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Stimulating community action for suicide prevention: findings on the effectiveness of the Australian R U OK? Campaign

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ABSTRACT

R U OK? is an Australian-based organisation that aims to prevent suicide by empowering and encouraging community members to have regular, meaningful conversations with those around them by asking, 'Are you ok?' One of the organisation's main activities is 'R U OK? Day', a national day of action held in Australia every year to remind people of the importance of connecting with and supporting those around them who may be troubled. This paper primarily examines data from a 2014 Australia-wide population survey evaluating the effectiveness of the R U OK? campaign in promoting its message. Following R U OK? Day in 2014, approximately two-thirds of participants reported being aware of R U OK?, with one in five of these participating in R U OK? Day activities. Overall, people believed that the R U OK? campaign has a positive impact on people's willingness to talk to others about their problems and seek professional help, and in reducing the stigma associated with help-seeking. The findings were positive, but future work should also investigate outcomes such as knowledge, stigma and help-seeking in order to demonstrate the efficacy of the campaign.

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KEYWORDS

Suicide; R U OK; suicide prevention; social connectedness; community support

Introduction

Globally, an estimated 800,000 people die by suicide per year and many more attempt suicide. It is a major public health problem that has negative social, economic and psychological impacts on both individuals and communities (World Health Organization, 2014a). Suicide is often the result of a complex interaction of personal, societal, environmental and psychological risk factors (Fergusson, Woodward, & Horwood, 2000), and consequently, a wide variety of strategies have been developed with the aim of preventing suicide.

In their 2014 suicide prevention report, the World Health Organization (WHO) argued for the importance of the role of the community in suicide prevention (World Health Organization, 2014a). Various indices relating to social isolation and social connectedness (e.g. loneliness,

social withdrawal, living alone, lack of social support and interpersonal conflict) have been found to predict suicidal thoughts and behaviours (Van Orden et al., 2010; You, Van Orden, & Conner, 2011). As such, strengthening the informal network and increasing social connectedness can be a significant factor in protecting people at risk for suicide (World Health Organization, 2014a).

The importance of involving the wider community and social networks in suicide prevention efforts is further demonstrated by findings that people experiencing suicidal thoughts are among the least likely to seek help for their problems (Deane, Wilson, & Ciarrochi, 2001). When these individuals do seek help, they prefer to do so through informal sources, such as friends and family, rather than from mental health professionals (Gould, Munfakh, Lubell, Kleinman, & Parker, 2002). In a psychological autopsy study, interviews with family, friends and individuals who had close contact with the suicide victim (e.g. teachers, coaches) revealed that parents and friends were able to recognise the most symptoms of mental illness (Moskos, Olson, Halbern, Keller, & Gray, 2005). The researchers argued that parents and friends were therefore in the best position to intervene, particularly among youths.

Public awareness campaigns are a form of suicide prevention targeted at the wider community that aim to educate the general public about suicide and mental health problems, such as their causes and risk factors. These public awareness and education campaigns often utilise various forms of media to disseminate information in order to reduce stigma and improve help-seeking. A systematic review of suicide prevention strategies noted, however, that despite their popularity, there is a lack of evidence that awareness and education campaigns can lead to reductions in suicidal behaviour (Mann et al., 2005). This might partially be attributed to the low base rate of suicide. Evidence of their impact on other outcomes is mixed. Reviews have found that some studies on public awareness campaigns report improvements in knowledge of and attitudes towards mental health problems, while other studies find no difference (Dumesnil & Verger, 2009; Mann et al., 2005; Ploeg et al., 1996). A potential reason for these inconsistent findings is due to the differences in methodologies across studies. For example, measurement of 'attitudes' has included attitudes towards disclosing suicidal ideation, attitudes towards help-seeking (Ploeg et al., 1996), attitudes towards how to respond to people expressing suicidal feelings (Aseltine Jr & DeMartino, 2004) and attitudes towards those with mental illness (Dumesnil & Verger, 2009).

In their systematic review and meta-analysis, Schomerus et al. (2012) examined attitudes in four domains: beliefs about the causes and definitions of mental disorders, attitudes towards help-seeking, prevalence of negative stereotypes and the social acceptance of people with mental illness. They found that while knowledge about the causes and recognition of mental illness had increased over time, it did not correspond to improved attitudes towards those suffering from mental health problems. There appeared to be no difference in social acceptance of people with mental illness, as well as an increase in negative stereotypes towards general mental health problems. Although their focus was not on evaluating awareness campaigns, they suggested that in order to improve their effectiveness in reducing stigma, such programmes should use other strategies such as increasing contact with those experiencing mental illness.

R U OK? was launched in Australia in 2009 as a national day of action and relies on a nation-wide marketing campaign to encourage people to be aware of those who may be troubled and to check on these individuals, starting with asking 'Are you ok?' People are

advised to ask; listen without judgement; encourage the person to take action, such as seeing a professional; and to follow up with the person. An R U OK? Day is held every year and is promoted through traditional and online media to help people understand how to connect with someone who might be struggling. Since its launch, R U OK? has expanded its activities to promote its message throughout the year. These activities include providing resources and tips for connecting with someone in different settings, such as the classroom and the workplace. The organisation outlines its three main strategic goals as: (1) proving the value of meaningful conversations in helping someone who is struggling and building people's capacity to meaningfully connect with those around them; (2) getting people to commit to having these conversations; and (3) inspiring people to actually have these conversations on a regular basis. These strategic priorities are intended to inspire and empower people to regularly and meaningfully connect, thereby helping to create a community where people are connected and protected from suicide. However, despite its growing presence as a suicide prevention organisation in Australia, there is a lack of evidence on the efficacy of their campaign. Therefore, the present paper aims to assess the effectiveness of the R U OK? campaign in promoting its message. Specifically, this paper will investigate the Australian public's level of awareness of R U OK?, their participation in R U OK? Day activities and their perceptions of the value and impact of R U OK?

Method

This paper is based on data obtained from annual cross-sectional surveys conducted across Australia through online survey companies' databases. As the data were originally collected for marketing purposes, no specific ethical approval was obtained. However, the market research companies who carried out the surveys were endorsed by the Association of Market and Social Research Organisations (AMSRO), an Australian organisational body that governs the ethical conduct of market research. In order to receive an endorsement by the AMSRO, companies must adhere to the AMSRO's Privacy Code and the Australian Market and Social Research Society's (AMSRS) Code of Professional Conduct. The basic principles outlined in AMSRS's Code (transparency, privacy, responsibility to clients and participants and legal and ethical adherence) are consistent with the Australian Privacy Act and global research codes. For more information about the AMSRS's Code and guidelines, visit <http://www.amsrs.com.au/>.

In the weeks following R U OK? Day, members of the companies' online panels were sent emails inviting them to participate in the online survey, hosted on the software platform 'Confermit'. Samples were weighted by age, gender and geographical location to ensure that they were representative of the Australian general population. In some years, where funding was available, surveys were also conducted in the weeks prior to R U OK? Day and before general media activity and promotion had commenced.

The annual surveys included questions examining awareness of R U OK?, participation in R U OK? Day and perceptions of R U OK?, in order to examine how well the Australian public was engaging with the campaign. The questions used were not based on established scales or measures. Survey content differed across years, given the continuing development of R U OK?'s activities and goals. There were also variations in the questions used to assess similar constructs (e.g. participation). Hence, this paper focuses primarily on the data from the 2014 post-campaign survey. However, where appropriate, reference is also made to data from

Table 1. Overall demographics.

Variable	<i>n</i>	% of total sample
Gender		
Female	1013	50.6
Male	987	49.4
Age		
16–24	330	16.5
25–34	342	17.1
35–44	353	17.7
45–54	340	17.0
55–65	288	14.4
65+	347	17.3
Geographical location		
Metropolitan areas	1280	64.0
Non-metropolitan areas	720	36.0

Note: *N* = 2000.

earlier years, as well as data from the 2014 pre-campaign survey, where available. For the 2014 post-campaign survey, data were collected between 15 September and 24 September 2014, following R U OK? Day on 11 September 2014.

Results

In total, 2000 participants completed the 2014 post-campaign survey. The demographic breakdown of the sample by gender, age and geographical location is shown in Table 1.

Awareness and understanding of R U OK?/R U OK? Day

Participants were provided with a list of 17 mental health and community organisations, including R U OK?, and asked, 'Which of the following organisations or initiatives had you heard of before today?' For the organisations that they were aware of, participants were then asked which they associated with 'encouraging people to talk about things that are troubling them', and which they associated with 'suicide prevention'. Those who did not select R U OK? as an organisation that they had heard of were asked whether they had ever heard of R U OK? Day. Participants who were aware of either R U OK? or R U OK? Day were also asked to write, in their own words, what they thought R U OK? Day was about.

Just over half of the total sample (55.4%) reported having heard of R U OK? in the list of organisations. Of the 892 participants who did not select R U OK? as an organisation with which they were familiar, 23.0% reported that they had heard of R U OK? Day, leading to a total level of awareness of 65.7% among the entire sample. This represents a substantial increase from 28.0% awareness for R U OK? Day in 2010. There was also a significant increase in total awareness in the overall sample at post-campaign 2014, compared to levels of awareness at pre-campaign in 2014 (51%, $N = 601$), $\chi^2(1, n = 2601) = 41.75, p < .001$. Table 2 shows the proportion of participants in each demographic group aware of R U OK? or R U OK? Day.

A chi-square test of independence showed that there was a significantly higher proportion of females aware of the campaign compared to males, $\chi^2(1, N = 2000) = 38.60, p < 0.001$. A chi-square test of independence with a Bonferroni corrected alpha of $p = .008$ (.05/6) found a significant difference in levels of awareness across age groups, $\chi^2(5, N = 2000) = 47.38, p < 0.001$. Post hoc tests (Beasley & Schumacker, 1995), revealed that level of awareness was

Table 2. Awareness of R U OK? or R U OK? Day by gender, age and geographical location.

Variable	<i>n</i> (%) aware of R U OK? or R U OK? Day
Gender	
Female	731 (72.2%)
Male	582 (59.0%)
Age	
16–24	255 (77.3%)
25–34	232 (67.8%)
35–44	225 (63.7%)
45–54	222 (65.3%)
55–65	196 (68.1%)
65+	183 (52.7%)
Geographical location	
Metropolitan areas	830 (64.8%)
Non-metropolitan areas	483 (67.1%)
Total	1313 (65.7%)

Note: *N* = 2000.

significantly higher in the 16–24 age group and significantly lower in the 65 + age group. These findings are consistent with findings in previous years (results not shown). There was no difference in overall awareness between metropolitan and non-metropolitan regions, χ^2 (1, *N* = 2000) = 1.03, *p* = .31.

Of those who selected R U OK? as an organisation they had heard of, 81.7% associated R U OK? with encouraging people to talk about things that are troubling them and 58.8% associated R U OK? with suicide prevention. Participants' responses to the question, 'What do you think R U OK? Day is about?' were coded into themes, with the most common relating to 'asking someone if they are ok' (50.6%), followed by 'making sure that people around you are ok' (21.8%), and 'talking to or helping someone who is not doing well mentally' (15.0%). Only 5.6% of aware participants were unsure of R U OK? Day's purpose. Additionally, more participants were aware that R U OK? is a part of a set of activities all year round (43.8%) rather than just a one-off annual event (35.0%) (21.2% did not know). Overall, the above findings indicate a good understanding among the vast majority of aware participants of the purpose of R U OK?

Participation in R U OK? Day

Individuals aware of R U OK? or R U OK? Day were asked whether they had done anything or participated in any activities as part of R U OK? Day in 2014. If they responded 'yes', they were presented with a list of activities and asked which they had done. Overall, 19.0% of aware individuals reported doing something as part of R U OK? Day. Table 3 shows the rates of participation among those aware of R U OK? or R U OK? Day across demographic groups.

There were no significant differences in participation based on gender, χ^2 (2, *N* = 1313) = 1.30, *p* = .52 or geographical location, χ^2 (2, *N* = 1313) = 1.98, *p* = .37. A significant difference was found in rates of participation across age groups, χ^2 (10, *N* = 1313) = 58.97, *p* < 0.001. Post hoc tests showed that participants aged 25–34 reported significantly higher rates of participation and those aged 65 + reported significantly lower levels of participation. Compared to previous years, overall participation among those aware has appeared to decrease, which may have been due to changes in the measurement of participation. Prior to 2013, participation was assessed by presenting respondents with a list of activities and

Table 3. Participation in R U OK? Day 2014 among aware individuals by gender, age and geographical location.

Variable	<i>n</i> (%) participation in R U OK? Day 2014
Gender	
Female	144 (19.7%)
Male	106 (18.2%)
Age	
16–24	67 (26.3%)
25–34	67 (28.9%)
35–44	33 (14.7%)
45–54	35 (15.8%)
55–65	34 (17.3%)
65+	14 (7.7%)
Geographical location	
Metropolitan areas	167 (20.1%)
Non-metropolitan areas	83 (17.2%)
Overall	250 (19.0%)

Note: *N* = 1313.

asking which they had done on R U OK? Day. In the 2013 and 2014 surveys, participants were first asked: ‘Did you do anything or participate in any activities as part of R U OK? Day?’, and only those who answered ‘yes’ were then provided with a list of activities and asked which they participated in.

In 2014, the types of activities provided described a variety of ways in which to ask others if they were ok. The most common types of participation among those who reported participating in R U OK? Day 2014 activities were:

- asking if others were ok face-to-face (56.4%)
- asking if others were ok via online messaging (22.4%)
- asking if others were ok using SMS messaging (21.2%)
- asking if others were ok through telephone (17.6%)
- asking if others were ok on email (11.6%),

Twenty-three participants (9.2%) reported that they did not participate in any of the listed activities.

Perceived impact of R U OK? campaign

Participants aware of R U OK? (*N* = 1313) generally had positive perceptions of the organisation and its work. A majority of those aware (57.7%) believed that R U OK? Day had made people more willing to ask their friends about what’s troubling them, while 20.3% and 20.9% thought it made no difference or did not know, respectively. Almost half (47.1%) believed that R U OK? Day had made people more willing to tell their friends about what’s troubling them if asked, 25.4% thought it made no difference and 26.4% did not know. Participants were also more likely to believe that the R U OK? campaign made people more willing (41.0%), to seek professional help for things troubling them (24.4% thought it made no difference and 33.0% did not know), and that it reduced stigma (51.8%) associated with seeking professional help (22.8% thought it made no difference and 22.6% did not know).

Negative perceived unintended effects were very low, with a minority of participants believing that the campaign made people *less* willing to ask their friends about what’s

troubling them (1.1%), that it made them *less* willing to talk to their friends about their troubles (1.1%), that it made people *less* willing to seek professional help (1.7%), and that it *increased* the stigma associated with professional help-seeking (2.8%). When asked whether they approved or disapproved of campaigns 'like R U OK? where people are encouraged to talk to each other about what is troubling them', the majority either strongly approved (35.7%) or approved (46.5%) of such campaigns. Participants were more likely to have no feelings either way (3.9%) than to disapprove (2.8%).

Discussion

The present paper primarily examined data from the 2014 R U OK? post-campaign annual survey, presenting findings on the Australian public's awareness and understanding of R U OK?, their participation in R U OK? Day activities, and the perceived impact of the campaign. Awareness of the campaign was found to have increased markedly over the past five years to about two-thirds of the general population, demonstrating the success of R U OK?'s marketing campaign. However, as in previous years, males and older individuals showed lower levels of awareness than females and younger participants. This suggests that future campaign activities could make more effort to target these specific groups, as different groups may have different needs. For example, men have shown lower levels of help-seeking for both mental and physical illnesses (Galdas, Cheater, & Marshall, 2005). Comparisons between metropolitan and non-metropolitan areas showed that there were no significant differences in awareness of R U OK? or participation in R U OK? Day activities. As rates of suicide have been found to be significantly higher in regional areas, particularly among males (Caldwell, Jorm, & Dear, 2004; Judd, Cooper, Fraser, & Davis, 2006; Wilkinson & Gunnell, 2000), this is a positive finding.

Compared to previous years, rates of participation among those aware in 2014 appeared to decrease. However, this finding could have been due to differences in the way that the question was asked. In 2012, aware individuals were presented with a list of a wide variety of activities and asked which they had done, which could have served to remind or even prime participants. By contrast, in 2014, survey respondents were required to provide a 'yes' or 'no' response to a question asking whether they did anything to participate before being shown a list of ways they could have participated.

Given that the WHO found that, globally, rates of suicide are the highest among those aged 70 and over (World Health Organization, 2014b), one finding of particular concern was that those aged 65 + reported not only significantly lower levels of awareness, but also significantly lower levels of participation compared to the other age groups. One potential factor could be that lower rates of Internet use among older individuals (Zickuhr & Madden, 2012) limit not only their exposure to R U OK?'s marketing attempts, but also the possible ways in which to ask others if they are ok. O'Connell, Chin, Cunningham, and Lawlor (2004) recommended that, as older people are less likely to disclose suicidal feelings, directly asking questions about suicide could increase detection of risk in older adults. Thus, promoting awareness of R U OK? and participating in its activities is particularly important for older individuals. Future R U OK? campaigns may need to consider other methods to target this group directly, or targeting others who are most likely to come into contact with them, such as GPs.

Overall, participants had positive perceptions of the work done by R U OK? and the population-wide impact of the campaign. Most felt that the R U OK? campaign made people more willing to talk to others about things troubling them and more willing to seek professional help. However, due to a lack of established measures, as well as limited data from previous years, it was not clear whether the campaign actually led to reduced stigma towards help-seeking and mental health issues among the general Australian public. These limitations and possible directions for future research are further discussed below.

There were several limitations that need to be acknowledged. Participants were selected through online panels and therefore may not have been representative of the Australian general population, particularly those who lack Internet access. As data were not available on response rate, it was not clear whether those who chose to complete the survey were significantly different than those who did not. However, while there may have been potential bias in that people more interested in mental health issues may have been more likely to complete the survey, a significant increase in awareness from pre-campaign 2014 to post-campaign 2014 was nevertheless observed. Additionally, while surveys have been conducted each year since the launch of R U OK?, changes across years were difficult to observe due to differences in survey content. Future surveys should therefore aim for more consistent measures in order to demonstrate the benefits of the R U OK? campaign.

Although the findings show some success of R U OK?'s marketing strategy in terms of levels of awareness and participation in R U OK? Day activities, more data are needed in order to demonstrate its value. This is important, given that existing evidence for the effectiveness of public awareness campaigns, particularly on behavioural outcomes, is weak or lacking (Dumesnil & Verger, 2009; Mann et al., 2005). Future studies should therefore examine R U OK?'s impact on measures such as stigma, help-seeking and attitudes and knowledge of suicide and mental health issues, as well as the nature of the asking situation (who the individuals asked, the responses received and the actions taken).

Conclusions

Considering existing evidence for the role of social connectedness and social support in protecting at-risk individuals, as well as findings that people experiencing suicidal thoughts are more likely to seek help from friends or family or not seek help at all, community involvement in suicide prevention is crucial. R U OK?'s aims of promoting conversations between individuals and awareness of the mental health of others appears to be contributing to a greater willingness among individuals to talk about their troubles with others and a greater willingness to seek professional help. However, while the initial findings of the R U OK? campaign are positive, more work is needed to establish its practical benefits.

Disclosure statement

Katherine Mok was commissioned by R U OK? to write this manuscript. Robert Donovan, Barbara Hocking and Jane Pirkis are members of R U OK?'s scientific advisory committee. Brendan Maher and Rebecca Lewis are employees of R U OK?

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