

# INTERSECTIONALITY IN DIGITAL HEALTH DISPARITY RESEARCH

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A study on the shift to video consultations and its impact on digital health disparities and a narrative review to inform a richer theorisation of multiple disadvantage.

## INTRODUCTION

Digital consultations between patients and clinicians increased markedly during the COVID-19 pandemic, raising questions about equity. The shift to remote consultations affected a greater number of patients with increased access burdens because of being disadvantaged through poverty, low health literacy, and limited English proficiency. Digital health is sometimes presented as having the potential to increase equity in access to health services. However, as the pandemic showed, digital solutions intended to reduce inequalities may actually widen them.

## OBJECTIVES



## METHODOLOGY

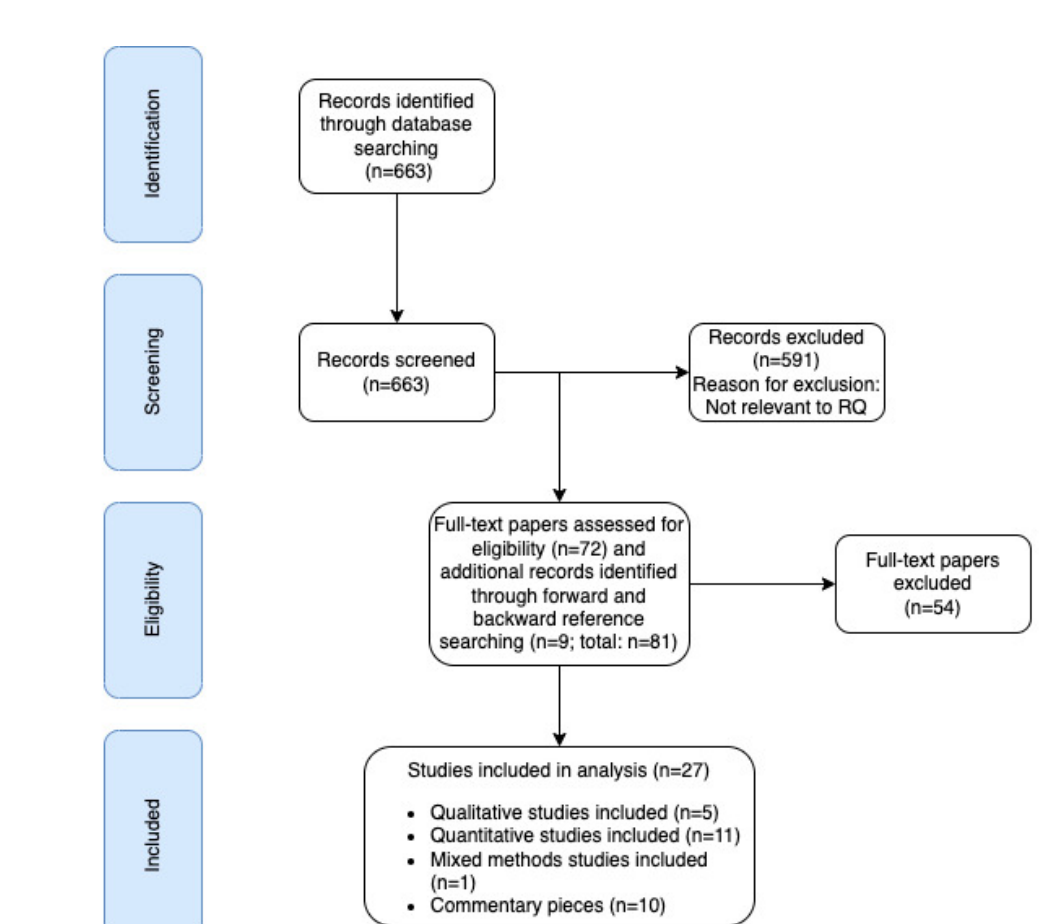
Phase 1: Narrative review on digital health disparities

Phase 2: In-depth narrative Interviews (n=18) with older, low-income limited-English speaking patients from deprived boroughs in Northeast London

Phase 3: Creation of 5 digital inclusion personas to feed into NELFT practices

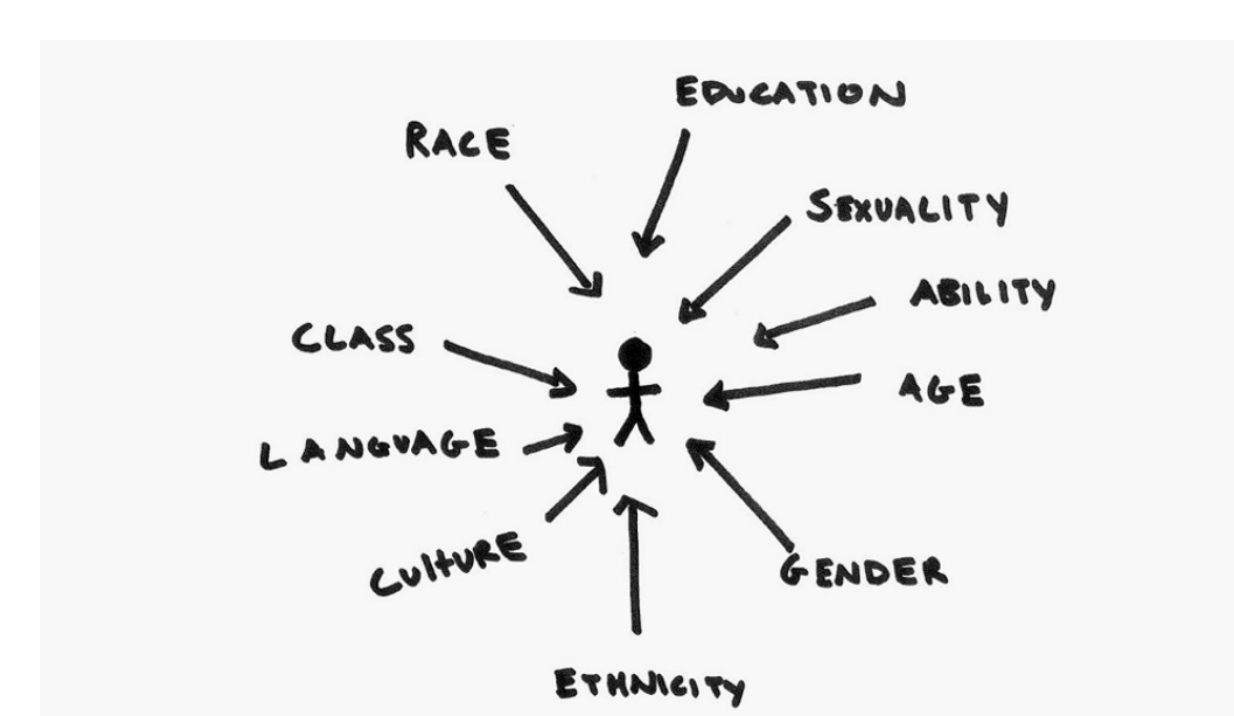
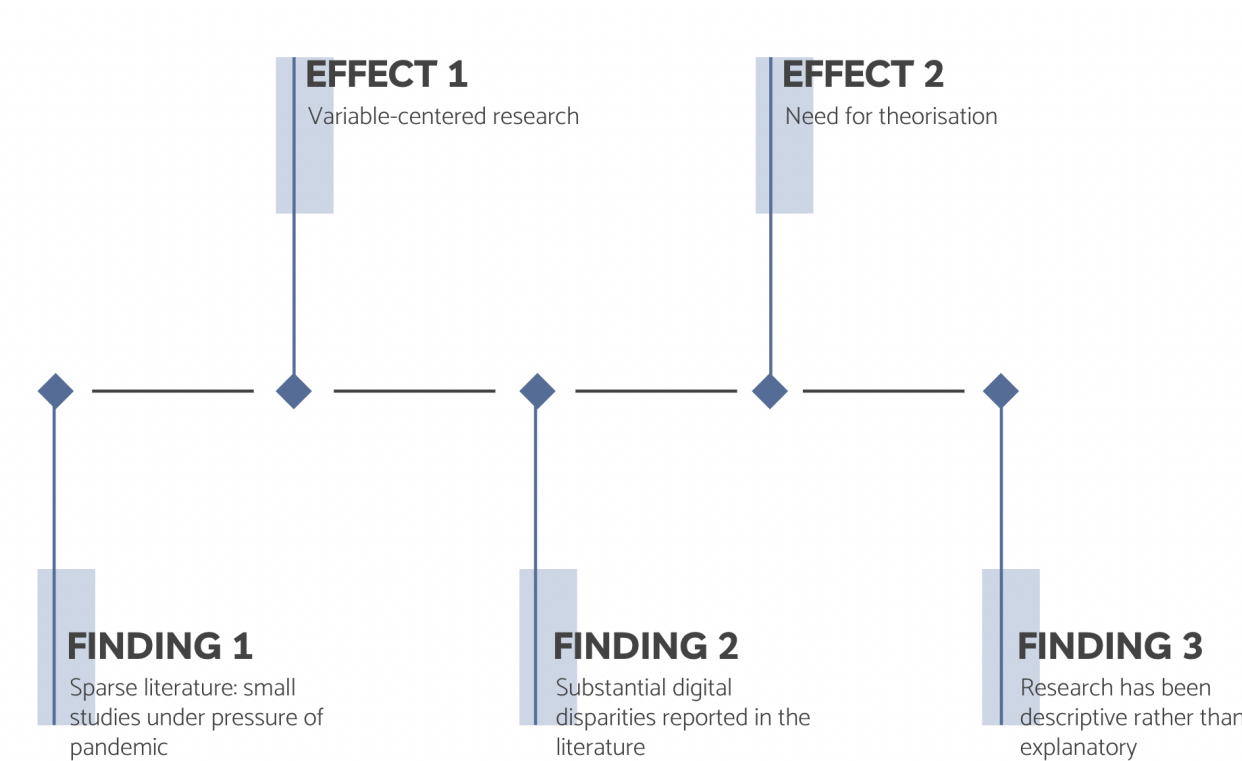
Phase 4: Focus groups validation sessions with HCPs and patients

## NARRATIVE REVIEW



## REVIEW FINDINGS

Findings from our narrative review of digital health disparities in relation to video consultations highlighted that the available literature reports substantial digital disparities. Formal research studies on this topic in the early months of the pandemic were few, mostly small, and rapidly conducted. Research in relation to video consultations to date has been almost entirely descriptive, and our data set included no in-depth, theoretically informed empirical studies that were able to explain how different dimensions of disadvantage combined to affect digital health disparities.



Intersectionality theory applied to my digital health disparities work highlights how each individual's identity and lived experience is unique and multifaceted, and how individuals will use (or not use) digital services like video consultations based on their own identity and circumstances.

## CONCLUSION

The lack of attention to how digital health disparities emerge and play out both within and across categories of disadvantage means that solutions proposed to date may be oversimplistic and insufficient. Theories of multiple disadvantage have bearing on digital health, and there may be others of relevance besides those discussed in this paper. We call for greater interdisciplinary dialogue between theoretical research on multiple disadvantage and empirical studies on digital health disparities.



Scan me to access the full narrative review!