The ‘digital divide’: facilitators and barriers of healthcare technology use by older adults

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‘Town and Gown’ Event 2018
Overview

• Brief overview of frailty
• How can technology help?
• The digital ‘divide’
• Our study
Frailty

- Frailty is:
  - a condition that is associated with older age
  - decreased physiological & psychological resilience
  - increased risk of poor health outcomes

- 4 - 17% of population aged over 65 years affected by frailty (Collard et al., 2012)

- However, frailty CAN be reversed or prevented through intervention and management.
  - by being mentally, physically and socially active
How could technology help?

- Early identification of frail older people through technology based screening programmes could help to target interventions and services to the right people at the right time
  - e.g., exercise programmes, physiotherapy, occupational therapy, health education, medical review, cognitive training

  - Improve the availability and consistency of interventions
  - Improve communications between older adults, family caregivers and health and social care professionals
  - Reduce costs
The Digital ‘Divide’

• Low rates of computer usage in those aged over 65 years
  – Northwest slope: Poland 33%, Italy 35%, UK 41%, Denmark 83%

• Age, gender and socioeconomic divisions

• But GOOD NEWS! The number of women (over 75) online in the UK has trebled since 2011 (35%)
The FOCUS Project

- Develop methods and tools for screening and management of frailty
- Reduce the burden of frailty in Europe
- Platform for knowledge exchange
- Develop evidence based guidelines
- "Lancaster University"
Technology study

• We interviewed people in small groups about their views on the use of technology in healthcare for frail older adults
  – health and social care professionals
  – family caregivers
  – healthy and frail older adults

• We wanted to know whether people would be willing to use technology for:
  – online screening programmes for frailty
  – delivering online exercise and ‘brain training’ programmes to frail older adults
What we found...

• **Value:**
  - Screening: people less concerned with ‘how’ and more concerned with ‘why’. What would screening lead to?
  - Interventions: What’s the point (e.g. of exercising) now?

• **Usability, Affordability and Accessibility:**
  - Some did not own a computer, some did not know how to use one.
  - Issues relating to access and taking part in public spaces, e.g. exercising in the library!

• **Social support:**
  - to motivate, supervise and ‘remind’ people to take part.
What we found...

- **Emotion and Independence:**
  - Concerns that online programmes would be isolating.
  - Caution around providing personal information online.
  - People perceived no emotional benefits for online frailty screening programmes, rather there were concerns that online screening could be psychologically damaging.

- **Experience and Confidence:**
  - Only a few people had experience with computers.
  - People lacked confidence, some felt “too old” to learn. Others would like to learn, perhaps through social clubs.
Conclusions

• Healthcare technologies for frailty management are perceived as valuable and acceptable to health and social care professionals.

• BUT they may take more time to be accepted and used by frail older adults. Key problems are around:
  – enabling access
  – preventing social isolation
  – Negative perceptions around ageing and being called ‘frail’

• Therefore, the challenge is to develop methods that avoid stigmatising people to ensure that interventions are acceptable and used.
One final thought......

Frailty is not inevitable

Exercise
Have fun!
Eat well
Keep mentally active
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