



# Using technology

## to support people with low literacy

### The main point

Technology is often under-used by health and community workers to support communication and health literacy. Often services rely on brochures and other printed information. A wide range of communication strategies need to be used.

#### Using technology to tailor messages<sup>i</sup>

Health communication software programs exist to tailor information and behaviour change strategies to the needs, interests and concerns of individuals. Providing tailored messages means the information may be more relevant, interesting and culturally appropriate to each individual.

Tailoring messages involves collecting information from individuals and using the programs to generate customised messages for them. Messages are drawn from a library in varying formats including text, graphics, photographs, audio and video.

#### Using waiting room televisions to provide information<sup>ii</sup>

Waiting rooms are excellent places to have televisions show information about your service, consumer rights, the importance of asking questions, common procedures performed by your service, healthy lifestyles and preventive health care.

Consider providing information through a closed-circuit television, one with a USB function and/or DVD player. Consider having a Power Point presentation automatically running in your waiting area, providing consumer-focused information.



## Telephone reminders

Missed appointments or inadequate preparation for procedures is a major cause of inefficiency in health care. Telephone calls and SMS reminders can help people remember their appointments or to make them another time.

If the person needs to prepare for the appointment, it may be most helpful to phone and confirm the necessary preparations. Do this in a way that puts the responsibility on the health-care provider. For example: *“I’m phoning to check everything is OK for your appointment at 10 o’clock tomorrow. . . . I also need to check you know what to bring. What have you been told to bring with you tomorrow?”*

If no special preparation is required, an SMS reminder is usually enough.

## House telephones<sup>iii</sup>

In large organisations including hospitals, house telephones providing access to fixed internal numbers can help consumers access information and support from staff. Consider providing house phones in corridors, foyers and waiting areas. Clearly label the phones and include instructions and examples of when to use them. For example:

### **House phone for client use**

*Please dial 666 to speak with our service staff to*

- *get directions to any service within this facility*
- *get help filling in our forms*
- *speak with someone who can arrange language services for you*
- *get information about our services, policies and your rights and responsibilities.*

## Internet access, computers, and healthcare kiosks in waiting areas<sup>iv</sup>

Providing Internet access, computers and/or healthcare kiosks (computer consoles set up specifically to answer consumer questions, provide information and record data) in your waiting areas can have many benefits, including people will be less likely to complain about delays and be more satisfied with the service.

Computers and healthcare kiosks in the waiting room can also be used to:

- facilitate check-ins
- provide information about the service, procedures, preparation and recovery and other health topics
- collect demographic data and health history information from consumers
- provide basic screening, using validated screening tools.

If you provide computers for consumer use, consider installing kiosk software to prevent inappropriate browsing and tampering with the computers.

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<sup>i</sup> M. Kreuter, D. Farrell, L. Olevitch & L. Brennan, *Tailoring Health Messages: Customizing Communication with Computer Technology*. Routledge, New York, 2013

<sup>ii</sup> R Rudd & J Anderson, *The Health Literacy Environment of Hospitals and Health Centers*, National Centre for the Study of Adult Learning and Literacy & Harvard School of Public Health, Boston, 2006, viewed 23 July 2014, [www.ncsall.net/index.html?id=1167.html](http://www.ncsall.net/index.html?id=1167.html)

<sup>iii</sup> Ibid.

<sup>iv</sup> Ibid.