

# Chapter LV

## A Capacity Building Approach to Health Literacy through ICTs

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### ABSTRACT

*There has been substantial interest in delivering ICT training options to rural and remote areas of Queensland, Australia, in order to bridge the rural-urban divide. But there is more than just education and training going on: Participants are being empowered to gain new skills and confidence, form new networks, become active in the community, and be proactive in addressing their own health and well-being needs.*

### THE RURAL AND REMOTE CONTEXT

Rural and remote populations often experience poor access to services (Simpson, Wood, Daws,

& Seinen, 2001; Wagenfeld, Murray, Mohatt, & DeBruyn, 1997). This applies to essential health services, to services that enable individuals and communities to gain the skills necessary to participate in the social changes af-

fecting the population, and to the peer-support services needed by isolated professionals. In Australia, long-standing factors in service delivery to rural communities, such as sparse population, distance, and limited availability of public transport, are being exacerbated by the reduction in and withdrawal of existing face-to-face services. In terms of health services, access constitutes a significant issue for rural communities. At the same time, the traditional jobs base for these communities in primary production is shrinking, resulting in psychological pressures and the need for the re-skilling of many of those people formerly employed in such industries.

Health literacy, understood in its broadest sense, is a key issue for these communities. Parker (2000, p. 280) notes, "... for those with limited health literacy, as health care is becoming increasingly complex and health information is becoming more diffuse in the public domain, there is more reliance on written materials to educate and inform people about their health." As governments at all levels seek ways to simplify, and reduce the costs of, the task of meeting health-service needs, the attractions of e-government for service delivery to a receptive "wired" community are strong (and ICT vendors have encouraged that attraction). However, for those community members used to the supportive environment of face-to-face service delivery and unfamiliar with ICTs, the focus on service provision via the Internet creates new challenges. The incentive for computer literacy (Hamm as cited in Loader & Keeble, 2004) is strengthening.

The problems associated with negotiating the changed rural social and service environment impact particularly those people who have characteristics that may intensify their isolation and lack of access to information, including people of cultural and linguistic diversity (CALD), disabled people, and people with low

literacy skills. A socially inclusive society requires informed communities that have the means, skills, and opportunities to communicate (IBM, 1997). For those unable to meet these criteria because of age, ethnicity, disability, income, or circumstance, difficulties associated with the acquisition of everyday information via the Internet can potentially create considerable frustration and distress, increasing the degree to which these people are marginalized within their community, and impacting their health and well-being.

## THE CASE-STUDY PROJECTS

The projects build on earlier work that identified the difficulty in accessing accurate current information and in obtaining appropriate health and well-being support for these populations. Interviewees in fieldwork for *Creating Rural Connections* (Simpson et al., 2001) reported a variety of information needs, including more timely access to a wider range of information, and the desire for specific information in response to an identified need (such as to address a health problem), to locate employment, or to improve the family business.

Community members identified two levels of specific need. First is the need for access to specialist services, including medical services and counseling; ongoing access to help, companionship, and mentoring; community-service databases to facilitate better networking and referral services; improved access to services for disability groups, particularly services that have the potential to overcome the effects of communication limitations and personal isolation; and opportunities to identify and reinforce existing support networks. They also identified the need for re-skilling regarding computing skills as a necessary tool in the changing work and social environment. The projects devel-

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