

# THE RURAL SMART HEALTH PROJECT

## KEY FINDINGS

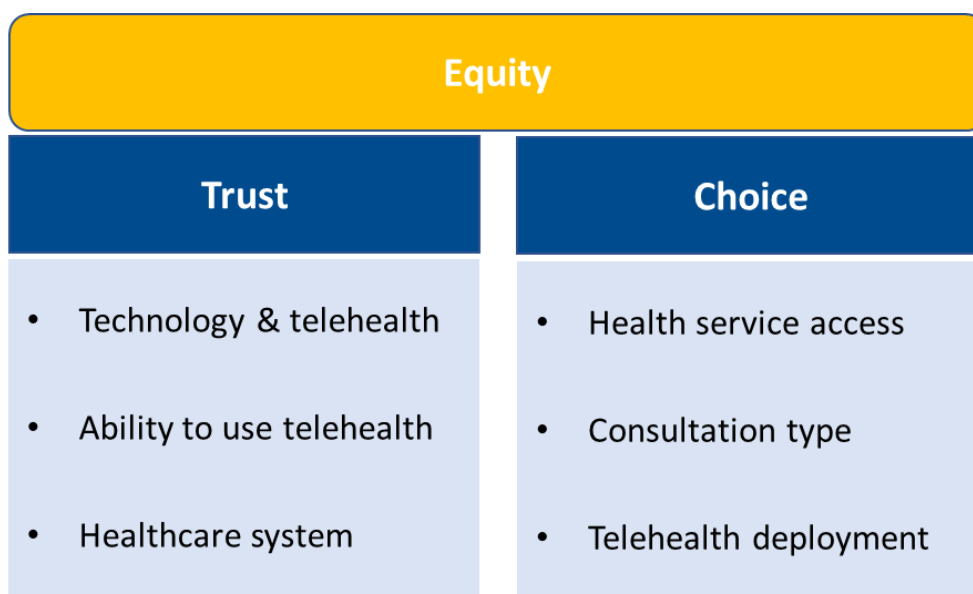
- Telehealth would be welcomed by rural communities however there is a need to partner with communities to determine health services that could be delivered by telehealth
- All rural communities are not alike, and they face different challenges that require different solutions
- The term ‘telehealth’ is not well understood and needs to be socialised
- Consumers and/ or health providers need to be able to try telehealth, use it properly in a safe environment with adequate support, before using it for access to healthcare

Telehealth is health care delivered using digital technology (such as phone, video, patient portals, email, text, social media, etc). where participants may be separated by time and/or distance.

The Rural Smart Health (RSH) project used a collaborative approach with academia (Massey University), the health sector (NZ Telehealth Forum) and industry (Vensa Health and other commercial partners) to explore how telehealth could be used by rural older adult underserved communities. Participants included rural adults 55+ years, living in the selected communities, able to consent and willing to participate. A total of 98 participants were included through 7 focus groups and 25 interviews across four regions (Manawatū, Waikato, Northland and Golden Bay).

Two key themes that emerged from data analysis were Trust and Choice, each with 3 sub-themes. Equity sits across all the themes and sub-themes.

*“It would have to mean that where we started, the service providers would have to make sure every household had the same access to whatever technology”*



## Participant Quotes

### Trust

*You would want the reassurance to know that it was going to work (Golden Bay)*

*A lot of the older guys can't text, some have phones others don't even have phones, they're not very tech savvy at all. (Northland)*

*To get the same GP you have to book up one month ahead. (Golden Bay)*

*Satellite costs \$700 to set up and \$200 per month to run, connectivity is still poor or variable during the day if a number of people are using it. (Waikato)*

### Choice

*Choice is important, cheques were discontinued, we had no choice (Manawatu)*

*Because a lot of our whānau once it's out of our comfort zone...they feel uncomfortable. (Northland)*

*You often find that the doc says you better come in and see me and you think couldn't we have done it by telehealth? (Manawatū)*

*I would be happy to check in to the medical centre via video to make the check-ins 6 monthly rather than 3 monthly, for some things (repeat prescription). (Golden Bay)*

## Enablers and Benefits of Telehealth

Enablers for telehealth	Benefits of using telehealth
Collaborate with rural communities to determine how best to enable telehealth for that community	Equity of access to health care
Culturally safe	Increased ability to access healthcare from a health care provider of your choice
Trust in the telehealth technology	Improved timely communication
Reliable connectivity	Improved service coordination
Flexible to individual/community needs with a range of digital technologies that enable telehealth (not just phone)	Access to a wider range of health services
Easy to access	Reduced travel expenses
Easy to use	Less travel
Choice about using telehealth or not to access health care	Reduced time off work/away from home
Providing support to users	Reduced waiting times
Training in different modes available	Earlier access to health care
Access to wider range of services including non-health services	Same level of care as any other New Zealander

### PROJECT CONTACTS

Dr Inga Hunter

[i.hunter@massey.ac.nz](mailto:i.hunter@massey.ac.nz)

Caroline Lockhart

[c.lockhart1@massey.ac.nz](mailto:c.lockhart1@massey.ac.nz)

Please contact Dr Inga Hunter for a copy of the full report