

Diverse Recruitment Strategies Are Needed to Reduce Digital Divide: Results from a Workshop Addressing Digital Divide and Effects of Pandemic Restrictions

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Abstract. Recruitment is a bottleneck for research - especially digital health studies. Studies often focus on those who are easy to reach or already engaged in their health, leaving those who are uninterested or un-engaged, as “un-reached”. This contributes to the “digital divide”. COVID-19 restrictions made recruitment more difficult. During a virtual workshop of our peers, we discussed recruitment of un-reached groups for digital health studies, especially during COVID-times. All agreed; we need to go where the un-reached are by collaborating with community-based services and organizations.

Keywords. Digital divide, un-reached, recruitment, COVID-19

1. Introduction

In digital health research, those who lack resources or interest to engage in their health, or are unable to use available technology and services, are often excluded. Research recruitment methods may be one reason that certain groups are “un-reached”. This contributes to the “digital divide” [1]. COVID-19 pandemic restrictions further increased the digital divide and recruitment challenges. Even more of our educational, work and social activities are forced to be online [2]. Literature notes that research has followed this same trend; in response to social distancing restrictions, recruitment activities are moved online [3]. However, this solution still only reached those who are engaged in their health and/or have online access, leaving those who are not, un-reached. Therefore, we need to be more creative in our recruitment methods and channels in order to engage those who are un-reached in digital health research.

2. Methods

We arranged a 3-hour virtual workshop on November 19, 2021 to discuss ongoing challenges of, and possible solutions for, recruitment of those who are usually un-reached by digital health studies, especially during COVID times.

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3. Results

First, seven participating researchers presented strategies used to adapt their recruitment to COVID times, e.g. using social media and posting QR-codes throughout the community. Next, participants discussed largely un-reached groups, limitations for recruitment and potential, targeted recruitment channels. Un-reached groups included those who: were technology or health-management averse, had substance abuse problems, did not have permanent homes and those with “alternative views” (e.g. conspiracy theorists). Challenges to recruitment included the fact that individuals may: not encounter online recruitment, lack funds to consistently pay for mobile phone and data plans, lack access to health and technology service, e.g. ability to charge mobile devices’ batteries, lack personal security, or rely on misinformation that fuels distrust in society, politics and healthcare. The main challenge, of course, was limited access to in-person services due to social distancing policies. While some would require reduced restrictions, targeted recruitment channels included churches, groceries, libraries, shelters, and closed Facebook groups for a specific groups’ unique interests. The common theme being that we needed to exert more effort when tailoring our recruitment and expand past our common strategies.

4. Discussion

Researchers’ recruitment changes still follow the same trend as the public - moving activities online and using technologies to which not everybody has access. Common recruitment barriers highlighted challenges that many take for granted, e.g. being able to re-charge personal devices. All agreed that community organizations should be used for recruitment as they are more widely accessible. This is supported by the literature [4]. Even as pandemic restrictions are eased, we will continue to use the convenient online solutions that emerged in response to COVID. This will allow the digital divide and lack of participation from the un-reached to persist if not addressed.

5. Conclusion

COVID-19 has forced us all to rely on technology more than ever, yet not everyone has the access or desire needed to participate. We as researchers have the opportunity and duty to adapt - to “go to the people” to address the digital divide during COVID times. We would like to thank Helse Nord for funding these activities (HNF1444-19).

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