



## E4GDH & HBS webinar: Digital Health Inequality & COVID-19

### **Questions:**

#### **Internet users**

1. *You mentioned that 60% of the global population are 'active internet users'. How do we define 'active Internet users'?*

In the UK we would define an 'active internet user' as somebody who wasn't just able to access the internet but had sufficient broadband connectivity for activities of everyday life and basic digital skills to carry these out (22% of the UK adult population lack basic digital skills).

In the discussion on the HIFA forum in advance of this webinar, a number of people from lower and middle-income countries were saying that they might have some kind of access to technology but not sufficiently good connectivity to be able to do many other things we want to be able to do in in the modern world, such as virtual consultations which bandwidth heavy.

#### **Politics / making the case for investment**

2. *How significant are political obstacles to digital inclusion?*

For some time, there has been political support in some quarters for regarding the internet as a basic utility which should be free to all. During the COVID-19 pandemic, being online has been fundamental to being able to continue as normal a life as possible during social isolation. This has contributed significantly to attitudes to stronger support for digital inclusion and specifically to digital connectivity as a utility, which are likely to be sustained beyond the pandemic. This blog from the digital inclusion organisation, Citizens Online, covers this well: *Make the internet free during the Coronavirus pandemic to ensure essential access to the online world for everyone in the UK*

<https://www.citizensonline.org.uk/citizensonline-internet-for-all-cov19/>

3. *Dwindling income and affordability is one of the factors enhancing digital exclusion in my country at the moment, how can we bring government's attention to such problems?*
4. *How do we get the UK government to recognize further the importance of libraries? Who will provide evidence from their increased use during COVID-19.*
5. *In countries with financial challenges, what support can be provided to enable these good initiatives of digital expansion and health literacy*

The COVID-19 crisis has undoubtedly been an opportunity as well as a tragedy. It has emphasised the importance of digital connectivity and digital literacy not just for how we live in social isolation during the pandemic, but for the new post-COVID world. Undoubtedly we'll see a sustained shift to new ways of working and to delivering health care in digital and less physically connected ways. Securing investment will be challenging, particularly with



the economic impact of COVID-19, but there is a strong case for combating digital exclusion being a priority for expenditure.

There is already good evidence, pre-COVID, for a strong return on investment for expenditure on digital exclusion. In England, this has been estimated as over £6 saved for every £1 invested (Source: <https://digital-health-lab.org/>).

### **English as additional language / inequalities**

6. *How could we support/empower people who speak English as an additional language to use digital platform especially during this pandemic.*
7. *How do we support vulnerable older adults whose first language isn't English with digital technology?*

English is overwhelmingly the language of the internet and most of the information around coronavirus is still in English. This not only an issue for nations with languages other than English but also for minority communities in the UK. Black & minority ethnic communities in the UK have been shown to have greater mortality from COVID-19 than the overall population.

However, organisations are working hard to translate into other languages. Participants in the webinar shared the following good examples:

- Doctors of the World have translated NHS information on coronavirus into over 50 languages <https://www.doctorsoftheworld.org.uk/coronavirus-information/>
- The GMMH Library and Knowledge Service have been collecting sources of multilingual information on COVID-19: <https://buzzmanchester.co.uk/assets/uploads/docs/Multilingual-Information.pdf>
- Peterborough Council also have videos in different languages: <https://www.peterborough.gov.uk/healthcare/public-health/coronavirus/coronavirus-campaign-for-communities#videos-in-community-languages-4-0>
- One Digital programme has a page on helping people who have English as an additional language: <https://onedigitaluk.com/knowledge-hub/developing-a-digital-champion-project/digital-inclusion/working-with-learners-whose-first-language-is-not-english/>

### **Readability and health literacy**

8. *Do you have any data related to the readability levels of these resources provided?*

In England, 42% of adults are unable to understand written health information, rising to 61% when numeracy skills are also required – as is often the case in health and medicine (*Improving health literacy to reduce health inequalities* Public Health England, 2015 <https://www.gov.uk/government/publications/local-action-on-health-inequalities-improving-health-literacy>)

The NHS website [www.nhs.uk](http://www.nhs.uk) is written for a reading age of 12 years. It has published its approach to health literacy <https://service-manual.nhs.uk/content/health-literacy> and a glossary of words it uses to make content on the website as easy to understand as possible.



### Older people

9. *How can we empower by skilling older people in digital technology to enable them seeking care?*

In the UK, people over 70 are identified as being at particular risk from coronavirus and should be shielded through isolation. Of course, many older people are online and have digital skills but on the whole this is a population who are less likely to be digitally engaged (half of people over 75 in the UK are not online). So older people face real inequality in being able to carry out everyday activities during COVID-19.

There are a number of things which we can do to empower older people, including digital skills training courses, devices loan schemes, voice recognition technology etc. Our Widening Digital Participation programme looked at this and produced a guide: *Designing digital skills interventions for older people*

[https://www.goodthingsfoundation.org/sites/default/files/research-publications/older\\_people\\_report\\_v2.pdf](https://www.goodthingsfoundation.org/sites/default/files/research-publications/older_people_report_v2.pdf)

Webinar participants suggested intergenerational mentoring, whereby young people help their grandparents to develop digital skills, is one simple model. This might be a good activity during COVID-19 lockdown where families are home together.

### People with disabilities

10. *How people with disabilities can access digital literacy skills?*

11. *How can we help people with disabilities or with very limited access (homeless, prisoners, nursing homes) get skills and access?*

People with disabilities can face particular barriers to using digital information and services. Around 25% of people with disabilities in the UK have not used the internet, partly because of motor and sensory difficulties but also because having a disability can also lead to other sorts of social disadvantage (income, housing) which can lead to digital exclusion.

We need to ensure that our websites and digital health resources are designed from the beginning to be accessible to people with disabilities (*Web Accessibility Initiative* <https://www.w3.org/WAI/>). We can also do more with accessible technologies, including voice recognition devices like Amazon Alexa . Information from the NHS website, including on COVID-19, is available via Alexa (<https://www.gov.uk/government/news/nhs-health-information-available-through-amazon-s-alexa>).

### Documentation on national digital inclusion programmes

12. *Do you have the framework/documentation for your national programme to improve digital health literacy skills online?*

We have produced guides to the national programmes in England [Digital inclusion guide for health and social care \(England\)](#) and Wales [Digital inclusion guide for health and care in Wales](#) .



Internationally, the national approach to a documented digital inclusion strategy in New Zealand is very impressive <https://www.digital.govt.nz/digital-government/digital-transformation/digital-inclusion/governments-vision-the-digital-inclusion-blueprint/>

### **Libraries collaborating with other agencies**

*13. How can libraries contribute to improve digital Health literacy skills? Do you suggest cooperation with Health Centers?*

The 100% Digital Leeds initiative included in the webinar is an excellent example of libraries collaborating with other agencies (<https://digitalinclusionleeds.com/>).

Webinar participants shared the example of Norfolk Libraries in UK who have trained library staff with Public Health England Health Information Literacy training and set up Digital Health Hub trials - supporting one to one access to reliable online health information, with support of local NHS colleagues and the Digital Accelerator Programme. This is part of our Healthy Libraries initiative in Norfolk ( <https://www.norfolk.gov.uk/libraries-local-history-and-archives/libraries/library-services/health-and-wellbeing>)

Participants commented that in some US cities, libraries have left their Wi-Fi on so that residents can for example sit in their cars in the car park and access the internet on their devices. Of course, not everyone has a car or a laptop, and it might not fit within public health guidance, but it is an interesting example of creative use of libraries as a community hub.

Attention was also drawn to the World Librarians Project <https://www.umass.edu/newsoffice/article/umass-world-librarians-project-launches> which is pulling together research and distributing to communities with limited/no connectivity globally.

### **Digital champions**

*14. A local volunteer group has asked for helpers to support people using technology at home (maybe for the first time?). Where should we start? What are first skills to build? best apps/websites?*

*15. How can initiatives like Digital Unite contribute at this time, e.g. as remote Digital Champions?*

Digital champion programmes train community volunteers to support others to build their digital literacy and confidence. Examples in the UK are Learn My Way <https://www.learnmyway.com/courses/how-to-be-a-digital-champion/> and Digital Unite's Digital Champions Network <https://www.digitalunite.com/what-we-do/digital-champions-network>

Training usually starts with basic digital skills (doing a Google search, downloading an app etc) and moves on to more specialist digital skills (including health information).



### Digital literacy and fake news

16. *Is there any evidence that people who are active internet users are more informed in terms of basic health knowledge as compared with others in the same country who are not connected, after correcting for confounding factors?*
17. *Are people who are active internet users more vulnerable to misinformation? Are they more likely to believe false rumors about covid-19 as compared with unconnected people? Are they more likely to be conspiracy theorists?*
18. *Which percentage of internet users do you think are able to distinguish reliable health information / sites, from unreliable or fake ones?*
19. *How does one control fake information in a digital age?*
20. *What do you think is the relationship between people with access to education and embracement of conspiracy theories?*

Evaluation of the NHS Widening Digital Participation programme

(<https://www.goodthingsfoundation.org/research-publications/health-digital-evaluation-widening-digital-participation-programme>) suggested that, having received digital literacy training, people were better informed on health issues, more confident in using digital health resources, and more capable of self care for minor ailments. There is other evidence on this in the IFLA Journal special issue

[https://www.ifla.org/files/assets/hq/publications/ifla-journal/ifla-journal-45-3\\_2019.pdf](https://www.ifla.org/files/assets/hq/publications/ifla-journal/ifla-journal-45-3_2019.pdf)

There are, of course, other confounding factors. People who are active internet users are likely to have higher levels of education and other social advantages which are likely to affect their health knowledge and behaviours.

Of course being online, particularly when accessing social media, means you are exposed to misinformation in ways that people who aren't online will be shielded from. So being online is not an undiluted benefit. There are people who are gaining enormous benefit from being online, but there are also people who are being exposed to misinformation. It is interesting to see that Facebook is now directing users who have liked, shared or commented on posts with false claims about COVID-19 to WHO's 'myth busters' page

<https://www.theguardian.com/technology/2020/apr/16/coronavirus-facebook-misinformation-warning>

Research suggests that older people, particularly those who are new to the internet, are most likely to believe and share fake news. On average, American Facebook users over 65 shared nearly seven times as many articles from fake news domains as those aged between 18 and 29 <https://www.theguardian.com/technology/2019/jan/10/older-people-more-likely-to-share-fake-news-on-facebook>



### **Organisational health literacy**

21. *Organisational health literacy is key. It should be relatively easy to improve organisational health literacy as compared with population health literacy. Which organisations do you think are exemplary in this respect? Which organisations are not so good and how can they be supported to do better?*

In the UK, Stoke is a good example of a local health community which is striving to become health literate <https://www.stokeccg.nhs.uk/stoke-your-services/what-you-need-to-know/health-literacy>

Internationally, there are examples in the Health Promoting Hospitals and Health Services Network <https://www.hphnet.org/>

Residential care homes for older people and people with disabilities are particularly likely to have low organisational digital health literacy. Care home staff often lack digital literacy themselves and connectivity is often poor. This is a challenge during the COVID-19 pandemic where care homes are experiencing high levels of mortality.