COUNTY OF
MARIN

County of Marin
Pilot Report
August 2021

Description of General Pilot

In the last quarter of 2020, Marin's pilot proposal was approved by the Inn Tech Suite Leadership. Between January and March 2021, Marin developed their pilot protocol, which included offering significant support to all potential participants. This support included providing hardware, setting up Internet access (e.g. connection to Wi-Fi), and facilitating digital literacy training conducted by Technology4Life, an organization whose mission is to teach adults of all ages how to use technology. Between March to June 2021, Marin County piloted MyStrength with isolated English and Spanish speaking older adults.

The purpose of the pilot was to engage isolated older adults with technology and to enhance their well-being and sense of social connectedness by offering them free access to myStrength for 8 weeks. MyStrength is a digital mental health platform that provides users with self-care resources to manage issues related to depression, anxiety, stress, substance use disorder, chronic pain, and sleep. The platform allows users to track their mood over time and access other educational and coping resources. MyStrength is accessible through a website and mobile app.

Thirty older adults were recruited for the pilot. Half of the pilot participants were English speaking while the other half were Spanish speaking. To support the older adult participants, Marin County enlisted the help of nurse interns from two local universities and promotores, volunteers from the Spanish speaking community in Marin County. Working alongside the Marin County staff, the nurse interns and promotores specifically were tasked with supporting the older adults in their use of technology and more specifically, myStrength. As part of the pilot, the participants and staff professionals (Marin County staff, nurse interns and promotores) voluntarily participated in digital literacy classes facilitated by Technology4Life. The curriculum consisted of 4 classes on the following topics: 1) Computer Basics 2) Internet Basics 3) Email Basics, and 4) myStrength. Due to COVID-19, all classes were held via Zoom, and were voluntary for both participants and staff professionals. Several participants also received individual coaching.

Figure 1 shows a timeline overview of the Marin myStrength pilot. The program involved 1) onboarding to get participants access to required resources, such as a device and Internet, to be able to take part in the program; 2) digital literacy training to improve participants' digital literacy skills; 3) participant engagement with myStrength for 2 months; and 4) debriefing participants to conclude the pilot. Evaluation data collection occurred at different time points throughout the program. Staff professionals who were interviewed and surveyed included Marin staff, nurse interns, and promotores.

Figure 1. Overview of the Marin myStrength pilot.
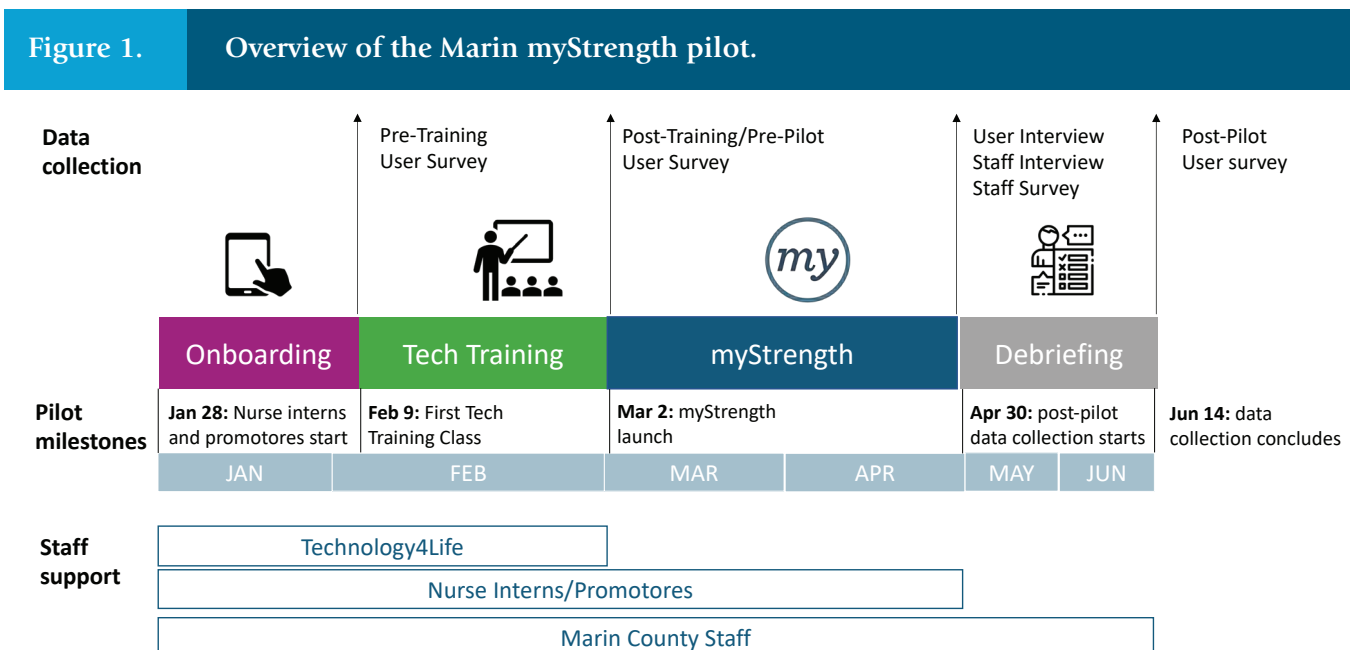
Key Terms

Key Terms	Definition
Digital Literacy Training	Classes co–developed by Technology4Life and Marin County to train participants, nurse interns, and promotores on digital literacy
Marin Staff	Individuals who worked to plan, execute, and complete the myStrength pilot
Nurse Interns	Nursing students from local universities interning with Marin County to help support English and Spanish speaking participants with the myStrength pilot
Participants	Individuals who live in Marin County who participated in the myStrength pilot
Promotores	Volunteers from North Marin Community Service's Promotores Program who helped support the Spanish speaking participants with the myStrength pilot
Staff Professionals	Includes all professionals who supported this pilot: Marin staff, nurse interns, and promotores
Technology4Life	Organization that provided digital literacy trainings to pilot participants, nurse interns, promotores, and Marin staff

Summary of Findings

Overall, participants were satisfied with the program and hoped more programs like this would be offered in the future. A majority of participants (78%) were satisfied with the digital literacy training: they not only gained skills specifically taught during the training, but also reported improved feelings of connectedness and purpose through interacting with people during the classes, as well as opening their world to additional ways technology can support their needs. After participating in this program, participants reported lower levels of loneliness and social isolation.

Most participants (70%) used myStrength for the entire two-month pilot. Many (52%) used it quite frequently, either daily or several times a week. Participants found myStrength to have many benefits, including changing how they think about mental health, supporting their mental health needs, helping them to recognize symptoms, and health improvements.

Preparing for Pilot

42% of participants were **not confident using technology**, and 21% of participants **needed support** getting access to Wi-Fi before the program

Digital Literacy Training

78% of participants were **satisfied with the training** and 78% agreed they were **more likely to use technology** as a result of the training

myStrength

74% found myStrength **useful** and 65% agreed it was **easy to use**

Program Impact

By participation in the program, there was a **significant decrease in loneliness as well as social isolation** among participants

The Help@Hand evaluation consisted of interviews and surveys with program participants. Interviews were also conducted with Marin staff, nurse interns, promotores, and the Technology4Life staff. Surveys were conducted with nurse interns and promotores. Each method is described below.

Interviews and Surveys with Participants

As part of the Help@Hand User Evaluation of the pilot, pilot participants were invited to take part in three participant surveys and an interview at various time points during the program. First, participants completed a pre-training survey before the digital literacy training and a post-training survey after taking part in the digital literacy training. The two surveys helped with understanding the participants' experience with the training and learning about technology skills they gained. Participants were contacted by the Help@Hand Evaluation Team and had the option to complete a survey online or over the phone. For those who did not complete the training, an interview for participants who stopped participating during the digital literacy training was conducted.

After use of myStrength, participants were invited to complete a post-pilot survey and/or take part in an interview to understand their experience with myStrength and the overall program. Interview was at a set time-point regardless of where they were with myStrength. Post-survey was 8 weeks after getting on myStrength.

Surveys and interviews were offered in English and Spanish. Data reported here are taken from select questions from the surveys and interviews. Some of the survey questions were provided by Technology4Life.

Data collection occurred between February and June 2021. Data were analyzed by the Help@Hand Evaluation Team.

Demographics of Participants (N=29)

The figure below represents demographic information from the 29 participants (one participant did not complete the demographic survey questions).

Figure 2.	English and Spanish speaking older adults participated in the pilot evaluation.

Age
31% aged 60 - 69 years old
38% aged 70 - 79 years old
14% aged 80 – 89 years old

Gender
93% Female
7% Male

Ethnicity
17% Central American
28% European/Eastern European
24% Mexican/Mexican-American
10% South American

Preferred language
48% English
45% Spanish

Social Connectedness
77% high on loneliness

Mental Health
38% experienced mental health concerns
38% did not experience mental health concerns

Education
27% High school graduate or less than high school
21% Some college experience
7% Associate's degree
34% Bachelor's, graduate and/or professional degree

Household Income
64% <$70,000
10% >$70,000

COVID-19
52% knew someone diagnosed with COVID-19
7% lost their job as result of COVID-19
32% had a family member lose their job or hours reduced as a result of COVID-19

Interviews and Surveys with Marin Staff, Nurse Interns, Promotores, and Technology4Life

As part of the Help@Hand Evaluation of the Marin myStrength pilot, 30 individuals (e.g., Marin staff, nurse interns, promotores, and Technology4Life staff) participated in a 30-minute semi-structured interview and/or a 15-minute survey between April and May 2021. The purpose of this data collection effort was to understand the experiences and perspectives of the frontline staff during the myStrength pilot.

Additionally, the staff professionals (Marin staff, nurse interns, and promotores) kept detailed time logs of the activities that they engaged as part of the pilot. They indicated the time it took them to complete the activity, any issues that came up, and who they worked with as part of that activity. The Help@Hand Evaluation team analyzed this data by grouping, or coding, the activities into different categories. The team also noted the different parties involved in each activity. The team then used the categories to calculate time spent by different parties, time spent doing different activities, the number of different activities involved, and a count of activities in each month throughout the pilot.

Over the duration of the pilot, meeting notes were also kept and provided by Marin County to be included in the evaluation. The content of the notes was analyzed and grouped into themes relating to challenges and successes of the pilot.

Demographics of Staff Professionals (N=16)

The figure below represents demographic information from the 16 individuals who took the survey including the Peer Lead, promotores and nurse interns.

Figure 3.	Demographics of staff professionals who completed a survey

Age
50% aged 18 - 25 years old
50% aged 26 - 59 years old

Ethnicity
50% Asian-American/Pacific Islander
44% Hispanic/Latino
 6% White

Gender
88% Female
13% Male

Education
63% High school graduate or GED equivalent
25% Professional degree/Some college/Associate's degree
25% Bachelor's degree
6% Master's and/or Doctorate degree
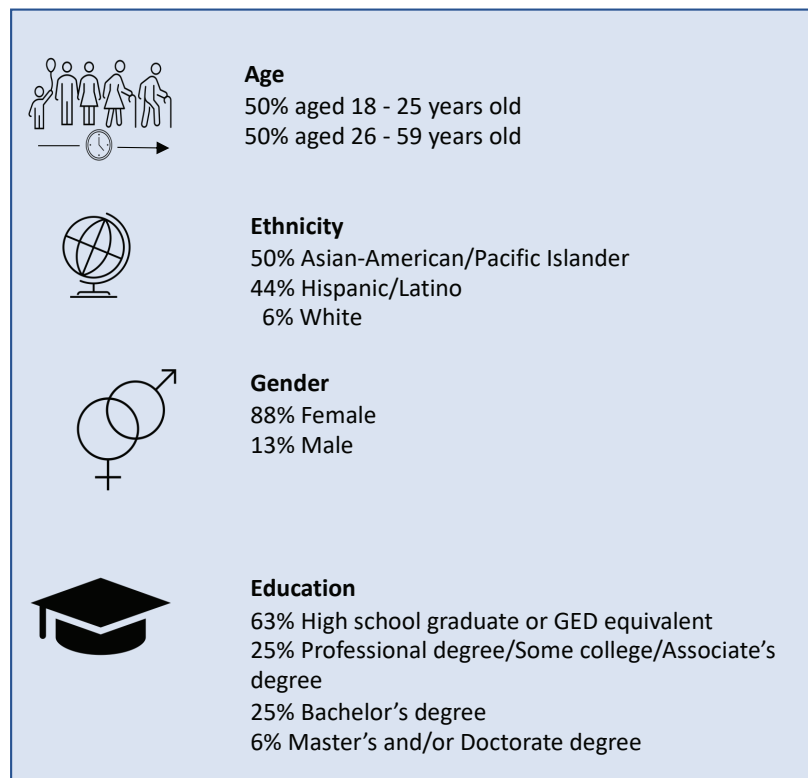
Key Findings

- Participants experienced a general lack of technical readiness and needed considerable support to get started with the program. The support provided was experienced as very useful.

- 42% of participants were not confident using technology, and 21% of participants needed support getting access to Wi-Fi before the program

- Before the digital literacy training, participants were asked about the things they would like to be able to do with a smartphone/tablet. Many of them said they would like to be able to use technology to connect with friends and family (75%), for entertainment (75%), and to get help with general health concerns (71%).

Recruitment of Marin County Older Adults into the Program

Marin County pursued a number of different strategies to recruit potential participants. Recruitment was primarily done by sharing information about the program through existing community-based organizations in partnership with the Telehealth Equity Project in the Marin County Division of Aging. This partnership resulted in approximately 20 people expressing initial interest in the program, with 14 English speaking older adult formally agreeing to participate. In addition, information was shared with a network of promotores that know the community, which was successful for recruiting 15 (out of an interested 20) Spanish speaking participants. Although flyers, YouTube videos, and text messages were also used to recruit participants, these efforts did not appear to be successful, as few participants noted this as having increased their awareness of the program and few individuals were recruited using these other strategies.

Participants reported becoming aware of the program primarily through word-of-mouth and recommendations from others. Participants' reasons for participating in the program included the following:

o interest in learning something new, especially technology;

o wanting to support a program aimed at helping people; and

o belief in the recommendation from trusted others who had participated in other programs offered.

"Una amiga me dijo del programa y cuando ya tuve clases, [Facilitator 1] me dijo de myStrength. (A friend told me about the program and when I had classes, [Facilitator 1] told me about myStrength.)"

"[I became aware] Through the West Marin Senior Services... Well, I just didn't understand what it [digital literacy training and myStrength program] was all about.... Curiosity and... I was interested in brushing up, you know, the technology part especially."

"Para mí ha sido espectacular. Más en este momento de pandemia. (…) Llegó el programa en un momento muy crítico, pero el programa es tan interesante y tan bueno que cuando la pandemia se va, el programa (…) deja ese espacio en la gente que usted lo necesita, usted lo quiere, es su compañía, es su compañero de vida…

(For me it has been spectacular. More at this time of pandemic (…) The program arrived at a very critical moment, but the program is so interesting and so good that when the pandemic goes away, the program (…) will leave that space in the people that you need it, you want it, it is your company, it is your life partner.)"

Technology Distribution and Technical Readiness of Participants

While participants were excited for the program, they experienced a general lack of technical readiness to begin the program. Challenges included the following:

o Lack of devices or Internet connection

o Low digital literacy

o Lack of support from family or friends

o Additional hurdles around meeting people in-person to provide needed support and/or training created by need to address COVID-19 safety issues and lockdown requirements

"Todo era nuevo para mí. No sabía manejar estas cosas. Simplemente, el celular… (Everything was new to me. I didn't know how to handle these things. Simply, the cell phone…)"

"The one-on-one technical [support]… [opened the door to new technology]."

"I felt like both [Facilitator 1] and [Facilitator 2] were very knowledgeable and helpful… I mean, they could answer almost any question I had. Yeah, I mean we had, you know, she was available at certain times. She had appointments, and she came out here, and, you know, everything I know about using the tablet I learned from those two people, either one or the other."

Marin County staff provided significant assistance to prepare participants to be able to participate in the technology component of the program, including supporting people in accessing the Internet and working closely with participants to troubleshoot issues. Twenty-one devices were distributed to participants (three of these devices were distributed to participants who did not complete the program). Further information about time is noted in Section 8. Data about participants' readiness as shown in **Figure** 4 was collected before the training, but after receiving support by Marin County staff.

| Figure 4. | Participants needed access to Wi-Fi at the start of the program (N=28). |

21% of participants needed staff support to get access to Wi-Fi

36% of participants had access to a mobile data plan

61% of participants most often accessed Internet from home
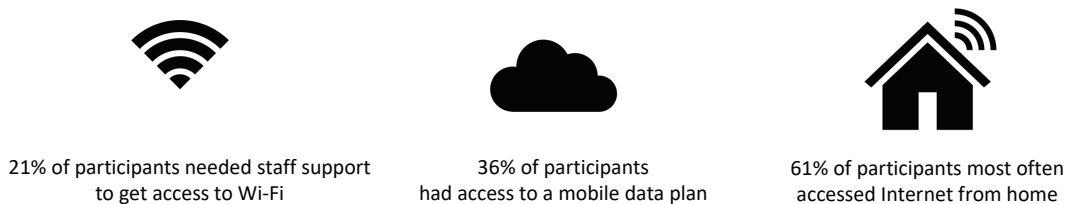
What People Would Like To Be Able To Do with a Smartphone/Tablet

Participants were asked about what they would like to do with their smartphone/tablet. **Figure 5** shows that a majority of participants would like to connect with friends and family, use it for entertainment and get help with general health concerns.

| Figure 5. | Participants would like to be able to use their smartphone/tablet for social, entertainment, and health concerns (N=28). |

Connect with friends and family (75%)

Use it for entertainment (75%)

Get help with general health concerns (71%)

Timing for Addressing Mental Health Needs Varies

Participants were asked about when they needed mental health support. **Figure 6** shows that the times that participants need mental health support varies.

Figure 6.	Participants need mental health support at various times (N=27).

During the day — 33%
When dealing with a significant life event — 26%
At home — 22%
At night — 11%
Before or during a social situation — 7%

0%   5%   10%   15%   20%   25%   30%   35%
% of respondents
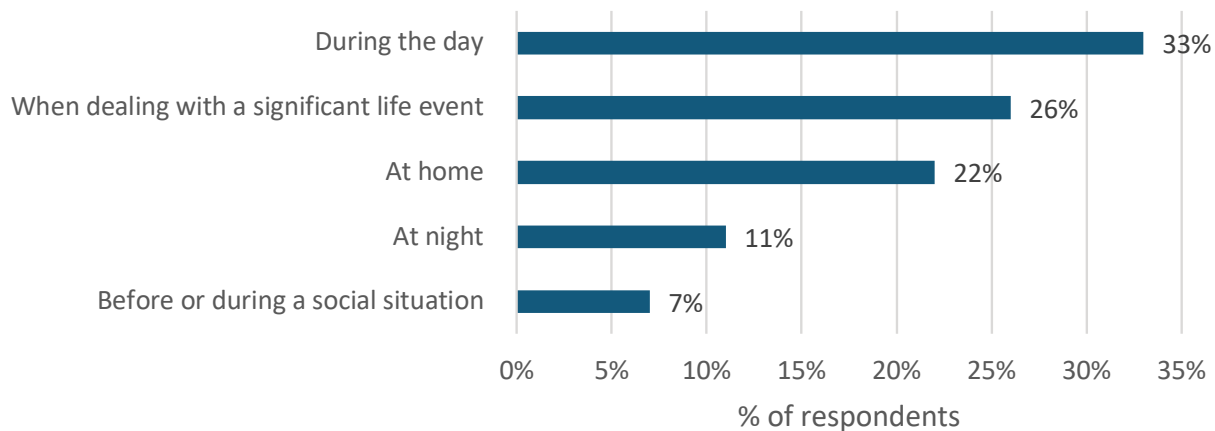
Factors That Participants Value in Mental Health Technology

Prior to participating in the digital literacy training and the myStrength pilot, participants were asked about the factors that they consider to be important in their selecting and using mental health technology products. Participants noted that it was most important to them that products kept personal information private and were free (both 71%, respectively) (see **Figure 7**).

Figure 7.	Key factors noted by older adults as being important in their selecting and using mental health technology products (N=28).

Personal information is kept private (71%)

The app is free (71%)

The app will not have a negative effect on device (e.g., drain phone battery) (68%)

Availability in languages other than English (57%)

The app can be easily used by people with visual impairments (54%)

Parts of the app can be used offline (54%)

The app can be easily used by people with motor or coordination impairments (50%)

The app is sensitive to my culture (46%)

The app can be easily used by people who are Deaf or Hard of Hearing (46%)

Key Findings

- Overall, participants were satisfied with the digital literacy training (79%).

- 78% of the participants reported that they would be more likely to use technology, due to taking part in the digital literacy training.

In-person support did not occur at the level initially anticipated. Due to COVID-19, the digital literacy training was transitioned to be held online, but was designed to still have in-person support provided by the nurse interns and promotores. Substantial in-person support was needed to support many tasks, for example getting participants connected to Wi-Fi, teaching them how to access email and zoom links, and answering questions. Despite these challenges, participants overall reported a positive experience with the digital literacy training classes, gaining technical skills that they did not have prior to the training.

"La capacitación tecnológica me pareció excelente. Excelente, excelente… Mucha disponibilidad de la profesora, mucha paciencia, mucha claridad en lo que hablaba. Era difícil no entenderle porque era tan clara. Eso me gustó mucho… Y el programa en sí me ha encantado. (The technology training seemed excellent to me. Excellent, excellent … A lot of availability of the teacher, a lot of patience, a lot of clarity in what she spoke. It was hard not to understand her because she was so clear. I really liked that… And I loved the program itself.)"

"Yo sabía poquito, pero sí me aprendí unas cosas nuevas que me han ayudado…Sí, se me hizo fácil porque más o menos conocía — tenía algo de conocimiento. Y con lo que adquirí ahí pues… Aprendí porque la instructora nos iba explicando con pasos muy sencillos y cómo ver uno en la computadora cómo regresarse, cómo adelantar, cómo guardar, cómo marcar ahí algo que prefiere uno, los favoritos, y lo aprendí (I knew a little bit, but I did learn some new things that have helped me… Yes, it was easy for me because more or less I knew - I had some knowledge. And with what I acquired there, well … I learned because the instructor was explaining to us with very simple steps and how to see one on the computer how to return, how to fast-forward, how to save, how to mark there something one prefers, favorites, and I learned it)."

Participants' Experience With the Digital Literacy Training

The majority of participants attended the digital literacy training live (see **Figure 8**).

Figure 8. The majority of participants attended the digital literacy training classes live (N=29).

Legend: ■ Attendance of live class ■ Playback recording of class
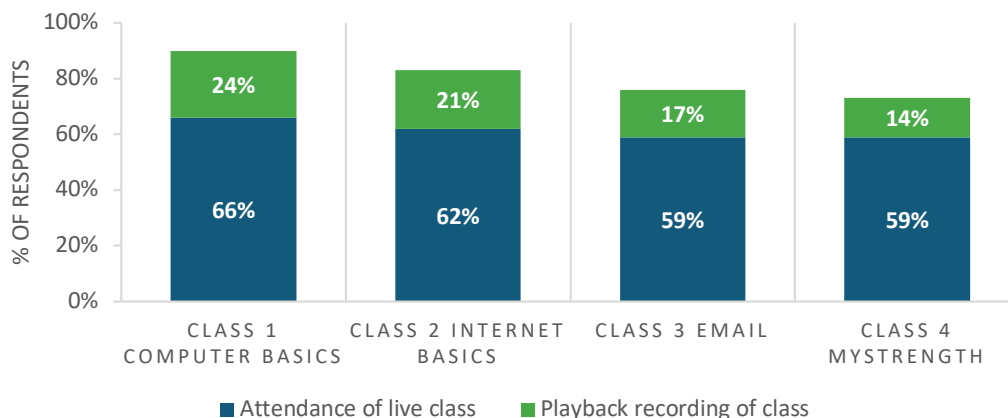
Participants reported a number of benefits from the digital literacy training classes. The benefits included skills specifically taught during the classes (e.g., **Figure 9** shows a 33% increase in participants who could use the technology for getting health information and a 22% increase in participants who could send email). Participants also reported a number of benefits beyond those specific skills, including improving feelings of connectedness and purpose through interacting with people during the classes as well as opening their world to additional ways technology can support their needs.

Figure 9. **By participating in the digital literacy training, participants became more comfortable using technology, e.g., to get health information and use email (N=18).**

Pre-Training		Post-Training
33%	Getting health information	66%
28%	Download apps	50%
67%	Use the Internet	84%
67%	Email	89%
22%	Upload photos	50%
28%	Add new contacts	56%
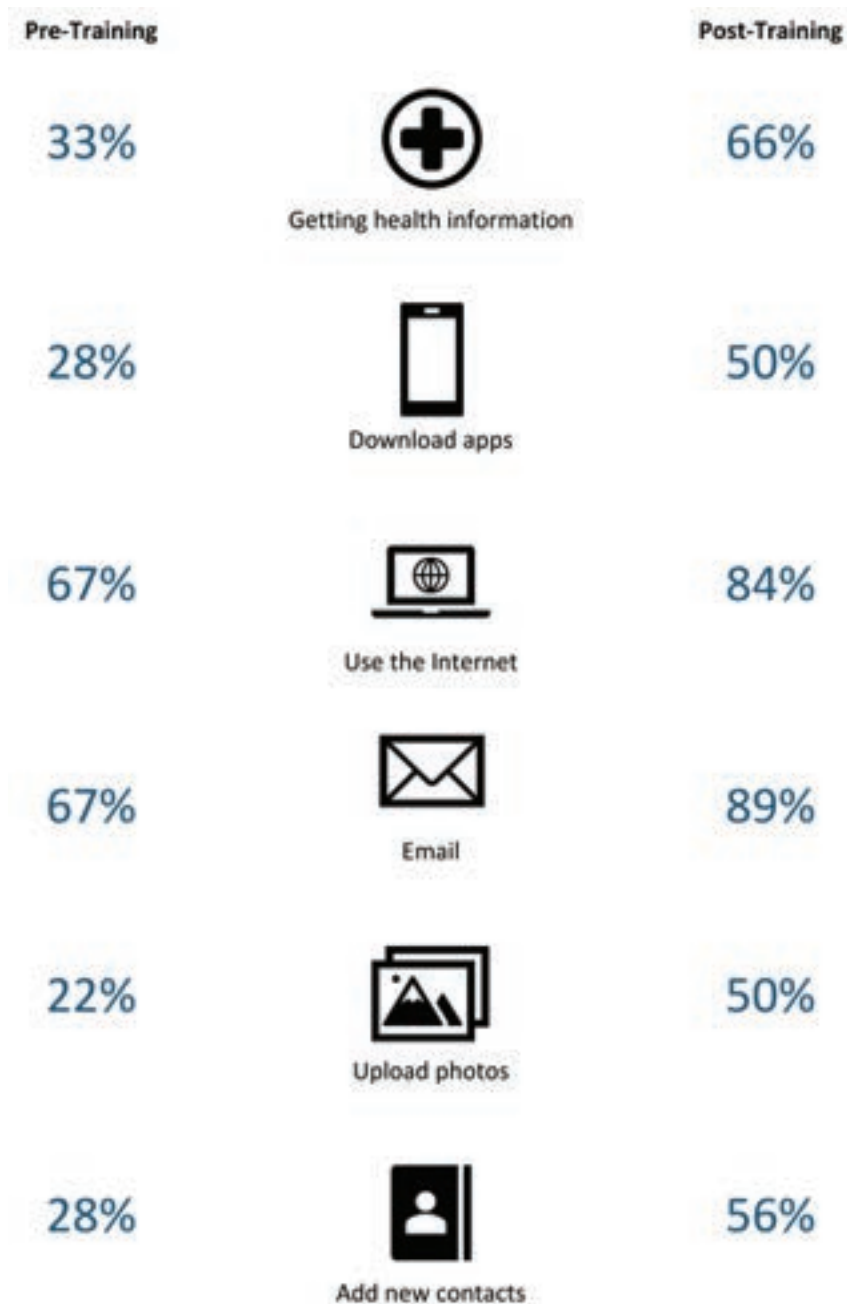
Technology Usage

Because of the digital literacy training, as shown in **Figure 10**, participants reported using the technology more often than before.

Figure 10.	The proportion of participants who used technology 'often' or 'always' increased after training (N=25).

Pre-training ■ Post-training

INTERNET USE — Pre-training 50%, Post-training 50%
SMARTPHONE USE — Pre-training 32%, Post-training 44%
COMPUTER USE — Pre-training 12%, Post-training 24%
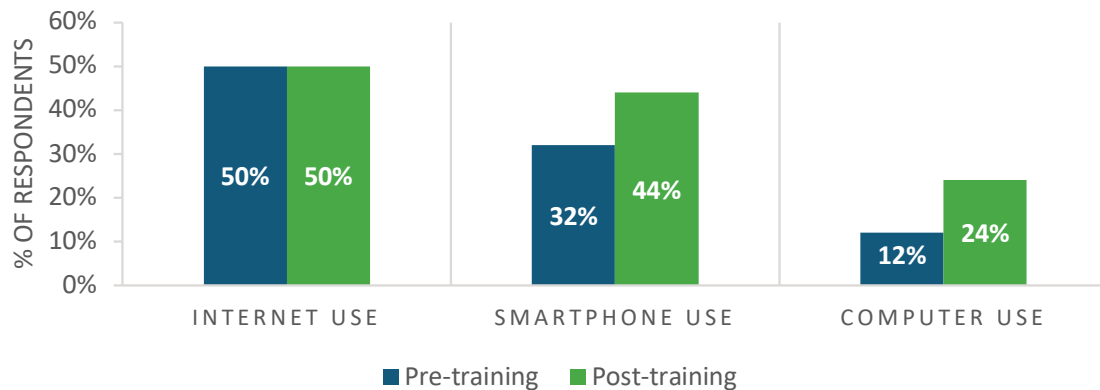
Older Adults Satisfied with Training and Likely to Use Technology

Importantly, as shown in **Figure 11**, 78% said they were satisfied with the training.

Figure 11.	Participants were satisfied with the digital literacy training and are likely to use technology because of the training (N=27).

BECAUSE OF THE TECHNOLOGY TRAINING, I AM MORE LIKELY TO USE TECHNOLOGY — 7% | 11% | 4% | 78%

I WAS SATISFIED WITH THE TRAINING — 4% | 19% | 78%

BECAUSE OF THE TECHNOLOGY TRAINING, I AM MORE LIKELY TO USE TECHNOLOGY TO SUPPORT MY WELL-BEING — 7% | 15% | 4% | 74%

THE TECHNOLOGY TRAINING MADE ME FEEL CONNECTED TO OTHER PEOPLE — 7% | 11% | 15% | 67%

% OF RESPONDENTS
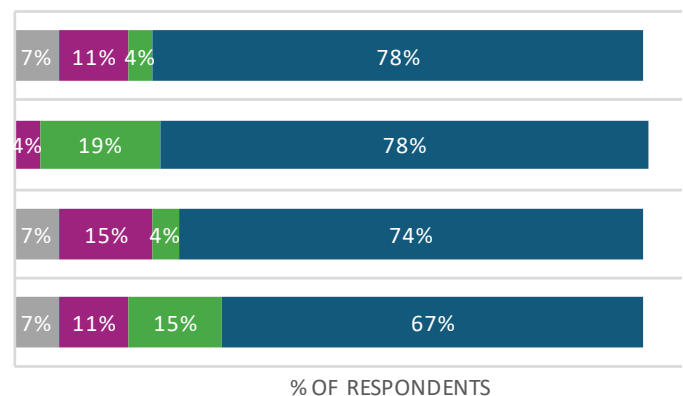
■ Does not apply ■ Disagree ■ Neutral ■ Agree

Confidence Using Technology

Participants were asked about their confidence using technology to look up information and to use technology to support their well-being before and after the training. **Figure 12** shows over half the participants reported feeling more confident after the training.

There was a significant increase in the participants' confidence to use technology to look up information after the digital literacy training (t(25) = 2.74, p=0.01). **Figure 12** also shows that 42% of participants agreed to being confident in using technology to look up information before the digital literacy training, compared to 62% after the digital literacy training.

There was also a significant increase in the participants' confidence to use technology to support their well-being after the digital literacy training (t(25)=5.22, p<0.0001). **Figure 12** shows that 31% of participants agreed to being confident in using technology to look up information before the digital literacy training, compared to 73% after the digital literacy training.

Figure 12. **More participants were confident using technology to look up information and support their well-being after the training (N=26).**

I AM CONFIDENT USING TECHNOLOGY TO LOOK UP INFORMATION

PRE-TRAINING	46%	12%	42%
POST TRAINING	31%	8%	62%

I AM CONFIDENT USING TECHNOLOGY TO SUPPORT MY WELL-BEING

PRE-TRAINING	62%	8%	31%
POST TRAINING	19%	8%	73%

■ Disagree   ■ Neither agree or disagree   ■ Agree
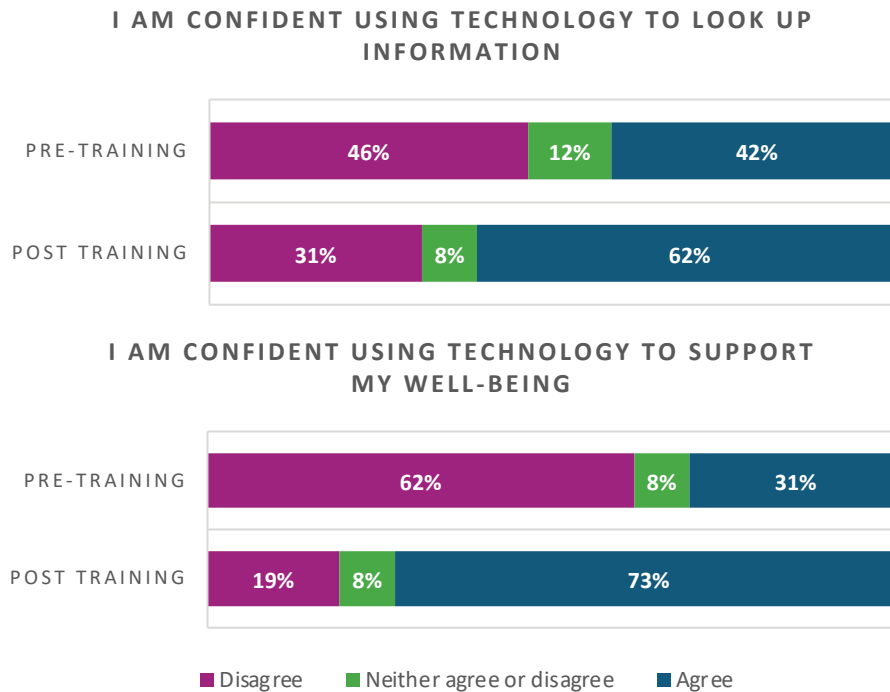
Digital Tools and Mental Health

Participants were asked about their use of online tools, connecting with people online and connecting with a mental health professional online before the training and after the training. As **Figure 13** shows, participants reported increased use of online tools and connecting with people and mental health professionals online after participating in the training.

Figure 13. **Participants' use of online tools for mental health increased after the training (N=26).**

% OF RESPONDENTS

	Pre-Training	Post-Training
USE OF ONLINE TOOL	8%	15%
CONNECTING WITH PEOPLE ONLINE	15%	19%
CONNECTING WITH A MENTAL HEALTH PROFESSIONAL ONLINE	12%	15%

■ Pre-Training   ■ Post-Training
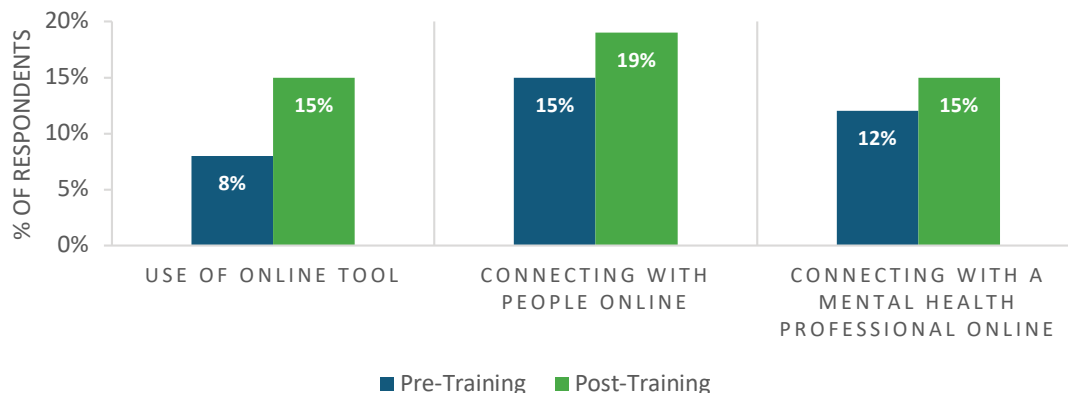
Some participants reported feeling overwhelmed by the trainings at times, the variety of options they were exposed to, and noted the challenges with trying to teach and accommodate different needs in a group setting. This feeling of being overwhelmed may explain why some participants did not feel confident enough yet in their digital literacy skills to use an online tool for mental health after the training (as shown in **Figure 14**).

"It's the first time I've had that kind of access at home. I had it at the library, and then there are computers that are available to the tenants in this building, which is senior housing. But during the pandemic, I didn't have access to those things anymore… No, but I'm going to learn more and more now that I own the tablet, you know?"

"There were quite a lot of things that were overwhelming at times…"

"Well, for a long time, I found it quite confusing. And somehow I guess I was feeling negative at first and thinking, Oh, dear… It's sort of a new speak, you know? [laughs] (…) But later, I began to see some of the value in it [digital literacy training] and realized it wasn't really the way I was feeling it would be… Well, it's certainly helped to be able to be in touch with family. And so, that was lovely."

Figure 14.	The most common reasons participants gave for not using an online tool for mental health pre- and post-training (N=26).

	Did not know about these apps	Confidence in digital literacy skills	Did not think I needed it
Pre-Training	19%	8%	8%
Post-Training	8%	19%	19%
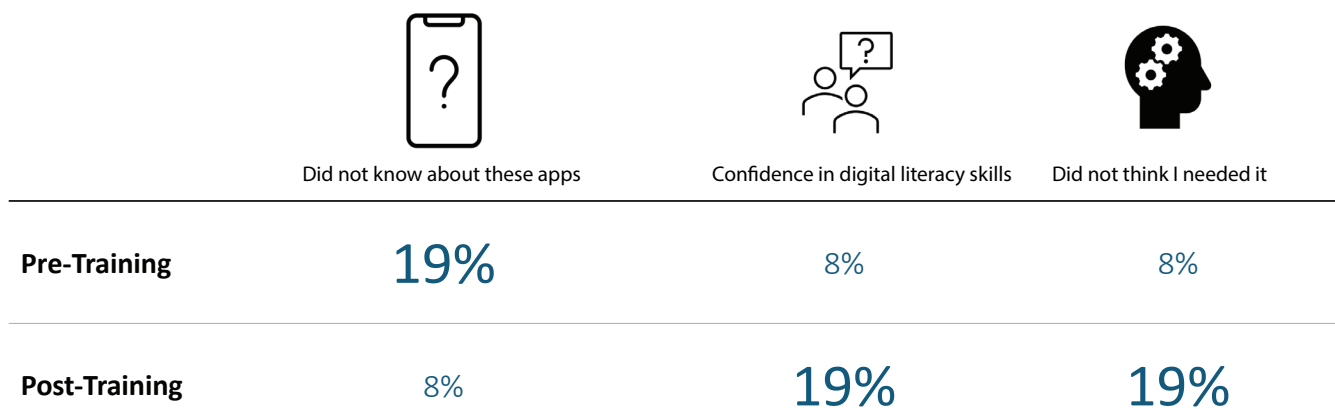
In general, there was a lot of enthusiasm for digital literacy training. Participants had some recommendations to improve the digital literacy training including:

o Hosting classes in-person

o Having more classes - including both basic and advanced courses

o Offering classes at different times and dates to accommodate participants' schedules

Spotlight: Staff Professionals' Views on Digital Literacy Training

Marin Staff, Nurse Interns and Promotores Believed Digital Literacy Training Improved Client's Technology Skills

A digital literacy training was designed by Technology4Life with input from Marin County staff. The training was voluntary for participants. The training consisted of four classes, each focusing on a specific topic. Each class is described below.

- Computer Basics – The computer basics focused on logging on, understanding the interface, keyboard and mouse basics, typing basics, understanding the hardware and accessories, understanding system basics, logging off and shutting down, connecting and joining Wi-Fi networks, password management and privacy, how to decide if an app is safe, downloading an app, deleting an app, and backing up your device.

- Internet Basics – The Internet basics course focused on safety online (e.g., avoiding scams), virus protection, checking and deleting your browsing history, managing bookmarks, and logging on and off (in the contexts of public and private computers).

- Email Basics– The email course focused on teaching participants how to read and delete messages, and interacting with attachments (e.g., how to open surveys and complete them).

- MyStrength – The myStrength course focused on installing the app, setting up an account, navigating the app, and tips for using the app and getting the most out of the experience.

In May 2021, the Help@Hand Evaluation team conducted semi-structured interviews with both Technology4Life and the staff professionals. Overall, Technology4Life's impressions of the training were positive though delivering classes over Zoom was challenging.

"para el cliente sí, yo algunas cositas ya sabía de todo lo de la computadora, de lo que puedes usar y todo, pero para el cliente sí le[fueron útiles las clases] porque ella dijo que estaba bien especificado todo… a ella le encantó." ("For the client, yes, I already knew about everything about the computer, what you can use and everything, but for the client, [the classes were useful] because they said that everything was well specified … they loved it. ")

"What was really challenging was delivering it all over virtual, you know, over Zoom. Definitely I would recommend if we go forward for people who are inexperienced I think they really needed the personal, kind of the in-person aspect."

Staff professionals and Technology4Life shared that the participants who were already familiar with using technology, had more success during the training compared to those who were new to using a smart device.

"There was a lot of challenges in the group that was new to devices. They had a lot of challenges. I think the people who already had some familiarity, we were able to work with them more successfully.

But we did get some wins. We had some people who had no knowledge and boy, they'd stuck with it and were able to get their tablets working and hopefully get into the app. I mean they were motivated to do it... they were willing to go through whatever glitches we might've encountered"

Technology4Life indicated that the level of motivation played a key role in the participants engaging with the technology. If the participants were motivated to learn, they benefited from the training regardless of their previous knowledge of technology. The digital literacy trainings helped participants gain a better understanding of technology and had a positive impact on the client's ability to use myStrength.

"[The participants] were excited to come to the classes, so I think then, you know, it went on for several weeks. So, they were pretty engaged and active with that. And developed new skills. You know we focused on giving them confidence in using the device in general."

The time spent during the digital literacy training classes resulted in participants feeling more confident using smart devices, learning more about technology and how to use it, and reduced the fear and apprehension around using technology for their wellness.

"We got a lot of feedback [from participants] that they were just, they felt more comfortable with technology, so it took away some of their fear and apprehension about using these devices. So, that was I think the main thing that they gained more confidence in their ability."

"cuando hablamos siempre me está hablando con ansiedad sobre la pandemia y sé que la situación de salud mental para ella es muy importante. Es una persona mayor, de 70 y plus años, está sola. No ha visto a sus nietos de un año, nomás por video, cuando apenas están a 20 minutos de camino en carro. Entonces, pienso que [myStrength tiene] unas buenas páginas [que] serían de mucha ayuda para ella. ("When we talk, she always speaks anxiously about the pandemic, and I know that the mental health situation is very important to her. She is an older person, over 70, [and] she is alone. She has not seen her 1-year-old grandchildren, only via video, [and] they are only a 20-minute drive away. So, I think [myStrength has] some good pages [that] would be very helpful to her.")"

Additionally, the myStrength service includes topic-based flyers to assist staff professionals further facilitate conversations around the use of myStrength with the participants. These flyers were seen as very helpful in the client's understanding of the various myStrength features.

"The flyers acted as an icebreaker to talking about mental health between participants and the Marin County staff and nurse interns/promotores"

"Since the flyers were in Spanish, it was much easier to talk about. Because they would be able to read it. And then I would go over the videos with them."

According to both Technology4Life and the staff professionals, the digital literacy trainings were seen as helpful when coupled with prior experience with technology. Although the COVID-19 pandemic presented challenges around in-person teaching, the training was instrumental in aiding in the use of myStrength for this pilot.

6. MYSTRENGTH

Key Findings

- A majority of participants (70%) used myStrength for the duration of the pilot or longer.

- A majority of participants found myStrength useful (74%) and easy to use (65%). Benefits included changes on how to think about mental health, supporting mental health needs, recognizing mental health symptoms and health improvements.

- Barriers to using myStrength included lack of time (31%), health conditions (31%), and technical issues (23%).

Adoption and Non-Use of myStrength

Figure 15. Most participants accessed myStrength using a tablet provided by Marin County (N=23).

Device	Provided by Marin County	Own device
TABLET	48%	9%
LAPTOP COMPUTER		17%
SMARTPHONE		4%
MOBILE PHONE BUT NOT A SMARTPHONE		4%

% OF RESPONDENTS

■ Provided by Marin County   ■ Own device
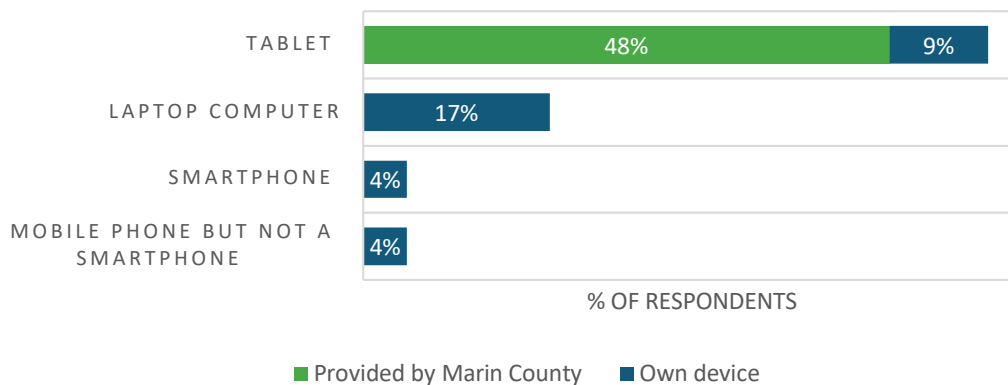
At the start of the myStrength pilot, participants had positive expectations about myStrength. For instance, as shown in **Figure 16**, the majority of participants felt that it would be useful in their daily life and improve their mental health (69% and 58%, respectively).

Figure 16. Participants had positive expectations about myStrength at the start of the pilot (N=26). The statements asked whether participants believed myStrength would…

Statement	Disagree	Neither agree nor disagree	Agree
BE USEFUL IN MY DAILY LIFE	27%	4%	69%
IMPROVE MY MENTAL HEALTH	23%	19%	58%
MEET MY MENTAL HEALTH NEEDS	23%	23%	54%

% OF RESPONDENTS

■ Disagree   ■ Neither agree nor disagree   ■ Agree
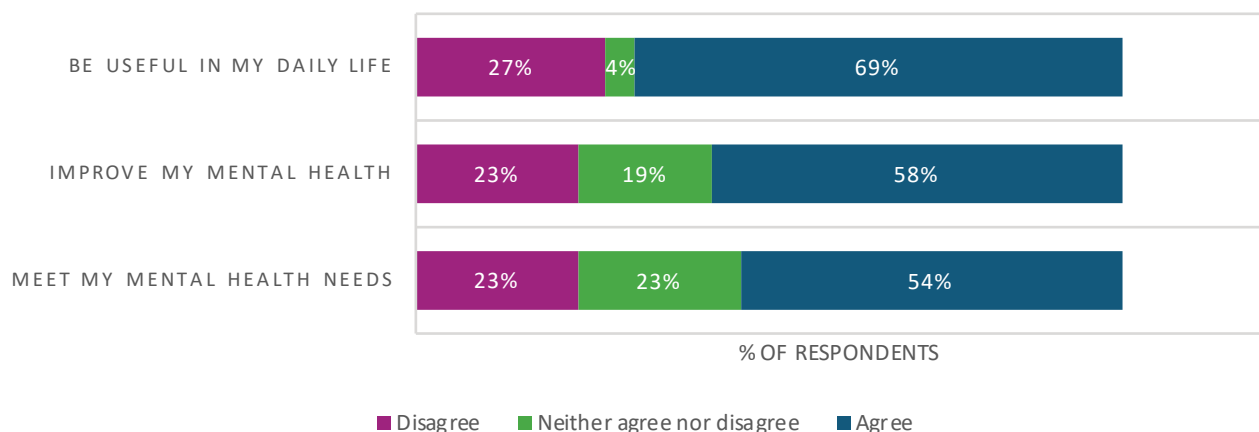
Explaining a digital mental health program to people who have little prior experience with technology can be challenging. Digital mental health is a novel concept, and it may be difficult to envision how a service like myStrength may work and to recall explanations that were given prior to being familiar with the product. This sentiment was revealed in the interviews: although overall expectations were positive, some participants did not have a complete picture of what myStrength was before using it.

> *"I had no idea what it was about, so I had no expectations. I didn't know about it. She told me about it, and so it's hard to have expectations on something you don't know about."*
>
> *"I mean, in a general way it sounds like something I might use. It seems to be largely about reducing stress, and that could be very useful, you know, as a generality. But I haven't explored their techniques."*
>
> *"Cuando ya vi el nombre de myStrength, me daba — que es «Mi fuerza», ¿verdad?... Eso como que dije: «Oh, esto va a estar bueno porque como que me va a hacer a mí fuerte». Así lo relacioné.*
>
> *(When I saw the name myStrength, it gave me - which is "My strength", right? ... I kind of said, "Oh, this is going to be good because it will kind of make me stronger." So I related to it.)"*

Maintenance of myStrength

At the end of the pilot, participants were asked about their use of myStrength. As **Figure 17** shows, the majority (70%) used myStrength for the duration of the pilot – two months. Many (52%) used it daily or several times a week. Whether these engagement levels persist once the ongoing support provided by the nurse interns and promotores remains is an important question, and one that require the collection of additional data beyond the scope of this pilot.

Figure 17.	**A majority of participants used myStrength for the duration of the pilot (or longer) and used it several times a week or more (N = 23).**

70%
Used myStrength for 2 months or more

52%
Used myStrength daily or several times a week

39%
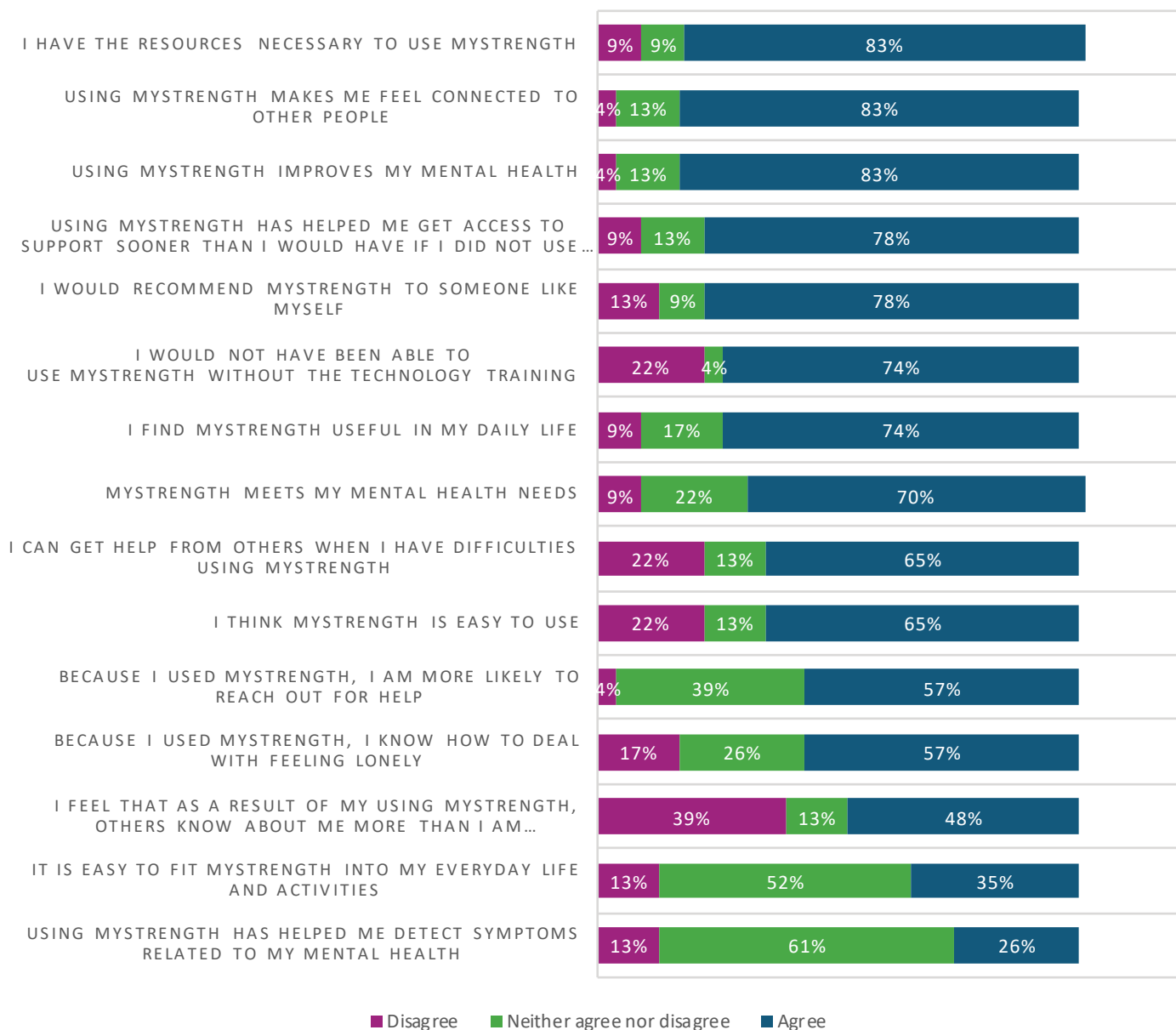Used myStrength continuously during the pilot

Satisfaction with myStrength

As shown in **Figure 18**, English speaking participants would recommend myStrength (78%), found it useful (67%), and easy to use (56%). Spanish speaking participants would recommend myStrength (79%), found it useful (79%), and easy to use (71%). **Figure 19** shows other positive aspects about participants' experience with myStrength.

Figure 18.	A majority of participants found myStrength useful and would recommend it (N=23).

	Would recommend myStrength	Found myStrength useful	Thought myStrength was easy to use
English Speakers	78%	67%	56%
Spanish Speakers	79%	79%	71%

Figure 19.	Participants' experience of myStrength (N=23)

Statement	Disagree	Neither agree nor disagree	Agree
I HAVE THE RESOURCES NECESSARY TO USE MYSTRENGTH	9%	9%	83%
USING MYSTRENGTH MAKES ME FEEL CONNECTED TO OTHER PEOPLE	4%	13%	83%
USING MYSTRENGTH IMPROVES MY MENTAL HEALTH	4%	13%	83%
USING MYSTRENGTH HAS HELPED ME GET ACCESS TO SUPPORT SOONER THAN I WOULD HAVE IF I DID NOT USE …	9%	13%	78%
I WOULD RECOMMEND MYSTRENGTH TO SOMEONE LIKE MYSELF	13%	9%	78%
I WOULD NOT HAVE BEEN ABLE TO USE MYSTRENGTH WITHOUT THE TECHNOLOGY TRAINING	22%	4%	74%
I FIND MYSTRENGTH USEFUL IN MY DAILY LIFE	9%	17%	74%
MYSTRENGTH MEETS MY MENTAL HEALTH NEEDS	9%	22%	70%
I CAN GET HELP FROM OTHERS WHEN I HAVE DIFFICULTIES USING MYSTRENGTH	22%	13%	65%
I THINK MYSTRENGTH IS EASY TO USE	22%	13%	65%
BECAUSE I USED MYSTRENGTH, I AM MORE LIKELY TO REACH OUT FOR HELP	4%	39%	57%
BECAUSE I USED MYSTRENGTH, I KNOW HOW TO DEAL WITH FEELING LONELY	17%	26%	57%
I FEEL THAT AS A RESULT OF MY USING MYSTRENGTH, OTHERS KNOW ABOUT ME MORE THAN I AM…	39%	13%	48%
IT IS EASY TO FIT MYSTRENGTH INTO MY EVERYDAY LIFE AND ACTIVITIES	13%	52%	35%
USING MYSTRENGTH HAS HELPED ME DETECT SYMPTOMS RELATED TO MY MENTAL HEALTH	13%	61%	26%

Disagree ■ Neither agree nor disagree ■ Agree

Cultural Relevance of myStrength

Overall, participants agreed that myStrength values and respects cultural differences and demonstrates knowledge about their culture. There are, however, areas that can be improved upon including more content in Spanish and English and full voiceover of videos into Spanish.

Figure 20.	Majority of participants thought myStrength valued and demonstrated knowledge about their culture (N=23).

What language did you use myStrength in?

- Spanish
- English
- Both Spanish and English
- Did not answer
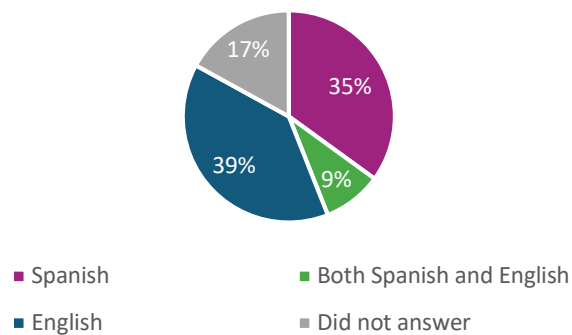
	English Speakers	All	Spanish Speakers
Agreed myStrength values and respects cultural differences	56%	78%	93%
Agreed myStrength demonstrates knowledge about their culture	67%	78%	86%

"Pero cuando yo entré a myStrength, todo es en inglés... [00:05:44 unintelligible] porque, como te digo, si sería en español, entonces iría más rápido al video… Ahorita estoy como poquito a poquito… en la tablet, son en español las instrucciones. Pero cuando voy a myStrength, todo sale en inglés… lo que yo digo de ellos es que si estuviera en español el programa, la mayoría de los programas, o sea, en inglés y en español, sería maravilloso."

(But when I entered myStrength, everything is in English … because, as I told you, if it would be in Spanish, then I would go faster to the video… Right now I'm like little by little … on the tablet, the instructions are in Spanish. But when I go to myStrength, everything comes out in English … what I say about them is that if the program were in Spanish, most of the programs, that is, in English and Spanish, it would be wonderful.)

Termination of myStrength

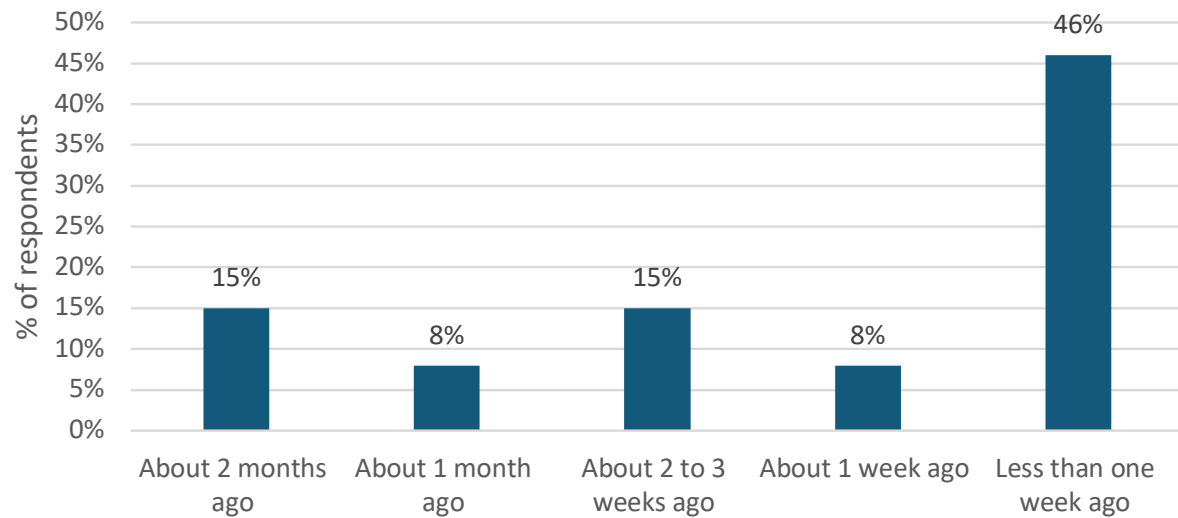| Figure 21.	Most participants who stopped using myStrength did so in the final week of the pilot (N=13).

Figure 22.	Reasons participants took a break or stopped using myStrength (N=13).

Busy / no time (31%)

Health reasons (31%)

Issues accessing myStrength (23%)

Don't think I needed it (15%)

While perceptions and experiences with myStrength were generally positive, participants explained a number of barriers to using myStrength (as shown in **Figure 22**). These included:

o trouble fitting myStrength into their busy lives

o health reasons

o issues accessing myStrength (e.g., difficulties with Wi-Fi/Internet, and logging in/password; need for ongoing technical support and guidance)

o didn't think they needed it.

A number of participants described current health conditions (chronic and acute) that may limit their abilities to engage in social activities and technologies and affect their overall well-being. Some examples include vision, hearing, memory, mobility, arthritis, and dental issues. Some participants also mentioned that the health conditions commonly experienced by older adults, such as vision issues and chronic fatigue, could make the low contrast and text-heavy technology of myStrength difficult to use. While not everyone found each piece of content applicable to their needs, many were satisfied to see the range of content and features available.

"No funciona mucho, falla el Internet. Por eso a veces no lo ocupo. (It doesn't work much, the Internet fails. That's why sometimes I don't use it.)"

"I would imagine that my experience is different from a lot of people's because of the chronic fatigue."

"Llegó mi hijo de México y ya tenía mucho tiempo que no lo veía. Entonces, no entré por esa razón, porque estuve con él casi siempre. (My son arrived from Mexico and I hadn't seen him for a long time. So, I didn't go in for that reason, because I was with him almost always.)"

# Spotlight: Staff Professionals' Views on myStrength

Staff have positive views on myStrength

In April 2021, the staff professionals (Marin staff, nurse interns, and promotores) were surveyed by the Help@Hand Evaluation team to understand their perspectives and experiences with the myStrength pilot. Overall, the impressions of the staff professionals were very positive towards the use and application of myStrength in Marin County.

On average participants had positive views of myStrength related to:

- myStrength being clear and understandable
- myStrength being adaptable to fit the client's needs
- myStrength producing visible improvements in participant's lives.

Figure 1. Perceived Characteristics of Innovation Scale[1] (N=16)

Perceived Characteristics of Innovation Scale

2.5

0 (Not useful at all)   4 (Very great extent)
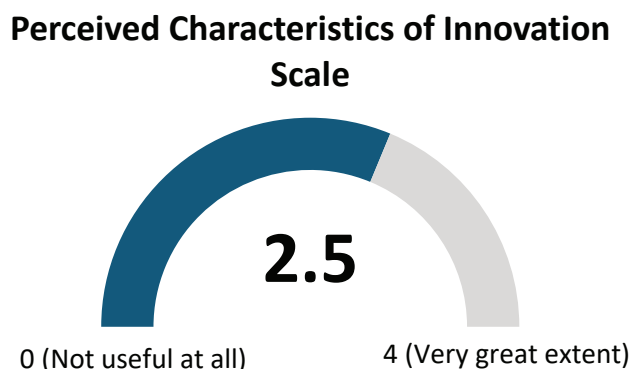
The Perceived Characteristics of Innovation Scale (PCIS) was used to assess the survey participants' opinions of myStrength. Staff professionals were asked to rate the extent to which they agreed with statements relating to myStrength's characteristics.

"I feel like myStrength did a pretty good job of simplifying just what it is to talk about mental health and incorporating it into your daily life."

"I think myStrength is a very good app for just kind of introducing the topic of mental health to each participant, or whoever utilizes it."

[1] The PCIS scale was created with good reliability (alpha=0.92). Items were assessed on a 5-point scale (0=Not at All, 1=Slight Extent, 2=Moderate Extent, 3=Great Extent, or 4=Very Great Extent).

Usefulness of myStrength in Marin County

Overall, myStrength was found to be useful for Marin County according to staff professionals.

Figure 2. Usefulness of myStrength[2] (N=16)
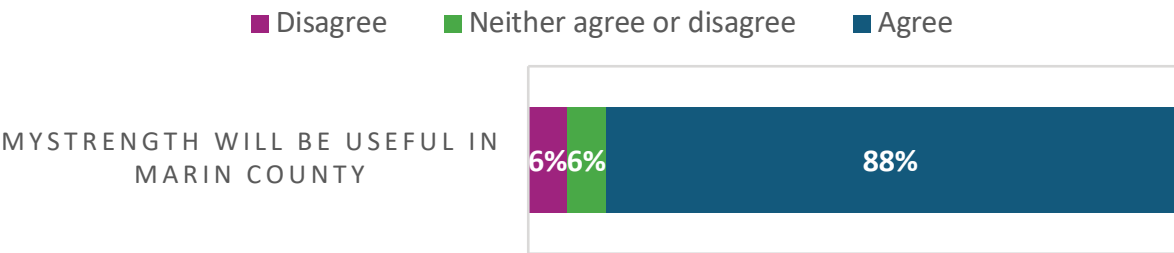
Staff professionals were asked how much they agree that myStrength will be useful in Marin County. This item was assessed on a 7-point scale (1= Strongly Disagree, 2=Disagree, 3= Slightly Disagree, 4= Neither Agree nor Disagree, 5= Slightly Agree, 6= Agree, or 7= Strongly Agree).

Staff professionals believed myStrength was feasible for Marin County participants to use.

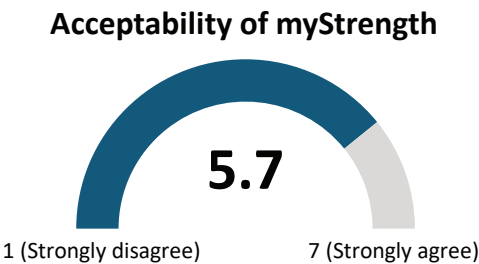**Figure 3.** Acceptability, Appropriateness, and Feasibility Scale[3] (N=16)
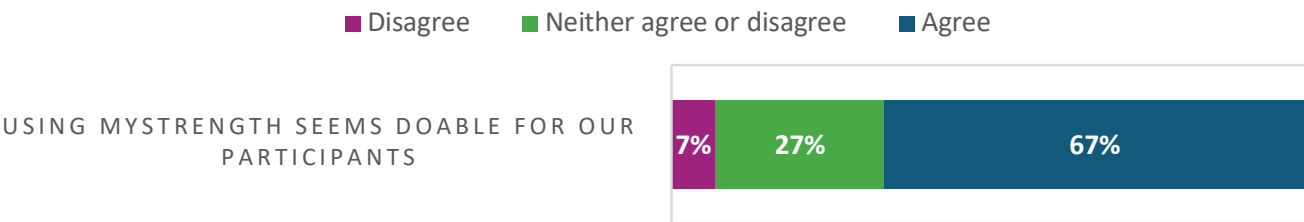
Staff professionals were asked how much they agree that using myStrength seemed doable for the participants.

Technology Acceptance Measure

Overall, staff professionals saw myStrength as easy to use. They felt positive toward it and thought they had the necessary skills to use it or become skillful at using it. Both the Spanish speaking and the English speaking staff professionals endorsed myStrength as acceptable.

Figure 4. Technology Acceptance Measure (TAM)[4] (N=16)

Acceptability of myStrength

5.7

1 (Strongly disagree)   7 (Strongly agree)

---

2 Items were assessed on a 7-point scale (1= Strongly Disagreed, 2=Disagreed, 3= Slightly Disagreed, 4= Neither Agreed Nor Disagreed, 5= Slightly Agreed, 6= Agreed, or 7=Strongly Agreed).

3 Items were assessed on a 5-point scale (1= Completely Disagree, 2= Degree, 3= Neither Agree nor Disagree, 4= Agree, 5= Completely Agree).

4 Items were assessed on a 7-point scale (1= Strongly Disagreed, 2=Disagreed, 3= Slightly Disagreed, 4= Neither Agreed Nor Disagreed, 5= Slightly Agreed, 6= Agreed, or 7=Strongly Agreed). The TAM scale was created with good reliability (Cronbach's alpha=0.92).

Staff professionals were asked to indicate whether they agree with the statements relating to the acceptability of myStrength as a technology. The 6-item TAM Scale was used to measure the acceptability of myStrength as a useful technology.
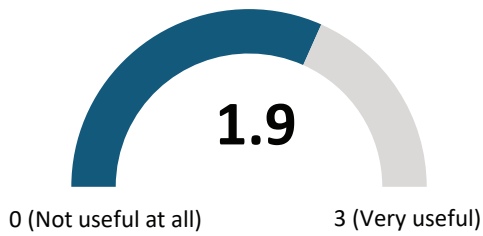
MyStrength Features

Staff professionals found several features useful when interacting with myStrength.

**Figure 5.** Staff found several features useful when interacting with myStrength (N=16)

Sleep feature score

**2.3**

0 (Not useful at all)   3 (Very useful)

"I found that the sleep diary was useful"

Behavioral health care planning resources feature score

2.1

0 (Not useful at all)   3 (Very useful)

[Pain management toolkit] [The client] said that it was really helpful because it reminded them that they should schedule hip surgery, but because of the app, [the client] said, "You know what? I should just get it over with because I don't want it to be worse...because the app said you should really take care of yourself or make sure to get that fixed."

Goals feature score

2.1

0 (Not useful at all)   3 (Very useful)

"I really liked the goal section because it really reminds me to - I didn't just put goals for sleep, I put goals for other things, and when I go back to my goal section, I'm like, oh, yes, this is a great reminder"

Mindfulness coping feature score

1.9

0 (Not useful at all)   3 (Very useful)

"there were a lot of meditations and sleep tips which were great."

## Cognitive behavioral therapy interventions feature score

1.9

0 (Not useful at all)   3 (Very useful)
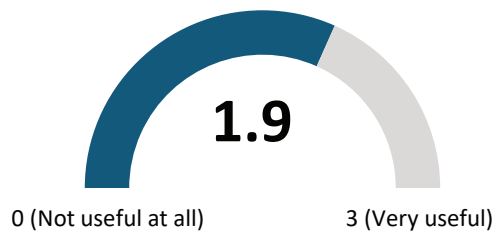
Mood tracker feature score

1.8

0 (Not useful at all)   3 (Very useful)
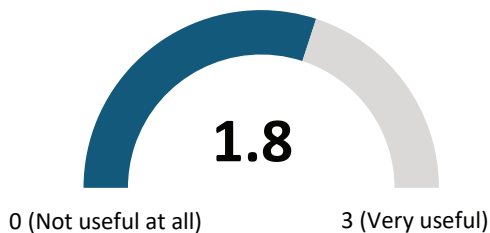
Community inspiration/ affirmation feature score

1.7

0 (Not useful at all)   3 (Very useful)
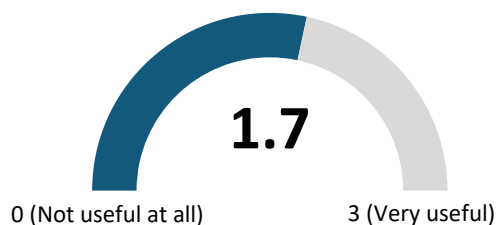
"The positive affirmations really helped [the client] get through the day. Especially when [the client] is stressed out because [the client] does get stressed out a lot, those positive affirmations, she just clicks on it, takes a screenshot of it, saves it, and looks through it on their photos."

Safety of myStrength for Clients

Figure 6[5] **The majority of staff professionals believed myStrength would be useful and usable for the clients (N=16).**
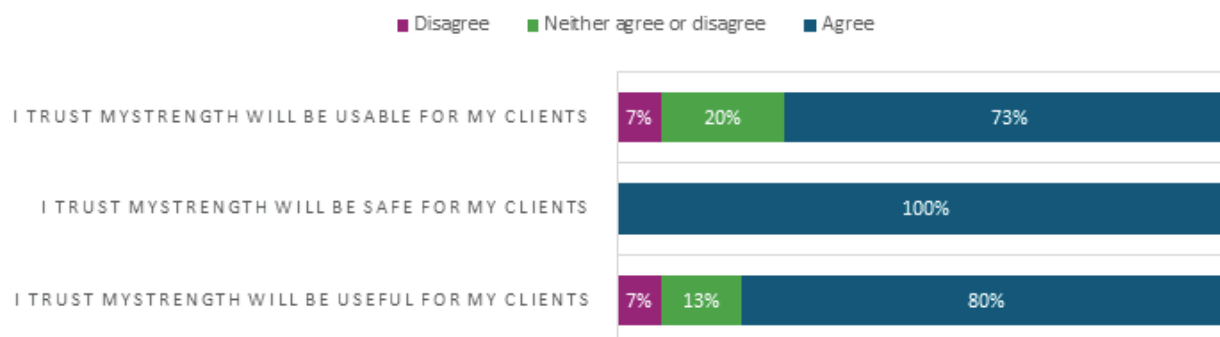
Staff respondents were asked how much they agreed with the statements above. The scale was created with good reliability (alpha=0.9). Items were assessed on a 5-point scale (1= Completely Disagree, 2= Degree, 3= Neither Agree nor Disagree, 4= Agree, 5= Completely Agree, or 6= Not   applicable).

"myStrength is a great tool for those who are comfortable with technology"

Staff Professionals' Impressions of Digital Literacy Trainings

A semi-structured interview was conducted with Technology4Life. Overall, their impressions of the training were positive but, they did note areas of improvement. Hosting the classes on Zoom presented challenges to the trainers and participants due to the lack of hands-on experience the participants would normally get if the trainings were held in person. Moving forward, in-person trainings would be more beneficial. It was also indicated that, for both Spanish speaking and English speaking, participants who were already familiar with using technology, had more success during the training compared to those who were new to using a smart device. If the participants were motivated to learn, they benefited from the training regardless of their previous knowledge of technology. The digital literacy trainings helped participants gain a better understanding of technology and had a positive impact on the client's ability to use myStrength.

"I think they gained information about being comfortable online. And getting confidence in being able to get online themselves. And we then introduced them to the myStrengths app."

"What was really challenging was delivering it all over virtual, you know, over Zoom. Definitely I would recommend if we go forward for people who are inexperienced I think they really needed the personal, kind of the in-person aspect."

"There [were] a lot of challenges in the group [among those] that [were] new to devices. They had a lot of challenges. I think the people who already had some familiarity, we were able to work with them more successfully. But we did get some wins. We had some people who had no knowledge and boy, they'd stuck with it and were able to get their tablets working and hopefully get into the app. I mean they were motivated to do it... they were willing to go through whatever glitches we might've encountered"

"[The participants] were excited to come to the classes, so I think then, you know, it went on for several weeks. So, they were pretty engaged and active with that. And developed new skills. You know we focused on giving them confidence in using the device in general."

---

[5] This scale was created with good reliability (Cronbach's alpha=0.9). Items were assessed on a 5-point scale (1= Completely Disagree, 2= Degree, 3= Neither Agree nor Disagree, 4= Agree, 5= Completely Agree).

"para el cliente sí, yo algunas cositas ya sabía de todo lo de la computadora, de lo que puedes usar y todo, pero para el cliente sí le [fueron útiles las clases] porque ella dijo que estaba bien especificado todo... me comentó que es especificado porque sabía dónde dirigirse, por ejemplo, vamos a suponer, decir, vamos a abrir un correo electrónico, también cerrar una pantalla y poder abrir otra para ver. Entonces, todos esos detallitos ella me dijo que sí… a ella le encantó. ("for the client yes, I already knew some little things about the computer, what you can use and everything, but for the client she did [the classes were useful] because she said that everything was well specified... she told me that it is specified because they knew where to go, for example, let's assume, say, we're going to open an email, also close one screen and be able to open another to see. So, all those little details she said yes... she loved it.")"

During the interview with the Marin County staff and nurse interns/promotores, it was indicated that the Technology4Life digital literacy training was helpful in establishing a level of digital literacy among participants that already had some digital literacy knowledge so that they could successfully engage in technology, specifically myStrength.

Key Findings

- Benefits of the overall program included feelings of connectedness, through interacting with other participants and by learning skills such as connecting with family/friends virtually.

- By participation in the program, there was a significant decrease in loneliness as well as social isolation among participants.

- Participants were overall satisfied with the program, and hoped more programs like this would be offered in the future.

Changes in Older Adults' Sense of Health and Well-being Following their Participation in the Program

Participants were asked how likely they were to have a moderate to severe mental distress prior to starting myStrength and after using myStrength. They were also asked about their willingness to seek help prior to using myStrength and after using myStrength.

Figure 23.	Though there were no significant changes in levels of distress before and after use of myStrength, more participants were willing to ask for help (N=22).

Pre-Pilot   **Post-Pilot**

27% **Likely to have Moderate to Severe Mental Distress** 32%

68% **Willing to Seek Help** 82%
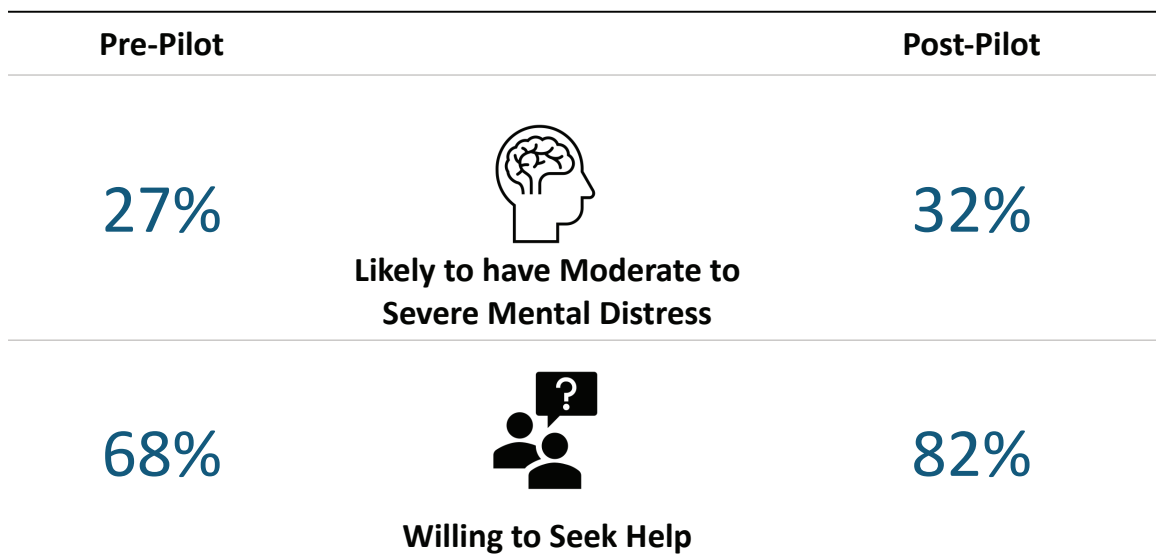
There was not a statistically significant difference in distress before and after the pilot[6], t(21)= -1.07, p=.30, indicating that use of myStrength did not improve or worsen any distress that people were experiencing during the pilot.

Figure 23 shows more participants were willing to ask for help after using myStrength, but the change was not statistically significant (t(21)= -1.12, p=.27).

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[6] Distress was measured using the Kessler Psychological Distress Scale. Participants were asked to rate ten statements thinking about the past 30 days (e.g., "During the last 30 days, about how often did you feel tired out for no good reason?") on a 5-point Likert scale ranging from None of the time (1) to All of the time (5), with a total added score in the range of 10-50. Participants are considered likely to be well or have a mild disorder with a score between 10-24, and considered likely to have a moderate to severe disorder if scoring between 25-50. . As shown in Figure 23, 27% of participants were likely to have moderate to severe distress before the pilot.

Participants found myStrength to have many benefits, including changing how they think about mental health, supporting their mental health needs, and helping them to recognize symptoms. Some participants also mentioned health improvements by using myStrength features. Useful features and content participants discussed included Sleep, Meditation & Breathing, Exercise, Chronic Pain, Spanish Content, and Crisis & Suicide Resources.

> *"It kind of opens things up a bit where, especially when you're alone, you have kind of tunnel vision on what's going on in your life, but when you look at myStrength, you kind of get a broader perspective on a lot of different aspects of what's available there. And it kind of opens your eyes, which is a good thing."*
>
> *"Antes tenía periodod más largos de tristeza y todo. Y ahora, con myStrength, me ayudó mucho… En mi mente, había ocasiones que me venían muchas cosas negativo. Okay. Y luego ya decía yo: A ver, recuérdesela: Respira. myStrength te dio la idea de que respires, de que to pongas en un lugar tranquilo, viendo ed cielo, vienda la naturaleza.*
>
> *(Before I had longer periods of sadness and everything. And now, with myStrength, it helped me a lot… In my mind, there were times when a lot of negative things came to me. Much, much… And I struggled because I kept thinking negative and thinking negative and thinking negative. OK. And then I would say: Let's see, remember: Breathe. myStrength gave you the idea to breathe, to put yourself in a quiet place, watching the sky, seeing nature.)"*
>
> *"Maybe it made me more aware so that when I got in this bad mood a couple weeks ago, that… I didn't know. [chuckles] One of the sections of myStrength was – I think it was Depression… And I've never had depression. So, I don't know what it's like. But I think it was last week, all of a sudden for about two days, I think I felt what might be depression… And so, I mean to go back and check that out."*

Observed Changes in Older Adults' Sense of Social Connectedness

Participants were asked about their feelings of loneliness and feelings of being socially isolated at three timepoints. As **Figure 24** shows, both feelings of loneliness and feelings of being socially isolated significantly decreased from prior to the digital literacy training to after using myStrength. This decrease may indicate that participation in the program reduced social isolation for some participants.

Figure 24.	Participants' loneliness and social isolation scores decreased during the program (N=22).
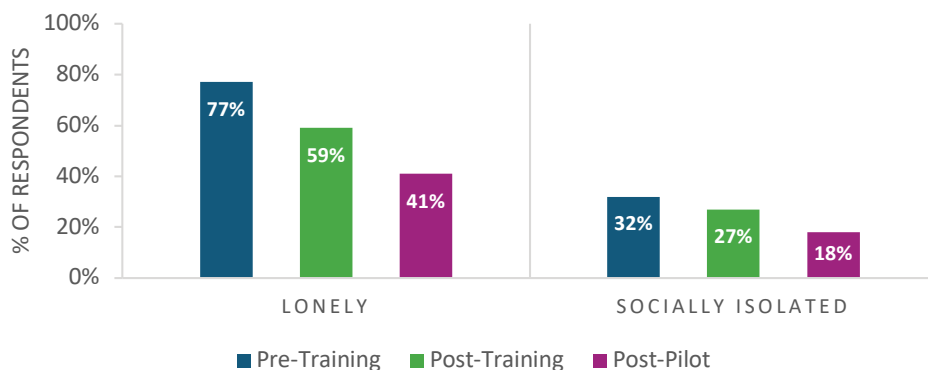
There was a statistically significant decrease in loneliness from the start of the program (M = 6.0, SD = 1.7) to the end of the program (M = 5.5, SD = 2.1), t(21) = 3.04, p<.01. As shown in **Figure 24**, at the start of the program 77% of participants scored high on loneliness; after digital literacy training, 59% scored high on loneliness, and at the end of the pilot after use of myStrength, 41% scored high on loneliness. This

decrease may indicate that the program reduced loneliness for some participants. A statistically significant difference indicates that the change is strongly unlikely to be due to chance.

There was also a statistically significant decrease in social isolation from the start of the program (M = 7.4, SD = 4.0) to the end of the program (M = 9.2, SD = 5.0), t(21) = -3.11, p<.01. As shown in Figure 24, at the start of the program 32% of participants were considered socially isolated; after training, 27% were considered socially isolated, and at the end of the pilot, 18% were considered socially isolated.

Participants described how the global pandemic (also known as the coronavirus/COVID-19) affected them, including increased isolation, lack of social connection and activities (including evolving practices, tensions in personal safety/risk vs. social connection/mental health), safety measures, and even some having experienced the virus. In addition to the pandemic, many participants reported feeling isolated or lonely generally. For some, health conditions impacted feelings of isolation.

"You know, I'm having hearing and vision problems. So, this sort of makes you feel like that [left out]."

"Sí, ahorita con la pandemia, sí me siento sola. Y como que sí me da miedo quedarme sola porque, primero, hay tantas cosas que me han pasado… (Yes, right now with the pandemic, I do feel alone. And yes I'm afraid of being left alone because, firstly, there are so many things that have happened to me…)"

"Y yo siempre me gusta viajar a mi país, todos los años. Y no, no, no. Ya no voy más en dos años. Año y medio, desde que empezó [la pandemia], que me parece una eternidad. Y esto me ayuda porque ya me distrae, es algo como que puedo hacer. Porque no tengo ganas de nada, ni de limpiar la casa ni de… Ahorita no tenía ganas pero de nada. Y con esto sí me ha ayudado mucho. (And I always like to travel to my country, every year. And no, no, no. I haven't been in more than two years. A year and a half, since it started [the pandemic], which seems like an eternity. And this helps me because it distracts me, it's like something I can do. Because I have no desire for anything, not to clean the house or … Right now I did not feel like doing anything. And with this it has helped me a lot.)"

Participants' Connectedness

Participants were asked about their feelings of connectedness and their likelihood of using technology to support their well-being at the end of the pilot program.

Some participants reported that the program helped with loneliness, and made them feel more connected through interacting with other people. Participants also learned to connect with family and friends using technology through the digital literacy training classes:

Figure 25. The majority of participants felt more connected to other people as a result of the program (N=23).

BECAUSE OF THIS PROGRAM, I AM MORE LIKELY TO USE TECHNOLOGY TO SUPPORT MY WELL-BEING (N=23)
13% | 87%

PARTICIPATING IN THIS PROGRAM MADE ME FEEL CONNECTED TO OTHER PEOPLE (N=23)
17% 4% | 78%

% OF RESPONDENTS
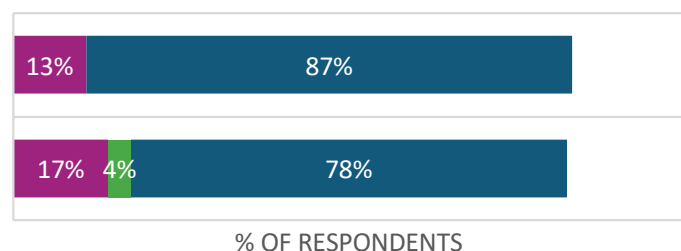
■ Disagree ■ Neutral ■ Agree

"Yes, it [program] did help [impact feelings of connectedness]... Well, it just – I took some classes on Zoom, and going through the program, myStrength, yeah, it broadened my atmosphere a little bit, a lot I can say... I was pretty much at home most of the time and alone, so that was nice to be able to get into the technology, and reach out to more people."

"I think it's WhatsApp or something like that?... Yeah, they, my friends have been telling me, so that way you don't have to pay long distance phone calls... So that's what I remember. So I think, you know, it's good to have that."

"Pues si, si. Cada vez que nos reuniamos. Pues si, conociamos gente, hablamos un rato. (Yes, yes. Every time we met. Well yes, we knew people, we talked for a while.)"

Older Adults' Overall Satisfaction with the Training and myStrength

In summary, participants were overall satisfied with the program, and hoped more programs like this would be offered in the future. Participants not only gained skills specifically taught during the digital literacy training, but also reported improved feelings of connectedness and purpose through interacting with people during the classes, as well as opening their world to additional ways technology can support their needs.

Participants found myStrength to have many benefits, including changing how they think about mental health. For example, participants mentioned it opened their eyes to activities such as walking that may improve their mental health, and that the program helped them reflect on and understand some of their feelings. Other benefits were that it supported their mental health needs, helped them to recognize symptoms, and health improvements.

While participants overall had positive expectations about myStrength, some did not completely understand what myStrength was before using it. This highlights the challenges of explaining a novel concept such as receiving mental health support through a digital program to an audience with little prior experience with technology. This audience may not have previous experience with remote education or digital training programs. Thus, for future programs providing more orientation as to what the program will be like and how to use it most effectively may help participants connect their own needs to what the program can offer. Furthermore, some participants experienced a number of barriers to using myStrength, including technical issues, a lack of time, and health conditions limiting their ability to engage with the platform.

Key Findings

- **Nurse interns spent most of their time supporting participants with digital literacy trainings, followed by providing logistical support for various aspects of the program.**
- **On average, nurse interns worked about 17 hours during the entire pilot, but time varied considerably across interns.**

Staff professionals (Marin County staff, nurse interns, and promotores) performed various activities over the course of the pilot. Nurse interns completed logs documenting their hours in order to characterize and quantify some of these activities. The bulk of the nurse interns' time was spent supporting participants with digital literacy training, followed by logistical support. While logistical support was the most frequently reported activity, it often took less time than other activities, and thus did not take as much total time overall as digital literacy training (see Figures 26 and 27). Other common activities that nurse interns conducted included gathering feedback and checking-in with participants.

Although on average each nurse intern spent about 17 hours during the pilot (see the box plot below), there was considerable variation between nurse interns. Most nurse interns spent between 8 and 29 hours, but some spent as low as 4 hours or as much as 38 hours for the pilot. There was also considerable variation between nurse interns in the time spent on each activity. The time spent by promotores was not captured.

Types of Activities

- Tech Support: Aiding with technology (e.g., televisions, computers, and software) and typically aiming to help the participant with a specific problem. (e.g., Wi-Fi issues, issues with logging into accounts, etc.).
- Digital Literacy Training: Teaching participants how to use their device and/or programs (e.g., how to use Zoom, signing up for myStrength, exploring app features, etc.)
- Gather Feedback: Soliciting input or checking in with participants.
- Logistical Support: Onboarding participants, initiating and terminating Wi-Fi services, coordinating with 3rd-parties, etc.
- Service Delivery: Connecting participants to resources and mental health support services.
- Supervision Received: Receiving feedback and support from supervisors.

Total Time Spent by Nurse Interns on the Pilot
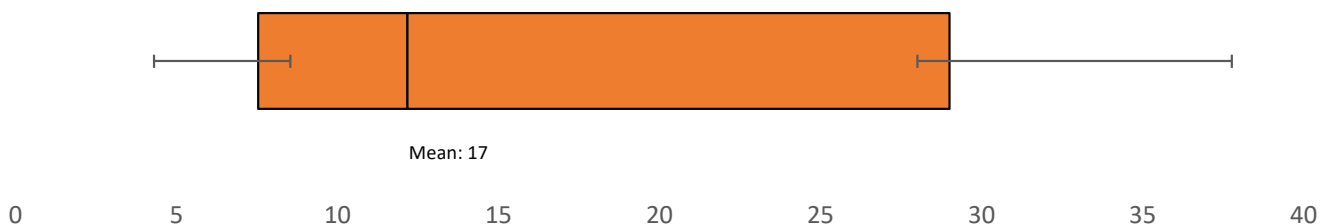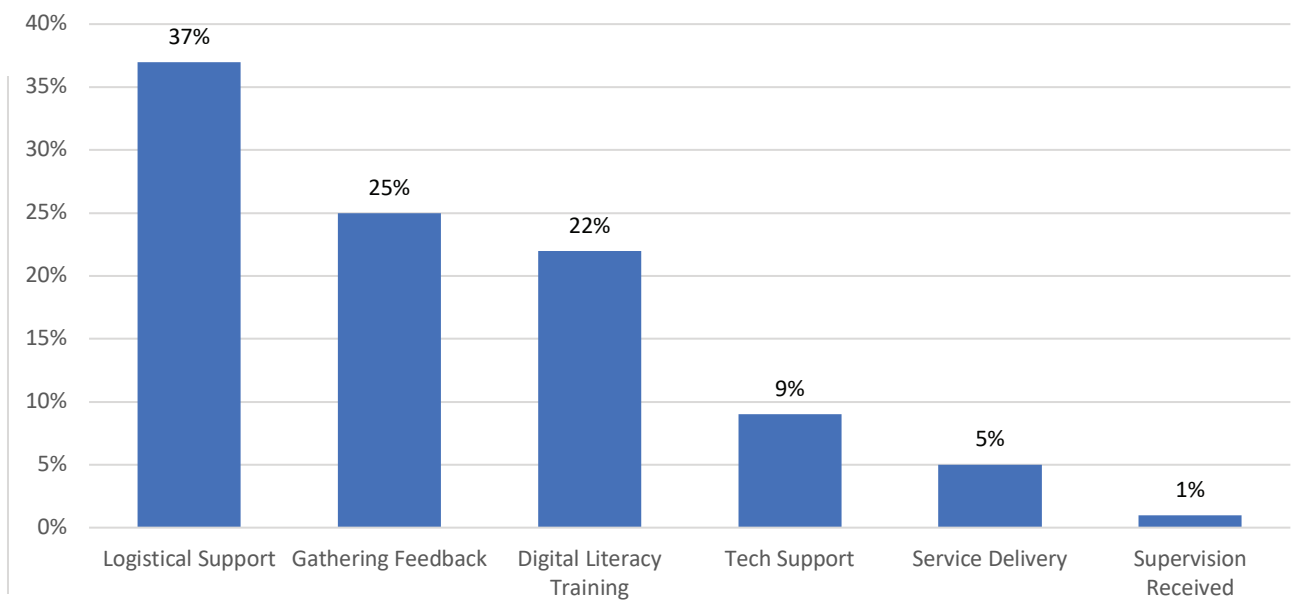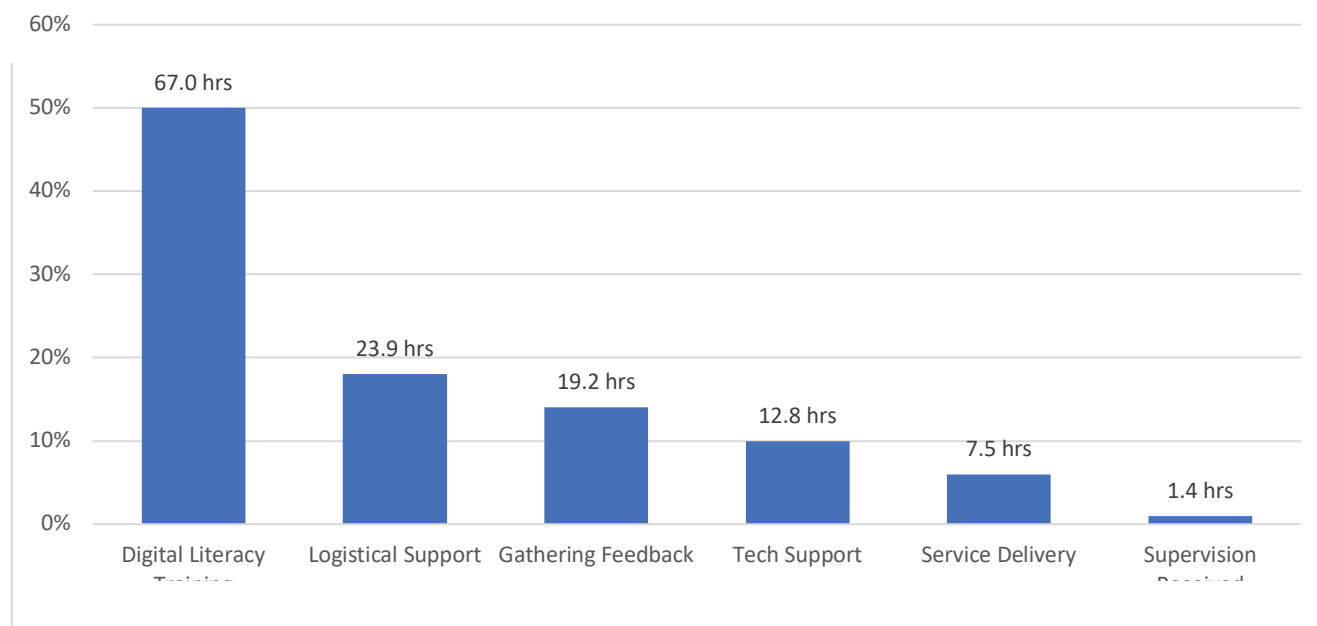(in hours)

Mean: 17

Figure 26. Frequency of Activities Conducted by Nurse Interns

Figure 27. Total Time Reported on Activities by Nurse Interns for the Pilot

Number of hours reported is total time spent on that type of activity across all nurse interns.

Understand Your Target Populations' Unique Needs and Circumstances

- **Programs need to consider the digital literacy skills of the targeted population.** Digital literacy skills greatly vary among populations and between individuals. Many older adults lack basic digital literacy and need considerable support to use technology. For instance, members of the target population may not understand the difference between cable and Wi-Fi, and how devices connect at home and out of home. They also may not understand basic functions/terms in tech (e.g., Internet, Wi-Fi, cellular, cloud, apps, data packages, hot spots, parts of devices/hardware, Windows, etc.)

- **Determine what language your target population typically uses.** Many considerations must be taken if the target population does not speak English.

  o **All communications need to be translated and vetted for linguistic and cultural appropriateness.** This includes recruitment, professional staff and participant training, and program materials as well as videos, evaluation materials and training materials for support staff.

  o **Programs need to be both linguistically and culturally appropriate.** For Marin County Spanish speaking population, using the technology was more difficult because all content was not in Spanish. It was known prior to the initiation of the pilot that the myStrength program did not have all desired features in Spanish. For instance, videos were in English with Spanish subtitles. Feedback from older adults during the initial process for selecting a product indicated that people preferred myStrength over other similar products nonetheless, particularly given the lack of alternative choices. As such, finding products that address the diverse cultural and linguistic backgrounds of Californians remains an unmet need.

- **Determine the unique needs of the target population.** Older adults frequently face physical and/ or mental health conditions that limit or prohibit their participation. Be flexible with scheduling, support, and to adjust to their physical and mental health needs. For instance, some older adults experience fatigue and might need shorter but more frequent sessions. Working with this population may require adjustable and flexible appointments, classes, and support to optimal times for the participants. This flexibility, however, might introduce additional complications when working with community partners, students, and/or volunteers whose time is often limited or fixed by school or program schedules. As such, consider including committed staff whose work schedules include flexibility.

Digital Literacy Training Should be Both Structured and Adaptable to Class Attendees.

- **Group classes are especially helpful for individuals with high digital literacy.** Older adults who had a general understanding of and experience with technology were able to learn new skills in the group classes.

- **Provide individual coaching opportunities for all participants regardless of skill level.** Individuals with low digital literacy needed extra time for repetition that was customized to their unique learning needs. Others appreciate the opportunity to ask about topics not covered in the class.

- **Provide description of each class including topics that will be covered and stick to it.** Include description of content to be covered during class so older adults can choose where and when they feel group classes would be instructive for their unique learning needs. Consider breaking materials down into smaller digestible components -- four class offerings were not enough and the 1.5 hour class was not optimal for those with health/fatigue issues.

- **Include time for hands on practice.** Prior to moving to a new topic, give individuals time to practice new skills. This is especially helpful for those who have a lower digital literacy level.

- **Offer classes on a variety of days and times to accommodate individual schedules.** Marin's target population included working and non-working older adults. Working adults could not attend classes during the day. Moreover, limiting classes to one or two days a week did not work for many older adults due to other conflicts (caregiving, work, social activities) The ability to offer classes at flexible times was limited by the need to align with the nurse intern schedules as well as the availability availability of the Technology4Life instructors.

Plan for and Provide Support for Participants New to Technology.

- **When designing an implementation, include additional time to support participants.** The time it took to onboard participants onto myStrength was much longer and more intensive than Marin originally planned for. Older adults needed support in accessing Wi-Fi, becoming digitally literate, onboard- ing onto the technology and understanding how to use the technology.

- **Prior to launching an implementation, make sure to have sufficient staff.** Older adults needed individual support throughout the implementation. Future implementations should consider each step of the process, type of support, how that support will be provided and estimate the additional time that will be needed to provide that support.

- **Consider partnering with outside agencies to support clients during an implementation or expand committed staff (perhaps by leveraging resources available through Peers).** Marin County leveraged several partnerships to support participants. Because of these partnerships they were able to provide the support their participants needed with accessing Wi-Fi, becoming digitally literate, onboarding, and utilizing myStrength. However, the effort provided by community partners varied widely, and supporting these activities with county staff might provide more consistent support. Expanding the peer model to support these activities could be beneficial.

- **Time to train and supervise all supporting staff should be included in the program design.** Twenty individuals were used to support participants use of myStrength. Two were paid part-time staff, while the rest were unpaid nurse interns, promotores, and a behavioral health intern. All were new to this type of sup- port and to this project and required considerable training and expectation setting. Future implementations should account for time needed to orient all participating staff. This includes training on the technology (i.e., myStrength) and tasks required to support individuals using a new technology. Nurse interns and promotores were tasked with onboarding and supporting program participants. After working on this project, many of these programs have started to emphasize digital literacy training to their trainees indicating the value observed through doing this work.

Assess Target Populations Resources and Ability to Access Technology

- **Determine if target population owns a device that'll connect them to the Internet, and consider distributing devices to those who do not have access to a smartphone or tablet.** Many older adults do not own a device that will support a digital mental health program. That is, they may not own and/or understand how to use a smartphone or tablet. Furthermore, although some individuals may have Internet available to them, and can afford it, they need help connecting Wi-Fi in their homes. Service providers for low-income accounts expect self-installation, which many older adults do not feel they can do independently. Understanding early in the pilot process the need to provide support (both hardware, software, and soft skills) to participants, and developing strategies for addressing these complex needs were key strengths of this pilot program.

- **Cost of Wi-Fi may prohibit access to Wi-Fi.** Although individuals may have access to the Internet, its cost may prevent individuals from acquiring it. Paying for Wi-Fi on a month-to-month basis is more costly than a one-year contract. Moreover, even though reduced-price Internet programs may be available, requirements for qualifying may exclude some potential participants. In Marin, Comcasts Internet Essentials program offers reduced price Internet. Many older adults qualified for the program, but some did not for reasons that were not about their income level (e.g., they had a cable TV provider within the last 90 days).

- **There is a need to ensure County fiscal systems are structured to support payments for individual Internet service for participants.** Internet service providers either allow for payment for service from individuals or as groups ONLY if everyone resides at the same residence. For a larger community roll out of a technology program where participants need support with payments and have different addresses, there is no simple way to arrange billing to the County; there is a need to design a system to facilitate payment.

Implementing a Technology-based Program for Isolated Older Adults Takes Considerable Effort.

- **Use key community members and organizations to assist with recruitment.** Marin leveraged multiple relationships to recruit program participants. For example, they worked with a network of promotores that know the community to reach the targeted population. Likewise, a senior services program was used to reach the targeted population too. Flyers at local establishments and other outreach strategies were not successful.

- **Supporting isolated older adults in remote areas takes considerable amounts of time.** Older adults living in remote areas often did not have Wi-Fi which required in-person meetings. The distance and time it took to meet with each individual to set-up their Wi-Fi, obtain required documents, onboard and support their use of myStrength was substantial.

- **Time commitments from partnerships may vary considerably, despite the considerable support required.** Time spent by nurse interns varied considerably with some spending below 5 hours and others spending nearly 70 hours with participants. Standardizing expectations and monitoring hours through the pilot can help ensure partners complete expected activities and spend the requisite time to ensure sufficient support for participants.

- **COVID-19 made it difficult for launching a technology-based program with older adults.** COVID-19 delayed the internal procedures that needed to be completed to launch the program. Moreover, it complicated interfacing with program participants and demanded that remote learning be made possible.

- **Align expectations and information across multiple partnerships by maintaining regular communication throughout the project.** Marin partnered with several organizations to successfully implement their pilot program. Aligning expectations across multiple partners is always challenging, however, such partnerships are often necessary in multi-faceted projects like this one to use technology to support mental health. Marin staff spent considerable effort attempting to align expectations including meeting weekly with the nurse interns and weekly with the promotores. Although shared project management documents and dashboards can be useful to align expectations, working with multiple organizations can make this challenging as the promotores could not access documents on the Google platform. Effort by Marin staff to establish standard operating procedures and regular meeting schedules, and to ensure all the necessary partners were present during decision-making was key to supporting this process.

- **Clearly identify what the technology-based program does and how it relates to the individual participants' needs.** Many participants were unclear about myStrength was and how to use it at the start. Although participants reported high use of myStrength, orienting participants to myStrength could be useful to set expectations and standardize people's experiences. Participants noted that the name, myStrength, resonated with them and this could be useful for marketing and advertising efforts. However, beyond digital literacy, additional orientation could focus on myStrength specifically and better explaining how a digital program might support mental health needs. For example, a promo video or walkthrough could be useful to set expectations and could be provided in a format that participants could return to later if they needed a refresher.