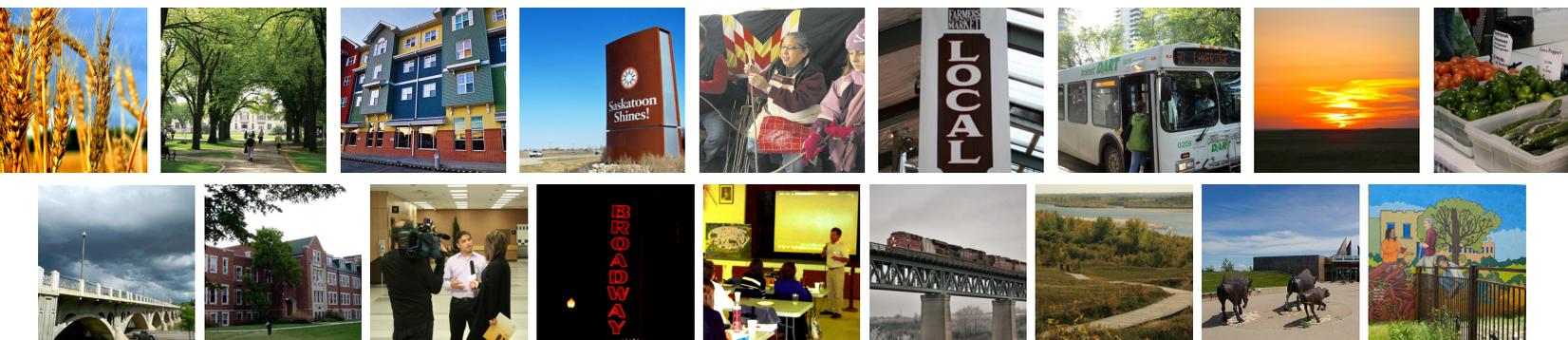




CUISR
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INSTITUTE FOR SOCIAL RESEARCH

Healthy Seniors on the 'Net: Assessing the Saskatoon Public Library's Computer Project

Megan McDowell and Isobel M. Findlay



Community-University Institute for Social Research

Building healthy, sustainable communities

Since 1999, the Community-University Institute for Social Research (CUISR)—formally established as a university-wide interdisciplinary research centre in 2000—has remained true to its mission of facilitating “partnerships between the university and the larger community in order to engage in relevant social research that supports a deeper understanding of our communities and that reveals opportunities for improving our quality of life.”

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1. Saskatoon Community Sustainability
2. Social Economy
3. Rural-Urban Community Links
4. Building Alliances for Indigenous Women’s Community Development
5. Analysis of community-university partnerships

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CUISR research projects are funded largely by SSHRC, local CBOs, provincial associations, and municipal, provincial, and federal governments. Beginning in 2007, CUISR’s reputation for high quality community-based participatory research (CBPR) enabled us to diversify our funding by responding to community agency requests to conduct research projects for them for a fee.

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Portal bringing university and community together to address social issues: CUISR facilitates partnerships with community agencies.

Public policy: CUISR supports evidence-based practice and policy at these tables: provincial Advisory Table on Individualized Funding for People with Intellectual Disabilities, Saskatoon Poverty Reduction Partnership, and Saskatoon Regional Intersectoral Committee (RIC).

Student training: CUISR provides training and guidance to undergraduate and graduate students and encourages community agencies to provide community orientation in order to promote positive experiences with evaluators and researchers.

HEALTHY SENIORS ON THE 'NET: ASSESSING THE SASKATOON PUBLIC LIBRARY'S COMPUTER PROJECT

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ABSTRACT

The Community-University Institute for Social Research (CUISR) faculty and student research team worked in collaboration with the community partner, the Saskatoon Public Library, to develop and complete an evaluation of the *Healthy Seniors on the Net* program. This report contains the findings of that evaluation process. It includes an introduction to the rationale for the inception of the program and a literature review on seniors and computer literacy, particularly pertaining to health information. This is followed by an overview of the project and a description of the methods used to evaluate it, which included both surveys and qualitative interviews in a focus group. The evaluation results are described, interpreted, and synthesized. Overall the program received very positive feedback from participants and has proven to be a valuable example of how to increase computer and Internet literacy among seniors, and especially to increase access to credible health information online. The report concludes with recommendations to further enhance the impact of the program.

INTRODUCTION

Canadian demographics are changing. As the babyboom generation increasingly surpasses age sixty-five (Xie, & Bugg, 2009), the proportion of the Canadian population represented by senior citizens increases correspondingly. This reality, accompanied by a low fertility rate (Human Resources and Skills Development Canada, 2013), has contributed to the aging of Canada's overall population (Health Canada, 2002; Stats Canada, 2006; Xie, & Bugg, 2009). Although the rates of this increase are not consistent across provincial borders, the larger trend is one of a rising average age of Canadian citizens (Human Resources and Skills Development Canada, 2013). With larger proportions of the population comprised of older adults, increased attention needs to be paid to their presence, their desires, and their unique needs. Moreover, as technology advances in both breadth and scope, the use of these technologies by senior citizens is growing in importance and increasingly a necessity. As technology saturates our society, the acceptability of and justifications for the gap between this demographic of the population and their capacity to use technologies becomes less palatable (Benigeri & Pluye, 2003). Technology has been integrated into nearly every facet of our lives and exposure to technological devices is becoming inescapable. It therefore becomes a significant disadvantage if individuals are unable to access or use these technologies, regardless of whether it is due to a lack of opportunity or capability. Use of a computer and navigation of the Internet are increasingly important skills given their contribution to social involvement, participation, and independence in our technology-reliant society (Ito et al., 2001; Lee, Chen, & Hewett, 2011). Understanding computers and the Internet also allows people to protect themselves from new methods of fraud that accompany new technologies.

Paying attention to these issues, the Saskatoon Public library (SPL) partnered with Public Health Services (Older Adult Wellness and Public Health Observatory of the Saskatoon Health Region), Wheatland Regional Library, Saskatoon Health Region Medical Library, and the Saskatoon Housing Authority to create a program that teaches seniors the basic skills for computer and Internet use. The project, titled Healthy Seniors on the 'Net, part of SPL's Outreach Services and funded through a Community Health Grant from the Saskatoon Health Region (SHR), aimed to offer a free service to seniors to help them develop their comfort with and skilled use of computers. The major focus was to help seniors easily access health information on the Internet through a series of workshops that covered an introduction to basic Internet skills, how to find health information online, and how to evaluate the legitimacy of that information. The workshops also addressed Internet scams and fraud protection in order to equip participants with the knowledge and skills to avoid online risks (Saskatoon Public Library, 2012a).

This report is the result of an evaluation of the program. Key findings of the evaluation include the success of the program in fostering participant comfort and confidence in using a computer and the Internet. In particular, there was an increase in the frequency of access and ability to understand and assess health information accessed via the Internet as well as increased confidence in participants' ability to protect themselves from fraud, spam, and scams. Although the program garnered praise as useful and supportive of a better quality of life, some participants

offered suggestions to enhance the lessons, including more one-on-one time with participants and a greater emphasis on appropriate places to access health information. Despite these suggestions, participants reported enjoyment and learning, and nearly all participants showed a desire for more programs in the future to continue to advance their computer skills. This initiative is truly innovative in granting seniors the ability and opportunity to gain computer and Internet-related skills.

After elaborating the context and background, this report includes a literature review on seniors and computer literacy particularly pertaining to health information. This is followed by an overview of the project and a description of the methods used to evaluate it, which included both surveys and qualitative interviews in a focus group. The evaluation results are described, interpreted, and synthesized. Overall the program received very positive feedback from participants and has proven to be a valuable example of how to increase computer and Internet literacy among seniors, and especially to increase access to credible health information online. The report concludes with recommendations to further enhance the impact of the program.

LITERATURE REVIEW

As the breadth of technology, information, and data increases in all facets of life, literacy is distinguishing itself from, and at the same time embracing, the concept of computer literacy. Computer literacy is “the basic knowledge, skills, and attitudes needed by all citizens to be able to deal with computer technology in their daily life” (Poynton, 2005, p. 862). Computer literacy is growing in importance as the Internet increasingly functions as an “informational infrastructure” and as an important economic engine. Where computer literacy rates are low, an ever-growing group of “informational have-nots” ensues (Ito, et al., 2001; Britz, 2004). As a consequence, such “have-nots” experience a range of social disadvantages such as exclusion from increasingly mechanized, technologically advanced, and interconnected aspects of life. These consequences are especially damaging now that the Internet has extended beyond its recreational facility to become a public resource (Ito et al., 2001).

While technology is often regarded as beneficial to and suitable for younger generations only, it indeed has endless applications, such as aiding in communication and health, for older adults as well (Lee, Chen, & Hewett, 2011). The reality of the “grey gap” (Benigeri & Pluye, 2003) therefore becomes incredibly problematic. Seniors facing this digital divide are hindered in their use of available technological resources (National Advisory Council on Aging, 2001) that specifically target challenges, including an increased need and desire for health and medical information, that many people in this demographic face (Xie, & Bugg, 2009; Benigeri & Pluye, 2003). Technology is also a valuable mechanism to compensate for lack of mobility with increased modes of communication. Those

that could arguably benefit the most from access to health information online—the elderly and the poor (National Advisory Council on Aging, 2001)—are the least likely to access the Internet (Benigeri & Pluye, 2003): “In 2010, 29% of people age 75 and over and 60% of those 65 to 74 had used the Internet in the previous month, while Internet use among those age 15 to 24 was almost universal” (Allen, 2013).

Supporting the computer literacy of seniors is important both because of the social implications of technological knowledge, and because the proportion of the Canadian population age 65 or older is growing as a result of babyboomers aging into this demographic (Xie, & Bugg, 2009) and increased life expectancy (Lee, Chen, & Hewett, 2011; Health Canada, 2002; Statistics Canada, 2006). Indeed, senior citizens represent the fastest growing group within our borders (Health Canada, 2002). By the year 2051, one in four Canadian citizens is expected to be a senior (Health Canada, 2002; Statistics Canada, 2006). Not only is the senior demographic getting larger, between 1981 and 2005, the number of individuals aged 85 or over nearly doubled from 0.8% to 1.5% of the population (Statistics Canada, 2006). Saskatchewan’s current and projected proportion of seniors in the population mirrors the national trend. In 2001, 14.6% of the Saskatchewan population was comprised of seniors, with a projected rate of 23.3% for the year 2036 (Health Canada, 2002; Statistics Canada, 2006). In 2008, Saskatchewan saw Canada’s highest rate of seniors within the population, with 14.8% of its population aged 65 or over (Statistics Canada, 2006).

In this context, implementation of programs for seniors to access resources is becoming a priority: “If older adults are to play an equal part in our increasingly technological societies, then consideration must be made of the effect on and use of IT [information technologies] in their lives” (White & Weatherall, 2000, as cited in National Advisory Council on Aging, 2001). The threat of information poverty is not exclusive to those in financial poverty: “Information poverty is defined as that situation in which individuals and communities, within a given context, do not have the requisite skills, abilities or material means to obtain efficient access to information, interpret it and apply it appropriately” (Britz, 2004, p.194). A lack of computer and Internet skills in the early life stages of people who are now elderly translates into a continued lack of opportunity to learn and practice; seniors are therefore at greater risk of information poverty than children (Poynton, 2005).

The Internet has altered many aspects of social life, ranging from personal communications to business interactions (Poynton, 2005). Its practicality is therefore not confined only to increasing the efficiency of people’s lives and achieving business purposes, but also to benefitting people personally. For example, the Internet can be a buffer against the loneliness that many elderly people face by connecting them through email, social media, video services such as Skype or FaceTime, or even chat rooms and online discussion boards (Mouallem, 2002). There are also many cultural and societal implications of online information for communities. To be “disconnected” can mean becoming socially isolated (Ito et al., 2001; Lee, Chen, & Hewett, 2011). As Sproull and Faraj (1995) argue, “People on the net are not only looking for information, they are also looking for affiliation, support, and affirmation” (as cited in Ito et al., 2001). Seniors are especially vulnerable to the threat of shrinking real-life social networks once they choose to retire (Lee, Chen, & Hewett, 2011). Participation on the Internet has therefore become in many

ways, a component of “effectively participat[ing] in contemporary society” (Poynton, 2005, p. 868) and a contributor to a person’s quality of life (Lee, Chen, & Hewett, 2011; National Advisory Council on Aging, 2001):

Seniors who are on the disadvantaged side of the digital divide may pay the price for their non-participation in the information society. They may lack access to up-to-date information that enable them to care for themselves and relate to others. . . . Seniors, especially those that no longer drive, or those that have problems with mobility, could benefit from tele-health and distance learning but will not be able to benefit from these options. (National Advisory Council on Aging, 2001, p. 34)

Therefore, restricted access to the Internet corresponds with restricted access to health information (Benigeri & Pluye, 2003) and other resources that seniors may benefit from. “Seniors’ needs for medical services are, in general, higher than for younger people. Good access to health services is necessary not only in emergency situations but as a means of preserving good health” (Statistics Canada, 2006, p. 57).

The majority of Internet users access health information via the Internet, which enables them to meet specific needs and curiosities (Benigeri & Pluye, 2003; National Advisory Council on Aging, 2001). The amount of health information that is available on the Internet is vast: in the year 2000, over 70 000 websites dealing with health information were available online (Benigeri & Pluye, 2003). However, a real threat lies in differing levels of access, quality (Impicciatore et al, 1997; as cited in Benigeri & Pluye, 2003), and interpretation and proper implementation of the information (Benigeri & Pluye, 2003). The uncertain quality of information on the Internet is due to lack of government regulation and other ethical standards over the material presented online (Eastin, 2001). Berland et al. (2001) found that when participants searched for health information using a number of search engines (AltaVista, Google, Lycos, etc.), only one in five websites contained valuable sources of information (Benigeri & Pluye, 2003). Flanigan and Metzger (2000) have reported that, “a more recent evaluation of media credibility indicated that people consider information obtained online to be as credible as television, radio, and magazine information, but not as credible as information in newspapers” (Cited in Eastin, 2001). Against this background, training is needed to ensure that Internet users are accessing relevant and credible health information.

In the context of elder abuse, particularly financial or material abuse, access to accurate information can offer invaluable protection (McDonald et al, 1991, as cited in Cohen, 2006). Therefore, training people in computer or Internet skills is important not only for its positive contributions to quality of life, but also for its protections against fraud, scams, and spam. Since Internet fraud has “clear antecedents in telemarketing fraud” that results in as much as 40 billion dollars of consumer financial loss annually (Mouallem, 2002, p. 660), actions need to be taken in order to adequately protect seniors on the Internet.

Regardless of risks, the fact that technology is used in nearly every facet of our lives and that seniors are least likely to know the appropriate way to use it means that they are at risk of being left behind (Xie, & Bugg, 2009). Lave and Wenger (1991) argue that the discrepancy in knowledge acquisition faced by seniors dealing with technology is relational rather than cognitive, and that if one does not identify with a social group that is seen to exhibit a

certain type of behaviour or engage in a certain type of experience, one will not mirror the group members' actions (as cited in Ito et al., 2001). Although there are a number of constraints, all of which vary by demographics, age, and exposure, "the most common limitation mentioned was the lack of training and support in using new technologies. Many older adults stated that benefits of technology were of no use if the technology was inaccessible or not easily utilized" (National Advisory Council on Aging, 2001, p. 21).

The Project

The SPL created a project that addresses these needs by helping seniors to use computers easily, comfortably, and knowledgeably. Healthy Seniors on the 'Net strives to achieve the following:

- To teach seniors how to find and evaluate health information online
- To identify and promote quality consumer health content relevant to SHR seniors
- To give seniors the fundamental mouse and Internet skills to make finding health information online possible
- To provide free, quality, non-commercial computer training where seniors live and congregate
- To help prevent elder abuse by giving seniors a basic understanding of Internet-based fraud, spam, and scams
- To provide online connection and socialization opportunities to seniors to improve their quality of life and mental health
- To build new connections between seniors' groups and health information providers for further collaboration (Schmidt, 2011)

The partnership between the SPL, Public Health Services (Older Adult Wellness and Public Health Observatory of the Saskatoon Health Region), Wheatland Regional Library, Saskatoon Health Region Medical Library, and the Saskatoon Housing Authority provided a free service through Outreach Services of the SPL. Healthy Seniors on the 'Net is in line with the objectives of Outreach Services, which include being able to provide services to "seniors, people with disabilities, and for those who are unable to visit the library" (Saskatoon Public Library, 2012b). Healthy Seniors on the 'Net offered a free service to residents of Saskatoon and small communities on Saskatoon's periphery to educate seniors about computers and the Internet. A mobile lab consisting of six computers, a projector, and wireless Internet allowed the project and its workshops to be brought to participants rather than requiring them to travel to the workshops. The trainers provided the program in eighteen buildings or libraries during the project and visited each site seven times. In all, 126 classes were taught to 614 seniors, which represented a 97% attendance rate when compared to the number of seniors who enrolled in the program. The level of services provided at these workshops was graduated in order to help people with little or no exposure to computers understand the basics and progress to more advanced programs dealing with access to health information and protection from scams and fraud on the Internet. Although any amount of training is seen as an advantage, the main purpose of this initia-

tive was to help seniors access health information via the Internet and ultimately to contribute in a positive way to their lives.

The Healthy Seniors on the ‘Net program is a commendable example for how small projects can be extended to the wider public. Evaluation of such projects can make them more effective and efficient while simultaneously communicating their successes and lessons learned. For example, Xie and Bugg (2009) established a similar initiative, complete with an evaluation, in order to provide information for the program to be “easily adapted to other communities, thus providing a valuable new approach to integrate Library and Information Science (LIS) research, education and practice to improve the health and computer literacy of the rapidly aging population in the nation” (p. 3). Their practice inspired the current research initiative.

METHODOLOGY

Healthy Seniors on the ‘Net classes held between June 2012 and April 2013 were assessed through three different methods. Participants filled out both pre-program surveys (see Appendix A) and post-program surveys (see Appendix B) before and after completion of the program respectively. Pre-program surveys were completed by 83 of 102 individual participants (most individuals participated in the majority or all of the sessions offered in the program) to measure participants’ familiarity with computers before the start of the course. The pre-program surveys also served as baseline data to compare the post-program survey data and measure progress in both skills and comfort with computers and the Internet after training. Presentation of the data is rounded to the nearest whole number. Focus group interviews (see Appendix C) were also conducted with eight volunteers for an in-depth, qualitative analysis of their assessment of the project, the skills learned, and general feedback to inform the evaluation. The data ultimately revealed the effects and progress of the program, participant feelings about the program, and how the program contributed to the well-being, especially the health, of the participants.

RESULTS & INTERPRETATION

Overlapping questions among the pre-program surveys, post-program surveys, and the focus group interviews helped gauge the progress of participants’ computer skills throughout the program and provided an opportunity for some of the questions to be explored more deeply through qualitative

interviews. While pre-program surveys were distributed in an attempt to gauge participant level of exposure to and experience with computers and the Internet as well as the ease of access of the program, post-program surveys and focus group questions measured participants' progress and facilitated feedback and a better understanding of the experience.

Pre-program surveys revealed that for 81% of participants, somewhat surprisingly, it was not their first time use of computers. Although many participants had been previously exposed to the computer and Internet, the post-program surveys indicated that the program was still considered successful in alleviating many of the computer and Internet-related challenges that participants faced. For instance, 83% of participants answered it was "very useful" to have the computer classes in their community, while 15% said it was "somewhat useful" and only 1% said it was "not very useful." Zero participants thought that it was "not useful at all." When asked whether the course improved participants' computer skills, 89% of seniors replied that it did. High levels of satisfaction were recorded as well, with 90% of participants feeling satisfied or very satisfied with the program. Every single interviewee agreed that the course was beneficial to him/her, and some of the interviewees in the focus group were very enthusiastic about the program: "Yes oh yes, I thought it was excellent; I learned a lot of things. I wish there were more classes, that we would have learned how to do pictures in email. Wish there was more. I am ready to take another!" Another participant stated, "Oh wow it was everything to me because I didn't know what to do. It was awesome. As a senior you don't have access to all this digital stuff so it was great."

Although this sample had a high proportion of participants with at least some familiarity with computers, including for communication or accessing health information, only 16% of participants in the pre-program survey felt they had the necessary skills to protect their privacy and financial information on the Internet, 15% reported that they sometimes did, and 60% felt that they did not. Since there is such a high prevalence of fraud risk to seniors using the Internet, prevention and training are important. This program proved to be excellent in facilitating protective skills. As indicated in the post-program survey, only 4% of respondents felt like they did not learn the necessary skills to protect themselves. Increased confidence led to the highest proportion of participants (45%) who felt that they could now protect themselves and 44% who felt that they sometimes could. Despite this increase in confidence, as well as indicators in the post-program surveys and focus groups that showed increases in quality of life and that participants experienced the removal of barriers to accessing information and communicating, many participants still expressed a sense of caution when using the Internet: "I am still leery with putting personal information on there. Some say don't, some say do. It's difficult to know the line. If I go to a site that asks for too much information, I won't go to it."

Pre-program survey data showed that 65% of participants were able to access health information on the Internet sometimes, while the remaining 38% of participants did not or almost never accessed health information via the Internet. Every participant in post-program surveys, with the exception of one, agreed that the course increased awareness of the health information available on the Internet. Every participant also stated that he/she can now access health information via the Internet. In addition, the program fostered an increase of 33% in the number

of participants stating that they could find useful health information on the Internet. All participants, except two, agreed the course improved their ability to decide if they can trust the health information they access. The pre- and post-program survey results related to participant confidence in the relevance of health information accessed revealed many more participants claimed independence in deciding whether or not they could trust health information after the training. While the pre-program survey yielded responses regarding the relevance of health information such as “it should be right and interesting” and “pray and hope you are right,” the post-program survey had more participants saying that they should “compare sources,” or that they know they can trust something “by the source (e.g. government site, university)” and “date and publishers”. This indicates a much more informed and reliable approach to assessing health information. One participant displayed confidence in their ability to choose appropriate websites for health information: “I think I’m good on that now, just because I know how to choose my sites.” Some participants have reported that they will be using the Internet for extensive research on diseases they have: “I’m going to be sitting down over the next few weeks and concentrating on the fibromyalgia side of it, then I’ll go to the heart disease and understand the interactions between the two.”

The majority of participants agreed that they are able to make healthier lifestyle choices based on the information they now are able to access, meeting an important goal of the project. Since this initiative involved a partnership with the Saskatoon Health Region, accessing health information through the trusted Saskatoon Health Region website was promoted. Many participants indicated that they had used the SHR website to access health information. However, one participant reported not feeling as if his/her skill level was sufficient to navigate the SHR website yet, but he/she is working up to it.

Participants were prompted to express their desires and suggestions to make the program better. Numerous participants explained that they would like more classes in the future, and that the classes were well done, indicating that the program was well received and enjoyable. Few additional critical suggestions indicated that there was trouble with the accessibility and the mechanics of the lessons such as “I have a problem with typing” or “use a microphone for (the) hard of hearing.” Other comments were more directed towards the material that was taught: “Too much time on health class”; “I need instruction on using the Microsoft Office for setting up a mailing list and setting up grids.” Many participants indicated that they kept all the handouts from the program and referenced them regularly. One participant even mentioned that he/she was “gonna wear it out” because of referencing them so often. When asked if there was anything they would change, there was close to a consensus that everything was fine the way it was. One participant, however, expressed a concern about the pace of learning: “I think the only thing was some of it got a little too technical for someone like me who doesn’t understand computers.” Both the social element and the learning of information were identified as the aspects of the program that were most enjoyable. Every participant reported that the program increased their comfort level with computers.

The comments section provided feedback that demonstrated that every participant was pleased with the program, and many participants requested that the program continue. When asked about what they liked the most about the workshops, many participants praised the instructors:

- “The instructors were great and very patient. They explained well anything not understood.”
- “(Instructor 1) and (Instructor 2) were quick with answers on many levels.”
- “Teachers excellent—has helped make me be a little braver to try new things.”
- “Instructors were very knowledgeable and very helpful—very approachable.”

Most other comments were related to the material. Participants stated that they had learned a lot from the experience:

- “Very informative. I learned lots of stuff, how to, where, when, why and how.”
- “It helped me to use the computer and find websites and Google.”
- “Finding the databases, learning how to tell if it was secure/up to date, and more information on e-mails.”

These positive feelings indicate that the courses and instructors were appreciated, yet a few changes could make future initiatives even more efficient and effective.

Overall, the skills and material that this program taught seemed to have a positive impact on participants’ use of computers and the Internet, as well as their access to reliable health information. Every single participant stated that he/she felt that the program has positively contributed to their lives in one way or another. For some it was both inspiring and transformative:

- “Well, it just gives you a little bit more knowledge of the do’s and don’ts for your health.”
- “Well I was looking for something, like recipes. It has made me dream. I want to travel.”
- “I think it has given me freedom. I can just go in there and get whatever I want and it’s right there.”
- “It helps me better with my diets, having diabetes, heart disease, two different diets compete, what food I should take with medication. Everyone has a different idea. I find this applies better for me. I apply to what I do daily, when I buy groceries.”

CONCLUSION

The success of this project is reflected in the positive feedback received in both the focus group interviews and the pre-program and post-program surveys. Feedback was overwhelmingly positive and a great deal of interest was expressed in the possibility of future programs. The shared insights offered valuable suggestions to make the program more efficient, more effective, and more sensitive to the needs

of seniors for whom the program was designed. The program was incredibly efficient in providing information to participants about navigating the Internet, including using it to access health information. The instructors were well received and the social atmosphere was appreciated and considered comfortable. Handouts provided in training sessions were deemed helpful and most participants in the focus group stated that they went back and referenced the material later. When asked how the participants planned to use the skills that they had learned, a large proportion of participants stated that they would use it to do research (including health research); others mentioned communicative purposes. The program has also effectively removed a lot of anxiety and uncertainty about computer use and Internet access. Many participants expressed greater confidence and comfort in using the computer as a result of the workshops. The project has improved quality of life by enhancing access to health information, facilitating computer use, promoting computers as a medium for communication, and by offering social opportunities to alleviate boredom and loneliness. All participants stated that they are continuing to exercise the skills that they learned, and many of them strive to advance their knowledge even beyond what they learned in the training sessions.

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APPENDIX A: Pre-Program Survey

We would like to hear your feedback about your experience with computers and what you would like to learn in this workshop to shape content. This survey should only take 10 minutes of your time. Participation is voluntary and anonymous.

If you have any questions about the survey or would like to see the study's results, please contact Gwen Schmidt at the Saskatoon Public Library at 975-7606. Results from this study will be available in May 2013.

1. Is this your first time using a computer? Yes No
2. Do you have a computer in your home or in the building that you live in? Yes No
3. Would you take this class even if you had to pay for it? Yes No
4. Was it easy to register for this class? Yes No
5. Would you take this class if you had to travel even further than you did today to get to it? Yes No
6. What sources of health information do you use? (Check all that apply)

 books pamphlets doctor or nurse
 encyclopedia friends' advice organizations you trust
 magazines Internet research databases

 Saskatoon Health Region website other: _____
7. How do you decide if you can trust the health information you find?
8. Are you able to find health information that is useful to you on the Internet?

 Yes Sometimes Almost Never No
9. If you answered yes to question 8, what health information sources do you use most often on the Internet?

10. Do you feel you have the skills you need to protect your privacy and financial information on the Internet?

Yes Sometimes Almost Never No

11. During the past 12 months, have you used the Internet to communicate with family and friends?

Yes No

12. Who helps you find quality health information if you cannot find it yourself?

13. What would you like to learn at this workshop?

Thank you for completing this survey!

Please return the survey to one of the program facilitators.

APPENDIX B: Post-Program Survey

We would like to hear your feedback about the Healthy Seniors on the Net Project to improve future classes. This survey should only take 10 minutes of your time. Participation is voluntary and anonymous.

If you have any questions about the survey or would like to see the study's results, please contact Gwen Schmidt at the Saskatoon Public Library at 975-7606. Results from this study will be available in May 2013.

1. Was this course your first time using a computer? Yes No
2. Do you have a computer in your home or in the building that you live in? Yes No
3. How useful was it to have these computer classes in your community?
 Not at all useful Not very useful Somewhat useful Very useful
4. Would you take this class if you had to travel even further than you did today to get to it? Yes No
5. What sources of health information do you use? (Check all that apply)
 books pamphlets doctor or nurse
 encyclopedia friends' advice organizations you trust
 magazines Internet research databases
 Saskatoon Health Region website other: _____
6. Did this course increase your awareness of what sources of health information are available? Yes No
7. How do you decide if you can trust the health information you find?
8. Did this course improve your ability to decide if you can trust the health information you find? Yes No
9. Are you able to find health information that is useful to you on the Internet?
 Yes Sometimes Almost Never No
10. If you answered yes to question 9, what health information sources do you use most often on the Internet?

11. Did this course increase your ability to find health information on the Internet? ___ Yes ___ No
12. Do you feel that you have the skills you need to protect your privacy and financial information on the Internet?
___ Yes ___ Sometimes ___ Almost Never ___ No
13. Did this course increase your ability to protect your privacy and financial information on the Internet?
___ Yes ___ No
14. During the past 12 months, have you used the Internet to communicate with family and friends?
___ Yes ___ No
15. Who helps you find quality health information if you cannot find it yourself?
16. Overall, do you feel the course improved your computer skills? ___ Yes ___ No
17. How will you use the computer skills that you learned?
18. Overall, how satisfied were you with the course?
___ Very Dissatisfied ___ Dissatisfied ___ Satisfied ___ Very Satisfied
19. How could these classes be improved?
20. Please let us know what you liked about the workshop and how it helped you.

21. Please tell us about yourself:

Name: _____

Gender: ____ Female ____ Male

Age: _____

City of Residence: _____

22. Please add any other comments

We will be holding focus group interviews with “Healthy Seniors on the ‘Net” participants. The focus group will last approximately 60 minutes and will ask about the benefits of participating in the program and ways for improving the course.

Are you interested in participating?

____ I am interested in participating in a focus group

____ I am NOT interested in participating in a focus group

If you are interested in participating, please provide your contact information below. A researcher will contact you in the future.

Name: _____

Phone: _____

Email: _____

Thank you for completing this survey!

Please return the survey to one of the program facilitators.

APPENDIX C: Focus Group Questions

1. Was the course of value to you? Was there anything you would change? What did you find most enjoyable about the program?
2. How did this course affect your comfort level with using a computer and the Internet?
3. Prior to the information session, would you have used a computer to access health information? How often do you use it now?
4. What was the most useful information that you learned in the course?
5. Are you able to find health information that is useful to you on the Internet?
6. Can you think of one good place to go to get health information?
7. Has your new knowledge of computers and the Internet improved your quality of life? Has it removed barriers for accessing information and communication?
8. Are you still exercising the skills that you learned in the information session? How well do you remember the information?
9. Do you have supports (in your community or building) to access the Internet and/or expand your knowledge of the Internet?
10. Do you feel like you are adequately able to protect your personal identity and privacy and to avoid fraud, spam and scams?
11. Do you feel like your awareness of health info (accessing it, availability, content) has changed? Are you able to make healthier lifestyle choices due to the information you are able to access?
12. How confident are you in assessing and evaluating health information? Can you think of one factor to consider when evaluating health information?

13. Do you use the Saskatoon Health Region website to access health info?

14. How has the information you have learned contributed to your daily life?

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