

Bringing Digital Literacy to 'Hard to Reach' Older Adults: Some Strategies

Paul P. Freddolino, Ph.D.
School of Social Work
Michigan State University

MSU AgeAlive 2024 Research Forum
April 10, 2024





Virtual Table and Virtual Connections Project Teams

- Paul P. Freddolino, Ph.D., Principal Investigator
- Fei Sun, Ph.D., Co-Investigator
- Ha-Neul Kim, MSW, Doctoral student assistant
- AnnMarie Schneider, Project Coordinator
- Meghan Bentley, Marie Huber, Mary Noel
- Catherine Macomber, Saginaw Valley State University
- Ilan Kwan, Our Lady of the Lake University

**Financial support has come from the Michigan Health
Endowment Fund**



Outline of the presentation

- Background and brief literature review
- Strategy One: ‘Warm Experts’
- Virtual Table Model: Components
- Results and Lessons Learned
- Strategy Two: Senior Centers for Telehealth and Congregate Meals: Virtual Table II
- Strategy Three: Virtual Connections, Multiple Models
 - Caregivers and Virtual Care
- What Participants Say
- Questions



Background and brief literature review

- In most parts of the world, technology use among older adults is increasing, yet remains low.
- Lowest user rates are among the oldest old, less affluent, and less educated groups of older adults.
- Technology can help address loneliness, seen as “a predictor of functional decline and death,” and improve social connectedness.
- Given potential social benefits and importance in telehealth, this digital gap must be addressed.



Strategy one: Warm Experts

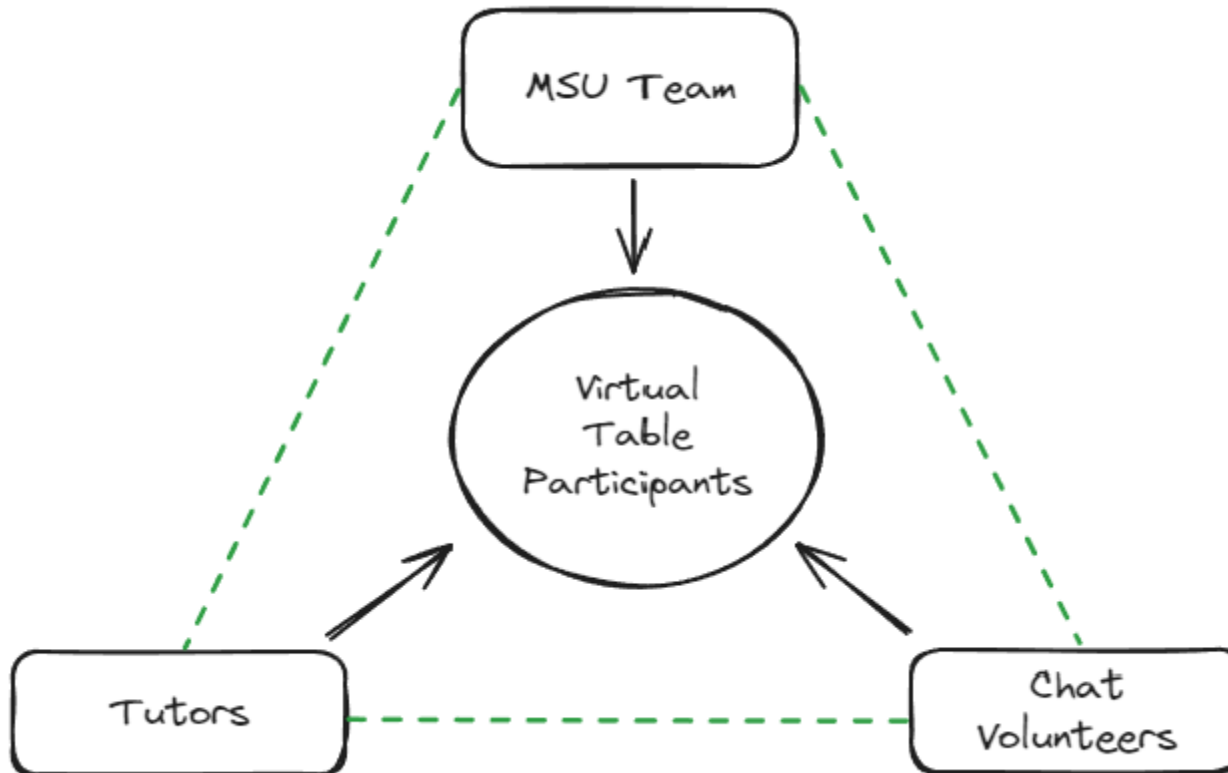
- In 2020 the Virtual Table proposal was submitted, based on the idea that known, trusted home-delivered meal drivers might engage recipients in a technology project
- Concurrent literature argued resistance may be overcome by people seen as important, close, and ICT-savvy.
- ‘Warm experts’ are generally family, often teens
- HDM recipients often live alone with little/no family; drivers/tutors are their warm experts.



Components of the Virtual Table model

- Consent obtained by HDM drivers
- A tablet computer and 6 months cell service
- A color-printed manual covering core ICT topics like tablet usage, security, Gmail and Chrome basics, Zoom/Duo, photos, participant choice.
- Weekly peer tutor sessions (8-12 weeks) covering core ICT topics; then 6-8 weeks on telehealth
- Weekly connection with a “chat volunteer”
- Monthly community social hour on Zoom

The Virtual Table Pilot





Results

- 25 participants were recruited, 20 (80%) finished;
- Among 20 completers, the number of different technologies and frequency of use were significantly higher at midpoint, and sustained at post-test ($p \leq .001$)
- Patient activation increased mid- to post-test ($p = .001$), before to after Telehealth
- No significant change: loneliness, social network (family & friends), PHQ-9, CSE



Lessons learned

- Trusted relationships work – for recruitment and retention/satisfaction
- Standard tutoring approach is needed, with flexibility to respond to individual preferences
- Tutors and volunteers require training/support
- Logistics of scheduling all activities are tough
- Giving tablets to participants is not sustainable
- Tutors and volunteers report positive feelings of reward from their work and participant response



Strategy Two: Virtual Table II

- With support from 6 co-producers who were “graduates” of VT, manuals were upgraded to focus on Android smartphones and iPhones
- Telehealth content/videos have been upgraded and made more diverse in race and culture
- Senior centers in metro Detroit were provided Telehealth content without digital background
- Congregate meals rather than HDM recipients
- The project reached out to new community partners to pilot alternate models



Strategy Three: Virtual Connections

- New project – 18 months through June 2025
- Antrim, Bay, Clinton, Eaton, Ingham, and Otsego
- Coaching home delivered meal (HDM) recipients, congregate meal participants, and caregivers in different counties
- Developing collaborations with virtual care providers to increase older adults using telehealth successfully; can they connect virtual care patients to us?
- Objective: community-level collaboration between older adult service and virtual care providers.
- New horizons: direct care workers?

What Virtual Table participants say

Show video of four
Virtual Table graduates



**Questions?
Comments?**





Contact Information

Paul Freddolino freddoli@msu.edu

Virtual Connection:
MSUvirtualconnections@gmail.com



References

- Hänninen, R., Taipale, S., & Luostari, R. (2021). Exploring heterogeneous ICT use among older adults: The warm experts' perspective. *new media & society*, 23(6), 1584-1601.
<https://doi.org/10.1177/1461444820917353>
- Morris, M. G., & Venkatesh, V. (2000). Age differences in technology adoption decisions: Implications for a changing work force. *Personnel psychology*, 53(2), 375-403. <https://doi.org/10.1111/j.1744-6570.2000.tb00206.x>



References

- Office of the Surgeon General (2023), Our epidemic of loneliness and isolation: The U.S. Surgeon General's advisory on the healing effects of Social Connection and Community.
- Perissinotto, C. M., Cenzer, I. S., & Covinsky, K. E. (2012). Loneliness in older persons: a predictor of functional decline and death. *Archives of internal medicine*, 172(14), 1078-1084.
<https://doi.org/10.1001/archinternmed.2012.1993>