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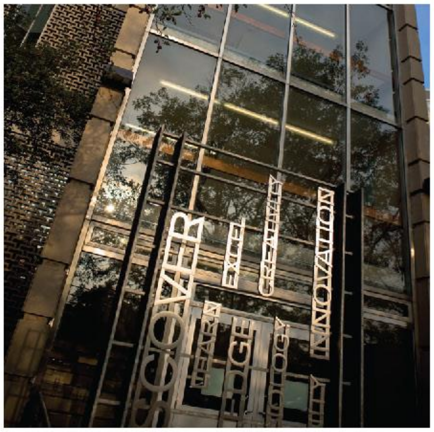
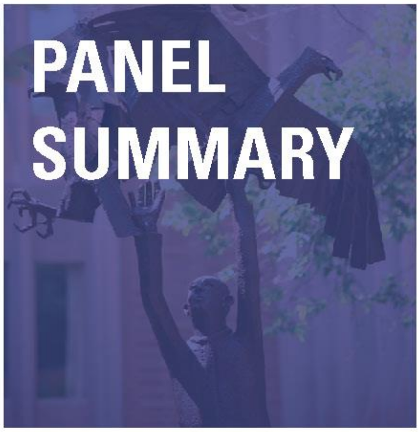
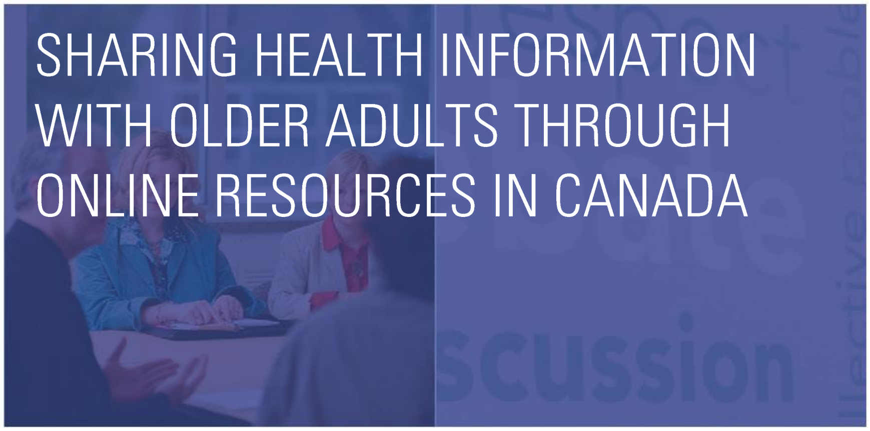




PANEL SUMMARY



SHARING HEALTH INFORMATION WITH OLDER ADULTS THROUGH ONLINE RESOURCES IN CANADA

22 NOVEMBER 2014

EVIDENCE >> INSIGHT >> ACTION

McMaster Health Forum

For concerned citizens and influential thinkers and doers, the McMaster Health Forum strives to be a leading hub for improving health outcomes through collective problem solving. Operating at regional/provincial levels and at national levels, the Forum harnesses information, convenes stakeholders and prepares action-oriented leaders to meet pressing health issues creatively. The Forum acts as an agent of change by empowering stakeholders to set agendas, take well-considered actions and communicate the rationale for actions effectively.

About citizen panels

A citizen panel is an innovative way to seek public input on high-priority issues. Each panel brings together 10-14 citizens from all walks of life. Panel members share their ideas and experiences on an issue, and learn from research evidence and from the views of others. The discussions of a citizen panel can reveal new understandings about an issue and spark insights about how it should be addressed.

About this summary

On November 22, 2014, the McMaster Health Forum convened a citizen panel on how to share health information with older adults through online resources. The input from the citizen panel will help to guide the efforts of policymakers, managers and professional leaders who make decisions about our health system. This summary highlights the views and experiences of panel participants about:

- the underlying problem;
- three possible options to address the problem; and
- potential barriers and facilitators to implement these options.

The citizen panel did not aim for consensus. However, the summary describes areas of common ground and differences of opinions among participants, and (where possible) identifies the values underlying different positions.

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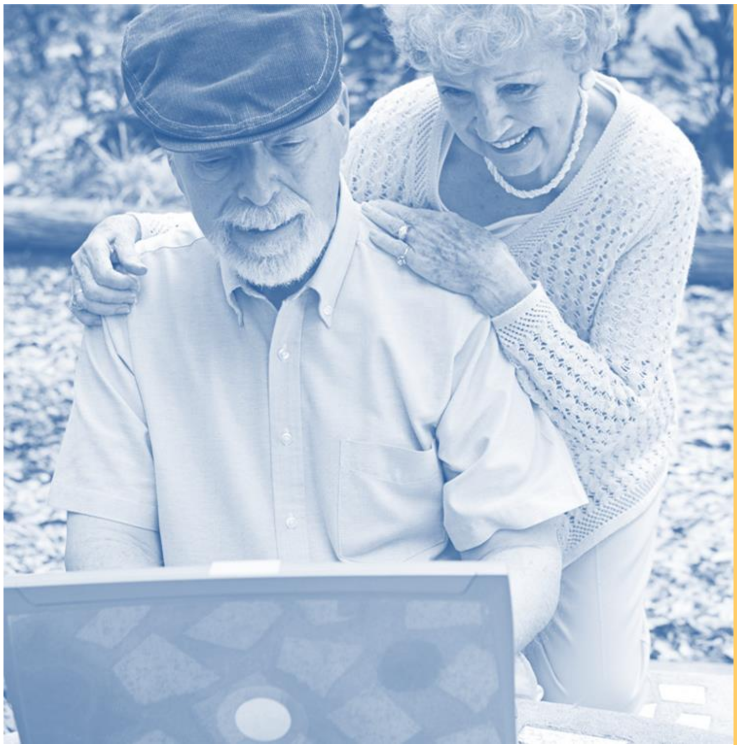
Summary of the panel

Participants discussed the challenges of sharing health information with older adults through online resources. During the deliberations, the following six challenges were consistently raised: 1) older adults have diverse internet habits; 2) older adults are struggling to find credible health information that is grounded in the Canadian context; 3) older adults are struggling with information overload; 4) many older adults are not in the mindset of using online resources, while others have physical and cognitive limitations; 5) many older adults have complex care needs, making it even more challenging to find relevant and personalized information; and 6) the health system is not currently designed to support older adults in using online resources to find health information.

Participants reflected on three options (among many) for sharing health information with older adults through online resources in Canada: 1) developing an online one-stop shop for older adults and their informal/family caregivers that provides timely access to the best available health information; 2) developing and implementing community outreach programs that aim to improve older adults' (and their informal/family caregivers') e-health and digital literacy; and 3) developing and implementing healthcare provider training programs that ensure providers are equipped with the knowledge and skills to be able to support their patients' use of online resources. Several values-related themes emerged throughout the discussion about these options, including user-friendliness and simplicity, personalization, contextualization, credibility, transparency, accessibility, consistency, accountability, standardization, quality and efficiency. Participants favoured option 1, although they acknowledged the need for options 2 and 3, and suggested these options be significantly simplified to ensure they are feasible.

Participants focused on six key barriers to overcome to implement the options: one-stop shops must compete with existing sites; simplifying health information for people with multiple conditions is difficult; providers face time and resource constraints; providers may be unwilling to promote useful online resources; rural and remote communities are difficult to serve; and the costs of the options may be prohibitive. Participants felt that the most important facilitator was the fact that the world is moving toward online resources already, which will make the options necessary in the future. Other potential facilitators to implementing the options included simplifying them to ensure feasibility (particularly for options 2 and 3), and engaging credible partners (e.g. well-known academic institutions) and those in other government sectors (e.g. social services, the ministry of education).



> "Getting information off the internet is like trying to get a sip of water from a fire hydrant."

Discussing the problem: What are the most important challenges to sharing health information with older adults through online resources?

Panel participants began by reviewing the findings from the pre-circulated citizen brief, which highlighted what is known about the underlying problem – challenges to sharing health information with older adults through online resources – and its causes. They individually and collectively focused on six challenges in particular:

- older adults have diverse internet habits;
- older adults are struggling to find credible health information that is grounded in the Canadian context;
- older adults are struggling with information overload;
- many older adults currently are not in the mindset of using online resources, while others have physical and cognitive limitations;

- many older adults have complex care needs, making it even more challenging to find relevant and personalized information; and
- the health system is not currently designed to support older adults in using online resources to find health information.

We review each of these challenges in turn below.

Older adults have diverse internet habits

The discussion initially focused on the diverse internet habits of older adults. Overall, participants emphasized that older adults do not form a monolithic group and that there is great diversity in terms of: 1) the frequency of their online searches; 2) their preferences for the types of devices used to go online; 3) the search engines used or websites consulted; and 4) the purposes (or motivating factors) for searching for health information online. This discussion highlighted the need to have multifaceted strategies to share health information with older adults through online resources.

Participants' experiences illustrated the great diversity in the frequency of searches conducted online. While some indicated that they conduct searches up to two or three times per day, others reported that they only seek health information online occasionally, and particularly when a health-related problem comes up (e.g., once every two or three months).

>> Box 1: Key features of the citizen panel

The citizen panel about sharing health information with older adults through online resources in Canada had the following 11 features:

1. it addressed a high-priority issue in Canada;
2. it provided an opportunity to discuss different features of the problem;
3. it provided an opportunity to discuss three options for addressing the problem;
4. it provided an opportunity to discuss key implementation considerations (e.g., barriers);
5. it provided an opportunity to talk about who might do what differently;
6. it was informed by a pre-circulated, plain-language citizen brief;
7. it involved a facilitator to assist with the discussions;
8. it brought together citizens affected by the problem or by future decisions related to the problem;
9. it aimed for fair representation among the diversity of citizens involved in or affected by the problem;
10. it aimed for open and frank discussions that will preserve the anonymity of participants; and
11. it aimed to find both common ground and differences of opinions.

Participants' experiences also highlighted the diversity in their preferences for the devices used to access health information online. While frequent internet users indicated that they usually use a personal computer (e.g., desktop or laptop), a tablet or a smartphone to seek health information online, those who access health information online less frequently indicated a preference for personal computers at home, rather than mobile devices such as tablets or smartphones. In general, participants perceived a personal computer as being a more powerful and useful device, because it allows them to engage with the information in a more in-depth way (e.g., downloading, saving and printing large documents). A few participants emphasized the importance of being able to print hard copies of any relevant information that they find online, mostly to share with others and use in interactions with their healthcare providers (e.g., to learn more about or question the treatment options being offered, and to show how serious they are about their healthcare). While some participants indicated that they were able to customize the settings of their personal computers based on their own preferences (e.g., screen size and resolution to facilitate reading), others indicated they use the 'default' setup because they simply did not know how to change things.

Participants' experiences also showed great diversity in the search engines used and websites consulted to find health information online. Many participants indicated that they commonly conducted searches using Google. Some indicated that they visited the websites of professional societies or disease-specific groups (e.g., the Ontario Medical Association or the Canadian Cancer Society), and then followed links provided by these sources to jump from there to other credible sources. A few participants indicated consulting Wikipedia, WebMD, Mayo Clinic, and the health sections of online newspapers (e.g., Globe and Mail and New York Times), and some participants discussed apps such as Health Tab. One participant described searching the websites of specific medical journals (e.g., New England Journal of Medicine) to access scientific articles. Another participant expressed frustration that the content of some credible online resources, such as academic journals, is not freely available. Finally, some participants emphasized that navigating the web may be challenging for many older adults who are 'single-finger typers.' These older adults may be less inclined to search for websites with very long and/or unfamiliar URLs. Overall, this discussion highlighted that, with the exception of WebMD and the Mayo Clinic, most participants have never heard of, and rarely (if ever) used many key online resources that have been designed to provide health information to citizens (e.g., Cochrane summaries, Evidently Cochrane, McMaster Optimal Aging Portal and NHS Choices).

Diversity also became apparent within discussions of the purposes (or motivating factors) for searching online for health information. Many participants indicated that searching for information about their own health or the health of a loved one was their motivation (e.g., managing a chronic health condition, searching for alternative treatment options or promising new treatments, understanding 'medical speak'), while fewer indicated that they were searching for information specifically about the health of their community (e.g., how to improve it) or the health system more broadly (e.g., how to get the most out of it). However, a few participants emphasized that gaps in access to healthcare services (an issue related to the health system more broadly) often prompted them to go online to find health information to overcome these gaps (e.g., by searching for information about timely access to care, or to supplement a lack of information provided by their healthcare providers when booking appointments is difficult). These participants considered that the internet provided a much needed source of information to self-treat when the system failed them. For example, one participant described being in severe pain after having heart surgery and expressed frustration in trying to access proper pain treatments. This participant turned to the internet to find potential solutions. A few participants expressed divergent views about this type of use of online resources (e.g., to self-diagnose and self-treat), describing this as a 'very slippery slope.'

Some participants indicated that they are also prompted to search online in order to get a range of different opinions (i.e., to get a 'rounded feel') about a particular health issue. These participants expressed their interest in having 'all sides of the story,' including from 'crackpot' sites that may provide an eccentric perspective on a health issue. Finally, a minority of participants also indicated using online forums, which allowed them to interact with other patients in order to get advice, to get access to alternative sources of information, and to share information and personal stories about health issues. For example, one participant, who was the older caregiver of an autistic grandchild, discussed using online forums to look for feedback from others dealing with the same or similar issues. While this participant noted that this type of engagement was important given the potential support it provided, it was also challenging given it requires people to have a greater level of digital literacy.

Older adults are struggling to find credible health information that is grounded in the Canadian context

Participants expressed how difficult it is to find credible health information online. They indicated that the average person does not know how to 'double check' to ensure the credibility of an online resource. When asked what elements or characteristics of an online resource could help them assess its credibility, participants expressed different views. For example, participants were judging the credibility of an online resource based on:

- the capacity to contact authors;

- the content being based on scientific evidence as opposed to other types of evidence;
- the availability of references that come from what are perceived to be credible scientific sources; and
- the sponsor of the online resources (with those resources hosted or sponsored by university-based organizations considered to be more credible than those with the government 'seal of approval', while those with a commercial interest attached to it were perceived as the least credible).

Overall, participants displayed a loosely defined and heterogeneous view of credibility, and some insisted the need for older adults to "research and make [their] own choices" to determine what is credible or not.

Participants also emphasized that it is challenging to find credible information that is grounded in the Canadian context. They indicated that the internet provides information from all over the world, and it is often difficult to interpret all this information in the context of the Canadian health system generally, and in the context of their own healthcare needs in Canada more specifically. A few participants expressed frustration when finding information about promising drugs, treatments and models of care, and then finding out that they are not available in Canada.

Older adults are struggling with information overload

Participants generally agreed that they were also struggling with the sheer volume of health information available online, which made finding credible sources even more difficult. As one participant vividly described, "getting information off the internet is like trying to get a sip of water from a fire hydrant," and they indicated that this contributed to their struggles with distinguishing the good from the bad. For instance, search engines often return too many results, which make it difficult to zero-in on the most relevant and credible health information. One participant complained that there is no regulation of online resources, so people can be easily misled. Another participant wished that there were filters for searching for online sources (similar to the security filters for viruses and spam) that could flag whether certain online sources are credible or not. Others emphasized that the fast-paced research environment made it quite challenging to keep up to date with the most credible sources (e.g., some things are healthy one day and unhealthy the next day).

Finally, a few participants indicated that the vast quantity of health information available online may lead some people to search until they find information that they want rather than 'information that they need.' In other words, some people may not be satisfied until they find information that is consistent with their personal beliefs on a health issue, rather than health information that is the most credible (e.g. based on the best available evidence) and the most relevant to their own health.

Many older adults are not in the mindset of using online resources, while others have physical and cognitive limitations

Several participants indicated that, while internet usage may continue to increase among older adults, many currently are not in the mindset of using online resources to find health information. These participants emphasized that a lot of older adults are 'scared' to use their computer or are reluctant to use the internet because of privacy concerns. Several participants noted that there is a fear of losing one's privacy using the internet, and many older adults feel as though they are being 'watched', especially when online resources request people to provide personal information or to 'log-in'. Participants generally agreed

>> Box 2: Profile of panel participants

The citizen panel aimed for fair representation among the diversity of citizens likely to be affected by the problem. We provide below a brief profile of panel participants:

- **How many participants?**
  12
- **Where were they from?**
  Regions covered by the Hamilton Niagara Haldimand Brant Local Health Integration Network
- **How old were they?**
  45-64 (60%) and 65 and older (40%)
- **Were they men, or women?**
  Men (50%) and women (50%)
- **What was the educational level of participants?**
  25% completed high school, 17% completed community college, and 58% completed a bachelor's degree/post-graduate training or professional degree
- **What was the work status of participants?**
  17% working part-time, 8% self-employed, and 67% retired
- **What was the income level of participants?** 17% earned less than \$20,000, 33% between \$20,000 and \$40,000, 25% between \$40,000 and \$60,000, 8% between \$60,000 and \$80,000, 17% more than \$80,000
- **How were they recruited?**
  Selected based on explicit criteria from the AskingCanadians™ panel

that changing this mindset would be particularly challenging. However, one participant emphasized that this problem will eventually disappear over time given the aging of those uncomfortable with using online resources and the emergence of a new generation of older adults who are used to living in a digital world.

Other participants pointed out that some older adults may have significant physical or cognitive limitations that impede their use of online resources. Chronic health conditions (e.g., Alzheimer's and other dementias, cataracts and macular degeneration), the occurrence of an adverse medical event (e.g., a stroke), or some medical treatment (e.g., being on powerful medication) may limit their capacity to use a computer and the internet. As one participant indicated, putting a piece of 'high-tech equipment' in front of older adults is often the last thing they want.

Many older adults have complex care needs, making it even more challenging to find relevant and personalized information

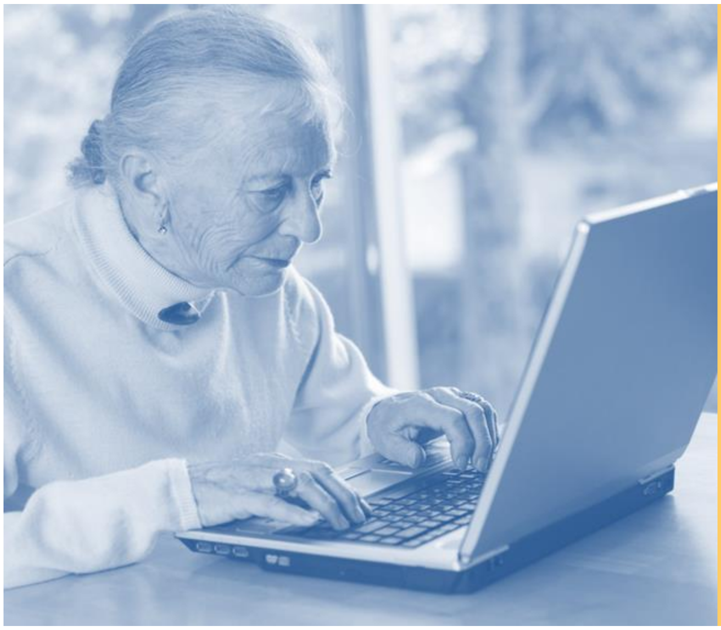
Participants were also concerned about searching for health information online given that older adults increasingly have multiple chronic conditions (and multiple treatments for these conditions) that may interact. They indicated that it is particularly difficult to determine the kind of information that is appropriate to share with older adults, especially since each individual has his or her own mix of conditions and treatments. Therefore, those with multiple chronic conditions may be better off going to a health professional to obtain relevant and personalized information, rather than turning to the internet, which may provide only generic information about individual conditions or treatments.

The health system is not currently designed to support older adults in using online resources to find health information

Lastly, participants indicated that the health system is not currently designed to support them in using online resources to find health information. First, as was discussed earlier, some participants pointed out the lack of government regulation regarding online health information. They contrasted this with the approach taken to regulate direct-to-consumer marketing of prescription and non-prescription drugs and natural health products, whereby federal legislation prohibits advertisements targeted directly at consumers.

Second, a few participants pointed out that there are few (if any) existing programs and services supporting older adults specifically in using online resources to find health information. For example, there are no printouts in doctors' offices guiding people to credible sources online, and participants were not aware of any programs in retirement homes or seniors' centres to develop the capacities of older adults to find and use online resources.

Third, several participants suggested that a key challenge lies with healthcare providers who may not have the incentives (e.g., relevant fee codes) or the time to support older adults to find and use online resources in the context of a regular consultation. A few participants also indicated that some healthcare providers may be hesitant to guide their patients to online resources because of liability concerns (e.g., suggesting sites or resources that may provide patients with incorrect information), or they may be hesitant to do so because they do not entirely buy into the 'shared decision-making' model of care (e.g., the rhetoric of patient engagement versus the reality of doctors actually letting patients play a meaningful role in their care).



Several participants emphasized that one-stop shops presenting strictly scientific data and evidence may be perceived as “out of touch” with the realities of the individual care pathway

Discussing the options:

How can we address the problem?

After discussing the challenges that together constitute the problem, participants were invited to reflect on three options (among many potential options) for sharing health information with older adults through online resources in Canada:

1) developing an online one-stop shop for older adults and their informal/family caregivers that provides timely access to the best available health information;
2) developing and implementing community outreach programs that aim to improve older adults’ (and their informal/family caregivers’) e-health and digital literacy; and
3) developing and implementing healthcare-provider training programs that ensure providers are equipped with the skills and knowledge to be able to support their patients’ use of online resources.

We review each of these options in turn below.

Option 1 – Developing an online one-stop shop for older adults and their informal/family caregivers that provides timely access to the best available health information

The discussion about the first option focused on a comprehensive online searchable site that brings together the best available health information for older adults, as determined by recognized experts in the field. The resource would allow older adults to find answers to their clinical questions (i.e. questions about 'my health,' which are likely of most interest to those searching for health information), their public health questions (i.e. questions about 'my community's health') and their health system questions (i.e. questions about how to 'improve what my health system can do for me').

Seven values-related themes emerged during the discussion as being important for such a one-stop shop:

- user-friendliness and simplicity;
- comprehensiveness (i.e., based on data and evidence, as well as patient experiences);
- patient-centredness (i.e., the content of the one-stop shop can be personalized to the health conditions and care needs of each user);
- contextualization (i.e., the programs, services and drugs being discussed are available in their own health system);
- credibility (both of the content and those behind the one-stop shop); and
- transparency (e.g., use of disclaimers, sources of funding clear, bias apparent).

The discussion initially focused on the need for a one-stop shop to be user-friendly so that older adults feel comfortable navigating it (e.g., having a glossary to help with searches and ensure that the correct keywords are used). Furthermore, participants emphasized the need for a one-stop shop that would provide the best available data and evidence in very simple and accessible language. A few participants recommended that content ought to be presented using a tiered approach — starting with the 'simple stuff', then providing users with the opportunity to get deeper insights from the best available data and evidence. However, several participants also emphasized that a one-stop shop presenting strictly scientific data and evidence may be perceived as 'out of touch' with the realities of an individual care pathway. As such, these participants stressed the need for a one-stop shop that was comprehensive, in that it would provide the best available scientific data and evidence, while also providing information that relates more directly to real patient experiences (e.g., a 'what to expect' approach similar to what is offered by NHS Choices at www.nhs.uk), as well as content that could be personalized to individual user's health conditions and care needs, and then contextualized to the realities of their own health system (e.g., programs, services and drugs available).

The discussion then focused on ways to ensure the public acceptance of such a one-stop shop, with the issue of 'credibility' regularly emerging as a crucial feature. Participants generally agreed that it would be difficult to show potential users that a one-stop shop is the most credible online resource available, and a few participants also expressed concerns about potential sources of bias in the selection of the content made available on the one-stop shop. Therefore, participants suggested that mechanisms to ensure the full transparency of this one-stop shop were vital to ensure public acceptability. These mechanisms could include the use of disclaimers to indicate the sources of funding, as well as the processes used to select information for inclusion on the site.

>> Box 3: Key messages about option 1

- Participants had generally positive, albeit mixed, views about option 1.
- On the one hand, participants believed that option 1 was a good approach because it involves placing all relevant health information in a single place, while being flexible enough to allow for additional functions (e.g., peer-to-peer forums for sharing patients' experiences).
- On the other hand, many participants expressed concern about how difficult it would be to establish such a resource (e.g., being useful for everyone, being perceived as credible and unbiased, conveying complex concepts such as evidence 'quality', and enabling personalization and contextualization of all of the information).

Overall, participants had generally positive, albeit mixed, views about option 1. On the one hand, participants believed that option 1 was a good approach because it can be used to place all relevant health information in a single place, while being flexible enough to allow for additional functions such as peer-to-peer forums for sharing patients' experiences efficiently. Furthermore, if the one-stop shop could be established as a comprehensive and credible source, many participants felt that people would feel comfortable using it, and it would help those who are less internet-savvy to find the health information they need. On the other hand, many participants expressed concern about how difficult it would be to establish such a resource in a way that was useful for everyone. Some of the major challenges highlighted were: ensuring the site was perceived as a credible and unbiased source of information; communicating important concepts such as evidence 'quality' to a lay audience (particularly given systems such as star ratings and other quality indicators aren't always perceived as accurate); and enabling personalization and contextualization of all of the information so each user gets information relevant to their individual healthcare needs and their health system.

Option 2 – Developing and implementing community outreach programs that aim to improve older adults' (and their informal/family caregivers') e-health and digital literacy

The discussion about the second option examined how to improve older adults' and their informal/family caregivers' knowledge about the 'hardware' needed to access health information through online resources (i.e. the devices used), the programs used on the hardware, the terms and language associated with these technologies, and the skills to use them.

Four values-related themes emerged during the discussion that were identified as being important for the development and implementation of community outreach programs:

- patient-centredness (i.e., implementing community outreach programs that involve face-to-face engagement with older adults and can be more easily attuned to their individual needs);
- accessibility;
- credibility (of those running the community outreach program); and
- consistency.

Participants generally agreed that community outreach programs should include face-to-face engagement with older adults and be closely attuned to their individual needs. They explicitly indicated that conducting such outreach activities online (e.g., via webinars) was not a good option since older adults do not always feel

>> Box 4: Key messages about option 2

- In its current form, participants did not view option 2 as an ideal solution, and they had a particularly negative view of using an online webinar format.
- Participants felt that there are significant challenges associated with ensuring a community outreach program would address all of the values-related themes that emerged as important in discussions about this option (i.e. personalization, accessibility, credibility and consistency).
- Poor reach, limited access and a lack of government resources for outreach programs were also discussed as some of the major downsides of option 2.

comfortable engaging with others through an online interface, because it is too technical a process, often requiring the installation of additional new software, which ultimately limits accessibility. Participants also noted that many older adults still prefer the 'personal touch'. However, participants agreed that a serious downside of a face-to-face approach was the limited capacity of health systems to reach out to a large proportion of the target audience, given a face-to-face approach would most likely reach those who already use healthcare services or attend community centres and libraries. As such, the accessibility of such a program came into question frequently during the discussion of option 2, with many participants noting that both approaches would have difficulty ensuring access, which did not necessarily align with their underlying values.

In addition to the need for option 2 to be personalized, focused on face-to-face engagement with older adults, and accessible, participants emphasized the need to ensure that those who are running the community outreach program be perceived as credible by the public, and to ensure that the training offered remained consistent across program providers and sites. Ensuring both of these values-related criteria were met was also viewed as challenging by many participants. This was embedded in a view held by many participants that there was not enough money available for government to implement such a program using credible providers in a way that was consistent (particularly with respect to quality) across a range of settings.

Overall, participants had generally negative reactions to option 2 given they did not feel as though it aligned with their underlying values. This was particularly the case if the option wasn't personalized through face-to-face delivery, accessible to all who could benefit, credible, and consistent at the same time (not in the least part given financial constraints in healthcare).

Option 3 – Developing and implementing healthcare-provider training programs that ensure providers are equipped with the skills and knowledge to be able to support their patients' use of online resources

The discussion about the third option focused on how to change the way health professionals provide care, so that additional attention is given to having conversations with their older patients about the use of the highest-quality and most trustworthy online resources for health information. The discussion of option 3 also considered the use of patient navigators to help guide older adults through the range of health information available online.

Four values-related themes emerged during the discussion that were identified as being important for the development and implementation of healthcare-provider training programs:

- accountability;
- standardization (to ensure opinions/biases are not integrated into the suggestions provided for websites);
- quality (ensure the support is for quality sources of online information); and
- efficiency.

>> Box 5: Key messages about option 3

- In its current form, discussions suggested that most participants did not think option 3 was ideal, and the values-related themes of accountability, standardization, quality and efficiency underpinned this assessment.
- New curricula and training programs were viewed as expensive, and likely not effective in the short-term, which also contributed to participants' negative views about this option.

Several participants voiced concerns about accountability given that, like drug companies, those who own and operate websites could try to incentivize doctors/professionals to support *their* site. As such, in order for option 3 to work in the interest of older adults and their health information needs, mechanisms would be needed to ensure that the contents of any new curriculum or training was not influenced by the interests of particular websites (or individuals/organizations with linkages to those sites), and that actual recommendations made to older adults were also free from similar influences. In relation to this theme, participants also suggested that standardization across all providers was important. In particular, some participants believed that the personal opinions of providers with respect to the best online resources for health information should not influence which resources were recommended to older adults. Training (whether included in new curriculum or in training programs for existing providers) would therefore also need to ensure some degree of standardization was achieved, so that each provider offered the same advice to their patients.

The concerns raised by participants about the need for accountability and standardization was underpinned by a view among participants that training providers about how to support older adults' use of online resources (whether by integrating it into provider training curriculum, or by establishing a new training program for existing providers) has to ensure that the quality of online resources is at the forefront. This means that providers need to be equipped to provide older adults with support to use only the most high-quality sources of health information.

Concerns about the efficiency of launching large and expensive training programs (that would also require mechanisms to ensure accountability to the patient when providers used this training in practice) were also discussed by several participants. In the short term, participants noted that changing curricula wouldn't make a difference, and if it did, this would only change behaviour of future healthcare providers. As such, the benefits of this investment would not be realized by many older adults who require support now. Furthermore, an approach that focused on training existing providers was viewed by some participants as ineffective, given they perceived it as difficult to change the mindset of the current generation of healthcare providers, and to have them integrate a new approach into existing practice. Specifically, existing providers may view sending patients to online resources as a 'cop out' and inappropriate, particularly for older adults with multiple complex conditions for which online resources are not optimally suited. Additionally, given time constraints and the amount of work already on the plates of many providers, participants suggested it is unlikely that option 3 is feasible. Some participants suggested that a more financially appropriate option would be to rely on a more simple approach, for example, ensuring that providers offer print-outs that flag for people where to look for high-quality web resources.

Overall, participants generally felt that there were more downsides and challenges than benefits associated with option 3, particularly with respect to implementation, which was viewed by many as prohibitively expensive.

When considering the full array of options, participants expressed divergent views about the priority that should be given to each option and their sequencing. While time may solve some of the challenges of sharing health information through online resources, participants generally agreed that there is a need to implement such options to get some traction. Many participants supported the implementation of a one-stop shop (option 1), with one participant stating that we need to "do it and do it well so we're not constantly doing revamps." Participants also generally agreed that many older adults, especially those who are not health- and computer-literate, will require supports either through community outreach (option 2) or from healthcare providers (option 3). However, they generally expressed the need to develop and implement low-cost alternatives to options 2 and 3, with the idea of simple solutions such as well-designed handouts suggested as a potential way forward.

"It's hard enough to find a doctor; how will you find someone to do this (help you use online resources)?"

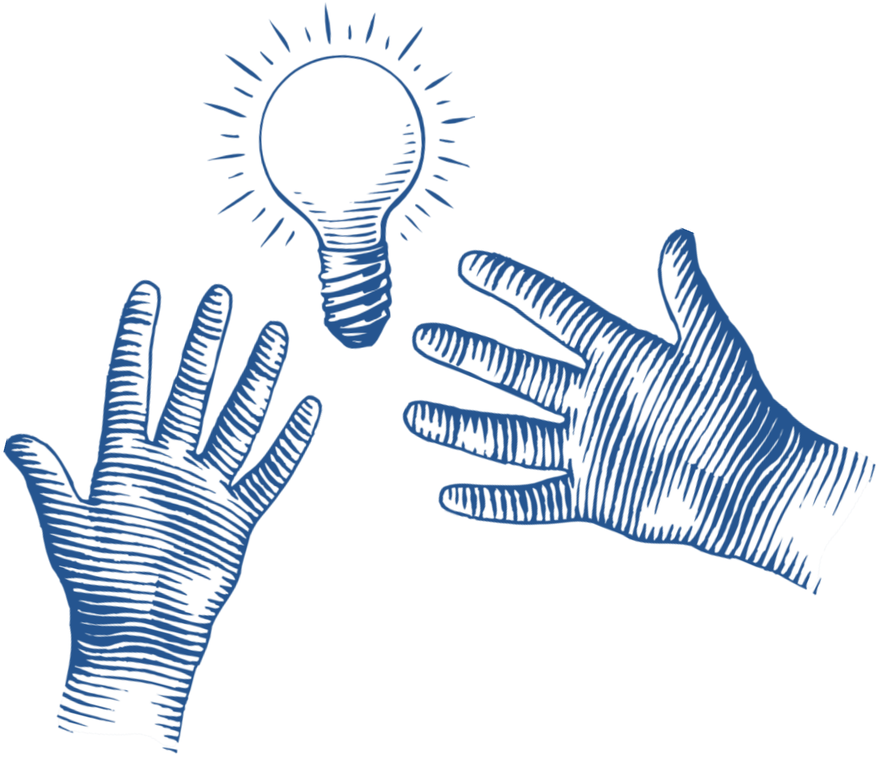
Discussing the implementation considerations:

What are the potential barriers and facilitators to implement these options?

After discussing the three options (among many) for improving how we share health information with older adults through online resources in Canada, participants examined potential barriers and facilitators for moving forward.

Participants identified six barriers to moving forward. First, several participants indicated that it would be challenging to raise public awareness about a one-stop shop as the most credible online resource available. They emphasized that such a one-stop shop risks getting lost in the shuffle of all the websites already out there. Second, participants pointed out that it may be difficult to integrate health information in a simple and meaningful way for people with multiple chronic health conditions. Third, the lack of access to primary-care providers and their heavy workload will most likely make it difficult to engage them in community-outreach programs and training programs. As one participant said: "It's hard enough to find a doctor; how will you find someone to do this?" Fourth, some participants were concerned that physicians may be unwilling to guide their patients towards, or promote, a specific online resource. These physicians may not be willing to help people get information that may conflict with the care the physicians are recommending, which may generate concerns about liability issues. Fifth, a few participants expressed concern about the feasibility of these options for older adults living in rural and remote communities (e.g., limited access to high-speed internet, one-stop shops not being designed for people without high-speed internet, and poor access to community outreach programs). Lastly, nearly all participants expressed concerns about the costs associated with the development, implementation and sustainability of the three options.

When turning to potential facilitators to moving forward, a few participants emphasized that time will most likely solve many problems. Some suggested that the way the world is going, all people will use the internet and eventually many of these options (and combinations of these options) will be seen as necessary. In the meantime, some participants suggested that engaging a reliable source, such as a respected university, could help establish credibility, particularly with respect to option 1. A few participants also suggested developing collaborations between the health sector and other sectors (e.g., the department of education) to mobilize students who could volunteer in community outreach programs (option 2). Overall, participants emphasized the need for simplified and financially feasible solutions, which could be used to overcome some of the barriers identified (particularly with respect to options 2 and 3).



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