

## Discussion outputs from DIGITAL HEALTH LEADERSHIP SUMMIT, March 2021

### Topic 3: Enabling health and wellness for all New Zealanders: Approaches to addressing the digital divide

This topic was discussed by groups in Auckland, Wellington and Christchurch.

#### Auckland delegates' responses

<b>Issues</b>	<p>What is digital equity?</p> <ul style="list-style-type: none"><li>• Access to tech</li><li>• Connectivity</li><li>• No barriers:<ul style="list-style-type: none"><li>○ Inclusion – step towards equity</li><li>○ Equity is end point</li><li>○ No gap</li></ul></li><li>• Affordability</li><li>• Knowledge and literacy</li><li>• Support</li><li>• Tools, e.g., hearing impaired need voice tools</li><li>• Trust/social license, e.g., NHI #, limit knowledge, share with other departments</li><li>• Implied human right:<ul style="list-style-type: none"><li>○ If move online, need alternate</li><li>○ If increasing, no choice than human right</li></ul></li><li>• Evolution more “mass marketing” campaign results in more inequity, therefore exclusion</li><li>• Got to enhance, not replace, until equity achieved</li><li>• Outcome – make sure outcome doesn’t result in inequity</li><li>• Include:<ul style="list-style-type: none"><li>○ All data (thinking learning, AI = knowledge) + recognising works different in other parts of country</li><li>○ Bringing together data, e.g., design elements of Fitbits, not recognising all skin colour</li><li>○ Facilitate data</li></ul></li></ul>
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	<ul style="list-style-type: none"> <li>○ Sovereignty data</li> <li>● Understanding needs and not make assumptions, e.g., put in age and defines path/box</li> <li>● Inequity <ul style="list-style-type: none"> <li>○ Difference in perception of information</li> <li>○ Behaviour – level of usability – passwords etc. – need to flip it around to focus on them, i.e., might not know my NHI but can give birth date/address</li> </ul> </li> </ul>
<b>Barriers/challenges</b>	<ul style="list-style-type: none"> <li>● Connectivity: <ul style="list-style-type: none"> <li>○ Devices Wi-Fi access</li> <li>○ Limits within the home, especially lockdown</li> <li>○ Black spots</li> <li>○ Bigger than Wi-Fi</li> </ul> </li> <li>● Affordability: <ul style="list-style-type: none"> <li>○ Cost of data</li> <li>○ Need credit card for app store access</li> </ul> </li> <li>● Social equity overlay (digital equity a subset), e.g., financial, housing</li> <li>● Civic duty/obligation, e.g., census, then civic right</li> <li>● One size doesn't fit all – consider person and needs</li> <li>● Devices – access/availability</li> <li>● Disability</li> <li>● Digital literacy: <ul style="list-style-type: none"> <li>○ Confidence in skills</li> <li>○ Language</li> </ul> </li> <li>● Motivation – find key to unlock motivation – value proposition – what, make, go and use</li> <li>● Aging workforce – limited time/digital ability</li> <li>● Trust – need to see real benefits</li> <li>● Value: <ul style="list-style-type: none"> <li>○ Value proposition</li> <li>○ Continuity of care in digital world</li> </ul> </li> <li>● Equity stories</li> <li>● Community pharmacy – patient couldn't read medication information – need to factor in with design</li> <li>● Need to roll out a digital device – “tag on tag off”. No knowledge of using technology. Use the devices we own already, not a new device. Need to think of design and roll out.</li> </ul>

	<ul style="list-style-type: none"> <li>• Medicines in blister pack. Can't open labelled blister pack (individual sections). Opened whole pack. Identify not everyone is the same walk alongside.</li> <li>• Migraine sufferer – no connections between care providers – not an obvious case for stroke but if had a stroke – then post care targeted to older patients</li> </ul>
<b>Solutions/ideas</b>	<ul style="list-style-type: none"> <li>• Balance profit and purpose – with disruptors/entrepreneurs</li> <li>• Be holistic – digital to enhance, not replace</li> <li>• Community groups – Dragons Dens</li> <li>• Community hubs for healthcare (e.g., library – co-location, e.g., JPs, with district nurse/social workers etc.)</li> <li>• Cross-funding streams ministries local government to fund – private spaces for telehealth consultations, for example, and public/private collaboration</li> <li>• Disability options to overcome</li> <li>• Disruptors to challenge – push us in this space – it's we/us, not they</li> <li>• Don't be afraid to start</li> <li>• Don't need to be perfect but need to be able to adapt quickly</li> <li>• End-user involvement in design: <ul style="list-style-type: none"> <li>○ Engage holistically – whole whānau</li> <li>○ Engage right groups at beginning</li> </ul> </li> <li>• Equity: <ul style="list-style-type: none"> <li>○ “Bundle” = if community card or social housing, get Wi-Fi</li> <li>○ Develop benchmark for “equity” – so much we don't know – census data not useful</li> <li>○ Local access hubs</li> <li>○ Provide equitable access</li> </ul> </li> <li>• Invest in infrastructure before tools, which includes connectivity but also training in health sector and development</li> <li>• Lobbying and changing government policy, i.e., sugar tax – doesn't need digital but would make a difference</li> <li>• Need a choice between connection to an app or connection to a person through an app</li> <li>• Need measurements of health and wellbeing supported by digital tools – but not the end focus</li> <li>• Need to make it a priority as a KPI in sector</li> <li>• New solutions don't mean nothing else matters anymore</li> <li>• nHIP – integrate these solutions</li> <li>• Provide devices and access to Wi-Fi funding</li> <li>• Public/private partnerships to improve coverage?</li> <li>• Research is key – buy in to problem statement. Involve community in defining the problem</li> </ul>

	<ul style="list-style-type: none"> <li>• Safety/privacy</li> <li>• See connectivity as a social investment:</li> <li>• Standards/code and practice on ISP for minimum level service</li> <li>• Tech needs to be fit for purpose</li> <li>• Tech support/navigators</li> <li>• Training/education: <ul style="list-style-type: none"> <li>○ Train/trainer, create champions – particularly within community or whanau, e.g., City Mission, homeless</li> <li>○ Training/knowledge education – to each relevant group</li> <li>○ Teach elderly = better health outcomes</li> <li>○ Different levels – should be fundamental – everyone should be a level above Microsoft basics – clinical leads, CIOs etc.</li> <li>○ Better education for young = ripple effect</li> <li>○ Define minimum standards (literacy and technical, and define these)</li> <li>○ Leverage learnings from education, Covid response/rollout – don't all need to be permanent digital solutions</li> </ul> </li> <li>• Understand process and then find smart solutions</li> <li>• Use human factors to inform – encourage designers to consider psychological factors</li> <li>• Zero rated apps/sponsored data/free data/black spots</li> </ul>
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### Christchurch delegates' responses

<b>Barriers/challenges</b>	<ul style="list-style-type: none"> <li>• Buy-in</li> <li>• Complexity of technology</li> <li>• Culture change required</li> <li>• Data poverty</li> <li>• Education – lack of digital literacy</li> <li>• Fragmented approaches</li> <li>• Funding structures not working</li> <li>• Lack of change management capability</li> <li>• Lack of clear health targets for health, wellness and digital equity</li> <li>• Lack of communication/marketing approach</li> <li>• Lack of consistent experience</li> </ul>
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	<ul style="list-style-type: none"> <li>• Lack of consumer/people engagement</li> <li>• Lack of cross agency working - Ministry of Education, Ministry of Health, Ministry of Social Development</li> <li>• Lack of focus</li> <li>• Lack of funding</li> <li>• Lack of incentives for consumers</li> <li>• Lack of Internet as a basic need</li> <li>• Lack of provider buy-in</li> <li>• Lack of rural connectivity</li> <li>• Lack of targeting vulnerable populations</li> <li>• Lack of understanding of outcomes from digital</li> <li>• Literacy</li> <li>• Motivation to use technology</li> <li>• Muddled consumer engagement</li> <li>• No organisational strategy</li> <li>• Ownership</li> <li>• Partnership models</li> <li>• Physical access to digital/technology</li> <li>• Population needs not understood</li> <li>• Speed of change unmanageable</li> <li>• Trust</li> </ul>
<b>Solutions/ideas</b>	<ul style="list-style-type: none"> <li>• Activated caregiver role</li> <li>• Change management framework</li> <li>• Consistent access to connectivity</li> <li>• Consumer engagement framework</li> <li>• Content benefits</li> <li>• Data governance and standards</li> <li>• Design for exceptions</li> <li>• Digitally enabled</li> <li>• Drive consumer expectations to providers</li> <li>• Earn rewards</li> <li>• Engage iwi</li> </ul>

	<ul style="list-style-type: none"> <li>• Focus on empowerment for providers and consumers</li> <li>• Health navigator role</li> <li>• Incentives and rewards for in patient health</li> <li>• Infographics education</li> <li>• MDT digital equity for all providers</li> <li>• National leadership re: data standards</li> <li>• Network for social data</li> <li>• NGO engagement</li> <li>• Partnership – leverage individual strengths</li> <li>• Privacy and consent</li> <li>• Rate apps – CX focus</li> <li>• Regulate data</li> <li>• Share resources in the community</li> <li>• Sponsored data continues</li> <li>• Tax data</li> <li>• Trust apps, e.g., Health Plan</li> <li>• Trusted health information</li> <li>• Ubiquitous, fast, reliable connectivity</li> </ul>
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## Wellington delegates' responses

<b>Challenges/barriers</b>	<ul style="list-style-type: none"> <li>• How do we currently engage the community?</li> <li>• Currently silos, fragmented – how do we change this?</li> <li>• Lack of clear and agreed definition: <ul style="list-style-type: none"> <li>○ Digital equity</li> <li>○ Digital divide</li> <li>○ Digital inclusion</li> </ul> </li> <li>• Lack of business strategy for digital equity</li> <li>• Lack of inclusive governance for digital equity</li> <li>• \$\$</li> <li>• Trust (5 Ps)</li> </ul>
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	<ul style="list-style-type: none"> <li>• Engagement</li> <li>• Culture</li> <li>• Don't make assumptions</li> <li>• Why do I/should I connect?</li> </ul>
<b>Ideas/solutions</b>	<ul style="list-style-type: none"> <li>• Understand the why</li> <li>• Requires a cross agency response for SDOH</li> <li>• Design for consumer (1<sup>st</sup>) and clinician (2<sup>nd</sup>)</li> <li>• Uniformity – same platform</li> <li>• Free/subsidised data awareness</li> <li>• Digitally enabled workforce</li> <li>• New primary health care model</li> <li>• Population health focus</li> <li>• Access: <ul style="list-style-type: none"> <li>○ 100% coverage</li> <li>○ Device</li> <li>○ Rural enabled with technology (Internet, Cloud)</li> </ul> </li> <li>• Ease of use</li> <li>• Education</li> <li>• Framework: <ul style="list-style-type: none"> <li>○ Business problem</li> <li>○ Funding</li> </ul> </li> <li>• Literacy: <ul style="list-style-type: none"> <li>○ Digital</li> <li>○ Health</li> </ul> </li> <li>• Blended care: <ul style="list-style-type: none"> <li>○ Digital</li> <li>○ Person consent</li> </ul> </li> <li>• Student inclusion – young demographic included</li> <li>• Community hub</li> <li>• Toolbox</li> <li>• Ownership of own data</li> <li>• Executive belief</li> </ul>

