

Chapter 85

Online Health Information: Home Caregiver Population Driving Cyberspace Searches in the United States

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ABSTRACT

Increasingly, the healthcare burden of an aging population in the United States is being “relieved” through family members caring for aging and ill loved ones at home. Today, families are turning to mobile technology to lessen their burden and to cope with the stress of caring for loved ones through activities ranging from healthcare information searches to social interactions with online health communities. The purpose of this chapter is to analyze factors predicting the characteristics and context of the U.S. home caregiver population. In addition, this chapter explores how mobile technologies are helping to mitigate some of the weight placed on the family caregiver. The authors explore these questions using multivariate regression analysis and individual level data from the Internet and American Life Project. The findings suggest that interaction with others in online support groups may be more important for the e-caregiver than other online activities.

INTRODUCTION

Mobile health (the use of wireless access for healthcare activities) has brought support to healthcare providers in the home environment across the United States. Mobile technology permits interface with health applications, government health information websites, healthcare providers, and

social media such as health forums (Pew Research Center’s Internet & American Life Project Mobile Health Survey, 2012a).

Parallel to mobile health is the growth of the family home caregiver role (Pew Research Center’s Internet & American Life Project Family Caregivers Online, 2012b). The increased role of the family in caregiving is a phenomenon being experienced

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in many industrialized countries because people are living longer, and consequently, have a greater chance of experiencing poorer health in their final years. This has resulted in a greater demand for long-term healthcare (Rhodes & Shaw, 1999; Organisation for Economic Co-operation and Development, 2009). Often, it is the family that provides the bulk of this care. For example, in Australia, the number of family members taking care of loved ones has been estimated to be five times more than full-time paid care providers. Similarly, in Canada it has been estimated that family is assuming 80-90% of family elder care (Stajduhar, Funk, Toye, Grande, Aoun, & Todd, 2010, p. 573).

Overtime, the care giving demands on family members is expected to increase. In the U.S., the adult population over 65 years is increasing at a rate faster than family who are able to care for them. It is projected that the number of individuals over 65 years will rise at a rate of 101% between 2000 and 2030, while the number of family members available to provide care will only increase at a rate of 25% during the same period (Mack & Thompson, 2001). By 2030, nearly 1 in 5 U.S. citizens is predicted to be 65 years or older (Murphy, 2005). The reliance on family to care for an increasing aging population does not come without a cost. Being a family caregiver is linked to a number of health issues including depression, decline in physical health and increased mortality (Kiecolt-Glaser & Glaser, 2001; Schulz & Beach, 1999). The Internet has become an important resource for this unpaid labor force (Schmeida, 2005). Although several large studies help to define the characteristics of the average home caregiver in the U.S. (through the reporting of simple statistics such as percentages), few empirical studies exist that analyze these characteristics with certainty controlling/adjusting for factors using multivariate regression analysis. The objective of this chapter is to analyze an array of factors predicting the characteristics and context of the U.S. home caregiver population. In

addition, this chapter explores how the Internet is helping to mitigate some of the burden placed on the family caregiver and how mobile technology can be a supportive resource.

BACKGROUND

Mobile health is a form of telehealth that encompasses the use of electronic information and advanced communication technology (digital technologies) to support institutional healthcare services, consumer and provider education, health administration and health research (H.R. 2157, 2001). Technology gives the capability to connect different users, such as university hospitals with patients at home, and home healthcare givers with social health networks from different locations online (Center for Connected Health Policy, 2013). Healthcare consumers in sparsely populated regions can link to cutting edge urban healthcare services previously limited to urban residents, as well as apply for health insurance online. The goal of telehealth is to promote accessibility of public and private healthcare services in rural and urban areas, improve the quality of services, and promote efficiency by reducing service costs. It promises access to services, information, and social support to healthcare consumers and providers. The dramatic growth and importance of the Internet has led to evolution of mobile technology and mobile health. Through the use of Internet connectivity, citizens can interface with health and medical information online, interact with healthcare providers via email, and participate in highly interactive social platforms.

Today's healthcare consumers are more sophisticated, demand better service quality, and are health information seekers who themselves are mobile. New generation technological devices include tablet computers and the multifunctional cell phones, which give consumers Internet access plus a phone. More healthcare consumers

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