Digital Health Literacy Project 2020-21

Short-Form Report

Author: Chris Sierzant, TasCOSS Health Literacy Coordinator

June 2022

Prepared for Primary Health Tasmania and Public Health Services

Powered by TasCOSS
Supported by Primary Health Tasmania under the Primary Health Networks Program – an Australian Government Initiative.
Supported by the Crown through the Department of Health.

Contents

Acknowledgements

TasCOSS would like to acknowledge the support, participation, and collaboration of everyone who was involved in this project. Foremost, our community members and consumers who provided a rich, vibrant, and honest voice during our focus groups, interviews and community surveys. It has been their lived experience during and after COVID that has brought this project to life.

We extend our recognition of the generosity and support of our community service providers and health care providers. Their interest in the project, and time spent sharing their insights, learnings, and knowledge, contributes to a richer understanding of service delivery and how we can improve the experience for consumers.

TasCOSS thanks the Steering Committee and those people involved at a governance and oversight level. Primary Health Tasmania and Public Health Services are to be particularly commended for their innovation and creative thinking in shaping this project. Their collaborative approach and genuineness in exploring new ideas and ways of thinking has allowed this project to take form and flourish.

Executive Summary

The Tasmanian Council of Social Service (TasCOSS) engaged with members of the Tasmanian community and service providers to find out what people want and need from digital or online service delivery models.
The Health Literacy Project was about understanding the experiences of Tasmanians using health or community services via technology (online or by phone) during COVID-19. The aim of the project was to glean what support is needed to improve service delivery in light of health literacy principles.

How did we do this?

Through focus groups and interviews, TasCOSS spoke to people with lived experience about their time during COVID-19. Conversations explored barriers to service access, what worked well, what didn't work so well, and what might be improved. TasCOSS used these findings to design two community surveys: A consumer survey open to the general public, and a provider survey open to all health care and community service providers.

What did we find?

Digital service delivery models generally improved service delivery for consumers and providers. Providers were able to improve their digital skills, more consumers could be reached, and online appointments became quite convenient. People appreciated being connected to local services and often used personal networks and connections to find information. During COVID, telephone and in-person appointments were common, with online appointments used occasionally.

However, digital service delivery models were not accessible for all Tasmanians. Access, affordability, and digital ability issues were evident particularly for people who were disproportionately impacted by COVID-19. From the focus groups five key themes emerged:

1. Cost of devices
2. Data access
3. Digital literacy skills
4. Service navigation
5. User experience of online appointments

Poor digital literacy had an impact on mental health, and this was compounded by difficulty navigating services and where to go to find information. Digital service delivery was seen not as a complete replacement, but as a tool that can be used where needed.

What do we need to do?

Providers and consumers suggested that service providers would benefit from greater support and training for digital delivery. Consumers felt that providers should involve their consumers more when designing online services, understand the importance of diversity, and communicate clearly. Information and design of digital platforms should be accurate, easy-to-navigate, and written in plain language. Training or mentoring should be provided to consumers where necessary to help them use an online service.

Providers need support to help their consumers become more health literate to enable digital-friendly services. This includes language and how digital inclusion is experienced. This means having conversations about becoming a "digital-friendly service." Ongoing promotion is needed to increase community awareness of existing digital literacy programs as the evidence suggested there was limited knowledge of these services in Tasmania.

Supported by Primary Health Tasmania under the Primary Health Networks Program – an Australian Government Initiative.
Supported by the Crown through the Department of Health.

How can service providers use these findings?

Ultimately, digital health literacy awareness is an organisational responsibility as much as it is an individual consumer responsibility.

The intention of this report is to help service providers be more aware of the barriers that people face. We encourage service providers to "start a conversation" to check in to make sure that their consumers are supported and able to access digital content. For example, if a service provider observes that a consumer is hesitant or unsure in the digital space, or demonstrates the "yes effect" (e.g., nodding and smiling and a high level of agreeance to instructions).

We encourage service providers to listen and observe, and if required, encourage consumers to speak to family or friends, or access their local library to access in-person digital support.

Where do we go from here?

This feedback will be used by TasCOSS as part of the project to develop tailored resources and workshops to support the health and community services industry to deliver services confidently and effectively via technology, meaning more Tasmanians can have access to the supports they need in ways most accessible to them.

Digital health literacy is a relatively new concept within the health and community service arenas, due to rapid mobilisation spurred by a pandemic. Based on our consultations, we need to listen to consumers and providers about what works best for them and always consider the end-user in mind.

Supported by Primary Health Tasmania under the Primary Health Networks Program – an Australian Government Initiative.
Supported by the Crown through the Department of Health.

Short-Form Report

What is health literacy?

Health literacy is defined as having adequate knowledge of one's own health, what services are available, and how to access these health care systems. It is an issue that has become increasingly complex and harder to understand. Health literacy is important because it impacts on an individual's ability to make decisions and take ownership and agency to manage their own health care needs.

Health literacy can be broadly understood across two domains: Individual health literacy and the health literacy environment.[1]

Individual health literacy is the "skills, knowledge, motivation and capacity of a person to access, understand, appraise and apply information to make effective decisions about health and health care and take appropriate action."
Examples of individual health literacy may include:

- Understanding and responding to preventative health messages, medication, and care plans.
- Completing health forms and undertaking administration related to one's health.
- Knowing where, how, and why to search for a health care provider or to make appointments.
- Navigating health care systems and understanding referrals, processes, and flow.
- Knowing how to way-find and navigate within and between services.

The health literacy environment is the "Infrastructure, policies, processes, materials, people and relationships that make up the health system and have an impact on the way that people access, understand, appraise and apply health-related information and services."
Examples of the health literacy environment include:

- The **policies** that decide how, where, when and why people receive health care and treatment.
- The written or verbal **materials**, brochures, websites, and information that is on display, distributed to, talked about, and given to consumers.
- The **delivery** of sensitive and/or delicate information.
- The physical and digital **layout** of how services are found, accessed, navigated, and engaged with, including the number of times, visits, and touch points in the system.

[1] Australian Commission on Safety and Quality in Health Care, 'Health literacy: Taking action to improve safety and quality', in *ACSQHC*. 2014, viewed on 24 April 2021, https://www.safetyandquality.gov.au/publications-and-resources/resource-library/health-literacy-taking-action-improve-safety-and-quality

Supported by Primary Health Tasmania under the Primary Health Networks Program – an Australian Government Initiative.
Supported by the Crown through the Department of Health.

What is digital inclusion? Why is it important?

Access to digital services and the internet is becoming essential for daily life, just as other services and utilities such as electricity and water allow for participation in social and economic life. The Australian Digital Inclusion Index (ADII) is used to provide a snapshot of digital inclusion in Australia. The ADII defines digital inclusion as being influenced by three key factors: Access, affordability, and ability.

Within the Tasmanian context, Tasmanians with lower income, employment and education levels have lower levels of digital inclusion. Education, work opportunities, government services and social connections are increasingly accessed through digital technologies, but there is a digital

> ***"If I'm unwell I'm not likely to get to the doctor, but I'm much more likely to make it to the computer."***

divide where not all Tasmanians have the same access, and Tasmania is lagging behind the rest of the nation. The gap between Tasmanians who are digitally included and those who are excluded is widening.[2]

Tasmania ranks the lowest out of Australia's eight states and territories and some groups in Tasmania experience particularly low levels of digital inclusion. Tasmania has an average score of 59.6 compared to the Australian average of 63. The ACT leads the nation at 67.5. [3]
According to findings from the ADII:

- Access is particularly poor in Burnie and North-West Tasmania, where people also have the lowest quality of internet technology and the smallest data allowances.
- Affordability is also the lowest in North-West Tasmania, although southern Tasmania receives the lowest value for expenditure.
- Digital ability is where the biggest gap between Tasmania and the national average can be found, with a 4.9 point gap (47.1 versus 52).
    - In the North-West, this gap is 15.7 points.
    - For Tasmanians in the lowest income quintile, the gap is 18.1 points.
    - For Tasmanian seniors, the gap is 21.4 points.

Low-income households recorded the lowest overall inclusion score in Tasmania. An obvious barrier for low-income households is affordability. TasCOSS reports that low-income households are forced regularly to make choices between things that many households consider as essential, such as paying rent and bills, buying food, and putting petrol in the car. The upfront and ongoing

[2] TasCOSS, 'Understanding digital inclusion in Tasmania: Report on research findings', in TasCOSS, November 2018,
viewed 30 April 2021, https://tascoss.org.au/new-submission-to-the-tascoss-vault-11/

[3] J Thomas, J Barraket, CK Wilson, E Rennie, S Ewing, T MacDonald, 'Measuring Australia's Digital Divide: The Australian Digital Inclusion Index 2019 for RMIT University and Swinburne University of Technology, Melbourne, for Telstra'. 27 August 2019, viewed on 23 April 2021, https://digitalinclusionindex.org.au/wp-content/uploads/2019/10/TLS_ADII_Report-2019_Final_web_.pdf

Supported by Primary Health Tasmania under the Primary Health Networks Program – an Australian Government Initiative.
Supported by the Crown through the Department of Health.

costs associated with digital access can be one of the first to go to make way for these more immediate needs.

How were digital or online models of service delivery received?

Digital service delivery models have many benefits

Digital service delivery models generally improve service delivery and access for providers and consumers alike. For providers, online appointments meant that staff improved their digital skills, more consumers could be reached, and consumers who were unwell or who had transport issues could now attend. For providers who delivered education, they could reach larger groups than usual when in person.

For consumers in the pandemic, online appointments were a welcome change for simple consultations (e.g., repeat prescriptions from GPs). Some physical barriers, such as transport and parking, are removed when people engage online. This also improves service delivery for outreach services who can spend more time engaging with consumers instead of travel. Consumers can also attend appointments from the comfort of their own home. The physical environment can be used as a tool between consumer and clinician to interact in the consumer's home environment.

Online appointments were generally convenient and easier to access

For many consumers, the online/digital space worked well. Most people used telephone (87%) to contact their provider and felt confident and comfortable engaging with their provider using a phone or computer.
During COVID, most people needed primary health care support (92%) and had mostly positive experiences with GPs. People shared that their GP appointments were a good experience.

They were giving "rave reviews" for telephone conversations and online video platforms. People are saying it is an "absolute imperative" that it should continue, with the caveat that having a choice (between online and in-person access) is crucial. There is potential for greater reach to rural and remote areas, where physical service delivery may be traditionally limited. People also considered the impact of poor health on being both a barrier and an enabler to service access.

"It was so much easier to access primary health services during COVID. I had more access to my GP than ever before."

For simple things, online appointments worked well

Respondents reported that GP phone consults were a welcome change for simple repeat prescriptions. Conversely, for appointments requiring a greater sense of connection or immediacy, it was noted that phone and video conferencing with psychologists were maybe not as effective as in-person consults. This correlated with some feedback from General Practitioners that the two most important changes to their systems were electronic prescribing and having access to more appropriate MBS telehealth items.

For telephone-based service providers who would traditionally reach their consumers through telephone, they reported that it became easier to communicate via video and have a 'normal'

Supported by Primary Health Tasmania under the Primary Health Networks Program – an Australian Government Initiative.
Supported by the Crown through the Department of Health.

appointment rather than on the phone. However, for some of these users, online appointments were not possible due to financial restrictions or lower digital literacy skills. This created significant barriers and required time to support consumers in using those options.

Respondents shared that they enormously appreciated it when a clinician asked them to explain their understanding of what was said. Most people did not know that this was a technique called 'Teachback', but they were keenly aware when it was used by clinicians. Some people reported that they see teachback happening more often with specialists. They said it doesn't happen as much in GP clinics, possibly due to time constraints.

Changing patterns in service delivery before and after the pandemic

Providers said that almost all (95%) of their consumers had accessed their services during COVID. Providers stayed in contact with their consumers often, and mostly through phone (84%). Due to the rapid deployment of online services during COVID, we expected to see an increase in telephone and online video use. However, the results from the provider survey suggested some interesting findings.

In-person and telephone appointments were the most common ways to engage before COVID (84%, 60%), but telephone engagement increased to 73 percent after COVID. In-person appointments dropped marginally by one percent.

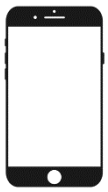
Before COVID, online video was used only 10 percent of the time *often or always*. After COVID, this increased to 18 percent *often or always*. The largest increase was seen in *occasional use* – *occasional use* of online video increased by 15 percent to 37 percent (22% uptake).

Digital service delivery was seen as not a complete replacement, but as a tool that can be used where needed. The overall sentiment was that face-to-face appointments are better to see body language, cues, and one's full physical health and allows for more personal attention.

What was it like for people who were disproportionately impacted by COVID-19?

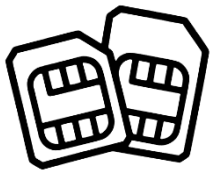
Several themes emerged from the focus groups. These themes emerged as the barriers that prevented people from accessing online or digital models of service delivery.

Theme #1: Financial burden of access



People struggled with the cost of devices, smartphones, and telephony. This had a big impact on their cost of living, and balancing daily living expenses such as rent. Devices may have been out of stock, and for people who were homeless it was hard to keep these charged. Ultimately, the cost of technology prevented people from accessing services; people described having to choose between having phone data and rationing other services.

Theme #2: Data is essential



A consistent theme was that data is essential to attend appointments and engage with services during a pandemic. Simple appointments with clinicians could consume entire data budgets in one go. Some people received data vouchers from their providers, but this was scant. It was common for people to use public Wi-Fi, which was detrimental to personal privacy, particularly for confidential appointments.

Supported by Primary Health Tasmania under the Primary Health Networks Program – an Australian Government Initiative.
Supported by the Crown through the Department of Health.

Theme #3: Digital literacy skills

Low digital literacy skills were a strong barrier. People had trouble finding and sorting information online. People felt frustrated that content was designed without the end-user in mind. There were assumptions that people had the newest phones that could access content. This frustration had an impact on people's mental health overall. For consumers who were already feeling isolated, COVID was an accelerant for this. It made social connection for consumers difficult and negatively impacted their mental health. To meet their needs, people often found alternate ways to seek out information, knowledge, or support. Family and social media was used, although it was not always the most accurate or unbiased information.

Theme #4: Knowledge of services and how to navigate systems

During the COVID-19 pandemic, respondents reported that larger service providers were difficult to contact or get help through. They did not seem to understand (or have the resources to deal with) consumers who had low levels of digital literacy. This was particularly challenging in communities where English was not a first language. Some people avoided undertaking daily tasks, such as paying bills, because they simply couldn't access or navigate online services. Wait times for appointments also increased dramatically, although this was alleviated somewhat through offering telehealth (for those who could use it) which was seen as a welcome addition for people who had barriers to attending in-person.

Theme #5: Differences in the user experience between in-person and online

Digital delivery meant that people and their providers engaged differently. If people were attending an online appointment from home, if they were in a safe space they felt comfortable. Conversely, the removal of the sanctity and "four walls" of an office meant that some people did not feel safe nor private. However, despite these challenges, people greatly appreciated when local services communicated well with them. State Government messaging worked very well, and people appreciated the regular and stable updates.

What should service providers know so that people can have a better online experience?

Digital literacy is a key concern for Tasmanians

Low digital literacy is a key concern for people in Tasmania. People shared stories that they would "give up" after trying to find information online, particularly on older devices that were slower. In a health context, this is important because if someone is feeling unwell, they may have a reduced capacity to find what they need. There is a sentiment that providers should not assume that it is "enough" simply for information to be hosted online. More work needs to be done to educate and inform consumers to improve their digital literacy skills. A large component of this lies at the organisational level of health literacy.

It was acknowledged by most people that poor digital literacy had an impact on people's mental health overall. For consumers who were already feeling isolated, COVID was an accelerant for this. It made social connection for consumers difficult and negatively impacted their mental health. In the consumer survey, respondents said that the most important issue for service providers to be aware of is digital literacy skills.

Supported by Primary Health Tasmania under the Primary Health Networks Program – an Australian Government Initiative.
Supported by the Crown through the Department of Health.

People need support navigating systems

People reported feeling anxious about not knowing where or how to access services. People said they would greatly appreciate a central source of information about all services in their local area. This prompted discussion regarding the FindHelpTas online service directory.

During the pandemic, local services maintained a connection to their consumers. In the focus groups, there was a sentiment that larger organisations were difficult to contact, and they did not understand (or have the resources to deal with) people with low digital literacy. For example, there were some people who were accessing Centrelink for the first time. When they spoke to the customer representative, the consultant said, 'You can just do that on the computer', but that person had never owned a computer before and was not digitally literate. Localised service delivery was appreciated (e.g., small GP practice, local IGA store).

If people couldn't find they help they needed, they would generally seek out known supports from relatives or friends. It was recognised that this was not always accurate, especially when seeking clarification around key messages during the pandemic. Within the Culturally and Linguistically Diverse (CALD) context, communication and messaging was crucial and local communities developed innovative ways to address this.

Digital service delivery models have some limitations

A limitation of digital service delivery models is that they are not accessible to all. Tasmania ranks the lowest out of Australia's eight states and territories in digital inclusion and some groups in Tasmania experience particularly high levels of digital inclusion. Access, affordability, and digital ability issues were demonstrated in the focus groups and surveys, and levels of digital exclusion are higher in areas of relative socioeconomic disadvantage.

One limitation of digital service delivery models is privacy. Whilst arguably more convenient, the safety of a clinical or off-site room is removed if you are accessing an online appointment from a place that is not safe. Feedback from clinicians suggested that they prefer face-to-face for initial appointments due to information being more available (e.g., behaviour, expressions, communication) to fully understand the presenting needs. Hybrid models (e.g., mixed face-to-face and online) don't seem to work well. People preferred one or the other.

Cost of living for people disproportionately impacted by COVID-19

The data clearly indicates that there can be a high cost to accessing a digital service. This includes the cost of devices, data, and telephony, and balancing this in line with everyday living expenses. Both focus group participants and service providers reported this. The high cost disproportionately impacts those people who are on low incomes. In addition, some devices are too old to sufficiently handle websites and appointments. One of the biggest barriers that people on low incomes face is the high cost of data. Simple appointments can consume large amounts, and this leads people to ration their data budget. In lieu of this, public Wi-Fi places are used but they aren't practical for private appointments.

Similarly, during the pandemic people needed to call telephone helplines to access information and services. This was problematic if you did not have credit. People were obliged to use public payphones, and this was not practical if people were on hold for long periods of time.

Supported by Primary Health Tasmania under the Primary Health Networks Program – an Australian Government Initiative.
Supported by the Crown through the Department of Health.

Greater support and training for service providers

Both providers and consumers suggested that service providers would benefit from greater support and training opportunities. Consumers felt that providers should involve their consumers more when designing online services, understand the importance of diversity, and communicate clearly. Information should be accurate and easy to navigate, and training should be provided to consumers if necessary to help them use an online service.

Consumers suggested that information should be written in plain language, training and mentoring for consumers should be available in the community, and digital platforms should be easy-to-navigate. For consumers, mentoring and training appeared to be of a higher need than as perceived by providers.

Summary

The consultations demonstrated a willingness and enthusiasm for people in Tasmania to share their views, feedback, and ideas about how to create a better, more connected digital State.

More work needs to be done to support providers to help them become more health literate to enable digital-friendly services. We need to consider our language and narrative and how we look at digital inclusion. This means having conversations about becoming a “digital-friendly service.” We also need to increase community awareness of existing digital literacy programs as the evidence suggested there was limited knowledge of these services in Tasmania.

We acknowledge that digital health literacy is a relatively new concept within the health and community service arenas, due to rapid mobilisation spurred by a pandemic. Based on our consultations, we need to listen to consumers and providers about what works best for them and always consider the end-user in mind.

Supported by Primary Health Tasmania under the Primary Health Networks Program – an Australian Government Initiative.
Supported by the Crown through the Department of Health.