Health Information Seeking Among Rural African Americans, Caucasians, and Hispanics: It Is Built, Did They Come?

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KEYWORDS

- Health information seeking Digital divide Rural disparities Social media
- Internet access and devices

KEY POINTS

- Socioeconomic disparities exist among rural populations of African Americans, Caucasians, and Hispanics that mirror the general population.
- Rural African Americans, Caucasians, and Hispanics do not seek health information at high rates.
- Rural African Americans, Caucasians, and Hispanics have access to the Internet but do not typically use it as a source of health information.
- Traditional sources of information such printed materials, television, and radio should be incorporated with Internet sources to provide a multiplatform approach for health information sharing.
- More research is needed to address health literacy, numeracy, navigation of Web sites, and strategies to establish trustworthiness of the information to facilitate the use of these resources by rural populations.

INTRODUCTION

Health information seeking refers to the act of searching for or gathering information and receiving messages that may be helpful in reducing uncertainty about health status and constructing a social and personal sense of health. It includes "any nonroutine media use or interpersonal conversation about a specific health topic and thus includes behaviors such as viewing a special program about a health-related

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Nurs Clin N Am 50 (2015) 531–543 http://dx.doi.org/10.1016/j.cnur.2015.05.007 treatment, using a search engine to find information about a particular health topic on the Internet, and/or posing specific health-related questions to a friend, family member, or medical provider outside the normal flow of conversation." In recent years, institutions such as bookstores, magazines, newspapers, and publishers of printed materials have been replaced or downsized because of the vast resources of and quick access to information that is available via the Internet. The growth of the Internet has also changed how public health organizations relay health information to constituents. In the past, 1-800 phone numbers, brochures, mail, and one-onone conversations were common strategies used to provide information to the public. Although these strategies are still used to a lesser degree, it is much more common to see information placed on Web sites, which means the information can be changed or updated quickly and constituents have almost immediate access to it. As the Internet, as a public health tool, grew in popularity, the issue of the digital divide was raised. The digital divide referred to the fact that many, particularly those who were poor and underserved, did not have access to computers and software and thus were not able to access the resources on the Internet. Therefore, this lack of access was believed to create greater disparities in the provision of health care services, leading to poorer outcomes as well as higher mortality rates for the poor and underserved. As the cost of computers decreased over time and technologies such as smartphones and tablets become affordable options that could be used to access the Internet, it was initially believed that the digital divide was getting smaller.2 However, this is not the case. The initial digital divide has now been replaced with what is referred to as a second-level digital divide or usage gap defined as differences in how many such as social and racial/ethnic groups use the Internet.³ Specifically, people differ in their abilities to use the devices, their ability to navigate the online environments, their ability to determine trustworthy information online, and digital literacy (ability to understand and interpret the information).^{4,5} Further, with the prevalence of the Internet, there are unanswered questions about how traditional media (print, television, radio, family, provider) are or are not used for health information in the technological age.6

Nurses are often seen as experts in providing patient education across the care continuum (prevention through treatment, cure, and survivorship). However, with changes in how the public access health care coupled with the availability of information and resources via the Internet, patients must now assume a greater role in independently seeking health information as opposed to waiting for it to be provided to them by nurses or other health care providers. Nurses as well as those directly responsible for publishing information in the online environment should be aware of the characteristics of those seeking information to ensure the information is placed using the right online platform (eg, social media vs Web site), can be accessed using the preferred device (eg, smartphone vs computer), and the information targets specific demographics, if appropriate. Research suggests that those who actively seek health information tend to be younger, Caucasian, and female and have higher incomes, higher education, and a usual source of care. 7-11 However, these characteristics highlight that those who are older, have lower incomes, have less education, and represent minority groups are less likely to seek health information. Specifically, it is known that there are differences in socioeconomic status, access to care, and access to information between urban and rural populations. 5,12,13 This fact is critical because these characteristics also describe those who have higher incidence and mortality rates from diseases such as diabetes, cancer, and cardiovascular disease. Therefore, the lack of access to health information has the potential to further widen the disparities gap for historically poor and underserved populations. Yet, few

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