

ORAL PAPER PRESENTATION 4: INFORMATION AND COMMUNICATION

Building on trusted relationships to overcome resistance to ICTs

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Purpose Although the proportion of older adults using Information and Communication Technologies (ICTs) is increasing globally, this rate remains low compared to that of other ages. Lower rates are tied to perceptions of difficulty in using ICTs, little value, and serious security challenges. Furthermore, age, education, and income can affect ICT adoption, challenging digital equity. At the same time, it is known that ICT use can help address social isolation, loneliness, and health care access. One successful approach to overcoming ICT resistance is use of “warm experts,” usually young family members (Hanninen et al., 2021). These relatives introduce devices and applications, illustrate their use, and support older adults as they expand use. Unfortunately, many low-income older adults live alone with no family or friends who can assume this role. Recipients of home-delivered meals (HDMs) – over 800,000 in the US alone – face this issue. The Virtual Table model hypothesizes that meal drivers, who often see recipients multiple times a week, can become “warm experts” to introduce ICTs (Papadaki et al., 2021).

Methods The Virtual Table pilot recruited 25 participants, ages 61-86. HDM recipients were provided: a TCL tablet with 6 months cellular coverage; a manual using screenshots and large print with instructions on basic functions like email and video apps; weekly peer tutor sessions to cover first ICTs and then telehealth preparedness; weekly contact from a volunteer initially for simple greeting and later scripted content on loneliness. Data collection includes Baseline surveys covering demographics; technology ownership, use, and competency; loneliness, networks, and PHQ-9; Midpoint surveys to assess perceptions of model components and obtain telehealth experience; weekly notes from tutors and volunteers; and Posttest surveys including Baseline items plus feedback on model components and their impact on participants. **Results and Discussion** Most participants use cell phones but have little other technology use more than occasionally. Results to date show a range of participant experience with ICTs requiring flexibility in tutoring. COVID-19 forced movement to video (Zoom, Duo) for some sessions, and negatively affected recruitment. Participants have initiated video contacts with others in the pilot, and helped organize monthly virtual celebrations to connect as a group. Reaction to telehealth content has been very positive. Of the 25 participants recruited, 20 (80%) completed the entire program including telehealth preparedness. Participants report overall positive assessment of the tutor training. Most have demonstrated competence in using email, videoconferencing, internet searching, and photo tools.

References

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