

Advancing digital health equity: under-served groups perspectives

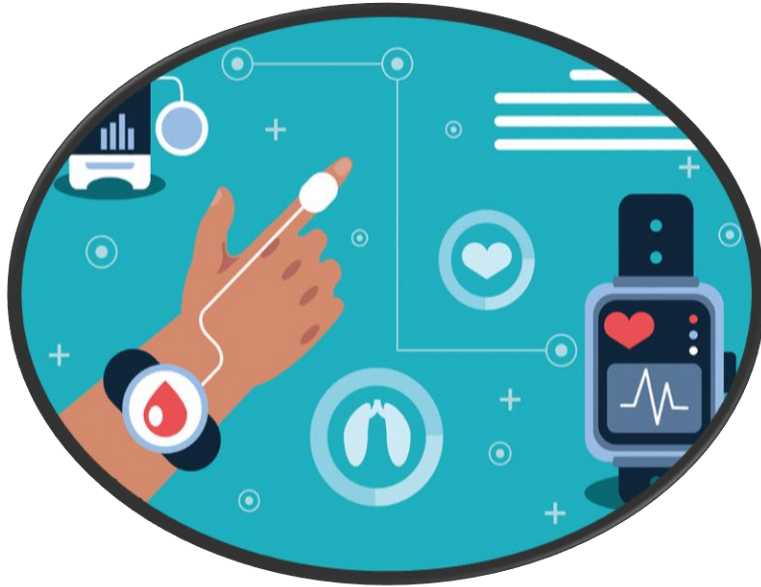
Sarah Wilson

Research assistant & PhD student

Supervisory team: Prof. Sarah Slight, Dr Clare Tolley,
Dr Róna Mc Ardle, Dr Robert Slight



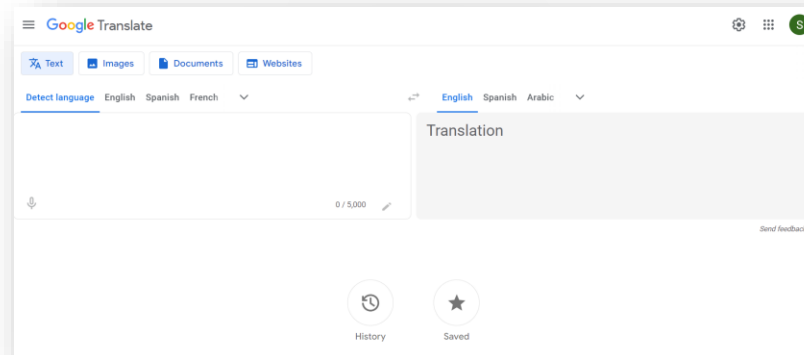
Remote monitoring



Online health information & consultations



Healthcare apps



Independent Investigation of the National Health Service in England

The Rt Hon. Professor the Lord Darzi of Denham OM KBE FRS FMedSci HonFREng

September 2024

“...There must be a major tilt towards technology to unlock productivity...”

“...Given the [homeless] population's high rates of mental health need, difficulties accessing mental health services are of pressing concern, which respondents felt was due to poor service accessibility, **digital exclusion** and stigma...”

Site location



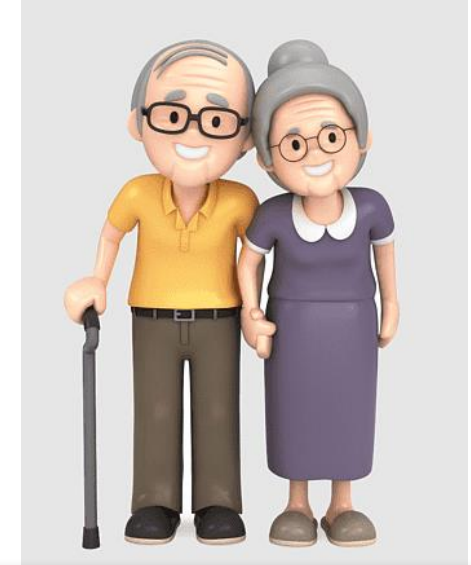


High rates of health inequities
e.g., a shorter life expectancy,
dying prematurely from
preventable diseases &
spending a larger proportion
of their shorter lives in ill
health



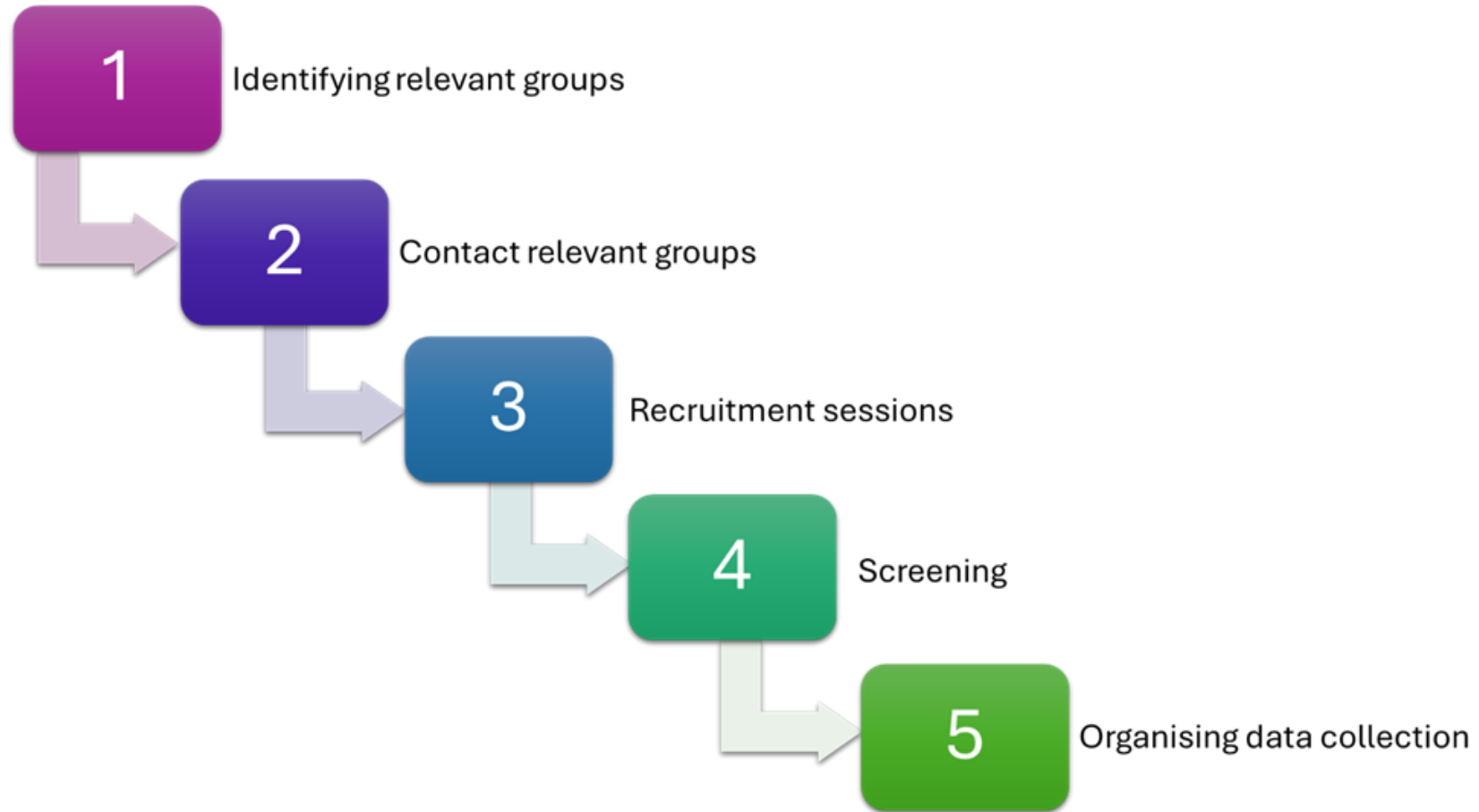
Higher prevalence of individuals

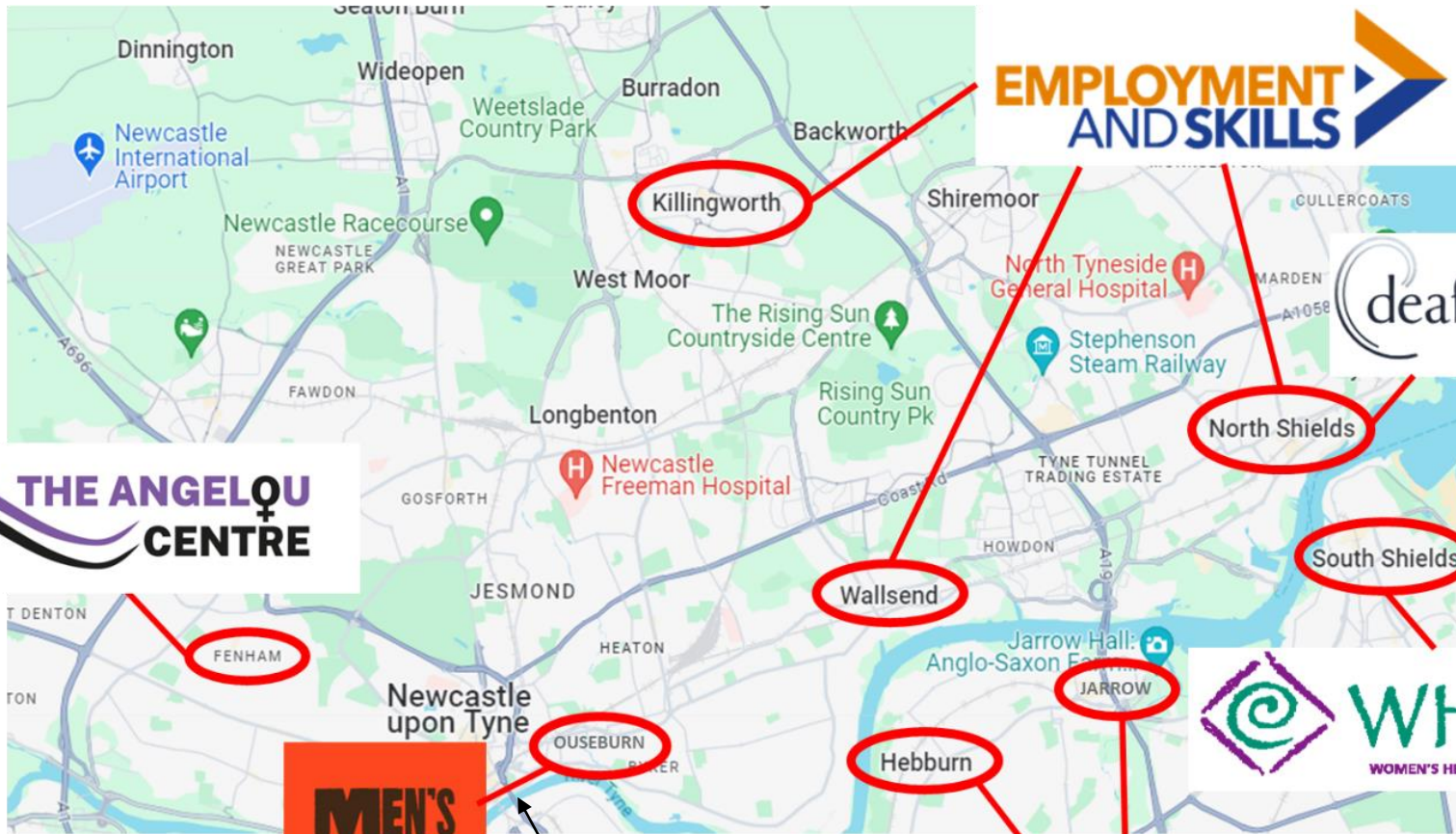
- **with low levels of digital engagement** (32%)
- **low digital competency** (28%),
- **offline individuals** (5%)
compared to the rest of the UK.



**94% of digitally excluded
residents of North Tyneside
were over 60 years old**

Recruitment process





**EMPLOYMENT
AND SKILLS**

deaf awareness:NE

**THE ANGEL
CENTRE**

WHIST
WOMEN'S HEALTH IN SOUTH TYNESIDE

**MEN'S
PIE CLUB**
LOCAL GUYS, MAKING PIES



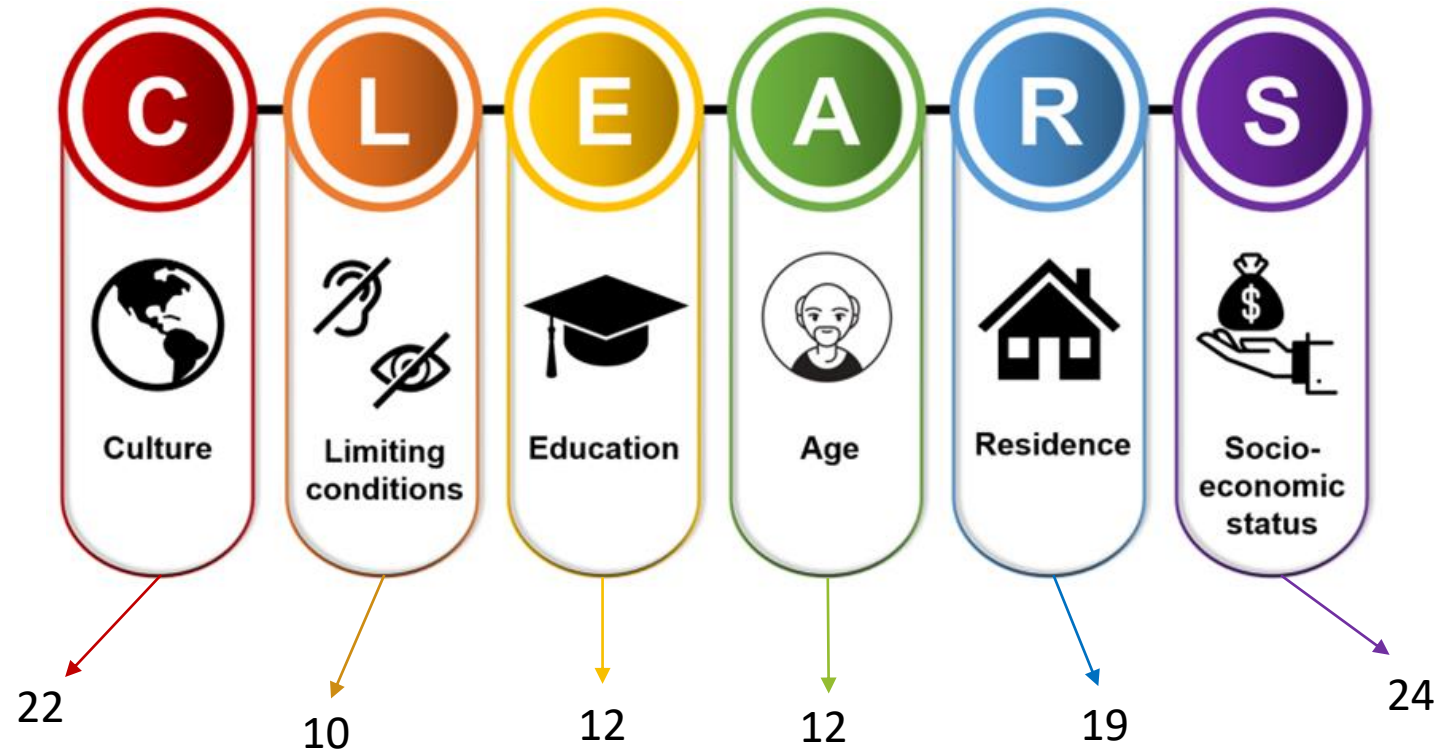
Snowball sampling



29 Participants

11 interviews, 4 focus groups

- 20 female, 9 male
- All identified with at least 2 CLEARs domains



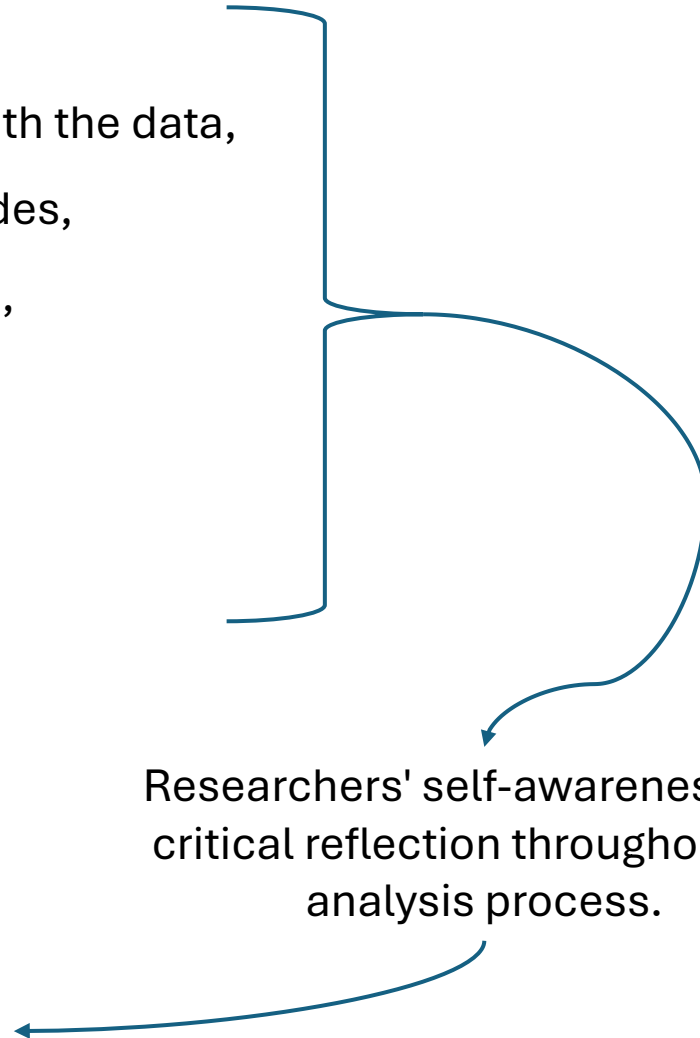
Reflexive thematic analysis



1. Become familiar with the data,
2. Generate initial codes,
3. Generating themes,
4. Review themes,
5. Define themes,
6. Write-up

Researchers' self-awareness and critical reflection throughout the analysis process.

3 key themes





Barriers to accessing healthcare via digital means

- Challenges at digital touch points e.g., booking appointments.
- **Improvements:** support access to devices, connectivity and record if someone does not have access.

“but there's no contact number for anybody that doesn't have the internet” (P11 LEAS).

“if they [healthcare providers] want to bring technology in, they've got to give, [...], give them [patients] the stuff, so they can do it, so it's possible to do the medical things online” (P29 CLEAS)



Using technology for healthcare purposes

- Digital anxiety reducing motivation.
- High level of digital skill required.
- Problems regarding the reliance on social support, such as controlling behaviour.
- **Improvements:** co-design to improve navigation and ease of use & improve educational and digital support services.

Using the *“internet, it's like fireworks are coming inwards to my brain because I don't understand it”* (P11 LEAS)



Perceived clinical usefulness of technology

- Positive experiences influencing views on areas technology is perceived as useful in supporting the delivery of healthcare.
- General concerns of using technology with healthcare, such as the reliability of technology.

*“I[**she**] couldn’t hear but at that point the consultant started typing questions and that was really helpful to me”*

(P36 CLRS)

Public dissemination

MORE THAN MINUTES

THE LANCET



Thank you!

Sarah.Wilson@newcastle.ac.uk

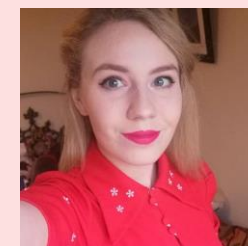
@sarahwilson99_



Prof. Sarah Slight



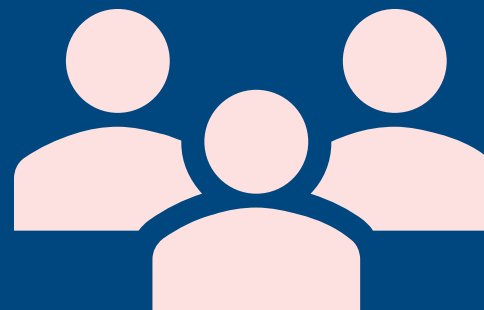
Dr Bob Slight



Dr Riona Mc
Ardle



Dr Clare Tolley



Participants