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Differences in Health Information Source Selection among Older Adults under Different Contexts: Postprint

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Abstract

[Purpose/Significance] To reveal differences in health information source selection among older adults across different contexts, and to provide a theoretical basis and recommendations for library and information institutions to better deliver health information services for the elderly.

[Method/Process] Drawing on the classification of information sources from Information Source Horizon Theory and employing interview methods, this study analyzes differences in health information source selection among older adults when seeking health information across three distinct health contexts: managing health risk situations, participating in medical decision-making, and changing or preventing unhealthy behaviors. It also explores inter-group differences in the number of information sources selected by older adults in relation to demographic characteristics.

[Results/Conclusions] The findings indicate that: Across all three contexts, organizational and interpersonal information sources are the primary sources used by older adults; Dependence on interpersonal information sources gradually increases with age; The utilization of online and printed information sources by older adults is low across all three contexts; Significant differences exist in the number of information sources selected among older adult groups with different education levels and self-rated economic status. Differences attributable to education level are manifested in all three contexts, while differences attributable to self-rated economic status are reflected in the contexts of participating in medical decision-making and managing health risk situations.

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Full Text

Research on Differences in Elderly Health Information Source Selection Across Health Situations

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Abstract:
This study reveals how health information source selection among older adults varies across different health situations, providing theoretical foundations and recommendations for library and information institutions to improve health information services for the elderly. Drawing on the information source horizon theory's classification of information sources, we conducted interviews to analyze differences in elderly health information source selection across three distinct health situations: managing health-threatening conditions, participating in medical decision-making, and changing or preventing unhealthy behaviors. We also examined group differences in the number of information sources selected based on demographic characteristics. The findings indicate that: (1) organizational and interpersonal sources are the primary information sources used by older adults across all three situations; (2) dependence on interpersonal sources increases with age; (3) use of network and printed sources remains low across all three situations; and (4) significant differences in the number of information sources selected exist among elderly groups with different education levels and self-assessed economic status, with education-related differences evident in all three situations and economic status-related differences appearing in medical decision-making and health-threatening situations.

Keywords: elderly; health situation; information source selection; health information seeking

1 Introduction

Population aging represents a major social trend, reflecting the progress of human civilization and constituting a fundamental national condition for China in the coming decades. Between 2000 and 2018, China's population aged 60 and above increased from 126 million to 249 million, with the proportion of elderly people continuing to rise and the degree of aging deepening continuously [1]. President Xi Jinping has emphasized the need to effectively address population aging in China. Following the strategic deployment of the 19th Party Congress, the Central Committee of the Communist Party of China and the State Council issued the "National Medium- and Long-Term Plan for Actively Responding to Population Aging" in November 2019, which explicitly proposed advancing the Healthy China initiative and establishing a comprehensive elderly health service system that includes health education. Health information services constitute a crucial component of this health service system, and research on how older

adults obtain health information is essential for promoting active aging.

Health information seeking is a common information behavior among older adults. Through searching for and acquiring health information, elderly individuals can enhance their health-related knowledge, change personal health habits, and improve their physical well-being [2]. Research shows that older adults' health information seeking patterns can be categorized as either proactive or forward-looking, with television, online media, print media, and interpersonal networks being frequently used sources [3-4]. Trust in medical institutions, professionals, and authoritative television programs is highest, while personal and social support factors can hinder their information seeking behavior [3-4]. As the first step in individual information seeking behavior, information source selection significantly influences the efficiency and outcomes of the entire process [5-6]. Understanding differences in elderly health information source selection is therefore crucial for identifying barriers to health information access and optimizing the design of health information service systems for older adults.

Overall, current research on elderly health information behavior both domestically and internationally has focused primarily on online behavior, with fewer studies examining health information acquisition channels across the entire information environment. For example, Zhao Dongxiang et al. [4] studied elderly health information seeking behavior from a phenomenological perspective in 2019, and W. Choi [3] investigated older adults' everyday health information behavior. However, research analyzing elderly health information acquisition and source selection in specific health situations remains relatively scarce. This study examines the characteristics and differences in elderly health information source selection across specific health situations, providing references for library and information institutions to develop health information literacy programs.

2 Literature Review

2.1 Health Information and Information Source Selection

Broadly defined, health information refers to all information related to physical and mental health, disease, nutrition, and wellness [4]. Information source selection describes the decision-making process through which individuals, when facing uncertain environments or specific information needs and confronted with multiple types of information sources, adopt one or several sources based on their knowledge structure and psychological processes [7]. To date, information source selection has occupied an important position in foreign research on user information seeking behavior. In contrast, domestic research on this topic lacks depth and comprehensiveness, with only a few scholars conducting dedicated studies while others merely mention it in broader information seeking research or literature reviews.

2.2 Factors Influencing Health Information Source Selection Differences

Factors influencing user information source selection differences can be categorized into three types: (1) source-related factors, such as health information accessibility and quality [8]. Accessibility includes physical distance [9], economic cost [10], and time factors [11]. The development of online health information services has reduced reliance on physical access, making technological access and content comprehensibility key accessibility measures. Information quality encompasses reliability, relevance, and timeliness [8]. Reliability refers to consistent trust in information quality and effectiveness, including professionalism [12], authority [13], authenticity [14], and dependability. Relevance indicates the match between information content and user needs, while timeliness refers to the currency and validity of health information. (2) User individual characteristics, such as demographic features and personal habits [15]. Research indicates that younger, well-educated, and higher-income individuals prefer online health information, while older adults with lower education and income favor traditional channels like television or healthcare professionals [16-17]. (3) Task and environmental factors. Health information seeking behavior varies across different health situations. S. Lambert et al. [18] identified three situations in which patients search for health information: (1) managing health-threatening conditions, such as facing sudden health events or serious illness; (2) participating in medical decision-making, such as decisions about medical treatment or medication timing; and (3) changing or preventing unhealthy behaviors to eliminate or reduce health risk factors. Some health information seeking research has adopted this three-situation framework, such as F. Mulauzi et al. [19] exploring African women's health information seeking behavior across these contexts, and L. R. Kalankesh et al. [20] finding that most university students had experience seeking health information for medical decision-making and behavior change, though fewer had experience with health-threatening situations. Wu Dan et al. [21] examined differences in elderly online search emotions, cognition, and specific retrieval behaviors across these three situations, further demonstrating situational variations in elderly health information seeking.

2.3 Research on Elderly Health Information Source Selection

Domestic research on elderly health information source selection has increased in recent years. Guo Mingrong et al. [22] found that elderly individuals in townships show high concern for health information, with 78% paying attention to dietary hygiene and 66% to medical insurance information, obtaining information primarily through neighbors, family, television, friends, fellow villagers, village committees, radio, flyers, and rural libraries. Chen Yun [23] discovered that middle-aged and elderly individuals show significantly higher attention to community health information dissemination than other groups, trusting professional medical personnel more, preferring health checkups and knowledge lectures, and favoring interpersonal communication for health knowledge. Cheng

Yue [24] identified personal factors (mobile phone use, stereotypes), family factors (influence of children, relatives, spouses), and social environmental factors (friend influence, expert influence, conformity) as main factors affecting elderly health information identification and utilization. Wu Dan found that elderly information sources primarily include family members, newspapers, friends, television, printed sources, radio, and the internet [2].

Existing research has clarified the main sources and channels through which older adults obtain health information, but has concentrated on online health information seeking behavior. However, health information seeking behavior occurs in specific situations, and research analyzing elderly health information source selection characteristics and influencing factors from task and environmental perspectives remains limited. Therefore, this study expands on existing research by focusing on differences in elderly health information source selection, using the three health situations proposed by S. D. Lambert et al. [18] (changing or preventing unhealthy behaviors, participating in medical decision-making, and managing health-threatening conditions) as an analytical framework to explore characteristics and differences in elderly health information source selection across these situations and the impact of individual characteristics.

3 Research Design

This study employed field investigation and interviews, comprising three stages: literature review, preliminary interviews, and formal interviews.

3.1 Theoretical Foundation

The "information source horizon" theory, proposed by R. Savolainen in 2007 [25], explains the relationship between activity space, information source preference criteria, and information source horizons, describing how people define their information source preferences and determine the scope and importance of information sources when directionally seeking information. The theory classifies information sources into six categories: interpersonal sources, broadcast media, print media, network sources, organizational sources, and other sources. Wu Dan categorized elderly information sources into two major types: social network sources (family and friends) and information system sources (mass media, print information, and computer-mediated information) [2]. This study integrated these classifications with the three health situations to design a preliminary interview guide for understanding how older adults obtain information and their reasons for selecting particular channels.

3.2 Preliminary Interviews

Preliminary interviews aimed to refine the interview guide and clarify the main channel types, information source types, and selection preferences among middle-aged and elderly individuals. Seven older adults on a university campus participated in one-on-one in-depth interviews. Results indicated that elderly

health information sources include: medical institutions, family or relatives, neighbors/colleagues/friends, community workers, market salespeople, internet, television, radio/broadcast, newspapers, magazines/books, and others (11 categories total). The three health situations—changing or preventing unhealthy behaviors, participating in medical decision-making, and managing health-threatening conditions—were confirmed as relevant to elderly daily life.

3.3 Formal Interviews

Based on preliminary findings, the interview guide was revised to focus on elderly information source selection across the three health situations, emphasizing sources mentioned, descriptions of sources, emotions, and reasons for selection. Interviews centered on three questions: (1) Where do you obtain information when facing sudden health events or serious illness, medical decisions (such as whether to have surgery, what medication to take, or when to take it), or when learning health preservation knowledge? (2) Please rank these channels according to your preferences. (3) Please explain why you choose particular channels.

Using convenience and purposive sampling, 110 elderly individuals were interviewed in parks, village cultural centers, and residential areas over two months (September–November 2019), totaling approximately 116 hours of interview time and 208,000 characters of transcripts.

4 Data Analysis Results

According to international standards, individuals aged 65 and above are defined as elderly. Given China's status as a developing country, the Law on the Protection of the Rights and Interests of the Elderly defines citizens aged 60 and above as elderly. This study surveyed individuals over 60.

4.1 Demographic Characteristics Analysis

The distribution of interviewees by gender, age, education level, self-assessed economic status, and self-assessed health status is shown in Table 1 .

Table 1 Demographic Characteristics

Characteristic	Category	Count	Percentage (%)
Age	60-69		
	70-79		
	80+		
Education	Illiterate or semi-literate		
	High school/technical secondary		
	Bachelor's degree or above		
Self-assessed economic status			

Characteristic	Category	Count	Percentage (%)
Self-assessed health status			

4.2 Overview of Elderly Information Source Selection Across Health Situations

R. Savolainen classifies information sources into six categories: interpersonal sources, broadcast media, print media, network media, organizational sources, and others [25]. Organizational sources (such as hospitals and public libraries) represent high-quality, authoritative information sources. As shown in Figure 1 [Figure 1: see original paper]:

(1) Across all three health situations, particularly in medical decision-making and health-threatening conditions, the proportion of elderly selecting medical institutions as an information source significantly exceeds other sources, indicating that the importance of organizational sources increases with the professional and authoritative demands of the situation.

(2) In the situation of changing or preventing unhealthy behaviors, the proportion of elderly obtaining health information from the internet, television, and market salespeople is substantially higher than in the other two situations. This occurs because information about changing or preventing unhealthy behaviors (commonly understood as "health preservation or wellness knowledge") is readily accessible through mass media like the internet and television, and because market salespeople often use health preservation knowledge to attract elderly consumers.

4.3 Association Between Demographic Characteristics and Health Information Source Selection

To explore group differences in elderly health information source selection, this study used five demographic characteristics (gender, age, education level, self-assessed economic status, and self-assessed health status) as independent variables and the number of health information sources selected across the three situations as dependent variables for one-way ANOVA analysis. Results are shown in Table 2 .

Table 2 Impact of Demographic Characteristics on Number of Information Sources Selected

Demographic Characteristic	Health Situation	F-value	Significance p
Gender	Changing/preventing unhealthy behaviors		0.035*

Demographic Characteristic	Health Situation	F-value	Significance p
	Medical decision-making		0.378
	Health-threatening conditions		0.484
Age	Changing/preventing unhealthy behaviors		0.863
	Medical decision-making		0.611
	Health-threatening conditions		0.515
Education level	Changing/preventing unhealthy behaviors	2.504	0.030*
	Medical decision-making	3.768	0.030*
	Health-threatening conditions	3.066	0.004**
Self-assessed economic status	Changing/preventing unhealthy behaviors	1.316	0.269
	Medical decision-making	3.355	0.013*
	Health-threatening conditions	2.609	0.040*
Self-assessed health status	Changing/preventing unhealthy behaviors	1.081	0.360
	Medical decision-making	0.808	0.492
	Health-threatening conditions	0.495	0.686

Note: "*" indicates $p<0.05$, "**" indicates $p<0.01$

Key findings from Table 2:

(1) **Education level significantly affects the number of information**

sources selected across all three situations ($p<0.05$). Comparing mean numbers of sources selected, individuals with bachelor's degrees or higher differed significantly from other groups, selecting more sources in all situations. As shown in Figure 2 [Figure 2: see original paper], individuals with bachelor's degrees or higher selected averages of 3.71, 3.29, and 3.14 sources across the three situations—1.45, 1.85, and 1.64 more than other groups, respectively. Groups with education below bachelor's level showed minimal differences, with only occasional inter-group differences exceeding 1. This suggests that bachelor's degree attainment serves as a threshold for elderly information source selection quantity.

(2) **Self-assessed economic status significantly affects information source selection in medical decision-making and health-threatening situations** ($p<0.05$), but not in changing/preventing unhealthy behaviors. S. H. Jeong et al. [26] identified lack of economic access to expensive books and magazines as a precursor to inadequate health literacy. Interviews revealed that economic capacity influences health prioritization, with some economically disadvantaged elderly stating, "If I get sick, I get sick; anyway, I can't afford to see a doctor." Since medical decision-making and health-threatening situations demand more professional information, and consulting experts often incurs costs [27], economic conditions affect source selection. However, changing/preventing unhealthy behaviors requires less specialized information at lower cost, resulting in no significant differences between economic groups. As shown in Figure 3 [Figure 3: see original paper], individuals with "very affluent" self-assessed economic status selected significantly more sources than other groups in medical decision-making and health-threatening situations (2.20 and 1.48 more, respectively), suggesting "very affluent" status serves as a threshold.

(3) **Interpersonal source preference increases with age across all three situations**. Although age groups showed no significant differences in total number of sources selected (Table 2), preferences varied significantly. Community workers, family/relatives, neighbors/colleagues/friends, and market salespeople were classified as interpersonal sources; radio/television as broadcast media; magazines/books/newspapers as print media; internet as network media; and medical institutions as organizational sources. Table 4 reveals that: (a) individuals aged 80+ did not use network or print media across any situation, while those aged 60-69 used all source types; (b) individuals aged 80+ relied far more heavily on interpersonal and organizational sources than other age groups, with organizational sources most used in medical decision-making and interpersonal sources most used in the other two situations; (c) individuals aged 70-79 used organizational sources most across all situations, followed by interpersonal sources.

5 Discussion of Results

5.1 Organizational Sources as Primary Health Information Sources Across All Situations

Organizational sources include hospitals, libraries, and other public institutions [25]. Zhao Dongxiang et al. [4] found that older adults seek health advice from medical personnel and institutions during serious or urgent health conditions. Similarly, this study shows that across all three situations, over 50% of elderly selected medical institutions as an information source, with proportions increasing as situational demands for professionalism and authority increase. Elderly access organizational sources through three main channels: (1) actively consulting doctors at hospitals; (2) community-medical institution collaborations providing regular health services; and (3) contacting family doctors or physician relatives. The second channel often involves community cultural centers, cultural stations, or public libraries partnering with medical institutions.

5.2 Network, Television, and Market Salespeople as Common Sources for Changing/Preventing Unhealthy Behaviors

Compared to other situations, the proportion of elderly selecting internet, television, and market salespeople increased significantly for changing/preventing unhealthy behaviors. The "2019 Big Health Industry Data Insight Report" [28] indicates that internet-using elderly now show greater attention to online health information than television. This reflects that: (1) market salespeople often use health preservation knowledge as selling points to attract elderly consumers, who in turn trust these sources; and (2) television and internet have become primary dissemination channels for health information related to behavior change and prevention.

5.3 Age Increases Interpersonal Source Preference Across All Situations

From a social attributes perspective, D. L. Rulke et al. [29] classify sources as interpersonal (colleagues, family) or non-interpersonal (newspapers, magazines, internet). Results show that as age increases, the proportion of elderly obtaining health information from interpersonal sources rises, indicating growing dependence on interpersonal sources with age. Many elderly cannot effectively use mobile phones or computers due to poor vision, search difficulties, or memory concerns, limiting their ability to utilize network sources. Consequently, non-interpersonal sources like radio, magazines, books, and newspapers are selected less frequently.

5.4 Education and Economic Status Influence Health Information Source Selection Across Situations

One-way ANOVA shows that education level significantly correlates with information source selection quantity across all three situations ($p<0.05$), with bach-

elor's degree attainment serving as a threshold—individuals with bachelor's degrees or higher selected more sources than less-educated groups, averaging over 1.4 additional sources across situations.

Similarly, self-assessed economic status significantly correlates with source selection quantity in medical decision-making and health-threatening situations ($p<0.05$), with "very affluent" status serving as a threshold—economically advantaged individuals selected over 1.4 more sources than other groups in these two situations.

6 Conclusions and Implications

6.1 Research Conclusions

(1) **Health situation provides a new perspective for explaining elderly information source selection differences**. Different health situations involve different preference criteria and information spaces. The quantity and quality of sources accessed depend not only on objective source availability but also on user agency in information activities [30]. Yu Liangzhi [31] distinguishes between socially designed information spaces (intended for information provision) and individually constructed information spaces (where individuals incorporate non-information spaces into their personal information world). This study shows that: (a) in changing/preventing unhealthy behaviors, elderly often select sources from individually constructed spaces (e.g., parks, nursing homes, cafeterias where they exchange health knowledge); (b) in medical decision-making and health-threatening situations, they primarily select from socially designed spaces (e.g., hospitals, community doctors, family doctors).

(2) **Interpersonal and organizational sources are important across all situations**. S. H. Jeong et al. [26] identified lack of nearby health exhibitions and activities as a primary barrier to health knowledge, yet this study found many communities regularly invite medical personnel to provide free health services, enabling elderly—particularly those with lower education levels—to access professional interpersonal sources through organizations.

(3) **Individual characteristics and situations jointly influence elderly health information source selection**. Differences in education and economic status create significant group variations in source selection across situations, demonstrating that multiple complex factors—including technical conditions, cognitive abilities, and health literacy associated with education level, as well as economic constraints—create distance between elderly individuals and health information.

6.2 Implications for Library and Information Institutions

(1) **Developing health information services for older adults is significant**. This study found that elderly individuals who are older, less affluent, and less educated have fewer health information sources. Library and information services can substantially improve health information literacy for these populations, which is crucial for meeting their health information needs and reflects the humanistic value of libraries in an aging society, as Zhou Xiaoying notes that public libraries should respond to public needs and demonstrate social value [32].

(2) **Health information services require participation from multiple organizations including professional medical institutions**. Organizational sources—primarily medical personnel—are crucial across all situations. While libraries possess organizational source advantages in providing health information resources, interviews revealed that elderly currently obtain health consultations primarily from medical staff at "cultural activity centers." Libraries should leverage their capacity to connect multiple stakeholders, collaborating with various institutions to meet elderly demand for organizational sources.

(3) **Health information services require attracting and cultivating specialized talent**. As elderly dependence on interpersonal sources increases with age, and given that identified interpersonal sources include family, friends, relatives, neighbors, community workers, and market salespeople—but not librarians—libraries should cultivate professional health information librarians and recruit peer supporters and medical volunteers to enhance elderly engagement and sense of belonging.

(4) **Public libraries can become designed health information exchange spaces for older adults**. Elderly health information exchange spaces include both personally designed and socially designed spaces. Public libraries can create health information exchange spaces by providing health consultations, equipment, lectures, and publications to increase elderly usage intention.

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Chen Yijin: Research design and paper writing;
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Tan Dajun: Paper revision and finalization.

Abstract: This study reveals differences in elderly health information source selection across different health situations, providing theoretical foundations and recommendations for library and information institutions to improve health information services for older adults. Drawing on information source horizon theory, interview methods were used to analyze differences in source selection across three health situations: managing health-threatening conditions, participating in medical decision-making, and changing or preventing unhealthy behaviors. Demographic characteristics were examined to explore group differences in the number of sources selected. Results show: (1) Organizational and interpersonal sources are primary across all three situations; (2) Dependence on interpersonal sources increases with age; (3) Use of network and printed sources remains low; (4) Significant differences in source selection numbers exist among groups with different education and economic status, with education affecting all three situations and economic status affecting medical decision-making and health-threatening situations.

Keywords: elderly; health situation; information source selection; health information seeking

Note: Figure translations are in progress. See original paper for figures.

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