



**Digital Access & Older  
Adults  
Living in Toronto**

# Project Collaborators

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- Mixed Method Study (Online Closed Question Surveys & Live Phone and Virtual Interviews)

A) **Quantitative** online surveys for 3 most common settings of older adults in September 2020 to December 2020

**Long Term Care Homes** (sent to all LTCHs in the 6 boroughs)

- only 4 homes responded out of 75 = approx. 532 to 700 residents, 50% NFP homes 50%FP homes, 2 in Scarborough; Etobicoke; Old City of Toronto
- 3/4 of these homes provided internet to the rooms
- All 4 homes reported more than half their residents require 1:1 assistance using the internet (1 home report all of their residents require 1:1 assistance when using devices and the internet)
- 3/4 supply devices but, only have a limited # in stock, 1/4 state 25% of their residents have their own device and they do not supply devices to the other 75%
- 100% of residents prefer a tablet device
- 2/4 homes use internet for social media/virtual calls; 1/4 uses it to live stream entertainment; 1/4 uses it for chatting and texting

## Retirement Homes (sent to all RHs in the 6 boroughs)

- 12 homes responded = approx. 1402 residents to 2404 residents
- 6/12 North York; 3/12 Old City of Toronto; 2 Scarborough; 1 East York
- 6/12 FP homes; 6/12 NFP homes (not sure what this means as there are very few NFP retirement homes in Toronto)
- 9/12 homes do not provide internet access within the residents' suites; 7/9 of these homes have dedicated computer rooms (locked during the pandemic); 8/9 of these homes residents pay for their own in-suite internet
- 7/12 homes report residents can use the internet independently of these 4/7 homes report up to 75% of their own their own devices; 3/7 homes less than 25% own a device
- 9/12 residents prefer a tablet; 3/12 use either smart phone or laptop
- 7/12 (majority) use internet for emails; 2/12 texting & chatting; remaining use it for gaming, live streaming and social media

**Community Senior Support Service Agencies** (sent to all CSS agencies) this included target shelters that serviced higher rates of older adults, the Anishnawbe Health Centre, and the Aboriginal Housing Services Centre

- 10 agencies responded = approx. 39,835 (no identifier except for first 3 digits of postal code)
- Responses from 3/10 Old Toronto (14900); 3 Scarborough 14500 + fluctuating numbers in shelter) ; 1 Etobicoke (450), North York (5000), York (4865), and East York (120) each
- This represents a total of 39,835 residents in the 6 boroughs
- 6/10 agencies report 50%-74% of their clients are low income; 2/10 report 75%-100% of their clients are low income; 1 agency (NWScarb) reports less than 50% of their clients are low income and one for-profit agency (Leaside/Bridalpath) reported none of their clients were low income\*
- Scarborough reported less than 25% of their clients had access to internet; Etobicoke only 10%; York only 16%; North York (Bathurst Manor/Willowdale/Westminster-Branson) had the highest rate of internet in homes
- Agency provides free wifi throughout buildings/older adults in community – Scarborough (Malvern/Deer Park & Brimley Forest ); North York (Bathurst Manor/Willowdale)
- The majority of clients require assistance when using the internet and their device
- Most clients prefer tablets over other devices with smart phones second highest rating\*\*
- 3/8 agencies report older adults use internet for emails; 3/8 use it for social media and to connect live online; 1 agency reports clients use it for wellness programs and services; 1 agency reports clients use it for streaming entertainment content live movies and music



## B) Qualitative Interviews with Older Adults, Family Members, Healthcare Workers

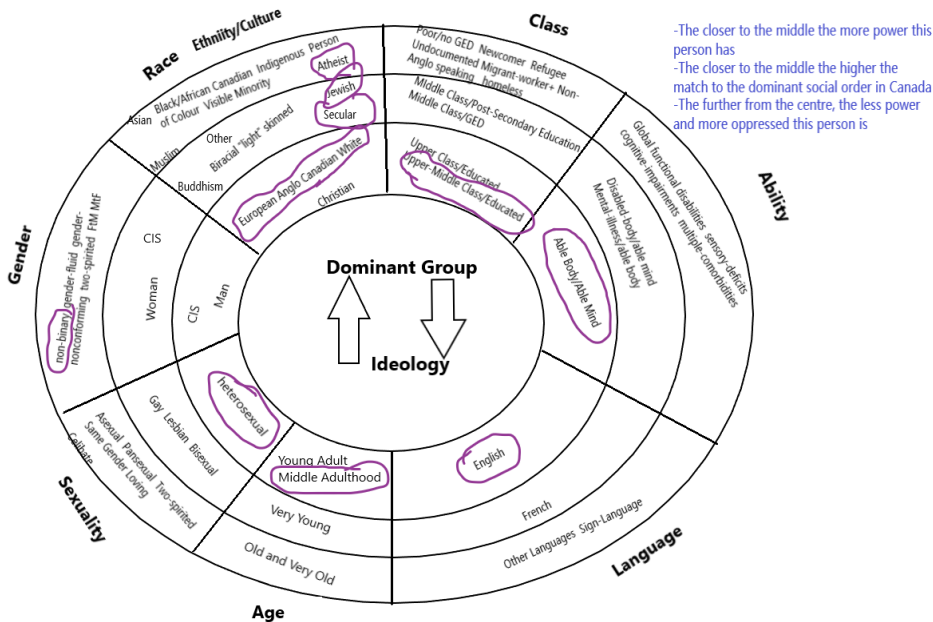
- Interviews were conducted in English, Mandarin, Cantonese, Vietnamese, Tagalog, Spanish, Italian, Urdu, Hindi, and Punjabi (these were the languages the students spoke)
- Interviewed 14 older adults living in Toronto by phone; 4 family members who have elders living in Toronto; 9 frontline Healthcare Workers who work with elders who live in Toronto
- Eligibility: OA= 60+, “M” postal code, competency assumed with informed consent process; anonymous; compensation of six 1:1 one-hour training sessions on device operation and internet navigation including one session on safety and security; baseline assessments taken with satisfaction survey upon follow up (tbd)
  - *Open Ended Q1 “What has it been like to live without digital access since COVID19 started?”*
  - *Same question for FM and HW with modification e.g. “What has it been like for you to connect with your loved one (older adult 60+ living in Toronto) without internet communication?” and “What has it been like for you working with older adults who do not have digital access?”*

# Methodology

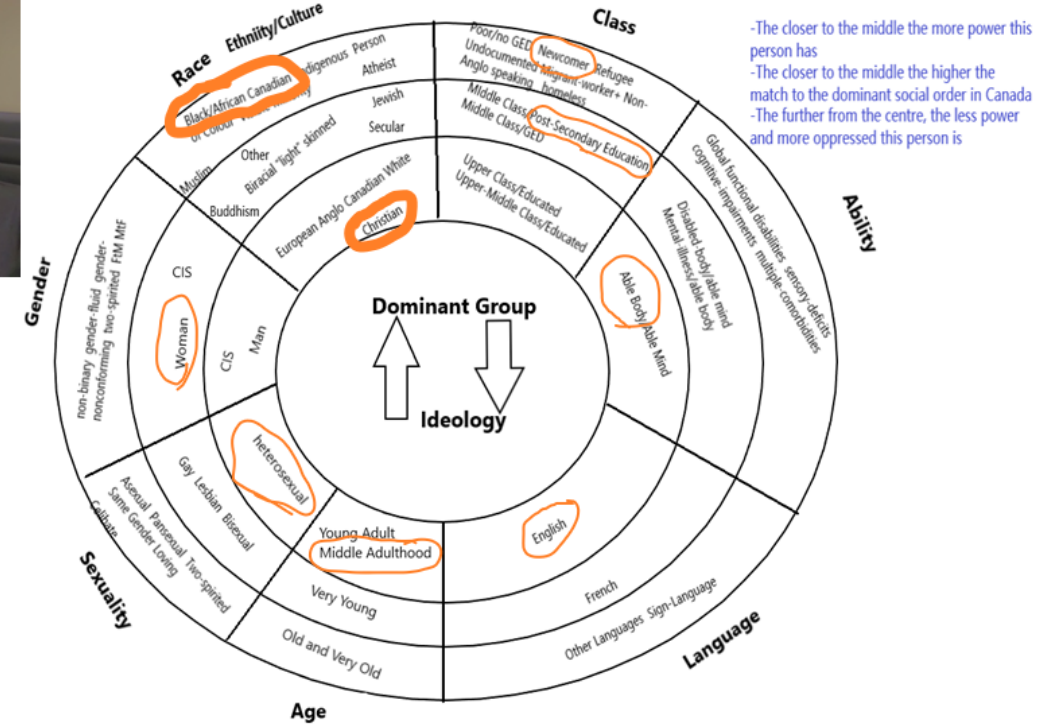
- Grounded Theory (Atlas.ti 9) & Disclosure of Social Location
  - Included are 9 Research Assistants' Social Locations as a transparent process see sample below;



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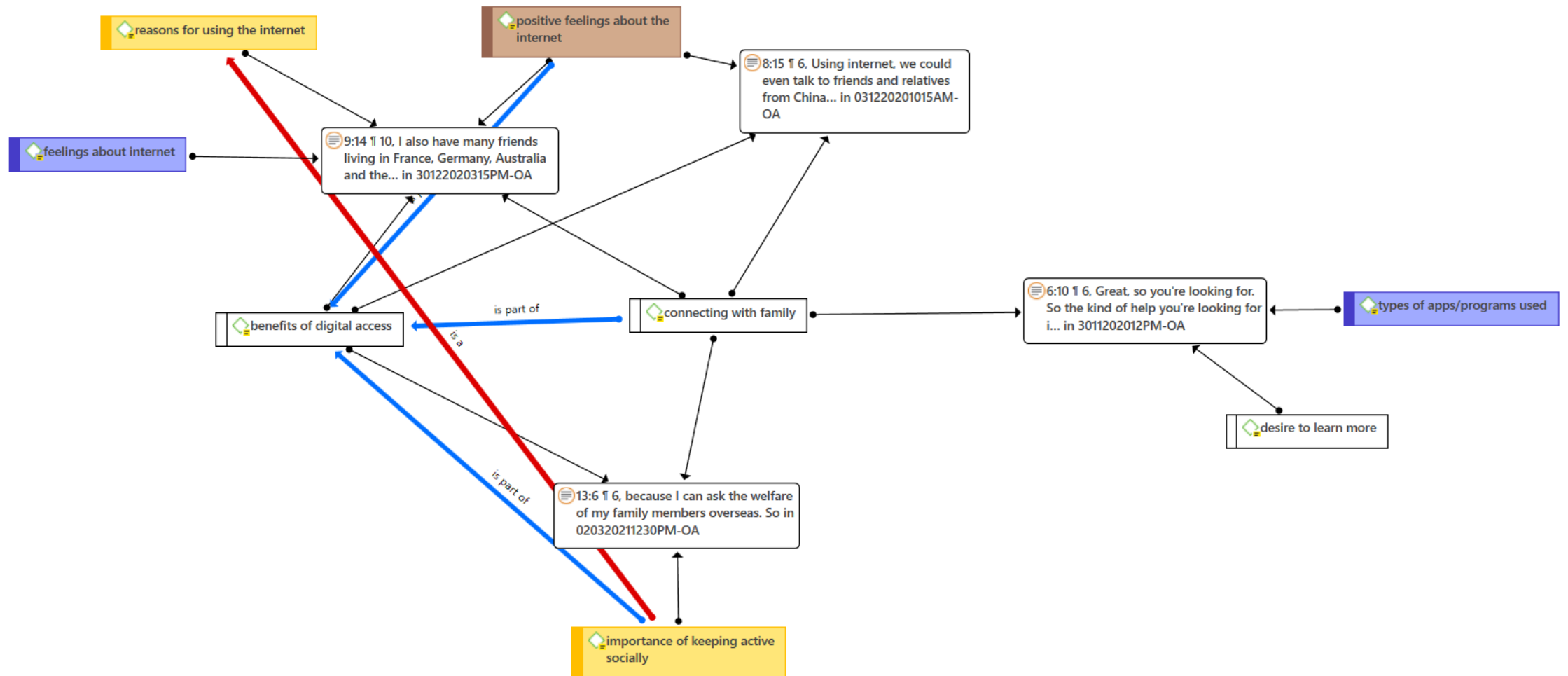


1. Students assessed participants for eligibility
2. Students received calls and interviewed participants in the language of their preference
3. Students recorded interview and used Otter.ai to transcribe it into the language of preference then google translate and their own translations to English for analysis
4. Transcriptions were entered into the system
5. Data was analysed by myself and students using Atlas.ti 9 (all students were trained and certified in this program prior to analysis phase) noting reflective process and social location
6. Themes and barriers to access were identified
7. Recommendations were made
8. Phase 1 of Seneca's SSWG project digitally training older adults began

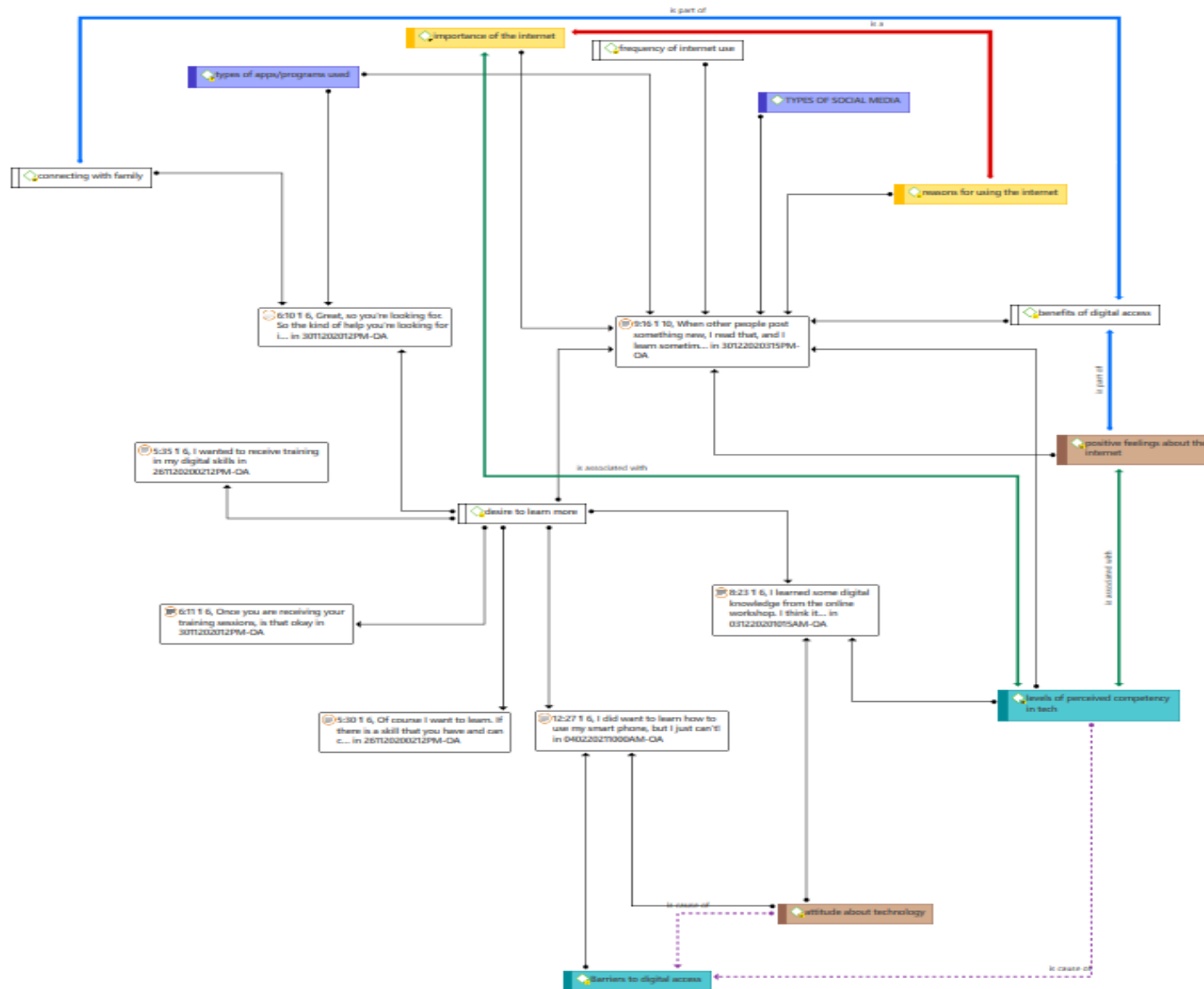


# Sample of Analysis (Qualitative using Atlas.ti9)

Some of the Benefits of Digital Access:



# Analysis: OA and the Desire to Learn







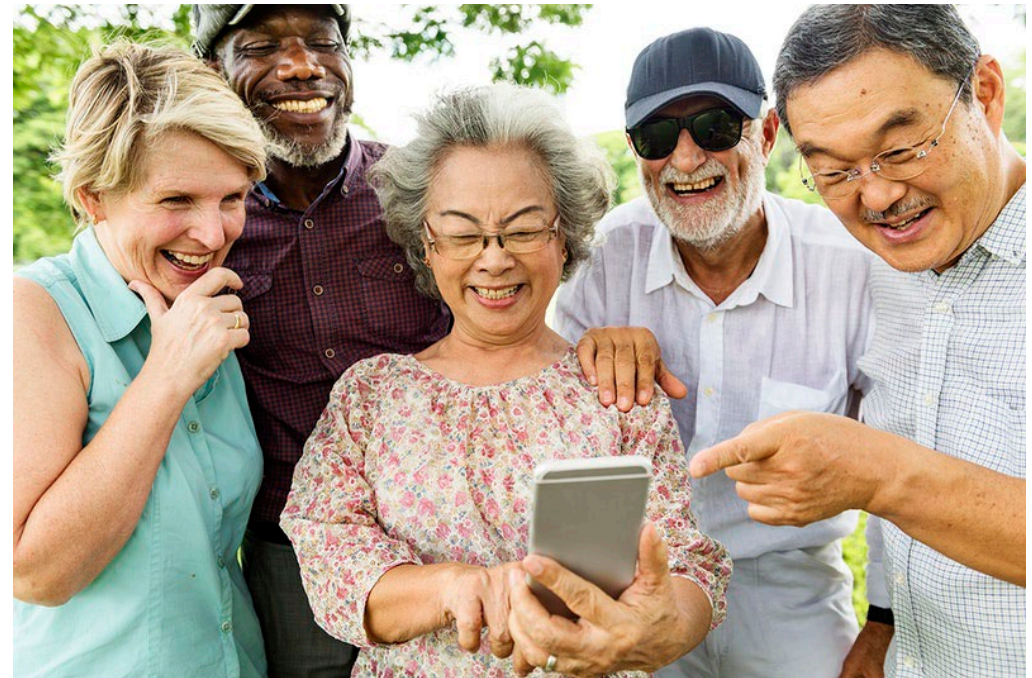
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# 5 Emerging Themes

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# Redefining “Digital Access”

- to include: high speed reliable internet + device (tablet preferred) + someone to deliver and set-up system + training on device and navigating the internet + (1:1 assistance in using the device for the most frail and vulnerable older adults e.g. persons with cognitive impairments, persons with multiple sensory deficits, persons with functional impairments around fine motor skills)

# Internalized Incompetence

- older adults have internalized the dominant social message that they cannot learn new technology or how to navigate the internet and so they believe it and are reluctant to engage in the learning process until they begin their training



# Digital Learning needs to be Purposeful

- Older adults want to and will learn how to use devices and navigate the internet if they are educated on how it can help them improve their quality of life

# Social Isolation is as Lethal as COVID19 for Older Adults

- Older adults have been in solitary confinement for over a year and reporting of higher rates of suicidal ideation and increased frailty without the human connection of others. Those already engaged in digital communities are reporting higher rates of resiliency during the lockdown
- Students in LTCH and community field placements have reported decreased physical mobility and strength, decreased cognitive abilities, increased levels of depression and anxiety, decreased levels of motivation, increased reports of suicidal ideation, especially where little or no contact or digital contact has been maintained

# Older Adults have been left behind in the transition to a digital world

- Fewer resources are actually available to older adults. Discounts on internet and free devices often do not apply to older adults; websites are not intuitive for older adults with more than 3 “clicks” to get to what they want; the vaccine roll-out was a perfect example of how OAs are repeatedly left out of the picture; Trainers need to be trained on how to teach older adults on using devices and navigating the internet, safety and security, and trouble-shooting when things go wrong. It has become increasingly difficult to re-connect with basic health, financial, and wellness services that have all but, disappeared and transitioned to online world

# Identified Barriers to Access

1. **Cost**, monthly internet fees or phone data fees are beyond what low-income older adults can afford and without training see little purpose in spending the money on it; smart phones on family plans are common but, difficult to operate, hear, and see with small screens and smaller buttons; also see little purpose in purchasing devices when they don't know how to use them or what they could use them for; this generation of OAs are fiercely protective of their financial status and will forego a free option if they have to disclose their income
2. **Digital fluency/literacy**: all the training centres (Apple genius bars; Seniors Community Centres; Public Libraries) where OAs go to learn how to use devices and navigate the internet are closed and have been for almost 2 years – completely cut off from training
3. **Digital Access** – all the stores, libraries, community centres etc. have been shut down for almost 2 years, these were the main sources of digital access for older adults and for social and physical activities and wellness programs
4. **Website platforms** – almost always designed by Millennials and GenZs are not intuitive to older adults and difficult to navigate and understand; jargon difficult to comprehend until it is learned, there are often more than 4 links or “clicks” that a person must perform to get to their target which is frustrating and confusing e.g. registering for the first vaccine vs actually making the appointment
5. **Lack of 1:1 assistance**: older adults who are the most marginalized by this pandemic are the least likely to have the 1:1 assistance they need in order to operate and communicate with their loved ones virtually especially in LTCH settings so even having a device is useless without the 1:1 assistance, this includes older adults with sensory deficits and cognitive impairments

# Solutions & Recommendations & the Deposition to the COT Executive Committee and Mayor...

1. The city needs to press the two major players, Rogers and Bell, for funding for free high speed internet installation and low monthly cost of \$5-\$10 for any older adult who is identified by the local Seniors Support Agencies as low-income (no questions asked) which can be picked up by these agencies through grants and fundraising; delivered by the company and installed for free using IPAC or PPE precautions
2. The agencies and City can broker a deal for free tablets for all older adults over the age of 70 (we found younger older adults already have a device) who are low-income no questions asked; pre-loaded with basic apps; mailed directly or delivered directly to the recipient using contactless methods
3. A licensing requirement for all LTCHs to provide each “bed” with a free tablet and free wifi that reaches to each room. Most are for profit – let them pick up the tab – with no rate increases permitted! NFPs can apply for capital grant funding for this initiative. Effectively immediately.
4. A licensing requirement for all LTCHs and policy should be in place to mandate additional staff e.g. activation aides to deliver 1:1 digital engagement and virtual visits with family and friends daily for 20 minutes for all residents in Memory Units and Secured Units and residents identified as having significant functional impairments and requiring 1:1 support with their device

5. 1:1 and small group online/virtual training can be delivered by a collective network of high school CAP programs, post-secondary field placements where relevant, and an initiative to train seniors to train their own cohort as a sustainable option with the cooperation of the local seniors support agencies and LTC and Retirement homes; A criminal record check and vulnerability sector check would be required plus a supervisor to oversee the training and receive feedback from the clients and residents; Students would be trained on how to work with older adults and how older adults learn, risk assessments, identifying elder abuse, and safety and security on the internet prior to working with older adults directly; We can also engage faith-based organizations, public libraries, and community centres with volunteers to virtually train older adults
6. All municipal and regional agencies, when deciding on a “public plan” that intends to go digital, should have older adults’ input and feedback for ease-of-use, accessibility, prior to implementation as per AODA requirements
7. Funding in the community for support to engage digitally in a person’s home while a PSW is providing care should be mandatory and part of the individualized care plan; this would require additional paid time plus the provision of a device by the agency (not the PSW’s personal device and data) plus data should be available and provided to clients in the community receiving services.



# What has Seneca College's SSWG Dept done Since this Study?

- Currently working with Markham Public Library to train their older adult members remotely since January 2022
- Working with community senior support service agencies to encourage older adults to self-identify as wanting to learn about electronic devices and improve digital literacy since September 2021 providing 6 free 1:1, one-hour digital training sessions including a baseline assessment and safety and security on the internet session (mandatory). Providing free sourcing for tablets or laptops for OA who do not have a device and directly connecting them to either Toronto Public Library wifi hot-spot program and device loan program or with Telus' low-rate monthly high-speed internet option for low-income older adults prior to initiating lessons
- Students are developing a training manual for students training older adults on electronic devices and the internet
- We are working with one LTCH that would like us to teach and work remotely with their residents with cognitive impairments – we have not figured out how to do this without our students being on-site and working 1:1 with these residents (which is what they are doing now)

Please refer your older adult clients who want to learn about their digital devices and how to navigate the internet safely to us:

**Contact: Caroline Grammer, Seneca College, School of Community Services, Department of Social Service Work Gerontology**

**Phone: 416 491 5050 x 55449**

**Email: [caroline.grammer@senecacollege.ca](mailto:caroline.grammer@senecacollege.ca)**

**For more information about our program and to register for sessions.**

The Seneca logo is the word "Seneca" in a bold, red, sans-serif font.

*This project was made possible in part by funding from the City of Toronto. In June 2020, the Mayor's Economic Support and Recovery Task Force identified opportunities to collaboratively undertake research to address urgent COVID-19 needs with Toronto's eight universities and colleges through the [CivicLabTO program](#).*

# References

- Photos from: [Download Animation Question Red Mark PNG Free Photo HQ PNG Image | FreePNGimg](#)
- [Buying Guide on Broadband Internet Access Deals – How Well to Choose Your ISP? | Techno FAQ](#)
- [zz9ygdcr-1402314378.jpg \(668×446\) \(rackcdn.com\)](#)