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UNITED CHRISTIAN NETHERSOLE COMMUNITY HEALTH SERVICE

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Upskilling Elderly in Smartphone Technology for Health

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Introduction:

Health care is adopting digital technology at an unprecedented pace; not only in hospital but also in primary care and public health. The Covid pandemic has made the push towards technology all the more urgent. Advances in mobile devices have enabled better monitoring of health condition, free access to health information and new ways to communicate between patient and provider. The pandemic has also assumed that the average person has the means and ability to use such technology which is not true.

Since the virus was first confirmed in Hong Kong in January 2020, Hong Kong government has been adopting mobile technology on monitoring the movement of public and disease transmission from voluntary usage of mobile app "LeaveHomeSafe," that the public may use when entering and exiting designated premises. Booking of Covid vaccines online is also required. All these technological requirements for the prevention of disease and for negotiation around health care services are a mystery to many elderly people who have not been immersed in technology like the younger generation. Many elderly have minimal knowledge about apps and websites even if they have a smartphone and are left behind in this digital age. Thus, there is an urgent need to upskill elderly in use of smartphone for health.

Methods:

Our Jockey Club Healthy at Home Elderly Support project team designed a course specifically to upskill the elderly in mobile technology which can improve their usage of mobile technology knowledge so that they can learn to access updated health care information, booking for vaccination, self-health monitoring and know more about government health policy. The course were designed with small group face-to-face classes led by a demonstrator, with friendly atmosphere and focus on hands on practical usage experience of mobile technology. Interaction amongst participants and demonstrator was actively encouraged for best learning experience. The teaching materials were designed in easy language, enlarged script with plenty of pictures for easy understanding. They included the most up-to-date information on basic mobile app usage. It was conducted by social worker and program assistant in 3 districts – Tai Po, Tin Shui Wai, Kwun Tong- from 1 April 2021 to 31 March 2022 in between Covid waves.

Results:

Total 321 elderly joined the classes. Skills upgraded included general basic functions of a smartphone in IOS and Android; enlarging fonts, how to operate the built in camera, uploading photos, use of QR code scanner, how to fill out forms on electronic platform, download and use of WhatsApp, WeChat, Zoom, Google map, Smart camera, search for bus route, use of search engine to Centre for Health Protection website and Covid vaccination booking, use of HA GO app etc.

There was a high degree (85.7%) of client satisfaction on program evaluation. Small group setting allowed interaction with peers. Feedback from elderly included the desire to be able to see more of their own health details on the HA Go app. They reported more confidence in clicking on links for recorded exercise videos or install exercise apps. Through e-Health/HA Go apps, they can trace booking information at Government clinics and personal drug information, record personal health indices such as blood pressure, blood sugar. Most satisfying feedback was the chance to ask questions on the spot and have someone listen and teach them how to use a function so that they acquire the skill for ongoing use.

Conclusions:

Many community elderly who live alone and are increasingly left out of the health care system through lack of competence in mobile technology usage, these classes empowered elderly with such skills to manage daily life as well as health information access. Although many elderly claimed they keep forgetting things, such programmes encourage them to use mobile technology and improve their confidence to use it and not give up. The aquisition of new knowledge and skills showed the elderly themselves that they are capable of learning at such age and they felt that they could maintain contact with family members by using mobile technology if quarantine enforced. As technology accelerates, ongoing skills training should be made available to all elderly who wish to join.

Keywords: Elderly, Technology, health care system

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