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Australia's
Health Panel

Health consumers' ability to access, understand, appraise, and use health information and care services

REPORT

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Health consumers' ability to access, understand and use health information and care services.
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SUMMARY

This report presents findings from an online survey of 272 respondents from Australia's Health Panel conducted in January-February 2026. It explores how Australians access, understand, appraise and use health information and care services. The survey examined sources of health information, ease of finding and understanding information, barriers to using health services, preferred information formats, and awareness and understanding of financial supports (e.g., Pharmaceutical Benefits Scheme (PBS), Safety Nets, bulk-billing). Findings are compared by area of residence (metropolitan vs regional), frequency of health-related cost stress, and age. As the sample utilised for this report skews to older adults which typically have better health literacy than younger adults (11), this report is likely to present a conservative picture of awareness and understanding of health information sources and supports.

Key insights

Trusted first, digital second. GPs and government websites remain the most used sources, with the wider internet/social media and non-GP providers also common. This reflects a blend of trusted professional and digital channels.

Useful overall, but not for everyone equally. Two in five rated their last information as very/extremely useful; usefulness was higher in metropolitan areas than regional and lower among those reporting weekly+ cost stress.

Finding is harder than understanding - especially when under cost pressure or living in regional areas. Fewer found it easy to find health information than to understand it. Ease was consistently lower for regional respondents and declined sharply with cost stress.

Barriers are about trust and navigation. The top barriers were uncertain accuracy, scattered sources, and unsure which sources to trust - outweighing technical language and complexity.

What helps: trust signals and accessibility. People want trusted or verified information, accessible formats, visual aids, and plain language - plus clearer "single-place" navigation and human support where needed.

Awareness does not equate to understanding for system supports. Awareness is high for PBS and bulk-billing, yet overall confidence in understanding financial supports is low, especially in regional areas. Confidence and the ability to describe are weakest for MyMedicare and the Extended Medicare Safety Net (EMSN).

Recommendations

Our findings indicate health literacy gaps driven more by issues of trust, navigation and affordability than a lack of information.

To strengthen Australians' ability to access, understand, appraise and use health information and services, we suggest the following next steps

1. Deliver a national Medicare community education program.

   Co-design plain-language resources with particular focus to regional communities; provide train-the-trainer tools and local delivery grants to lift confidence in bulk-billing, rebates, Safety Nets (including EMSN thresholds), and use of digital tools (e.g., My Health Record).

   - Implement the National Consumer Engagement Strategy for Health and Wellbeing
     Embed consistent, high-quality consumer engagement across the policy/program lifecycle, build capability in government and consumer organisations, and co-design a measurement framework so information and services are trusted, usable and responsive. Develop content, channels and metrics with consumers (including priority cohorts such as regional consumers), using preferred formats (online text, visual and print).

BACKGROUND

Health literacy is a critical social determinant of health outcomes (1). It can be defined as the knowledge, skills, and capacities of individuals, together with the demands and responsiveness of health systems, that enable people to access, understand, appraise, and use health information and services to make informed health decisions (1-3). Research consistently demonstrates that lower health literacy is associated with poorer engagement with preventive care, reduced self-management of chronic conditions, and lower participation in routine screening (4-7). Lower health literacy is also linked with higher rates of hospitalisations, medication misinterpretation, and adverse health events (5,7).

Australia has formally recognised health literacy as an essential element of safe, high-quality health care. Through the 2014 National Statement on Health Literacy (2) and its incorporation into the National Safety and Quality Health Service (NSQHS) standards (8), health services are required to demonstrate practices guided by effective communication, partnerships with consumers, and informed decision-making. This framework integrates health literacy as a mandatory consideration within health service accreditation. However, low health literacy, inequitable outcomes, and consumer misunderstanding in disadvantaged cohorts suggest that accreditation alone does not guarantee that services designed for consumers are accessed or understood as intended.

The 2018 Health Literacy Survey (3) reframed health literacy as an interaction between individual capabilities and the health system, and found lower health literacy was common among people with socioeconomic disadvantage, non-English-speaking backgrounds, disability, and poorer health (3). Disparities are also evident among First Nations people (9), as well as migrants and refugees (10). Similarly, the 2024 National Consumer Sentiment Survey (NCSS) found that despite their confidence in engaging with health providers (11), average health navigation scores were below the threshold for confident navigation (<3.5). This indicates that many experienced challenges navigating the health system (11), particularly among adults under 65, regional or remote populations, lower socioeconomic groups, those with chronic conditions, and people without health insurance (11). These findings suggest that structural barriers, rather than individual knowledge alone, are a key contributor to difficulties navigating care, and highlight the need for stronger system-level support for health literacy within Australia's universal health system.

Currently, there is limited insight into how people understand and navigate the Australian health system and its unique services. Our survey complements existing measures by examining health literacy as it is experienced in interactions with the health system, focusing on sources of information, awareness of specific services, and perceived system-level barriers.

Aim

To generate evidence relevant to health system design and health literacy support, we conducted an online survey from 21 January 2025 to 03 February 2026 to explore how Australians access, understand, appraise, and use health information and care services (see Appendix A for details on our study methodology).

FINDINGS

The survey included 272 respondents. Participation was skewed towards older Australians, with the largest proportion aged 55-74 years (51.5%), and a further notable proportion aged 75 years and over (25.0%). Younger age groups were less represented, particularly people under 35 years (4.0%). As noted in the background, adults aged under 65 have greater challenges navigating the healthcare system, as such, the findings in this report are likely to be more conservative than if the sample included a greater representation of younger adults. Most respondents identified as women (73.9%), with men representing 16.2% of the sample.[1] The under-representation of men in our sample may mean that certain challenges were less likely to be identified (12).

Respondents lived across all states and territories[2]. The largest shares were from Victoria (36.0%), New South Wales (20.2%) and Queensland (12.1%), with smaller numbers from other jurisdictions. The metropolitan (64.8%) and regional (35.2%) split is broadly representative of national statistics. Health needs varied across the sample. Over half of respondents reported living with a chronic condition (55.1%), and around one quarter identified as having a disability (25.4%). Mental health experience (27.6%) was also frequently reported. Smaller proportions identified as culturally and linguistically diverse (9.6%) or as LGBTQIA+ (10.7%).

As noted earlier, financial pressure can interact with people's ability to find, understand and use health information. In this survey, one in ten respondents (10.7%) reported feeling stressed about paying for health-related costs at least three times per week. When asked about an unexpected expense of $3,000, around one-third (34.9%) said they were not at all or not very confident they could manage it in the next month.

The $3,000 reference point is meaningful in the Australian context because, for non-concessional households, the Extended Medicare Safety Net (EMSN) typically starts after out-of-pocket costs reach roughly $2,699 in a calendar year (indexed annually) (13). Only once this threshold is reached does Medicare pay up to 80% of further out-of-pocket costs (subject to EMSN benefit caps). In other words, substantial upfront spending is required before higher rebates apply.

This matters for interpretation. Respondents who indicate low confidence in managing a $3,000 expense are, by definition, less likely to reach the EMSN threshold in the first place. For these individuals, the safety net provides limited protection at the point of access, particularly for high-frequency out-of-hospital care such as specialist consultations and diagnostics, because the additional rebate only applies after significant out-of-pocket costs have already been incurred.

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[1] The age distribution shows that most respondents are older, with 25.7% aged 55-64 and 65-74 respectfully, followed by 15.1% aged 45-54, 14.0% aged 75-84, 6.3% aged 35-44, 3.7% aged 25-34, 1.8% aged 85 or over and 0.4% aged 18-24, while 7.4% did not provide a response. A small proportion identified as non-binary (1.5%) or used another term to describe their gender (1.1%).

[2] Other states and territories included South Australia (11.0%), Western Australia (5.5%), ACT (4.0%), Tasmania (1.5%) and Northern Territory (0.7%). 8.1% did not provide a response.

People go to trusted professionals and government websites first and then to other digital sources

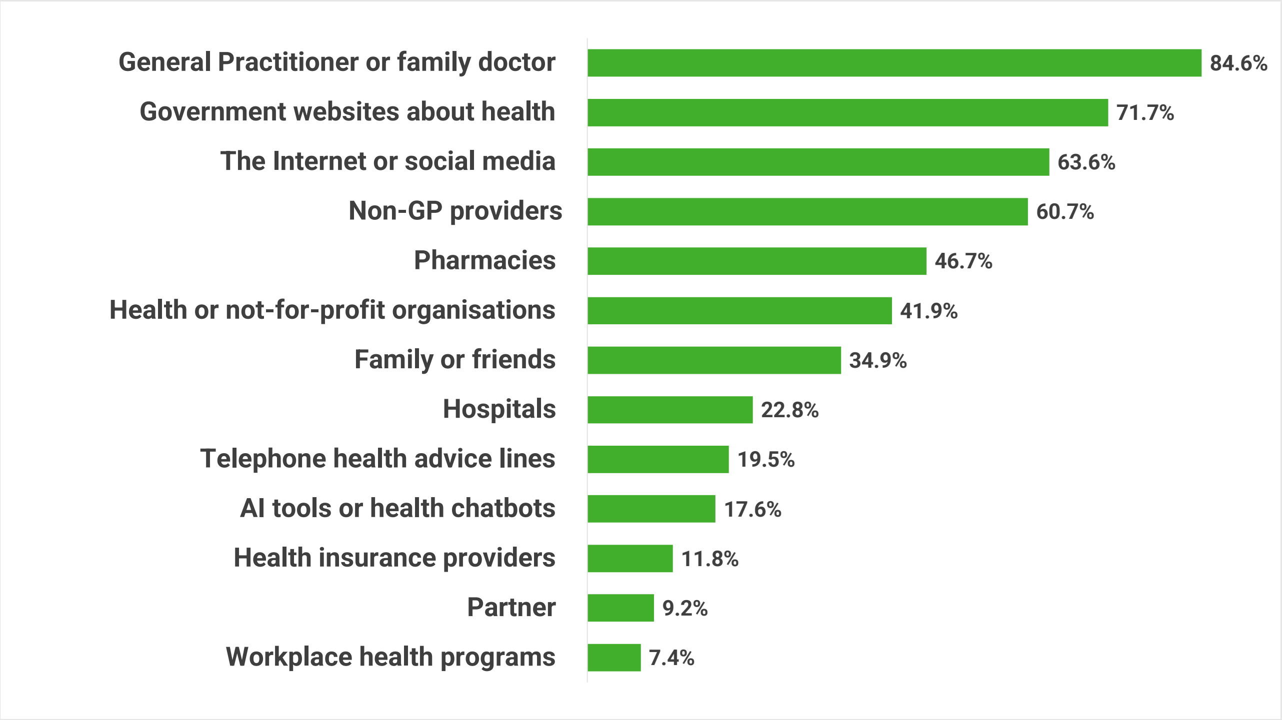


Figure 1. *Trusted professionals and government sites dominate as information sources; digital channels play a strong supporting role.*

General practitioners or family doctors were the most commonly cited source of health information, followed by government health websites and information from the internet or social media (Figure 1). A number of respondents selected “other” sources. These responses reflected professional or peer networks, academic or clinical guideline sources, complementary or alternative practitioners, and mass media. These findings suggest that respondents draw on a mix of professional, institutional, digital and informal sources, with a strong emphasis on trusted health professionals and government-endorsed information. People under 35 were under-represented in our sample, so we cannot confidently assess age differences from our data. However, past research has found that younger adults are more likely to use social or digital channels. and generative-AI as sources of health information (14), while clinicians remain the most trusted source among middle to older aged adults (15).

Information is sought at key points across the care journey

Most searched for health information when they had a new health concern, followed by when supporting someone else, before or after a GP visit, and when planning for care (Figure 2). "Other" reasons were infrequent and reflected work-related research, post-treatment checks, or media prompts. Overall, the results indicate that health information is sought at multiple points across the care journey, including prevention, diagnosis, treatment and support for others.

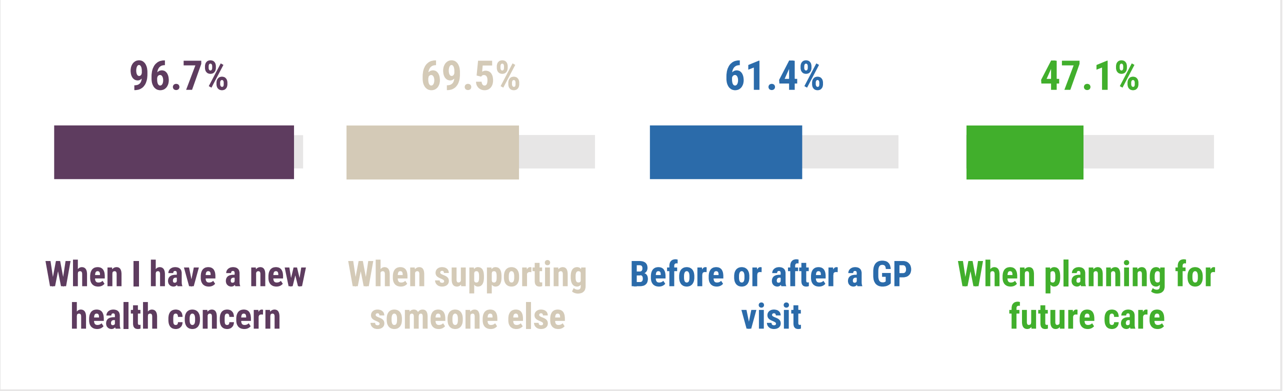


Figure 2. *Information is sought at multiple points, especially for new health concerns, supporting others, and around GP visits.*

Health information was generally useful, but less so for those under financial stress or in regional areas

When respondents last looked for or accessed healthcare information they needed, only 9.2% found it not at all or not very useful while the rest found it helpful to varying degrees (Figure 3). Perceived usefulness was higher in metropolitan (50.0%) than regional (25.3%) areas (Figure 4). It was also higher among those who never experienced health-related cost stress (43.6%) than among those experiencing cost stress weekly or more often (35.0%). Differences by age were small (37.7% among those under 55, 44.3% among those aged 55-64, and 41.1% among those aged 65 and over). This suggests that although respondents often encounter challenges in finding or understanding information, the information they do access is generally perceived as practically useful.

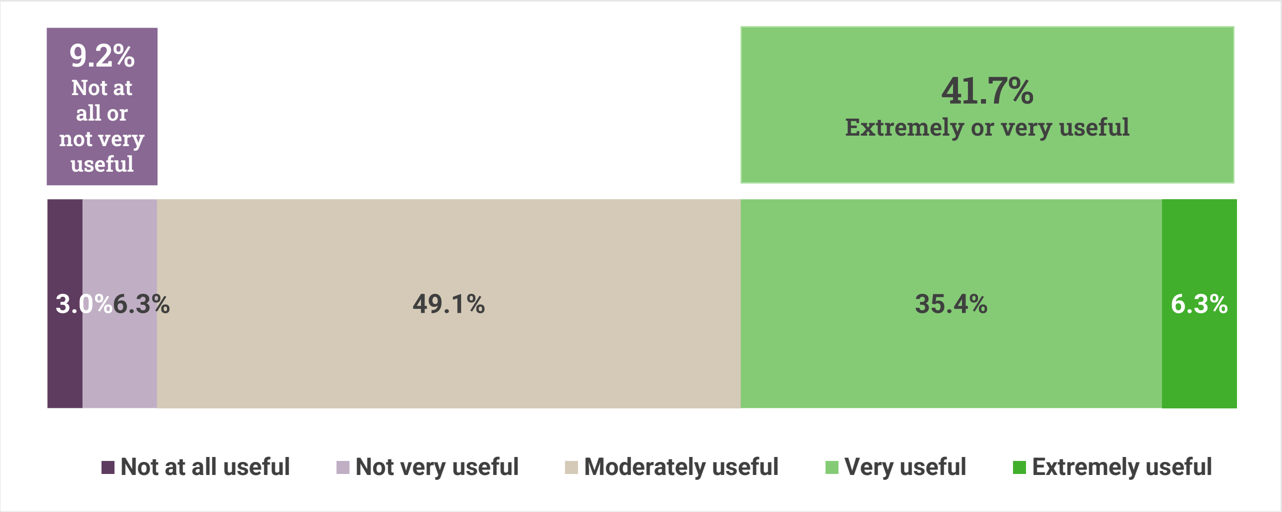
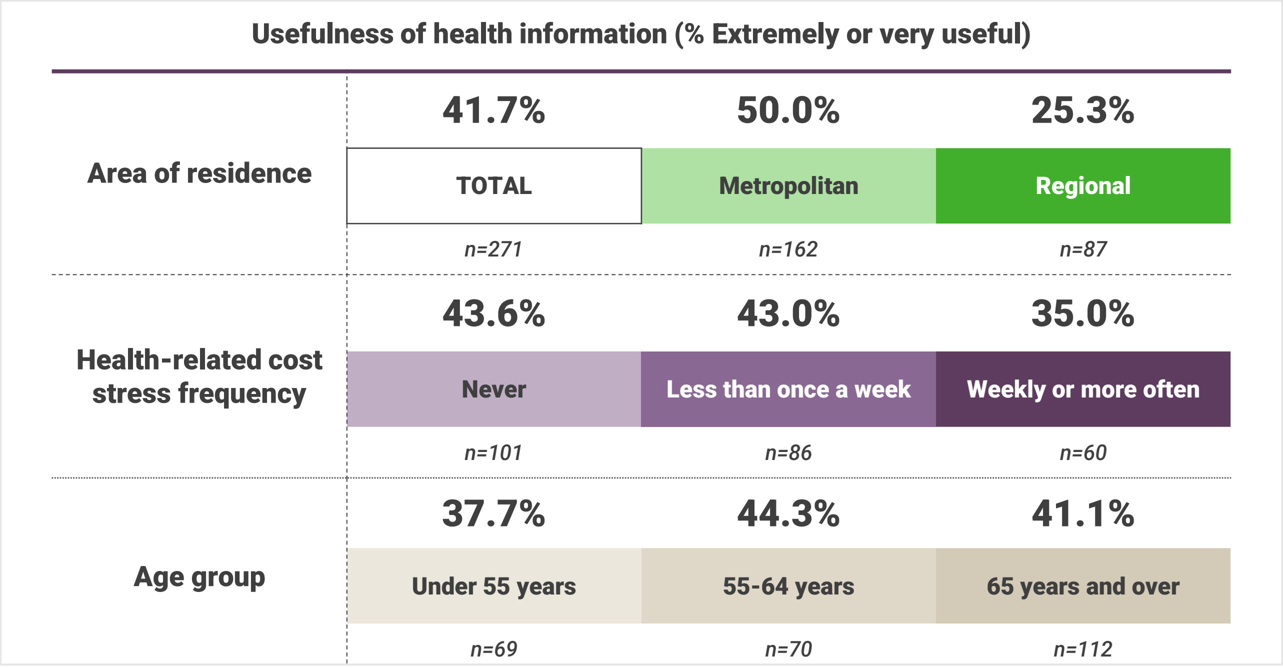


Figure 3. *Health information most recently accessed was generally useful.*



Usefulness of health information (% Extremely or very useful)

Area of residence	41.7% TOTAL n=271	50.0% Metropolitan n=162	25.3% Regional n=87
Health-related cost stress frequency	43.6% Never n=101	43.0% Less than once a week n=86	35.0% Weekly or more often n=60
Age group	37.7% Under 55 years n=69	44.3% 55-64 years n=70	41.1% 65 years and over n=112

Figure 4. *Usefulness varies by context-higher in metropolitan areas and when people are not experiencing frequent cost stress; age differences are small.*

Understanding healthcare information is easier than finding it

Just over half of respondents reported that finding health information was somewhat or very easy (Figure 5), and two-thirds said understanding information was very/somewhat easy (Figure 6). Despite their considerable access to information, a substantial proportion of respondents still encounter difficulties at one or more stages of navigation.

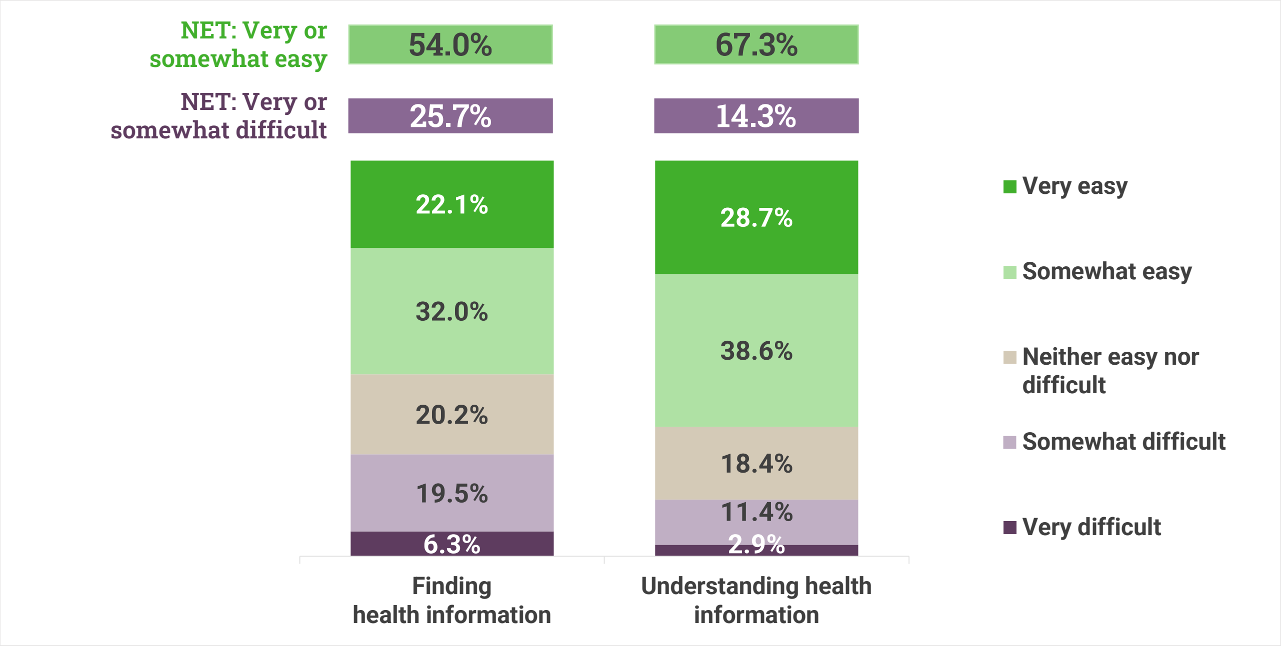
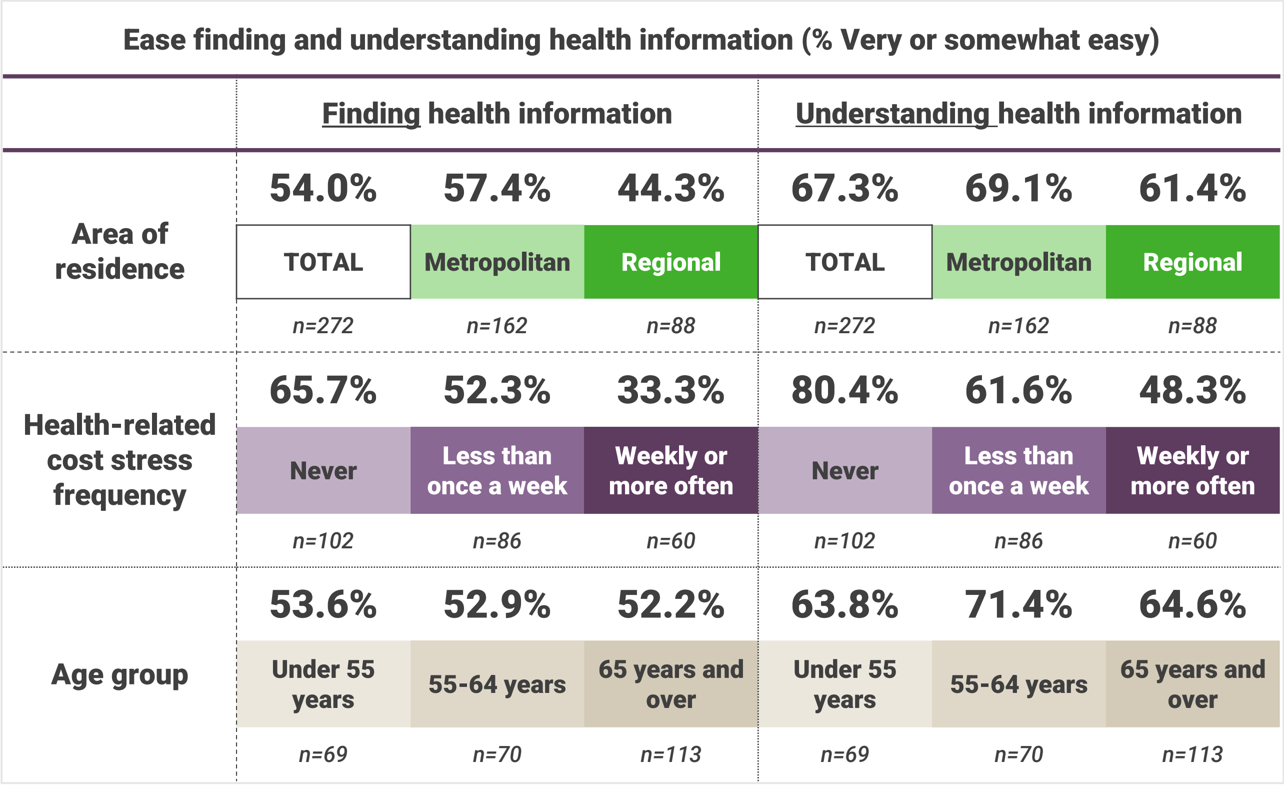


Figure 5. *Understanding health information is easier than finding it (67.3% vs 54.0%).*

Ease of finding and understanding health information was higher in metropolitan than regional areas (57.4% vs 44.3% for finding; 69.1% vs 61.4% for understanding). Ease of finding and understanding health information was substantially higher among respondents who never experienced health-related cost stress (65.7% for finding; 80.4% for understanding), compared with those experiencing cost stress weekly or more often (33.3% and 48.3%, respectively). Differences by age were small for finding (about 53% across groups) and modest for understanding (63.8% among those under 55; 71.4% among those aged 55-64; and 64.6% among those aged 65 and over). These findings suggest that financial pressure and regionality coincide with more difficulties in findings and understanding health information.



Ease finding and understanding health information (% Very or somewhat easy)

	Finding health information			Understanding health information		
Area of residence	54.0% TOTAL *n=272*	57.4% Metropolitan *n=162*	44.3% Regional *n=88*	67.3% TOTAL *n=272*	69.1% Metropolitan *n=162*	61.4% Regional *n=88*
Health-related cost stress frequency	65.7% Never *n=102*	52.3% Less than once a week *n=86*	33.3% Weekly or more often *n=60*	80.4% Never *n=102*	61.6% Less than once a week *n=86*	48.3% Weekly or more often *n=60*
Age group	53.6% Under 55 years *n=69*	52.9% 55-64 years *n=70*	52.2% 65 years and over *n=113*	63.8% Under 55 years *n=69*	71.4% 55-64 years *n=70*	64.6% 65 years and over *n=113*

Figure 6. *Ease drops as cost stress rises, with the steepest decline for finding information (65.7% to 33.3% from no stress to weekly+); metro groups report higher ease than regional.*

Trust and navigation barriers outweigh technical complexity

Among those who did not find or understand information very easily (n=172), the most common barriers were uncertainty about accuracy, information scattered across sources, and not knowing which sources are trustworthy (Figure 7). Other top barriers were outdated or inconsistent information and excessive specialised or technical language. Additional 'other' barriers experienced were those related with accessibility, search and AI-related noise, gaps in My Health Record, access due to cost, and clarifying information with a GP. These barriers reinforce broader themes of trust, navigation and accessibility, and suggest that challenges were driven less by a lack of information and more by difficulty in assessing quality, relevance and credibility of available information.

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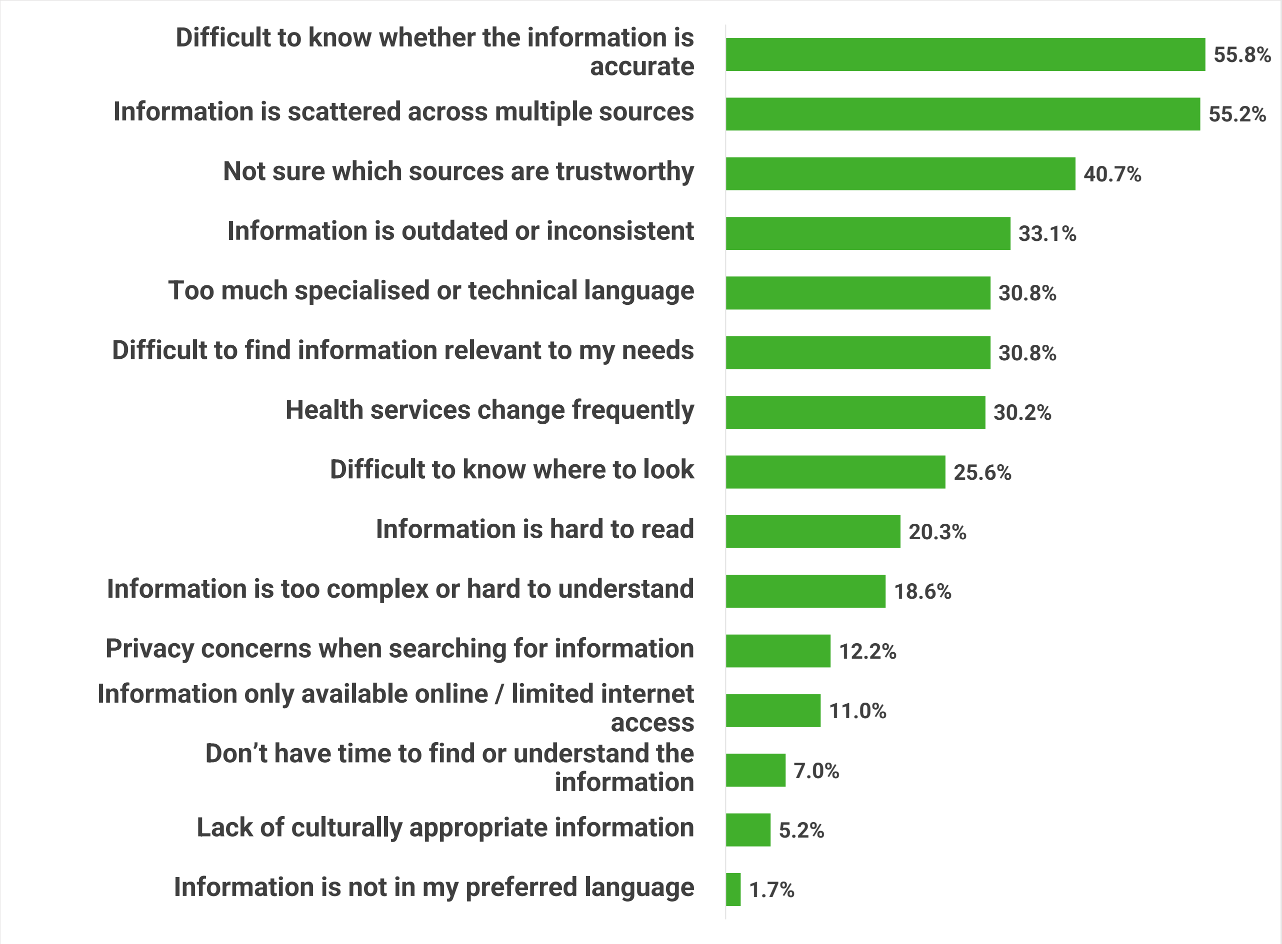
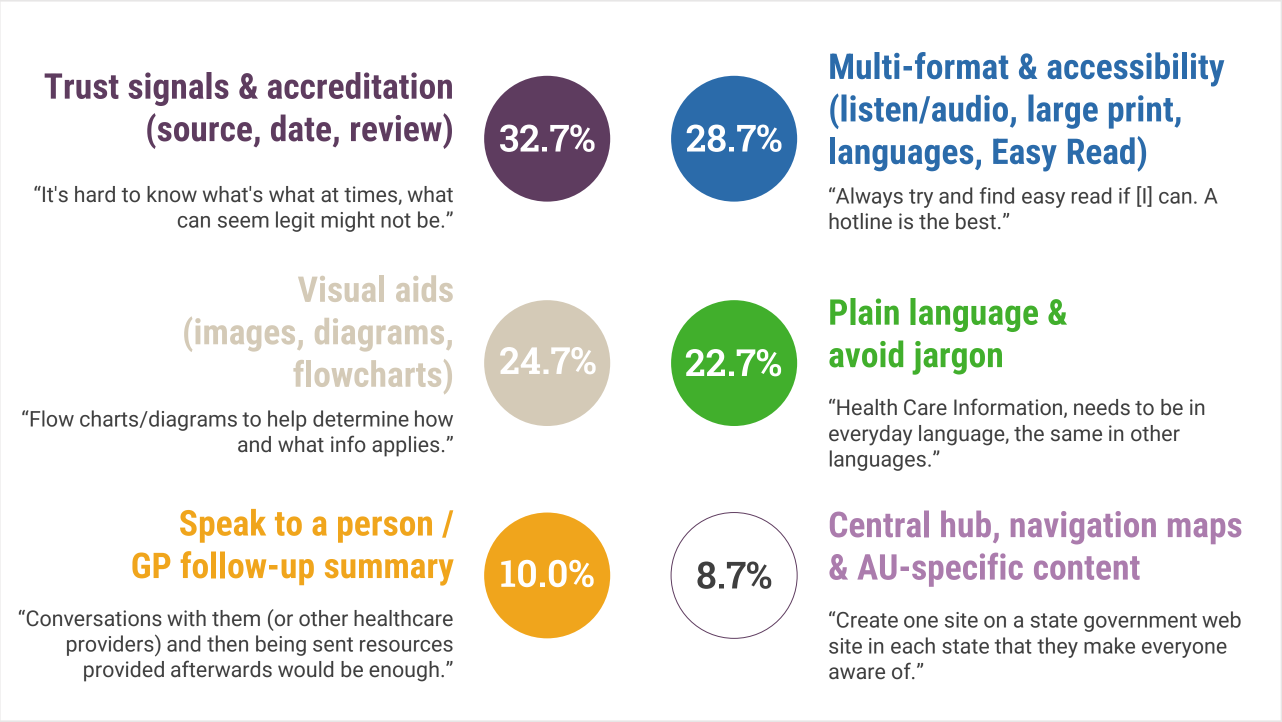


Figure 7. *Trust and navigation dominate the barriers: accuracy, scattered sources, and source trustworthiness outrank language or complexity issues.*

People want trustworthy, accessible, plain-language information with clear paths to action

Among 150 respondents who struggled to find or understand health information and suggested improvements, the top priorities were verified sources or accreditation, more accessible formats, more visual aids, and clearer plain-language information. Less respondents pointed to clearer navigation or having information in “one place” or ability to speak with a person as priorities. “Other” suggestions echoed these themes, such as the importance of GP access, better clinician communication, less search noise, clearer cost information, improved usability of My Health Record, cultural appropriateness, privacy. These findings demonstrate that respondents prioritised improvements in clarity, accessibility and trust were prioritised over simply increasing the amount of information available.



“It's hard to know what's what at times, what can seem legit might not be.”

“Always try and find easy read if [I] can. A hotline is the best.”

“Flow charts/diagrams to help determine how and what info applies.”

“Health Care Information, needs to be in everyday language, the same in other languages.”

“Conversations with them (or other healthcare providers) and then being sent resources provided afterwards would be enough.”

“Create one site on a state government web site in each state that they make everyone aware of.”

Figure 8. *People want trustworthy, accessible, plain-language information-with visuals and simple paths to action.*

Multi-format delivery of health information is essential

Written online was the most preferred format for delivery of health information (89.0%), followed by visual and printed. Spoken formats were preferred less, while interactive options were least preferred. Other preferences emphasised avoiding chatbots or pairing in-person discussion with written materials. The range of preferences suggests a need for healthcare information to be available in multiple formats rather than relying on a single delivery approach.

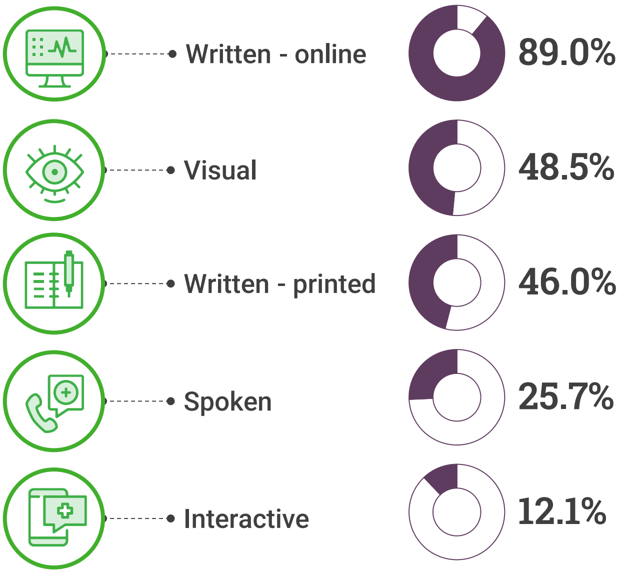


Figure 9. *Online text leads, but many still want visuals and print-underscoring the need for multi-format delivery.*

People know support options exist, but are not confident in understanding what services they provide

Awareness of health system support options was highest for PBS and bulk-billed services, followed by My Health Record and the PBS Safety Net (Figure 10). Awareness was moderate for Mental Health Treatment Plans, Medicare Safety Net (original), and GP Chronic Condition Management Plans, and lowest for Patient Travel Subsidy Schemes and the Medicare Safety Net (extended).

Among those who were aware of support options, their confidence in understanding what services they provided varied. Confidence in understanding of services provided was highest for bulk-billed services and PBS, whereas it was lower for more complex options such as MyMedicare, Patient Travel Subsidy Scheme, Medicare Safety Net (Original), and Medicare Safety Net (Extended). Across all support options, considerable proportions of respondents reported being only moderately confident, indicating that being aware or familiar with support options does not always translate into confident understanding of type of services these options provide in practice.

			If aware, confidence understanding what service provides:			
	Aware (%)		**Not at all or not very confident**	**Moderately confident**	**Extremely or very confident**	**Rank of confidence***
PBS (Pharmaceutical Benefits Scheme)	**92.6%**	→	12.4%	32.8%	54.8%	**3**
Bulk billed services	**92.3%**	→	11.3%	27.1%	61.5%	**1**
My Health Record	**89.7%**	→	19.4%	37.2%	43.4%	**6**
PBS (Pharmaceutical Benefits Scheme) Safety Net	**83.8%**	→	19.4%	36.6%	44.1%	**5**
Mental Health Treatment Plan	**72.1%**	→	13.6%	28.3%	58.1%	**2**
Medicare Safety Net (Original)	**71.0%**	→	25.4%	33.2%	41.5%	**8**
GP Chronic Condition Management Plan	**70.6%**	→	12.6%	33.5%	53.9%	**4**
No gap cover (Private Health Insurance)	**60.7%**	→	20.8%	37.7%	41.5%	**7**
MyMedicare	**60.3%**	→	21.6%	45.7%	32.7%	**11**
Known or limited gap cover (Private Health Insurance)	**53.7%**	→	23.8%	37.8%	38.5%	**9**
Patient Travel Subsidy Scheme	**47.4%**	→	26.4%	40.0%	33.6%	**10**
Medicare Safety Net (Extended)	**46.0%**	→	37.9%	31.5%	30.6%	**12**

Figure 10. *Awareness is highest for PBS and bulk-billing; but confidence in understanding drops for complex options such as MyMedicare and the Medicare Safety Net (Extended). *Rank based on % Extremely or very confident.*

Respondents were asked to describe, in their words and using an example of what services the support options they were aware of provide or how they help with people's health. This was used as a measure of deeper comprehension, assessed through respondents' ability to accurately describe support option (Figure 11). Most were able to describe PBS's services and, to a lesser extent, the services of GP Chronic Condition Management Plans and the PBS Safety Net. A small proportion of respondents were able describe Medicare Safety Net (Original), MyMedicare, and Known/Limited-gap PHI cover. Many provided only a partial description or unable to describe the service. For bulk-billed services, responses were more evenly distributed, with a third being able to describe such services, while just under half provided a partial description, suggesting comprehension of services with some uncertainty.

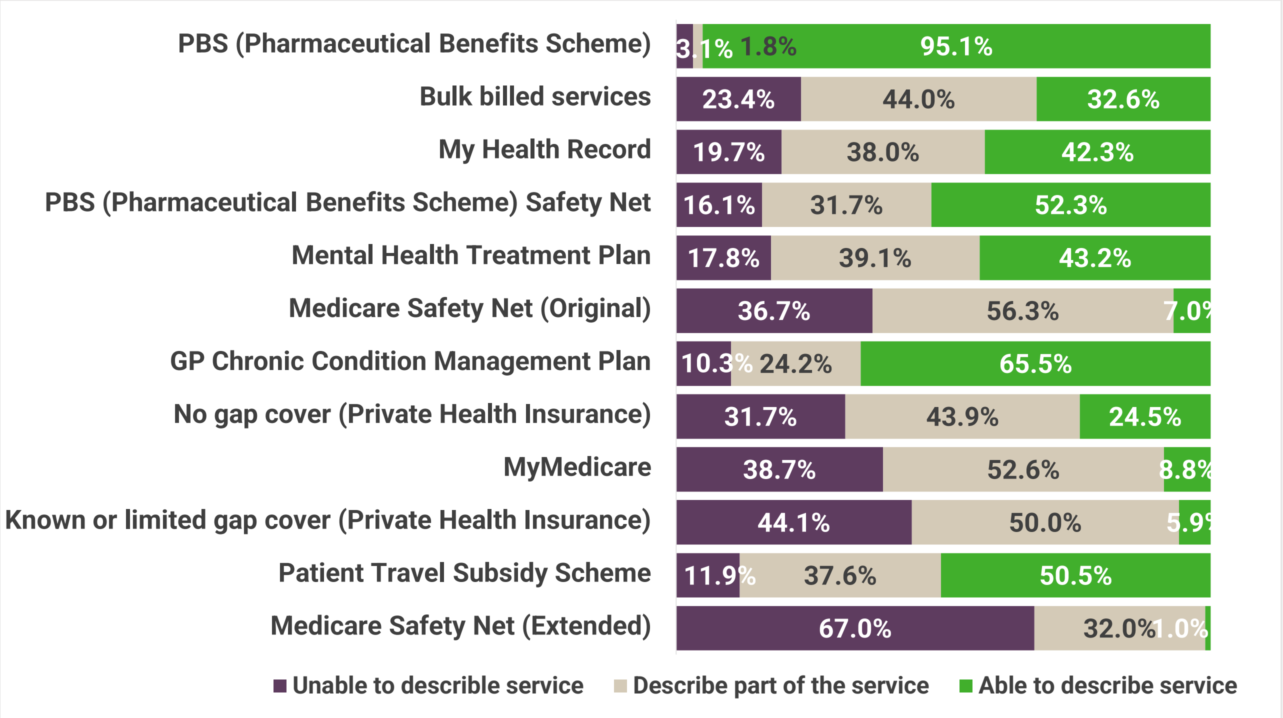
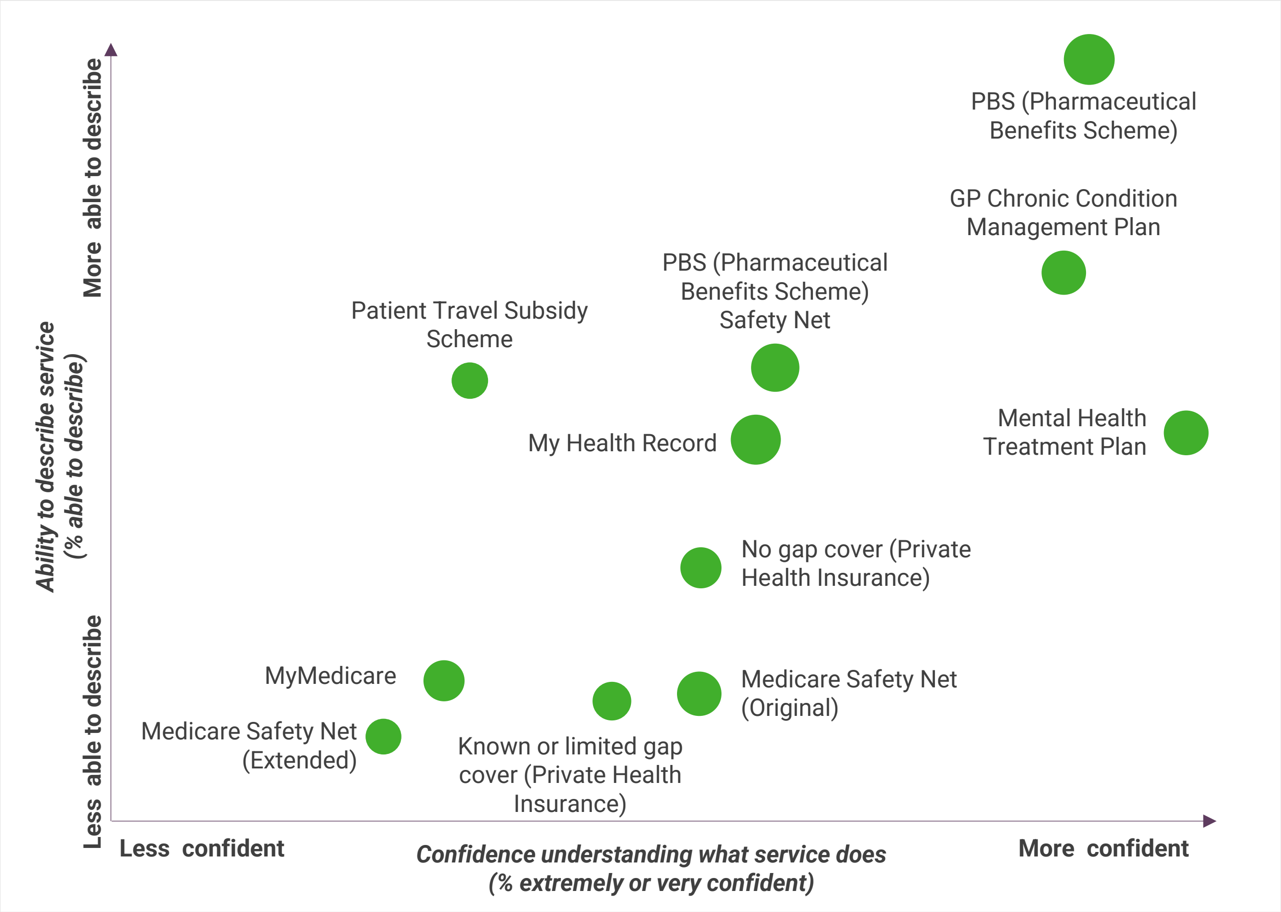


Figure 11. *People can readily describe PBS and GP chronic condition plans, but descriptions are sparse for MyMedicare and Medicare Safety Nets.*

Three patterns emerged that were related awareness, confidence in understanding the service and ability to describe health support options. The Pharmaceutical Benefits Scheme (PBS) stood out, with very high awareness, confidence, and ability to accurately describe health support, indicating a well-understood program. Bulk-billed services show similarly high confidence but much lower ability to describe health support options. This suggests familiarity with bull-billing, but limited ability to describe billing rules, i.e., there is no out-of-pocket cost or Medicare pays the full amount.

GP Chronic Condition Management Plans combine moderate awareness with relatively strong ability to describe health support options and confidence in understanding of health services. PBS Safety Net shows a similar pattern, with high awareness but weaker confidence and moderate ability to describe health support options. While respondents showed moderate awareness of MyMedicare and Medicare Safety Net (Extended), confidence in understanding these services was lower, alongside limited ability to describe these services. These options appear to be less well-understood even among those who were aware of them.



Note. The larger the green bubble the more awareness of health services

Figure 12. *PBS clusters at high awareness, confidence and ability to describe health support options; MyMedicare and the Medicare Safety Net (Extended) sit low on confidence and description, even when known.*

When asked more generally about their confidence in understanding financial support options (Figure 13), 48.4% were moderately confident, while 15.5% were very or extremely confident and 36.1% were not at all or not very confident. This suggests that there is a gap between awareness and understanding. While many respondents were familiar with financial support options, relatively few were highly confident in understanding them, and over one-third reported low confidence.

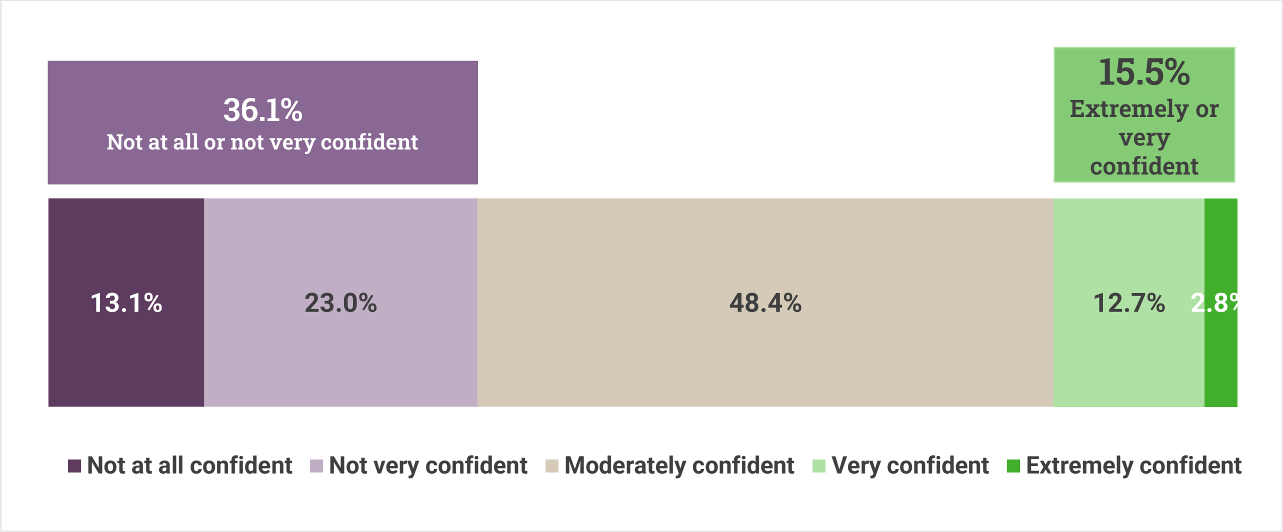
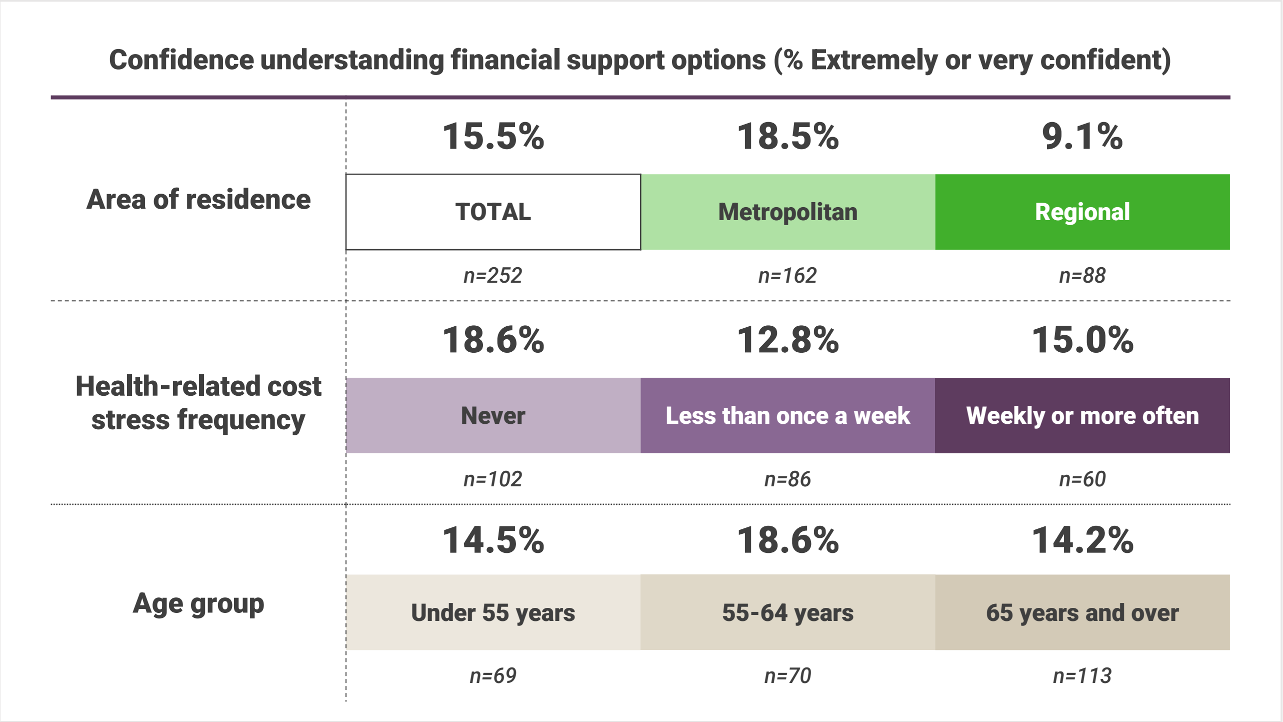


Figure 13. *Only 15.5% feel very/extremely confident overall; 36.1% report low confidence, suggesting familiarity, but with some uncertainty.*

Sub-group differences

Confidence in understanding health services was higher in metropolitan areas (18.5%) than regional (9.1%). Further, confidence was highest among those who never felt stressed by health costs (18.6%), lowest among those stressed by health costs less than weekly (12.8%), and somewhat higher among those stressed weekly or more about health costs (15.0%). Confidence understanding of health services was similar across age groups; 14.5% for those under 55), 18.6% for those aged 55-64, 14.2% for those aged 65 and over.



Confidence understanding financial support options (% Extremely or very confident)

Area of residence	15.5%	18.5%	9.1%
	TOTAL	Metropolitan	Regional
	n=252	*n=162*	*n=88*
Health-related cost stress frequency	18.6%	12.8%	15.0%
	Never	Less than once a week	Weekly or more often
	n=102	*n=86*	*n=60*
Age group	14.5%	18.6%	14.2%
	Under 55 years	55-64 years	65 years and over
	n=69	*n=70*	*n=113*

Figure 14. *Overall confidence is higher in metro areas (18.5%) than regional (9.1%); cost stress associates with lower confidence.*

RECOMMENDATIONS

Findings from this survey showed that trust in health providers, ability to navigate the health system and concerns about cost shape how people access and use health information and care. These barriers result in lower ease of access and reduced confidence, in particularly among consumers experiencing stress related to health costs as well as regional consumers. Given the under-representation of younger adults, these findings may not fully reflect barriers experienced by those aged under 65, including potential challenges related to system navigation, affordability, or access pathways. To address the challenges raised in this report and strengthen consumer outcomes, we recommend:

1) Deliver a national Medicare community education program

Why: Our findings show that awareness of Medicare support options is high but confidence in understanding are low (only 15.5% very/extremely confident overall) and much lower in regional areas (9.1% very/extremely confident). Consumers want plain-language, verified, visual information, supported by clear navigation. A targeted Medicare education program, co-designed and delivered with communities, particularly regional communities, will help consumers make timely and affordable care decisions as well as better understand and use recent Medicare reforms (e.g., MyMedicare, Safety Nets).

What: The Commonwealth Government should fund a national Medicare community education program that includes:

- a centrally developed, plain-language education toolkit;
- a train-the-trainer model to build local delivery capability;
- grants to support community-led education and outreach; and
- built-in evaluation to assess reach, understanding, and impact.

Program outputs should include accessible and translated materials, culturally safe delivery approaches, and practical guidance on Medicare entitlements, including bulk-billing, rebates, Safety Nets (including how Extended Medicare Safety Net thresholds operate), and key digital tools. such as MHR.

2) Implement the National Consumer Engagement Strategy for Health and Wellbeing

Why: People want trusted information and to be partners in decisions about their care. Embedding consistent, high-quality consumer engagement in policy and program design will improve clarity, trust and relevance of health system information and services, and support better use of public investment.

What: Provide resources to support the design, implementation and evaluation of the strategy, including building consumer engagement capability within government and consumer organisations; and co-designing a measurement framework so information and services are trusted, usable and responsive.

Develop the content, channels and measures for engagement and Medicare education with consumers, priority communities (such as regional communities), and providers (co-design), based on the preferred formats (online text, visual, and print).

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APPENDICES

A. Methods

Australia's Health Panel is a growing group of health consumers who regularly complete surveys on health issues. The project is run by the Consumers Health Forum of Australia (CHF), and surveys from 2025 onwards are delivered through LimeSurvey, an open-source online survey platform for survey creation, distribution and analysis.

We conducted an online survey from 21 January to 03 February 2026 to explore how Australians access, understand, appraise, and use health information and care services (please see full survey attached as Appendix B).

We summarised the data using the means, frequencies and percentages and surveys completed up to and including *How confident are you that you understand what each service provides?* (Q10) were included in our final analysis.

For selected questions (Q3, Q4, Q5 and Q12), we report descriptive comparisons across three predefined groups relevant to health literacy: area of residence (metropolitan vs regional), health-related cost stress frequency (never, less than weekly, weekly or more often), and age group (under 55, 55-64, 65+). Results are presented as percentages with the corresponding n for each subgroup. Given sample sizes and study design, differences are interpreted descriptively and no statistical significance testing was applied.

We categorised location of residence at the States or Territory level based on the postcodes or area of residence provided by respondents.

To analyse the qualitative data, we applied coding frames using keyword patterns allowing a response to match multiple themes.

Our tables and figures report findings for 272 respondents, unless stated otherwise. We removed "Not applicable", "No answer" or "Prefer not to say" answer options, and therefore, total *n (subsample size)* throughout this report may vary.

Limitations

This survey is based on 272 responses, which may limit the generalisability of findings to the broader population. The sample size reduces statistical power and may not fully capture demographic diversity. Non-response and incomplete answers could introduce bias, and as the data are self-reported, they may be subject to recall or social desirability bias. Finally, the cross-sectional design provides a snapshot in time and cannot establish causality.

B. Survey

General Health Literacy

We are conducting a short 10-minute survey about how people find, understand, and use healthcare information in Australia.

Your views will help identify areas where health information and support can be improved, so everyone can make informed decisions about their health.

Your responses are anonymous and will only be used for research and advocacy purposes.

There are no right or wrong answers so please answer honestly based on your own experience.

There are 19 questions in this survey.

Section 1: Health information sources

Q01. Where would you go to find information about the healthcare* you need?

Healthcare can be defined as a range of activities and resources which provide medical care and related support to maintain or improve your health.

Please choose **all** that apply:

- General Practitioner or family doctor
- Government websites about health (e.g. health.gov.au)
- Non-GP providers, e.g., specialists and allied health professionals for specific needs
- Health or not-for-profit organisations
- Hospitals
- Pharmacies
- Health insurance providers
- Telephone health advice lines
- Workplace health programs
- Artificial Intelligence (AI) tools or health chatbots
- The Internet or social media
- Family or friends
- Partner
- Other:

Q02. When do you usually look for healthcare information you need?

Please choose **all** that apply:

- When I have a new health concern
- Before or after a GP visit
- When planning for future care
- When supporting someone else
- Other:

Q03. When you last looked for or accessed healthcare information you needed, how useful was it?

Please choose **only one** of the following:

- Not at all useful
- Not very useful
- Moderately useful
- Very useful
- Extremely useful
- Not applicable / Don't know

Q04. In general, how easy or difficult is it for you to find healthcare information you need?

Please choose **only one** of the following:

- Very difficult
- Somewhat difficult
- Neither easy nor difficult
- Somewhat easy
- Very easy
- Not applicable / Don't know

Q05. How easy or difficult is it for you to understand healthcare information you need once you find it?

Please choose **only one** of the following:

- Very difficult
- Somewhat difficult
- Neither easy nor difficult
- Somewhat easy

- Very easy
- Not applicable / Don't know

Q06. What are the reasons that make it hard for you to find and/or understand information about healthcare you need?

Respondents answer this question if the following conditions are met:

- Answer was NOT 'Very easy' at question ' [Q04]' or Answer was NOT 'Very easy' at question ' [Q05]

Please choose **all** that apply:

- Difficult to know whether the information is accurate
- Difficult to find information relevant to my needs
- Difficult to know where to look
- Too much specialised or technical language
- Information is too complex or hard to understand
- Information is outdated or inconsistent
- Not sure which sources are trustworthy
- Don’t have time to find or understand the information
- Information is not in my preferred language
- Information is scattered across multiple sources
- Information only available online / limited internet access
- Health services change frequently (e.g., availability, eligibility)
- Lack of culturally appropriate information
- Privacy concerns when searching for information
- Information is hard to read (e.g., small print, too much text, complex words)
- None - I can easily find/understand health service information
- Other:

Q07. What would make it easier for you to find or understand healthcare information you need and take action based on the information?

For example, available in your preferred language, option to listen instead of read, uses simple, plain language, has visual aids like images, diagrams.

Please type in your response.

Respondents answer this question if the following conditions are met:

- Answer was NOT 'Very easy' at question ' [Q04]' or Answer was NOT 'Very easy' at question ' [Q05]

Q08. What format do you prefer for the healthcare information you need?
Please choose **all** that apply:

- Written - online
- Written - printed
- Spoken (e.g., phone, audio)
- Visual (e.g., videos, diagrams)
- Interactive (e.g., chatbots, apps)
- Other:

Section 2: System navigation

Q09. Which of these health system support options have you heard of?

(Select all that apply, even if you don't know much about the service)

- PBS (Pharmaceutical Benefits Scheme)
- PBS (Pharmaceutical Benefits Scheme) Safety Net
- Medicare Safety Net (Original)
- Medicare Safety Net (Extended)
- GP Chronic Condition Management Plan
- Mental Health Treatment Plan
- Patient Travel Subsidy Scheme
- My Health Record
- MyMedicare
- Bulk billed services
- No gap cover (Private Health Insurance)
- Known or limited gap cover (Private Health Insurance)
- None of these
- Other:

Q10. How confident are you that you understand what each service provides?

Please choose the appropriate response for each item:

Respondents only answer this question for the items they selected in question Q09 ('Which of these health system support options have you heard of? (Select all that apply, even if you don't know much about the service)')

	Not at all confident	**Not very confident**	**Moderately confident**	**Very confident**	**Extremely confident**	**Not applicable / Don't know**
PBS (Pharmaceutical Benefits Scheme)						
PBS (Pharmaceutical Benefits Scheme) Safety Net						
Medicare Safety Net (Original)						
Medicare Safety Net (Extended)						
GP Chronic Condition Management Plan						
Mental Health Treatment Plan						
Patient Travel Subsidy Scheme						
My Health Record						
MyMedicare						
Bulk billed services						
No gap cover (Private Health Insurance)						
Known or limited gap cover (Private Health Insurance)						

Q11. In a few words, please give an example of what the below health system options cover or how they help with people's healthcare.

Please write what you think, even if you are not sure.

- PBS (Pharmaceutical Benefits Scheme)
- PBS (Pharmaceutical Benefits Scheme) Safety Net
- Medicare Safety Net (Original)
- Medicare Safety Net (Extended)
- GP Chronic Condition Management Plan
- Mental Health Treatment Plan
- Patient Travel Subsidy Scheme
- My Health Record
- MyMedicare
- Bulk billed services
- No gap cover (Private Health Insurance)
- Known or limited gap cover (Private Health Insurance)

Q12. How confident are you in your understanding of the financial support options available for healthcare in Australia?

Please choose **only one** of the following:

- Not at all confident
- Not very confident
- Moderately confident
- Very confident
- Extremely confident
- Not applicable / Don't know

Section 3: Demographics

In this part of the survey, we ask a few questions about you, such as your age, gender, postcode and other general characteristics.

These questions help us understand who is participating in the panel and allow us to analyse the results of this and future surveys in meaningful ways.

Your responses will be kept **confidential** and used only for research purposes. You can skip any question you're not comfortable answering. Thank you for helping us ensure our research reflects a diverse range of perspectives.

D1. How do you describe your gender?

Note: Gender refers to current gender, which may be different to sex recorded at birth and may be different to what is indicated on legal documents

Please choose **only one** of the following:

- Man or male
- Woman or female
- Non-binary
- I use a different term (please specify)

D2. What is your age?

Please choose **only one** of the following:

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75-84
- 85 or over

D3a. Where do you live?

Please check the format of your answer.

	Please enter a four digit number	**I don't know**
Postcode		

D3b. Where do you live?

Respondents answer this question if the following conditions are met:

- Did not specify a postcode.

Please choose **only one** of the following:

- Sydney
- Rest of New South Wales
- Melbourne
- Rest of Victoria
- Brisbane
- Rest of Queensland
- Adelaide
- Rest of South Australia
- Perth
- Rest of Western Australia
- Tasmania
- Northern Territory
- Australian Capital Territory
- Outside Australia

D4. Do you identify as any of the following?

Please choose **all** that apply:

- Aboriginal and/or Torres Strait Islander
- Person with a disability
- Person with a chronic condition
- Person with a mental health experience
- Culturally and linguistically diverse (CALD)
- LGBTQIA+ person
- None of the above

D5. In the past month, how frequently have you felt stressed about not being able to pay for health-related costs?

Note this question can be skipped

Please choose **only one** of the following:

- Never
- Less than once a week
- 1-2 times a week
- 3-4 times a week
- Daily or almost daily

D6. If you had to pay any unexpected expense of $3,000 within the next month, including all household or personal expenses, how confident are you that you could manage it?

Note this question can be skipped

Please choose **only one** of the following:

- Not at all confident
- Not very confident
- Moderately confident
- Very confident
- Completely confident

Thank you for your response.
We'll share the findings with you in the next few months.

You can now close the survey window.

Submit your survey.
Thank you for completing this survey.