

# Digital Equity for Mental Health and Addictions Services in NS

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## INTRODUCTION

As digital channels are increasingly used across the health care continuum, questions remain about who is benefitting and who is being left behind and unable to use digital health services. To understand the equity implications of digital health approaches, the Mental Health and Addictions Program (MHAP) at Nova Scotia Health (NSH) and the National Collaborating Centre on the Determinants of Health (NCCDH) partnered on two projects.

## PURPOSE & OBJECTIVES

- Explore concepts of digital equity and the digital divide.
- Identify how these concepts apply to equitable approaches to digital health services.
- Identify barriers, current efforts, opportunities, and considerations.

## PROJECTS



**Situational Assessment:** Included a review of academic and grey literature, key informant interviews, and focus groups.

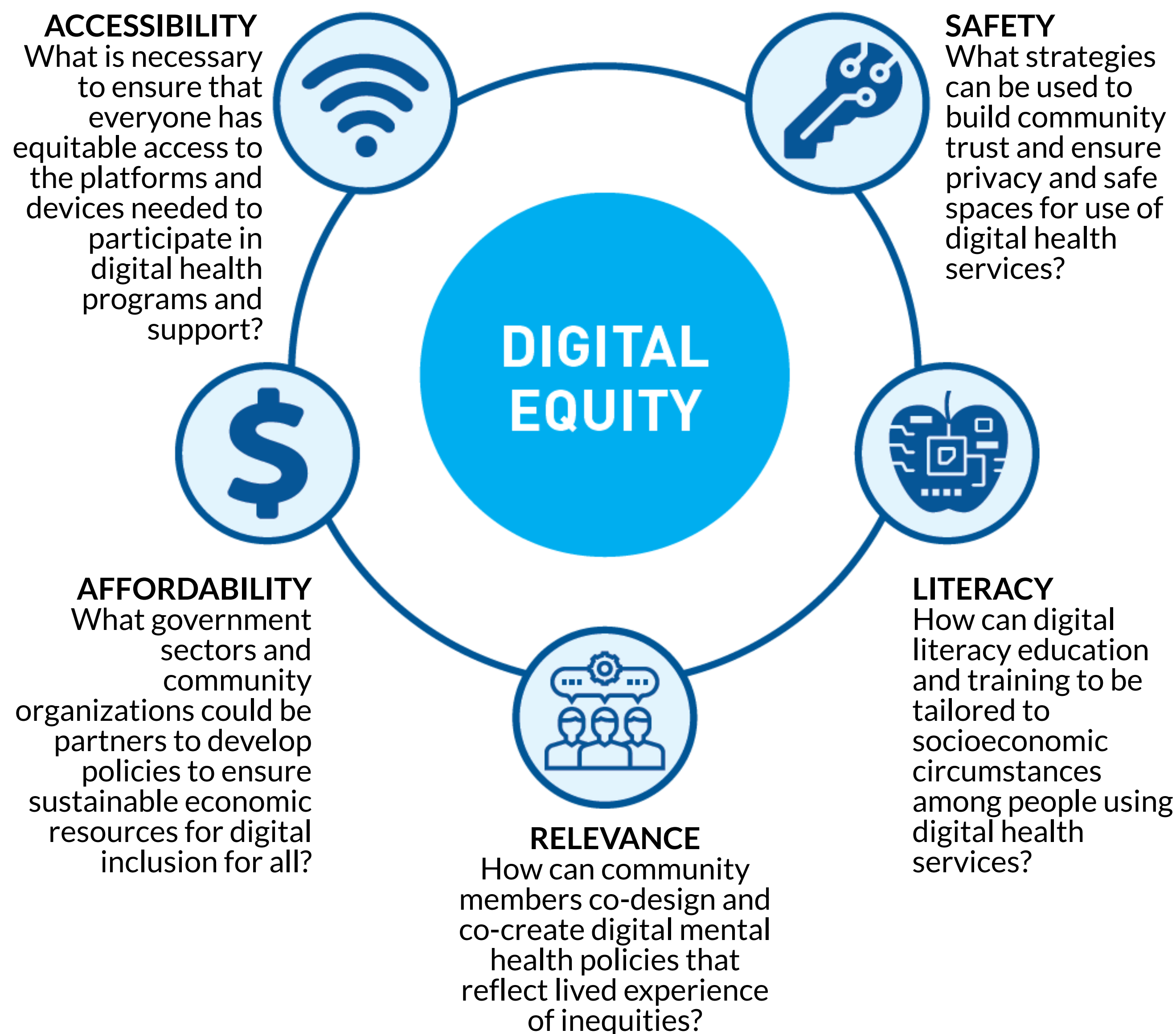


**Practice Brief** To support application of the Situational Assessment findings to public health practice.

## PRACTICE BRIEF



## CONSIDERATIONS FOR EQUITABLE DIGITAL HEALTH SERVICES



## MAIN FINDINGS

**Five Core Dimensions** of digital equity were identified. Beyond increased broadband and cellular coverage, the interaction of personal, contextual and technological factors determine uptake and use of digital health technologies.

Equity-focused approaches within each dimension of digital equity supports that everyone has equal opportunity to benefit from digital health services.

## CONCLUSIONS

Communities living with inequities due to socioeconomic status and structural exclusion are less able to use and benefit from digital health services.

Policy makers, innovators and funders must recognize how digital equity intersects with social determinants of health and embed principles of equity into all aspects of policy and planning to ensure that approaches do not further entrench the digital divide.