

“The Internet has saved my life:” How older adults are using the Internet for health information

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Background

As the estimated 70 to 80 million Baby Boomers in the United States age, they will have a range of needs to be met. The U.S. Census Bureau estimates that of the 78.2 million Baby Boomers in the United States, 7,918 are turning age 50 each day at the rate of 330 each hour (U.S. Census, 2006). As the Baby Boomers enter the aged 65 and older category, there will be a demographic shift in the ages of those who go online and emerging trends among this population should be monitored (Fox, 2005; Karavidas, Lim, & Katsikas, 2005). Indeed, more and more older adults are going online. Fox (2005) found that fully 71% of those aged 50-64 and 32% of those aged 65 and older use the Internet, compared to 88% of those aged 18-29 and 84% of those aged 30-49.

Internet users are increasingly using the Internet to find health related information (Dolan, Iredale, Williams & Ameen, 2004; Korp, 2006; U.S. Department of Health and Human Services, 2006; Fox, 2006; Henwood, Hart, & Smith, 2005). According to the U.S. Department of Health and Human Services (2006), 1 in 5 adults aged 65 and older used the Internet for health information. Fox (2006) found similar results and stated that 80% of Americans who go online, or roughly 113 million Americans, used the Internet to find health information with about 10 million adults going online for health information on a daily basis. According to Fox, these users start at a search engine like Google (<http://www.google.com>) and review multiple sources to corroborate information. Often a user is searching for information on a specific medical condition for a family member or friend. Overall these users felt reassured, confident, and comforted or relieved by the information they found online but some also felt overwhelmed, frustrated, confused, or even frightened. It is also important to note that 75% of these users did not regularly evaluate the health information they found online for quality, source, or timeliness. Furthermore, referral information on prescription drug benefits was the most frequent type of requested information in the recent Seniors Count survey of older adults in Boston (Silverstein, Connors, & Jawad, 2003).

The social informatics framework posits such relationships within a socio-technical model of information communications technologies (ICT) use. Social informatics is “the systematic study of the social aspects of computerization ... an interdisciplinary study of the design, uses, and consequences of ICTs that takes into account their interaction with institutional and cultural contexts” (Kling, Rosenbaum, & Sawyer, 2005, p. 3-4). According to this framework a socio-technical model treats the social and technical elements of computerization as interrelated. Socio-technical models require an in-depth examination of work practices, ICT uses, and knowledge of the social and organizational context to enhance understanding of ICT use. In addition to these elements, the hardware, software, techniques (i.e., patterns of use), and technical support resources including training, are also included in socio-technical networks. Much like gerontology, social informatics is a problem-oriented area of study that is not defined by a particular analytic method or study setting. Social informatics posits the social and organizational context as pivotal to understanding ICT design, use, and implementation. The social context of ICTs is particularly important given that people are complex “social actors...people’s individual autonomy, their agency, and their behaviors are shaped by social norms, institutional forces” and a socio-technical model of ICT use “demands stronger conceptualizations of the independent elements and their myriad inter-relationships” (Lamb & Sawyer, 2005, p. 14). As such, examining the process, meaning, and experience of ICT use is greatly enhanced by social informatics (Robbin & Day, 2006).

Materials and methods

The specific aims of this study addressed the following questions:

- What is the experience of older adults who use the Internet to access health information?
- What, if any, meaning do participants attach to the experience of accessing health information online?
- What steps do older adults take to find health information online?
- How do older adults determine the trustworthiness of online health information?

Given the social nature of ICTs, these research questions are important since older adults with different interpretations of ICTs will adopt and use these tools for health information differently.

Email-based interviews were conducted to address the specific aims of this article. There are many advantages to using email-based qualitative interviews. Email-based communication allows asynchronous, back-and-forth communication between the researcher and the participant. This method enabled an email-based conversation to take place over time. Rather than use a static, web site-based survey (such as Survey Monkey) to collect data, email allowed an easy method for the researcher to ask follow-up questions with participants. This method also allowed time to pass to reflect on possible follow-up questions.

This study replicated the email-based interview methods as described by both Kivits (2006) and Hamilton & Bowers (2006). In terms of this method for interviewing older adults, Kivits (2006) used email-based qualitative interviews to explore how patient Internet use for health information affected their relationship with health professionals. Kivits also stated that email-based interviewing meets conventional interview objectives and can produce thoughtful and personal communication. Hamilton & Bowers (2006) propose a similar procedure for conducting email-based interviews and recommend an email-based audit trail of data to increase study reliability. Any visual data was not recorded and was beyond the scope of this study. Prior to participant recruitment and data collection, ethical approval to conduct the study was granted by the Boston College Institutional Review Board.

To participate in the study, a participant had to be aged 50 or older, have access to email, and have previously used Internet for health information. A total of five participants were recruited via flyers posted at a senior center and the Social Work Chat bulletin board (<http://www.socialworkchat.org>). Informed consent and age were confirmed via an email response from participants. Participants were offered a free email account to help ensure anonymity but all participants declined the account. Participants received the interview questions in three separate emails. Participants were also encouraged to keep a copy of their responses and review study results to enhance study reliability. It took three weeks to collect data from all participants.

In conjunction with the method used by Kivits (2006), thematic analysis was used to code and interpret data via a process described by Hesse-Biber & Leavy (2006). According to Hesse-Biber & Leavy, thematic analysis involves data collection, memoing, and the construction of themes as culled from the data. Once the data was collected, the researcher became familiar with the data by memoing. Memoing involves coding text segments, condensing data into segments to be analyzed, searching for patterns among coded segments, and creating concepts based on these codes. Memoing also allowed much room for repeated reflection on the data. These concepts were further interpreted to construct patterns and common themes to report.

Results

Experiences of Older Adults Who Use the Internet for Health Information

The experiences of participants going online for health information are divided into five main themes:

- Market forces: There is a bottom line and that line is green
- Informed consumer
- Health care gaps or supplements: ‘Dr. Google’ is in 24 hours a day, 7 days a week
- Internet-enabled empowerment: I have to do this myself
- Connecting with others: The human relationship online

The Meaning and Impact of Going Online for Health Information

Participants had strong reactions to being able to go online for health information. As one participant stated,

“It would not be an understatement to say that the Internet has saved my life, and helped me preserve function because I can keep up with emerging research on my disorder.”

Locating Health Information Online

The manner in which participants located health information online is divided into three main themes:

- Process of getting health information online
- Barriers to health information online
- Making online health information easier to find

Trustworthiness of Online Health Information

Participants used various means to decipher the trustworthiness of online health information. When asked to list specific trustworthy sources, they indicated a combination of both public and private organizations including the government, social service organizations, charities and nonprofit organizations, the AARP, individual doctors, HMOs, and hospitals to provide trustworthy health information online. However, all participants stressed that every source must be scrutinized for accuracy and motives for putting health information online. Additionally, participants wanted access to scholarly information as contained in academic and medical journals.

Conclusions

Overall, participants who used the Internet for health information were driven by a need to search for information, care or services, connections with people, or to learn from the experiences of others. In terms of a search for care, there was an overarching “I can do this myself” mentality among participants. It is difficult to say whether being able to go online for health information was empowering for participants or these folks felt they had no choice but to go online to get this information. It was also remarkable how many participants found information online to make personal contacts with specialists for specific health conditions. Such online experiences had a powerful impact on participants. For one participant, it even saved her life.

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For further information

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