Health in All Policies in SA: The Broadband Case Study

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Outline

• Aims of the Broadband Case Study
• How researchers were involved
• Context for the case study’s development
• Findings from the research
• Outcomes & outputs from the case study:
  – policy recommendations to government
  – academic
Aims of Case Study

• SASP Target 4.5
  “Broadband usage in South Australia to exceed the Australian national average by 2010, and be maintained thereafter”
• DFEEST - lead responsibility, also supporting national roll-out of BB infrastructure
• **Win-win:** HiAP identified by DFEEST as potential to address “digital divide” whilst also achieving SASP target, and health&wellbeing for SA Health
Researcher involvement in the HiAP process

• Partners in most of whole HiAP process
• 5 steps in the SA HiAP process
  – ENGAGE: members of project team
  – GATHER EVIDENCE: Literature, new research
  – GENERATE: discuss, reports, recommendations
  – (NAVIGATE – through ExComm of Cabinet)
  – EVALUATE: respondents
How to address the Broadband Target?

- 84% of adult population 18+ (2007)

- 73% of households (2006-07) (up from 44% in 1998)

- 64% have Home Internet (2006-07) (up 4x from 16% in 1998)

Source: Australian Bureau of Statistics
No Internet @Home

Source: www.publichealth.gov.au  Monitoring Inequality
www.recsol.com.au/messenger

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EVERYBODY EVERYWHERE EVERYDAY
"Alone we can do so little. Together we can do so much."
Helen Keller

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8pm Saturday March 29, 2008
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Adelaide Hills Weekender - March 30 - Apr 5
Developing the case study process

Addressing DT access + use in low SES populations: of interest and importance to both SA Health and DFEEST.

• Researchers contributed to literature review
  – Little research on low SES + DT access/use (outside of developing countries)
  – Almost no evidence in Australia
  – Decided to run focus groups – became Phase 1
**Field research for Phase 1**

- Process: 6 focus groups, 55 people, age 25-60, “go to where the people are”

- Adelaide Social Atlas (ABS) – areas of lower SES concentration (lower on gradient)

- The 6 groups:
  - Women’s support
  - General men’s
  - Inner-city low-income affordable housing
  - Employment support
  - Aboriginal
  - NESB refugee
Phase 1 findings

- A 2\textsuperscript{nd} digital divide exists \textit{within} lower SES groups
- Wide differences in access/use – from none/poor quality to extensive + frequent + high quality
- Connection/access doesn’t = use
- Internet can be a “luxury” – won’t buy it
- Mobile phones owned/used the most
- Significant proportion have no landline (affects ability to buy cheaper computer Dialup).
Phase 1 findings

DTs are a 21st century determinant of health.
Existing social inequities prevent DT access/use
a) individual resources and capabilities
b) technical & social structures

I’m having to choose between a car and several things at the moment [due to limited income]. I can’t use public transport… for my back. It’ll come to that, where the computer will just have to go (Men’s group).

I have a problem with the reading and writing side of it. It doesn’t mean that I don’t know what I’m doing. But I find if you have to go on the internet and you can’t damn well read the words that they want you to put on, how are you supposed to access the internet in the first place? (Employment group).
Poor or no access to digital technology
(e.g. computers, mobile phones)

Reduced access to services, resources and information;
no access to potential psychosocial benefits of connectivity
(e.g. increased inclusion)

Altered (and often more limited) pattern of access to the
determinants of health (i.e. decreased access to services and
social support; education, employment and housing opportunities)

Behavioural patterns influenced and/or increased
psychosocial stressors

Disease risk factors are increased

Increased disease or reduced wellbeing
Say goodbye to CDMA. Say hello to Next G™ wireless broadband.
An evolving process

Discussion of Phase 1 findings identified potential for increasing BB uptake in low SES population using mobile phones/mobile devices.

Rationale: Mobile devices widely owned, increasingly more affordable than computers; easier to use; internet+text+talk packages becoming cheaper; wifi potential (free use)…
Phase 2

Same research method, 3 groups

Focus: “solutions that would work for you”

FINDINGS: mobile BB can be expanded

- All had “internet-capable” m-phone but few used that option
- Need awareness-raising, trust, help
- Research identified ordered set of steps from non-user to full ongoing user – literature review suggested GOVT can support these (UK, Canada)
HiAP policy recommendations

• Develop a Digital Inclusion Policy for SA
• Govt should support equity of access to online information and services as it moves to this delivery platform
• Continue to support “connect” programs
• Supports Adelaide Thinker’s report

• Also contributed to academic knowledge base on Digital Technologies, low SES populations and health inequities
Outputs

1 journal paper: (under review)
‘Digital technology access and use among socially and economically disadvantaged groups in South Australia’.

3 government reports:
*Digital Technology Access and Use as 21st Century Determinants of Health: The Impact of Social and Economic Disadvantage (2009).*

*Use of Broadband Internet on Mobile Phones to Overcome the Digital Divide: A Literature Review (2009).*

*Use of Mobile Phones as a Vehicle to Increase Internet Use to Improve Health & Wellbeing in South Australia (2009).*
Outputs contd...

3 conference papers:
- a) Implications of the digital divide for E-health, M-health and health promotion (submitted 2010)
- b) Implications of the digital divide for e-health (2009) 
  4th International Conf. Community Health Nursing Research
- c) Health in All Policies in SA: the Broadband Case Study (2008) 
  2008 State Population Health Conference

1 book chapter – just out:
Digital Technology Access and Use as 21st Century Determinants of Health: Impact of Social and Economic Disadvantage’, in 
Kickbusch I & Buckett K (eds) Implementing Health In All Policies: Adelaide 2010. Department of Health South Australia

More in process.....
Concluding comments

• HiAP process – “research into policy”

• Theoretical understandings and research findings translated into policy through the processes and relationships (not end-product)

• SA’s HiAP approach - successful way of expanding ways of working and thinking for non-health departments

• and builds understanding outside the health sector of Health Inequities and ways that a department’s work can influence them
For more information

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HiAP website