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Executive Summary

A general-purpose forum and content management system is used both for project-internal work (development and export of FAQs) and for external users (forums and ask-the-expert areas). Ask-the-expert areas and the internal areas have been very much used.

Technical functionality

Basic functionality

Web4Health uses a forum system [4], which was originally developed in previous EU-funded projects, but which was extended for Web4Health. This forum system supports different attributes of forums, such as:

- Open forums (where anyone can participate) and closed forums (only open for specified groups). A closed forum can be open for all members of another closed forum.
- Moderated forums, where all contributions must be approved by the moderator(s), before being shown to other members.
- Anonymous forums, where all contributions written by other members than moderators, are anonymous.
- Forums can be part of a hierarchical structure of forums and subforums.
- A forum can be available in several languages. Members will only see contributions in the languages they can read. Translation can be done either automatically using the Systran machine translation engine, or manually by users.

The forum system has a function for notification by e-mail, which can be customized to give a notification at regular intervals, for example, once a day, or to give notifications immediately when something new crops up in the forums to which a user is subscribed.

The data structure of the forum system has three main object types: forums, users and messages. Messages are written by users, sent to forums, and users are members of forums.

Within forums, messages are organized in threads, which are sets of messages that are replies to each other.

All objects in the forum system have version handling, meaning that they can be revised, and that it is possible to retrieve previous versions of them (unless the previous version has been explicitly deleted). This is of special value for content production forums.

Content Production Functionality

To support the Web4Health content production, a forum can be associated with a template, which gives contributions to this forum a structure with different subfields. These subfields are based on the Dublin Core standard [1] with some additions for our particular needs [3].

Any medical partner can write new entries in this forum, translate existing entries to different languages, and export them to the data bases available to users. The export function uses templates, so that the same content can be formatted in different formats, for example one version for screen reading and another version for printing on paper. Export is done by saving in files or by transmitting information through HTTP. HTTP transmission is used to transmit FAQs to the data base of the natural-language question-answering system.

Basing the content-production on the forum functionality means that there can be a forum associated with every object. This forum is only visible to developers, and is used to report and discuss FAQs and for peer reviewing by medical experts, of each other's contributions.

This functionality is general purpose and can easily be adjusted to different content-production applications.

A table tool gives tables of FAQs with selected attributes and properties, and is used to find, for example, FAQs which are not yet translated to a particular language, or FAQs which lack classification for the natural-language question-answering system.

Work Flow Functionality

There is a work flow functionality used for special production purposes, such as the following:

1. A user writes a question in the ask the expert area in English.
2. The Swedish medical partner writes an answer in Swedish.
3. The answer is translated to English by a translator.
4. The translation is approved by the author and an external expert.
5. The answer is published.

The work flow functionality ensures that these steps are taken in order, provides list of the questions in the different stages, and gives e-mail reminders, for example, to the translator when a text is ready for translation. It is possible to bypass steps in the work flow if needed by special commands.

It is easy to specify new workflows for different usages, by changing scripts stored in the data base. These scripts define additional commands for people participating in the work flow, for example the "Ready for translation" command to send an answer from the author to the translator.

Ask the expert

The ask-the-expert functionality [2] is provided by a moderated, anonymous forum in which all users can write contributions, but only the medical experts can publish the contributions together with the expert answer. The user can ask additional questions and get answers, and more than one expert can provide answers to questions, but usually only one expert answers each question.

Use of the Forum System

The forum system has mainly been used for the following activities:

1. One open forum where all users can discuss health issues with each other.
2. One moderated anonymous forum for ask-the-expert questions.
3. Forums for content production.

Ask-the-expert area

Between July 2003 and May 2004, a total of about 2500 questions were asked in our ask-the-expert area. Of these questions, about 50 % were answered, about 50 % not answered. We do not have the resources to answer all questions. Questions which were not answered were often somatic questions (out of scope for our web site), too short and unclear questions, or questions from students wanting help to do their homework (rather from people wanting advice for problems of their own, or of friends or relations to which we give priority.)

Many of the answers written by our expert in this area have been, or will be, moved to the FAQ area so that future users with similar problems can find the answers without having to use the ask-the-expert function.

Questions asked in the ask-the-expert area

Here is an overview of what kind of questions are most common in the ask the expert area:

Subject area	Percent	
Sexual problems (premature ejaculation, lack of desire, etc.)	20%	
Sexual abuse, molestation	5%	
Jealousy	6%	} Total of relational problems: 11 %
Love, infatuation, commitment	3%	
Family, marital relations, relational problems, in-laws, adultery	8%	
Depression, grief, bipolar disorder	13%	
OCD	2%	
Anxiety, panic attacks, phobia, confusion	6%	
Tension, stress, insomnia	2%	
Violence, hatred, protection, risk	6%	
Self-confidence, self-image	4%	
Personality disorders	4%	
Narcotics	1%	} Total of addictive disorders: 11 %
Alcohol abuse	3%	
Self harming, cutting	1%	
Internet addiction	1%	
Anorexia, bulimia, eating disorders	5%	
ADHD, ADD, Damp	4%	
Psychosis, paranoia, schizophrenia, delusions, hallucinations	5%	
Healthy living, obesity	4%	
Somatic illnesses	7%	
Child care	5%	
Psychotherapy	6%	} Total of treatment methods: 13 %
Psychiatric and other drugs	6%	
Electro-convulsive therapy	1%	
Total	124%	

The total is higher than 100%, since some questions relate to more than one area. The grouping into areas above is according to reported symptoms more than according to diagnoses.

One can compare with the number of FAQs written, below is a comparison of FAQs in different areas to ask-the-expert questions:

	FAQs	Questions
Addictive disorders except eating disorders	7%	4%
Eating disorders	22%	24%
ADHD, ADD, Damp	6%	2%
Anxiety, phobia	7%	5%
Depression, bipolar disorder	13%	8%
Personality disorders	1%	5%
Child care	3%	3%
Healthy living, relations	8%	16%
Psychosis, hallucinations, etc.	5%	3%
Sexual disorders	12%	16%
Sleeping problems, insomnia	2%	1%
Somatic illnesses	2%	5%
Medicines	7%	4%
Therapeutic methods	2%	4%
Project description	2%	0%
Project experts	0%	0%

In this table, the values have been adjusted so that the total is 100% in both columns. One can conclude that we should have more FAQs about relations (marital relations, jealousy, relations with other relatives and friends, etc.) but that otherwise the distribution of FAQs well represent the issues that people ask questions about.

Open discussion forum

We opened a general forum for discussions, originally named “General discussion” and later renamed “Life and health”. We never got very much activity in this forum, only about a hundred messages were written from July 2003 to May 2004. This lack of activity may be because there are so many other forums on various mental health problems on other web sites; perhaps we should link to a selection of good such forums instead of trying to supply yet another such forum. Another cause of lack of activity may be that the forum contained a mixture of messages in different languages; it might be better with a separate forum in each language.

The software is designed so that if you are logged in and go to a multi-lingual forum, you will see messages in all the languages that you have specified that you can read in your registration. If you go to this forum without logging in (which probably most users do) you will see messages in all languages. Instead, the software should be designed so that you only see messages in the language you are currently using when you go to a forum without logging in.

Forums for content production

All FAQs are first entered in the forum “FAQ production”, from which they are then exported to the natural-language question-answering system. FAQs are often revised many times; both old and latest version can be found in “FAQ production”. On some FAQs, there are also comments or discussions stored on them. In total, in all languages and all versions, there are tens of thousands of FAQs in this area.

A special forum with the name “FAQ export objects” contains templates for export, synonym lists for the natural-language question-answering system, etc.

Reliability

The forum system has had good reliability, but this is based on manual maintenance to correct errors which now and then crop up in the system. No data base system is used; such a system might have given even higher reliability.

A problem which occurs now and then is that some unknown process on the web (spam robot, perhaps) makes a large number of accesses, causing overload of the system. We have made a number of changes to reduce the effect of such overloads, and after this such problems occur more seldom. To avoid overload, the groupware is automatically restarted every day at 23:43, Swedish time.

References

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