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**Abstract Details**

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**CURRENT CATEGORY:** Geriatric Syndromes (descriptive research on the mechanisms, natural history or management of major geriatric syndromes)

**Abstract:** Health, Technology.

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**Abstract**

**TITLE:** INCREASING HEALTH-RELATED INTERNET USE IN A CULTURALLY AND ETHNICALLY DIVERSE COMMUNITY

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**ABSTRACT BODY:**

**Abstract Body :** Background

The Culturally-Informed Healthy Aging Model Project was implemented in two phases over a two-year period with a mixed methodology where a nurse practitioner partnered with underserved, ethnically diverse older adults in a Housing and Urban Development (HUD) community. This presentation describes the results of a culturally-tailored intervention making Internet-connected computers available in common areas of the community as part of an overall effort to provide services that respond to community-identified needs and facilitate older adults remaining in place.

Methods

**Study Design.** Using an embedded mixed methods approach, qualitative data were collected to determine the most significant health issues for community residents and quantitative data were collected through surveys to evaluate interventions for those issues.

**Setting and Population.** The setting was a community of four HUD apartment complexes providing independent living for the elderly in the Deep South. The community included 262 low-income, ethnically and racially diverse older adults 62 years or older housed in one-bedroom units.

**Measures.** Qualitative measures included open-ended interviews (n = 91), focus groups (n = 2), and participant observations (225 hours). Computer usage questions from the National Health and Aging Trends Study were asked pre-intervention and post-intervention.

**Analysis.** Content analysis was conducted with the qualitative data to identify resident-reported health issues. T-tests and chi-square tests were used to test for change over time in continuous and nominal quantitative measures, respectively.

Results

The qualitative data analysis indicated that limited Internet access was a significant health issue in the community. Visits to the common areas where the computers are located increased over a two-month period between 30-50%, depending on the building. At follow-up, there were statistically significant increases in the percentage reporting access to a computer (from 40% to 65%; p = .013) and the percentage reporting access to more than one computer (from 0% to 19%; p = .003). Also, the odds of using the Internet for at least one health-related purpose increased substantially (O.R. = 2.5, p = .039).

Conclusions

A resident-requested intervention making Internet-connected computers available can increase access to the Internet and use of the Internet for health-related purposes.

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