Reducing the digital divide in healthcare

Health Consumer Advocacy Network of South Australia

The Health Consumer Advocacy Network of South Australia (Health CAN SA- the Network) is a group of health consumers who believe the people, who pay for, fund and use health services in South Australia should be able to inform and influence how those services are designed and delivered.

The Network provides an independent health consumer voice in South Australia to inform government, service providers and policy makers about the experiences, issues and concerns of health consumers and contributes to shared planning and problem solving. Since the closure of HCASA in October 2020 the Network is committed to ensuring independent health consumer advocacy continues in South Australia.

Heath CAN SA acknowledges and supports the Position Statement Working with Consumer Advocates and Representatives originally developed by Health Consumer Alliance of SA and endorses this updated Statement.

Our Position

Health CAN SA calls on health services, policy-makers and researchers to ensure health consumers are not excluded or disadvantaged, due to lack of digital inclusion or literacy, from accessing health information, communication, care and services, giving feedback on their experience and/or making a complaint.

This position statement outlines the imperative for health, research and other organisations/services to ensure health consumers and the community have access to a broad range of mechanisms that enable them to access the health care they need in a way that meets their needs.

Context

Digital Inclusion – whether a person can afford, access and are digitally literate to connect to and use online technology effectively.

Digital Literacy- incorporates the ability to physically use and operate digital devices and applications and includes the ability to access, search and navigate digital tools (eg websites, digital Apps), to communicate, analyse information and interact with the digital world.

Digital Divide - the gap between those who have ready access and are able to effectively use online technology and those who do not.

Health CAN SA calls on South Australian government and health service providers to consider the needs of the communities they serve by reducing the digital divide and;

1. Recognising and identifying the community's level of digital inclusion and literacy.

2. Developing digital health tools in parallel with alternative mechanisms of access and communication that do not further exclude any individuals and communities (including paper based, in-person, phone options).

3. Systematically assessing individual health consumers' level of digital inclusion and literacy to determine the best way to inform, communicate, assess, provide care and enable to consumer to provide feedback.

4. Ensuring non-digital mechanisms, and appropriately resourced health service providers, to capture consumer experience and outcomes (PREMS and PROMS) to mitigate actively biasing health service delivery to favour those who are digitally connected.

5. Ensuring health consumers have access to non-digital mechanisms to make a complaint including updating them on the status and outcome of the complaint.

6. Building digital inclusion and literacy of health consumers to ensure equity and access to the health services they need and want.

This is of paramount importance when using digital systems to collect feedback from consumers on their health care experience and outcomes. It is vital that healthcare providers are fully resourced to collect consumer feedback from those who are not digitally included to ensure they equally meet the needs of all consumers and groups regardless of their digital literacy.

Digital inclusion and literacy have been called the *super social determinants of health*. They have the potential to address all other social determinants of health by providing access to;

- **The digital healthcare system** – eg telehealth, patient portals, health apps, health information, appointments, feedback and complaints mechanisms, health service performance surveys
- **The Community** – eg social support and inclusion, networks, information
- **Economic sustainability** – eg access to shopping, banking, employment
- **The physical environment** – eg housing, food services and delivery, transport, local services, emergency contacts
- **Education** – eg vocational and higher learning, language resources, children's education and learning, research, literacy

Access to many social determinants of health, such as employment opportunities and applications, housing, assistance programs and information are increasingly and sometimes only accessible online.

Digital tools such as client portals and electronic health records, virtual and remote monitoring devices, health trackers, health booking and notification systems etc are becoming the norm. Use of digital applications and methods for health data collection, collation and reporting is rapidly increasing and can support a wide range of health information needs for health services, policy makers and researchers.

Research indicates that such tools can foster greater consumer engagement, better support for health consumers outside of clinic visits and hospital admissions and can improve health outcomes.

Greater use of digital tools has the potential to increase the disparities between those who have skills and access to digital tools and those who do not. This adds to existing health disparities. Access to and use of digital tools requires digital literacy and skills, connectivity, smart devices, applications, training and technical support. Many of these requirements however are not accessible to many individuals and groups.

Australians with lower levels of income, employment and education, people living in rural and remote communities, people aged 65 years or older and Aboriginal Australians are significantly less digitally included.

Although access to broadband services are now available in almost all areas and communities in Australia many groups are still significantly less digitally included.

The Australian Digital Inclusion Index (2020) reports;
- More than 2.5 million Australians do not have access to the Internet.
- Around one in five Australians do not have access to a personal computer at home.
- Low-income family households lack access to technology options and suitable devices, pay more of their household income for digital services than others, and have lower digital skills.
- People aged 65+ remain Australia's least digitally included age group with a pattern of diminishing digital inclusion as age increases.
- Women have a lower level of digital inclusion than men across all age categories and this gender gap consistently increases with age for those aged 65+.
- Australians living with disability have relatively low digital inclusion.

It is dangerous for the health system to base the use and application of digital health tools on the assumption that all South Australians;

- Can afford to own, or are able to use, smart devices
- Have access to the internet
- Can easily navigate web based information and find relevant and credible health information and services
- Can make and or access digital health appointments
- Access digital health records
- Are able to respond to digital health performance surveys or
- Make complaints about health services online

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- Measuring Australia's Digital Divide The Australian Digital Inclusion Index 2020, Roy Morgan, Centre for Social Impact, Swinburne University, RMIT
- Digital inclusion as a social determinant of health https://doi.org/10.1038/s41746-021-00413-8