



Expanding Digital Health

Realising the promise of digital health for those who are socio-economically disadvantaged

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We acknowledge the traditional custodians of the land and pay respect to Elders past, present and emerging.

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Executive Summary

The digital health divide is a critical equity issue in the rapid expansion of digital technology in our health system. With 2.5 million people not online in Australia,¹ the digital health divide means that vulnerable populations are at risk of being further marginalised through poor access to health services. Expanding Digital Health is a series of virtual roundtable events bringing together consumers, practitioners, academics and policymakers working to close the digital health divide.

The first two roundtables in the series were held in 2020 and aimed to draw together Australian digital health research and experience to develop effective policy interventions to close the divide across the country. The project was led by a partnership between The Australian National University and Good Things Foundation Australia, a social change charity that works to close the digital divide and ensure all Australians can benefit from digital technology, including digital health. While the Expanding Digital Health series continues in 2021, the consensus achieved by participants in the first two roundtables was clear: multiple solutions are needed to realise the potential of digital health for all Australians.



¹ Thomas, J, Barraket, J, Wilson, CK, Holcombe-James, I, Kennedy, J, Rennie, E, Ewing, S, MacDonald, T, 2020, Measuring Australia's Digital Divide: The Australian Digital Inclusion Index 2020, RMIT and Swinburne University of Technology, Melbourne, for Telstra.

Summary of Recommendations

Three main recommendations were developed by participants at the 2020 roundtables.



- 1** **Meaningfully co-design and partner with communities in the long-term to support all Australians, particularly those most vulnerable, to use digital technology to support their health and wellbeing.**

A strong focus for participants was starting with communities and what they are doing already, then work to enable and enhance existing structures to support them to engage with digital health.

- 2** **Build the confidence of clinicians and consumers on how to use digital health and embed digital health literacy in training and support services.**

Continue to embed digital health into education and training pathways, and to further address the motivations and the value proposition of digital health to increase adoption and use. Additional considerations may be: engaging professional organisations in sectors where workers do not usually use computers in digital skills and digital health training programs e.g. aged care support workers.



- 3** **Consider piloting digital health interventions within the context of primary care, supporting both providers and patients. For example, establish 'Digital Health Navigators,' a dedicated role located in general practice to support the cohesion of patient/provider in their experience of digital health.**

Digital health requires true provider and patient engagement within a primary care setting. It acknowledges that GPs do not always have the time or knowledge themselves to support patients to understand and use digital health technologies to manage their health and care. The recommendation is to trial a new role of 'Digital Health Navigator' to liaise with primary care providers to deliver digital health support to the patient in line with their specific health needs, and support providers to understand patient benefits and use of digital health.



Introduction: the Digital Health Divide

The rapidly increasing presence of digital health promises to improve healthcare for all Australians. Digital health refers to the use of information and communication technology for health and can be used by patients, providers and health systems. Examples of digital health used by patients include looking up health information online, virtual appointments with a doctor via telehealth and mobile phone applications used for health purposes.

However, with 2.5 million people not online in Australia,² and 4 million estimated to be limited internet users, the digital health divide means that vulnerable populations can be marginalised further through poor access to traditional health and now also digital health services. The digital health divide can affect older patients, patients with culturally and linguistically diverse backgrounds, Aboriginal and Torres Strait Islander patients and patients with socioeconomic disadvantage. The populations affected by the digital health divide are the same populations experiencing higher rates of chronic disease and worse healthcare outcomes.

The issue of the digital health divide is particularly relevant during COVID-19, where healthcare, like many other services, has rapidly moved online with restrictions on in-person services due to lockdown and risks for vulnerable patients. The risk of the digital health divide with COVID-19 healthcare digitisation is that some of these vulnerable patients and populations, who are most in need of effective healthcare, are cut-off from that healthcare at the exact time that they need it.

Work is being done on the digital health divide through the community sector, government and academia, generally under categories such as digital health research and policy, vulnerable population research, and consumer health literacy policy. To date, there has not been a coordinated approach amongst those who live, practice, research and work in the digital health divide.

The Expanding Digital Health Roundtable Series

Two roundtables were held in 2020 to bring together Australian digital health research and experience to develop effective policy interventions to close the divide across the country. Our Expanding Digital Health Roundtable series particularly focused on the digital health divide in association with socioeconomic disadvantage. Participants included consumers, practitioners, academics and policymakers working in the digital health space. Due to COVID-19 restrictions, both roundtable events were online events hosted via video conference.

Held in partnership between Australian National University and Good Things Foundation Australia, the goals of the 2020 Expanding Digital Health Roundtables were to:

1. Understand and critically assess the current nature of the digital health divide, including the barriers and enablers for digital health access for communities in need.
2. Develop a consensus of recommendations for the best next steps to improve the digital health divide based on collective research and experience.
3. Engage with key policymakers and the community around our key findings and recommendations to better realise the potential of digital health for communities and individuals in need.
4. Create an Australian digital health divide community of practice through connecting engaged policymakers, researchers, consumers and practitioners.

² Thomas, J, Barraket, J, Wilson, CK, Holcombe-James, I, Kennedy, J, Rennie, E, Ewing, S, MacDonald, T, 2020, Measuring Australia's Digital Divide: The Australian Digital Inclusion Index 2020, RMIT and Swinburne University of Technology, Melbourne, for Telstra.

This report describes the two roundtable events, highlights findings from the discussions, and outlines a number of policy recommendations agreed to by participants that will support Australia to close the digital health divide. It is anticipated that this series of roundtables will continue into 2021 to cover additional topics related to closing the digital health divide.

Roundtable Highlights

Expanding Digital Health Roundtable One

The first Expanding Digital Health Roundtable was held in July 2020.

Attendees

People with experience of working in, researching or making policy relating to the digital health divide attended the roundtable. Representation included:

- Consumer groups likely to be affected by the digital health divide
- Practitioners including healthcare providers and community workers seeking to improve the digital health divide
- Academics who had completed research on the digital health divide and barriers and enablers to digital health access for communities in need, and
- Policymakers working in areas related to the digital health divide.

Before the roundtable

Attendees were asked to share their answers to the following question prior to the roundtable event, "If there was one thing you could change about digital health access for the people you represent, what would it be?"

Summarised answers to this question included:

- Improve awareness and education of consumers around digital health literacy and My Health Record
- Reduce the burden of digital health through thoughtful regulation, design and access solutions
- Build confidence in consumers to deal with barriers of trust and fear around digital health
- Employ consistent terminology and consumer co-design platforms that are easy-to-use
- Closer collaboration between health and community organisations
- Improve access to reliable internet connections and devices
- Improve GP knowledge of and willingness to recommend digital health
- Improve access to data for patients, clinicians and the system
- To not perceive digital technologies as a panacea for entrenched social inequalities and insecurities in public health
- Develop better integrated systems to make digital health more efficient and less fragmented for time-poor patients and their carers
- Deliver a clear, concise & positive message, that creates community health benefits & engagement, within regional areas.

Discussion focus

The roundtable was co-hosted by Jess Wilson, National Director of Good Things Foundation Australia, and Prof Kirsty Douglas, Director of the Academic Unit of General Practice at the Australian National University Medical School.

The first hour consisted of presentations covering the nature of the digital health divide, and work already being done to address it. Repeated themes included:

- Consumers with lower incomes, lower education, living in a rural or regional area, who are older and male are less likely to be accessing digital health and its benefits. These consumers are also more likely to have higher healthcare needs and worse healthcare outcomes.
- Barriers for consumers to digital health access are varied and population dependent but common issues are time, trust, cost of hardware/internet connections, preference and confidence.
- Barriers for healthcare providers are also varied but include time, trust and confidence.
- The Australian Digital Health Agency (ADHA) has a strong focus on improving the digital health literacy of consumers and healthcare providers.
- Good Things Foundation Australia, with its 3500+ community partner organisations, and in partnership with the ADHA, have applied a community-based approach to improving digital health literacy for members of the community.

The second hour consisted of discussion in small groups, feedback to the larger group discussion and a poll to gather and prioritise our recommendations for the best next steps for interventions to improve the digital health divide.

Expanding Digital Health Roundtable Two

The second Expanding Digital Health Roundtable was held in September 2020.

Attendees

A diverse group of senior policymakers working in fields relevant to the digital health divide attended, including representation from:

- Policymakers from the Department of Social Services, the Department of Health and Ageing (including the Australian Digital Health Agency)
- Consumers from Consumer Health Forum Australia
- Practitioners from the Royal Australian College of General Practitioners, and
- Academics with a track record of research on the digital health divide.

Before the roundtable

Attendees were asked to share their answers to the following question prior to the roundtable event, "What do you consider are the greatest policy challenges in trying to improve access to digital health for those in need?"

Summarised responses include:

- Determining how, when and why digital health adds value to the system and for whom
- Infrastructure improvements to allow affordable, accessible, stable and simple digital health (and especially) videoconferencing options across Australia (with particular recognition of poor access to fixed-line (NBN) high-speed broadband for remote communities)
- Harmonised and integrated software systems across private and public healthcare providers to support secure, efficient, privacy-protected and appropriately consented communication
- To build trust that the digital health system will deliver both better access and better-quality care
- Consideration of telephone - versus video - consultations and the benefits and trade-offs of each

- Confidence in the use of technology for patients and clinicians and support that is easy and convenient to engage in.

Discussion focus

Roundtable Two was co-hosted by Jess Wilson, National Director of Good Things Foundation Australia, and Prof Kirsty Douglas, Director of the Academic Unit of General Practice at the Australian National University Medical School.

Dr Melinda Choy presented the key recommendations from the participants of Expanding Digital Health Roundtable One (as detailed in the next section).

Participants then offered their feedback on the key recommendations and discussed the policy challenges of the digital health divide. Repeated themes included:

- The importance of progressing the digital health agenda in a way that does not leave people behind.
- Distinctions between different forms and contexts for digital health need to be defined in discussion, because each form has specific issues that may not be relevant to another form of digital health.
- There is great diversity in the various sub-groups affected by the digital health divide and the diversity again in the barriers that they face (often much more nuanced than their stereotypes), which then require different strategies for success in improving access.
- A key factor in engagement is the value proposition of different types of digital health: is it useful to consumers such that it is self-evident that it will improve their lives?
- Another key factor in adaptation of digital health: is it easy to use? This is particularly relevant for those with high burdens of chronic disease and do not want increased work in seeking to digitally manage their condition.
- The concept that digital health builds on existing health services and existing provider-patient therapeutic relationships was noted.
- A discussion around barriers was raised, in particular digital health literacy and the need to think widely without presumption about the different barriers people face in accessing digital health.
- Having confident healthcare providers using digital health is essential for patients who trust their providers. Digital health navigators sitting in primary care could potentially help with this.
- How can we leverage existing mechanisms (e.g. National COVID-19 Commission) to improve the digital health divide? This may assist in reducing implementation barriers for new interventions.



Key Recommendations

A set of recommendations have been consolidated from the feedback from participants. The top three recommendations as voted by participants are listed below. Additional recommendations and considerations raised are listed on page 12.

- 1** **Meaningfully co-design and partner with communities in the long-term to support all Australians, particularly those most vulnerable, to use digital technology to support their health and wellbeing.**

What this looks like

The key is to start with the community. Digital health understanding and use must be driven by communities so that it is tailored for their specific needs. Communities may be defined by location, or communities of interest or health condition e.g. specific chronic disease support groups. Rather than externally designing something new, we should first understand and leverage what specific communities are already doing to share information, communicate, build community ties, and improve social connections and health. Then interventions should be framed around the question: How can we help enable, support and enhance what is already being done and build in the digital aspect? We want to encourage creatively and laterally thinking about how to deliver digital health literacy programs through community organisations and other social service providers connected to populations which are likely to be most digitally excluded eg women's shelters, community pantry organisations and also those most in need of support for managing their health and wellbeing.

What is already being done

Good Things Foundation's Health My Way program, funded by the Australian Digital Health Agency, has been delivered through our Network in 75 communities across Australia during 2019-2021 with positive results. The wider Be Connected Network of more than 3,500 community organisations that Good Things Foundation supports and manages is well-placed to rapidly deliver this digital health literacy program to their at-risk and vulnerable clients, broadening the program's reach. In the UK, Good Things Foundation has worked with the National Health Service over several years to establish community-based health hubs, supporting vulnerable people to use digital skills to help manage diabetes, get support for people with cancer, as well as helping nurses gain digital skills. See Appendix for more details.

What else is needed

Continued and expanded availability of digital health support, which is community-led so that it is tailored for the specific needs of the community and its most vulnerable populations. We need to ensure that co-design is embedded into the design of programs and be supported over sufficiently long periods of time to enable outcomes to be measured. We need to recognise also that changes in technology are not static and support will be required ongoing to help consumers to keep up.

Key stakeholders

Consumer and community peak bodies and community-based organisations.

- 2** **Build the confidence of clinicians and consumers on how to use digital health and embed digital health literacy in training and support services.**

What this looks like

Engaging with healthcare professionals and local communities to create feasible options for training and support in digital health.

This needs to be connected to practical value propositions for clinicians and consumers to improve their knowledge of, trust in and ability to use and recommend digital health services.

What is already being done

The Australian Digital Health Agency (ADHA) has partnerships with 25 peak healthcare provider organisations (including Aboriginal health workers and nurses) on curriculum and accreditation and has developed a workforce and education strategy (exploring opportunities around university curriculum).

What else is needed

It is important to further embed digital health into education and training pathways, and to further address the motivations and the value proposition of digital health to increase adoption and use. This may require a recognition of the time it takes providers and patients to learn how to use new technologies. We need to create multiple options to help increase confidence and reduce the feeling of additional 'burden' of learning new technologies being placed on healthcare providers.

Key stakeholders

Health professional and consumer peak organisations. Consider including other professional organisations where the occupation doesn't traditionally come into contact with technology e.g. aged care workers, hairdressers.

- 3** Consider piloting digital health interventions within the context of primary care, supporting both providers and patients. For example, establish 'Digital Health Navigators,' a dedicated role located in general practice to support the cohesion of patient/provider in their experience of digital health.

What this looks like

Partnering with primary care practices and funding pilots exploring an additional role - 'Digital Health Navigator' - that creates links between digital health, consumers and providers to create patient-centred recommendations within continuous care. This role would perform a digital health mentor role for both providers and consumers to bridge the current support gap. This role would have the time to spend with patients to explain how to use digital technology such as e-prescriptions, My Health Record, telehealth, online bookings, online consumer health education, accessing vaccination details online, health apps etc. Digital Health Navigators would liaise with providers to deliver digital health support to the patient in line with their specific health needs, and would also support providers to understand the patient benefits and use of digital health technologies. The role could potentially be fulfilled by the community sector, practice nurses or Primary Health Networks located in a primary care setting, assuming they were given relevant training and funding to support.

What is needed

Health navigator-type roles exist in primary and tertiary care settings, but there has not yet been much with regard to 'Digital Health Navigator' roles in primary care. We need to summarise overseas trials and learnings of 'Digital Health Navigator' roles and our own learnings from health navigator roles in our system. Then evaluation of co-designed trials of 'Digital Health Navigators' in various Australian primary care settings will pave the way for effective scaled-up models.

Key stakeholders

Primary care peak associations, consumer health organisations, community organisations, Primary Health Networks, researchers.

Additional Recommendations and Considerations Raised

Additional recommendations and considerations were identified during the roundtables that are also valuable to be captured and considered as part of the broader issue.

Recommendations for improving digital health systems and solutions

1. Continue working and advocating to improve wider access to quality, affordable internet connectivity, digital infrastructure and the reliable hardware and software needed to access digital health.
2. Understand the multiple channels and platforms that digital health is conducted through, how they interact and how effective they are for providers and consumers.
3. Ensure that digital health solutions are linguistically accessible for multiple communities using Plain English and, where possible, information in multiple languages.
4. The importance of being innovative in designing any websites, tools or resources so that the vulnerable and other hard to reach groups are able to quickly identify their value and access them.
5. Being aware of, and designing for, the vulnerable is important; and it should be part of the system design process from the beginning. However, the approach to influencing Governments of the importance of ensuring equitable access to digital health by vulnerable groups will require us to contextualise the issues within the broader context. It is not that it is not recognised to be important, but in the order of priority for building a robust, high-quality digital health system, it likely sits below other issues (such as embedding the fundamentals of the system).

Recommendations for improving digital health literacy

1. Use a staged framework with a clear measured outcomes approach to understand and map the digital health literacy needs of individuals and key groups of health consumers more likely to be digitally excluded, and the steps required to improve.

Recommendations to help providers improve digital health access for patients

1. Improve links between digital health systems for allied health, secondary and community services.
2. Consider linking digital health upskilling to accreditation and funding for healthcare provider organisations/hospitals.
3. Engage healthcare providers (especially primary care e.g. GPs) in training to encourage and support patients to use digital health services, access trustworthy online health information, and facilitate this by providing reliable sources of information to providers and practical ways for them to access these.

Conclusion

The digital health divide is a critical equity issue in the context of a rapidly expanding aspect of our health system. The consensus from this first Expanding Digital Health Roundtable series was that multiple solutions are needed to realise the potential of digital health for our most vulnerable. Our recommended starting points are meaningful long-term community engagement, locally-driven support for consumers and healthcare providers in using digital technology and primary care intervention pilots.

The feedback from our second Expanding Digital Health Roundtable supported the key recommendations. Participants supported the importance of addressing the digital health divide using multiple approaches within the progress of the wider digital health agenda. Particular consideration needs to be given to the policy challenges of digital health literacy and confidence-building, and developing a clear value proposition for consumers with digital health and creating digital health solutions that are easy-to-use.

Overall, there is an acknowledgement that digital health technology has great potential to benefit the lives of Australians, but specific effort is needed to ensure that already vulnerable populations are not further disadvantaged through poor digital access and literacy skills.

Next Steps

This report, its findings and recommendations have been published following consultation with the roundtable participants. The individual recommendations will be further developed by participants of the Expanding Digital Health Roundtables into proposals that can be taken to relevant stakeholders and policymakers to consider and, hopefully, progress.

We will also continue to pursue national conversations about how digital health access can be improved as part of the general ongoing growth of digital health. In particular, we plan to focus on how vulnerable populations can better access and benefit from telehealth and emerging digital health innovations in planned future roundtables in this series in 2021.



Appendix

Acknowledgements

This project has been jointly funded by Good Things Foundation Australia and The Australian National University Crawford School of Public Policy through a Policy Greenhouse Collaboration Initiative Grant.

Expanding Digital Health Roundtable One Participants

Geoff Briggs	Manager Community Engagement	Australian Digital Health Agency
Dr Melinda Choy	Academic Lecturer	ANU Medical School
Professor Kirsty Douglas	Professor, General Practice	ANU Medical School
Anthony Egeland	Digital Health Policy Officer	Consumers Health Forum of Australia
Dr Matt Fisher	Senior Research Fellow, Southgate Institute for Health	Flinders University
Sharene Jackson	Head Digital and Social Inclusion	Good Things Foundation Australia
Fiona Martin	Director, Digital Inclusion and Community Engagement	Australian Digital Health Agency
Dr Anthony McCosker	Associate Professor, Media and Communication	Swinburne University of Technology
Julia Nesbitt	Representative	Consumers Health Forum of Australia
Professor Christine Phillips	Professor, Social Foundations of Medicine	ANU
Professor Suzanne Robinson	Discipline Leader for Health Economics and Data Analytics	Curtin University
Gavin JD Smith	Associate Professor of Sociology	ANU
Michael Stanley	Senior Manager, Community Development	Carers Victoria
Derek Tink	Community Advisor	Digital IQ
Jess Wilson	National Director	Good Things Foundation Australia

Expanding Digital Health Roundtable Two Participants

Teena Blewitt	Group Manager, Communities Group	Department of Social Services
Dr Melinda Choy	Academic Lecturer	ANU Medical School
Simon Cotterell	First Assistant Secretary, Health Systems Policy and Primary Care	Australian Federal Department of Health
Dr Jane Desborough	Action Researcher, COVID-19 Primary Care Response Group	Australian Federal Department of Health
Professor Kirsty Douglas	Professor, General Practice	ANU Medical School
Dr Matt Fisher	Senior Research Fellow, Southgate Institute for Health	Flinders University
Meegan Fitzharris	Previous ACT Minister for Health and Transport	Australian National University
Sally Hall	Action Researcher, COVID-19 Primary Care Response Group	Australian Federal Department of Health
Sean Innis	Director, Public Policy and Societal Impact Hub	Australian National University
Liz Jones	Head of Collaborative Projects	Good Things Foundation (formerly of GWI Consulting)
Bettina McMahon	Interim CEO	Australian Digital Health Agency
Paul McBride	First Assistant Secretary, Medical Benefits	Australian Federal Department of Health
Professor Suzanne Robinson	Discipline Leader for Health Economics and Data Analytics	Curtin University
Leanne Wells	CEO	Consumers Health Forum
Jess Wilson	National Director	Good Things Foundation Australia

About Good Things Foundation's Digital Health Literacy Programs

[Good Things Foundation](#) is a social change charity, helping people to improve their lives through digital. We tackle the most pressing social issues of our time, working with community organisations across Australia and the UK to help people improve their lives through digital.

Good Things Foundation Australia launched in August 2017. We coordinate, support and upskill the Australian Government funded [Be Connected Network](#) of more than 3,500 community-based organisations, and manage the Be Connected grants program. Be Connected has engaged more than 800,000 people in digital literacy programs in three years and has recently been refunded for another three years.

In 2019, we commenced [Health My Way](#), a digital health literacy program supported by the Australian Digital Health Agency, involving 75 community organisations in our Network. It was first piloted in lower socio-economic areas in Ballarat and Sydney.

Through this program, our Network of community organisations has provided one-on-one support to build skills and confidence in accessing reliable online health information and using digital tools such as My Health Record. They have demonstrated that they can connect with their communities in ways that more broad-based communication channels can't. They are trusted by community members and are a supportive focal point for place-based activities that generate social connections and facilitate community life - catalysts for health and wellbeing. After participating in our pilot Health My Way program, 80% of people increased their digital health literacy skills and confidence.

Additionally, as a result of the support received from our community partners, program participants took actions such as:

- Joining walking groups or online community support groups to lose weight
- Approaching their doctors about creating My Health Record or adding their personal information to My Health Record
- Creating myGov accounts and linking to My Health Record independently post the training session.

In the UK, Good Things Foundation has worked in partnership with their network of community organisations and the National Health Service to develop and deliver [the Widening Digital Health Participation program](#). This digital health literacy program has been delivered through establishing 'digital health hubs' in local communities and co-designing resources and programs to meet the community's needs.

This program has resulted in:

- £6.40 ROI for every £1 invested in digital health inclusion
- 90% of people supported improved their wellbeing as a result of digital inclusion activities
- 51% felt more informed about their health
- 50% said they feel less lonely or isolated.

About Australian National University's Digital Health Research

The Academic Unit of General Practice at The Australian National University Medical School has multiple active projects working on improving the digital health divide.

In 2020, Dr Melinda Choy, Dr Elizabeth Sturgiss, Prof Felicity Goodyear-Smith and A/Prof Gavin Smith published a qualitative study titled, 'Digital Health Tools and Patients With Drug Use Disorders: Qualitative Patient Experience Study of the Electronic Case-Finding and Help Assessment Tool (eCHAT)' in the Journal of Medical Internet Research (full-text available at <https://www.jmir.org/2020/9/e19256/>). This was a study of the experiences of patients with drug dependence using a digital health tool whilst attending an Australian General Practice Clinic.

In 2019-2020, Dr Melinda Choy, Dr Kathleen O'Brien, Dr Katelyn Barnes, Dr Elizabeth Sturgiss, A/Prof Elizabeth Rieger and Prof Kirsty Douglas, conducted a project titled, 'The Digital Health and Disadvantage', as funded by the Royal Australian College of General Practitioners Foundation and IPN Medical Centres. This was an exploratory mixed methods study exploring how patients in primary care with socioeconomic disadvantage experienced access to digital health. It involved 420 patients and 32 General Practices across the Australian Capital Territory and South-East New South Wales. Publications for this work are still in process, but please email melinda.choy@anu.edu.au if you would like a copy of this work, or you can review poster short-form early publications of results at https://www.researchgate.net/profile/Melinda_Choy.

Over 2019-2020, the Australian National University Public Policy and Societal Impact Hub, as part of the Crawford School of Public Policy, funded the Policy Greenhouse Collaboration Initiative. This initiative has provided part of the funding and support for the Expanding Digital Health Roundtable series, a project designed to foster open conversation and collaboration between researchers, government and non-government agencies in working on the digital health divide.

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