ConnectMeDHAD 6-month post-survey results

The ConnectMeDHAD program was developed and implemented during the COVID-19 pandemic to address the technological and isolation needs of individuals living in Summit County, Ohio. Limited access to technology can create a barrier to healthcare, social services, and even socialization from family and friends. 550 devices (laptops, desktops, and tablets) were provided to the community, as well as internet access when needed. The program provided 452 devices to participants living in their own homes, one device to each of the 43 nursing facilities in Summit County to increase accessibility for facility residents, and 55 devices to community partners, such as: Blick Clinic, Community Action's Foster Grandparents program, Vantage Aging's SCSEP program and Patterson Park Community Center.

Demographics and Data

Eligibility screening identified individuals who had the likelihood of becoming socially isolated and/or experience depression, didn't already own or access a computer, did not have the financial ability to secure a computer, had the capability or the desire to use tech skills to communicate with others, and were residents of Summit County. Each of the 452 individuals reported to be low-income, with 247 (55%) living alone. 300 (66%) reported having a chronic condition to be managed with the device. Additionally, 80 recipients (18%) have limited English proficiency and 291 (64%) consider themselves a minority. 67 (15%) have compromised immune systems preventing home visits during the pandemic, 140 (31%) have a behavioral or mental health diagnosis, and 212 (47%) have a disability.

Pre- and 6-month post-surveys collected data from participants about device usage, feelings of isolation, and technology comfort levels. All individual recipients participated in the pre-survey (452) while 281 were able to respond to the post-survey 6 months after receiving their device.

Device Usage

The majority of recipients planned to use the devices to communicate with others, and with physicians, online. A significant portion also mentioned participating in online evidence-based health and wellness classes, as well as online bill pay, church services, and more. Online employment services were also of interest. The 281 respondents from the 6-month post-survey instead veered more heavily towards use for online banking, shopping, games, bill payments, videos, and social media, followed closely by communicating with family and friends. 66% of the 281 respondents reported using their devices frequently.

Isolation, Loneliness, and Sadness

Of the initial 452 respondents, 228 (50%) reported feeling alone, 257 (57%) reported feeling isolated, 257 (57%) reported feelings of sadness. While the post-survey pool dropped to 281 individuals, 100 reported feeling alone (35%), which is a staggering improvement from the pre-survey. This trend continued for the other two questions where 107 (38%) reported feeling isolated and 75 (27%) reported feelings of sadness after receiving a device. Another notable finding concerns gathering with friends or family. Before receiving a device, 65% of the individuals were able to interact with friends and family

online one or more times each week. After the devices were distributed, this number jumped to 73% of the 281 respondents.

Technology Comfort

The final section obtained data on each participant's confidence level with utilizing a computer/tablet/laptop. Many individuals reported they were confident sending an email and watching videos online. Three areas were identified as stressors before device distribution: filling out an application/making a purchase, using Zoom or Word, and evaluating an email or website for safety. Of the 281 who responded in the 6-month post-survey, a much smaller number reported needing additional training aside from Zoom and Word, which remained high.

To address training and technology comfort, BestBuy Geek Squad provided initial setup assistance. Recipients demonstrated a need for additional help, so Direction Home applied for additional funding to provide one-on-one training for participants. The Peer Support Technician has now completed over 90 in-home visits, hosted 4 group trainings, and has created "Computer Clubs."

Conclusion

The goals of the ConnectMeDHAD program were to provide older adults and individuals with disabilities with access to technology and to address social isolation by providing ways to communicate safely with family, friends, physicians, and care managers. Pre-survey results showed that many people were experiencing symptoms of isolation and sadness. Individuals felt that access to a device would improve their quality of life by utilizing it for appointments, employment opportunities, and connecting with family/friends. Results reported on above from 6-month post-survey data showed that these goals were not met for approximately half of the recipients due to not knowing how to use the device or not having a level of confidence that allowed them to try.

For a variety of understandable reasons, the participation rate for this first post-survey was 62%. It is likely that another post-survey will reflect a higher participation rate and possibly more favorable results due to the success of Peer Support Technician efforts.

"We've heard story after story from participants of how these devices have been life savers. They have used technology to stay in touch with family and friends, keep entertained on lonely afternoons, learn a new skill, and meet essential needs like ordering groceries online. We have a lot of work ahead to make sure the skills are there to use this technology but our participants are willing and excited to learn." -Holly Flowers, DHAD Peer Support Technician

Holly also recollects several other success stories from recipients, including: newfound access to faith services during the COVID-19 pandemic, recovery of lost family photographs due to the tech support, several instances of grocery delivery, more quality time with family and friends, reconnection with deaf family members, and increased scam awareness.