Intergenerational Technology Transfer: Enhancing African American Older Adults’ Self-Efficacy for Diabetes Self-Management

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What Is the Purpose of this Study?

• The purpose of the study is to design a health and technology education session, then conduct it with African American older adults with diabetes and African American younger adults connected to them via familial or community networks.

What Is the Problem?

• African American older adults are twice as likely to have diabetes and related complications than White older adults.
• African Americans are also more likely to have low health literacy, which is associated with barriers to using technology to support recommendations for chronic disease self-management.
• Despite research describing the effectiveness of self-management programs designed to enhance self-efficacy, little is understood of African American older adults’ self-efficacy in using technology to support recommended chronic disease self-management.

What Are the Findings?

• After designing and conducting the health and technology education session, both older and younger adults showed significant improvements in self-efficacy for following recommendations for diet and physical activity, and for use of technology designed to support self-management.
• For both older and younger adults, participants showed less apprehension concerning privacy, which is a known barrier to technology use.

Who Should Care Most?

• Both patients and their support networks, along with clinicians and diabetes educators should consider pairing older adults and younger adults for health and technology education sessions.

Recommendations for Action

• Consider partnering with community-based organizations to confirm the content and design of health and technology education sessions.
• Conducting health and technology education sessions with older adults with diabetes and younger adults connected to them via familial and social networks can result in increased use of technology to support chronic disease self-management.