Digital Healthcare Technology and Elderly Consumers' Well-Being

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Track Description

The global elderly population is expanding rapidly. One in six people worldwide will be 60 years or over by 2030 (World Health Organization, 2022). One in six people in the USA was 65 years or over in 2020 (Caplan, 2023) and will make up 21% of the population by 2030 (Vespa, 2018). As people age, health problems become a significant concern (Chen et al., 2023). Many healthcare organizations have started using digital technologies to communicate health issues adeptly and assist older adults in achieving healthy aging (Grewal et al., 2020; Kumar et al., 2021; Weber et al., 2020). For instance, healthcare organizations are adopting AI-based digital humans such as virtual health assistants, virtual agents, and virtual influencers (e.g., SARAH by World Health Organization and Medibot by Pfizer) to deliver health-related information, support mental health and well-being, and improve patient care (Pfizer, 2024; Williams, 2020; World Health Organization, 2024). In addition to digital humans, patient influencers have increased among social media platforms to provide health and well-being information (Willis et al., 2023)

Although research has begun to explore the effects of various digital entities across consumption contexts (Ameen et al., 2024; Chung et al., 2024; Thunström et al., 2024; Wan et al., 2024), a gap exists in the understanding of the effect of digital entities on elderly consumers health and well-being. Given that older adults increasingly use digital technology for health information seeking (Mace et al., 2022; Sinha & Serin, 2024), more research is needed to understand the impact of types of information (health communication, health information-seeking, and preventative behaviors) provided by healthcare digital humans (vs. non-digital) on older adults health and well-being decisions (Mace et al., 2022).

Track Goals

Our track focuses on a better understanding of the effects of different types of digital humans and influencers on the health management efforts of elderly consumers. A systematic literature review for our track is underway to develop a conceptual model. Based on our conceptualization, the team will conduct multiple studies to assess what types of health and well-being information delivered by types of healthcare messengers (digital vs. non-digital humans) help enhance older adults' health management behavior and why.

We expect to have several outcomes for our research. First, we will identify underlying mechanisms and boundary conditions (e.g., subjective age, socio-demographics, cultural and political orientations, and technology-related stress). Second, we plan to partner with a community organization to test interventions that identify matching information types with healthcare messengers. Third, we hope to provide specific policy guidelines for healthcare organizations and policymakers to improve the well-being and welfare of elderly consumers.

Track Structure

Our track consists of a diverse team with previous TCR experience to bring a broad range of perspectives to this project. Our team includes junior and senior faculty members and one doctoral student from the US and the UK, with expertise in health communication, technology, and vulnerable consumer segments.

Pre-conference Plans

- *Literature Review (June – November 2024):* Continue the literature review and develop a conceptual framework and a set of hypotheses to test. Create a shared folder with the team to access all project-related materials.
- *IRB Approval (October – November 2024):* Submit for IRB approval and revise as needed.
- *Data Collection (tentative schedule, December 2024 – June 2025):* Conduct multiple studies and analyze the results. Modify IRB as new questions arise based on empirical results.

During TCR Conference

- Review and discuss the results of all studies.
- Using insights generated from data, design follow-up studies.

Post-conference Plans

- Conduct a field study partnering with local community partners.
- Finalize a detailed outline of the manuscript.
- Prepare a submission-ready manuscript draft within 16-18 weeks post-conference.

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