

Developing a Conceptual Framework for Information Access for Rural Seniors

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Introduction

In Canada, a quarter of all seniors reside in rural settings where supports and services necessary to age in place are often limited (CIHI, 2011). Rural seniors' ability to age in place is influenced by their access to information and awareness of available supports and services. However, access to information for this population is often inconsistent, unavailable and inaccurate. The onus is usually on seniors to seek out information. This lack of knowledge translates into low usage of supports and services, challenges in navigating the health system, limited awareness of preventative programs, and high hospitalization and acute care rates (CIHI, 2011). This disparity is acknowledged less in the literature and although a few studies have begun to discuss the issue of providing information resources to rural seniors, none appear to use a conceptual framework in approaching the issue.

Our beginning development of a conceptual framework outlining supports for access to information for rural seniors highlights key factors drawn from the literature, but most of the current research focuses on access to health information. Drawing on findings from our Rural Healthy Aging in Place study, we highlight additional key factors that need to be incorporated into a conceptual framework. Research outcomes from our study suggest a need for information that goes beyond health issues to incorporate both practical and innovative approaches to making a wider range of information more accessible to rural seniors. Our findings highlight the importance of coordinated health services, social connections, and providing information through different methods.

Information Needs

In our study rural older adults consistently identified key areas where information was unavailable or inaccessible:

- Home care services:** questions about who they would contact for the service, the eligibility for the service, cost of the service, who is responsible for delivering the service
- Health related services:** not knowing who provides services or whether they were still available in their community.
- Mental health services:** need support for caregivers, coping with anxiety and depression
- Supports for independence:** who can they call for help with housekeeping or yard work, awareness of housing options in the community, assistance with transportation
- Need for information on **dementia and cognitive health services**

Method of Communication

In our study, written communication is the preferred method and brochures were identified as a particularly valuable resource. For this cohort of rural older adults the personal touch is important – knowing who to talk to and how to contact the person is important. This is consistent with other research which suggests that written format and face-to-face contact are the preferred methods of receiving information (Altizer et al. 2014; Goldner et al. 2013; Hall et al. 2005).

Internet technologies have become a common method of information dissemination, but these technologies frequently present a number of challenges for seniors. Our study found that most rural seniors who used the internet do not use it to seek information but do use it for communicating with family and friends. Other research suggests that seniors use the internet for information only after they have discussed it with a health care provider (Sy & Binnie, 2014) and some researchers hold that technologies are an important resource for the elderly (Goldner et al. 2013; Vroman et al. 2015). These varying results emphasize the differences between each cohort of older adults and their preferred format of information. Our findings suggest that written information should be presented in multiple formats to reach a broad audience (i.e., posters, brochures, billboards, newspapers).

"Well people get it from the coffee shop"

"Well I know there's a public health nurse. But I didn't realize that there was on in [our town], so whether she's full-time always or part-time. Things are so muddled up."

"I found a friend through a cousin of mine. She was a dietitian. So, I asked her 'What foods can he eat?' ... So this is where I get a lot of information."

"I think the health district needs to make sure that a lot more information gets put out... just more education too when it comes to knowing what is available."

"We'd like a pamphlet on costing, information on home care. That would even apply to if you had to get into assisted living or nursing home. What really is involved in getting in there?"

"This year well my husband has a touch of Alzheimer's ... So I'd like to know more about it you know."

"Like this, if one of us begins to have memory problems or dementia, a brochure on who do you talk to, how to cope or how to deal with that?"

"... so I have a computer there that seems to baffle me, it's not as simple as the one I had before."

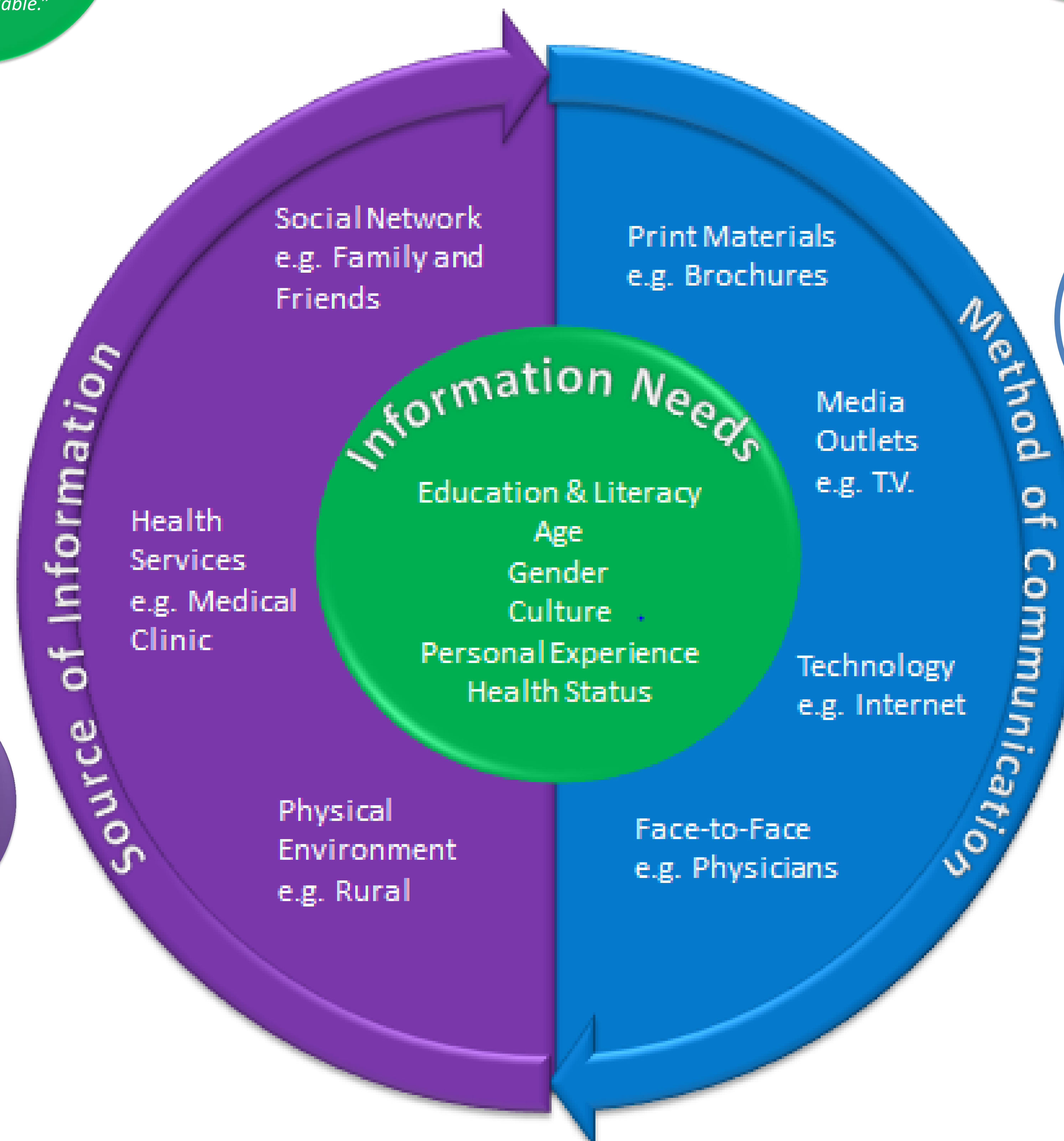
"I don't know who I would ask, maybe at the doctor's office or something. If they put out a bulletin wouldn't they do it there?"

Source of Information

Social networks, particularly friends and family, are important sources of health information for the elderly (Altizer et al. 2014). In our study, people would frequently turn to either a friend or the local physician to seek information. This is supported in other research that found seniors initially turned to physician or pharmacist and then to family and friends for information needs (Erickson-Backa, 2011). In particular, social venues and social events are important in rural communities as they often create opportunities to discuss health topics thus making it necessary to ensure information about local activities is disseminated to all seniors (Altizer et al. 2014).

Health promotion activities are often responsible for the distribution of health information in the form of media (e.g. television, radio, newspapers, magazines). These sources are subject to the reach of organizations responsible for providing these materials. Often times health promotion activities do not reach rural communities unless they are the direct focus of the campaigns (CIHI, 2011).

Disparities exist in rural communities due to the lack of access to health care professionals, which are a main source of health information for the elderly (Hall et al. 2005). Many rural communities lack direct access to physicians, nurses or pharmacists and so must travel to reach these sources or use telehealth services if available. In our study, these issues were compounded by confusion across health services as participants did not know what services or information was available to them.



Future Directions

Our current study addresses the following research questions:

- Where do rural older adults find information?
 - What resources assist rural older adults in accessing information?
 - Who in the community helps rural older adults find trustworthy information?
 - How do rural older adults use the Internet to find information?
- What are the challenges and supports for accessing information?
- What interventions have been created to improve rural older adults' knowledge needs?

This study will use key informant interviews, focus groups and World Café methodology to address these questions and move toward designing an intervention to provide information outreach and address the knowledge needs identified by rural older adults.

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