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"Interim Evaluation from Elderly-Users"

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Abstract

This deliverable is part of the interim evaluation cycle of the SOCIABLE platform and services. It emphasizes on the evaluation of the SOCIABLE platform from various stakeholders including the participating elderly users, caregivers, family members, as well as medical experts. Hence, it provides the perspectives of different participants in the SOCIABLE cognitive training and social activation paradigm, based on their participation in the first half of the SOCIABLE pilot operations. The evaluation process was mainly based on a set of questionnaires, which have been specified as part of the SOCIABLE evaluation framework in D7.1. Overall the deliverable reports and justifies the fact that all stakeholders have a positive opinion on their SOCIABLE experience. At the same time some more specific conclusions about the opinions of specific stakeholders and pilot sites are also drawn.

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Executive Summary

The main goal of the SOCIABLE project is to pilot and evaluate a novel ICT based model for cognitive training and social activation of the elderly. This model is based on the use of a novel multi-touch surface computing platform (conveniently called SOCIABLE platform) as a vehicle for ergonomic, motivating and pleasant environment for cognitive training activities. Following the deployment of the SOCIABLE platform at the seven pilot sites of the project, pilot operations have commenced and are also evaluated. Stakeholders' feedback (notably feedback from the participating elderly users) is among the most critical elements of the SOCIABLE evaluation framework. The present deliverable is devoted to the presentation of the analysis of feedback collected from the main stakeholders of the SOCIABLE platform including:

- Elderly users participating in SOCIABLE-based cognitive training sessions, according to the SOCIABLE study design.
- Elderly users that have used the SOCIABLE platform at least once, even though they have not participated in a SOCIABLE programme.
- Medical Experts participating in the SOCIABLE project through supervising sessions in the scope of the SOCIABLE study.
- Caregivers supporting patients that participate in the SOCIABLE study, notably patients suffering from Mild Cognitive Impairment (MCI) and/or the Alzheimer's disease.

The feedback of the above stakeholders has been collected using questionnaires, which are presented in the scope of D7.1 of the project. The questionnaires were completed by stakeholders across all seven pilot sites of the project. Each question was studied against how it is influenced by demographic parameters. In particular, a binary logistic regression analysis was performed with each question as dependent variable and age, education, country and pathology as predictor variables. Moreover, the data of the users' satisfaction questionnaire were recorded according to median value for each question (corresponding to 50th percentile).

Overall the questionnaires revealed that all stakeholders have a positive opinion about the SOCIABLE platform and associated cognitive training paradigm. It was found that the level of the elderly education had a positive effect on the ability of the elderly to learn how to use the platform. At the same time, the age of the participant influenced negatively their ease of using the platform and the games i.e. younger users could use the game easier than users of higher age. MCI patients showed higher interest in SOCIABLE games. They also perceived the games as pleasant, at a higher degree comparing to the rest elderly groups (i.e. healthy elderly and AD patients). MCI patients have also a higher feeling of a positive effect on their mood, whereas patients with AD had a higher feeling of a positive effect of SOCIABLE games on their mental and social abilities. Moreover, it was found that Greek people consider more helpful the use of the SOCIABLE games, yet they are less willing to pay to continue using the SOCIABLE services.

These intermediate results will be enhanced in the scope of the final evaluation phase close to the end of the project. The final evaluation cycle will collect and analyze more questionnaires from elderly users, caregivers and medical experts, while at the same time focusing on a deeper assessment of the SOCIABLE platform and services. Overall, the present deliverable constitutes an integral component of the assessment/evaluation of the SOCIABLE platform and services, which complement the evaluation results that are outlined in deliverables D7.2a (dealing with clinical evaluation) and D7.3a (dealing with technical, technological and techno-economic evaluation).

1. Introduction

SOCIABLE's workpackage 7 is devoted to the evaluation of the project's results, with a main focus on the evaluation of the SOCIABLE platform, ICT-based cognitive training services and pilot operations. The evaluation activities of the project have been organized on the basis of the SOCIABLE evaluation framework, which covers multiple aspects including clinical/scientific evaluation, technical/technological evaluations and evaluation from end-users (including elderly users). Likewise, the project is producing three distinct evaluation deliverables, devoted to the above aspects respectively.

The present deliverable focuses on the evaluation of the SOCIABLE approach to cognitive training and social activation from its users. The title of the deliverable indicates already that it will report on evaluation feedback received by elderly users participating in the pilot. However, the scope of the deliverable has been enlarged in order to include the analysis of feedback from other stakeholders of the SOCIABLE approach. In particular, the deliverable reports on feedback received from medical experts, caregivers, health professionals and family members that were either directly or indirectly engaged in SOCIABLE pilot sessions.

The rationale behind this scope enlargement is manifold:
- First the reception of feedback from medical experts and health professionals is important, since they are supervising the SOCIABLE sessions. Hence, they can provide insights on the cognitive training and its effects, which can be hardly elicited by elderly users.
- Secondly, the same time, medical experts and health professionals are users of the SOCIABLE platform themselves, given that they use the back-office modules for managing assessment scores and producing relevant reports. Thus, their feedback on the SOCIABLE platform aspects that are most relevant to health professionals is very important. Such feedback is not analyzed in any other deliverable and hence it has been included in the present one.
- Thirdly, caregivers and family members are also important stakeholders (and indirect beneficiaries) of the SOCIABLE approach. Their views on the SOCIABLE approach and its benefits to the elderly they support can therefore provide valuable insights for the further improvement/advancement of the SOCIABLE approach.
- Fourthly, as some of the elderly participants suffer from cognitive or functional problems (e.g., this is the case with SOCIABLE Group B (MCI) and Group C (Mild AD) elderly) it is important to complement their feedback with the opinion of their caregivers, family members and supervising health professionals.

Therefore the present deliverable collects and analyzes feedback from all the above stakeholders. Note that within the different categories and types of stakeholders, a distinction between project members and external stakeholders is made. For example, medical experts feedback has been collected from project members supervising sessions, but also from external medical experts that have only slightly

seen or experienced the SOCIABLE platform and overall approach (e.g., as part of their participation in SOCIABLE open days or during their visits to care centers where SOCIABLE has been deployed). Feedback collection and analysis for all stakeholders has been based on appropriate questionnaires, which have been designed and described as part of deliverable D7.1.

It is also underlined that the present deliverable corresponds to the interim evaluation cycle of the SOCIABLE project i.e. an intermediate cycle aiming at collecting and analyzing initial feedback towards improving the SOCIABLE platform and associated approach to cognitive training and social activation. This interim evaluation cycle, will be followed by a final evaluation cycle at the end of the project, which will provide the opinion of medical experts, caregivers, health professionals and elderly users participating in the pilot operations.

The deliverable is structured as follows: Section 2 which follows this introductory section outlines briefly the methodology and the organization of the interim evaluation, with emphasis on the questionnaires involved in the process and how they were distributed and filled-in by different participants. Section 3 is devoted to the analysis of questionnaires, including the presentation of key findings. The main conclusions of this evaluation cycle are reported in the concluding section (Section 4).

2. Summary of the Evaluation Methodology (SLG)

2.1 Methodology of Receiving Stakeholders' Feedback

A set of questionnaires have been created as part of the SOCIABLE evaluation framework (presented in D7.1) in order to solicit and collect feedback from the various stakeholders of the SOCIABLE cognitive training model. The questionnaires are included as an appendix in deliverable D7.1. Different questionnaires were administered to the different stakeholders, in order to elicit their perspectives, as outlined in the following paragraphs.

2.1.1 (Elderly) Users' Feedback – Elderly User Satisfaction

The questionnaires administered to the elderly that participate in the SOCIABLE cognitive training programmes, focused on the following aspects:

- The ease of use of the SOCIABLE platform, as well as of the cognitive games and the book-of-life.
- Whether the games were pleasant and interesting.
- The extent to which SOCIABLE has helped the elderly (according to their perception) in general.
- The extent to which SOCIABLE has helped the elderly (according to their perception) in terms of their mental abilities (such as memory, attention, orientation etc.).
- The extent to which SOCIABLE has helped them in improving their mood and/or their social interactions.
- Whether SOCIABLE is worth recommending to other elderly people.
- The overall level of their satisfaction from the participation in a SOCIABLE programme.
- Their willingness to pay for using SOCIABLE.

The interim evaluation cycle was intended to collect and analyze user satisfaction questionnaires from all the elderly that participated in the first two quarters of the SOCIABLE pilot operations. Due to some delays in the progress of pilot operations in some pilot sites, the total number of user satisfaction questionnaires was slightly less than the 50% of the elderly users that will finally participate in the SOCIABLE study.

2.1.2 «Butterfly» (Elderly) Users' Feedback

In addition to users participating in the SOCIABLE clinical study, feedback was also solicited by other elderly users that used the SOCIABLE platform at least once, without engaging in a SOCIABLE programme according to the SOCIABLE study design. Such elderly included (in most cases) individuals that had the chance to use SOCIABLE in the scope of information days or presentations, as well as during the day-to-day operations of the SOCIABLE pilot sites (i.e. individuals at the pilot sites

who did not participate in SOCIABLE). Due to their looser relationship to the SOCIABLE project (and the details of the SOCIABLE services), a lighter questionnaire was administered to the «Butterfly» users. The aim was to elicit information about:

- The ease of use of the platform.
- Their interest on SOCIABLE in general.
- Whether they thought that the games were pleasant and motivating.
- Their willingness against paying for using SOCIABLE.

In terms of specific numbers of «butterfly» users contributing to the evaluation, the aim was to solicit feedback from 10-15 elderly from each pilot site. Note that this number concerns the interim evaluation cycle, and is expected to be doubled as part of the final evaluation cycle. In practice, the different pilot sites contributed varying numbers of questionnaires from «butterfly» users, depending on their capacity to involve such users, as well as on depending the occasions/opportunities that they had to solicit such feedback. Some pilot sites will provide the full set of butterfly users' questionnaires in the scope of the final evaluation.

2.1.3   Feedback from Caregivers

Caregivers play a significant role in the SOCIABLE assessment, especially in the case of MCI or mild AD patients (with a caregiver), which cannot directly provide a credible opinion on their participation in SOCIABLE. Thus, SOCIABLE has also requested the feedback of caregivers that were indirectly involved in the SOCIABLE cognitive training paradigm. Relevant feedback was solicited on the following points:

- Their own overall impression and opinion about SOCIABLE.
- Their understanding of the impact of SOCIABLE on the elderly (e.g., relative) that they support. This impacts was assessed in terms of how pleasant SOCIABLE was for the elderly, but also on how helpful SOCIABLE was for the individual.
- Their assessment of SOCIABLE's impact on the elderly mood, mental skills and social skills, judging from the individual(s) that they supervise.
- Whether they would recommend participation in SOCIABLE programmes to other elderly.
- SOCIABLE's impact of their own stress level.
- Their willingness to pay for a SOCIABLE-like service.

As already outlined, there was not a specific target for the caregivers' questionnaires to be received and analyzed at each site, given that this depended on the number and type of elderly participants in the SOCIABLE site.

2.1.4   Feedback from Medical Experts

As part of the stakeholders' evaluation, feedback from medical experts was also solicited, including medical experts supervising SOCIABLE sessions, but also medical experts that are not directly involved in the SOCIABLE project. The main elements of medical experts' feedback include:

- The ease of use of the SOCIABLE platform, as well as of the cognitive games and the book-of-life.
- Whether the games were pleasant and interesting for the elderly.
- The extent to which SOCIABLE has helped the elderly (according to their perception) in general.
- The extent to which SOCIABLE has helped the elderly (according to their perception) in terms of their mental abilities (such as memory, attention, orientation etc.).
- The extent to which SOCIABLE has helped their patients to improve their mood and/or their social interactions.
- The extent to which SOCIABLE has facilitated their own work, including an assessment of how SOCIABLE has helped them to acquaint with new technologies.
- Whether SOCIABLE is useful for the health professionals and medical experts, in terms of their current and future activities.
- Their overall level of satisfaction with SOCIABLE.
- Whether they think that SOCIABLE could be offered as a paid service to the elderly/patients.
- Whether they would pay in order to receive SOCIABLE-based or SOCIABLE-related training.

Feedback from 2-4 medical experts was intended/meant to be received by each one of the pilot sites for the interim evaluation.

2.2 Collection and Analysis of Questionnaires

Prior to analyzing the questionnaires (as illustrated in the following section), a disciplined process was employed to collect the questionnaires from the various sites.

Questionnaire	Number for each Pilot Site
Elderly Users Satisfaction	131 (26 AUSL, 13 HYGEIA, 30 SPC, 18 COFO, 23 FSL, 3 THRONDHEIM, 18 PREVI)
«Butterfly Users»	45 (10 AUSL, 5 TRONDHEIM, 10 SPC, 10 COFO, 10 FSL)
Caregivers	39 (9 HYGEIA, 1 TRONDHEIM, 23 FSL, 3 AUSL, 3 COFO)
Medical Expert	21 (4 AUSL, 3 SPC, 4 COFO, 2 TRONDHEIM, 2 FSL, 4 PREVI, 2 HYGEA)
External Medical Expert	5 (2 FSL, 1 TRONDHEIM, 2 COFO)

Table 1: Number of Questionnaires Provided and Analyzed

Note that as part of the final evaluation a larger number of questionnaires will be analyzed, leading to deeper and more credible results. In particular, more than double (user satisfaction) questionnaires will be analyzed, given that the SOCIABLE study foresees the involvement of nearly 348 elderly users. Furthermore, more questionnaires from caregivers and medical experts will be provided, as the evolution of the pilot operation and the associated dissemination activities (such as

open days) provide opportunities for contacting more stakeholders and receiving more questionnaires.

In addition to an increased number of questionnaires, the final evaluation will enable (several) stakeholders to provide a more comprehensive and complete assessment of their SOCIABLE experience. This is a direct result of the fact that as pilot operation evolve medical experts and several other stakeholders gain more experience associated with the use of SOCIABLE.

3. Analysis of Users, Caregivers and Medical Experts Satisfaction

3.1 Overview of the Sample and the Analysis

The analysis of the satisfaction of elderly users, caregivers and medical experts was based on the collection and analysis of questionnaires as outlined in the previous section. In the scope of the interim analysis, the number of subjects (n) that filled in the various questionnaires are as listed in the following table:

Type of Users/ Questionnaire	Subjects (n)	Remarks
Users Satisfaction Questionnaire	131	Refers to Elderly that participated in the SOCIABE study
Psychosocial impact of assistive devices scale (PIADS)	131	
Butterfly Users Satisfaction Questionnaire	44	Butterfly Users were not involved in the study but used at least once the SOCIABLE platform
Care Giver Satisfaction Questionnaires	36	Caregivers questionnaires were filled in by caregivers of AD and MCI patients
Medical Experts Questionnaires	14	

Table 2: Number and Type of Subjects and Questionnaires Analyzed in the scope of the Satisfaction Analysis

Based on the various questionnaires, we have performed an interim analysis about the satisfaction of stakeholders with data collected from all pilot sites. In particular, we executed some inferential statistical analysis only on users' satisfaction for which we had a sufficient large (adequate) sample. At the same time we also present some descriptive statistical analysis of the questionnaires of caregivers and medical experts.

3.2 Main Findings/Results from the Users' Satisfaction Questionnaires

Table 3 shows all the questions asked to users (that participated in the first (group G1) and second (group G2) quarterly periods of the SOCIABLE pilot operations) after the treatment period. We also reported the median score. A binary logistic regression analysis was performed with each question as dependent variable and age, education, country and pathology as predictor variables.

The data of the users' satisfaction questionnaire were recorded according to median value for each question (corresponding to 50th percentile). Median to top=1 and bottom to median (not included)=0.

Table 3 shows that education positively predicted the easiness to learn how to use the platform (the higher educational level corresponds to the higher easiness) whereas the age negatively predicted the easiness to use SOCIABLE games (i.e. the younger users corresponds to the higher easiness in using games).

MCI showed higher interest and fun in SOCIABLE games and the higher feeling of a positive effect on their mood whereas Alzheimer's Disease patients had a higher feeling of a positive effect of SOCIABLE games on their mental and social abilities. Greek people found also more helpful the use of the SOCIABLE games but they also were less willing to pay to continue using the SOCIABLE services.

Scale: (1)Not at all - Extremely(7)	Median	Country diff	Pathology	Age	Education
1. How easy was it to learn to use the platform?	6		*MCI (+)		*(+)
2. How easy were the SOCIABLE games to use?	5			*(-)	
3. How interesting were the SOCIABLE games?	6		*MCI (+)		
4. How fun were the SOCIABLE games?	6		*MCI (+)		
5. How helpful SOCIABLE was for you?	6	*Greece (+)	*All (+)		
6. To what extend do you think SOCIABLE contributed to improve your mental abilities (memory, attention, etc.)?	5		*AD (+)		
7. To what extend do you think SOCIABLE contributed to improve your mood?	6		*MCI (+)		
8. To what extend do you think SOCIABLE contributed to make you feel less isolated?	6		*AD (+)		
9. To what extend would you recommend SOCIABLE to other elderly people?	6				
10. Overall, how satisfied are you with SOCIABLE?	6				
11. Would you be willing to pay to continue using SOCIABLE?	5	*Greece-Norway (-)			

Table 3: Questions asked to users after the treatment period – Concerns the users that provided data for the interim evaluation

3.2.1 Questions where MCI patients gave significantly more positive answers comparing to healthy elderly and AD patients

- Question 1: How easy was it to learn to use the platform?

- Question 3: How interesting were the SOCIABLE games?
- Question 4: How fun were the SOCIABLE games?
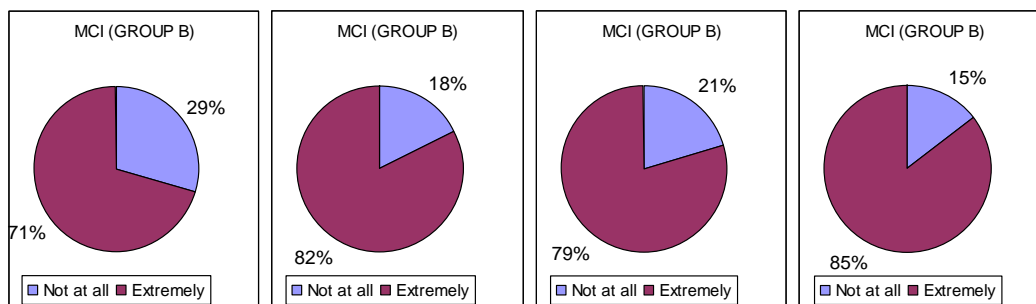- Question 7: To what extend do you think SOCIABLE contributed to improve your mood?

Figure 1: GroupB (MCI Patients) gave more positive answers to questions Q1, Q3, Q4, Q7 (from left to right). Graphs show the percentage of over (extremely) or above (not at all) the median score for MCI group.

3.2.2 Questions where Geek users gave significantly different answers comparing to Italian and Spanish users

- Question 5: How helpful SOCIABLE was for you?
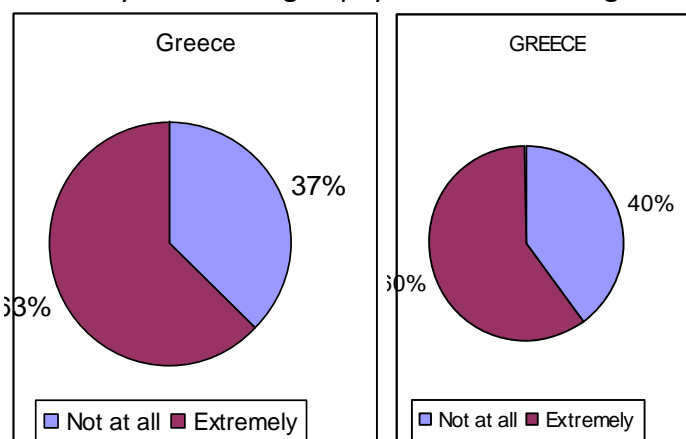- Question 11: Would you be willing to pay to continue using SOCIABLE?

Figure 2: Greek elderly gave the least positive answers to questions Q5, Q11 (from left to right). Graphs show the percentage of over (extremely) or above (not at all) the median score for Greek group.

3.2.3 Questions where AD patients gave significantly positive answers comparing to healthy elderly and MCI patients

- Question 6: To what extend do you think SOCIABLE contributed to improve your mental abilities (memory, attention, etc.)?
- Question 8: To what extend do you think SOCIABLE contributed to make you feel less isolated?
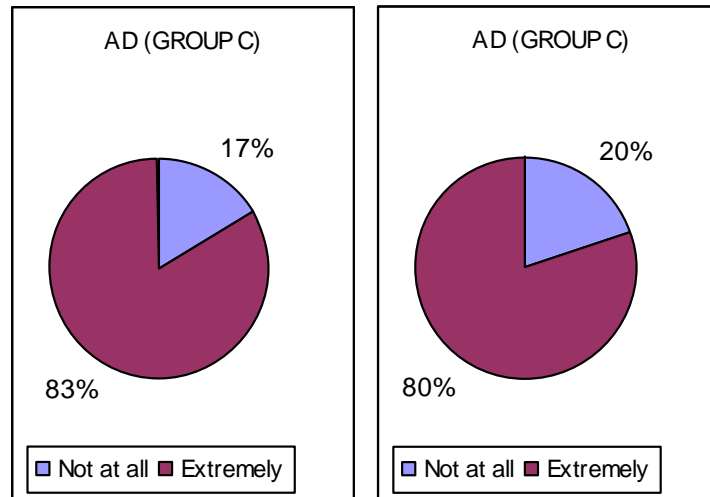
Figure 3: GroupC mild AD patients gave the most positive answers to questions Q6, Q8 (from left to right). Graphs shows the percentage of over (extremely) or above (not at all) the median score for AD group.

3.3 The psychosocial impact of assistive devices scale (PIADS)

Figure 4 illustrates the mean score obtained at the PIADS about the impact of the use of the SOCIABLE platform on their feeling of ability, adaptability and self-esteem. Scores range from -3 to 3 and all three areas showed a positive impact of the use of the platform on users.
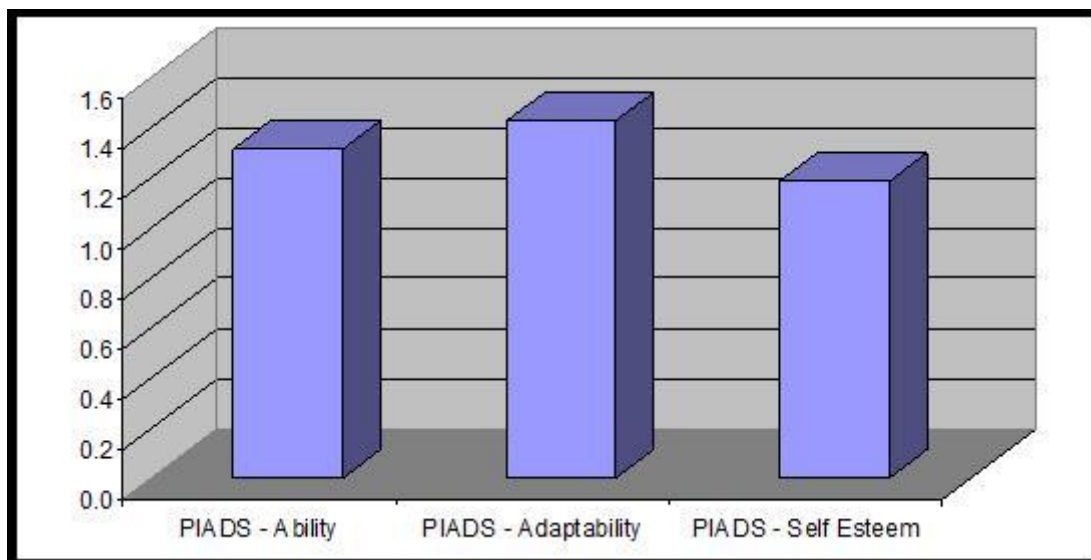

Figure 4: Mean score obtained at the PIADS about the impact of the use of the SOCIABLE platform on their feeling of ability, adaptability and self-esteem

At the same Table 2 shows that satisfaction of butterfly users, caregivers and medical experts was high since the median score was in almost all questions around 6 (range 1-7).

Butterfly users – Questions	Median
1. How easy was to use the platform?	6
2. How interesting did you find the SOCIABLE games?	6
3. How fun did you find the SOCIBLE games?	6
4. Would you be willing to pay to use SOCIABLE?	4
Care givers – Questions	
1) What is your overall opinion about SOCIABLE?	6
2) How happy was your relative to participate in SOCIABLE?	6
3) Overall, how helpful was SOCIABLE for your relative?	6
4) How much has SOCIABLE improved your relative's mental skills?	5
5) How much has SOCIABLE improved your relative's mood?	5
6) How much has SOCIABLE improved your relative's social skills?	5
7) Would you suggest others to participate in SOCIABLE?	6
8) Are you willing to pay to give your relative the opportunity to use SOCIABLE?	5
9) If yes, would you prefer to pay...	per package
10) How much SOCIABLE decreased your stress level?	5
Medical experts – Questions	
1.How easy was it to learn to use the platform for you?	7
2. How easy were the SOCIABLE games to use for the elderly?	5
3. How interesting were the SOCIABLE games for the elderly?	6
4. How fun were the SOCIABLE games for the elderly?	6
5. How easy were the SOCIABLE games to use for you?	7
6. How helpful do you think SOCIABLE is for the elderly?	6
7. How helpful SOCIABLE was for you in your work?	6
8. To what extend do you think SOCIABLE contributed to improve the cognitive abilities of the elderly (memory, attention, etc.)?	5
9. To what extend do you think SOCIABLE contributed to improve the elderly mood?	6
10. To what extend do you think SOCIABLE contributed to make the elderly feel less isolated?	6
11. To what extend would you recommend SOCIABLE to other professionals working with elderly people?	6
12. To what extend do you think SOCIABLE helped you to learn about new technologies applied to health care?	6
13. To what extend do you think what you learnt in SOCIABLE will help you in the future?	6
14. Overall, how satisfied are you with SOCIABLE?	6
15. To what extend do you think SOCIABLE could be provided as a paid service from your Organization?	6
16. Would you be willing to pay to be trained to the use of SOCIABLE system?	5

Table 4: Level of satisfaction of butterfly users, caregivers and medical experts

4. Conclusions

This SOCIABLE deliverable has reported on the interim evaluation of the SOCIABLE platform and services, as perceived by the stakeholders that participate in the SOCIABLE cognitive training and social activation paradigm. In particular, the present deliverable analyzed results from various questionnaires that were administered to: (a) Elderly users that participated in the SOCIABLE pilot operations according to the SOCIABLE clinical protocol, (b) Elderly users that used the SOCIABLE platform at least once, even though they did not participate in sessions organized according to the SOCIABLE clinical protocol, (c) Medical Experts supervising SOCIABLE sessions thereby participating in the pilot operations and (d) Caregivers and family members linked to SOCIABLE elderly users. On the basis of the above questionnaires the project managed to capture the various stakeholder's perspectives in terms of their opinion about the overall value of SOCIABLE, as well as operational aspects of the SOCIABLE paradigm. The opinions of the stakeholders complement other evaluation aspects that have been used in the scope of the SOCIABLE platform and services evaluation, such as the clinical evaluation of the SOCIABLE platform/services based on the cognitive, functional and affective assessment of the participants. Note that the analysis of the questionnaires is part of the interim evaluation of the SOCIABLE platform, which will be extended in the final version of this deliverable (at the end of this project).

The analysis of results reveals a very positive evaluation of the SOCJABALE platform and services in terms of several aspects. Most elderly participants (to the SOCIABLE formal pilot operations) confirmed that the SOCIABLE platform is ease to learn and use, while also being pleasant and acceptable by end users. Furthermore, they perceived an improvement in their mood and cognitive state. At the same time, «butterfly users» (i.e. elderly that experienced SOCIABLE without participating in SOCIABLE programmes) confirmed a positive experience in terms of a quick learning curve and an ease of use. The positive effects of the SOCIABLE services were also confirmed by care givers, who experienced a positive effect on the elderly/patients they take care of. Moreover, the vast majority of medical experts stated their positive opinion about SOCIABLE, both in terms of its added-value for their patients, but also as a tool facilitating the planning/organization of the cognitive training sessions that they supervise.

Overall, the qualitative questionnaires showed also that all subjects involved in SOCIABLE (users, caregivers and medical experts) had a positive impact from the use of the SOCIABLE platform. Results from the analysis on neuropsychological tests were confirmed by the positive subjective feeling of improvement of mental, social skills and mood. Moreover, SOCIABLE platform was felt to be easy to learn to use, although age and educational level influence this aspect. Finally, all subjects were willing to pay to use the platform at least per package (24 sessions).