

## Computer Health Literacy for Seniors in Northern Idaho

An "Access to Electronic Health Information Outreach 2003" Project

Kootenai Medical Center  
Coeur d'Alene, Idaho

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1. This project improved access to electronic health information resources for senior citizens living in northern Idaho. Partnerships were established with four senior centers in the area, a representative group of seniors computer and health literacy skills were assessed, several home care instructions at KMC were rewritten to match community literacy levels, the KMC website was evaluated by focus groups of seniors, and seniors were given the opportunity to learn to use the computer and explore MedlinePlus. All objectives of the grant were met. As a direct result of this project and the partnerships created with the senior centers, the DeArmond Consumer Health Library was awarded a Blue Ribbon Consumer Health Information Award from the National Commission on Libraries and Information Science, as an example of a "best practice" in providing information to improve the health of the community.
2. Kootenai County Idaho was the geographic region primarily impacted by the project. Bonner, Boundary, Shoshone and Benewah counties also received the benefit of this project, as the website and patient education materials are available for all potential patients in KMC's service area.
3. Collaborations developed during the course of this project included: Lake City Senior Center, Post Falls Senior Center, Rathdrum Senior Center, Hayden Senior Center, Aging and Adult Services (a federally funded program), and the DeArmond Consumer Health Library. The DeArmond library continues to provide reference services to the Senior Center staff. We will also continue to be a vendor at the Aging and Adult Services annual conference in Coeur d'Alene.
4. Training: Over 120 hands-on, individualized basic computer training sessions were held with seniors.

5. Training sites: Each senior center was equipped with a PC with Internet access, via either DAL or dialup.
6. Exhibits: Exhibits and demonstrations were held at the Kootenai County Fair, Aging and Adult services health fair, Northern Region ILA conference,
7. Resource Materials: A brochure describing the grant project and promoting the senior friendly website was designed by library staff and distributed at health fairs and the senior center. Additional bookmarks and brochures promoting the use of the DeArmond Consumer Health library and MedlinePlus were also distributed as part of this project.
8. Websites: Kootenai Medical Center's website [www.kmc.org](http://www.kmc.org) was evaluated by senior focus groups for usability. There were problems with the font size and menu styles. The DeArmond library was also difficult to find from the main hospital website. A "senior friendly" website was developed by library staff in response to the focus groups <http://www.nicon.org/DeArmond/seniors.html>. This site is being maintained by library staff until the redesign and rebuild of the main hospital page is completed - scheduled for August 2005. Comments from the senior focus groups are being integrated into the new design.
9. Document delivery services were not part of this project.
10. Approaches and Interventions used: Focus groups were used to evaluate the current website and give suggestions for future development. We used local radio spots, public access cable, newspaper ads and columns, spots in the senior newsletters, bookmarks and brochures distributed at health fairs, senior centers, churches and other senior gathering places to recruit seniors to the project.
11. Evaluation: We used standardized tests for reading levels and determining comprehension of our discharge instructions, (REALM and CLOZE testing). We also used a standardized test for computer anxiety, with a a short modified quiz relating to MEDLINEplus and the Internet for health care information. SPSS was used for statistical analysis of both the MedlinePlus quiz and computer anxiety. Further evaluation is continuing, with plans to publish our results in a peer reviewed journal.
12. Problems or barriers encountered: One barrier that slowed the progress of this project was that seniors did not want to be "tested", either for reading level or computer anxiety. It took a lot of convincing and communication before we were able to find enough seniors willing to try the "tests" for an adequate sample size. The other significant problem arose from not having a "letter of agency" with the telecommunication companies. The Senior Center staffs had never dealt with DSL services, and did not order the needed services. When problems arose,

Verizon would not talk to the Library staff without the "agency" status, so troubleshooting took much longer than necessary.

13. Continuation plans: Kootenai Medical Center will continue to redesign our webpage to improve its accessibility for seniors and handicapped. Our discharge and homecare instructions will be written for the lay patient, keeping in mind the need to be clear and simple. The DeArmond Consumer library staff will continue to work with the senior centers and Aging and Adult services to provide health reference services. Ongoing efforts will be funded by KMC as part of our community outreach and patient education mission.

14. Impact: The results of this project have demonstrated that literacy, health literacy and health information literacy are three different things, requiring different skills and tool sets. Our seniors, for the most part (96%), scored at 10th grade level or above on the REALM test, but still struggled with our home care instructions, even though they were supposedly written at the seventh grade level. This reinforces that medicine has a very special language and those of us who "speak" it every day, forget how very difficult it is for the layperson to understand us. We have established a closer working relationship with the Clinical Instructors here at KMC, who are responsible for helping to produce our discharge and home care instructions, and will continue to work with them to improve readability of the information we give to our patients. The skills needed for health information literacy include computer skills with which most of our seniors will need assistance. We will continue to offer one-on-one training to seniors who come to the DeArmond Consumer Health Library and want help with using the Internet to find reliable health information.

15. Recommendations for Improvement: As mentioned above, the project director needs the authority to work directly with both the ISP and telecommunication providers to ensure smooth installation of services. Introducing our project at the senior meal times was useful, however it was not the right time to recruit potential project members.

16 Follow-up questions:

1. All original project goals and objectives were met.
2. As mentioned in response to question 12 - communication with telecommunication vendors can be difficult - it would have been much simpler to have had the library staff directly responsible for ordering the services and working with the vendors to ensure that the proper equipment was in place. We worked for four months to get the Post Falls Senior Center online because they had a multiple line phone/fax system that was not compatible with the DSL line installation - one office of Verizon handled the DSL, another the phone/fax and never the twain shall meet. It took a four-way conference call, with two Verizon techs, one librarian and the Senior Center manager on the line at the same time to resolve the issue.

3. If we were to start again, we would not expect seniors to volunteer for "testing", especially during mealtimes at the Senior Center... We learned that mealtimes are for socializing only, and any interruptions or "speakers" during that time were ignored for the most part. Meeting with the smaller groups at churches etc., although time consuming, was more productive. Most of the testing was done at individual homes, where they were more comfortable.

4. Primary recommendations involve keeping open communications with the Senior Center staff members.