

ARE WE SURE THAT MOBILE HEALTH IS REALLY MOBILE?

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ABSTRACT

The “m” in mHealth is often thought of as the ability to receive health information and monitor behaviors on the go. The term “wireless” stands in for smartphones, tablets, etc. that can travel through time and space; while “wired” is the traditional desktop access method. Little is known about how people actually use mobile vs. traditional access methods. This study examines the results of 2 mobile weight loss interventions (Pounds Off Digitally (POD 1 and 2)) where participants were required to own a mobile device (POD1: Mp3 player; POD2: smartphone) for study entry and received weight loss information delivered via podcast. In POD1, participants were randomized to theory-based podcast (TPB) (n=41) or general weight loss podcast (n=37) conditions. In POD2, participants were randomized to either TPB (n=49) or TPB+mobile (a diet/PA app and Twitter app) (n=47). Examining data from both studies in aggregate, despite a mobile delivery method, 75% of participants accessed the podcasts at their home or work, 65% were sitting when listening, and 55% used a non-mobile device to access the podcasts (desktop computers). Examining objective download data for POD2, 49% of downloads (2889/5944) originated from non-mobile delivery methods (e.g., QuickTime) vs. mobile platforms (3055/5944). At 3 months, 46% of posts to Twitter originated from the web site (n=665 posts) vs. an app (n=540; 38%) or dashboard tool (e.g. TweetDeck) (n=233; 16%). Combining POD1 and 2, use of a mobile device for podcasts access was not related to % weight loss or podcasts downloaded at 3 months, but number of podcasts downloaded was related to % weight loss ($\beta=-0.13$; $P<0.01$). In conclusion, providing people with multiple platforms may be more important than providing only mobile options. Future studies should examine why people choose wired over wireless methods and how we can tailor delivery method to optimize use.