Foreword

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Biographical notes: Reima Suomi is a Professor of Information Systems Science at University of Turku, Finland and a part-time Professor at Central China Normal University, Wuhan, China. Currently, he concentrates on topics of healthcare IS and telecommunications, including issues such as management of networks, electronic and mobile business, circular economy, virtual organisations, social media and governance structures. He has published in journals such as *Communications of the Association for Information Systems*, *European Journal of Information Systems, Computers, Informatics, Nursing, Information and Management*, *Information Services and Use*, *Technology Analysis and Strategic Management*, *The Journal of Strategic Information Systems, Behaviour and Information Technology*, *Journal of Management History, Orthopaedic Nursing and Information Resources Management Journal*.

Hongxiu Li is an Assistant Professor at the Department of Information and Knowledge Management, Tampere University, Finland. She received her DSc in Econ. and BA in Information Systems Science from Turku School of Economics, University of Turku, Finland. Her expertise and research interests cover the areas of IS use behaviour, digital services, social media, and big data. Her research has been published in journals such as *Information Systems Journal, European Journal of Information Systems*, *Computers in Human Behavior, Computer and Education*, *Decision Support Systems*, *Tourism Management, Information and Management*, and *PLOS ONE*.

Ágústa Pálsdóttir is a Professor at the Department of Information Science, University of Iceland (UoI). She has served as faculty council member and head of department, as well as board member and chairperson for several committee and research centres at UoI. In addition, she has served as a visiting professor at several international universities. She has also participated at organising international workshops for doctoral students, acted as pre-reviewer of doctoral dissertations internationally, in addition to supervising her own doctoral students. She has served as member of evaluation committees for academic positions at international universities. In 2017, she served as a chair of an expert committee for the quality assessment of study programs at the University of Tartu and Tallinn University, Estonia. Her main field of research is health information behaviour and media and health information literacy, particularly among senior citizens, and she has authored several articles on this topic.

Roland Trill has been a Professor at Flensburg University of Applied Sciences since 1987, and has over 40 years of experience in healthcare organisations. He has been involved in managing international eHealth projects since 2004 and is a participant of Health Care Executive Programme, Cornell University N.Y. He was Head of Institute of eHealth and Management in Health Care, and Head of eHealth for Regions Network, both until 2018 and is the author of more than 150 articles or monographies.

In year 2018 our conference series ‘Well-being in the Information Society (WIS)’ returned to the topic of inequalities, after the year 2012 topic of ‘Exploring the Abyss of Inequalities’ with the subtitle ‘Fighting Inequalities’. Even to our surprise, the topic was as actual in year 2018 as it had been in year 2012. However, we felt that the topic had already gained its place in the scientific and societal discourse, so in the title the attention was from discovery of inequality to real action to combat inequality. In this spirit, we also wanted articles that would describe actions against discrimination and inequalities, in any field related to human and society well-being.

Inequalities are rampant everywhere, and a constant fact of life. We cannot all be the same, and inequality is often a natural and even needed phenomenon. The issue is to find out questionable, unfair, harmful, dysfunctional and ethically or otherwise unacceptable inequalities, and then further to eliminate them – even to fight them as we worded our conference and special issue to topic.

Objective and subjective inequalities are two different words. Individuals who look like very disadvantaged in objective well-established terms and criteria might feel that they lead a rather nice and well life. On the other hand, people with very privileged positions in common terms might feel rather unhappy and pariah. Well-being, health, social status and happiness mean different things to different people. We can never reach

a society where all would feel in the same way to have complete well-being. Nirvana remains unreached.

One important issue is who is responsible for well-being. The extremes would be to leave the issue to individuals with no society involvement, or to have a well-being state that takes care of all your needs. Neither of the extremes is possible, and well-being is always a function of both the society and individual actions.

Social and peer-to-peer support in crucially important in well-being. People tend to compare their well-being to close peers, and big differences in well-being as compared to them cause especial frustrations. In the similar way, social support and acceptance by peers can be more crucial to the maintenance of well-being than any official or professional help – of course depending on the situation. You might want your neighbour to lend you his/her car, give you hints on which sport club to visit, but most obviously you would not accept hearth surgery from your neighbour.

Inequalities exist between different entities. At the very end it is question about humans and individuals and their living conditions and environments and experiences, but dimensions such as country of living, ethical background, religion, language spoken, area of inhabitance, heredity factors, political and ethical identities – this list would be endless – all have an impact on the real and felt inequality.

The areas of health and well-being, education levels and skills, social networking and contacts, social status and material well-being are the ones where inequalities are easily seen and recognised. Many other dimensions of inequality remain hidden and not discovered. Our society's constant task is to find new sources of inequalities, and fight them if so deemed. On the same take, care must be taken not to make issues that are not problems to such ones. Science has a key role in this endeavour.

With these ideas we set the agenda for the conference 'Well-being in the Information Society – Fighting Inequalities'. Out of the over forty candidates four have made it all the way to the special issue. Each provides its own unique view on well-being inequalities.

Diabetes belongs to the most widely recognised, prevalent and also fought medical nuisances in the world. Sadly, this disease finds new grounds as the standard of living increases. There is also wide evidence that population groups already facing other challenges such as poorness and obesity are more than others to witness diabetes. In her article 'The use of games for controlling diabetes and obesity in Chicago's South Side' Professor Nilmini Wickramasinghe proposes digital serious games as tools to keep diabetes away, and in the case of already active disease, to manage diabetes. Diabetes can be to a great extend be controlled and managed by individual health behaviour – on the contrary to many other diseases such as most of cancers. Serious games can bring in the needed knowledge, motivation and social support to gain good results in protecting individuals from diabetes, and managing the established disease. Examples of serious games interventions are provided from Chicago area.

The article 'Health information-seeking styles and health information literacy in relation to anticipated health-promoting behaviour – results from an online diabetes risk test survey' by Kristina Eriksson-Backa and Hai Nguye also tackles the issue of diabetes. Approach to the managing of the disease is even here education and knowledge, but here instead of serious games the concepts of health information literacy and health information seeking styles are taken into scrutiny. Active health information seeking as well as high everyday health literacy can crucially help in the defence and management of diabetes.

In her article 'Incident data in enhancing school safety: an example from Finland' Professor Eila Lindfors addresses the crucially important topic of school safety. Even in well-off and education-friendly countries like Finland schools can be hazardous places for the pupils as well as for the personnel – not to speak of less developed countries. Physical, social and psychological hazards as well as pedagogical shortcomings and omissions threat the well-being in school environments all the time. Important steps in managing these hazards are the identification of the problems, the documentation of them, and learning from them. As in any risk management, a key issue is the learning from incidents, including near-misses. All members of the school community – also and maybe especially pupils and students – need to be constantly aware and alarm on the school safety risks, and – as in all risk management – be constantly learning from past experiences.

One big risk of inequalities lurks in the daily life of elderly people. Several researches – as well as daily commonplace experience – witness the reluctance of elderly people to accept digital solutions to support their life. It is also well known that many digital solutions and tools are targeted towards young generations, and designed and implemented with their needs and habits in mind. Health issues might complicate the use of computers and other digital tools by elderly people, as well as language barriers. Peer support and acceptance to use digital solutions might also be missing in the case of elderly people. The article 'Active DigiAge – technology acceptance by ageing people' by Marina Weck, Nina Helander and Tarja Meristö focuses especially on assistive digital technologies. The results show that old people cannot be seen as one homogenous group even in this issue, but that several factors affect the acceptance of digital services and solutions by elderly people, and that much more research is needed on this issue.

We wish to thank Inderscience Publishers and the *International Journal of Telemedicine and Clinical Practices* for publishing this special issue and guiding us very professionally through the editing phases. Our deepest gratitude is denoted to the authors of the special issue for sharing their knowledge, as well as for all the reviewers who catered for quality assurance for this special issue. We wish all the readers informative and educative moments when consuming the articles.