



Factors influencing Internet usage in older-adults (65 years and above) living in rural and urban Sweden.

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Complete List of Authors:	BERNER, JESSICA; Blekinge Institute of Technology, Department of Health Rennemark, Mikael; Blekinge Institute of Technology, Department of Health; Linnaeus University, Jogr�eus, Claes; Blekinge Institute of Technology, Department of Mathematics and Natural Sciences Anderberg, Peter; Blekinge Institute of Technology, Department of Health Sk�oldunger, Anders; Aging Research Center, Karolinska Institute & Stockholm University, Wahlberg, Maria; Stockholm University , Care Sciences and Society; Aging Research Center, Karolinska Institute, Department of Neurobiology Elmst�ahl, S�olve; Lund University and Sk�ane University Hospital, Department of Health Sciences, Division of Geriatric Medicine Berglund, Johan; Blekinge Institute of Technology, Department of Health
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Abstract:	Older-adults living in rural and urban areas have shown to distinguish themselves in technology adoption; a clearer profile of their Internet use is important in order to provide better technological and healthcare solutions. Older-adults' Internet use was investigated across large to midsize cities and rural Sweden. The sample consisted of 7181 older-adults ranging from 59-100 years old. Internet use was investigated with: age, education, gender, household economy, cognition, living alone/or with someone and rural/urban living. Logistic regression was used. Those living in rural areas used the Internet less than their urban counterparts. Being younger and higher educated influenced Internet use; for older urban adults these factors as well as living with someone and

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	having good cognitive functioning were influential. Solutions are needed to avoid the exclusion of some older-adults by a society that is today being shaped by the Internet. Key words: Older-adults; Internet use; rural and urban living

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Introduction

Globalisation and the Internet have created easier connectivity between people, where we no longer think of location in the same way as twenty years ago. However, there are still rural and urban divides; noticeably trade and economic development have contributed to a considerable gap in economic conditions between rural and urban living (1,2).

Depending on geographical location, there is also a divide in the use of the Internet (3). What was noted from the beginning of the Internet era 1995(4), was that the Internet is a valuable source of communication that is quick, affordable and where living location no longer matters (5). Ironically it still does. American studies claim that rural living means less extensive use of the Internet (6), and also different types of uses (7). Some studies conducted showed that older-adults (65 years of age and above) living in rural areas contribute to the digital divide, as there is a wide gap in adoption of technology between older-adults living in rural vs. urban areas (8,9). Urban living has also been positively related to more computer usage (8). Few studies have focused on which variables explain the differences in Internet use and technology adoption by older-adults that live in rural or urban settings.

It is important to highlight where the equity of access is less evident, as the Internet can be a valuable resource for older-adults; for example, to look up information, maintain social contact and take advantage of possibilities such as online shopping and health status monitoring (10). In addition, online services can contribute to easier access to health care, where, for example, distance may no longer be a hindrance to receiving adequate care. This can already be seen today with online health care planning, which can provide more efficient access to health care (11). Living in remote areas or far from a hospital, health care centre and town can thereby become less of a problem.

The Internet may function as an alternative to face-to-face health care services for the older adult. Health promoting functions, or technological and Internet applications could be a good way for older-adults to maintain independence and to live at home as long as possible. This is often a preferred choice by older-adults in developed countries (12). Slowly the industrialised world is implementing mobile solutions with functions such as reminders to take medications, sensors, and audio-visual connections with a nurse (13). These possibilities

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3 are a solution for the increasing number of older-adults who are frail and need special support.
4 There are however serious hindrances to the aforementioned technologies. One is that they are
5 often developed without the specific needs and consultation of the elderly or the clinician
6 (14). Secondly they rely on the older adult to be somewhat technologically knowledgeable
7 (15).
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12 It is possible that what we are noticing today is in fact a cohort effect. Today's
13 older-adult is not an evident technology and Internet user but perhaps the next generation will
14 be. In the last six years there has been an increase in the Internet use among older-adults
15 (16,17). Yet, they are still slower than younger adults to adopt the Internet (16,18,19). In
16 Europe for example, there is much less Internet use by senior citizens in compared to younger
17 adults (20). A group that has been especially marginalised are the oldest-old – people in their
18 eighties and in their nineties (octogenarians and nonagenarians) – who are not adapting at all
19 compared to the younger-older adults (65-80 years of age) (18).
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29 **Background (Factors affecting Internet usage of older-adults)**

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33 Age and education are both strong predictors to whether the older-adults adapt
34 to the Internet (21,22). They have been linked directly to computer anxiety, which has been
35 shown to be positively correlated with age; similarly higher education was linked to interest
36 and computer use for older people (23). Other studies have shown that older-adults will
37 refrain from using the Internet because it is too expensive (18); which in some studies has
38 been correlated with lower income, household economy and socio-economic status (24).
39 Being male, is a factor affecting older-adults' computer and Internet usage- even still in the
40 last decade (16).
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47 If the interface of computers and the Internet do not take into account the
48 cognitive functioning of younger-older adults (65-80 years of age) and oldest-older adults (80
49 years and above), as well as normal age related physical declines, such as eyesight, (19,25),
50 there will be less Internet usage. Studies have even suggested more awareness to create senior
51 friendly websites, taking into account cognitive decline (26). Lower cognitive functioning has
52 been related to not starting to use the Internet in old age (16). Some studies have highlighted
53 that cognitive aspects are less understood than other age-related declines, when it comes to
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3 Internet use by older adults (27). Some authors have distinguished between what type of
4 cognitive abilities affect what use, such as problem solving and short term memory (fluid
5 intelligence) which are strong predictors of web use (28).
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11 Living in a rural or urban area may have implications on technology adoption.
12 Boase (6), has indicated that there is an element of access to Internet, which influences the use
13 in rural areas; however other demographic factors also have a significant relationship on
14 rurality and high-speed Internet adoption. Previous research indicated that Internet access is
15 mainly adopted by the older-adults if the broadband access is good and there is a perceived
16 usefulness and usability (27).
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22 Sweden has a very good Internet connection partly due to its high fibre
23 networks. In 2010, Sweden rated second in most broadband subscriptions per inhabitant in the
24 Nordic countries (where Denmark was first)(29). Since 1995, the Internet access has
25 increased annually from 2% to 89% in 2012 (30). Sweden has been striving for an equal level
26 of access to the total Swedish population, in an effort to work toward the EU legislation on
27 Internet access (31). The last few years the increase of access has mainly been due to mobile
28 phones and tablets.
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35 If there is less Internet use in rural areas, this can in turn have implications for
36 the provision of care or support for older-adults. Studies have shown that many who live in
37 rural areas have different constellations than their urban counterparts in how they are taken
38 care of, relying both on neighbour and family structures more than community services
39 (32,33). A previous study has shown that older women that live in rural areas require more
40 support, where in some communities they are struggling to stay living independently and
41 sustain their well-being (34). There seem to be differences in social support, where urban
42 older-adults tend to feel more depressed due to anonymity in cities, suggesting they are more
43 lonely; contrary to rural older-adults who have stronger social connections that they can trust
44 and depend on (35).
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52 Irrespective of whether older-adults live rural or urban, research has shown that
53 older-adults living with someone have better physical and mental health than older adults
54 living alone (36). Few studies have however, looked at how older-adults that live with
55 someone influences Internet usage per se. Some recent studies demonstrated that older-adults
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3 were more likely to go online and join social networking websites, if they are shown how to,
4 see the perceived usefulness and receive help in the use and process (37,38). Such support
5 could be facilitated if the older adult lived with someone.
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11 Many factors influence older-adults' Internet use. What this study wanted to shed light on was
12 how these factors varied (if at all) with Internet use and living rural or urban. Thus, the aim of
13 this study was to explore individual responses to whether older adults were using the Internet
14 or not and why across rural and urban Sweden between the years 2001 - 2004. Data on the
15 spread of the Internet access across Sweden is not available before 2006 for this older-adult
16 population. Therefore the access was not noted.
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21 Two research questions were investigated:
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24 - How is Internet usage distributed in rural and urban areas respectively throughout Sweden?
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26 - Which factors influence Internet use in these areas, controlling for the variables age, gender,
27 education, living alone or with someone, cognition, household economy and rural or urban
28 life-style?
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37 **METHOD**

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39 This study has a cross-sectional sample which was taken from the longitudinal Swedish
40 national study on aging and care (SNAC). SNAC is a study conducted since 2001, in which
41 central and local governments cooperate. The total sample consists of sub-samples from four
42 regions in Sweden: Skåne, Kungholmen, Nordanstig and Blekinge. The sample is considered
43 representative of the Swedish older-adult. Different questionnaires and interviews are used to
44 investigate the mental and physical health, distribution of age, gender, perceived quality of
45 life, social and well-being statuses. In effect the study aims to extend the knowledge of what
46 the medical and functional statuses of older-adults are, as well as their needs for social and
47 medical services and identify potential areas of lack of care. The full outline of SNAC can be
48 found in Lagergren et al.(39).
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3 The population in the current study consists of a total 7181 people in total, from
4 the ages of 59 through to 100. The mean age in the sample is 73 years old, with a mode of 66
5 and a median of 72 years of age. All information used is from the baseline data (2001-2004),
6 from all four participating regions. The regions had high and equal participation rates, where
7 in the baseline data there is a nonresponse rate of 33.6%. Those that do not respond tend to be
8 women, oldest-older adults and the frail elderly.
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13 The participants were randomly selected and invited by mail, with one reminder
14 sent. Both written and verbal consent were obtained for all participants. Trained health
15 professionals would thereafter conduct the medical examinations and interviews and also help
16 the older-adults to fill in questionnaires when needed. Where there were cases of non-
17 participation, the reason was registered.
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28 **Ethics**

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30 The research carried out in SNAC complies with the Helsinki declaration; ethical permissions
31 were obtained from the ethical committees of the Karolinska institute (KI dnr 01-114) and
32 University of Lund (LU dnr 650-00 and LU 744-00).
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39 **The definition of urban and rural population**

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41 In Sweden the population consists of close to 9.5 million people, of which the older adult
42 population (65 years old and more) consists of 1.6 million people (18,40).
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45 Sweden does not have a proper definition of what a city is, in physical aspects and in
46 population size; therefore some choose at times to define regions and make delimitations by
47 closeness to, or easy access to a place (40). The municipalities in this study were categorised
48 according to the Swedish regions by the Bureau of Statistics Sweden (41):
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52 Big city urban: the city of Malmö and Stockholm
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54 Midsize urban: Karlskrona, Eslöv, Ystad and Hässleholm
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56 Rural: Osby and Nordanstig
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5 The data in this study consists of older-adults living throughout many regions in Sweden.
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7 Two delimitations were chosen to analyse rural and urban living. Firstly, the aforementioned
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9 division was used. Secondly, in order to have a better grasp of the location of the population
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11 sample, the authors decided to use a Swedish living conditions' delimitation of rural or urban
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13 (42). This is often used in a Swedish context, where if a person has either more than 2 km
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15 distance to a nearby healthcare centre, then they are considered to be living rurally. Otherwise
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17 (if they have less than 2 km) they are considered to be living in a closer agglomeration and in
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19 a city.

20 21 22 **Variables and instruments**

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24 *Internet use* was a question given at baseline (2001) with a yes/no answer possible.

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27 *Age* was categorised into four groups: group 1: 59- 74; group 2: 75-84; group 3: 85- 90; group
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29 4: 91-100.

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31 *Education* was categorised in three groups according to the previous Swedish education
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33 system, relevant for the age groups in this study: level 1, those who did not finish secondary
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35 school; level 2, those who finished secondary school; level 3, those with some form of higher
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37 education. Yet for the logistic regressions the variable was dichotomised, in order to have
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39 those higher educated (level 3) and those who were not (level 1 & 2).

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41 *Living alone or not:* was categorised as either the older adult was living alone or with
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43 someone (next of kin, partner); where 1= living alone, 2= living with someone.

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45 *Cognition* was measured using the Swedish translation of the "Mini-Mental State" test
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47 (MMT), where maximum score of 30 means are that one has normal cognitive functioning.

48 Many studies use cut-off point between 24 and 26, signifying under that score there is

49 | "presence of cognitive difficulty"^{(43) p=192}. In this study each individual result was
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51 categorised at the mean (score 27), where 1= above mean; 2= below mean.

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54 *Household economy* was measured based on a Swedish survey on income and living
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56 conditions (44). The question asks whether one can raise within one week a sum of 14,000
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58 SEK (1,533 euro) in 2001-2004 (baseline data).

STATISTICAL PROCEDURES

The SPSS Statistics package 20, was used to conduct the analyses below.

A descriptive cross-tabulation analysis was done to investigate the dispersion of the rural and urban divide of 2 km, with the following variables: Internet use, age, gender, education, living alone or with someone, cognition and household economy (Table 1).

Internet usage was compared throughout Sweden, using the division big city (Malmö and Stockholm), midsize urban (Karlskrona, Eslöv Ystad and Hässleholm), and rural Sweden (Osby & Nordanstig). A logistic regression was conducted, as Internet use is a dichotomous variable and was used as with Internet use as a dependent variable; the two dummy variables were created for big city and midsize city which can be found in Table 2.

A second logistic regression (backward) was used to investigate whether Internet use was influenced by the variables: gender, education, living alone/with someone, cognition, household economy, age and living rural/urban (Table 3).

A new variable with Internet usage and urban or rural life-style was created. A third and fourth backward logistic regression were conducted to investigate rural Internet use and urban Internet use, as dependent variables with the six independent variables: gender, education, living alone/with someone, cognition, household economy and age (Tables 4 & 5).

The **variance inflation factor (VIF)** and tolerance statistics were calculated for each variable in each regression. **The VIF indicates whether a predictor has a strong linear relationship with other predictors, where a VIF higher than 10 and a tolerance (1/VIF) lower than 0.10, indicate multicollinearity may be biasing the model (45).** This was calculated by running a linear regression analysis with the outcome (DV) and predictors (IV) from the logistic regression. The collinearity of the data was obtained with a VIF and tolerance statistic for each variable. ~~A VIF higher than 10 and a tolerance (1/VIF) lower than 0.10, indicate multicollinearity may be biasing the model (45).~~ A concordance (c-) statistic was used to measure how well the model discriminated between observations at different levels of the outcome. The range is from 0.5 (no discrimination) to 1.0 (outstanding discrimination). C-statistic values of 0.7 to 0.8 are considered to show acceptable discrimination, values of 0.8 to 0.9 to indicate very good discrimination, and values of ≥ 0.9 show outstanding discrimination

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3 (46). Previous research has indicated that using the C-statistic strengthens the results of the
4 logistic regression in cases where there is strong heterogeneity in the population. The odds
5 ratio alone is then not enough, especially when having continuous explanatory variables (47).
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10 11 12 13 **Results**

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15 Table 1 indicates that there are more older-adults living in an urban setting and more younger-
16 older adults in this sample. There are almost as many males and females in this sample. More
17 older-adults that are highly educated live in an urban setting, yet they have a slightly worse
18 household economy than those living rurally. In this sample there are more people with
19 normal cognitive functioning than not, in both urban and rural settings.
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25 In the first logistic regression model it was demonstrated that there are more people using the
26 Internet in the big city/urban Sweden compared to midsize and rural. There were significantly
27 more older-adults using the Internet in more densely populated regions, compared to those
28 living rurally (OR= 2.500; $p < 0.001$). A VIF and tolerance statistic was calculated afterwards,
29 showing that ~~there is~~ no multicollinearity. The model however is not so strong with a low C-
30 statistic of 0.61 indicating that the influence on Internet usage does not just come from
31 location big city, midsize or rural.
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38 The second model demonstrated that when including all variables into one equation with
39 Internet usage, the household economy variable fell out as non-significant. All other variables
40 significantly increased Internet usage: being male (OR= 1.143; $p < 0.05$), more highly
41 educated (OR= 1.762; $p < 0.001$), living with someone (OR= 1.784; $p < 0.001$), normal
42 cognitive functioning (OR = 1.222; $p < 0.001$), lower in age (OR = 1.118; $p < 0.001$) and
43 living in an urban environment living within 2 km to a healthcare centre/shop (OR =
44 1.576; $p < 0.001$). The model ~~here is good, with has~~ a C-statistic of 0.834 showing strong
45 discrimination. The VIF is around 1 and the Tolerance is above 0.10 for each variable.
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52 The third logistic regression analysis conducted, had the dependent variable rural Internet use.
53 This was based on the *rural* variable created (living more than 2 km to a healthcare centre
54 /shop), and those that were using the Internet contrary to those that were not. All six
55 independent variables were investigated. The final model showed that higher education (OR=
56 1.368; $p < 0.05$) and lower age (OR=1.108; $p < 0.001$) were factors which made rural older-
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3 | adults use the Internet. ~~The model itself is reasonable, with a c-statistic was that is 0.786~~
4 ~~indicating acceptable discrimination, and there was~~ no multicollinearity between variables as
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6 seen with the VIF close to 1 and the Tolerance above 0.10.
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9 The fourth logistic regression analysis had as a dependent variable urban Internet use. This
10 was based on the *urban* variable created (living within 2 km to a shop/ healthcare centre).
11 Similarly all six independent variables were investigated with urban Internet use. The final
12 model showed that more highly educated (OR= 1.813; $p < 0.001$), living with someone
13 (OR=1.860; $p < 0.001$), normal cognition (OR= 1.233; $p < 0.001$) and lower age (OR= 1.119;
14 $p < 0.001$), were significant for the final logistic equation. Higher education and living with
15 someone are almost twice as strong predictors of Internet use among older-adults in an urban
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17 environment. ~~In addition, the model itself is good, with a c-statistic was above 0.8, indicating~~
18 ~~strong discrimination between observations in this last model.~~
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31 Discussion

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33 The main results of this study are that older-adults living in urban areas are more frequent
34 Internet users. However, urban living was not enough to explain Internet use of these older-
35 adults. Factors that were related to Internet use in general were, being male, high education,
36 living with someone, normal cognitive functioning, the younger age groups, and urban living.
37 When looking specifically at rural localities: older-adults used the Internet if they were more
38 highly educated and if they were younger. Urban older-adults used the Internet if they were
39 more highly educated, living with someone, had normal cognitive functions and were lower in
40 age.
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47 When comparing regions in Sweden, big cities showed greater likelihood of Internet use
48 among older-adults than their rural counterparts. This is a finding which is supported by other
49 research (8,17). Even in the second model, when investigating Internet use in general, urban
50 living meant that older-adults were more likely to use the Internet (OR= 1.576; $p < 0.001$).
51 Urban living may entail being surrounded by adverts and bustle, which could make the
52 Internet more attractive. Another reason could be that cities may have quicker bandwidth
53 access compared to their rural counterparts.
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3 Internet use by the older-adult was significantly more prominent for males and more highly
4 educated. Whether more education suggests the type of job before retirement, which allowed
5 the older-adult to use a computer, or whether it suggests curiosity to pick up new skills, is not
6 answered in this study. Learning, however, was linked with higher education in previous
7 studies, where older-adults with higher education more easily pick up and try the Internet
8 (48).
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13 Living alone or with someone, stood out in the older-adult Internet user as being an influential
14 factor. Those that were not using the Internet were more likely to live alone. There is probably
15 a strong link when living together with someone that makes it easier to use the Internet.
16 Seeing, being exposed to the Internet and having the possibility to ask someone if it goes
17 wrong, are all very probably contributory factors. Other studies have indicated that living
18 alone was linked with a lower income, therefore less Internet use (49). Interestingly in this
19 study, there were almost equally as many people living with someone or alone in an urban
20 setting. In contrast to this, there were almost twice as many older-adults living together rather
21 than alone.
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29 The younger-older adults (65-80 years of age) are using the Internet more frequently than in
30 the older age groups. This study shows that age strongly influences Internet use, as age was
31 entered as a continuous variable in the logistic regressions. This means that for every aging
32 year, there is less Internet usage; just one year can make a very big difference. It could be that
33 with increasing age people are not socially exposed in the same way as each year passes. A
34 study by Cresci, Yarandi & Morrell (10), found that those who were much older did not see
35 the need to use the Internet. There could be a loss of interest as the years pass. There may also
36 be more physical hindrances. Chronic illnesses become more common, especially as the
37 person passes 80 years of age, in addition to a decline in vision and motor coordination skills
38 which are most likely to change. Studies have shown that cognitive impairment caused people
39 to use technology less (8). This study showed that it was also a factor in Internet use among
40 older-adults.
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50 Household economy is not influencing Internet usage in this study. This is contrary to other
51 studies (18). Some investigated “late-adopters” of Internet and broadband, where social
52 networks, the perceived utility, knowing how to use the Internet and how safe it is, but also
53 the price of a subscription, were influential whether “late-adopters” like older-adults would
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3 want to use the Internet or not (50). In this study's sample, the purchasing power is less of an
4 influence with the other selected variables.
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7 When further exploring the differences between urban and rural Internet users, a clear
8 distinction could be found between the two. Both rural and urban older-adults were influenced
9 by age and higher education if using the Internet. Specifically to urban older-adults, living
10 with someone and normal cognitive functioning were factors influencing their Internet use.
11 The setting where the older adult lives therefore affects the use of the Internet. This may be
12 important within a health care setting; if the persons in this cohort do not use the Internet they
13 will also not receive health solutions on the Internet, which are promising better accessibility,
14 information and efficiency to health care (51).
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21 Equal care should be provided irrespective of geographical location. Discrepancies have
22 previously been demonstrated between urban and rural living, especially in predictors of
23 health outcomes for older-adults. Access to health information in rural areas can easily be
24 reached via the Internet, possibly reducing health inequalities in the long run (52). However,
25 according to the results in this study those who will not benefit are those who are older, of less
26 education and specifically urban older-adults who live alone and do not have normal cognitive
27 functioning.
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34 If the older adult will not start to use the Internet via a computer, there will be a lack of
35 interaction with internet-based healthcare services, which will need to be replaced by other
36 ways of communication. For example, by trying other technological devices, such as tablets
37 which may be easier to use than computers, or catering specifically to older-adults by
38 providing case managers who can function as a link between health care centres and the older
39 adult. As claimed by other studies (53), the innovative step is to understand the social roles
40 that are in place today. Older-adults have a new and different social role in that they are living
41 longer, engaged longer and are present in society. Older-adults who live without the Internet
42 may not want to engage and start using it, which is something further studies should
43 investigate by interview studies. Those not adapting, for different reasons, may feel that they
44 are overwhelmed by the information society. It could be that, older-adults are pushed (forced
45 to use the Internet, an external push) into using the Internet contrary to being pulled (enticed
46 to use the Internet, user-driven) into using it (54). It may also be important to take into
47 consideration the impact of the changing constellations of face-to-face contact (online
48 shopping, bank errands, and healthcare services). A reduction of face-to-face social contact
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3 may be felt more with older people, which may be a cause for depression (55), and ostracism.
4 This, in turn, can also lead to not wanting to start to use the Internet.
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11 **Strengths and Limitations of the Study**

14 Three strengths in this study can be found. First, the study has a large sample of over 7000
15 people, allowing for generalisations to be made. A second strength is that big city, midsize
16 and rural Sweden is covered in the analyses, giving an overview of older adults' Internet use
17 in Sweden. Moreover, the chosen delimitation of rural and urban is a workable definition
18 which could leave the research easily transferable. Other definitions of rural and urban may be
19 more country specific. Therefore, a more than or less than 2 km distance to a health care
20 centre puts rural and urban into a concrete context.
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29 Some limitation of this study are that many factors could be influencing Internet use, which
30 were not investigate here, like health for example; it may be a strong factor in the rural and
31 urban divide and influence Internet use. The response rate in the study is of 33.6% which
32 means many are not represented, namely: the frail older-adults, some women and the oldest-
33 old. Furthermore, the data is cross-sectional, so causality cannot be expressed.
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41 **Conclusion**

42 There are differences in the Swedish older-adults who live in an urban or rural setting and
43 their Internet use. This study confirmed results from other research that Internet use by the
44 older adult varies across age, gender, levels of education, living situations, normal cognitive
45 functioning, and an urban or rural life-style. Specific to this study are the findings that age is a
46 very strong factor influencing Internet use, changing from one year to the next; and that the
47 older-adults that live in an urban environment, together with someone and who have normal
48 cognitive functioning are more likely to use the Internet.
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For Peer Review

References

1. Deller S. Globalization and the Rural-Urban Divide. *Am J Agric Econ.* 2011 Apr 1;93(3):912–4.
2. Sheldon I. Globalization and the Rural-Urban Divide. *J Agric Econ.* 2012;63(2):487–9.
3. Hampton KN. Internet Use and the Concentration of Disadvantage: Glocalization and the Urban Underclass. *Am Behav Sci.* 2010 Apr 1;53(8):1111–32.
4. Giles D. *Media Psychology.* Hillsdale: NJ & London: Lawrence Erlbaum Associates; 2003.
5. Castells M. *The information age : economy, society and culture.* Vol. 1, *The rise of the network society / Manuel Castells.* Malden, Mass.: Blackwell; 1996.
6. Boase J. The Consequences of Personal Networks for Internet Use in Rural Areas. *Am Behav Sci.* 2010 May 1;53(9):1257–67.
7. Hale TM, Cotten SR, Drentea P, Goldner M. Rural-Urban Differences in General and Health-Related Internet Use. *Am Behav Sci.* 2010 May 1;53(9):1304–25.
8. Calvert J, Kaye J, Leahy M, Hexem K, Carlson N. Technology use by rural and urban oldest old. *Technol Health Care.* 2009;17:1–11.
9. Marcellini F, Giuli C, Gagliardi C, Papa R. Aging in Italy: Urban–rural differences. *Arch Gerontol Geriatr.* 2007 May;44(3):243–60.
10. Cresci M, Yarandi H, Morrell R. Pro-nets versus no-nets: differences in urban older adults' predilections for internet use. *Educ Gerontol.* 2010;36:500–10.
11. Hofflander M, Nilsson L, Eriksén S, Borg C. Discharge planning: narrated by nursing staff in primary healthcare and their concerns about using video conferencing in the planning session - an interview study. *J Nurs Education Pr.* 2013;3(1):88–98.
12. Meinow B, Kårenholt I, Lagergren M. According to need? Predicting the amount of municipal home help allocated to elderly recipients in an urban area of Sweden. *Health Soc Care Community.* 2005;13(4):366–77.
13. Cheek P, Nikpour L, Nowlin H. Aging well with smart technology. *Nurse Admin Q.* 2005;29(4):329–38.
14. Kang HG, Mahoney DF, Hoenig H, Hirth VA, Bonato P, Hajjar I, et al. In Situ Monitoring of Health in Older Adults: Technologies and Issues. *J Am Geriatr Soc.* 2010;58(8):1579–86.
15. Ruppe G. *Active ageing and prevention in the context of long-term care.* Austria: European Centre; 2011 Jul.
16. Berner J, Rennemark M, Jogr eus C, Berglund J. Factors associated with change in Internet use by Swedish older adults (2001-2004). *Health Informatics J.* 2012;in press.
17. Cresci M, Yarandi H, Morrell R. The digital divide and urban older adults. *Comput Informatics Nurs.* 2010;28(2):88–94.

18. Findahl O. Äldre svenskar och internet 2010, (The Swedish older adults and internet). Stockholm: Danagårds Grafiska; 2011.
19. Saunders E. Maximizing computer use among the elderly in rural senior centers. *Educ Gerontol.* 2004;30:573–85.
20. Europe's Digital Competitive report 2010 [Internet]. Luxembourg: The European Union; 2010 p. 202. Available from: http://ec.europa.eu/information_society/digital-agenda/documents/edcr.pdf
21. Czaja SJ, Lee CC, Nair SN, Sharit J. Older Adults and Technology Adoption. *Proc Hum Factors Ergon Soc Annu Meet.* 2008 Sep 1;52(2):139–43.
22. Berner J, Rennemark M, Jogr us C, Berglund J. Distribution of personality, individual characteristics and internet usage in the Swedish older adult. *Aging Ment Health.* 2012;16:119–26.
23. Ellis RD, Allaire JC. Modeling Computer Interest in Older Adults: The Role of Age, Education, Computer Knowledge, and Computer Anxiety. *Hum Factors J Hum Factors Ergon Soc.* 1999 Sep 1;41(3):345–55.
24. Morrell RW, Mayhorn CB, Bennett J. A Survey of World Wide Web Use in Middle-Aged and Older Adults. *Hum Factors J Hum Factors Ergon Soc.* 2000;42(2):175–82.
25. Hawthorn D. Possible implications of aging for interface designers. *Interact Comput.* 2000;12(5):507–28.
26. Beckers S. A study of web usability for older adults seeking online health resources. *Trans Comput-Hum Interact.* 2004;11(4):387–406.
27. Hanson VL. Influencing technology adoption by older adults. *Interact Comput.* 2010 Nov;22(6):502–9.
28. Czaja SJ, Charness N, Fisk AD, Hertzog C, Nair SN, Rogers WA, et al. Factors predicting the use of technology: Findings from the center for research and education on aging and technology enhancement (create). *Psychol Aging.* 2006 Jun;21(2):333–52.
29. Swedes – the swiftest surfers in the Nordic countries [Internet]. [cited 2013 May 2]. Available from: <http://www.pts.se/en-GB/News/Press-releases/2010/Swedes--the-swiftest-surfers-in-the-Nordic-countries/>
30. Findahl O. Swedes and the Internet 2012 [Internet]. Stockholm: .SE; 2012 p. 1–70. Report No.: ISBN: 978-91-979411-7-4. Available from: www.internetstatistik.se
31. Everyone should be able to use vital public services on the Internet [Internet]. [cited 2013 May 2]. Available from: <http://www.pts.se/en-GB/News/Press-releases/2009/Everyone-should-be-able-to-use-vital-public-services-on-the-Internet/>
32. Jett K. Nursing and aging in rural and frontier settings. *Heal Aging.* Missouri: Mosby: Elsevier; 2008. p. 532 – 547.
33. Zulkowski K, Coon P. Comparison of nutritional risk between urban and rural elderly. *Ostomy Wound Manag.* 2008;approximately 2.

- 1
2
3 34. Arbuthnot E, Dawson J, Hansen-Ketchum P. Senior Women and Rural Living. *Online J Rural Nurs Heal Care*. 2012 Nov 4;7(1):35–46.
4
5
6 35. Evans J. A comparison of rural and urban older adults in Iowa on specific markers of successful aging. *J Gerontol Soc Work*. 2009;52(4):423–438.
7
8
9 36. You KS, Lee H. The Physical, Mental, and Emotional Health of Older People Who Are Living Alone or With Relatives. *Arch Psychiatr Nurs*. 2006 Aug;20(4):193–201.
10
11
12 37. Braun MT. Obstacles to social networking website use among older adults. *Comput Hum Behav*. 2013 May;29(3):673–80.
13
14
15 38. Gatto SL, Tak SH. Computer, Internet, and E-mail Use Among Older Adults: Benefits and Barriers. *Educ Gerontol*. 2008;34(9):800–11.
16
17
18 39. Lagergren M, Fratiglioni L, Hallberg I, Berglund J, Elmståhl S, Hagberg B, et al. A longitudinal study integrating population, care and social services data. The Swedish National study on Aging and Care (SNAC). *Aging Clin Exp Res*. 2004;16(2):158–68.
19
20
21 40. Städer och stadsstruktur. En förstudie om hur städers betydelse för tillväxt kan beskrivas och analyseras [Internet]. Sweden: Myndigheten för tillväxtpolitiska utvärderingar och analyser; 2010. Report No.: Dnr 2010/014. Available from: www.tillvaxtanalys.se
22
23
24 41. Statistics Sweden. Demographic reports, Immigrant's Migration patterns [Internet]. SCB; 2008. Available from:
25
26
27 http://www.scb.se/Pages/PublishingCalendarViewInfo___259923.aspx?PublObjId=9033
28
29
30 42. Undersökning av levnadsförhållanden 2007. [Investigation of living standards 2007] [Internet]. Stat. Cent. Swed. Stat. 2007. Available from:
31
32
33 http://www.scb.se/Pages/ProductDocumentations___19231.aspx
34
35
36 43. Folstein M, Folstein S, McHugh P. "Mini-mental state" A practical method for grading the cognitive state of patients for the clinician. *J Psychiatry*. 1975;12:189–198.
37
38
39 44. Undersökning av levnadsförhållanden 2004-2005. [Investigation of living standards 2004-2005] [Internet]. Stat. Cent. Swed. Stat. 2005. Available from:
40
41
42 http://www.scb.se/Pages/ProductDocumentations___19231.aspx
43
44
45 45. Field A. *Discovering Statistics Using SPSS*. second. London: Sage Publications; 2005.
46
47
48 46. Hosmer DW, Lemeshow S, Sturdivant RX. *Applied logistic regression*. Wiley-Blackwell; 2013.
49
50
51 47. Austin PC, Steyerberg EW. Interpreting the concordance statistic of a logistic regression model: relation to the variance and odds ratio of a continuous explanatory variable. *BMC Med Res Methodol*. 2012 Jun 20;12(1):82.
52
53
54 48. Kiel JM. The digital divide: Internet and e-mail use by the elderly. *Med Inform Internet Med*. 2005;30(1):19–23.
55
56
57 49. Lustria MLA, Smith SA, Hinnant CC. Exploring digital divides: An examination of eHealth technology use in health information seeking, communication and personal health information management in the USA. *Health Informatics J*. 2011 Sep 1;17(3):224–43.
58
59
60

- 1
2
3 50. Dwivedi Y, Irani Z. Understanding the adopters and non-adopters of broadband. *Commun ACM*.
4 2009 Jan;52(1):122–5.
5
6 51. Jung M-L, Loria K. Acceptance of Swedish e-health services. *J Multidiscip Healthc*. 2010;3:55–
7 63.
8
9 52. Zimmer Z, Wen M, Kaneda T. A multi-level analysis of urban/rural and socioeconomic
10 differences in functional health status transition among older Chinese. *Soc Sci Med*.
11 2010;71:559–67.
12
13 53. Biggs S, Carstensen L, Hogan P. Social Capital, lifelong learning and social innovation. 2012 p.
14 39–41.
15
16 54. Mante-Meijer E, Loos E. Innovation and the role of push and pull. *New Media Technol User*
17 *Empower*. Frankfurt am Main: Peter Lang; 2011. p. 27–43.
18
19 55. Cotten SR, Ford G, Ford S, Hale TM. Internet use and depression among older adults. *Comput*
20 *Hum Behav*. 2012 Mar;28(2):496–9.
21
22
23
24
25
26
27
28
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Table 1: Cross tabulation with dependent variable living rural or urban, with the variables internet use, age, gender, education, living alone or with someone, cognition and household economy. N number of people; (%) is indicated as the percentage of the population sample; [%] indicates the percentage of the rural/urban population.

	Urban (2km)	Rural (> 2km)	Total (%)
Internet use yes	1896 (27.4%) [30%]	129 (1.9%) [19%]	2025 (29.3%)
Internet use no	4354 (62.9%) [70%]	539 (7.8%) [81%]	4893 (70.7%)
Age: 59- 74 years old	3626 (52.4%) [58%]	370 (5.3%) [46%]	3996 (57.8%)
Age: 75- 84 years old	1734 (25.1%) [28%]	209 (3%) [3%]	1943 (28.1%)
Age: 85- 90 years old	673 (9.7%) [11%]	74 (1.1%) [11%]	747 (10.8%)
Age: 91-100 years old	217 (3.1%) [3%]	15 (0.2%) [2%]	232 (3.4%)
Males	3222 (46.6%) [51.5%]	342 (4.9%) [51%]	3564 (51.5%)
Females	3028 (43.8%) [48%]	326 (4.7%) [49%]	3354 (48.5%)
Education low	2106 (30.7%) [34%]	477 (6.9%) [72%]	2583 (37.6%)
education middle	2276 (33.2%) [37%]	82 (1.2%) [12%]	2358 (34.4%)
education high	1824 (26.6%) [30%]	99 (1.4%) [15%]	1923 (28%)

Urban: having less than 2 km to a healthcare centre; rural: having more than 2 km to a healthcare centre
 Education low: did not finish secondary school; education middle: finished secondary school; education high: some form of higher education

Continuation Table 1: Cross tabulation with dependent variable living rural or urban, with the variables internet use, age, gender, education, living alone or with someone, cognition and household economy. N number of people; (%) is indicated as the percentage of the population sample; [%] indicates the percentage of rural/urban population.

	Urban (2km)	Rural (> 2km)	Total (%)
Living alone	2913 (42.3 %) [47%]	230 (3.3%) [35%]	3143 (45.6%)
Living with someone	3323 (48.2%) [53%]	428 (6.2%) [65%]	3751 (54.4%)
cognitive functioning normal	4083 (60.3%) [67%]	426 (6.3%) [66%]	4509 (66.6%)
cognitive functioning poor	2041 (30.1%) [33%]	220 (3.2%) [34%]	2261 (33.4%)
Household economy good	3089 (44.7%) [49%]	413 (6%) [62%]	3502 (50.6%)
Household economy poor	3161 (45.7%) [50%]	255 (3.7%) [38%]	3416 (49.4%)

Cognition normal: $27 \leq \text{score} \leq 30$; cognition poor: score > 27

Household economy good: can obtain 14,000 SEK in one week (1,533 euro); household economy poor: cannot obtain 14,000 SEK in one week

Table 2: Backward logistic regression of Internet use of older-adults throughout Sweden
 The big cities (Malmö & Stockholm) were compared with mid-size cities (Karlskrona, Eslöv, Ystad) and rural Sweden (Osby & Nordanstig). N= 7181 (included in analysis)

Model 1							
DV	IV	OR	CI 95%	P value	Tolerance	VIF	c statistic
Internet use	Big city	2.500	(2.029-3.081)	0.001	0.33	3.03	c=0.61
	Midsized city	1.083	(0.861-1-362)	NS			
	Rural	1.00	-				
Model 2							
DV	IV	OR	CI 95 %	P value	c statistic		
Internet use	Big city	2.656	(2.366-2.982)	0.001	c=0.61		

DV: Dependent variable. IV: Independent variable. OR: odds ratios; CI: Confidence intervals at 95%; P value NS: not significant; Tolerance and VIF statistic: variance inflation factor for multicollinearity; The c statistic: Concordance statistic ranging from 0.5 (no discrimination) to 1 (outstanding discrimination)

Table 3: Backward Logistic regression with Internet use as a dependent variable and six independent variables:

gender, education, living with someone/alone, normal cognitive functioning, household economy, age and living urban/rural
N= 6707 (included in analysis)

Dependent variable	independent variables	OR	CI 95%	<i>p</i>	Tolerance	VIF	<i>c</i> statistic
Internet use	being male	1.143	(1.010- 1.295)	<i>p</i> < 0.05	0.996	1.00	0.834
	more highly educated	1.762	(1.623- 1.914)	<i>p</i> < 0.001	0.88	1.14	
	living with someone	1.784	(1.565- 2.033)	<i>p</i> < 0.001	0.91	1.10	
	good/normal cognition	1.222	(1.177-1.268)	<i>p</i> < 0.001	0.84	1.19	
	lower in age	1.118	(1.108- 1.127)	<i>p</i> < 0.001	0.78	1.28	
	living urban	1.576	(1.242- 2.001)	<i>p</i> < 0.001	0.96	1.04	

More highly educated: at least a college or university degree; Living with someone: next of kin/partner/friend; Normal cognitive functioning between mean $27 \leq \text{score} \leq 30$ (top score); Lower in age: continuous variable (59 -100 years old); Living urban: within 2 km of a healthcare centre or shop. OR: odds ratios; CI: Confidence intervals at 95%; P value NS: not significant; Tolerance and VIF statistic: variance inflation factor for multicollinearity; The *c* statistic: Concordance statistic ranging from 0.5 (no discrimination) to 1 (outstanding discrimination).

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Table 4: Backward logistic regression.

Rural Internet usage as dependent variable and gender, education, living with someone/alone, normal cognitive functioning, household economy, and age as variables. N = 628 (included in analysis)

Dependent variable	independent variables	OR	CI 95%	p	Tolerance	VIF	c statistic
Rural Internet use	Higher educated	1.368	(1.052- 1.780)	p < 0.05	0.95	1.06	0.786
	Lower in age	1.108	(1.075- 1.142)	p < 0.001	0.95	1.06	

More highly educated: at least a college or university degree; Lower in age: continuous variable (59 -100 years old).
OR: odds ratios; CI: Confidence intervals at 95%; P value NS: not significant; Tolerance and VIF statistic: variance inflation factor for multicollinearity; The c statistic: Concordance statistic ranging from 0.5 (no discrimination) to 1 (outstanding discrimination).

Table 5: Backward logistic regression

Urban Internet usage as dependent variable and gender, education, living with someone/alone, normal cognitive functioning, household economy and age as independent variables. N= 6069 (included in the analysis)

Dependent variable	independent variables	OR	CI 95%	p	Tolerance	VIF	c statistic
Urban Internet use	higher educated	1.813	(1.661-1.979)	p < 0.001	0.90	1.10	c= 0.84
	living with someone	1.860	(1.624- 2.129)	p < 0.001	0.91	1.09	
	normal cognition	1.233	(1.186- 1.282)	p < 0.001	0.85	1.18	
	lower in age	1.119	(1.109-1.129)	p < 0.001	0.91	1.09	

More highly educated: at least a college or university degree; Living with someone: next of kin/partner/friend; Normal cognitive functioning between mean $27 \leq \text{score} \leq 30$ (top score); Lower in age: continuous variable (59 -100 years old). OR: odds ratios; CI: Confidence intervals at 95%; P value NS: not significant; Tolerance and VIF statistic: variance inflation factor for multicollinearity; C statistic: The c statistic: Concordance statistic ranging from 0.5 (no discrimination) to 1 (outstanding discrimination).