

Social Digital Series: E-health Inequalities Highlight Issues in Impact



Ray Jones, Professor of Health Informatics at Plymouth University, proposes a new way to assess the impact of initiatives to get people online.

Governments and others think it important to address the digital divide through generic initiatives such as [Race Online 2012](#). But would a more issue specific approach improve implementation and evaluation?

Our research suggests that evaluations of e-inclusion should focus on certain sectors, such as health, to assess the effectiveness of interventions. Although e-health inequalities may be partly addressed by more generic interventions to lessen the digital divide, e-health outcomes are likely to be more sensitive to specific interventions to reduce e-health inequalities.

What are e-health inequalities? In addition to the physical availability of the Internet and patients' ability to use it there may be other 'supply side' inequalities. For example, while some GPs have comprehensive websites allowing their patients to re-order prescriptions, to access useful resources including seeing their own medical record online, other GPs have no website. Similar differences are seen between hospitals, or between conditions (e.g. stroke Vs diabetes). In the health informatics literature in recent years the focus has been on e-health literacy – understanding not only how to use the Internet, but to use it for health, with issues of being able to judge quality of information, be secure online, understand issues of confidentiality and so on. While this is important, to some degree this recent focus on e-health literacy has 'thrown the baby out with the bath water', ignoring still important factors such as help in using the Internet for health and the economics of access.

E-health inequalities are important not only from the point of view of equity but also for the NHS in terms of efficiency. If some, but not all, patients can be followed up or even treated online, the NHS needs to provide a two or more strand service. There have been various initiatives to address e-health inequalities but there are no comprehensive validated measures to know if those interventions are cost-effective. At [Plymouth University](#) we are developing and validating a questionnaire that can be used to measure "e-health readiness". The measure is based on (i) patients' perception of e-health provision, (ii) their personal ability and confidence in using e-health, (iii) their inter-personal support, and (iv) their perception of relative costs.

Such a measure should (i) help identify interventions appropriate for different populations, and (ii) enable assessment of the cost-effectiveness of interventions to reduce e-health inequalities. So for example, an intervention to improve the uptake of e-health might be evaluated through a cluster randomised trial in which the 'e-health readiness' is compared between intervention and control areas before and after. Only with the development of such tools can we move from political rhetoric to evidence based policy.

This series is connected to The Social Digital Symposium that will take place on 22 March 2012 at the London School of Economics, from 10:30 am – 3:30pm, organised by the LSE Media Policy Project and UK Online Centres. For more information about the event, contact peter.farrell@ukonlinecentres.com.

