**Table 2.** Overview of included articles and data extracted .Sociodemographic factors influencing the use of eHealth and suggested interventions.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Author and Publication Year** | **Country** | **Study Design** | **Aim of the Study** | **Technology Used** | **Disease for Which eHealth is Used** | **Factors Influencing Use of eHealth** | **Factors Not Influencing Use of eHealth** | **Suggested Interventions to Improve the Use of eHealth** |
| Anglada-Martínez et al. 2016 | Spain | Quantitative descriptive | Use | Smartphone application | Heart failure, hypertension, dyslipidemia | * Age | * Gender | * eHealth education * Involving caregivers |
| Drewes et al. 2016 | Germany | Quantitative descriptive | Acceptance | eHealth technologies | Breast cancer | * Age * Multiple-person household | * Education * Vocational status | * Tailor the implementation of eHealth to patients’ individual needs |
| Duplaga et al. 2015 | Poland | Quantitative non-  randomized | Acceptance | eHealth technologies | Chronic diseases | * Age * Place of residence | * Gender | * Appropriate preparation of target audiences |
| Edwards et al. 2014 | England | Quantitative descriptive | Interest | eHealth technologies | Cardiovascular disease or depressions | * Age * Place of residence | * Gender * Ethnicity | - |
| Goyal et al. 2016 | Canada | Quantitative non-  randomized | Willingness | Smartphone application | Chronic diseases | * Age * Gender | - | * Offering customization by presenting users with challenges tailored to their profile |
| Han et al. 2010 | Australia | Quantitative descriptive | Effectiveness | eHealth technologies | Chronic diseases | * Place of residence * Socio-economic status * Income | - | * Formulate eHealth strategies to respond to the specific target population |
| Hanberger et al. 2013 | Sweden | Randomized Controlled Trial (RCT) | Use | Web portal | Children with type 1 diabetes | * Gender | - | - |
| Hofstede et al. 2014 | Netherlands | Quantitative descriptive | Use | eHealth applications | Asthma or COPD1 | * Age * Education | - | * Give older patients and persons with lower educational level extra support |
| Jacobs et al. 2018 | United States | Mixed methods | Access | Mobile system | Breast cancer | * Place of residence | - | * Make survey completion task easy * Not overwhelming participants with too much information * Make use of their desire to help future patients. |
| Kamis et al. 2015 | Bolivia | Quantitative descriptive | Access | mHealth | Chronic diseases | * Age * Gender * Education | - | * Receive a mobile phone call free of charge |
| LaMonica et al. 201 | Australia | Quantitative non-  randomized | Use | eHealth technologies | SCI2, MCI3,  dementia | * Age * Education | * Vocational status | * Support novice users * Promote the use and uptake of social media * Use texts: easy and cheap * Use mobile-friendly websites * Use eHealth offline * Adapt eHealth to the ability of the patient |
| Nelson et al. 2015 | United States | Quantitative non-  randomized | Engagement | mHealth | Type 2 diabetes | * Age * Ethnicity | * Gender * Income * Health literacy | * Tailor content to cultural attitudes/beliefs * Involve family members * Customized mHealth to different user groups * Using participatory design methods with racial/ethnic minorities |
| Rho et al. 2017 | South Korea | Quantitative non-  randomized | Use | eHealth technologies | Diabetes | * Place of residence | * Age * Gender | - |
| Rixon et al. 2013 | England | RCT | Use | Telehealth | COPD, diabetes,  heart failure | * Education | * Age * Gender | - |
| Saied et al. 2014 | United States | Quantitative descriptive | Use | Internet-based devices | Cancer | * Age * Place of residence | * Gender | * Use more communication methods, not just eHealth |
| Samiei et al. 2016 | Malaysia | Quantitative descriptive | Interest | Internet-based program | Type 2 diabetes | * Age * Education * Income | * Gender * Ethnicity | * Increase Internet access * Subsidizing the cost of computer devices |
| Sarkar et al. 2008 | United States | Quantitative descriptive | Interest | eHealth technologies | Diabetes | - | * Ethnicity * Age * Education * Health literacy | * Offering different support services to meet the needs of their diverse patient populations |
| Smith et al.  2015 | India | Qualitative | Use | mHealth | Cardiovascular disease | * Age | - | * mHealth as a complement, rather than replace existing methods of healthcare delivery * Using text messages to provide lifestyle advice and health awareness * Calling is preferred in low literacy patients * Involving family * Support from health care workers |
| Song et al. 2017 | United States | Quantitative non-  randomized | Use | eHealth technologies | Prostate cancer | - | * eHealth literacy of partners * Age * Education * Ethnicity * Income | * Also provide educational information and materials that are not electronically based * Encourage patients and their partners with low eHealth literacy * Involve family members with high eHealth literacy * Provide tablet when waiting for an appointment or during a treatment session |
| Terschüren et al. 2012 | Germany | Quantitative descriptive | Awareness | Telemedical devices | Diabetes, heart disease | * Education * Gender * Age | * Place of residence | * Immediate trusted translation of data into “alert” or “all-clear” is needed * Awareness of eHealth by elderly through television and magazines * Combination of telecare and qualified practice assistants |
| Whittemore et al.  2013 | United States | Quantitative descriptive | Willingness | Internet-based programs | Type 1 diabetes | * Income * Ethnicity * Gender | * Age | * Race disparities: creative recruitment approaches are needed * Use social media to reach diverse youth * Involving targeted users in the design and development of programs * Keep text to a minimum * Movie material with people presenting the same race * Use multiple platforms, such as the Internet and smartphones * Involve parents; obtaining information on parents regarding a proposed eHealth intervention |
| Pollom et al.  2015 | United States | Quantitative non-  randomized | Feasibility | Tablet | Head or neck cancer | * Age | * Marital status * Gender | * More assistance for elderly, allow more time for elderly * Built-in tutorials and added on-site assistance |

1 COPD: chronic obstructive pulmonary disease; 2 SCI: subjective cognitive impairment; 3 MCI: mild cognitive impairment.