A healthy view? Exploring the positive health perceptions of older adults with a lower socioeconomic status using photo-elicitation interviews

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The health perceptions of older adults with a lower socioeconomic status still seems to be unsettled. To gain more insight in these perceptions, 19 older adults were interviewed with the use of a photo-elicitation method. Participants reflected on ten photographs covering aspects of physical, social and mental health, and were also asked if and how they experience to have control over their health. The results showed that the perception of health depended on the background of the participant, was experience-oriented and was mostly focused on the negative aspects of physical and mental health. Social contacts were an important contributor to well-being, especially when physical health declined. Although most participants seem hardly aware of having influence on their own health, several participants showed automatic self-management abilities. For participants who need more support to improve, or become more aware of their self-management abilities, interventions with an experience-oriented approach are needed.
Achieving consensus on barriers and facilitators in eHealth interventions for people with low socioeconomic status (SES)

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Background: There is a contrast between how different sectors of society access eHealth interventions. A person with low socioeconomic status (SES) tends to use eHealth less than individuals with high SES. Currently, no clear instructions exist to support professionals (i.e. health professionals or researchers) in developing eHealth interventions to meet the needs, preferences, and skills of people with low SES. Objective: This study examines the barriers and facilitators professionals experience or expect in the development, reach, adherence, evaluation, and implementation of eHealth interventions for people with low SES. Method: The researcher conducted a three-round Delphi method using an online questionnaire. Based on the literature review, each questionnaire had five parts: development, reach, adherence, evaluation, and implementation of eHealth interventions. Professionals indicated, per category, the barriers and facilitators they experience or expect. The first round asked open questions related to the five categories, and this abstract presents these results. The study developed subsequent questionnaires, with statements, based on the results. Results: In the first round, 27 participants from different disciplines (i.e. health professionals and researchers) completed an open-ended online questionnaire. Preliminary results suggest that the most common barriers and facilitators within the five categories involved low-SES groups and professionals, financial and time resources, and the low-SES group’s life setting. Moreover, the social environment was the most common facilitator in development, reach, and adherence. Conclusion: This study provides insights from professionals, which could support the development, reach, evaluation, and implementation of eHealth interventions customised for people with low SES.
Use and effect of Embodied Conversational Agents among community-dwelling older adults

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Introduction: An unhealthy eating pattern and loneliness negatively influence quality of life in older age. Embodied Conversational Agents (ECAs) are a promising way to address these health behaviors in an engaging manner. We aim to 1) identify whether ECAs can persuade community-dwelling older adults to change their dietary behavior and whether ECA use can decrease loneliness, 2) test these pathways to effects, and 3) understand use of an ECA.

Methods: A randomized controlled trial, with 30 participants per cohort. Participants will be recruited via social media, an online panel, flyers and advertorials. Participants must be at least 65 years of age, must not be in paid employment, and must live alone independently at home. Primary outcomes will be self-assessed via online questionnaires at intake, control, after 4 weeks, and after 8 weeks, and will include eating behavior and loneliness. In addition, use will be measured via data logs. Secondary outcomes will be measured at the same junctures, via either validated, self-assessed online questionnaires or an optional interview. Results: At the end of December, the last participant finishes the intervention period, marking the end of the study. During the presentation, we will present the first results, and discuss what we learnt from designing and evaluating an ECA for (and with) older adults.

Conclusion: By unraveling the mechanisms behind the use of a web-based intervention with ECAs, we hope to be able to gain a fine-grained understanding of both the effectiveness and the use of ECAs in the health context.
Community Wise: a community-based positive health intervention for older adults with a lower SES.

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The impact of socioeconomic status (SES) on health of older adults is a topic which is high on the agenda of health professionals. The intervention "Community Wise" aims to improve physical and social vitality and self-management abilities as aspects of positive health of older adults. The intervention has a community-based approach adapted, to be more experience-oriented rather than cognitive oriented, to be more stimulating for participants with low SES. Participants were recruited in lower SES neighborhoods in the Netherlands. At this moment, 120 older adults participated in the intervention. Preliminary results showed a significant improvement of aerobic endurance for all participants, and additional improvement on leg strength and loneliness for participants with lower levels of positive health. The interviews and focus group sessions indicated that especially social aspect of the intervention improved well-being of participants. Furthermore, participants improved their self-management abilities such as taking the initiative. Community Wise serves as a first step towards a community-based intervention to improve positive health for older adults with lower SES.