CHARACTERIZATION OF DIGITAL COMMUNICATION MODELS IN ORGANIZATIONS OF THE THIRD SECTOR

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ABSTRACT

The changes established by the Ottawa Charter in he conceptualization of public health replaced risk prevention strategies with other promotion strategies focused on the development of competencies. Contributing to a better quality of life for people under favorable social, political and economic conditions enforcing the necessary means for greater control over health decisions with intersectoral participation made up of different organizations.

The objective of the work is to recognize the communicative models in organizations linked to the health of the Third Sector of the city of Mar del Plata (Argentine Republic) at present. A quantitative, descriptive methodology is adopted on the study population, revealing strategies anchored in prevention, deterministic, vertical, based on the dissemination of content and scarcely oriented towards the collective construction of behavioral patterns that allow awareness of the factors Contributory to psycho-bio- social well-being.

KEY WORDS: Third Sector; Technology Evaluation; Comunication for the Development; Dissemination of Information.

INTRODUCTION

The profound transformation generated by the incorporation of the Internet in all areas of human activity refers to a new paradigm where information is not a finished product but flows, liquid, in both directions from a horizontal or circular logic between organizations and users offering to the latter the opportunity to enrich or modify it permanently. While the use of the Internet has facilitated access to information such as the elimination of spatio-temporal barriers

contributing to the democratization of knowledge, a revolution in the ways of doing is generated by the change of role from users of passive recipients to Prosumers or web-actors through the possibilities of interaction and participation provided by the tools of the social web (Pisani and Piotet, 2009).

In a context of inequalities according to area and gender among other gaps recognized in the access of users of information and communication technologies (ICT) The new public health concession has a wide and diverse variety of technological tools in its mission to disseminate information, provide training and provide for the development of capacity in the people that allow them to have the necessary means to adopt the best decisions in pursuit of their psycho - bio - social well - being (WHO, 1986). Since the concept of health is not confined to a physical state, it implies " ... being able to identify and fulfill its aspirations, satisfy its needs and change or adapt to the environment" (WHO, 1986, p. 1), its promotion requires articulated actions with other agents and organizations where the technologies act as an interface for the development of the linkages of these groups, also attending to the need of empowerment of the users that supposes to acquire a greater control over their welfare.

Professionals, organizations, patients or the general public have made the Internet their main source of information on health issues by accessing content search and online management sites as well as communities of practice and interaction spaces (Jiménez Pernett, García Gutiérrez, Martín Jiménez and Bermúdez-Tamayo, 2007, Lima-Pereira, Bermúdez-Tamayo and Jasienska, 2012, Beck, Richard, Nguyen-Thanh, Montagni, Parizot and Renahy, 2014). The availability of technological tools has facilitated the development of a vast number of health sites with diverse quality characteristics constituting a permanent concern that has given rise to the development of instruments to evaluate the validity of their contents and the responsibility for their authorship (Núñez Gudás , 2002, Mayer, Leis and Sanz, 2009, Marín-Torres, Aliaga, Miró, Vicente Castillo, Polentinos-Castro and Barral, 2013, Villaescusa Martínez and Sáez Villar, 2013).

However, these reviews indicate that the importance of the information does not lie in the advantages for its access or in the facilities for its manipulation, but in the subsequent employment that is carried out with it as shown by the studies on the positive influence of the use of the internet. about the behavior of patients (Marín-Torres et al., 2013; Sacks, Hernando, Aguilar, Vega and Fernández, 2013). In order to achieve greater autonomy and responsibility of users in the health system of the new network society, different types of literacy related to access and use of biomedical information are required to facilitate greater control over their well-being (Jiménez Pernet et al., 2007; Lupiáñez-Villanueva, 2011). These competences are not developed solely

with technological availability, but require the provision of spaces for training and interaction in order to acquire knowledge and apply them in specific situations.

Among the studies related to the Internet in the health system, there are different lines of research that address technological resources and their effects in terms of information. As the new relationships that are defined between the actors, offering great possibilities for the transformation of sanitary practices. According to Powell, Lowe, Griffiths and Thorogood (2005) five areas of research are recognized in the subject: quality of health information, use of health information, effects on the relationship between professionals and patients through the Internet, virtual communities and groups of self-help and, finally, provision of digital services. In the line of the use of information are abundant references on searches of specific topics, competences and effects on their knowledge in patients and the general public (Marín-Torres et al., 2013, González Rivero, Santana Arroyo, 2008, Laugesen, Hassanein and Yuan, 2015, Solves, Santacreu, Martínez and Remón, 2009, Muñoz-Miralles, Ortega-González, Batalla-Martínez, López-Morón, Manresa and Torán-Monserrat, 2014), with little approach to institutions and strategies of communication chosen in terms of prevention and health promotion (Jones, Rudin, Perry and Shekelle, 2014).

Our research focuses on determining the communicative models adopted by the health sector organizations of the city of Mar del Plata of the Argentine Republic in 2017 in order to empower their users, that is, to facilitate the instruments that allow them to adopt a greater control over their well-being through the selection of new behavior practices and social participation. The work hypothesis defines local organizations based on a communicative diffusionist model based on health prevention with little promotion of the development of skills in users. For this, three variables were identified: information dissemination, empowerment and community integration emerging from the review of the scientific literature that characterize the communicative models. The survey is carried out through the analysis of the contents published on the corporate website for the prevention and promotion of health, paying special attention to the campaigns, interaction tools and training proposals available for the transmission of knowledge and the participation of users on platforms. and discussion spaces.

The research is limited in scope, because although the total number of local organizations linked to health services is addressed, it is limited to a city in the Argentine Republic. Another limitation lies in the adoption of the website as the main source for the content analysis without considering the plurality of available options, considering the strategic web presence and space for the integration of the social web tools. The importance of the study lies in determining the communicative model defined in these organizations and thus contribute to the formulation of

public policies that encourage initiatives not only of content validity or dissemination of information but also develop the participation and learning framework for users they can assume greater control, responsible and participatory, on health issues that are of interest, as well as in the development of skills for the transformation of collective construction health practices.

DEVELOPMENT

Literature review

Equity, solidarity and universality are the constituent principles of health systems. They represent the basis for the achievement of objectives based on comprehensive health care, the awareness of people about behavioral patterns and healthy habits such as the prevention of diseases and risks for the entire population. However, a vast history arises behind this definition under the terms of disease, prevention, public health and more recently, health promotion. The concept of disease has extended in the history of humanity from an environmentalist vision based on the intrusion of external agents into living beings, holding this perspective in time thanks to the technological advances that have taken place in medicine from the Renaissance to the 20th century. like the microscope, the stethoscope, the X-rays, the laser beam, the vaccines, the anesthesia, the vitamins and the penicillin among others (Carmona Moreno, Rozo Reyes and Mogollón Pérez, 2005). These advances facilitated the continuity of the Cartesian paradigm in the separation between the conceptions of body and mind, focusing on physiological processes and infections, wounds and chemical imbalances the causes of disease without considering the incidence of psychological and social processes (Martínez-Donate and Rubio, 1999).

As a result of the important discoveries that improved nutrition and facilitated the reduction of mortality through the application of both diagnostic methods and more effective preventive treatments, the epidemiological scenario of the industrialized countries located in both North America and Europe has undergone profound changes. During the nineteenth and mid-twentieth centuries there was a qualitative change in the causes of death thanks to discoveries in pharmacology and surgery (Martínez-Donate and Rubio, 1999). This change not only generates a greater life expectancy, but displaces the causes of mortality from infectious diseases (transmissible) and malnutrition disorders to diseases related to cancer, coronary diseases, lack of healthy habits, abuse of toxic substances and road accidents, that is, towards non-infectious (non-communicable) (WHO, 2015).

In view of the limitations of external agents as an explanation of the occurrence of diseases, since the last century the focus of attention is shifted in order to contemplate other factors relevant

to human health in addition to biological, such as environmental and social. This scenario favors a new conception defined in 1946 by the World Health Organization (WHO) in force since 1948 and present in the Preamble of its Constitution, conceived as "... a state of complete physical, mental and social, and not just the absence of disease or disease" (WHO, 2014, p.1). This definition is not exempt from criticism. One of them is based on the assumption of a general consensus about the terms used in this definition without considering the character of social and historical phenomenon of health. Others are enunciated through the subjective nature of the concept of well-being as in the present utopia in its adjective referring to the quality of fullness (Moreno, 2008).

A new definition of health takes place from a holistic view, understood as a bio-psycho-social process of multidimensional character in which the changes that occur between biological, psychological and social factors leads to the displacement between psycho-physical well-being and the disease as the balance between the interactions of these factors is altered (Kornblit and Mendes Diz, 2000). This conception adopts a comprehensive perspective on human health with emphasis on the installation of both healthy habits and the promotion of behaviors for the resistance of affections and alterations of the well-being of people. Unlike the pathogenic origin of disease prevention from the hygienist movement of the twentieth century under the precept that "... it may be less expensive and more effective to prevent the appearance of problems than to treat them when they have already been established" (Gómez y González, 2009, p. 89), the promotion of health has a recent origin in the middle of the last century, inspired by precautionary measures against epidemics and the improvement of working conditions. From a participatory perspective it involves different agents and organizations in order to guarantee the factors that contribute to the welfare of the population defined as "... the necessary means to improve their health and exert a greater control over it" (WHO, 1986, p. 1) With a positive, multisectoral and interdisciplinary approach in the configuration of the determinants of health is more comprehensive than the restriction to the situation of disease or disease but favors the development of favorable conditions in the environment and salubrious behavior in around good practices.

Health promotion recognizes the importance of "... considering the circumstances in which people are born, grow up, live, work and age, including the health system" (WHO, 2018, p.1), that is, those conditions which are decisive for their welfare state and inherent to lifestyle, consumption practices and the characteristics of both the environment and the organizations (Figueroa-Duarte and Campbell-Araujo, 2014). Given the time of life of the people that takes place within the framework of organizations, whether for their work, professional, academic or community, is a

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space of interest to carry out public policies that facilitate the promotion of health because "... whether companies, places of work, universities, schools, etc., constitute the most propitious environment to promote the adoption of a healthy lifestyle that encompasses and accompanies the whole life cycle of the person", thus defining n new spaces for the development of these practices (Ministry of Health, 2018, p.1).

Eriksson and Lindstrom (2008) express the development of public health from care and treatment to prevention and promotion, that is, from the pathogenic to the salutogenic perspective recognizing four stages: (i) the cure or treatment of diseases, (ii) health protection and disease prevention, (iii) education and health promotion and (iv) improvement of the perception of quality of life. In the third of these stages, recommendations on healthy practices are provided from education in order to avoid exposure to situations of risk. While in the promotion actions are carried out with different agents and organizations of the society where each person "... becomes a responsible, active and participant subject. The task of the professionals would be to support and offer options so that people can make well-founded decisions" (Rivera de los Santos, Ramos Valverde, Moreno Rodriguez and Garcia, 2011, p. 133). The objective of the promotion is thus to highlight the development of skills for choosing the best alternatives for the well-being of people.

There are different conceptions in health promotion, often opposed, such as the one proposed by Kornblit, Diz, Di Leo and Camarotti (2007), distinguishing two paradigms, a vertical one based on information with a passive role for the subject and another one for conception. democratic, with an active role in the construction of knowledge and the development of skills. In this line of classification that recognizes the role played by people in the control of their actions in the orbit of health, there are also the two perspectives pointed out by Gómez and González (2009), one emphasized in the individual capacities of the subject and the another based on the integration of dimensions for the development of public policies. The individualist approach reinforces the subject's responsibility as a lifestyle by attending to the dissemination of information on risk factors and the use of health services for personal care while the second approach is based on a holistic view of health determinants. The integration of these two positions considers promotion as a strategy that links people to their environment, taking into account both self-management and the rest of the determinants of health and social responsibility.

There are three models that can be identified in the promotion of health under a vision of complementarity, not mutually exclusive, focused on the achievement of common objectives and based on the commitment of people in the transformation of practices (Kornblit and Diz, 2004; WHO, 1986) (Table 1):

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• informative, characterized by the dissemination of content related to beliefs, attitudes and healthy practices,

• empowerment, represented by the development of competencies to obtain greater control over the determinants of health,

• community, characterized by distinguishing the concept of health as a collective construction emerging from the commitment and participation of people.

With recognized parallels in the educational field according to the models proposed by Kaplún (2002) and Palomares (2015), each of these styles of health promotion presents specific goals and is associated with a communication model. The informative model, of a unidirectional nature, is characterized by the emphasis on the contents that are disseminated to the target publics and the communication concept that underlies this model is that of `banking communication' where an issuer -one of the actors of the health system - sends its message to the recipients - target population - transferring information, ideas, feelings and abilities through a variety of channels and formats (Kaplún, 2002). In this model the recipient adopts a passive role: he is the receiver of the information that the sender, from a leading and dominant role, has presented him as finished and complete, according to his own perspective. The receiver is resigned only to the decoding of the message that the sender as possessor of legitimate knowledge has proposed for him (Spinelli, 2004).

Table Nº1. Health promotion models

Model	Purpose	Style	Characteristic	Role of the receiver
Informative	Recommendsanitary practices	Imperative, vertical, unidirectional	Transmission of information	Passive, silent
Empowerment	Develop attitudes and skills	Pseudo - bidirectional	Emphasis on the effects	Active in the spaces determined by the issuer (feedback)
Community	Promote reflection and collective production of sanitary practices	Multi - directional	Development of intersubjective processes	Active, intervention in all phases of the communicative process

Source: Adapted from Kornblit and Diz (2004)

The model of empowerment is characterized by conditioning the recipient to adopt a new behavior in response to health needs by providing feedback between them. As an informative level, it continues to be authoritarian and vertical, in this case motivating people to adopt new

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behaviors considered more favorable in substitution of old practices in order to achieve certain effects (Kaplún, 2002). Feedback is an instrument that allows the issuer to confirm the achievement of its objectives that conditions the recipients to issue pre-established responses. However, its purpose does not correspond to achieving the participation of users and thus balancing the existing asymmetry in the leading role played by sender and receiver, but rather seeks to impose behaviors and check the expected effects against the proposed proposals (Spinelli, 2004).

The community model emphasizes the dialogue and the interrelation between the interlocutors, privileging the group, collective and horizontal character in order to transform reality through reflection on practice (Kaplún, 2002). This participative communicative style rejects the differences of hierarchies between the roles that are established in the interaction of the subjects without dispensing with the information to approach their analysis, adding the problematization in order to situate the reflection on the health practice. At this level communication is established as a relationship of exchange of messages in conditions of reciprocity, thus alternating the roles of sender and receiver for each subject (Spinelli, 2004). On these three levels, other authors distinguish two conceptions, one centered on individual responsibility and the other, under collective responsibility, placing the level of empowerment at one or the other level according to the degree of autonomy that the user is endowed with in the selection of contents (Kornblit et al., 2007; Gumucio-Dagron, 2011).

In the health field after the first decade of the new century, two other modeling of communicational processes emerged: (i) Díaz's (2011), which recognizes two dimensions, one informational and one relational, and (ii) Massoni's, Mascotti and Margherit (2013) with the distinction of four dimensions: informative, interactional, ideological and sociocultural. Díaz's model (2011) proposes an informational approach, of an instrumental nature conceived as a linear process between sender and receiver, based on the Theory of Information from the beginning of the last century, configuring an asymmetric relationship between the doctor and the patient, in which the former is the repository of knowledge. Providing at the time of the issuance of the message as the most important in the link. A second approach, relational, offers a broader vision integrating the production (emitter), circulation (channel) and recognition (receiver) under conditions of time and space that shape the environment of the relationship, giving an active role to the receiver as producer of meaning.

The model proposed by Massoni et al. (2013) defines an informational dimension that focuses on the transfer of content to the public of interest. The interactional dimension refers to the empowerment of users through interaction with other agents. The ideological dimension is

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related to raising awareness about issues of interest to the community while the socio-cultural dimension implies the actions and meanings that are made in addressing issues in a particular context. With recognized differences between the models defined above, a basic distinction is observed between those actions that are framed in prescriptive guidelines under the form of dissemination of information and others that offer interaction with users. In the health field, these typologies can be recognized according to the author invoked for the analysis, offering in the models with the greatest number of approaches an opening based on the diversity of actors and the type of response defined in the communication strategies.

Materials and methods

The research adopts a quantitative methodology in order to analyze the characteristics of the communication models in the digital field used by the organizations that provide health services in the city of Mar del Plata in 2017 from the private sector, public sector and the Third Sector. The methodological option is based on a non-experimental, descriptive study with a quantitative main focus, whose data collection is made from the distinction of active entities in the city that provide health services by conducting a content analysis on their website corporate. The selection of units of analysis is based on identifying entities whose mission is registered under the promotion of the well-being of people from the bio-psycho-social conception in which they advocate for greater control over the determinants of health for the recipients of services.

Under this perspective, those organizations that provide and / or finance health services are considered, among which are considered those that provide therapeutic treatments, recreational or educational activities for people with disabilities and those that offer exclusive medical studies such as genetic tests. This way, a wide spectrum of legal forms registered in the provision of health services such as associations, foundations, mutuals and social works with a location in the locality are recognized for the study. The identification of these organizations was carried out through the search of entities or affiliates registered in the Federation of Argentine Foundations, the Argentine Confederation of Mutual Societies, the Superintendence of Health Services and the National Institute of Associations and Social Economy. These entities present a set of common attributes for the conformation of the population under analysis:

• provision of health services identified through its main or secondary economic activity verified in the Federal Revenue Administration System (AFIP) and corroborated with the contents related to its mission, vision and objectives present in the corporate website,

• filing in the city of Mar del Plata, for the selection of entities that offer coverage at the national level, those that have domicile in the city for one of their headquarters are considered,

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without considering companies that act under a system capitated for the original entity (payment prospective to the provider of health services where a fixed monetary value is assigned per individual and is independent of the intensity of the care provided),

• compliance with the national tax provisions determined its regularity in AFIP and in the Collection Agency of the Province of Buenos Aires (ARBA) through the identification of autonomous natural or legal persons,

• digital presence through a corporate website.

Thus, the units of analysis are characterized as lending and / or financing entities of health services tax registered in the state control agencies such as AFIP and ARBA, which have a digital presence to communicate their work with their stakeholders. Under these criteria, 93 organizations from the health sector marplantense were identified: 7 associations, 2 foundations, 9 mutuals and 75 social works. Social and mutual works are considered to be financing, while associations and foundations are located among the providers. Entities can exercise one or another function or both at the same time, as in the case of social works. From the comparison between research perspectives, three variables are defined -difusion of information, empowerment and community integration- that contribute to characterize the communicative models present in each entity (Table 2). These results from the comparison between the Kornblit and Diz (2004), Díaz (2011), Massoni et al. (2013) and Palomares (2015) on the characteristics and dimensions of the communicative strategies used. We selected research that addresses communication from multidimensional perspectives in order to generate a change in the behaviors and behaviors of the subjects contemplating vertical approaches centered on the user and other more democratic based on collective construction (Kornblit et al., 2007; Lupton, 2014; Massoni et al., 2013).

The correspondence between the theoretical and real elements is established (Bostwick and Kyte, 2005) through a content analysis of a quantitative cut to obtain information about the variables under study. Between June and July 2017, the corresponding values on information dissemination, empowerment and community integration present in health promotion and prevention campaigns, as well as on the platforms offered in these, were recognized in each corporate website. spaces to your interest groups. The presence or absence of the different elements for each indicator was determined without excluding the proposed categories. From the identification of the contents on prevention or promotion of health on the website, either on the main page or in specific spaces for dissemination, the corresponding type of value is indicated. This slogan was applied in a complete review of the informative proposals and interaction resources (platforms, forums and virtual courses), without being restricted to a single content or

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tool, but to the set of published elements in order to determine their availability for use by the users.

Table N° 2. Summary of variables and indicators

Variable	Dimension	Description	Indicator	Values Virtual courses Ateneos Community of practice
I gave information fusión	Specific content	Presence of information on sanitary and preventive practices on the Internet on the promotion of health practices	Existence of information	Presence Absence
	Broadcast format	Disposition of content in the form of text, images and infographics (external content, own content and, both protection activities and early detection of mandatory compliance)	Type of content	Bells News Programs
Empowerment		Formation of I user activities and groups which share common interests	Training platforms	Virtual courses Ateneos
Integration Community		User training in the development of critical thinking and participation based on topics of interest	Collective construction platforms	Community of practice Discussion forums and opinion

Source: Own Elaboration

Results

From the perspective of financing, the health system in the Argentine Republic consists of three poorly integrated sectors: (i) the public sector in which both national and provincial ministries as well as hospitals and health centers are located; (ii) the health sector; compulsory social insurance organized around social works as well as the National Institute of Social Services for Retirees and Pensioners and (iii) the private sector that includes individual claimants (independent professionals and establishments) and voluntary insurance entities or systems of prepaid medicine, including entities such as cooperatives and health mutuals (Belló and Becerril-Montekio, 2011). According to this classification, entities belonging to the Third Sector are incorporated into the private sector, however the importance they have for the effective implementation of government actions in the empowerment of users in health matters as established in the Ottawa

Charter (WHO, 1986) merits their differentiation in order to determine the communicative models they use and the digital means available for this.

In the city of Mar del Plata, 93 active organizations with a digital presence belonging to the Third Sector linked to health services are identified, distributed mostly between social works with 80.6% and mutuals with 9.7%. Empirical research has as its starting point the recognition of the type of digital strategies used in the dissemination of content for the promotion of community well-being, understood as the pillar on which the models of empowerment and community integration are based in a complementary manner. These strategies are manifested through links to sites of interest, own news, prevention programs and health promotion campaigns published in various formats and styles. In order to publicize the health content, different media such as links, images, texts and videos were used, addressing a wide variety of topics. However, this thematic and format diversity did not correspond to the Web 2.0 tools that are rarely used for the dissemination of specific content. Although at present there are multiple digital spaces in which the communication work of organizations is currently being developed in order to facilitate access to non-scientific users to health information such as websites, social networks, learning platforms and Mobile applications (Lupton, 2014) are not widely used by the sector under analysis.

Under the plurality of tools and learning environments that address health issues added to the constant increase of Internet users in our country with 70% of the population for 2017 in a variation of two percentage points over the previous year (ITU, 2017, 142) moderate use is observed in the variety of formats and technologies provided to meet the requirements of the sector. This situation is notorious for some types of entities such as associations and mutuals that exhibit their practices and benefits scarcely, as well as the minimum amount of resources available to promote the participation of their stakeholders. The analysis reveals a moderate dissemination of information, since only 58.1% of the entities offer specific contents for the promotion of community welfare (Table 3).

Table Nº 3. Distribution of contents for the prevention and promotion of health according to type of organization. Mar del Plata - 2017

Type of organization	Total	Content s specific s			
		With offer		Without offer	
	N °	N °	%	N °	%
Association	7	two	28.6	5	71.4
Foundation	two	two	100.0	0	0.0
Mutual	9	two	22.2	7	77.8
Social work	75	48	64.0	29	36.0
Grand Total	93	54	58.1	39	41.9

Source: Own Elaboration

While social works publish these contents approximately in a number close to two thirds of the total other type of entities, such as mutual associations and associations, are those that have the least representation in the disclosure process. In the category of foundations, relevant content is present in both entities to take their message to the community. A large group of Third Sector organizations, with presence on the Internet, focus on disseminating their work in the digital field in providing information referring both to the institutional image and to medical services without addressing issues tending to facilitate greater health control on the part of the users. For these organizations the presence on the Internet is adopted from a deterministic view based on administrative efficiency without considering the transformative potential in the use of technologies in order to empower or integrate users into spaces for debate and collective construction.

The basic format for content dissemination is basically represented by replication contents of campaigns from other departments and links to sites with medical information, mostly to mutuals, secondly associations and, to a lesser extent, social works (Table 4). Information on topics of health interest such as newborn care, balanced nutrition, responsible management and first aid has a limited presence in all entities, where articles are written by staff of the institution. Although half of the entities that offer content on prevention is carried out under the format of campaigns, it is in the social works where they are most relevant with 54.2%, with a minimal presence in mutuals and absent in the rest of the entities. The programs have a presence in the associations and foundations being in second place with 35.4% in the social works where local contents, ephemerides and an induced demand for the fulfillment of preventive activities are presented.

Table Nº 4. Distribution of contents for the prevention and promotion of health according to type of organization. Mar del Plata - 2017

Type of organization	Total	Specific content					
		Bells		News		Programs	
	N °	N °	%	N °	%	N °	%
Association	7	2	28.6	5	71.4	7	2
Foundation	2	2	100.0	0	0.0	2	2
Mutual	9	2	22.2	7	77.8	9	2
Social work	75	48	64.0	29	36.0	75	48
Grand Total	93	54	58.1	39	41.9	93	54

Source: Own Elaboration

The influence of Internet resources on the media used by the entities of the Third Sector for the dissemination of their work is easily observable in social works because most of them offer

content to their users motivated by the changes produced by the potential of new technologies. In health care, its use is visualized through the digitalization of brochures or posters that represent preventive campaigns, accompanying documentation on diseases and treatments along with other resources such as digital magazines and multimedia content. However, despite the diversity and sophistication currently offered by social networks and technology platforms, the role assigned to users corresponds to web 1.0, where the 'content is king' (Oller, Segarra and Plaza, 2012). Another way of visualizing the adoption of new technologies is through the provision of tools that facilitate self-management such as downloading online forms, the guide of procedures or downloading applications on their mobile devices for the management of shifts or for the training on first aid and prevention of cardiovascular risk in their mobile devices.

Despite the sophistication of the tools, the level of user intervention is low, maintaining the purposes of efficiency in administrative management and in the dissemination of prevention strategies for health. In the study of empowerment, the active roles that are exercised in training and opinion spaces such as forums and learning systems are markedly reduced and it is only visible in a small number of associative organizations in the locality the use of blogs and channels in social networks that are used for the transmission of information. Although the passage to the web 2.0 is carried out from the unidirectional communication strategies towards the bidirectional ones, with the user as protagonist in the interaction with the organization (Pisani and Piotet, 2009, Oller, Segarra and Plaza, 2012) the existence of tools that promote the exchange between the organization and its users. Although conferences and meetings are offered as well as training material in digital format, they are scarcely used, preferably as a vehicle for dissemination, with little or no participation of users in them.

At the level of empowerment, we can highlight the disposition of athenaeums through social network channels such as Youtube that present cases of analysis to the scientific community with the intervention of different professionals in the country in order to be accessed by users in an open manner. There are also training proposals, some of which are officialized through the Superintendence of Health Services, framed in prevention strategies such as breast cancer, diabetes and hypertension, among others. In the latter case, booklets and information are offered in various formats on the subject, which are created specifically for the training proposal. In the category of community integration there are no spaces intended to form communities or forums with the intervention of users that could constitute a first approach for the construction of knowledge, reflection from practice and the incorporation of the local cultural heritage in the design and dissemination of contents.

In the communication with their stakeholders, the entities tend to assign a preferably passive role or with a style that incorporates tools and actors to offer guidelines and behavior guidelines for a healthy life or as a training and discussion space. Of the three theoretical models defined as informative, empowerment and community integration, empirical research places organizations mainly through the first of the models enunciated with few manifestations in the following models. While the majority of Third Sector entities linked to health in the locality adopts a diffusionist model mainly through the replication of posters corresponding to provincial and national campaigns in a timely manner, others that incorporate tools and contents begin to be identified who give an account of their interest in providing the user with a more active role in controlling their well-being. The entities that participate in the information dissemination model are mostly social and mutual works in their entirety. Indications of the empowerment model are concentrated exclusively in social works and foundations, while the model of community integration is absent in the analysis.

CONCLUSION

The empirical study carried out is in the line of research on the use of health information, based on three singular considerations: the first one, which addresses population, that is, all the organizations of the Third Sector from Mar del Plata, active and with a digital presence Unlike other research supported by sampling. The second is based on the diversity of the legal nature and the extent of health benefits offered by these entities under the health system of the Argentine Republic, which is difficult to compare with other countries. Finally, the analysis of the empowerment of users through the communicative processes defined for interaction with their stakeholders. The internet is observed as a source of information used by entities for their corporate presence, dissemination of benefits and replication of specific content for health prevention, providing the lay public with access to vast medical information with limited capacity development in the users as it was conceived in the foundations of the articulation between the State and the organizations of the sector in the Ottawa Charter.

The empirical research has made it possible to corroborate the initial hypothesis about the communication model used in the organizations of the Third Sector linked to the provision and / or financing of health services of the locality constituted around the diffusion of contents, of vertical and imperative type, with little use of social web tools. The strategies used in communicating their work and that can facilitate the empowerment of users are centered on two axes, with a clear preponderance of the first of them:

• dissemination of campaigns mainly of national origin through the replication of content that is published as images (posters) for viewing on the website,

• Public awareness through the publication on the website of ephemerides, opinion articles and prevention programs with guidelines for compliance and induction of demand.

The main model that distinguishes itself in the digital domain for these entities is of the informative, vertical, prescriptive type on the behavior of the users, assigning them a passive role. The format established for the dissemination of content focuses on the replication of campaigns from other jurisdictions with little incorporation of training strategies through interaction tools or modalities with greater user intervention such as video channels or virtual athenaeums respectively. Faced with the growing attention received by web 2.0 platforms and social network applications currently supported by the proliferation of mobile devices, the use of these tools by the sector is still latent.

It can be observed that the entities that use more traditional models are mostly the mutual ones and secondly the social works although they provide means for the promotion of health with local contents. At the other extreme, among the most innovative in providing means for the empowerment of users are associations, foundations and, to a lesser extent, social works. The low incorporation of a critical role gives the guideline to consider in this aspect the associative organizations of the locality under the web 1.0 model with an incipient application of social media tools but under a diffusionist model that denies it interaction with its associates and slows down the formative possibilities that can be developed under the different communicative forms mediated by the technologies.

As is the distinction between web 1.0 and 2.0 the profile of users to which these organizations are directed does not allow them to responsibly manage their practices and places them in a static position, without the possibility of interaction or knowledge of other social groups with interests Similar. It is essential to provide the means so that, throughout its life, the population is prepared to adopt a position of greater knowledge in the face of diseases and chronic injuries. Through the broad type of organizations that can articulate with the State can contribute to the fulfillment of this objective, in order to promote personal and social development by providing information and health education in a clear intention to develop the essential skills for a healthy life.

REFERENCES

Please refer to articles in Spanish Bibliography.

BIBLIOGRAPHCIAL ABSTRACT

Please refer to articles Spanish Biographical abstract.