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A STUDY ON INTERACTIVE DIGITAL HEALTHCARE PLATFORM: AN ELDERLY CITIZEN ENGAGEMENT PERSPECTIVE

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Abstract

Objectives:

- 1. To study how older people with history of stroke disease use an interactive digital interactive health care platform to deal with their condition.*
- 2. To determine the factors that influence initial and continuous participation during the use of digital health care platform.*
- 3. To examine the usage and user attitudes towards various stages of their service experience.*

Methods:

A mixed method approach to empirical research was adopted in this study. Qualitative interview was conducted using a semi-structured design schedule. Quantitative data was obtained using Electronic Questionnaire through Email Survey. Health insured elderly and their appraisal of digital health care interventions in India are researched upon.

Participants

Sample consists of people of Baramati town who are over 65 years of age and are at greater risk of developing a stroke due to its past history. Furthermore, a stratification criterion is used to reach final sample size. Firstly, elderly who use the "HealthifyMe" app as a preferred digital health care platform and secondly, citizens belonging to a well-known health conscious community of Baramati. The participants were selected using a technique known as "purposeful sampling" based on their "gender", "age", "level of education", "history" of stroke or hypertension, "duration" of involvement, and "frequency" of logins.

Results

The author conducted 170 interviews with 200 people, with thirty "couples". Initially, "platform engagement" was "influenced" by the participants' assessments of "computer literateness", "user-friendliness", "acceptability", and "sufficiency of the intervention", as well as their first interaction with the "health coach". Health care intervention which was principally responsible for the continuous use of the platform was a "trusting connection" with the "health coach". Additionally effective were regular "automated" and "human reminders", "stated platform expectations", "incorporation into daily routines", "social support", and a "dedicated and persistent" mentality. The platform's content seems stagnant, which may be both encouraging and discouraging. Participants agreed that the "platform" should be used in "primary digital health care" settings.

Conclusions

An "interactive digital health care platform" for the "self-management" of stroke illness for elderly citizens with health coach is the need of the hour. Regular reminders encourage continued usage, and increasing personalization is advised. Incorporating the use of digital technology into primary health care interventions will certainly boost its future acceptability.

Key Words: Senior Citizens, Digital Platform, Stroke Illness, Health Coach.

Introduction

As the global population ages (1) and stroke disease (SD) incidence grows (2), prevention is more crucial than ever. Even in old age, preventive measures are effective (3). Globally, the average adherence rate of preventive interventions (4) and medication regimes (5) for chronic illnesses is below 50% (6), which is unfortunate. In India, “Elderly Health Coach (EHC)” is a most used digital intervention. This feature is available in top five healthcare Apps of India. This feature of healthcare Apps provides healthcare services for health risk management to the registered users who are mainly patients with heart disease, diabetes, hypertension, stroke etc. (7). “HealthifyMe (HM)” is used widely as an instrument for delivering “preventive e-care” in India (8). The term “Preventive e-care” denotes delivering health care services and information through the digital technologies” (9). “Preventive e-care (PeC)” assists elderly individuals in taking ownership of their own health care (10). In India, HM is top ranked e-platform with website as well as mobile App (11). It is coupled with human support in form of “Health Coach (HC)” feature (12). HC has proven promising outcomes in decreasing health risk factors (13).

Review of Literature

In earlier research, use of “E-Health Interventions (EHI)” (14), “Personal motivation and support” (15) and the quality of the EHI (16) are identified as three critical determinants of “user involvement” in digital health platforms (17). It is still unclear if they are the same for first and continued engagement (18). The effect of HM interventions on stroke “risk” variables may have relationship with involvement “time”. A study indicating that significance of continual engagement & involvement in use of PeC is essential for stroke prevention in Indian elderly citizens. In this regard, it is previously studied that any PeC intervention needs to meet the requirements of the user (19). It should have an age-friendly design (20). A successful PeC intervention should get timely feedback from users (21). There exists a research gap on usage and user attitudes towards digital health care platforms. Hence, the primary purpose of this study is to identify factors influencing elderly citizen's first and continuous usage of an interactive digital platform like HM for stroke self-management. The secondary purpose of this study is to measure elderly citizen's “attitudes” towards implementing the PeC approach.

Methods

1. Situation and players

For this semi-structured “qualitative” as well as “quantitative” study, participants using the HM app were interviewed. This mixed methods study aims to determine if use of HM app for stroke self-management reduces stroke disease risk factors. A five tier sampling method was used by the author. To begin with, the author recruited participants in Baramati city who were 65 or older. Secondly, the participants with a risk for stroke disease were identified. In the third step, participants with an active health insurance were identified. Lastly, the “inability to send an email” was utilized as a “criterion” for eliminating participants from the research.

The HM platform consists of “remote support” feature from a HC (22). HC is skilled in “motivational interviewing” and “troubleshooting” for Health queries and concerns (23). The users may communicate with their coaches and get replies. The HM app also enables users to monitor their vitals (such as blood pressure and weight) and join lifestyle clubs where they may debate stroke risk and

healthy living (24).

The HM app has a “special feature” for elderly citizens. In it, the design and navigation of the platform is simplified so that older people can use it effectively. Moreover, regularly, new articles detailing modern advances in stroke prevention are added. App User can interact through “Face-to-Face meeting” with their HC. In the course of these meetings initial “lifestyle goals” are established. HC conducts “Phone call” after 1 month. This is called “follow-up” meeting. These “interventions” are delivered “only” through the HM app platform.

In fifth tier sampling of this study, only the elderly citizens who used “special feature” of the HM app actively were evaluated. In Baramati, there exists an informal “e-network” of health conscious community (25). The members of this community use HM app extensively (26). The author obtained a formal permission from the authorities of this “e-network” to conduct this research work. He floated an invitation through email and requested the members of this community to participate in the research work (26). The members who consented for this survey were then contacted personally by the author over a phone call for the sampling (27). The members who cleared all the five steps of sampling were then considered as a final sample. Next, a random selection was conducted based on demographic factors such as “gender”, “age”, “perceived ease of use in HM app”, “personal or family history” of stroke illness or hypertension, “duration” of use of HM app, and corresponding “login frequency”. One hundred and ninety elderly citizens primarily consented. Later on, twenty individuals dropped out on “personal reasons”. Thus a final sample of one hundred and seventy persons were re-contacted and invited to participate in the interview. All participants provided informed written permission (28).

2. Collecting Information

The researcher used interview guide of qualitative study (29) between July 2021 and January 2022. The semi-structured interviews were prepared by the author. Throughout the data collection process, the interview guide was revised (30). To study aspects of retaining “motivation to use HM app” over the long term, the author chose to distinguish between the “first” and “continuing” stages of engagement. The last element of the interview guide queried whether or not the platform was preferable for primary healthcare integration. The author conducted in-depth interviews using a schedule (31). No prior professional relationship existed between the author and the interviewees (32). All interviews were conducted at the participants' residences and lasted around fifty minutes. Simultaneously, field notes and audio recordings of interviews were gathered (33). For the purpose of second objective of understanding user attitudes towards PeC in India, an E-Questionnaire was sent on Email of prior interviewed samples. Through this effort, the quantitative data was collected.

3. Data entry, coding, and analysis

The author iteratively evaluated the filled up schedules, e-questionnaires and research diary thematically (34). The responses were inductively coded responses (35). The author categorized the responses into broad themes and underlying objectives of the study (36). After the first fifty interviews were conducted, the “interview guidelines” were changed (37). Founded on input from one of the interviews, allowing for a more accurate distinction between first-time and continuous platform usage were made. At the beginning of the study, all participants were asked about their degree of involvement, but only those who had been active for at least six months were asked about their engagement over time. After 90 interviews, as no new (sub-) themes or difficulties emerged, the author assumed that the researcher had reached data saturation (38).

Data Analysis and Interpretation of Primary Qualitative Data

The author conducted 170 interviews. The ages of the participants range from 66 to 86 years old. Hundred individuals (50%) in the sample had a preexisting condition associated with SD, and sixty (30%) had hypertension. Short-term trial participation lasted between two and three months ($n = 80$), but intermediate and long-term participation lasted between seven and eleven months (30%) and fourteen to seventeen months (30%), respectively.

Qualities of the Respondents Who Took Part										Features of the Research					
Respondent Group	Gender		Age		Literacy for Using App (Ease of Use)		Occurrence of Stroke Disease (SD)	Occurrence of Hypertension (HT)	Time Frame for Follow-up Contact (TFFC) in a Month		User Status for HEALTHIFYME App (USHA)		Average Number of Times Per Login (TPL)		
	M	F	65-75	76 Above	Felt Easy	Felt Tough			Weekly	Fortnightly	Active Daily	Active Weekly	30-50	50 Above	
1-10	7	3	6	4	9	1	7	6	5	5	9	7	5	5	
11-20	6	4	7	3	7	3	8	6	6	4	6	4	6	4	
21-30	7	3	4	6	7	3	8	6	5	5	5	6	5	5	
31-40	4	6	5	5	8	2	6	7	5	5	5	7	7	3	
41-50	5	5	8	2	9	1	8	4	4	6	4	6	5	5	
51-60	8	2	8	2	5	5	8	6	4	6	10	0	8	2	
61-70	8	2	0	10	8	2	6	10	5	5	7	3	8	2	
71-80	0	10	7	3	8	2	7	6	5	5	6	4	8	2	
81-90	7	3	1	9	9	1	6	5	6	4	7	3	9	1	
91-100	4	6	4	6	8	2	10	7	7	3	4	6	4	6	
101-110	5	5	5	5	8	2	9	8	4	6	5	5	5	5	
111-120	8	2	5	5	7	3	8	6	5	5	8	2	4	6	
121-130	8	2	6	4	8	2	8	6	8	2	8	1	5	5	
131-140	0	10	7	3	7	3	6	7	8	2	9	1	8	2	
141-150	1	9	8	2	10	0	8	6	7	3	7	3	8	2	
151-160	4	6	0	10	10	0	6	6	6	4	5	1	6	4	
161-170	5	5	7	3	8	2	8	8	10	0	2	4	6	4	
Percentage %	51	49	52	48	80	20	72	62	62	43	63	37	63	37	
Average	5	5	5	5	8	2	7	6	6	4	6	4	6	4	

Source: Primary Data

The following paragraph elaborates on the table's results.

Starting with the platform design for senior citizen convenience, users like the app's layout since it is clear. On the contrary, they said that more people would use a platform that looked better:

"You need an app that makes users think. It must be like...Hey, I've got a few minutes to spend; why don't I check out HEALTHIFYME?" [Participant80]

Due to technical concerns with the app, such as login problems, in addition, a conviction on one's lack of computer or digital proficiency may limit research and usage of the platform.

When participants and their coaches experienced difficulties using the platform:

For example, "I'm not a computer whiz," "I don't know how to use this",

They often came up with creative solutions.

[... Immediately after receiving a message, I react to it. She then adds that

"You must also complete it in the appropriate measurement category. It has been challenging for me to locate [...]. Then I saw that she [coach] had already entered it accurately [into the measuring capacity]. In my view, there is no issue there. This was a terrific incentive for curious and receptive users to explore the system's various capabilities. As a coach, you have established trust with your pupils. (Participant 32)]

The participants' trust in the coach was crucial for an open conversation around their "health behaviours" and future "lifestyle goals". After the first face-to-face encounter, they felt they *could trust their coach more*. Users were more likely to use the platform after the first session if *their coach answered their messages quickly and effectively*.

Initially, I had wished to I had no clue... I was honestly curious about this. I was skeptical that this would work out for me.

In addition, because of her [coach], I had an immediate answer to a message I wrote, and she encouraged me by saying, "oh well done", and... I do not know what else. As a result, I decided to continue doing it. [Participant27]

However, many stopped using the service because they felt *underappreciated* when their messages were not promptly answered. Even though the system emphasized the *personal touch*, some users found it annoying that they *could not connect in person or by phone*.

While exploring the platform for the first time, users gravitated toward a handful of features that they regarded valuable and vital, and they maintained this preference over time. This mainly relates to the communication and assessment aspects:

"I will visit the site in question in response to an email notification. I then examine the message to determine the situation. In addition, I will complete a questionnaire if required. On the other hand, there are times like the present when I encounter the practice nurse. I tested my "blood and urine" and reported the results to my coach. [Participant71]"

Several participants saw "self-monitoring" and "self-management" of stroke risk factors as strengths. They viewed favorably the *measurement capabilities* of the platform, which simplified their use.

"A lack of experience with self-management may prohibit users from using this function. In addition, I have no desire for a personal blood pressure monitor. I did not need it to occur when it was excessively high or now when it is deficient. I suppose I've simply become... No, I would not be much impacted by it. I will never again drive myself mad. [Participant93]"

Users who were previously aware of their risk profile for stroke, maybe as a result of a previous SD, found the content *helpful*. Those who *did not see a necessity* to alter their lifestyle were less likely to use the platform.

"I observed that it is about SD. That is fantastic, but I do not have that [SD history]. I shall thus no longer use the platform. [... I would do that [SD] if I ever encountered it. However, I would not [Participant5]"

Those who previously frequently saw their doctor or neurologist indicated no further benefits. Due to his late age, one of the "oldest" participants "*no longer prioritized*" adopting a "*healthier lifestyle*". Rarely did participants significantly alter their original set of goals. Few people joined the proposed lifestyle groups for fear of being forced to participate or outnumbered by people much older than themselves.

As previously stated, the coach was vital in promoting the platform's early adoption. The value of the coach's role in promoting consistent platform utilization was also shown. If the participants felt like they knew the coach, they were more likely to keep using the platform and keep their goals of changing their lifestyles.

"Yes, since the coach requires you to pursue particular objectives. [... Without the trainer, the task would be more difficult. I'm not sure if I Every time I visit the website, I must admit that I do not think it would fly [platform without a coach]. [Participant49]"

A positive, personal tone can improve the motivation of the receiver. Due to the trial, one interviewee had to adapt to a new coach. According to him, this did not significantly affect how he used the platform, but it did harm his relationship with the coach.

Participants had difficulty being proactive while using the platform, stating,

"Look, I want to participate in such a study, but... I find it easier to use the platform reactively, for instance, by responding to automated or human reminders. Perhaps since I am a little more laid-back, arranging ten appointments every year does not bother me. It is OK that I cross items off a list while the researcher converses. In comparison, an app may be used to discover and record information. The interviewer offers, "Maybe you could refer to it as an initiative." I suppose that is a possibility. [Participant 24]"

Those who saw themselves as loyal or tenacious said this prompted them to continue using the platform. *"I was urged to check in once every month. Consequently, I shall start by stating that.*

On my iPad, it says, Remember HEALTHIFYME, Report!

Consequently, this is what we want to achieve. [Participant51]"

People who visited the app because it motivated them to adopt a healthier lifestyle were more likely to return. This may explain why individuals are engaging in the "HEALTHIFYME –Change Lifestyle Experiment". Some people who participated in the experiment knew they had to be involved and thought it would be good for them. While some users were anxious to employ the app for "self-management", others who joined to further scientific knowledge anticipated a more passive involvement, such as filling out questionnaires or taking examinations that required less initiative. Second, success in reaching health-related lifestyle goals and the subsequent improvements in health served as a potent incentive for continued participation.

"Five kilometer-long circuits that is the quickest path I would always be willing to take, so sure, please. I believe I have a strong chance of succeeding. In addition, I started to feel physically fitter as a result. I was shocked by the discovery. I had long believed that I would fumble over the remainder of my lifetime. In addition, I am now able to... Your condition improves physically. You feel better prepared for the task now. [Participant 74]"

However, several of the study's participants saw goal-setting as a burden. Out of embarrassment or lack of drive, they refrained from acknowledging failure on stage or reporting it to their coach.

"You were compelled to... You must guarantee your exercise frequency and weight loss attempts, among other things. That is the same as, which contradicts my first notion. [... If you answered, Well, I really did nothing, you could have felt embarrassed. [Participant87]"

Respondents found fast confirmation of their input measurements to be reassuring, as it reinforced their perception that their health was being actively monitored. As a consequence, logging in regularly just got significantly simpler.

Users who incorporated the website into their daily routine were likelier to continue using it.

"Yes, I was expecting to hear something similar. It is similar to a prop. One of the several lifelines that may be discovered is a person's habits and belongings. It's combined with...

Sincerely, there are times when I can use it and others when I cannot. Nevertheless, technology is now integrated into all aspects of existence. [Participant 82]"

When everyday routines were broken by illness, the platform's popularity decreased. Nevertheless, social encouragement encouraged further drinking.

"I suggested to my spouse that we do something, which was very crucial for the couples in the HEALTHIFYME research. I then began filling out the paperwork. Consequently, I said, Are you going to do that? Respondent(s): [Responding to the participants by illness, the platform's popularity

decreased. Nevertheless, social encouragement encouraged further drinking. I suggested to my spouse that we do something, which was very crucial for the couples in the HEALTHIFYME research. I then began filling out the paperwork. Consequently, I said, "Are you going to do that?" Respondent(s): [Responding to the participant], "Sure, I can do that, but I'm just too busy right now." I comforted her, "It will pass quickly." [Participant60]

The platform's users' assumption that they would get more constant assistance with self-management also had a vital role in platform adherence. In difference to the "nurse-led" intermittent discussions distinctive of "secondary" stroke deterrence packages, the "platform" gave a feeling of continual assistance to which they could always turn.

"I see the practise nurse regularly, although there is some gap between appointments, and then yes..." We naturally examine the results, discuss them, and assess them together. However, this aid will cease upon my departure. Unless it turns out that I must... it is not entirely acceptable. However, it disappears after some time. It is good that you never cease to make improvements. [Participant33]

Some users said the app was "too time-consuming, preventing them from using it actively" [Participant 31, 74, 88].

This may arise because they mistakenly feel that regularly adding measures is required. Participants were likelier to keep using the platform if they thought it would not affect their other time commitments much.

While most users did not see any recent improvements to the app, other users said that news articles were often updated. Some participants like the continuous content, whilst others might have benefited from more diversity to maintain their interest.

"OK, I scanned the [heart disease risk] information at the beginning, and I am now through. Well now... In addition, this will never change. I strongly suspect this is the same as it was a year and a half ago. [... This does not inspire the desire to investigate if anything else has appeared lately. [Participant 95]"

By changing the topics of conversation, the coach can have some control over this.

Due to its lack of interaction with the existing healthcare system, several participants concluded that the platform did not add anything to their current "nurse-led" stroke risk management in "primary care". Contributors were optimistic about the technology's incorporation into the present "primary care" system. Specifically, if the practice "nurse" were to grow into their "coach", thereby enhancing their feeling of continuity, and if all "home, primary and secondary care" measurements were included in the system.

"The actual test is whether you see your physician or nurse practitioner. Because it serves as a kind of health monitoring, I believe it must be preserved. This is an essential point. However, it would be great if all of these measures were included in this study so that patterns over time could be analyzed and references could be produced. [Participant96]"

Some participants feared that this inclusion would result in less personal face-to-face engagement with physicians and more impersonal digital communications. To increase motivation, one participant suggested organizing regular in-person meetings, during which measurements might be taken.

Data Analysis and Interpretation of Primary Quantitative Data

The researcher's study reveals that older people need support from a health coach to initiate and maintain the use of an "interactive digital health care platform" for stroke disease "self-management". It is a crucial parameter while evaluating the elements that influence users' choices to join a platform. In

particular, “digital literacy, usability, and anticipated benefits” are significant influencers. “Regular automatic and human reminders, clear expectations, integration into everyday routines, and social support” all contribute to platform engagement over the long term. The platform seems to offer consistent help with self-management, which could be improved if it is built into primary care and makes it easier to use.

Table 2: Initiating Regular HEALTHIFYME App Use: Themes And Subthemes From Interviews																			
Respondent Group	The Very First Impression on App Use & Experience with the App																		
	Layout				Technical Difficulties		Perceived App Literacy		In-person Baseline Consultation by Coach		Timing And Content Of Messages on App		Compatibility With The Features Of The Hosting Environment		Helpful in Awareness of Stroke Disease Risk		Greater Impetus To Alter One's Way Of Life As One Ages		
	Simplicity		Attractiveness																
	Yes	No	Yes	No	Felt Easy	Felt Tough	Felt Easy	Felt Tough	Felt Useful	Felt No Use	Felt Useful	Felt No Use	Felt Compatible	Felt Not Compatible	Felt Helpful	Felt Not Helpful	Felt Motivated	Felt Demotivated	
1-10	7	3	6	4	8	2	7	3	9	1	9	1	5	5	5	5	6	4	
11-20	6	4	7	3	7	3	5	5	6	4	6	4	6	4	10	3	7	3	
21-30	7	3	8	2	5	5	5	5	5	5	5	5	9	1	9	1	4	6	
31-40	7	3	5	5	5	5	8	2	5	5	7	3	7	3	4	6	5	5	
41-50	5	5	8	2	6	4	8	2	4	6	8	2	5	5	5	5	8	2	
51-60	8	2	8	2	9	1	8	2	4	6	10	0	8	2	9	1	8	2	
61-70	8	2	7	3	8	2	2	8	5	5	7	3	8	2	4	6	10	0	
71-80	9	1	7	3	8	2	4	6	5	5	6	4	8	2	4	6	7	3	
81-90	7	3	6	4	9	1	5	5	6	4	7	3	0	10	9	1	10	0	
91-100	5	5	5	5	5	5	10	0	7	3	5	5	4	6	6	4	6	4	
101-110	5	5	5	5	6	4	9	1	4	6	5	5	5	5	9	1	8	2	
111-120	8	2	5	5	7	3	4	6	5	5	8	2	4	6	6	4	9	1	
121-130	8	2	6	4	6	4	5	5	5	5	8	2	5	5	2	8	6	4	
131-140	7	3	7	3	7	3	8	2	5	5	10	0	8	2	8	2	10	0	
141-150	2	8	8	2	9	1	4	6	4	6	7	3	8	2	6	4	6	4	
151-160	4	6	6	4	8	2	4	6	4	6	5	5	6	4	8	2	4	6	
161-170	5	5	7	3	8	2	5	5	2	8	6	4	6	4	7	3	3	7	
Percentage %	64	36	65	35	71	29	59	41	50	50	70	30	60	40	64	36	69	31	
Average	6	4	7	3	7	3	6	4	5	5	7	3	6	4	7	4	7	3	

Source: Primary Data

The strength of the researcher's study, as demonstrated in Table 2, is that he picked participants with varied follow-up durations, ranging from short to lengthy. This helped distinguish early curiosity from the commitment that kept individuals engaged over time. The researcher used an iterative analytic approach that included many analysis rounds and modifications to the interview guide. To guarantee that the researcher's results could be duplicated, they also complied with the standards established in the unified criteria for reporting qualitative research. Because the researcher was only able to conduct interviews with Baramati citizens, the researcher's results may be limited to the e-healthcare system in India. Since the researcher's participants volunteered for the HEALTHIFYME app trial there is a possibility of sample bias. There may have been a “selection” of persons with a generally “positive attitude” towards the “intervention” and a “high level of education”. The researcher might limit the possibility of discrimination by choosing people according to their level of education and digital engagement. It's conceivable that this affected the tone of inquiries and how the data was understood, but conversely, their familiarity with the digital platform might have motivated them to ask additional questions.

Table 3: Continued Usage Of The System: Themes And Subthemes From Interviews																					
Impression after Sustained Use & Experience with the App																					
Respondent Group	Connection with the Coach on a Personal Level										Using the app to make positive changes in your life		Constraining one-self with a target is difficult.		Monitoring health		Time spent using the app is really worth it.				
	Trust in Advice		Content of Messages		Maintaining Patient Health Using an App		App Performance Meets or Exceeds Expectations		In-person Baseline Consultation by Coach								Incorporation into daily routine		Mobile app for social support		
											Felt Easy	Felt Difficult	Felt Useful	Felt No Use							
	Yes	No	Felt Useful	Felt Useless	Yes	No	Meets	Exceeds	Felt Useful	Felt No Use	Felt Useful	Felt No Use	Felt Easy	Felt Difficult	Felt Helpful	Felt Not Helpful			Felt Useful	Felt No Use	
1-10	5	5	6	4	8	1	7	3	3	1	9	7	3	5	5	5	6	4	8	2	
11-20	6	4	7	3	0	10	4	6	6	4	6	4	6	10	10	7	7	3	8	1	
21-30	7	3	4	6	4	6	4	6	5	5	5	6	4	9	9	8	4	6	7	3	
31-40	4	6	5	5	5	5	5	5	2	5	5	7	3	4	4	6	5	5	4	6	
41-50	5	5	8	2	4	6	8	2	1	6	4	6	4	5	5	5	8	2	6	4	
51-60	8	2	8	1	5	5	8	1	4	6	0	10	8	2	2	5	8	1	7	3	
61-70	8	1	0	10	8	2	0	10	5	5	7	3	8	1	1	6	0	10	6	4	
71-80	0	10	7	3	8	1	4	6	5	5	6	4	8	1	4	6	1	5	8	2	
81-90	7	3	1	9	7	3	5	5	6	4	7	3	0	10	5	5	10	8	8	1	
91-100	4	6	4	6	4	6	10	7	7	3	4	6	4	6	6	4	6	5	0	10	
101-110	5	5	5	5	6	4	9	8	4	6	5	5	5	5	5	5	5	2	1	9	
111-120	8	2	5	5	7	3	4	6	5	5	8	2	4	6	6	8	2	1	4	6	
121-130	8	1	6	4	6	4	5	5	8	2	8	1	5	5	5	8	1	4	5	5	
131-140	0	10	7	3	7	3	2	5	8	1	0	10	8	2	2	0	10	5	5	6	
141-150	1	9	8	1	5	5	1	6	0	10	7	3	8	1	1	4	6	5	7	7	
151-160	4	6	0	10	8	2	4	6	1	5	5	1	6	4	3	5	5	6	8	4	
161-170	5	5	7	3	8	1	5	5	10	8	2	4	6	5	7	7	3	4	6	5	
Percentage %	51	49	52	48	60	40	48	52	50	50	52	48	53	47	46	54	53	47	56	44	
Average	5	5	5	5	6	4	5	5	5	5	5	5	5	5	6	5	4	6	5	5	

Source: Primary Data

The researcher's results from Table 1&2 confirm those of earlier studies on “e-health intervention” participation, especially regarding the significance of “usability, perceived benefit, reasonable expectations of the intervention, and its incorporation” into everyday life. Consistent support from a health coach is essential for long-term engagement in “eHealth treatments” to prevent stroke. This was previously demonstrated in a multi-domain analogue preventive intervention. Participants and coaches needed to meet for the first time in person in the researcher's study. Most people seemed capable of maintaining this intimate connection through a messaging system. A quantitative data analysis found that it had a more significant effect in lowering the risk of stroke, emphasizing its importance. Despite employing “motivational interviewing techniques and coaches” according to the “trans-theoretical model”, it was hard to involve participants with a “low perceived benefit” of the “intervention”. Using “eHealth” to provide motivational interviewing techniques changes the behaviour of individuals. However, even understanding “information” about stroke “risk” on the “platform” necessitates specific effort, and a purely “in-person approach” would be desirable for contributors in the “pre-contemplation phase” when they have little motivation to change their behaviour. Most participants performed better when they replied to suggestions (both automatic and human) rather than taking the initiative themselves. Research has shown that “electronic reminders” are an excellent approach for enhancing medication adherence. However, whether this reactive method creates sufficient confidence in one's talents is disputed. This may be characterized as compliant “self-management” using Schermer's proposed “self-management scale”. Not everyone utilizes the “interactive and adaptive” aspects of the HM platform to embrace concordant self-management or to adopt lifestyle tips into their own lives. A “lack of digital literacy” slows platform utilization considerably and may impede its wider adoption. Thankfully, this barrier is rapidly becoming outdated owing to the increasing number of senior citizens who use the digital.

The researcher's results from Table 3 demonstrate how personal preferences influence multi-domain

“eHealth” therapies. The HM platform has been changed to suit the demand for a customized service by eliminating all required elements and allowing customers to choose their reminder intervals. Despite this, it was evident from the interviews that respondents wanted a more personalized interface. “Affinity” with self-measurement, “satisfaction” with pushing oneself to attain lifestyle goals, the optimal volume of “time spent”, and the proper “frequency” of “reminders” were all variables in retaining users on a platform. The researcher suggests that it may be advantageous to tailor the platform's content and delivery to an individual's receptivity to change. This information could be used in a system that learns on its own and changes based on a person's traits, stage of development, needs, and preferences.

Possible Clinical Implications

During this research, participants agreed that incorporating the “HM e-platform” into the current primary health care system would strengthen “self-management” of disease. Through preventive eHealth interventions, patients may “optimize continuity in support of self-management” and attain personal objectives while maximizing “limited resources”. Over time, the implementation of such an intervention may also enhance involvement. This could coincide with supplementary “in-person” consultations for “Health coach-led” stroke “risk management”. The practising health coach data can send “electronic health records” to the Hospitals for emergency situations. To guarantee a seamless rollout, “evaluating” the “healthcare environment” and the viewpoints of “end users” and “healthcare professionals” is essential. A precautionary “eHealth intervention” could advance “preventive care”, especially in “healthcare systems” that are far apart or have few “resources”.

Conclusion:

Thus study aimed to research on how older persons with a history of stroke use an interactive digital platform for health care to manage their condition. The study identified the variables that affect both initial and ongoing engagement with the digital health care platform. Indicators to assess user behaviour and sentiments toward various service experience phases have been identified. This study used a mixed-methods approach to empirical research. Semi-structured interview design was used during the qualitative interview process. Through an email survey and an electronic questionnaire, quantitative data was collected. In India, research has been done on older people with health insurance and their opinions of digital health care initiatives. The sample consists of Baramati town residents over 65 who have a higher risk of suffering a stroke due to its historical events. To determine the final sample size, a stratification criterion is also used. First, seniors who select the "HealthifyMe" app as their preferred digital health care platform, and then Baramati residents who are known for their commitment to good health. Using the "purposeful sampling" method, individuals were chosen based on their "gender," "age," "degree of education," "history" of stroke or hypertension, "duration," and "frequency" of logins. The results show that, Thirty "couples" were among the 200 people the author spoke with throughout 170 interviews. The participants' evaluations of "computer literateness," "user-friendliness," "acceptability," and "sufficiency of the intervention," as well as their initial interactions with the "health coach," were initially "affected" by "platform engagement." A "trusting connection" with the "health coach" was the primary healthcare intervention that encouraged continued usage of the platform.

Regular "automatic" and "human" reminders, "defined platform expectations," "incorporation into daily routines," "social support," and a "committed and persistent" mentality all contributed to their effectiveness. It may be encouraging and discouraging at the same time since the platform's content appears to be stagnant. The "platform" should be applied in "primary digital health care" settings, participants agreed. The author concludes that the current situation calls for an "interactive digital health care platform" with a health coach to help elderly people "self-manage" their stroke sickness. Regular reminders encourage continuing use, and it's recommended to personalise the experience more. The future acceptability of digital technology will undoubtedly increase with its integration into primary healthcare interventions.

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