using the Communication Assessment Checklist in Health (CATCH) and to compare the results with those of the Consumer and Patient Health Information Section of the MLA (CAPHIS). CATCH is a theory-based tool consisting of 50 elements nested in 12 concepts. Two raters independently applied it to 35 HON certified websites containing information on prostate cancer treatment. The CATCH summary scores for these websites were then compared to the 2015 list of credible health websites published by CAPHIS. Websites contained a mean 24.1 (SD= 3.6) CATCH items. The concepts Language, Readability, Layout, Typography and Appearance were present in over 80% of sites. Content, Risk Communication, Usefulness, and Scientific Value were present in 50% or less. CATCH provided an overall score of the selected sites that was consistent with CAPHIS ratings. The prostate cancer websites evaluated in this study did not present treatment information in a useful, informative or credible way for patients. The communication quality of these resources could be improved with a clear strategic intent focused on decision-making, using CATCH as a guiding framework. CATCH is a tool that can be used independently or with other health resource evaluation tools to select the most trustworthy web resources for health information.

KEYWORDS

CAPHIS, Communication, Credibility, Internet, MLA, Patient Education, Prostate Cancer, Risk Communication, Websites

INTRODUCTION

Consumers in North America rely more and more on information gleaned from the Internet to inform their health-related decisions. The quality of this information may be a subject of concern, especially given the growing emphasis on shared decision-making between patient and health care professionals (Makoul & Clayman, 2006; Wong et al., 2000). Shared decision-making can improve the planning and carrying out of therapies (Brett et al., 2014; Brown, Brown, & Sharma, 2000), facilitate adaptation of new knowledge to specific patient communities (Brett et al., 2014; Collier, 2011; Fagerlin, Zikmund-Fisher, & Ubel; Frank, Basch, & Selby, 2014) and make information more accessible to patients by making it more user-friendly (Brett et al., 2014). There are a variety of tools to evaluate web resources, with a different scope, whose validity is not yet confirmed.
In order to make good health care decisions, people need to fully understand the risks and benefits of each treatment or therapy. Researchers have long stated that there is a gap between the evidence presented in the information, and the decisions people take, or between the creation of knowledge and its intended use (Bero et al., 1998; Dopson, Locock, Gabbay, Ferlie, & Fitzgerald, 2003; Lang, Wyer, & Haynes, 2007). If we consider knowledge translation as a two-step process, the first step would be filtering and distilling the evidence (Cohen et al., 2008; Grimshaw et al., 2006), while the second step would be the adoption or implementation of evidence. This second step is the most difficult to understand. Looking for an explanation, many researchers considered behaviour-change factors (Ajzen & Albarracen, 2007; Ajzen, Czasch, & Flood, 2009; S. Michie, Johnston, Abraham, & Walker, 2005; Susan Michie, van Stralen, & West, 2011). But the tipping point, between the presentation of the evidence, and its adoption, remains unexplained. The “packaging of information”, warrants further attention as it may not adequately reflect the intended knowledge or effectively reach the intended audience.

In this study, we present a relatively new tool, the Communication Assessment Checklist in Health (CATCH). We use CATCH to evaluate the quality of health information on HON approved health websites intended for prostate cancer patients. We chose to focus on web resources for prostate cancer because it is the most common cancer in men (Collin et al., 2008), and it is also one of the most difficult cancers for patients to comprehend and formulate health decisions because of the variety of treatment options available (Clark, Wray, & Ashton, 2001; Stamey, McNeal, Yemoto, Sigal, & Johnstone, 1999). The results will allow us to draw a parallel between the websites with the highest overall CATCH score and the websites contained in the 2015 list of “Top health websites you can trust” published by CAPHIS.

INSTRUMENTS FOR HEALTH INFORMATION ASSESSMENT

Instruments Similar to CATCH

Numerous researchers have invested considerable effort in developing instruments that could streamline and filter health information, so that it becomes easier for the end-user to comprehend, evaluate and implement.

Some of those instruments take into consideration both the content and the form of the health message. The Guideline Implementability Appraisal tool (GLIA) (Shiffman, 2005) proposes a “Presentation and Formatting” dimension comprising two items. ADAPTE (T. A. Collaboration, 2009) highlights the importance of “Context of Use”, “Strength of Evidence” and “Risks and Benefits”. Other instruments focus on the scientific value of the evidence, its scope, purpose, clarity and presentation. These include the Appraisal of Guidelines for Research & Evaluation (AGREE) instruments (Brouwers, M. C. et al., 2010).

Another set of instruments analyzes the quality of information provided in health resources on the Internet. These include, LIDA (Borgmann et al., 2015; Soobrah & Clark, 2012) and DISCERN (Charnock, Shepperd, Needham, & Gann, 1999) which measure the accessibility, usability and reliability of the information. Still other validated instrument enable patients and providers to judge the quality of written consumer health information. The Information Comprehensiveness Tool (Warren, Footman, Tinelli, McKee, & Kna, 2014) assesses the comprehensiveness of health information, while a framework developed by Ferreira et al. (2013) evaluates its relevance.

The difference between all of these instruments and CATCH is the scope. CATCH takes into account all aspects of the health information, including the content and form, while the above-mentioned instruments focus either on the form or the content.
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