

Our study shows initial support that many menopausal women are using mobile apps for their health, and also to some extent for monitoring menopausal symptoms. Interestingly, while women reported a relatively low need for menopause apps, they also generally felt that there was a lack of availability of such apps. Our poster will further outline women's formulated needs for menopause apps and the role technology could play in supporting those needs. Such insights are valuable in developing health interventions for menopause.

## eHealth implementation from the perspective of a healthcare organization

Ina Flierman

### **Background**

In Roessingh technology plays an important role. Since many years Roessingh joins Roessingh Research and Development in several research en development projects concerning eHealth. The last years the focus in Roessingh lies not so much on developing a technology or content for eHealth, but more on how to integrate the use of eHealth and technology in daily processes and structures of the organization. Doing so Roessingh has extensive knowledge and experiences in implementing eHealth in daily care.

### **Methods**

Roessingh makes use of the Telerevalidatie.nl portal, through which patients can perform parts of their treatment program at home. Also Roessingh established the Novalab, a central place where new technologies find their way to being used in daily care. Parts of research and development take place in the Novalab and Novalab is a window to show our application options. Two working groups, containing mostly therapists, are working on creating awareness and knowledge of several implementation options in daily care processes involving their teams en colleagues. Also Roessingh is involved in creating a network in Twente for exchanging experiences and helping colleagues outside our organization.

### **Findings**

Implementing eHealth it is very important to connect several aspects to one another and also around the patient, eg financial aspects, IT, carepaths, science, rules and laws, etc. We need to connect and find common ways to what lies ahead. In a way it is all about making connections between people who unfortunately speak different languages (technical, scientific, medical, ethical, etc). These connections need to be made inside an organization but also to the outside world. Therefore Roessingh focusses on creating a network in the region and talk to other parties in the same business, but also anyone who deals with the same issues. We have to learn from other parties and mistakes of others. Making mistakes is part of innovation, so let us not be scared of that. We find it helpful to use publicity. But also to let students investigate and show the use of the portal or technologies in the Novalab and to let patients tell their findings from their perspective. We know that implementation takes time and that careprofessionals need time to change their way of work. We say: just do it! Learn by doing.

### **Discussion**

So, what is needed? What can help implementing eHealth / technology? Why are expectations skyhigh, but true implementation is still scarce? What have we learned and how can we keep learning?

## Healthy Loads & Happy LEDs - An interactive dining table to capture social eating behavior

Juliet Albertina Maria Haarman and Roelof Anne Jelle de Vries

Eating is more than the consumption of food. Eating is often a social activity. We sit together with friends, family, colleagues and fellow students, to connect, share and celebrate aspects of life. Sticking to a personal diet plan can be challenging in these situations. The social uncomfortableness that is associated with having a different diet than the rest of the group greatly contributes to this. Additionally, it is well known that we unconsciously influence each other while we eat. Not just in the type of food that we choose, but also the quantity of the food that we consume, and even the speed with which we consume the food is affected by our eating partners.

The interactive dining table is created to open up the concept of healthy eating in a social context: where individual table members feel supported in their individual diet plans, yet still experience a positive group setting. The table is embedded with 199 load cells and 8358 LEDs, located below the tabletop surface. The table can use artificial intelligence to detect weight shifts over the course of a meal, identify individual bite sizes and classify interactions between table members and food items. Simultaneously, the LEDs can be used to provide real-time feedback about eating behavior, give perspective regarding food choices, or alter the ambience of the dining experience as a whole. Light interactions can change over time and between settings, depending on the composition of the table members or the type of meal that is consumed.

## How to conduct a summative evaluation of eHealth applications: the Council of Coaches case study

**Marian Hurmuz, Stephanie Jansen-Kosterink and Harm Op den Akker**

### ***Background***

eHealth can play a major role in bridging the gap between care supply and demand. For successful implementation of an eHealth application, it is important to evaluate the application iteratively at each development stage (formative evaluations), and when there is a mature technology, the eHealth application has to be evaluated in a real-world setting (summative evaluation). The objective of this presentation is to present a method to conduct a summative eHealth evaluation.

### ***Methods***

As a case study, we present Council of Coaches. Council of Coaches is a web application in which users can have virtual conversations with a group (council) of virtual coaches. These coaches give information and feedback on healthy lifestyle primarily in the areas of physical activity and nutrition. Given the maturity of the technology, the aim of the Council of Coaches evaluation is to assess the use, user experience, and potential health effects. In this method, use will be assessed by the log data of the eHealth application, and user experience and potential health effects will be assessed by questionnaires. Volunteers from the target population will participate in an observational cohort study with a pre- and post-test design. The evaluation consists of two phases: implementation phase (use of the eHealth application that will be evaluated) and follow-up phase (facultative use of the eHealth application). Participants will complete multiple questionnaires: before the implementation phase, after the implementation phase and, after the follow-up phase. According to the Dutch Medical Research Involving Human Subjects Act, this study does not require formal medical ethical approval. This has been verified by the CMO Arnhem-Nijmegen. Each participant will sign an informed consent form before the start of the study.