

Guest Editorial

Health Work in the Home

I am pleased to serve as the guest editor of this special section of *WORK*, focusing on health work in the home. As a researcher in the domain of consumer health informatics, I am committed to developing technologies that support consumers as they carry out diverse types of health work in their homes and technologies that support formal and informal care providers who come into consumers' homes with the goal of improving or sustaining consumers' health. In order to develop consumer health informatics interventions, it is essential that we develop a deep understanding of the health work carried out by these individuals in the home setting.

The papers in this special section provide insights into this important topic. I commend the authors for their care in attempting to understand the nature of health work in the home, their attention to the varied types of individuals involved in health work in the home, and how interventions – technological or otherwise – can best support health work in the home.

Zayas-Cabán details a series of in-depth case studies illustrating the complex task of health information management in the home, one type of health work in the home. She extends the concept of the single individual managing his or her health to family units managing their household's health. These family units differ in their health information management patterns depending on the structure of the family units (e.g., single parent, multi-generation), the level of coordination among family members (e.g., apartment, single family dwelling), and the differing types of health work family members must carry out. Her insights can provide guidance for designers who develop technologies to support health information management in the home.

Moen and Smørðal also focus on health work carried out by individuals and their family members, in addition to health work carried out by the formal health-care providers who support individuals and their family members. Where Zayas-Cabán addressed a single task-type applicable to many health conditions, Moen and Smørðal focus on the many task-types carried out by in-

dividuals managing a single disease, anorectal anomaly. This rare disease causes significant functional and emotional distress, so interventions developed for these individuals must attend to both of these factors. Moen and Smørðal used participatory design workshops to understand these individuals' challenges in everyday living in order to develop RareICT, a social-software based technology intervention aimed at helping these individuals "live well".

Stolee, Zaza, and Schuehlein extend the concept of health work in the home to include volunteers who come into individuals' homes for the purpose of improving health. Where Moen and Smørðal focus their intervention on individuals managing a disease across all age groups, Stolee and colleagues evaluate a wellness-based intervention targeted at older individuals. In their intervention, volunteers led older adults in exercises aimed at improving the older adults' physical functioning. In addition to aiding adults, the intervention provided unanticipated physical and social benefit for the volunteers.

Laszlo and Henry extend the concept of health work in the home to include persons with disabilities conducting health work in other individuals' homes. Laszlo and Henry detail a novel community college-based program aimed at training adults with disabilities to provide personal assistance services to individuals in their homes. The program benefits a variety of stakeholders. Persons with disabilities, who are often unemployed, may be empowered by their ability to work, and individuals needing personal assistance services may be more likely to receive services because the program addresses labor shortages in this highly demanded occupation.

These studies point to the diversity of the health work carried out by individuals in the home and the varied goals of interventions aimed at supporting health work in the home. Consumers in their homes are likely to be engaged in multiple types of health work at any given point in time, such as using devices to collect objective

data about their blood pressure, blood sugar, or physical activity, or logging dietary, sleep, or emotional patterns. Consumers' health work will change over time as they age from childhood to older adulthood, and as health conditions and diseases emerge or regress. At any given time, multiple individuals will likely be involved in a consumer's health work, including formal and informal care providers, and these individuals will change over time. This diversity points to a need for robust and flexible interventions that either support varied health work by a range of individuals or are coordinated with other interventions, and a need for interventions that

evolve over time or can be non-disruptively phased into and out of individuals' lives.

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