

**Hospitals and the Digital Divide: Senior-Friendly Communication
in the Age of Social Media and the Internet**

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Abstract

This study examines the digital and social media practices of seniors and hospital communicators in southwestern Ontario – the region in the province with the largest concentration of older adults – to understand the impact these efforts have on communication and engagement. Results are drawn from focus groups with seniors, a survey of hospital public relations professionals and in-depth interviews with experienced professionals in senior-friendly communications. A thorough literature review was completed as part of this study. Despite an increase in the number of seniors using the World Wide Web, Facebook and other social media networks, the findings reveal that seniors are not using these channels to communicate with hospitals. This study confirmed the existence of a digital divide between seniors who do not use digital and social media channels for healthcare information and hospitals that do not actively use traditional communication approaches. As part of this study, recommendations are provided to help hospitals improve their communication and engagement efforts to effectively meet the needs of older adults. A checklist created from the recommendations can be used to guide hospital public relations professionals in their efforts to become more senior friendly.

Key words: seniors, digital and social media, hospitals, senior friendly

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Introduction

Statement of the Problem

According to the Canadian Institute for Health Information (2011), “seniors are typically frequent users of health care services, with the system spending more on them than on any other segment of the population” (p. ix). Not only are the senior population’s healthcare needs growing (Canadian Institute for Health Information, 2011), seniors aged 65 to 74 years and those over 84 are the largest growing segment of the population living in the geographic area served by the Hamilton Niagara Haldimand Brant Local Health Integration Network (Hamilton Niagara, 2014a). This provincial body, commonly known as the HNHB LHIN, oversees planning and funding for nine hospital organizations which operate 22 hospital sites and serve more than 1.4 million people in southern Ontario (Hamilton Niagara, 2014b; Ontario’s LHINs, 2015). Seniors aged 65 years and older account for 18.4% of the HNHB LHIN’s population, up six per cent from 2006 (Ontario’s LHINs, 2015). In total, there are 200,000 seniors aged 65 years and older living in the HNHB LHIN’s geographic area, the largest number of seniors of all Ontario LHINs (Hamilton Niagara, 2014a). Furthermore, “based on projections for 2019, seniors will represent 18.7% of the HNHB LHIN population compared to 16.7% for the province as a whole” (Hamilton Niagara, 2014a, para. 6).

Adding to the significance of the growing number of seniors is the fact that “older people are more likely to fall ill and need more health care than people in younger age groups” (Hay Group, 2007, p. 11). Canadian Medical Association President Dr. Cindy Forbes (as cited in Karstens-Smith, 2016) recently called for more funding for seniors’

care, noting how “doctors are already seeing the effects of an aging population and those issues will only continue to grow over the coming decades” (para. 3).

The demand on healthcare services is similar in the United States where, according to the Centers for Medicare & Medicaid (2015), “senior citizens made up 13 percent of the U.S. population but accounted for 34 percent of healthcare-related spending in 2010” (para. 2).

In the HNHB LHIN, an environmental scan conducted by the Hay Group (2007) recommended that healthcare providers “be leaders in providing services sensitive and responsive to the needs of the elderly” (p. 72) and also “develop and enhance services that support seniors living independently in the community” (p. 72).

The hospitals in the HNHB LHIN employ public relations professionals to oversee their external communication efforts. Their role, as described by the largest hospital in the HNHB LHIN, is “the flow of information within the hospital and between the hospital and the community it serves” (Hamilton Health Sciences, n.d., para. 1). Increasingly, professional communicators are turning to digital and social media channels to share information directly with their publics, seniors included. Although 67 per cent of Canadians searched the Internet for health or medical information in 2012 (Statistics Canada, as cited in Wizowski, Harper, & Hutchings, 2014), a “digital divide” (p. 9) continues to exist in which “older Canadians and those with lower incomes are less likely to use the Internet” (p. 9).

Public relations professionals use a number of measures to evaluate the reach and effectiveness of their efforts to communicate with their stakeholders using digital and social media. However, it was unclear, based on research publicly available at the time

this study began, whether the HNHB LHIN hospitals' efforts with digital and social media channels were effective in reaching seniors, interacting with them, and exchanging information about health and healthcare in order to respond to their specific needs and provide the best possible experience.

Significance and Purpose of the Study

Previous research has established that healthcare organizations are increasingly turning to digital and social media channels to communicate with their stakeholders (Dosemagen and Aase, 2016). Furthermore, the number of people 75 years of age and older who use the Internet continues to grow (Davison, 2013), with many of them turning to digital media channels for information about their healthcare (Revera Inc., n.d.). As hospitals in the HNHB LHIN increasingly turn to digital and social media channels to communicate, it would be beneficial to understand whether they are effectively meeting the unique needs of seniors, their largest stakeholder group. How and to what extent do hospitals in the HNHB LHIN use digital and social media to communicate with seniors in their communities? How do they measure the effectiveness of this communication? Do seniors find social media and hospital websites useful, helpful methods of communication, or do they find the technology too difficult or complicated to use? Would they prefer that hospitals use a more traditional approach, such as newspaper advertising, to communicate about important messages, or would a hybrid approach be more effective?

The purpose of this study is to first understand the degree to which seniors are engaged with social media and other digital channels when interacting with hospitals in the HNHB LHIN, and if so, what challenges they may face using these communication

tools. The second purpose of the study is to determine how hospitals deploy digital and social media channels to communicate with seniors in their communities. The final purpose of this study is to understand how, and to what extent, the hospitals' digital communication efforts are effective in communicating with the senior stakeholder group.

This research will examine whether the hospitals' efforts are responsive to seniors' needs or whether hospital public relations professionals should direct more of their time and resources on printed brochures, newspaper advertisements, media stories, printed signage and other traditional methods to effectively educate, inform and engage seniors.

While more research is needed, it is hypothesized that many seniors do not use social media and hospital websites for healthcare communication, which limits the flow of information and engagement between them and hospitals that do not also use traditional communication tools that are less technological in nature.

This research merits close attention as it is being conducted at the same time as hospitals across Ontario work to make senior-friendly improvements a priority. The findings of this study could be a model for hospitals and healthcare providers to enhance communication with seniors in their communities as part of their efforts to become more responsive and more senior friendly.

Research Questions

This study sought to better understand the effectiveness of hospital efforts to communicate with seniors served by the hospitals in the HNHB LHIN. To date, many researchers have studied the impact of digital and social media on communication, however little attention has been given to understanding whether hospital public relations

professionals are effectively meeting the unique needs of seniors, who are the hospitals' largest – and ever-growing – stakeholder group.

This study focuses on three research questions:

RQ 1: How and to what extent do seniors in the HNHB LHIN use social media and other digital channels for information and education about hospital healthcare services in the communities in which they live?

RQ 2: How and to what extent do HNHB LHIN hospital public relations professionals use social media and other digital channels to communicate with seniors in their communities?

RQ 3: What challenges and opportunities should hospitals pay attention to in their efforts to become more responsive and more senior friendly in their communication activities?

Review of Literature

Social Media as a Two-Way Symmetrical Communication Tool

When considering the flow of information between a hospital and its stakeholders, it is important to consider the value of the Internet and social media as two-way symmetrical communication tools that can be used to improve relationships and engage stakeholders. Grunig (1992) asserts that symmetrical communication is an important characteristic of an excellent organization.

Grunig's (2001) two-way symmetrical model of public relations emphasizes the use of two-way communication to negotiate, debate, resolve conflict, listen, understand and promote mutual understanding and respect. "With the two-way symmetrical model,

practitioners use research and dialogue to bring about symbiotic changes in the ideas, attitudes, and behaviors of both their organizations and publics” (Grunig, 2001, p. 12).

Although “engaging in dialogue has been found to have positive outcomes for organizations” (Lee & VanDyke, 2015, p. 534), a number of academics challenge Grunig’s views. Van der Meiden (1993) argues that organizations would be unable to pursue their specific interests within a two-way symmetrical model as described by Grunig. Pieczka (as cited in Grunig, 2001), for her part, considers the two-way symmetrical model a “closed-minded attempt to impose a single point of view on others” (p. 16). Grunig (2001), however, emphasizes that “symmetry in public relations really is about balancing the interests of organizations and publics, of balancing advocacy and accommodation” (p. 16).

For Botan (1997), dialogic communication “may well be the foundation of higher standards for ethical business communication” (p. 191) given that it “elevates publics to the status of communication equal with the organization” (p. 196). Macnamara (2016) looks at the issue of two-way communication from the perspective of organizational listening, emphasizing the importance of institutions like hospitals listening “to their stakeholders and publics ... a requirement to achieve two-way communication, dialogue, and relationships” (p. 152).

Long before the popularity of social media that we know today, as early as 2001, researchers were reflecting on the impact of the Internet on traditional one-way communication practices. “The transformation to digital technology has far-reaching implications for the practice of public relations” (Springston, 2001, p. 603). Hon (2007), referencing the results of a survey of public relations professionals, notes among her

findings with respect to the two-way symmetrical model that with “blogs and new media, this model is getting easier” (p. 14). Several years later, Hird (2011) comments on the rapid growth of social media, noting that between 2011 and 2012, the number of Facebook users totalled more than 640 million and of those at least 175 million were active users on a daily basis. The Arthur W. Page Society (2007) describes the impact on business operations of the Internet and social media as a “digital network revolution” (p. 11), a trend that “is driving a shift in the way people interact with each other and with companies and institutions. It changes how dialogue occurs, how perceptions are shaped and how relationships are forged” (p. 11). In a subsequent report, the Arthur W. Page Society (2013) states that social media has evolved to become “a full fledged communications channel that must be monitored, measured and interpreted in the same manner as the traditional ones” (p. 6).

While not all public relations practitioners may use digital and social media to their full advantage as two-way communication tools, according to Duhe and Wright (2013) the Internet and social media provide “an increasingly sophisticated, interactive supplement for relationship building” (p. 95).

Organization Public Relationships, Digital and Social Media

Public relations scholars posit that the “fundamental goal of public relations is to build and then enhance on-going or long-term relationships with an organization’s key constituencies” (Hon & Grunig, 1999, p. 2). Advocates of the Internet and social media as professional communications tools herald their ability to create direct relationships with stakeholders.

A substantial amount of literature and theory exists regarding the importance and impact of an organization's relationships with its publics. Traynowicz Hetherington, Ekachai and Parkinson (2001) note that "with the continually increasing emphasis on health care relationships and systems, the center of public relations practice in the 21st century is relationship building and maintenance" (p. 574). According to Hung-Beseacke and Chen (2013), "relationship management is an ongoing dynamic process" (p. 228). Grunig (2006a), meanwhile, states that "if it develops good relationships with strategic publics, an organization is more likely to develop goals desired by both the organization and its publics and is more likely to achieve those goals because it shares those goals and collaborates with publics" (pp. 158-159). Quality relationships can benefit organizations in a number of ways, both financial and non-financial, with examples including improved reputation and reduced negative media coverage (Grunig, 2006b).

Hung (2007) outlines the cultivation, development and change relationship strategies consistent with a symmetrical approach, which include openness, networking and cooperation, and which can arguably be described as hallmarks of strong social media management. Hung (2007) posits:

Organizations have win-win relationships with their publics when they develop mutual communal, covenantal relationships, or exchange relationships. In their goal of fostering win-win relationships, organizations reported that they tend to be willing to engage in dialogue with publics, listen to publics, treat publics as 'partners,' give positive feedback to publics, and be unconditionally constructive to publics. (p. 463)

Botan (as cited in Kent & Taylor, 2002) asserts “traditional approaches to public relations relegate publics to a secondary role, making them instruments for meeting organizational policy or marketing needs; whereas, dialogue elevates publics to the status of communication equal with the organization” (p. 24). Duhe and Wright (2013) note:

Despite vast and continuing advancements in communication technology, Grunig’s concept of symmetry remains relevant regardless of the channels used by organizations to establish and maintain relationships with their publics. Each of the public relations models can be applied online, and the fit between symmetrical communication and the evolving concept of interactivity is a natural one. (p. 105)

According to Kent (2013), public relations practitioners need “to think about social media differently” (p. 341) to get full value from a relation-building perspective: “Rather than social media being a cheap and easy way to reach stakeholders and publics with organizational messages, social media should be reenvisioned as interpersonal and group communication tools, and not a replacement for a weakened mass media” (p. 341). Given the “interactive, communicative, and social” (Avery et al., 2010, p. 337) characteristics of social media, “some herald social media as bringing public relations full circle to its original foundation of building relationships” (p. 337). Finally, Aase (2012) asserts that “social tools have dramatically reduced the cost of sharing knowledge, and the resulting relationships can be much more valuable than the knowledge itself” (p. 16).

Senior-Friendly Hospitals

Seniors aged 65 and older are a significant patient stakeholder group for hospitals in the HNHB LHIN’s geographic area, as noted earlier, with the largest number of

seniors of all Ontario LHINs (Hamilton Niagara, 2014a). For insight into what that means for the use of hospital services, consider that the Council of Academic Hospitals of Ontario (n.d.) notes:

Seniors account for 63% of all acute inpatient days and 43% of all provincial health expenditures in Ontario. We know that over the next two decades, Ontario will experience a significant demographic shift, more than doubling the number of seniors in our population. (para. 3)

Over the last several years, hospitals across Ontario have made senior-friendly improvements a priority. The Ontario Senior Friendly Hospital Framework (Senior Friendly Hospitals, n.d.) provides an outline of these improvements and includes the following five areas of focus: organizational support, processes of care, emotional and behavioural environment, ethics in clinical care and research, and physical environment. According to a report entitled Senior Friendly Hospital Care in the Hamilton Niagara Haldimand Brant Local Health Integration Network (2015), “by providing an optimal care experience while improving health outcomes, senior-friendly hospitals are a key enabler in Ontario’s health care system” (p. 10).

A recent report (Regional Geriatric Program, 2015) which assessed the progress of the hospitals in the HNHB LHIN found that they have made significant strides in their efforts to become senior friendly. “Hamilton Niagara Haldimand Brant LHIN hospitals are reporting increased uptake of practices and structures in all five domains of the SFH framework” (Regional Geriatric Program, 2015, p. 10). The report (Regional Geriatric Program, 2015) highlights the importance of communicating with seniors, for example by providing senior sensitivity training for all new staff, however it does not mention public

relations practices involving social media, the Internet or other technologically-based communications methods.

The Ontario Seniors' Secretariat (2015), citing a framework created by the World Health Organization, notes that two of the eight key features of an age-friendly community are communication and health tailored to seniors' needs. A checklist provided by the World Health Organization (2007), meanwhile, outlines the importance of access to computers and the Internet in public places as well as large lettering on printed information, visual displays and electronic equipment, such as mobile phones. The World Health Organization (2007) checklist also recommends that "clear and accessible information is provided about health and social services for older people" (p. 4).

Literacy, fine motor skills, visual acuity and hearing acuity are but a few of the changes related to aging which should be taken into consideration when communicating with seniors, according to the Public Health Agency of Canada (2011). In a comprehensive age-friendly communication guidebook, the Public Health Agency of Canada (2010) describes the Internet's potential as a "very effective and efficient way to reach seniors" (p. 21). The Public Health Agency of Canada (2010) notes that the same guidelines for "keeping it simple" (p. 21) should apply online as with other tools used to communicate with older adults. For websites, this means the development of navigation systems that make it easy for seniors to find information by limiting clicks, and including site maps and features like breadcrumbs which show the path the user took to get to their current location on the website (Public Health Agency of Canada, 2010). In a study of seniors' use of websites, "smaller font size, the use of drop-down menus and other design features that call for heavy reliance on fine motor skills, memory and superior vision

were some of the unfriendly features noted” (Public Health Agency of Canada, 2010, p. 21).

Hospitals, Seniors, Digital and Social Media

According to Statistics Canada, the number of people 75 years of age and older who use the Internet grew by 22% between 2000 and 2012, from 5% to 27% (Davison, 2013). A 2012 study conducted by Revera Inc. and Leger Marketing (Davison, 2013) found that more than half of seniors go online, mostly to socialize with family and friends. This study of more than 1,500 Canadians aged 55 and older found that 88% of those 75 and older who go online do so at least once daily to send emails, look up topics of personal interest, bank and shop (Revera Inc., n.d.). In addition, 53% of seniors 75 and older belong to Facebook and other social networking sites (Revera Inc., n.d.); they use these sites to “keep in touch with family and friends” (p. 2). Seventy per cent of those 75 and older say technology use helps them to live independently at home (Revera Inc., n.d.).

The Pew Research Centre (2015), in a social media study conducted in the United States in September 2014, found that “for the first time, more than half of all online adults 65 and older (56%) use Facebook. This represents 31% of all seniors” (para. 3). The study (Pew Research Centre, 2015) also found that more than half of online adults (52%) are active on two or more social media sites. A similar national study conducted 18 months later by Greenwood, Perrin, and Duggan (2016) found that “some 62% of online adults ages 65 and older now use Facebook, a 14-point increase from the 48% who reported doing so in 2015” (para. 7).

According to Capstrat (n.d.), “today’s senior isn’t just sitting at home and reading the newspaper. Pew Internet research found that almost half of adults use social networking sites to stay connected” (para. 4). Capstrat (n.d.) recommends that healthcare providers invest in these channels to connect with and engage seniors about their health and healthcare.

Dosemagen and Aase (2016) recognize that healthcare organizations are “increasingly turning to social media to support, promote and increase the spread of information and data in order to improve both personal and community health practices” (para. 1). There are positive benefits, such as the speed with which communication can take place and the ability to have two-way conversations, however there are also risks, which include concerns about private health information and the spreading of misinformation and rumours by unofficial sources. According to Dosemagen and Aase (2016):

In healthcare, professionals and organizations must recognize society’s ever-increasing use of social media tools, and that abdicating their leadership role on the issues raised by these tools would have harmful effects because the conversations will continue with or without them. (para. 23)

Boyer (2012) provides examples of the way in which social media empowers patients to “communicate about health at any time” (p. 7) and in a number of ways, from “finding support and companionship” (p. 7) to sharing “fears over ill-fated diagnoses” (p. 7) and expressing dissatisfaction with negative experiences.

According to a 2012 study (Narisi, 2012) in the United States, patients are turning to social networks to gather information about conditions, providers and treatments, with

Facebook, Twitter and YouTube being the most popular sites. Like younger patients aged 18 to 24, “seniors are also interested in using social media and other online tools, with more than half of respondents age 65 and over saying they would like to communicate with their doctor and manage their care using the Internet” (Narisi, 2012, para. 4-5). Despite an increasing interest in communicating about healthcare using digital and social media channels, Narisi (2012) posits that “healthcare organizations could better engage with current and potential patients creating blogs, as well as social networking profiles and pages — especially ones that allow people to communicate with each other and share experiences and opinions” (p. 11).

Health matters are among the top items of interest in traditional media and are particularly well suited to social media for a number of reasons, according to Avery et al. (2010). “They are among the most desired topics in news; they are both personal and political; and people tend to want immediate information that is immediately available online when faced with a challenging health condition” (Avery et al, 2010, p. 337).

Although healthcare providers are increasingly using social media to share developments and news, healthcare marketing experts Armstrong and Van Dinter (2015) posit that “seniors aren’t known as the most web savvy clients” (para. 2) and that “the oldest seniors often don’t have computer access at all” (para. 2). According to Armstrong and Van Dinter (2015), there are still many seniors who do not feel comfortable using social media and need to be encouraged to get involved in healthcare social media. “One of the biggest challenges is getting seniors to sign up for social media in the first place” (Armstrong & Van Dinter, 2015, para. 5).

Other hospital communications experts recognize the need to communicate with their older audiences using traditional, digital and social media tools. Plorin (2014), for example, suggests using a full basket of marketing tools to attract seniors, including more traditional marketing ideas like print newspapers, senior-focused publications, radio, arts and cultural events, and new tools like social media. “Hospital marketers – like all marketers – can be distracted by the latest whiz bang promotional tool. But new toys can often turn off older patients, who represent an important piece of the patient mix pie for most hospitals” (Plorin, 2014, para. 1).

According to Watts (as cited in Morris, 2014), “the digital divide between the generations is in real danger of becoming a digital gulf, with many older people being left on the wrong side of the revolution that has changed the way society connects and communicates” (para. 14). South West Forum on Ageing (n.d.), an advocacy organization in England headed by Watts, shares the views and perspectives of seniors with government agencies and service providers to enhance quality of life. Watts (as cited in Morris, 2014) posits that “cost, complexity, fear and relevance” (para. 15) create barriers for older adults to adopt computer technology: “Many people tell me they’ve got on perfectly well in life so far without a computer, why do they need to learn now” (para. 15)? That’s not to say that Watts (as cited in Morris, 2014) discourages seniors from using digital and social media channels. Rather, Watts (as cited in Morris, 2014) suggests that they be encouraged to use tablets, which are more intuitive than computers and easy to use, and applications like Skype that “demonstrate immediately to people that being online really can enhance the quality of your life” (para. 16).

When Leger (2016) conducted annual community polling of 1,000 residents in the Niagara region in 2016, it measured the impact of digital and social media on residents' knowledge of hospital-related matters involving Niagara Health for the first time. This research found that digital media, and in particular social media, "had an impressive first showing" (Leger, 2016, p. 6). However, despite the positive impact of digital and social media as communication tools, Leger (2016) recommended that the hospital continue to also use traditional channels to communicate. This recommendation was due to the fact that those 75 years of age and older are the hospital's "biggest ambassadors and are more likely to heard [sic] of these changes from a newspaper (relative to younger respondents)" (Leger, 2016, p. 6).

Research Methods

Methodology and Data Collection

This study was reviewed and approved by the McMaster Research Ethics Board (MREB) and a clearance certificate was issued on November 10, 2016 (see Appendix B).

The researcher followed the case study method, which provides an opportunity to "understand a real-world case and assume that such an understanding is likely to involve important contextual conditions pertinent" (Yin, 2014, p. 16). According to Yin (2014), the "case study's unique strength is its ability to deal with a full variety of evidence" (p. 12).

This study uses qualitative and quantitative research methods to understand how and why hospitals in southern Ontario use digital and social media channels to communicate with seniors, whether they are consistent with best practices, and how effective these strategies are with the target stakeholder group. For the purposes of this

case study, the methodology to collect data included in-depth interviews, a survey and focus groups. The use of different methods is likely to lead to a “more convincing and accurate” finding or conclusion (Yin, 2014, p. 120).

The independent variable in this study is hospital digital communications with seniors and the dependent variable is how hospital public relations professionals, seniors and experts on senior-friendly communications view the impact and effectiveness of these efforts.

In-depth interviews. The researcher conducted four (N=4) in-depth interviews with experienced professionals in senior-friendly healthcare communications. These expert participants were recruited based on their professional work and knowledge in the area of senior-friendly healthcare communications. All of these participants were contacted by telephone and/or email, and they were provided with a Letter of Information/Consent about the study in advance. All of the interviews were conducted by telephone due to time constraints and geographic limitations. The questions asked each expert are outlined in Appendix C.

As Stacks (2011) posits, “in-depth interviews are best used when answering questions of definition, value and policy” (p. 173). For this study, each participant was asked the same eight questions which examined their insights into communication needs regarding seniors, best practices with regard to communicating with seniors, and challenges and opportunities for hospitals in communicating with seniors using social media and digital channels. Each participant was also given the opportunity to bring up anything they wanted to discuss that had not been covered in the interviews questions. “Interviews are an essential source of case study evidence because most case studies are

about human affairs or actions. Well-informed interviewees can provide important insights in such affairs or actions'' (Yin, 2014, p. 113).

Survey. For the purpose of this case study, the researcher administered a web-based survey directed at public relations professionals at the nine hospitals in the HNHB LHIN. This portion of the study examined how the public relations professionals in the hospital organizations in the southern Ontario region served by the HNHB LHIN deploy digital and social media channels to communicate with seniors in their communities, and how effective they are in communicating with the senior stakeholder group.

Twenty-four (N=24) potential participants were invited to take the survey. Although 16 (n=16) people agreed to participate, one (n=1) of them exited the survey after the first question.

A census survey (Stacks, 2011) gave public relations professionals, both leaders and staff, an opportunity to participate. The decision to conduct a census survey was made due to the fact that the population size was small and there was access to these public relations professionals through up-to-date email contact lists. Since all of the potential participants had access to email and the Internet, there were no restrictions on use or ability to participate in the survey (Dillman, Smyth, & Christian, 2011).

An introductory email, with a direct link to the web-based survey, was sent to all potential participants to increase the response rate (Dillman, Smyth, & Christian, 2011). Included in the introductory email were details of the survey, including the number of questions and the length of time the survey should take to complete. To encourage a higher rate of response, the introductory email emphasized that the identity of all

respondents would remain anonymous. Participants were given the option of completing the survey at work, at home, or elsewhere where there is an Internet connection.

According to Dillman, Smyth and Christian (2011), response rates for web-based surveys are higher when initial email requests are followed up with reminder emails to complete the survey. Mid-way through the survey's two-week open period, one email reminder was distributed to all of the respondents, thanking those who had completed the survey and encouraging those who had not to complete it before it closed in one week.

The survey contained 10 questions, as outlined in Appendix D. The purpose of these questions was to understand the degree to which public relations professionals are guided by senior-friendly recommendations when they communicate with seniors using digital and social media channels. These questions were also important to understand how hospital public relations professionals measure the success of their communication efforts vis-à-vis meeting the needs of seniors in their communities.

The first two questions focused on participant demographics. The next five questions focused on their communication practices. These questions asked participants to rate the frequency of the communication channels they use, select the types of information their organizations share with seniors and the topics of specific interest shared with seniors, and opinions of their hospitals' understanding of the needs of seniors as they relate to communication. The final three questions were open ended. One asked what the greatest challenge is for hospitals in communicating with seniors, another asked what the greatest opportunity is, and a final question asked the participant to include any additional relevant information. The open-ended format of the final three questions

allowed participants to provide more detailed responses and include additional information not covered in the survey questions.

All computer responses were collected using LimeSurvey, an ethics compliant web application approved for research at McMaster University. No personal information was collected, and all participants were informed that they could withdraw from the survey at any time prior to completing it.

Focus groups. The researcher ran two focus groups with 15 (N=15) seniors aged 65 and older who live within the geographic boundaries of the HNHB LHIN. This portion of the study examined how engaged seniors are with social media and other digital channels when interacting with hospitals in the southern Ontario region served by the HNHB LHIN, as well as the challenges they may face using these communication tools. The goal was to recruit seniors who were both social media savvy and non-social media savvy. As suggested by Krueger and Casey (2009), this research method was chosen to elicit a range of ideas and feelings.

All participants were given an opportunity to respond to each question during the focus group. Each focus group lasted 60 minutes. The questions, outlined in Appendix E, explored seniors' habits regarding their use of social media and the Internet. The questions were designed to understand the degree to which seniors use these digital and social media channels to receive and understand information about hospital healthcare, and how successful it is as a tool to interact with them about hospital healthcare.

Participants Involved in Research

With each method, the researcher emphasized to the sample group that any identifying information would remain confidential to maintain the anonymity of all

participants. The researcher also explained that any participant would have the option of discontinuing their participation at any time should they choose to do so.

The participants in the focus groups and in-depth interviews have been classified and identified with a code based on the applicable research method, as outlined in Table 1. For the purposes of this research study, the focus group and in-depth interview participants will be referred to in this way to discuss the data in the sections that follow. Participants in the web-based survey were not classified since the survey was completed anonymously and the responses aggregated. An explanation of the three sample groups is provided after the table.

Table 1

Breakdown of participants per methodology

Interview Participants	Focus Group Participants
I-1	FG-1
I-2	FG-2
I-3	FG-3
I-4	FG-4
	FG-5
	FG-6
	FG-7
	FG-8
	FG-9
	FG-10
	FG-11
	FG-12
	FG-13
	FG-14
	FG-15

Note. Participants in the web-based survey were not classified since the survey was completed anonymously and the responses aggregated.

Four (N=4) experienced professionals in senior-friendly healthcare communications completed in-depth interviews that were approximately 45 minutes in length. Participants were identified based on their professional knowledge of senior-friendly healthcare communications. They come from a variety of backgrounds in the publishing and healthcare fields, and they represent both the public and private sectors. Three of the participants are from Ontario, and one participant is based in the western United States.

Twenty-four (N=24) potential participants were invited to take the survey. A total of 16 (n=16) people replied to the request to participate, however one (n=1) of them was prompted to exit the survey after responding “no” to the first question. This question asked if respondents were public relations professionals working in hospitals in the HNHB LHIN. Table 2 on the following page provides a breakdown of each participant’s years of experience working in healthcare public relations.

Seniors aged 65 and older who live in the area served by hospitals in the HNHB LHIN were recruited to participate in the focus group component of the study. Two 60-minute focus groups were held. There were a total of 15 (N=15) eligible participants who had varying levels of understanding of, and involvement with, digital media and social media networking sites. One of the focus groups had eight (n=8) participants, while the other had seven (n=7). Participants were recruited through word of mouth and using recruitment materials prepared, including a poster and a Letter of Information/Consent.

Table 2

Survey participants' years of experience in healthcare public relations

Years of experience	Number of participants	
	n	%
Less than 1 year	4	26.7
1 to 5 years	4	26.7
6 to 10 years	5	33.3
11 to 20 years	1	6.7
More than 20 years	1	6.7
Prefer not to answer	0	0
No answer	0	0

Results and Analysis

RQ 1: How and to what extent do seniors in the HNHB LHIN use social media and other digital channels for information and education about hospital healthcare services in the communities in which they live?

Based on the data collected from the two focus groups, this researcher ascertained that only three (n=3) of 15 (N=15) participants use the Internet to obtain information about their local hospital and/or healthcare services. Although 12 (n=12) focus group participants are Internet users, they do not find hospital websites user friendly for a number of reasons, or they use them solely to find contact information that they would use to follow up by telephone to find out the information they need. In addition, only seven (n=7) participants report being active on social media, on Facebook specifically. However, just two (n=2) of those seven (n=7) participants use Facebook for healthcare-related information, but only if it pops up on their Facebook feed.

These findings coincide with the Statistics Canada research (as cited in Wizowski, Harper, & Hutchings, 2014) noted earlier, in which a “digital divide” (p. 9) is identified among “older Canadians and those with lower incomes” (p. 9). The findings also correspond with the data collected both by the senior-friendly communications professionals who participated in in-depth interviews and by the hospital public relations professionals who participated in the web-based survey.

The older adults who participated in the focus groups did not express an interest in using either digital or social media channels to engage in two-way symmetrical communication with hospitals, and in doing so, develop or enhance their relationships with the hospitals. The data generated from the focus groups shows that seniors use

hospital websites mostly to obtain contact information that can be used for follow up in person or it is used to obtain information that would be considered directional in nature. The majority of the focus group participants' communication with hospitals is prompted by a need to obtain information about personal appointments, wayfinding, clinic times, wait times in Emergency Departments, information for visitors and parking information. They are interested in programs and services but do not seek out this information. Only two (n=2) focus group participants (FG-7 and FG-14) said they search for any of this information online, specifically on the hospital's website. This finding aligns with the literature, specifically the statement by Watts (as cited in Morris, 2014) that many seniors feel that they get along fine without using technology.

The majority of the focus group participants found digital and social media to be impersonal tools for communication with hospitals, with 10 (n=10) of them preferring to communicate with hospitals by telephone or in person. "It's impersonal when you're online and on the phone," said FG-8. "That helps, but it's nice to share face to face." FG-11 concurred with this approach: "Nothing replaces a human voice." Two participants (FG2 and FG7) also mentioned that they use Telehealth Ontario (Ontario, n.d.), a provincial resource in which a registered nurse provides free medical advice by telephone 24 hours a day, seven days a week.

Perceiving social media as impersonal is contrary to the way social media is described in the literature "as active participatory places where organizational managers, leaders, and professionals actually communicate with individual human beings" (Kent, 2013, p. 341). However, a preference for communicating face-to-face also emerged as a key theme in the interviews with the experienced professionals, three (n=3) of whom saw

significant potential for seniors to communicate and engage with hospitals by participating in focus groups, educational forums and other in-person activities. From the perspective of the hospital communicators, in-person events ranked at the low end as a channel to communicate with seniors, with five (n=5) participants selecting it as a channel they use always or most of the time, and another three (n=3) participants saying they would use this channel rarely or never. Findings about channels hospitals use to communicate with older adults are reviewed in more detail in the next section of this paper.

During the focus group discussions, participants expressed varying levels of familiarity and involvement with hospital websites and social media feeds. All (N=15) of the participants were aware their local hospital had a website, however most of them did not visit it and were unaware of the information available on it. None (n=0) of the seven (n=7) participants who were active at some level on social media sought out hospital social media channels. In addition, none (n=0) of the participants were aware of recent content on these feeds.

Although research by Statistics Canada and by Revera Inc. and Leger Marketing (Davison, 2013) shows an increasing number of seniors using the Internet and social networking sites, the majority of the focus group participants did not agree that seniors in their communities use digital or social media tools to communicate with hospitals. The seniors' lack of engagement with hospital websites and social media channels also aligned with the feedback from the public relations professionals.

According to FG-13: "It is part of our generation that we don't think of looking online." FG-11 agreed, noting that, before participating in the focus group, it hadn't

occurred to her to communicate via a hospital website instead of the telephone: “I think I would have looked at (the website) more but I don’t really think of it being there.” FG-15 said she also preferred to communicate with the hospital by telephone: “If I really wanted to know something I would phone. FG-7 marvelled at the “libraries of the world” available at his fingertips by searching the Internet. However, his use of the local hospital’s website is limited to collecting contact information that he then uses to follow up by telephone: “Most of my communication with the hospital is to find out about a patient, how they are doing, and I use the Internet to find out whom I should call, then I use the telephone.” Having said that, FG-7 did share that he sought advice on the Internet about a recent health condition and adopted a diet based on that information which he said “proved very beneficial. I was able to do it that way without consulting anyone person to person.”

In addition to a preference for telephone and face-to-face communication, 10 (n=10) participants (FG-1, FG-2, FG-3, FG-5, FG-6, FG-9, FG-10, FG-11, FG-12 and FG-15) said they like to receive healthcare information in a printed format, which would include newspapers, brochures and posters. The experienced professionals interviewed for this study also highlighted the senior population’s preference for printed materials, while the hospital communicators highlighted their own preference for printing materials for their older audiences.

These findings are consistent with the literature; recall how Plorin (2014) emphasized the importance of using a mixed bag of traditional and digital tools in order to effectively reach senior audiences. An example that illustrates this point with the focus group participants is related to a recent public education campaign conducted in Niagara

about healthcare options during the busy winter influenza season. When asked, none (n=0) of the participants was familiar with the social media components of the campaign, however more than half of them (n=8) said they had seen the related print advertisements published in local newspapers during the same time period.

Almost all (n=14) of the focus group participants is active with email. This finding is consistent with feedback from both the hospital communicators and senior-friendly communications experts in terms of email being a suggested channel for healthcare communication with seniors. Two (n=2) of the older adults receive emails directly from their primary healthcare provider, having received a recent communication about influenza, but they do not communicate with any hospitals by email.

Despite the widespread rapid growth of social media users in recent years, as described by Hird (2011), just two (n=2) participants from the focus groups (FG-11 and FG-13) said they read healthcare-related information on their Facebook feeds. However, they made it clear that they do not purposefully seek out healthcare posts, and they do not engage on social media in any way as it relates to healthcare.

In the literature, Watts (as cited in Morris, 2014) highlighted complexity as a barrier to seniors' adoption of technology. The majority of the participants told this researcher that they do not find the online environment user friendly due to challenges with technology and language. "A lot of people are not computer literate," said FG-4. "I have a computer but I don't mess with it too much." Participants FG-1 and FG-12 also expressed concern with the credibility of sources on websites or social media feeds, however they were speaking generally and not in relation to hospital-managed channels.

Simplifying the language hospitals use on their websites would remove barriers and improve the experience for seniors, according to the data. FG-1 and FG-3 suggested that hospital websites should use more everyday language, avoid abbreviations, simplify the navigation and provide an index of the content. “It has to be easy so that when you go on the (hospital) website or whatever you have to be able to find these things easily, not have to search through pages and pages,” said FG-1. Developing more senior-friendly websites was a theme also raised by the experts, and “keeping it simple” (Public Health Agency of Canada, 2010, p. 22) was highlighted in the literature. Four (n=4) participants (FG-1, FG-9, FG-12 and FG-15) said they would be interested in learning more about how to use a hospital website. Despite this willingness to learn, according to FG-9 technology is not the best approach for communicating with seniors: “It does tend to leave us behind because we’re used to the other methods. We run as hard as we can to try to keep up but really we’re living in a different world.”

Data collected from the experienced professionals who participated in in-depth interviews demonstrated that there is an opportunity for hospitals to target adult children who care for their senior parents as a way to enhance communication efforts with the older adult stakeholders. However, the focus group participants did not consider this to be an opportunity that would have much impact for several reasons. Among them, FG-15 mentioned that families often live in different cities, as is her case, and as a result the children live too far away to assist the seniors with matters related to their healthcare. FG-9 recognized that even when family members do live in close proximity to each other, they are often estranged. However, the concept of seeking assistance from younger people who are more comfortable with technology was a practice already in place by two

(n=2) focus group participants. FG-4 and FG-7 shared that their neighbours and grandchildren help them when they run into challenges with technology.

RQ 2: How and to what extent do HNHB LHIN hospital public relations professionals use social media and other digital channels to communicate with seniors in their communities?

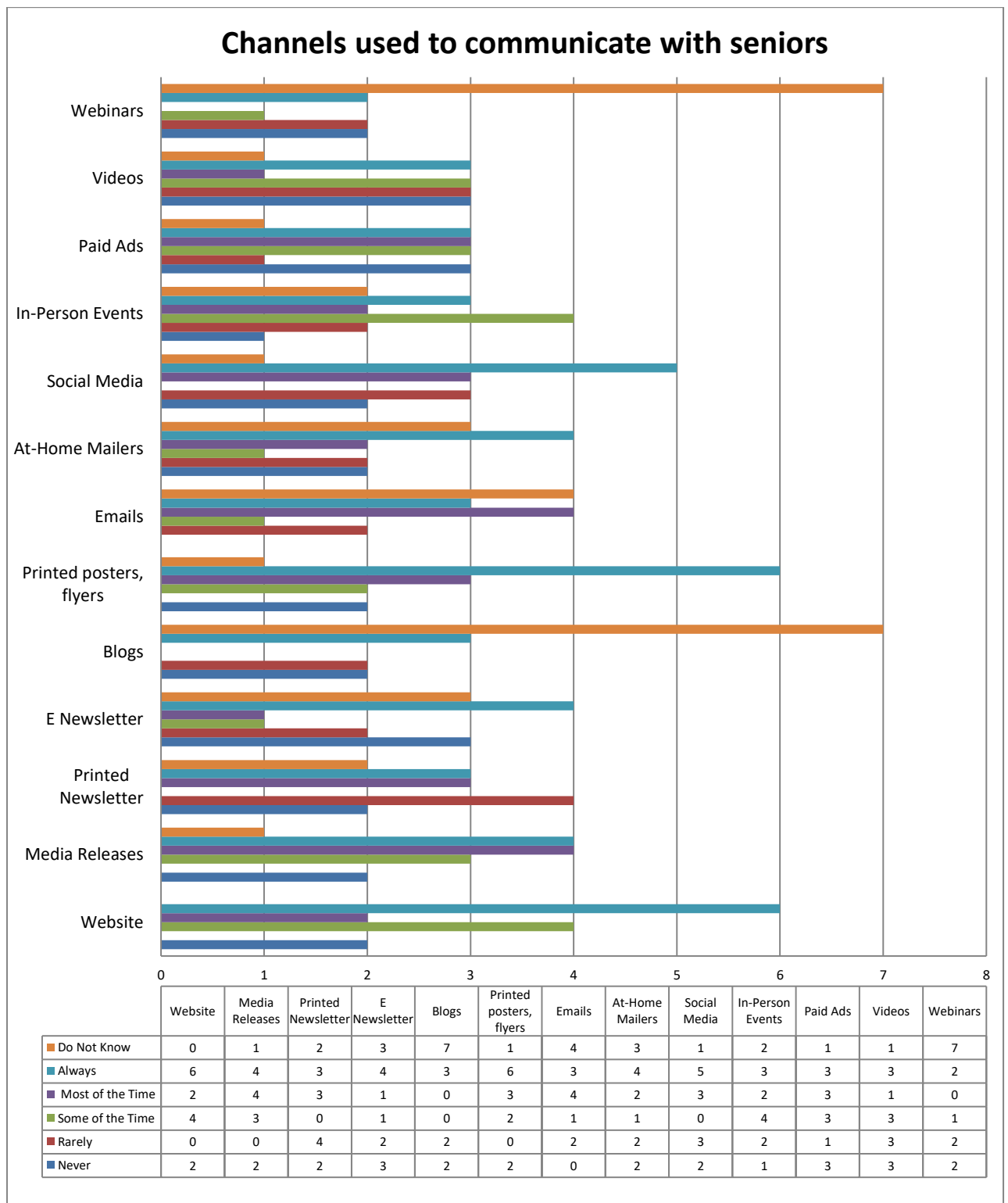
The research found that the public relations professionals who participated in the survey use printed posters and flyers, hospital websites and social media more frequently than any other channels when communicating with seniors. When asked to select the frequency with which public relations professionals use specific channels to communicate with seniors, six (n=6) participants said they always use websites and printed posters and flyers to communicate with seniors. Five (n=5) participants said they always use social media to communicate with seniors. At the other end of the frequency scale, four (n=4) participants said they only use websites some of the time to communicate with seniors, while three (n=3) participants selected social media as a channel they rarely use to communicate with seniors.

Media releases and emails were also identified by the public relations professionals as popular channels to communicate with seniors, however these channels are not used as frequently. When asked the frequency with which they use media releases to communicate with seniors, four (n=4) participants said they use this channel always and four (n=4) participants said they use it most of the time. Three (n=3) participants selected email as a channel they use always, while four (n=4) participants selected email as a channel they use most of the time. These findings are consistent with the data from the focus groups, which found that seniors have a preference for communicating with

hospitals using both of these channels. Part of FG-1 and FG-12's preference for traditional media channels is due to a lack of trust in the sources of information on websites or social media feeds. They are not alone, according to a 2016 report published by Edelman (Newspapers Canada, 2017), which found that traditional media are the leading source for news and information in terms of trust, more than 30% higher than social media.

Table 3 demonstrates the frequency with which hospitals use specific communication channels in their communications with seniors, according to the survey respondents.

Table 3

Channels used to communicate with seniors

With respect to the types of information hospitals share about their organizations when communicating with seniors, Programs and Services topped the list, with 14 (n=14) respondents choosing this option. Next was Events, which was chosen by 12 (n=12) participants, followed by Organizational Achievements with 11 (n=11) selections, and Leadership Announcements with seven (n=7) selections. The Other category was not selected. The fact that programs and services are the highest priority for all of the public relations professionals surveyed corresponds with the data collected in the focus groups. These older adults are most interested in topics related to programs and services and other hospital-related information that is instructional and directional in nature. Table 4 demonstrates the types of information hospitals share about their organizations when communicating with seniors. Public relations professionals were asked to select all those that apply.

Table 4

Types of information organizations share about their hospitals

Type of Information	Number of Times Chosen	
	n	%
Programs and Services	14	100
Events	12	86
Leadership Announcements	7	50
Organizational Achievements	11	79
Other	0	0

Note. Participants were asked to select all those that apply.

According to the public relations professionals, the most popular topics of interest for seniors are Chronic Disease Management and Preventative Tips. Each of these topics was chosen by 12 (n=12) participants. Next was Medications, selected by 10 (n=10) participants. Long-Term Care and Community Healthcare Services/Residential Personal Support Workers, services that would be provided outside of the hospital and in the community, were each chosen by seven (n=7) participants. Two (n=2) public relations professionals selected the Other category, however due to the structure of the survey, there was no ability for the respondents to provide details. It is therefore unknown whether the Other category would include other programs and services or topics related to healthcare that are more instructional and directional in nature. As noted earlier in this research paper, this would include information such as wait times, hours of operation and parking – information that in addition to programs and services is of most interest to older adults according to the focus group data. Table 5 demonstrates the topics of specific interest hospitals share when communicating with seniors. Participants were asked to select all those that apply.

Table 5

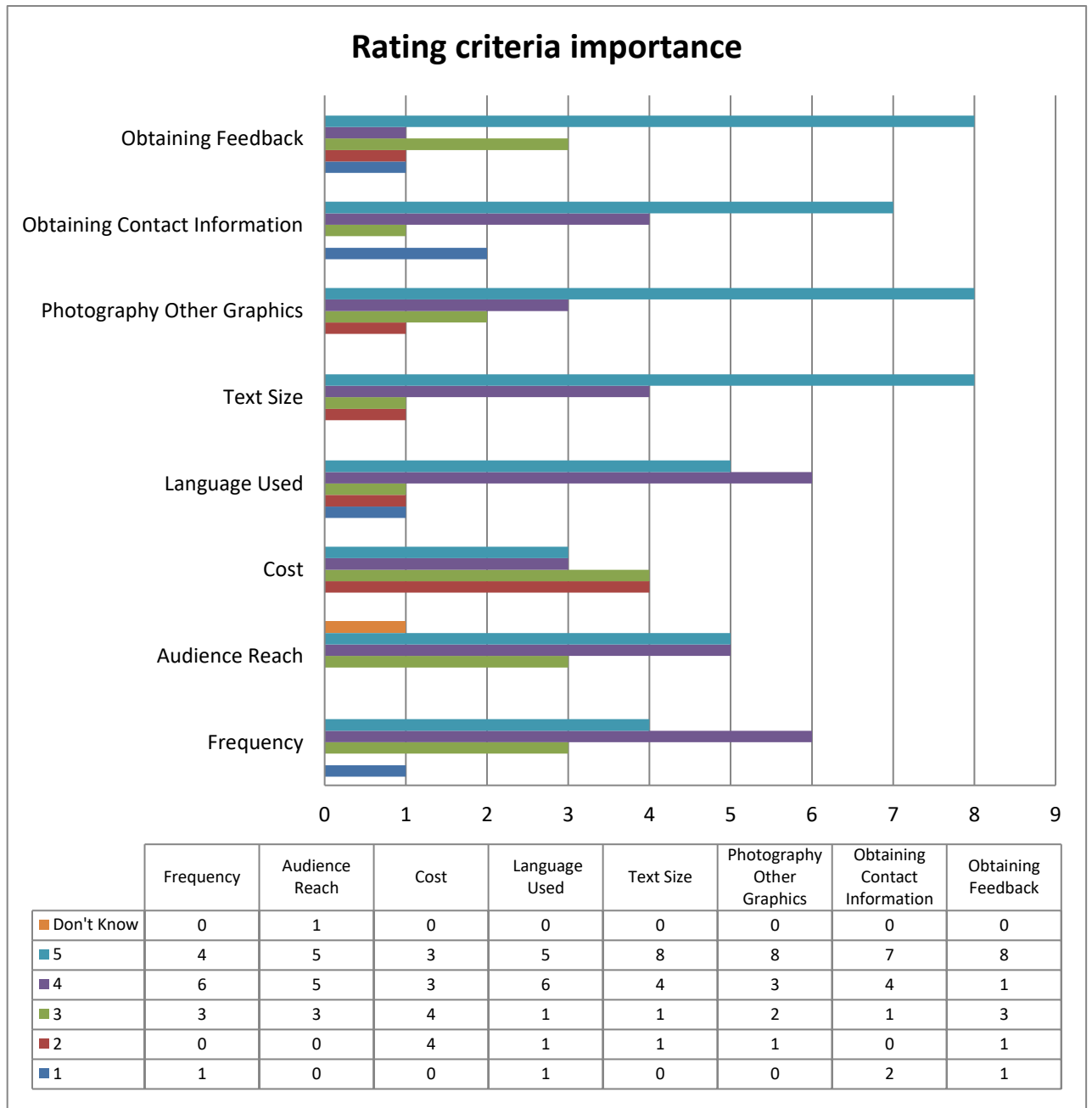
Topics of specific interest to seniors according to public relations professionals

Topics	Number of Times Chosen	
	n	%
Medications	10	71
Transportation	9	64
Community Healthcare Services, Residential Personal Support Workers	7	50
Long-Term Care	7	50
Chronic Disease Management	12	86
Preventative Healthcare Tips	12	86
Other	2	14

Note. Participants were asked to select all those that apply.

Asked to rate the importance of a number of criteria when communicating with seniors, eight (n=8) participants chose Text Size, eight (n=8) chose Photography/Other Graphics and eight (n=8) chose Obtaining Feedback as the most important the most often. Based on a scale of 1 (lowest) to 5 (highest), Cost was considered the least important, with four (n=4) participants rating it a 2 and four (n=4) participants rating it a 3. Table 6 outlines how public relations professionals rate the importance of certain criteria when communicating with seniors.

Table 6

Rating the importance of criteria when communicating with seniors

Question 7 in the survey provided the public relations professionals with a series of statements and asked them to indicate to what degree they agreed or disagreed with the statement. Significant findings are as follows:

- Half of the respondents, at seven (n=7), agree that their hospital has a clear understanding of the communication needs of the seniors they serve, while three (n=3) neither agree nor disagree.
- More than half of the respondents, at eight (n=8), neither agree nor disagree that their hospital considers the unique needs of seniors when choosing which approaches and/or tools to use to communicate with them.
- Three (n=3) participants agree that seniors in their community use digital and social media tools to communicate and engage with their hospital. A total of five (n=5) disagree and one (n=1) strongly disagrees, while another four (n=4) neither agree nor disagree.
- One (n=1) participant strongly agrees while two (n=2) agree that their hospitals measure the effectiveness of their digital and social media communication efforts with seniors. Five (n=5) participants strongly disagree with this statement and another four (n=4) disagree.
- Six (n=6) respondents do not agree that their hospitals' digital and social media activities with seniors have proven to improve communication, relationships and engagement with seniors. Three (n=3) of them strongly disagree, while another three (n=3) disagree. Conversely, two (n=2) respondents are in agreement, while another three (n=3) do not know.

The responses indicate that it is a challenge for hospital communicators to fully grasp older adults' communication needs, and they do not effectively measure their effectiveness on digital and social media platforms. Furthermore, the digital and social media channels managed by the hospitals are not improving communication, relationships and engagement with seniors.

These findings are contrary to research by Duhe and Wright (2013) which states that the emergence of new media provides "new channels that allow, and perhaps even compel organizations to be more *symmetrical* in their communications with publics ... a testament to the enduring relevance of the two-way symmetrical model" (p. 94). However, the findings from the survey of the public relations professionals are consistent with the data collected by the seniors who participated in the focus groups to the extent that digital and social media channels managed by the hospitals are not improving communication, relationships and engagement with older adults.

Details regarding the responses to the five statements raised in Question 7 are outlined in Tables 7-11, which are located in the Appendices section of this paper and can be found on pages 82-86.

Question 8 in the survey asked participants what the greatest challenge is for hospitals when communicating with seniors. Eleven (n=11) participants provided responses, providing an excellent opportunity to generate qualitative data from the survey. Several common themes emerged. The majority of participants, at six (n=6), expressed concern with their hospitals' ability to effectively reach seniors. They are unsure what channels of communication work best to reach targeted audiences or they are aware that economic barriers limit access to digital channels by their senior stakeholders.

Three (n=3) noted the cost to hospitals of printing and face-to-face communication as a challenge. Two (n=2) highlighted challenges with communicating in a timely manner. One (n=1) participant recognized “that there is variability across all age groups re: the use of social media,” adding that an individual’s knowledge of social media should not be assumed based on age.

Eleven (n=11) participants provided open-ended responses when asked about the greatest opportunity for hospitals when communicating with seniors. These responses were varied. Three (n=3) participants cited an opportunity to proactively communicate with seniors to keep them healthy and out of hospital by sharing preventative information and health tips. Only one (n=1) participant noted the value of face-to-face communication, and this same (n=1) participant also noted the value of social media. Two (n=2) participants highlighted the need to solicit feedback from stakeholders, which is consistent with the position put forth by Macnamara (2016) about the importance of organizational listening in order to achieve two-way communication. One (n=1) participant suggested surveying seniors to determine the method of communication they prefer in order to meet their changing needs. Another participant (n=1) stressed the importance of collecting feedback from seniors because of their unique healthcare experiences and perspectives.

A final open-ended question was designed to gather further insights from participants by asking if they had anything to add about their hospitals’ practices related to communicating with seniors using social media. Five (n=5) participants provided comments. Measuring digital and social media use among seniors was a common theme. One (n=1) participant remarked that they find it difficult to weigh opportunity when they

are unable to measure social media usage among seniors in their region. Another (n=1) participant noted that their hospital does not specifically measure their communications with seniors, while another (n=1) said they see the most engagement from seniors on Facebook. One (n=1) participant suggested providing seniors, especially those who are not active on social media, with access to computers and iPads when they are on site at the hospitals. It was recognized, however, that hospital resources may be a challenge to accomplish this. Finally, one (n=1) participant emphasized the importance of keeping communication by social media accessible to all since a lot of seniors use social media in everyday life.

RQ 3: What challenges and opportunities should hospitals pay attention to in their efforts to become more responsive and more senior friendly in their communication activities?

Research by Kanter and Fine (2010) highlights the advantages of non-profit organizations using social media, in particular “digital tools such as email, blogs and Facebook that encourage two-way conversations between people, and between people and organizations, to enlarge their efforts, quickly, easily, and inexpensively” (p. 3). However, in the case of the older adults who participated in the focus groups, hospital websites are used mostly to obtain contact information that can be used for follow-up in person or it is used to obtain information that would be considered directional in nature.

Like Watts (as cited in Morris, 2014), participants in the focus groups, survey and in-depth interviews all identified access to technology as a potential barrier to communicating with seniors. FG-9 and FG-15 expressed concern that hospital communications activities using digital and social media channels would not reach those

who do not have access to technology or the ability to use it due to limited economic means, language barriers or other challenges. One (n=1) public relations professional noted that, despite the push by hospitals to use less costly digital channels, “many of our seniors are not yet digital, so in order to communicate effectively it needs to be in person, or printed and provided/mailed ... There is also an economic barrier on the side of many seniors in that they do not have access to digital channels.”

All four (n=4) experts from the in-depth interviews shared concerns with limitations that are presented by communicating using digital and social media channels. For example, I-1 (personal communication, December 5, 2016) and I-2 (personal communication, December 9, 2016) believed that in many cases the reluctance of seniors to use technology is dependent on the person’s age and previous involvement with technology. They believed that older adults who are now seniors and did not previously work with computers in their workplaces are less likely to use computers in their personal lives as they age. This perspective was consistent with the feedback from focus group participants FG-9, FG-10, FG-11 and FG-13. According to FG-10, “the next generation is going to be a lot more receptive towards what (hospitals are) doing with technology, but at this stage you’ve really still got to pay a lot of attention to hard copies and gently move forward towards technology.”

There was consistency of opinion among the senior-friendly communications experts and focus group participants that Facebook is the social media platform most commonly used by seniors for personal communication. This finding was also supported by the literature. Hird (2011), for example, noted that between 2011 and 2012, the number of Facebook users totalled more than 640 million. However, in order for

hospitals communicators to effectively communicate, all four (n=4) experts asserted that it would be necessary for them to use multi-platform approaches to reach as many seniors as possible. I-1 (personal communication, December 5, 2016), whose organization still receives handwritten letters from seniors, believes that “the best practices are always physical communication tools. Seniors in general are still readers. They don’t have access to email and social media tools the way the younger cohort would.”

Data collected during the focus groups confirms that senior audiences have a preference for printed materials. This finding was consistent with the data generated from all four in-depth interviews and consistent with the practices of almost half of the hospital communicators. The use of printed materials also aligns with the literature, in which Plorin (2014) and Leger (2016) recognize the need to communicate with older audiences using traditional channels in addition to digital channels. FG-8 suggested hospitals should distribute printed posters to seniors’ residences listing contact information, such as telephone numbers and website addresses. These posters could be hung in apartment building laundry rooms and other common areas frequented by seniors. I-4 (personal communication, December 19, 2016) “always found that when you have a senior friendly event that when you create brochures and magnets and things like that, those are really good vehicles to communicate with.” Six public relations professionals, meanwhile, said that they regular communicate with seniors using printed posters.

I-2 (personal communication, December 9, 2016) recommended that hospitals also focus on traditional media opportunities: “Older adults probably look to traditional media more often than other age groups, so newspapers and radio would be good to use as a medium to get the message out.” I-3 (personal communication, December 15, 2016)

agreed: “Of course readership in printed newspapers has dropped off dramatically but the area where it is still the most frequently read is in the senior population.”

All four (N=4) senior-friendly communications experts noted that many seniors are comfortable using email for personal communications, and as such they suggested this tool as a viable approach to communicating about healthcare. “Where you can get people’s email addresses and send them out regular e-newsletters, that of course can be a very effective way to get people information” (I-3, personal communication, December 15, 2016). This is in fact the experience of FG-14, who although comfortable with digital and social media channels, noted the benefits of receiving emails from her primary care health team about important matters, such as a recent update she received about flu activity in the community and tips to keep healthy and/or seek care if needed. Fourteen (n=14) of the 15 (N=15) focus group participants were active on email to communicate about personal matters. Email was also identified by public relations professionals as a popular channel to communicate with senior audiences.

Face-to-face communication was highlighted by I-2 (personal communication, December 9, 2016), I-3 (personal communication, December 15, 2016) and I-4 (personal communication, December 19, 2016) as an engagement opportunity with seniors. Such an approach would be consistent with the position embraced by Hung (2007), in which openness, networking and cooperation are all considered hallmarks of a symmetrical communication approach. I-2 (personal communication, December 9, 2016) suggested that hospitals could arrange speakers’ bureaus and go to where older adults congregate to present on items of interest while demonstrating a commitment to this stakeholder group. I-3 (personal communication, December 15, 2016) recommended a similar approach:

“Getting outside the hospital to reach out to the community can be really effective. Go to where the seniors are.” This could include seniors clubs, educational events or other organized activity in which there is an incentive for seniors to sign up and join, perhaps get a discount at the hospital cafeteria or some other benefit (I-3, personal communication, December 15, 2016). “That gives you an opportunity to get closer to the community, which is really wonderful because then that increases trust and people are more likely to listen to what you say when they have better interaction with you” (I-3, personal communication, December 15, 2016). According to I-4 (personal communication, December 19, 2016), “the biggest opportunity is to involve (seniors),” something hospitals do not do frequently enough. Although aware that in-person communication can be time-consuming and potentially difficult for some seniors to attend due to age-related physical barriers, I-4 (personal communication, December 19, 2016) suggested that regular focus groups would be an excellent opportunity for hospital officials to interact with seniors and ask for their feedback: “Is this working for you? What do you want to hear about? Does this resonate with you?”

Creating the kind of opportunity for two-way dialogue suggested by I-2 (personal communication, December 9, 2016), I-3 (personal communication, December 15, 2016) and I-4 (personal communication, December 19, 2016) is consistent with the literature. Recall that Grunig’s (2001) two-way symmetrical model of public relations emphasizes the use of two-way communication to negotiate, debate, resolve conflict, listen, understand and promote mutual understanding and respect among organizations and their publics. Also recall how Hung (2007) said organizations that foster win-win relationships “tend to be willing to engage in dialogue with publics, listen to publics, treat publics as

‘partners,’ give positive feedback to publics, and be unconditionally constructive to publics” (p. 463). According to I-4 (personal communication, December 19, 2016): “I think that we can learn just as much from (seniors) as we teach them ... So it’s a very synchronous kind of relationship.”

Segmenting audiences and resisting the overgeneralization of seniors as one homogenous group that does not like to communicate using digital or social media channels were stressed by I-1 (personal communication, December 5, 2016), I-2 (personal communication, December 9, 2016) and I-4 (personal communication, December 19, 2016) as opportunities for hospital communicators. The experts emphasized that seniors from different age groups, cultural backgrounds and educational backgrounds will communicate in different ways, underscoring the assertion by Hung-Beseacke and Chen (2013) that “relationship management is an ongoing dynamic process” (p. 228). According to I-4 (personal communication, December 19, 2016):

Just like any campaign, I think that the communicator needs to really, really be cognitive of just who the audience is because within that demographic there are different segments in that audience ... Seniors encompasses 65 and above so someone that’s 65 is very different than someone who’s 85 or 90 and they have different physical and cognitive abilities.

I-2 (personal communication, December 9, 2016) also suggested that seniors are not a “homogenous group ... it’s the full spectrum of personalities, perspective, opinions ... just like in any age group.”

Targeting adult children is another opportunity cited by I-1 (personal communication, December 5, 2016), I-3 (personal communication, December 15, 2016)

and I-4 (personal communication, December 19, 2016) to improve communication with seniors. In the case of I-3 (personal communication, December 15, 2016), for example, it was suggested that adult children of seniors should be a secondary market for communicating with seniors, meaning “45 to 60 year olds who are caring for their parents’ health and they’re also looking for very valuable information.” As with others in this age group, many in the 65 to 75 age group are on social media and the Internet. According to I-4 (personal communication, December 19, 2016), “when you get over 75 now some of your communication market really is (the seniors’) children.” I-4 (personal communication, December 19, 2016) noted that much of her social media activity is directed at the sandwich generation, those 45 to 60 who have parents or loved ones or neighbours for whom they are providing care.

Navigating the healthcare system can be confusing for seniors, according to focus group participants and senior-friendly communications experts. Focus group participants FG-11 and FG-14 suggested installing computers in hospital entrances to enable seniors to look up directional information that would help them find their way around the buildings. This suggestion is consistent with a senior-friendly recommendation by the World Health Organization (2007), as noted earlier in the literature review, to provide access to computers and the Internet in public places.

I-3 (personal communication, December 15, 2016) also saw access to hospital buildings as a key issue, highlighting the importance of communicating about parking and ambulatory issues since seniors might have mobility issues. Like the focus group participants, I-3 (personal communication, December 15, 2016) believed that hospitals should pay attention to sharing basic but critical information, such as the services they

provide, their hours of operation, wait times in their Emergency Departments, scheduling of appointments and contact information.

Many participants did not recognize a difference between communication that could be considered corporate in nature (as such the responsibility of public relations professionals) and communication that would take place between the patient and members of their care teams. Although this research paper did not intend to focus on the patient-healthcare team perspective of hospital communication, several suggestions did emerge in which public relations professionals could assist healthcare providers in enhancing the patient experience for seniors.

These suggestions are in line with the assertion by Narisi (2012) that “healthcare organizations could better engage with current and potential patients” (p. 110). For example, FG-9, I-1 (personal communication, December 5, 2016) and I-2 (personal communication, December 9, 2016) saw an opportunity for hospitals to work more closely with physicians who provide services in the hospitals to coordinate the information they share with patients. Such a partnership would improve the communication patients receive both prior to receiving tests and procedures as well as after leaving the hospital.

Speaking from a personal experience, I-3 (personal communication, December 15, 2016) recalled that once home from a hospital stay due to an illness, “there was so much that I forgot later on when I was sharing with my family I was unclear quite exactly how to answer some of their questions.” I-3 (personal communication, December 15, 2016) also suggested creating a patient portal on the hospitals’ websites where patients could obtain information about their care. According to I-1 (personal communication,

December 5, 2016), hospitals could also do a better job with their outbound communication, such as coordinating information with Community Care Access Centres, a hospital partner which provides home care to patients after they are discharged from hospital. FG-9, FG-10, FG-11 and FG-13 all felt hospitals could share care information through their healthcare partners, which would include pharmacies and providers of seniors' services in the community. None of the healthcare communicators mentioned communicating with partners as an opportunity to enhance their reach and engagement.

Regardless of the method used to communicate with seniors, there was agreement among all parties participating in the research of the need to ensure the material meets senior-friendly guidelines. When asked how hospitals could improve the way they communicate, the most common suggestions by focus groups participants was to make the websites easier to use, more user friendly with simpler language and simplified navigation. Those interviewed saw a similar opportunity not only with hospital websites but with all of their communication materials. "I think that we as a hospital system could do a better job" (I-4, personal communication, December 19, 2016).

According to all those who participated, senior-friendly communications should have large font sizes, understandable language (no jargon, abbreviations or acronyms), and illustrations, such as photographs, tables and graphs. I-2 (personal communication, December 9, 2016) mentioned the technique of telling stories on topics of interest to older audiences rather than filling blogs and other communications with facts, figures and technical terms would help the messages resonate with senior-friendly audiences. These suggestions are consistent with both the feedback from the focus group participants as well as the literature on senior-friendly communications, as outlined earlier by the World

Health Organization (2007) and the Public Health Agency of Canada (2010, 2011)

Although all of the senior-friendly communications experts raised these items as priorities, there was an acknowledgement that hospitals could make improvements. “I think they’re looking at the general population that they care for, and they’re just trying to hit the basics for everybody” (I-3, personal communication, December 15, 2016).

As trends move increasingly to community-based care, FG-11 says it is increasingly important that hospitals have effective ways to communicate with senior audiences, “especially when they are encouraged to live in their homes as long as possible. If they were in other places they would get their information in other ways.”

Discussion

The purpose of this study was to first understand the degree to which seniors are engaged with social media and other digital channels when interacting with hospitals in the HNHB LHIN, and if so, what challenges they may face using these communication tools. The second purpose of the study was to determine how hospitals deploy digital media channels to communicate with older adults. The final purpose of this study was to understand how, and to what extent, the hospitals’ digital communication efforts are effective in communicating with their senior stakeholders.

The expected results from the study included confirmation that many older adults do not use social media and the Internet for healthcare communication, which limits the flow of information and engagement between them and hospitals that do not actively use more traditional communication tools that are less technological in nature.

The findings from the study did answer the three research questions and confirm the hypothesis noted above.

One key learning from this research is that only a small number of older adults communicate with hospitals using websites or social media channels, in large part because they find technology-based communication difficult to use. Also according to the study's results, seniors are not interested in developing online relationships with the hospitals. As opposed to using these sites as dialogic tools, seniors' interest is limited to obtaining information about programs and services and other information that is directional or instructional in nature.

On their own, these findings are not surprising. Although an increasing number of seniors are going online and using Facebook, recall how healthcare marketing experts Armstrong and Van Dinter (2015) posited that there are many seniors who do not feel comfortable using social media and need to be encouraged to get involved in healthcare social media. Although some seniors visit hospital websites, this use is mostly limited to obtaining contact information so they can follow up by telephone. There is very little interaction on Facebook or other social media feeds related to healthcare information.

These findings do show a disconnect within the context of the literature highlighting how digital and social media channels promote two-way symmetrical communication and develop or enhance relationships between organizations and their stakeholders. For example, Kent and Taylor (2002) posit that the Internet "can be used to communicate directly with publics by offering real time discussions, feedback loops, places to post comments, sources for organizational information, and postings of organizational member biographies and contact information" (p. 31). Phillips and Young (2009) describe an evolution of the Internet "from a repository of information and communication technologies into a space for symmetrical communication: a platform that

aids the transfer of knowledge and conversations and a place where people can easily mix and match both” (p. 103).

According to this study, older adults are not taking advantage of the opportunities presented by hospital websites or social media feeds to open up lines of communication in ways that could encourage engagement and dialogue about healthcare.

Given these findings, it is not surprising that the research also identified a need to continue to communicate with seniors using more traditional communication methods. Despite the prevalence of digital and social media, the research made it clear that few older adults seek information from these communication channels, relying instead on the telephone, news reports, brochures, pamphlets and other printed materials for information about hospitals and healthcare. This finding is also in agreement with the literature. Plorin (2014), for example, recognizes the need to communicate with older adults using both traditional and digital tools: “New toys can often turn off older patients” (para. 1). This is an important takeaway for public relations practitioners to consider if they are to bridge the communication gap between those seniors who use digital and social media and those who prefer in-person communication, printed materials and other traditional approaches.

The data collected in this study also reveals that seniors have a preference for face-to-face communication. Although time-consuming, greater emphasis could be placed on identifying opportunities for hospital representatives to meet with older audiences and promote two-way dialogue. As recommended by the senior-friendly communications experts interviewed for this study, this could include organizing seniors’ clubs, educational events and speakers’ bureaus, or going to where seniors congregate to

meet with them, ask questions, hold focus groups and present on items of interest. Furthermore, a quarter of the seniors who participated in the focus groups for this study expressed an interest in learning how to use hospital websites and social media feeds. This finding is consistent with the assertion by Narisi (2012), outlined in the literature review, that seniors are interested in digital and social media tools and would like to use these tools to engage with providers about healthcare. Given this finding, hospitals could host computer training sessions to teach seniors how to use their websites and social media channels while at the same time build relationships with them.

Another key learning that emerged from this study is that public relations professionals working at hospitals in the HNHB LHIN do not evaluate the reach and efficacy of their efforts to communicate with their senior stakeholders using digital and social media channels. The majority of the healthcare communication professionals who participated in this study do not believe that they have a clear understanding of the communication needs of the seniors their hospitals serve. They also do not believe that their hospitals' digital and social media efforts are improving communication, relationships and engagement with older adults. Although the hospital communicators evaluate their efforts more broadly, these findings suggest a need for them to segment the senior demographic and specifically measure older adults' engagement related to their hospitals' website and social media channels. This approach would coincide with the direction outlined in a report by the Arthur W. Page Society (2013) which states that social media tools "must be monitored, measured and interpreted in the same manner as the traditional ones" (p. 6). Furthermore, as recommended by one of the experienced communication professionals interviewed, segmenting the senior demographic into sub-

groups by age using 5- to 10-year increments would be beneficial to understand the unique communication needs in each age category based on numerous factors. These factors could include physical and cognitive abilities, experience with technology and health condition.

Another important finding that was evident from the research was the need for hospitals to make their websites more senior friendly if they want to attract an older audience. The literature notes that many seniors find it difficult to use social media and websites as sources of healthcare information due to visual and comprehension limitations and other age-related challenges. As cited earlier in this paper's literature review, the World Health Organization (2007) and the Public Health Agency of Canada (2010, 2011) provide guidelines for communicating with seniors. The recommendations that emerged from the focus groups about what is important to seniors when communicating with them were very much aligned with the guidelines outlined in the literature. Among these senior-friendly communication guidelines are using everyday language, avoiding abbreviations and jargon, and simplifying the navigation, which could include providing an easy-to-follow list of content or limiting the number of drop-down menus which relies on the use of fine motor skills.

In summary, the research from this study demonstrates a need for hospitals to make their communication more senior friendly, a need for hospitals to segment and measure their communication activities, and a need for them to build engagement and relationships through digital and social media channels, but also through face-to-face opportunities with older audiences.

With all of these research findings in mind, this researcher has created a checklist which hospital public relations professionals can use to guide their efforts to become more responsive and more senior friendly. This checklist, identified as Appendix K in the Appendices section of this paper, includes sections on segmenting senior audiences, senior-friendly communication materials, and measurement of communication activities.

Conclusion

This study offers insights into the digital and social media practices of seniors – or, as it turns out, lack thereof – in the geographic area served by the Hamilton Niagara Haldimand Brant Local Health Integration Network (HNHB LHIN). This southern Ontario region has the largest concentration of seniors in the province. The study also provides insights into the degree to which the online communication efforts of healthcare public relations professionals are meeting the needs of their senior stakeholders.

The research demonstrates that a digital divide exists among seniors who participated in this study. Consistent with research conducted by Statistics Canada in 2012 (as cited in Wizowski, Harper, & Hutchings, 2014), this study found that the older adults surveyed are less likely to use social media and hospital websites as sources of healthcare information. They prefer to get their healthcare information by telephone and from media reports, printed materials and face-to-face interactions. As Watts (as cited in Morris, 2014) notes, many seniors have gotten by without a computer and do not see the value of learning how to use one at this point in their lives. This lack of technology use limits the flow of information and engagement between seniors and hospitals that do not also actively use more traditional communication tools that are less technological in nature.

While the seniors are less inclined to use technological communication tools, communicators working at hospitals in the HNHN LHIN are increasingly turning to digital and social media channels to share information directly with their publics, seniors included. These public relations professionals do not evaluate the effectiveness of their efforts to communicate specifically with their senior audiences, and they do not believe that they have a clear understanding of the communication needs of the seniors their hospitals serve. They also do not believe that their hospitals' digital and social media efforts are improving communication, relationships or engagement with older adults.

According to I-4 (personal communication, December 19, 2016), one of the experts in senior-friendly communications interviewed as part of the study:

I think that when we can start to educate and help (seniors) be empowered to make their own healthcare decisions with useful technology, I think that we will help our system as a whole. We will be better communicators for it.

Referring back to the literature review, Grunig (2006a) emphasized the benefits of good relationships to both the organization and its strategic publics while Botan (1997) noted how dialogic communication “elevates publics to the status of equal with the organization” (p. 196). To that end, this study presents important recommendations hospital communicators can adopt in their work to interact with seniors and exchange information about healthcare in order to respond to their specific needs and improve the patient experience. These recommendations are outlined in a checklist (Appendix K) and are themed around segmenting senior audiences, creating senior friendly communication materials and measuring hospital communication activities.

In conclusion, the results of this study are significant for hospital public relations professionals given:

- The growing healthcare needs of Canada's aging population, the increased focus of hospitals in the HNHB LHIN – and indeed hospitals in the country – to be more senior friendly.
- The increased practice among healthcare public relations professionals to communicate with their publics, seniors included, via digital and social media channels.
- The lack of seniors using digital and social media channels to communicate and engage with hospitals.

As FG-14 underlined during the focus group in which she participated:

I just think it needs to be said. Don't forget about older people who will never get onto the Internet, onto websites. They still exist and they are a large part of the population and you can't forget to communicate with them.

Limitations

Despite efforts to the contrary, limitations did exist.

An obvious limitation was the small sample size of the focus groups considering the number of seniors living in the geographic area served by the HNHB LHIN hospitals. A larger, more dispersive sample size would have represented a better cross section of the seniors' population in the HNHB LHIN, and this should be a consideration when generalizing the research results.

In addition, the small sample size did not allow the researcher to segment and analyse the participants' responses according to age groups or other demographics in a

manner that would be statistically significant. Such an analysis would have been beneficial to understand seniors' comfort level and engagement with technology based on various characteristics, including age, education, income and ethnicity.

Another limitation to consider is with respect to the survey participants. A total of 24 (N=24) hospital public relations professionals were recruited to participate.

Anonymity was a cornerstone of the web-based survey to maintain the integrity of the research. As such, the survey was completed anonymously, and the researcher has no knowledge of the identity of participants. Because of this anonymity, it is unknown whether participants from all nine hospitals in the HNHB LHIN were represented. This limitation should also be considered when generalizing the results of the research.

Finally, researcher bias should be considered a limitation given that the researcher is a public relations professional working in a hospital in the HNHB LHIN and has a certain perspective about communicating with seniors using digital and social media channels.

Despite these limitations, key learnings can be taken from the findings, as set out above.

Recommendations for Future Research

Looking ahead, there are a number of projects researchers could take on to further these research findings. This future work could inform best practices for healthcare communication and, as such, provide public relations professionals with valuable insights in their ongoing efforts to become more responsive and more senior friendly.

Researchers could analyse the degree to which implementing this study's recommendations enhances hospitals' communication efforts with each of the segmented

groups of seniors. Future work could also examine how improved two-way symmetrical communication improves the patient experience and possibly health outcomes for older adults. In addition, researchers could consider studying the correlation between seniors' engagement with hospitals using digital and social media channels and socioeconomic status: "considerable evidence suggests a socioeconomic gradient of health whereby ill health outcomes are concentrated in more socioeconomically deprived groups" (Ontario Health Agency, 2013, p. 5). Such a study could help healthcare providers understand whether socioeconomic factors, including income, education, employment and ethnicity have an impact on seniors' ability and/or desire to communicate with hospitals using technology. Finally, a study of the technological behaviours of adults on the verge of becoming seniors could give hospital communicators insight into potential adjustments they should consider making in their practice to address the changing nature of the digital divide associated with the needs and behaviours of this new generation of seniors.

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Appendices

Appendix A

List of Tables

Table 1: Breakdown of participants per methodology

Table 2: Survey participants' years of experience in healthcare public relations

Table 3: Channels used to communicate with seniors

Table 4: Types of information organizations share about their hospitals

Table 5: Topics of specific interest to seniors according to public relations professionals

Table 6: Rating the importance of criteria when communicating with seniors

Table 7: My hospital has a clear understanding of the communication needs of the seniors we serve.

Table 8: My hospital considers the unique needs of seniors when choosing which approaches and/or tools to use to communicate with them.


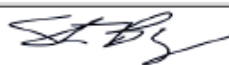
Table 9: Seniors in my community use digital and social media tools to communicate and engage with my hospital.

Table 10: My hospital measures the effectiveness of its digital and social media communication efforts with seniors.

Table 11: My hospital's digital and social media activities with seniors have proven to improve communication, relationships and engagement with seniors.

Appendix B

Research Approval

 <p>McMaster University Inspiring Innovation and Discovery</p>		<p>McMaster University Research Ethics Board (MREB) c/o Research Office for Administrative Development and Support, MREB Secretariat, GH-305, e-mail: ethicsoffice@mcmaster.ca</p> <p>CERTIFICATE OF ETHICS CLEARANCE TO INVOLVE HUMAN PARTICIPANTS IN RESEARCH</p>	
<p>Application Status: New <input checked="" type="checkbox"/> Addendum <input type="checkbox"/> Project Number: 2016 177</p>			
<p>TITLE OF RESEARCH PROJECT:</p> <p>Senior Friendly Communications in the Age of Social Media and the Web: Hospitals and the Digital Divide</p>			
Faculty Investigator(s)/ Supervisor(s)	Dept./Address	Phone	E-Mail
M. Meath	Communication Studies	315-436-287	mfmeath@falling-brook.com
Co-Investigators/ Students	Dept./Address	Phone	E-Mail
C. Bourque-Wiley	Communication Studies	905-329-952	bourquce@mcmaster.ca
<p>The application in support of the above research project has been reviewed by the MREB to ensure compliance with the Tri-Council Policy Statement and the McMaster University Policies and Guidelines for Research Involving Human Participants. The following ethics certification is provided by the MREB:</p> <p><input type="checkbox"/> The application protocol is cleared as presented without questions or requests for modification.</p> <p><input checked="" type="checkbox"/> The application protocol is cleared as revised without questions or requests for modification.</p> <p><input type="checkbox"/> The application protocol is cleared subject to clarification and/or modification as appended or identified below:</p>			
<p>COMMENTS AND CONDITIONS: Ongoing clearance is contingent on completing the annual completed/status report. A "Change Request" or amendment must be made and cleared before any alterations are made to the research.</p>			
<p>Reporting Frequency: Annual: Nov-10-2017 Other:</p>			
<p>Date: Nov-10-2016</p>		<p>Chair, Dr. S. Bray </p>	

Appendix C

In-Depth Interview Questions

1. What are the specific needs of seniors when it comes to communicating with hospitals?
2. What types of information should hospitals communicate with seniors?
3. What are communication best practices with a senior-friendly audience?
4. To what extent do you believe hospitals' communication efforts are seniors friendly?
5. What is the biggest opportunity hospitals have to improve the way they communicate with seniors?
6. Are digital and social media effective tools to communicate with seniors?
7. What other tools should hospitals use to communicate with seniors?
8. Is there something important we have not discussed? Anything else you think that I should know about hospitals communicating with seniors using social media and other digital channels?

Appendix D

Survey Questions

Participant Profile (Part I)

1. Are you currently a healthcare public relations professional at a hospital in the Hamilton Niagara Haldimand Brant Local Health Integration Network?

[☐] Yes [☐] No (If participant answers no, they will be directed to the end of the survey)

2. How many years of experience do you have working in healthcare public relations?

- Less than 1 year
- 1 – 5 years
- 6 – 10 years
- 11 – 20 years
- More than 20 years
- Prefer not to answer

Current Communication Channels (Part II)

3. The below questions refer to the specific communication channels your hospital uses in its communications with seniors (people aged 65 and older). Please rate the frequency with which your hospital uses the communication channels by placing an [X] under your answer selection.

	Never	Rarely	Some of the Time	Most of the Time	Always	I Do Not Know
1) Corporate website	[]	[]	[]	[]	[]	[]
2) Media Release	[]	[]	[]	[]	[]	[]
3) Printed Newsletter	[]	[]	[]	[]	[]	[]
4) Electronic Newsletter	[]	[]	[]	[]	[]	[]
5) Blogs	[]	[]	[]	[]	[]	[]

6) Printed Posters, Flyers, Brochures, Banners, Signage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Emails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) At home mailers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Social media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) In-person events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) Paid advertisements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12) Video	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13) Webinars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. When communicating with seniors, what types of information does your hospital share? Check all those that apply.

Information about the hospital:

- ☐ programs and services
- ☐ leadership announcements
- ☐ organizational achievements
- ☐ other

5. When communicating with seniors, what topics of specific interest to seniors does your hospital share? Check all those that apply.

- ☐ medications
- ☐ transportation
- ☐ community healthcare partnerships/residential personal support workers
- ☐ long-term care
- ☐ chronic disease management
- ☐ preventative healthcare tips
- ☐ other

6. On a scale of 1 to 5, with 1 being the lowest and 5 the highest, please rate the following according to importance when communicating with seniors. Indicate your choice by placing an [X] under your answer selection.

	1	2	3	4	5	I Do Not Know
Frequency	[]	[]	[]	[]	[]	[]
Audience Reach	[]	[]	[]	[]	[]	[]
Cost	[]	[]	[]	[]	[]	[]
Language used	[]	[]	[]	[]	[]	[]
Text size	[]	[]	[]	[]	[]	[]
Photography, other graphics	[]	[]	[]	[]	[]	[]
Obtaining contact information	[]	[]	[]	[]	[]	[]
Obtaining feedback	[]	[]	[]	[]	[]	[]

7. Please indicate to what degree you agree or disagree with the following statements, with 1 being Strongly Disagree and 5 being **Strongly Agree**. Indicate your choice by placing an [X] under your answer selection.

(These choices will be listed under each of the questions listed below.)

1 Strongly Disagree

2 Disagree

3 Neither Agree Nor Disagree

4 Agree

5 Strongly Agree

I Don't Know

My hospital has a clear understanding of the communication needs of the seniors we serve.

My hospital considers the unique needs of seniors when choosing which approaches and/or tools to use to communicate with them.

Seniors in my community use digital and social media tools to communicate and engage with my hospital.

My hospital measures the effectiveness of its digital and social media communication efforts with seniors.

My hospital's digital and social media activities with seniors have proven to improve communication, relationships and engagement with seniors.

8. What is the greatest challenge for hospitals when communicating with seniors?

9. What is the greatest opportunity for hospitals when communicating with seniors?

_____ .

10. Is there anything you would like to add about your hospital's practices related to communicating with seniors using social media? _____

Appendix E

Focus Group Questions

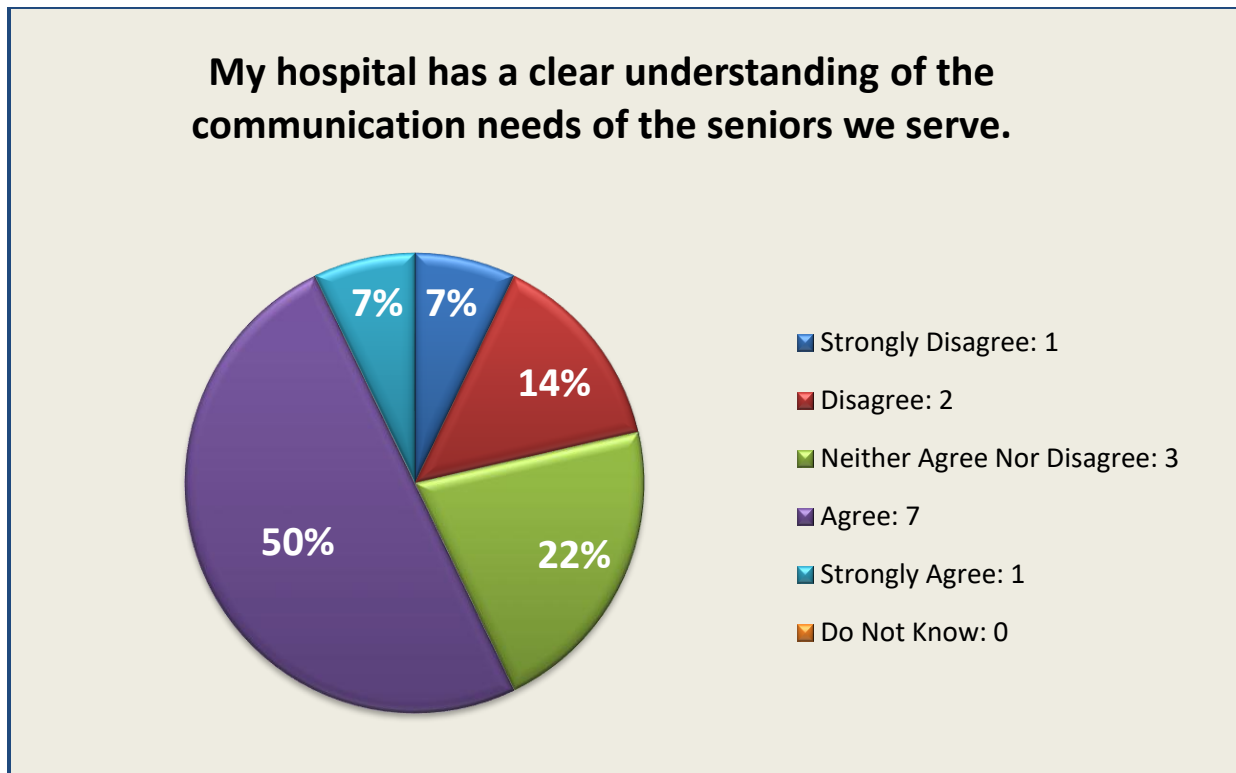
1. What communication tools do you use to get most of your information from/communicate with your local hospital?
2. What kinds of information or engagement are you interested in regarding your local hospital?
3. How often do you communicate with your local hospital using digital and/or social media channels?
4. What digital and/or social media tools do you use to communicate with your local hospital?
5. Do you find the technology easy to use?
6. How could hospitals improve the way they communicate with you?
7. Is there anything we forgot or something important that we should know about?

Appendix F

Table 7

Table 7

My hospital has a clear understanding of the communication needs of the seniors we serve.



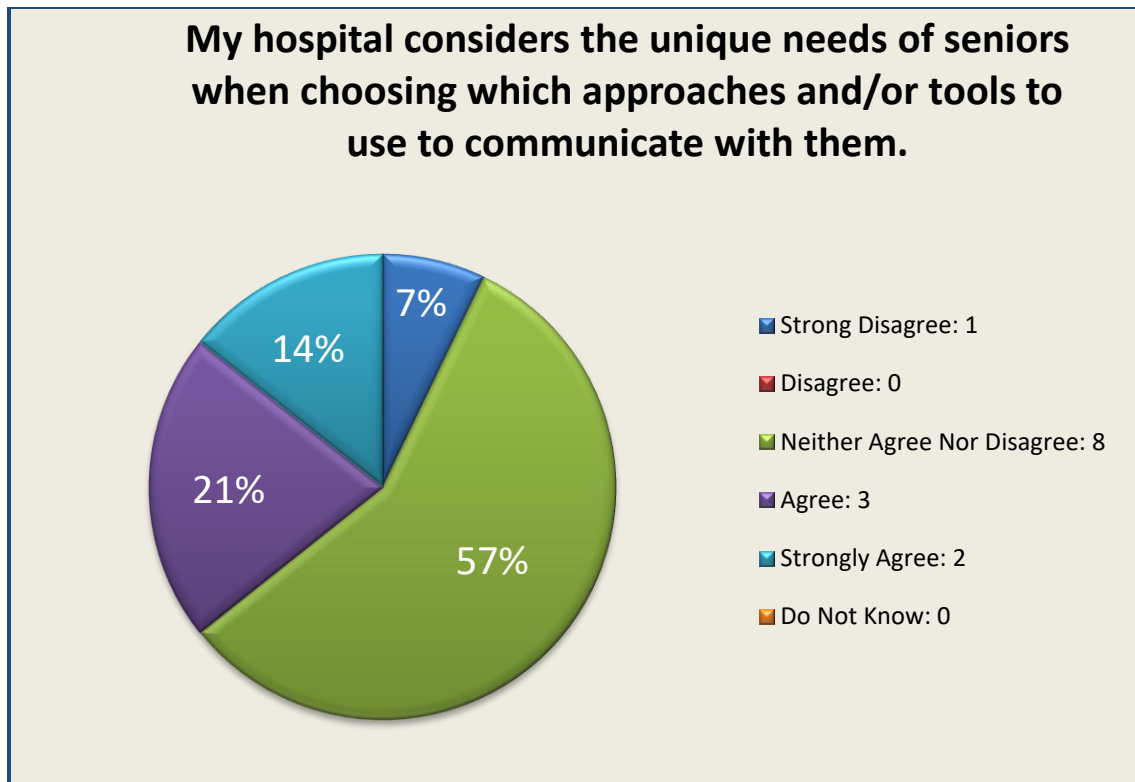
Note. Public relations professionals were asked to rate a series of statements as part of the web survey. This table represents their response to the statement indicated.

Appendix G

Table 8

Table 8

My hospital considers the unique needs of seniors when choosing which approaches and/or tools to use to communicate with them.



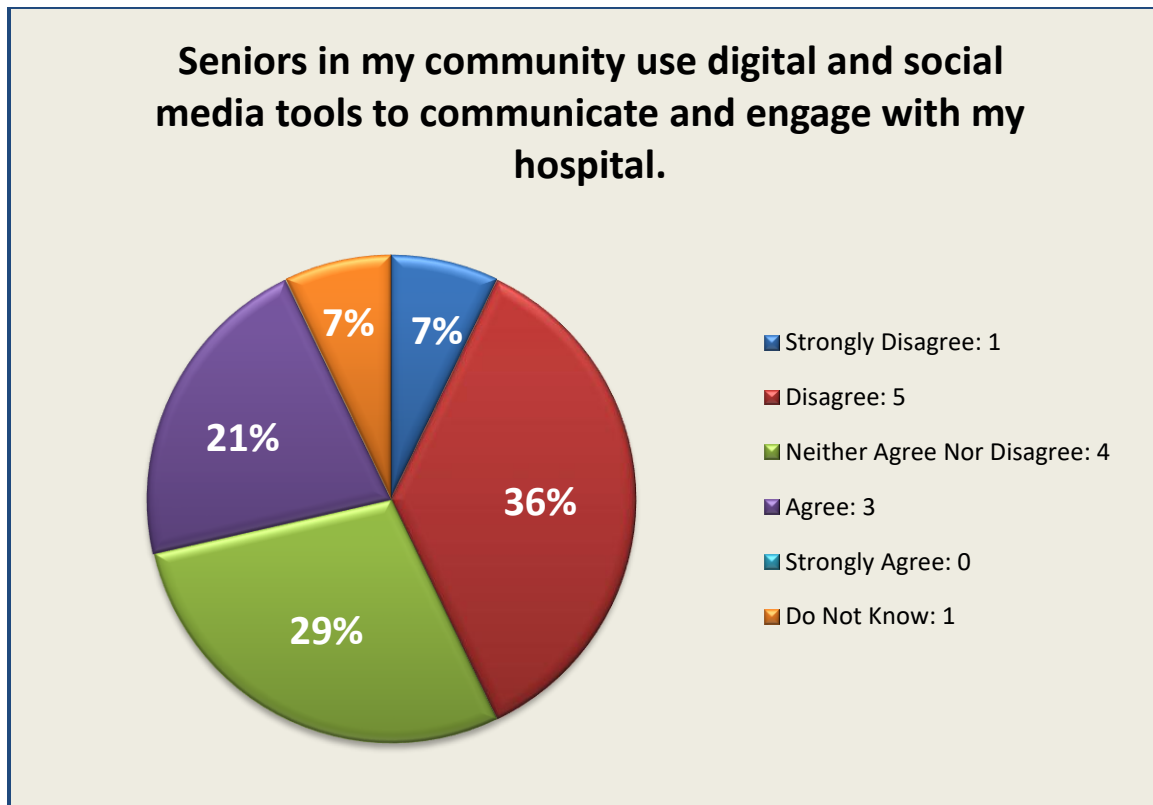
Note. Public relations professionals were asked to rate a series of statements as part of the web survey. This table represents their response to the statement indicated.

Appendix H

Table 9

Table 9

Seniors in my community use digital and social media tools to communicate and engage with my hospital.



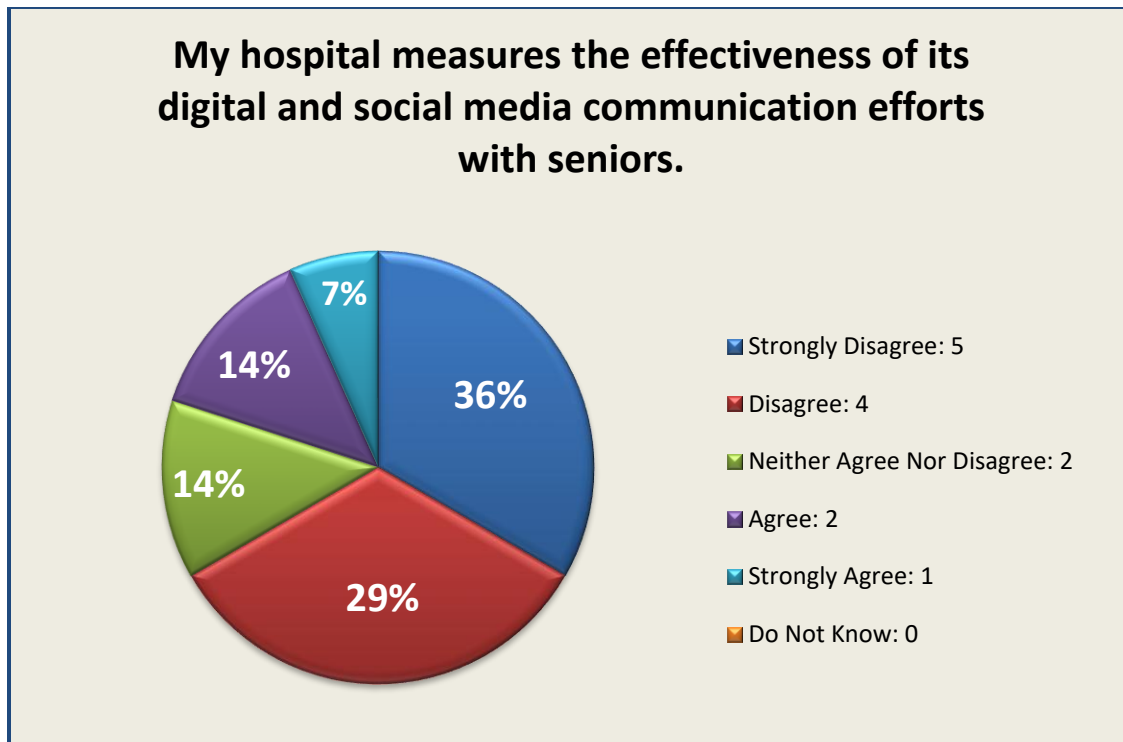
Note. Public relations professionals were asked to rate a series of statements as part of the web survey. This table represents their response to the statement indicated.

Appendix I

Table 10

Table 10

My hospital measures the effectiveness of its digital and social media communication efforts with seniors.



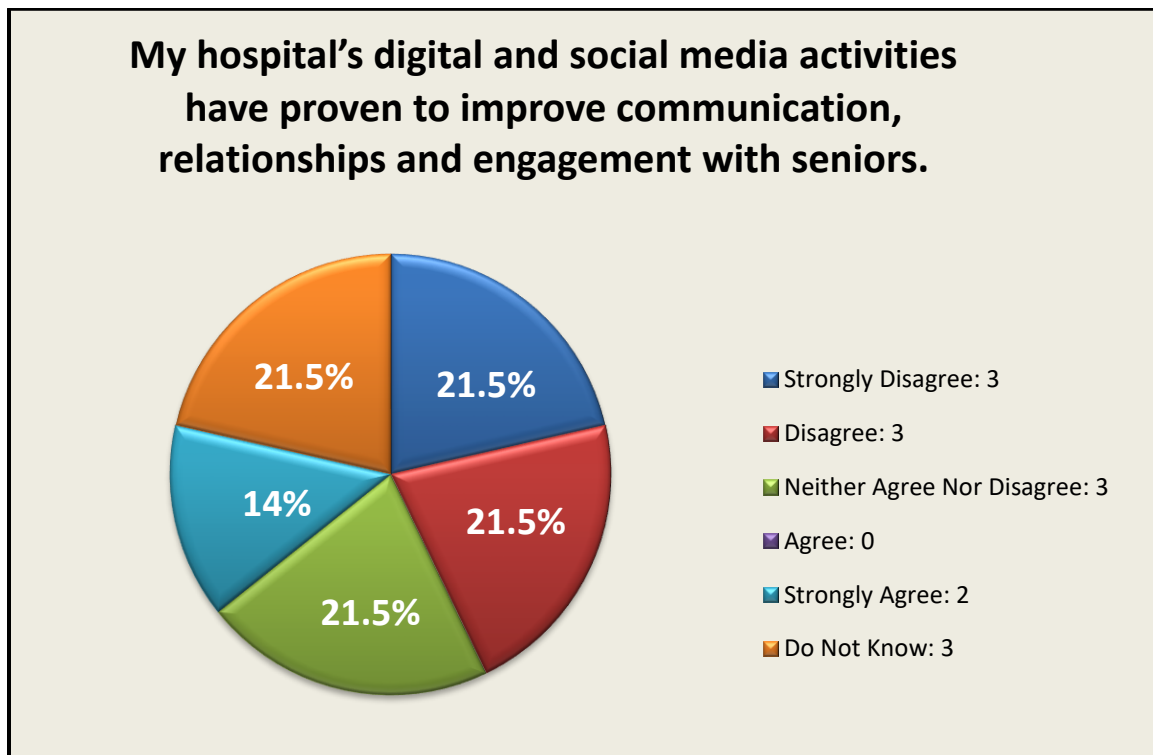
Note. Public relations professionals were asked to rate a series of statements as part of the web survey. This table represents their response to the statement indicated.

Appendix J

Table 11

Table 11

My hospital's digital and social media activities with seniors have proven to improve communication, relationships and engagement with seniors.



Note. Public relations professionals were asked to rate a series of statements as part of the web survey. This table represents their response to the statement indicated.

Appendix K

Senior-Friendly Communications Checklist

SENIOR FRIENDLY CHECKLIST

A Guide for Hospital Public Relations Professionals

Use this checklist to help improve your hospital's communication and engagement efforts with your older adult audiences. The recommendations are consistent with guidelines from the World Health Organization and Public Health Agency of Canada, and graduate research from McMaster University's Communications Management program.

ALL MATERIALS

- ☐ Use large font sizes.
- ☐ Avoid the use of healthcare or technology jargon.
- ☐ No acronyms or abbreviations.
- ☐ Use photos and other graphic elements to illustrate content.
- ☐ Use contrasting colours when placing text in boxes and/or overlaying photos.
- ☐ Include contact information for follow-up by telephone, email AND regular mail.
- ☐ Make content available in multiple channels, with emphasis on printed formats.

SEGMENTING YOUR AUDIENCE

- ☐ Segment audience by age (ie 65-70; 71-75; 76-80, etc.) to identify specific communication needs.
- ☐ Choose communications medium (media) and develop materials according to identified needs.

WEBSITE/SOCIAL MEDIA

- ☐ Create a sitemap entitled Website Directory and place it in a high-profile location on the front page.
- ☐ Reduce the number of drop-down menus and other features that require fine motor skills.
- ☐ Minimal clicks to find inside web pages or links from social media feeds.
- ☐ In-person seminars for seniors to learn how to use your hospital's website/social media feeds.
- ☐ Make content available in printed formats.

IN-PERSON COMMUNICATION

- ☐ Consider as many of these as possible:
 - Focus Groups
 - Seniors Clubs
 - Partnership with Seniors Groups
 - Educational Events
 - Speakers Bureau

MEASUREMENT/EVALUATION

- ☐ Seniors' Advisory Committee to guide development of materials.
- ☐ Test materials with older adults for effectiveness before and after deployment.
- ☐ Surveys:
 - Web-based
 - Paper-based
 - In-person facilitated by staff and/or volunteers using hospital iPads

