RURAL OLDER ADULT READINESS TO ADOPT MOBILE HEALTH TECHNOLOGY: A DESCRIPTIVE STUDY

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Purpose/Aims: The purpose of this study was to gain insight into the readiness of rural older adults to accept mobile health technology in assisting with health management. Results will be helpful in the design and delivery of mobile health technology for health management and wellness interventions.

Rationale/Conceptual Basis/Background: Emerging technologies hold promise to reduce isolation and poor access to needed health care services. Mobile health technologies have the potential to increase access to care, reduce health care costs, and assist older adults living in rural communities to age in place. The study was designed using two conceptual frameworks, The Adoption of Technology Model and Rural Nursing Theory. This study was consistent with IOM recommendations (Institute of Medicine, 2011) and Healthy People 2020 initiatives (U.S. Department of Health and Human Services, 2012) calling for nurses to advance research on innovative solutions, take the lead in developing and adopting patient-centered care models, engage in development of programs and businesses that will contribute to improved health and health care, and deliver targeted and tailored information to hard to reach populations.

Methods: A convenience sample of 30 rural participants attended a demonstration and then participated in blood pressure screening using a mobile health device followed by a survey. Mixed methods of data collection were used to capture categorical data as well as contextual, socio-cultural, and experiential factors for understanding the potential for future use of mobile health technology by older adults in rural communities.

Results: The results indicated a majority of participants frequently use computers, the Internet, and email; a few report familiarity with smart phones or tablets. Participants indicated they wanted control over their health data by choosing when and where to share the information, with the exception of alerts sent in a crisis situation. Results were evenly split on the importance of using technology to connect with patient education and support groups on-line. Important facilitators that would promote adoption of mobile health technology include ease of use, convenience, and affordability. Barriers to adoption include moderate concern with risk to the privacy and security of their health information, and high cost.

Implications: Mobile health technologies that are easy and convenient to use, affordable, and a good fit for each individual have the potential to facilitate patient engagement, patient empowerment, and individual responsibility in the areas of health and wellness. Mobile health technology is poised to increase access to care, reduce health care costs, and assist older adults living in rural communities to age in place. Further study and replication with varied rural populations is needed to confirm the findings. Additional nursing research on innovative models of care is needed to validate and promote mobile health technology as a viable strategy for the health care and aging in place needs of rural older adults.