Navigating Digital Health: Experiences and Challenges of Older Adults in Adopting AI and Digital Technologies

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ABSTRACT

PURPOSE: Digital technologies and artificial intelligence (AI) offer valuable opportunities to improve patient care, but older adults face unique challenges in adopting these innovations. The current study sought to explore the experiences of older adults with digital health technologies to inform more inclusive, accessible solutions.

METHOD: Ten semi-structured interviews were conducted with participants aged ≥65 years from Family Health Centers affiliated with Dokuz Eylül University, Izmir, Turkey. Data were analyzed using phenomenological thematic analysis.

RESULTS: Five themes emerged: (1) *Technology Adoption and Integration*; (2) *Health Care and Digital Health Services*; (3) *AI and Emerging Technologies*; (4) *Social and Emotional Impact of Technology*; and (5) *Trust, Privacy, and Security Concerns*. Participants were open to adopting digital health tools but faced barriers, such as cognitive limitations, lack of tailored education, and trust issues. Family support was key in facilitating adoption. Privacy and ethical concerns about AI influenced engagement.

CONCLUSION: Addressing usability, trust, and ethical issues is essential to making technology accessible and beneficial for older adults. [*Journal of Gerontological Nursing, xx*(xx), xx-xx.]

The rapid advancement of digital technology has transformed health care, offering opportunities to enhance patient care and access to medical information (Stoumpos et al., 2023). However, these innovations present unique challenges for older adults who may struggle to adapt and use them effectively (Wilson et al., 2021). By 2050, 80% of older adults will live in low- and middle-income countries, with the global population of individuals aged >60 years projected to approximately double from 12% to 22% between 2015 and 2050 (World Health Organization, 2024). Health care access remains limited in rural areas due to geographical and infrastructural barriers. As part of broader efforts to build more inclusive systems, digital technologies are increasingly used to address such challenges, raising the need for stronger digital health literacy. At the same time, aging populations face a higher risk of digital exclusion. Promoting e-health adoption among older adults is essential to ensure equity and prepare for demographic shifts. Mobility limitations further compound access issues, making digital solutions a practical necessity.

Older adults face barriers to adopting digital health technologies, including digital literacy challenges, complex interfaces, and insufficient support networks, leading to negative perceptions of e-health services (Aslan et al., 2024). Tailored educational programs are essential to foster digital competence and alleviate fears related to technology use (Schirmer et al., 2023). Various factors, such as perceived usefulness, ease of use, and trust, significantly influence older adults' engagement with digital

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platforms (Frishammar et al., 2023). Addressing these barriers can improve the adoption and use of digital health technologies among older adults, enhancing their overall health management (Garcia Reyes et al., 2023).

The "digital divide" for older adults includes lower digital literacy, limited access to technology, and reluctance to adopt new tools. For example, in Hong Kong, only 76.5% of older adults have internet access, correlating with lower life satisfaction and mental health outcomes (Fung et al., 2023). Barriers include fear of new technologies, physical limitations, economic factors, cognitive challenges, and social influences, leading to frustration and isolation (Jiao & the JIAO Ruotong, 2023; Tomczyk et al., 2023).

The integration of artificial intelligence (AI) in health care offers significant potential for improving patient outcomes, particularly for older adults. AI applications can enhance accessibility and personalize health monitoring, potentially reducing health care costs and improving service quality (Sezgin, 2023). However, challenges remain regarding trust, data privacy, and reduced human interaction—issues crucial for older adults who often prioritize personal connections (Farhud & Zokaei, 2021). Ethical considerations, including algorithmic bias and transparency, must also be addressed (Malerbi et al., 2023).

As digital health technologies and AI shape future health care, understanding older adults' perceptions and experiences is crucial for developing inclusive, accessible solutions. The current qualitative study explores the challenges they face with these tools through in-depth interviews, focusing on factors influencing engagement, interactions with health care providers, and empowerment in the digital age.

METHOD

Research Design

The current study used a qualitative phenomenological approach to understand participants' subjective experiences (Qutoshi, 2018). Semi-structured interviews were conducted using an interview guide developed by the research team, based on relevant literature and the Consolidated Framework for Implementation Research (CFIR; Smith et al., 2015). The interview guide was structured around CFIR domains, specifically Intervention Characteristics (e.g., perceived benefits and usability of digital health), Outer Setting (e.g., social influence, access barriers), Inner Setting (e.g., support from health care providers), Characteristics of Individuals (e.g., digital literacy, confidence in using e-health), and Process (e.g., adaptation strategies, training needs) (Supplement A, available in the online version of this article). Sociodemographic information, such as age, sex, educational level, and prior technology experience, was also collected.

Participants

Ten participants aged ≥65 years were selected through purposive sampling from six Family Health Centers affiliated with Dokuz Eylül University, aiming to capture diverse experiences related to technology use among older adults. Participants were informed about the study during routine visits and invited to participate in one-on-one interviews scheduled at their convenience. Interviews were conducted by a single researcher in private meeting rooms, each lasting between 46 and 58 minutes.

Data Analysis

Interviews were audio-recorded with consent and transcribed verbatim. An inductive coding process identified significant statements and grouped similar codes into refined categories (Popping, 2015). The primary researcher conducted coding with peer debriefings involving two additional researchers to enhance reliability (Stuckey, 2015). Thematic analysis identified and refined overarching themes by examining patterns and exceptions, ensuring accuracy. To enhance credibility, two researchers (O.C., M.S.I.) analyzed the data, with a third (N.O.) providing feedback (Harper & Cole, 2012). In addition, translations of the qualitative data from Turkish to English were performed by two researchers (O.C., M.S.I.). Quotes were not translated verbatim due to fundamental differences between Turkish and English; however, they were reviewed and finalized through a consensus process with a third researcher (N.O.) to ensure faithful representation of meaning, as suggested by Temple and Young (2004). Data saturation was achieved after nine interviews, confirming sample adequacy. Reflexivity was maintained, and findings were reported following COREQ guidelines (Booth et al., 2014).

RESULTS

Demographics and Characteristics

Participants (N = 10) ranged in age from 65 to 92 years (median = 71 years), with six females and four males. Educational backgrounds varied: two held university degrees, three completed high school, and five had only primary education. In terms of living arrangements, seven resided with family members, whereas three lived alone. Internet usage differed among participants; four participants engaged online for 2 to 3 hours daily, three for 1 to 2 hours, two for 0 to 1 hour, and one for 3 to 4 hours (**Table 1**).

Final Themes and Categorization

Final themes, categories, descriptions, codes, and representative quotes from the qualitative data are shown in **Table A** (available in the online version of this article).

Theme 1: Technology Adoption and Integration. Participants described various methods of learning new technologies, often facilitated by younger family members, such as grandchildren. Social learning through observing peers and hands-on experiences via trial and error were

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TABLE 1

Participant's Characteristics (*N* = 10)

Participant	Age (Years)	Sex	Living Situation	Educational Level	Income Level[a]	Internet Usage Time (Hours/Day)
1	65	Female	Family	High school	High	1 to 2
2	92	Male	Alone	Primary school	Low	2 to 3
3	82	Female	Alone	Primary school	Low	0 to 1
4	66	Female	Family	High school	Medium	2 to 3
5	70	Female	Alone	Primary school	Low	0 to 1
6	65	Male	Family	University	Medium	3 to 4
7	71	Male	Family	High school	Medium	2 to 3
8	68	Male	Family	High school	High	2 to 3
9	73	Female	Family	Primary school	Medium	1 to 2
10	74	Female	Family	University	Medium	1 to 2

[a] *Low income: income < expenses; medium income: income = expenses; high income: income > expenses.*

also common. Despite occasional frustration, these approaches were effective. One participant noted, "At first, using a smartphone felt overwhelming, but watching others and practicing little by little helped me become confident with video calls."

Technology had been integrated into daily routines, with devices used for reading news, managing appointments, and communicating with family. The adoption of household technologies, such as smart appliances, also simplified tasks. This independent use contributed to a sense of autonomy: "Checking the news on my device has become part of my morning routine, keeping me informed throughout the day."

Generational differences were frequently highlighted. Participants observed that younger individuals adopt new technologies rapidly, whereas they themselves struggled with the pace of change. This generational difference sometimes led to frustration or feelings of alienation, though many expressed a desire to bridge this gap through continued learning and family support: "It feels like technology changes overnight, I often find myself trying to catch up, unlike younger people."

Challenges in technology adoption included cognitive difficulties, physical limitations (e.g., vision or dexterity issues), financial constraints, and the complexity of modern devices. These barriers contributed to frustration and reluctance to adopt new technologies: "I sometimes struggle with the controls, and when things don't work as expected, it makes me want to give up."

Technology also played a complex role in social lives. Although technology facilitated communication with distant family members and reduced feelings of isolation, some believed it contributed to disconnection from immediate social environments, particularly when younger family members prioritized digital over face-to-face communication. Overall, the impact on social connectivity was viewed positively: "Being part of a family group on a messaging app, where we exchange photos, voice messages, and videos makes me feel happy."

Theme 2: Health Care and Digital Health Services. Participants expressed that digital health services improved access to health care, particularly in managing appointments and consulting remotely. However, navigating these systems posed challenges for those less familiar with technology: "Booking an appointment online saves me a lot of time, but I still need help figuring out the website."

Technology played a crucial role in health management, aiding in tracking medications and monitoring chronic conditions. Digital tools provided a sense of control over health, though some had difficulties due to complexity or lack of familiarity: "I've started using an app to track my blood pressure, and it's helpful to have everything in one place."

Experiences with technology in health care settings, such as electronic health records and telemedicine, were mixed. Many appreciated the efficiency, but concerns remained about the impersonal nature compared to in-

person consultations: "It's convenient to have all my records online, but I still prefer to talk to my doctor face-to-face."

Trust and privacy were significant concerns when using digital health services. Participants were wary of sharing personal health information online due to fears of data breaches, which sometimes hindered adoption: "I worry about who has access to my health information online. You hear about data leaks all the time."

Although digital health services empowered participants by providing access to information and self-management tools, there was a clear need for better education and support to use these technologies effectively: "These apps are great, but without someone showing me how to use them, I wouldn't even know where to start."

Theme 3: AI and Emerging Technologies. Awareness and understanding of AI varied widely. Some participants had basic knowledge through media exposure, whereas others had little understanding of its functions or potential health care applications: "I've heard of AI on the news, but I don't really understand how it works or what it's supposed to do."

Trust in AI was a major concern. Participants expressed skepticism about relying on AI for health decisions, citing fears of errors, lack of human judgment, and ethical issues. The topic was introduced through questions, such as, "What potential concerns do you see in using AI for health management?" The idea of machines making health decisions made some uneasy, highlighting the need for transparency and ethical guidelines: "I don't trust a machine to make decisions about my health. What if it makes a mistake?"

Despite concerns, some recognized the potential benefits of AI in health care, particularly for diagnostic support and monitoring chronic conditions. They emphasized that AI should support, not replace, human providers: "If AI can help my doctor catch things earlier, that's a good thing. But it shouldn't replace the doctor."

Participants preferred AI systems that are user-friendly and complement interactions with health care providers. Features such as voice activation and simple interfaces could enhance accessibility: "If AI can understand my voice and help me without too much fuss, I'd be more likely to use it."

Looking to the future, participants had mixed expectations about AI's role in health care. Some were optimistic about potential improvements, whereas others were cautious, emphasizing the need for careful implementation to ensure safety: "AI could make health care better if done right, but we need to be careful not to lose the human touch."

Theme 4: Social and Emotional Impact of Technology. Technology had positive and negative effects on emotional well-being. Staying connected digitally provided comfort and reduced loneliness, but challenges in using new technologies led to stress: "It's great to see my grandchildren's faces on video calls, but figuring out how to make the call sometimes stresses me out."

Social connectivity was significantly enhanced, allowing participants to maintain relationships despite distances. Many valued staying in touch through social media and video calls, which reduced feelings of isolation: "I talk to my old friends every week on WhatsApp. It makes me feel connected even though we're miles apart."

Generational dynamics were evident, with participants often relying on younger family members for assistance. While fostering bonding, this also highlighted the technology gap, sometimes leading to feelings of dependency: "My granddaughter helps me with my phone, but I wish I didn't have to rely on her all the time."

There was concern that technology might contribute to social isolation if younger family members prioritized online interactions over in-person visits, leading to a sense of disconnection despite digital connectivity: "We talk more on the phone now, but I miss the days when my family would come visit in person."

Participants emphasized the importance of cultural sensitivity in technology use. They stressed the need for technology to respect their cultural norms and values, especially when traditional interactions conflict with digital practices: "I'm not comfortable sharing everything online; some things should remain private, as we were taught."

Theme 5: Trust, Privacy, and Security Concerns. Significant concerns were expressed regarding the privacy and security of digital information. Storing sensitive health data online made many uneasy due to fears of unauthorized access, affecting their willingness to engage with these technologies: "I'm not comfortable with all my health information being online. What if someone hacks it?"

There was uncertainty about relying on digital tools for critical health decisions, fueled by doubts about their reliability compared to traditional methods: "I don't fully trust these apps to manage my health. I'd rather talk to a real doctor."

Security concerns extended to fears of identity theft and fraud. Participants were wary of online services requiring personal information, often preferring to avoid them if perceived risks were high: "I'm always cautious when entering my details online. There's too much risk of fraud these days."

Ethical considerations were discussed, with participants questioning the appropriateness of machine-driven decision-making in health care. Concerns about the loss of human judgment and risks associated with AI errors were prominent: "It's not just about technology working; it's about whether it's right for machines to make decisions about our health."

User experiences were influenced by perceived risks. Issues such as con-

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fusing interfaces and fear of mistakes contributed to reluctance in embracing digital tools, especially when risks seemed to outweigh benefits: "These devices can be so confusing, and I'm always afraid I'll do something wrong and mess everything up."

DISCUSSION

Older adults showed willingness to adopt digital health technologies but faced challenges, such as difficulties in understanding and navigating digital interfaces, memory-related struggles, and limitations in learning new technological skills. These factors can hinder their ability to effectively engage with e-health tools. Family support and intergenerational learning emerge as crucial facilitators of technology adoption—an aspect that remains underexplored in existing literature.

Role of Emerging Technologies, Educational Needs, and Technology Adoption

Educational programs tailored to older adults' needs are essential for successful technology adoption (Schirmer et al., 2023).

Disparities based on age, race, educational level, and income affect technology adoption rates among older adults (Zhou et al., 2023). Factors influencing adoption include perceived usefulness, ease of use, and trust (Garcia Reyes et al., 2023; Schroeder et al., 2023).

Family support is crucial in overcoming technological barriers (Jokisch et al., 2022). Intergenerational support fosters a sense of family responsibility that encourages older adults to engage with technology. Tailored educational programs focusing on digital literacy and self-efficacy are essential (Kebede et al., 2022). Co-creation involving older adults can improve usability and acceptance (Achilleos et al., 2023).

Integration of AI in Health Care: Enhancing Older Adults' Adoption

AI has the potential to improve health care efficiency and provide personalized care, yet its successful implementation among older adults requires targeted strategies to enhance adoption. One of the primary barriers is the digital competency gap, which limits older adults' ability to effectively engage with AI–driven tools. To bridge this gap, structured educational initiatives tailored to older adults' needs are essential, focusing on hands-on training, simplified user interfaces, and step-by-step guidance on AI–supported health care applications (Malerbi et al., 2023).

Ethical concerns, including privacy, security, bias, and accountability, further impact AI adoption (Amedior, 2022). Older adults often express skepticism about data security and potential misuse of personal health information. To build trust, transparent data policies, user-friendly consent mechanisms, and clear communication about AI's role in health care decision-making should be prioritized. Collaboration between health care professionals, AI developers, and ethicists is necessary to create ethical guidelines that align with older adults' expectations and concerns (Almazrouie, 2023).

Human–AI collaboration should be emphasized to ensure AI technologies support, rather than replace, health care providers, making them more accessible and beneficial for older adults. Many older adults express concerns about AI diminishing human involvement in health care, fearing a loss of personal connection and individualized attention (Naveed, 2023; Sezgin, 2023). To address this concern, AI should be integrated in ways that enhance, rather than override, human judgment, reassuring older adults that their care remains personalized and relationship-driven.

Understanding older adults' perspectives on AI is critical for its successful implementation and sustainability (Cinalioglu et al., 2023). AI tools should be co-designed with input from older adults, ensuring they align with their digital skills and health care needs. Usability testing, iterative design improvements, and accessibility features—such as voice commands, larger fonts, and simplified navigation—can enhance engagement. Incorporating AI–driven technologies into familiar platforms, such as patient portals and telemedicine applications already in use, can ease the transition and encourage adoption.

Social and Emotional Impact of Technology

Technology enhances older adults' social lives by connecting them with family and reducing loneliness but can risk isolation by replacing in-person interactions. Generational gaps may foster dependency or inadequacy. To maximize benefits, technology should support autonomy and strengthen local social ties.

Applications, such as Relative Finder, have shown potential in improving social and emotional wellness by helping users feel more connected to their community (Clement et al., 2023). Devices, such as Komp, in nursing homes have been associated with increased social satisfaction among residents (Akhtar, 2024). Older adults have shown adaptability in embracing digital tools, particularly during the pandemic, when online platforms became essential for maintaining connections (Scarfe et al., 2022). These examples highlight the importance of designing technology that aligns with older adults' needs and preferences, making adoption more intuitive and beneficial.

To foster technology adoption and maximize its benefits for older adults, a balanced approach is essential—one that integrates digital tools as a complement to, rather than a replacement for, traditional social interactions. Promoting a balanced approach—where technology complements rather than replaces in-person interactions—can enhance social well-being while fostering a sense of independence (Ehmann & McConatha, 2023). Strengthening community-based sup-

port systems can further facilitate engagement, allowing older adults to integrate technology into their daily lives in ways that enhance, rather than disrupt, their existing social networks (Scarfe et al., 2022).

Trust, Privacy, and Security Concerns

Privacy and security concerns are major barriers to older adults' engagement with digital health tools, often stemming from limited digital literacy, lack of awareness about data protection, and difficulty navigating complex security settings (Kalyvaki & Bacimanova, 2023; Schmitz et al., 2022). Many older adults struggle to recognize online threats, manage privacy controls, or understand how their personal health data are stored and shared.

Infrastructural challenges, financial constraints, and technological complexity further contribute to skepticism and reluctance to adopt digital health solutions (Walker et al., 2021). Without adequate guidance, concerns about cybersecurity, data misuse, and digital fraud can prevent meaningful engagement, highlighting the need for accessible and transparent digital literacy initiatives to address these fears.

LIMITATIONS

Data saturation was achieved, affirming that findings of the current study represent participants' experiences. Although the sample size was limited, the diversity of participants—spanning variations in age, educational levels, socioeconomic backgrounds, geographic locations (urban vs. rural), and prior digital health experience—enhances credibility by providing a broad range of perspectives and nuanced insights that capture the diversity of their lived experiences. Generalizability is limited due to the specific geographic and health care context. One potential limitation of this study relates to the translation process of qualitative data. As the interviews were originally conducted in Turkish, the translated English quotes may not fully capture certain cultural nuances, idiomatic expressions, or the emotional tone conveyed in the original language.

RECOMMENDATIONS AND FUTURE DIRECTIONS

Policymakers should develop educational programs for older adults to address digital literacy barriers and the digital divide (Ige, 2024). User-friendly technologies designed in collaboration with older adults can further enhance accessibility and adoption (McNeil et al., 2023). Health care providers require training to support older adults in using digital tools, address ethical challenges, and integrate technology into traditional care while offering technical assistance (MacNeil et al., 2023). Encouraging interprofessional collaboration, where nurses, physicians, and caregivers work together to provide consistent guidance on digital tools in a way that aligns with patient preferences and needs, is also necessary. Nurses play a key role in supporting older adults by fostering confidence in digital health tools and guiding them through their use in a way that aligns with patient-centered care. Rather than introducing additional tasks, digital health strategies can be integrated seamlessly into existing nursing care models to complement traditional approaches. Nursing care models can incorporate digital health by embedding digital literacy support into routine patient interactions and helping older adults navigate e-health platforms at their own pace. In addition, nurses can act as digital health mentors, facilitating hands-on training sessions, identifying specific challenges patients face, and advocating for user-friendly technological adaptations that meet the unique needs of older adults. Regular follow up and feedback loops can further ensure that digital health adoption remains a sustainable and beneficial part of patient care.

CONCLUSION

To maximize technology's benefits for older adults, challenges in trust, privacy, and usability must be addressed through targeted support, education, and ethical practices. Collaboration between policymakers and health care providers is essential to ensure accessible, equitable, and age-appropriate technological advancements. Future research should focus on the long-term effects of technology use and the ethical implications of AI in health care.

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Table A. Themes, Categories, Descriptions, Codes, and Representative Quotes from Qualitative Data.

Theme	Category	Description	Code	Quote
1. Technology Adoption and Integration	**Learning Processes**	Learning through family support, social learning, and hands-on experiences; educational strategies tailored to older adults.	Family Support Technology Guidance	"My grandson taught me how to use the smartphone, and now I can make video calls easily."
	Daily Application	Use of technology in everyday tasks, adoption of household devices, and simplifying daily life through technology.	Practical Use of Technology	"I use my tablet to read the news every morning and stay updated."
	Generational Differences	Barriers and attitudes toward technology use across generations; intergenerational learning dynamics.	Generational Differences	"Young people pick up new gadgets so quickly, but I struggle to keep up."
	Challenges and Barriers	Cognitive, financial, and physical barriers to technology adoption; resistance and skepticism toward new technologies.	Learning Curve Technological Errors	"Sometimes I press the wrong button and everything gets messed up, it's frustrating."
	Social Impact	Technology's role in reducing social isolation, enhancing communication, and its broader emotional and psychological effects.	Social Isolation Generational Differences	"Thanks to video calls, I don’t feel so alone anymore, even though my family lives far away."
2. Health Care and Digital Health Services	**Access to Healthcare**	Use of digital health platforms like telehealth; challenges in accessing healthcare services digitally; impact on patient-doctor relationships.	Telemedicine Interest	"I like the idea of consulting my doctor from home, especially when it's hard to travel."

	Health Management	Medication adherence, monitoring health conditions, and chronic disease management using digital tools.	Medication Management Visual Aids	"The app reminds me to take my pills every day, which has been really helpful."
	Technology in Healthcare Settings	Integration of digital tools in healthcare, impact on efficiency and outcomes, and the importance of digital literacy.	Integration of Digital Tools in Healthcare	"Using the online portal, I can easily access my medical records and test results."
	Trust and Privacy	Concerns about data security in healthcare; building trust in digital health platforms; managing privacy risks.	Privacy Concerns Digital Security	"I'm always worried about who has access to my medical information online."
	Patient Education and Empowerment	Educating and empowering patients to use digital health tools; addressing the digital divide and the role of family support.	Patient Education Technology Instruction	"I wish there were more classes to help us understand how to use these health apps."
3. AI and Emerging Technologies	**Awareness and Understanding**	Knowledge gaps and public perception of AI; educational needs for understanding AI in healthcare.	Awareness of AI	"AI sounds interesting, but I don't really know how it works or what it can do for me."
	Trust and Ethical Concerns	Privacy and security issues in AI applications; balancing innovation with ethical responsibility.	AI Trust Issues	"I'm not sure I trust AI to make decisions about my health."
	Applications in Healthcare	AI's role in diagnostics, personalized care, and assistive technologies for elderly care.	AI in Healthcare Diagnostics	"It's amazing that AI can help diagnose conditions faster than a human doctor."

	Human-AI Interaction	Preferences for human interaction over AI; AI as a support tool in healthcare and daily life.	Human Expertise Over AI	"I prefer to speak to a real person when it comes to my health concerns, not a machine."
	Future Expectations	Expectations and concerns about AI's role in future healthcare advancements and its long-term impact.	AI in Future Healthcare	"I wonder if AI will eventually take over most of the tasks in hospitals."
4. Social and Emotional Impact of Technology	**Emotional Well-being**	The role of technology in mental health; emotional support and challenges like anxiety and frustration with technology use.	Anxiety Technology Challenges	"I get really anxious when I can't figure out how to use a new app on my phone."
	Social Connectivity	Technology's role in facilitating social interaction, reducing loneliness, and its impact on family dynamics.	Loneliness Alleviation Technology	"Since I started using video calls, I don't feel as lonely as I used to."
	Generational Dynamics	The influence of technology on intergenerational communication and the family dynamic; bridging or widening generational divides.	Intergenerational Communication	"We talk more now that we have a family group chat, but sometimes I miss face-to-face talks."
	Technology and Social Isolation	Technology as both a solution and a contributor to social isolation; its impact on homebound elderly individuals.	Technology and Social Impact	"It's great to connect online, but I also feel more isolated in some ways."
	Cultural and Social Sensitivity	Sensitivity to cultural beliefs and social needs in technology design; addressing barriers in technology education.	Cultural Beliefs Technology Adoption	"My cultural background makes me wary of relying too much on technology."

5. Trust, Privacy, and Security Concerns	**Privacy in Digital Health**	Managing privacy risks in digital health services; user attitudes toward data sharing and security measures.	Data Privacy Concerns	"I'm always worried about who has access to my medical information online."
	Trust in Technology	Building and maintaining trust in digital health tools and AI; transparency and user confidence.	Trust Issues with AI	"I just don't trust a machine to know what's best for me health-wise."
	Security Concerns	Risks of data breaches, cybersecurity threats, and the impact on user trust and experience.	Security Concerns Digital Health	"With all the hacking news, I'm scared my health data could be stolen."
	Ethical Considerations	Ethical dilemmas in AI and digital technologies; balancing innovation with responsibility and public concerns.	Ethical Concerns AI Oversight	"Who's making sure that AI is used ethically in healthcare?"
	User Experience and Perceived Risk	Addressing perceived risks in technology use; the impact of security concerns on user experience and attitudes.	Perceived Risk Technology Use	"I worry about the risks every time I use an online service, but it's hard to avoid them."