

EDITOR'S CHOICE



Digital Health and *AJPH*: The Time Has Come!

The time for the *American Journal of Public Health (AJPH)* to focus on technological innovations in public health—or digital health—has come, and I am pleased to highlight here two illustrations of this new phase for this platform.

First, I was delighted to read the *AJPH* theme issue in December 2014 on this very topic. With external support provided by the Aetna Foundation, Inc, *AJPH* launched itself into the international scholarly conversation on digital health disparities. This conversation has been taking place in *AJPH* and other journals over time. Recently, however, special issues on digital health also appeared in *Translational Behavioral Medicine*, *IRBM*, and the *American Journal of Preventive Medicine*, to name a few. I am excited that *AJPH* is now at the center of the digital public health dialogue.

Second, I just began a three-year term as the inaugural *AJPH* Associate Editor for Digital Health. In this role, I will be responsible for soliciting, reviewing, and promoting editorials, research and practice papers, and department pieces related to digital health. But to be clear, what is *digital health*? A complex Venn diagram created by nuvium.com (see Figure 1; available as a supplement to the online version of this article at <http://www.ajph.org>) nicely illustrates this concept. Digital health is comprised of health information technology (IT); including electronic health records or EHR); mobile health (or mHealth), such as the use of health and wellness mobile applications (or “apps”); and text messaging to support health behavior change, big data, sensors, wearable tech, and other innovations.

Many professionals in public health are reluctant to delve into digital health in their daily practice. This makes sense. First, new technologies can be problematic and short lived, and it's easy to overlook the true innovations among the contenders that seem to pop up every day. Second, state and local health departments are challenged with resolving privacy and *Health Insurance Portability and Accountability Act* issues, among other security considerations, that stem from the employment of technology in public health practice.

Similarly, both junior and senior public health researchers may be reticent to study digital health questions. This also makes sense. Technology and technology use evolve at such a rapid pace, and the rigorous methodological research process may

seem to be at odds with the time-sensitive needs of the field. Moreover, research design issues and funding support for digital health research also pose hurdles. Nonetheless, multiple federal agencies, including the *National Institutes of Health* and the *National Science Foundation*, now support quality digital health research initiatives.

As an illustration of the importance of focusing on digital health, however, allow me to examine an important priority population: young adults. Importantly, young adults in the United States are the largest segment of smartphone owners. In 2014, 85% of young adults aged 18–24 years reported owning a smartphone, an increase from 77% a year earlier. More than 8 in 10 (84%) cell phone owners aged 18–29 years report using their phone to go online, and more than one third of all cell Internet users go online mostly using their phones, rather than using some other device such as a desktop or laptop computer. More than three quarters (77%) of cell phone owners aged 18–29 years report downloading apps. In fact, in the United States, the frequency of smartphone owners accessing apps and mobile sites increased from less than five sessions per day in 2012 to seven daily sessions in 2013, and apps comprise the bulk of time spent using smartphones. In addition to Smart Message Service (SMS) and app use, US smartphone owners use their mobile phones to watch videos: 72% report watching videos via mobile Internet, and 72% report watching videos through apps. Public health is already capitalizing on widespread technology use, adapting interventions for text messaging, mobile apps, and videos. All of these modalities, as well as EHRs, games, and genomics, represent critical digital health points of focus now and for the future.

I look forward to this new digital health phase in *AJPH*, and call upon both public health practitioners and researchers to test and embrace successful modalities, and to share your experiences and research employing digital health with our readers—in print and online. The time has come! References for further reading are available as a supplement to the online version of this paper at <http://www.ajph.org>. ■

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